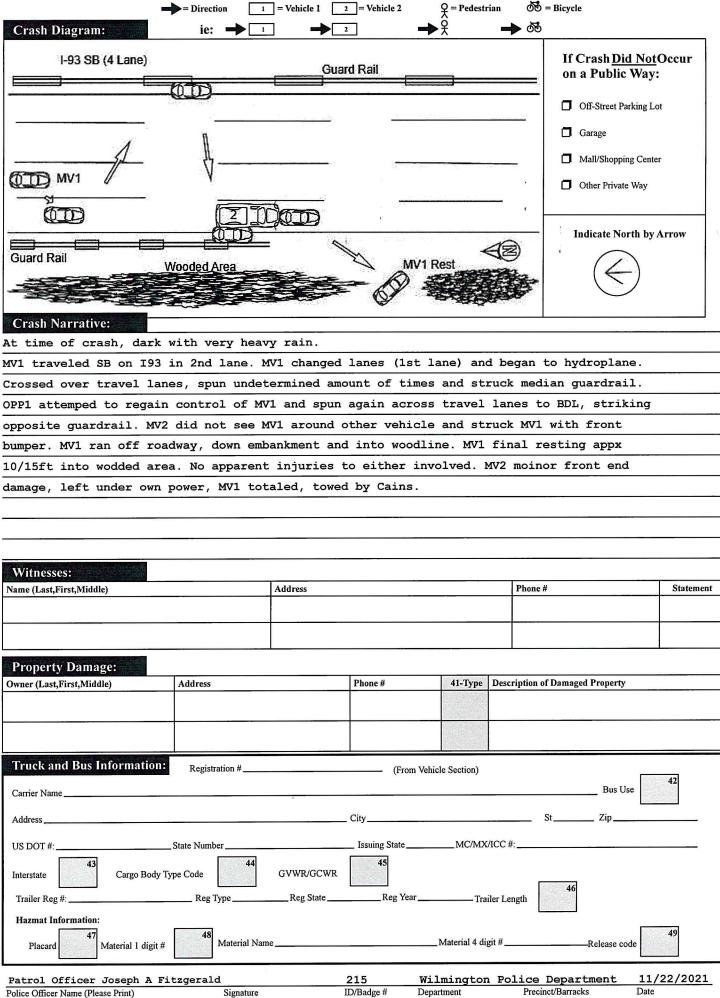
	Polic	e Use Only	100		omn		vealti							_			RM		iment Ni		
	Date of Crash 11/22/2021	Time of Crash	Ci <b>Wilmi</b>	ity/Town	n l		tor Ve				sh	Ve	imber hicles		- d	Speed Latitu	Limit.	65	MBT/	Police A Police	
		24HR				flat comments	Police	all of the		No. of the last	Sept.	2		0		Longi			Other:		
		AT INTERS	SECTIO	N:		<	LO	CAI	TION		>			NO'	ГАТ	'IN'	rer:	SEC'	TION:		_ 10
			3					_ .						<u>I</u>	93 <u>s</u>		YWE				2
16	Route# Direct	tion	N	Iame of Ro	adway/Str At	eet		- -	Route#	Direct	tion	Addr	ess#			Na	me of	Roadw	ay/Street	<u> </u>	-
•	Route# Direct	tion	Name o	f Intersecti		ay/Street		_ -		Feet [				— - Мі	le Ma		_	or _	Exit	Number	2 11
			A	dso at Inter	section w	ith	100 000			Feet [				Route	<del></del>		Interse	cting F	Roadway	/Street	<u> </u>
<sup>2</sup> 3	Route# Direct	tion	Name o	f Intersecti	ng Roadw	ay/Street		- -		Feet [	N S	E W	of					ndmark			
	Please Select O		1 <b>1</b> _#0	Occupants	☐ Hit/l	Run	Море	d		rash R	enort	ID# '	21	_3	11'	7 –					1
3	of the Followin																				-
	License # NHL		o	690	20				3600											21	<b>4</b> 12
	Sex M Lic. C	lass 99	Lic. Resti	rictions 9	Er	DL idorsemei	ıt		ear <u>201</u>									_ Veh	Config.	_	-
4 1	Operator GEI			KICHA	KD	Middle			r <u>GEL:</u> ss <u>101</u>	I	ast			Fi	rst	KD		Mi	ddle		
Т.	Address 101			TT as /	1220	4				AL	<u>.116.</u>	N F	<u>u</u>		Ct	NIE	<b>3</b> ,	. 03	3304		
	City <b>BOW</b>								B <b>OW</b> e Action P		CI		-	22					11 27	27 27	
	Insurance Compa								e Action P Sequence				23	23		st Stat			1 28		
5	Vehicle Travel Di	)		Responding	g to Emerg	gency?_Z_			Sequence Harmful E		24		21	L	Ту	pe of	Test:		29		
	Citation # (If Issu				<i>1</i> 0.1				Contribut			99	25	25			st Resu		30	32	<b>24</b> <sup>13</sup>
	Viol. 1: Ch/Sec/S								Distracte	-	99	24					cohol:	-	Susp. I	Orug: 2 32	24
·2	Viol. 3: Ch/Sec/S	Please fill out						IIVCI				34	35	36	37	38	39	40	2		1
	Name (Last First Mic	ddle)	7			Address			DOB/	Age	Sex	Seat Pos.	Safety System		Eject Code	Trap Code	Injury Status	Transp. Code	Med	lical Facility	-
	Operato	) <i>r</i>			Se	e Above			_		X	1	1	3	0	0	10	1			-
																					1
							=														
<sup>7</sup> 1	Please Select O		. 2 <u>1</u> #0	Occupants	Non-	-Motorist	А Туре		15 Actio	n	16 ]	Locatio	on	17	Condit	ion	18		Hit/Run	Moped	
	License # NHL		=	DOB/Age	e			_	3438							PC			eg State ]	E-1222-01	
	Sex M Lic. C	Class 99 1	Lic, Restr	rictions 9	9 20 CI	DL		eh Ye	ear <u>201</u>	.3	<u> </u>	Veh M	ake O	ther	-not	: li	stec	L Veh	Config.	6	
3	Operator DOW	VNING, M	IICHAE Firs	L WI	LLIA		0		CAN	I	ast				IN rst	C		Mi	ddle		
<b>4</b>	Address <b>172</b>						A	ddres	ss <u>3 M</u>	ANC	R	PKW	Y								_ 14
	City SALEM		State <u>N</u>	<b>H</b> Zip (	3079	9	_ c	ity <u>S</u>	SALEN	1		ï		22					3079	27 27	4
	Insurance Compa	iny	-		_		v	ehicle	e Action P	Towns or the same	and the last		1	22		mage st Stat		Code:	1 27	27 27	
	Vehicle Travel Di	irection: N	EW	Responding	g to Emerg	gency? 2	E	vent S	Sequence	1	23	23	23	23		pe of			29		
2	Citation # (If Issu	ned)				*:	N	iost F	Harmful E	vent	1_	24	ماد	25		AC Tes	st Resu	ılt:	30		1
	Viol. 1: Ch/Sec/S	ub	Viol	1. 2: Ch/Sec	c/Sub	-	D	river	Contribut	-	and control	99	25	25	] Su		cohol:	and the same		Orug: 2 32	
	Viol. 3: Ch/Sec/S							river	Distracte	d by	99	NO BOOK	1 05	1.00			rom sc	ene?	2 33		
	Plez Name (Last First Mic	ase fill out for ope	erator/non-m	otorist and	all occupa	nts invol Address	ved		DOB/	Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	Transp. Code	Med	dical Facility	
		or/Non-Mo	torist		Se	e Above				<	X	1	1	4	0	0	10	1			
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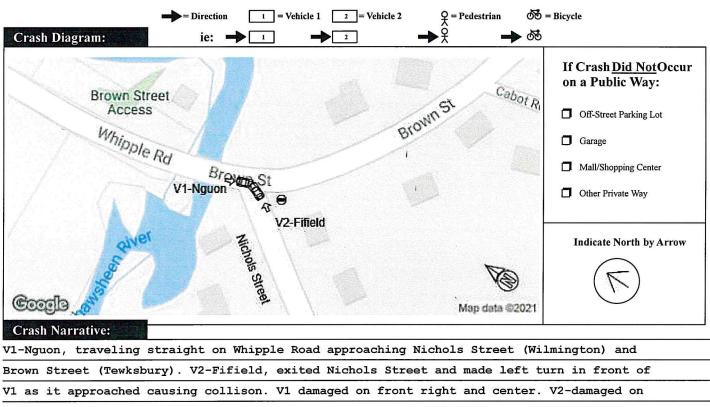


	Pol	lice Use Only		C	Commony	vealth	of Mas	ssach	lus	etts				RM	V Docum	nent Num	ber	
	Date of Crash 11/22/2021		Wilmi	City/Town	n		nicle Ci			umber ehicles		rad	Speed Latitud	Limit,	35	State Poli Local Pol MBTA Po	lice 🔯	
		24HR	***************************************	g co.		CALL TO SEE SHOW COLUMN	Report	t	3		0		Longit			Campus I Other:	Police 🗖	
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO.	ГАТ	IN	ΓER	SECT	ION:		
	Route# Dire	ection	1	Name of Ro	adway/Street		Route# D	irection	47 Add	4 ress#	<u>M7</u>	<u> IN</u>	SI Na		Roadwa	y/Street		2 10
4				1	At			[v] o	I va lava	1								
	Route# Dire	ection	Name	of Intersecti	ing Roadway/Street		Fe	et NS	E W	of		le Ma			or	Exit Nu	mber	0 11
				War too	rsection with		Fe	et NS	EW	of	Route	. <u>#</u>	-	Interse	ecting Re	adway/St	reet	2
² <b>1</b>	Route# Dire	ection	Name	of Intersecti	ing Roadway/Street		Fe	eet N S	EW	of					ndmark	ad way ou		
3	Please Select of the Follow	ing: Venicio			Hit/Run	Moped		sh Repor			-							
		HNK88161	St <b>NH</b>	_ DOB/Ag	e 20		# <u>49828</u>										21	1 12
	Sex <b>F</b> Lic.	Class D	Lic. Res	trictions 1	CDL_ Endorsemen	it	Year <u>2005</u>								_ Veh C	config. 1	121	_
1	1	RRINGTON Last	Fi	YLEIG	H A Middle		er HARR	Last	(2)		Fi	EIG rst	<u>H 7</u>	7	Midd	le		
1		COLUMBI			8 51 0 0 8		ress 10 C			A DI	3				100 1121			
					03063		NASHUA				22				ip <u>03</u>	and the same	27 27	
	1	pany PROGRE			losis:		cle Action Prio 1	12		23	23		ımageo st Statı		Code: 5	28		
2	1	Direction: S		Responding	g to Emergency? 2			1 23	23	23	23		pe of T		1	29		
	1	sued)					t Harmful Ever	C DEDE		25	25			t Resu	98	30		_ 13
	8 8 8 8 8 8				c/Sub ————		er Contributing	- TANSSIE	26	23	23	Su			- 10	Susp. Dru	g: 2 32	1
1	Viol. 3: Ch/Sec/				c/Sub	Driv	er Distracted b	у 0	34	35	36	To:	wed fr	om sce	ene? 2	33		ļ
_	Name (Last First N		tor operator	and all occ	upants involved  Address		DOB/Age	Sex	Seat Pos.	Safety	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical	Facility	
	Operat	tor			See Above		$\rightarrow$	$\langle X$	1	1	4	0	0	10	1			
	AVA KELLY			10 COLUM NASHUA,			1	F	4	4	4	0	o	10	1			
								ľ										
1	Please Select of the Followi		21_#	Occupants	Non-Motorist	A Type	15 Action	16	Locati	on	17	Conditi	ion	18	П н	t/Run	Moped	
	License # S5	9348992	_	_ DOB/Ag		Reg	# <u>1HK82</u>	8			Reg	Туре	PC		Reg	State M	21	
	Sex <b>F</b> Lic.	Class D 19 1	Lic. Rest	rictions 1	CDL Endorsemen	Veh	Year <u>2019</u>		Veh M	ake <b>T</b>	OYC	TA			_ Veh C	onfig. 1	. 21	
	Operator <u>HA</u>	RRINGTON	I, CHI	EYENN		A Own	er HARR	ENGT(	NC,	CH	EYF		E M	IAR	ISSI Midd			
1	Address 16	CHAMPIO	N ST	101		Add	ess 16 C	HAMP	ION	I S	<u> </u>				- 17			- 14
	City <b>TEWK</b>	SBURY	State <b>_</b>	IA Zip	01876-395	4 City	TEWKSE	BURY		ACAZ YES					_		3954	1
	Insurance Comp	pany PLYMOU	TH RO	CK AS	SURANCE	C Vehi	cle Action Prio	r to Crasl		2	22				Code: 1	27 5 2 28	27 27	
	Vehicle Travel I	Direction: S	EW	Responding	g to Emergency? 2	Ever	t Sequence	1 23	23	23	23		st Stati pe of T		1	29		
2	Citation # (If Is:	sued)				Mos	t Harmful Ever	nt <b>1</b>	24	2-1		BA	AC Tes	t Resu	lt:	30		
	Viol. 1: Ch/Sec/	/Sub	Vio	ol. 2: Ch/Sec	c/Sub	Driv	er Contributing	099940	1	25	25	Su	sp. Ald	cohol:	2 31	Susp. Dru	g: 2 32	
	Viol. 3: Ch/Sec/		Vio				er Distracted b	у О	26	1 00				om sc		33		]
	Pl Name (Last First N	100A000 N 10	erator/non-m	otorist and	all occupants involv	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical	Facility	
	Operat	tor/Non-Mo	torist		See Above		$\rightarrow$		1	1	4	0	0	10	1			
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						-		-	$\vdash$						$\vdash$			
	1						- 1		1	1								1

	Police Use Only	Com	monwealth	of Massacl	nusett	S	RI	IV Docui	ment Number	
	Date of Crash   Time of Crash   11/22/2021   1805   W	City/Town ilmington	Motor Veh	icle Crash	Numbe Vehicle		Speed Lim	it35	State Police Local Police MBTA Police Campus Police	1
	24HR	TIMING CON	Police	Report	3	0	Lantide		Campus Police Other:	
	AT INTERSE	CTION:	< LOCA	TION >		NOT A	T INTE	RSECT	ION:	
										2
	Route# Direction	Name of Roadway/S	itreet	Route# Direction	474 Address		Name o	f Roadwa	ny/Street	-
4		At	-						<del>~</del>	1
		N. C.	100	Feet N S	SEW of	— — Mile M		or _	Exit Number	1
	Route# Direction	Name of Intersecting Road  Also at Intersection		Feet N S	S E W of					2 1
				Feet N S		Route#	Inter	secting Re	oadway/Street	
1	Route# Direction	Name of Intersecting Road	lway/Street			9	I	andmark		-
	Please Select One Vehicle 3	2 #Occupants Hit	t/Run Moped	Crash Repo	rt ID# 21	-31	2 – Z	~		1
	of the Following:								NUMBER OF THE STREET	4
	License # <u>S20668584</u>	St MA DOB/Age		# <u>2MAF81</u>					21	1
	Sex <b>F</b> Lic, Class D 19 19	Lic. Restrictions 1	CDL Veh Endorsement	Year <b>2018</b>	Veh Make_	VOLKS	WAGEN	Veh (	Config. 1	F
1000	Operator <b>DAGENAIS</b> , A	LYSSA MARIE	Owr	er <b>DAGENAIS</b>	, GIA	NNA M		Mide	dle	
1	Address 50 WILDCREST	' AVE	Add	ress 50 WILDO	CREST	AVE	·		-	
	City BILLERICA	State <b>MA</b> Zip <b>0182</b>	<b>1-6176</b> City	BILLERICA		S	ate MA	Zip <b>01</b>	821-6176	
	Insurance Company PLYMOUT	H ROCK ASSUR	ANCE C Vehi	cle Action Prior to Cras	sh <b>1</b>	22 I	Damaged Are	a Code: 1	PROPERTY AND PROPERTY. IN PROPERTY.	
	Vehicle Travel Direction: S E	W Responding to Eme	ergency? 2 Ever	t Sequence 23	23 23	23	Test Status:	1	28	
2	Citation # (If Issued)		Mos	t Harmful Event 1	24		Type of Test: BAC Test Re	150	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	5 25	- 25	Susp. Alcoho	-	Susp. Drug: 2 32	1
	Viol. 3: Ch/Sec/Sub			er Distracted by	26	9	Towed from:	- 1	22	-
1		operator and all occupants in		Sastis	34 35 Seat Safe			40	St. San St. San St.	1
	Name (Last First Middle)	<del>-  </del>	Address	DOB/Age Sex	Pos. Syste	m Status Cod	e Code State	is Code	Medical Facility	-
	Operator		See Above	X	1 1	4 0	0 10	1		
	and the second transfer of the second			2	3 1	4 0	0 10	1		
									1.30	
	Please Select One			15 16		17	1	3		1
1	of the Following:	#Occupants No	n-Motorist A Type	Action	Location	Cond	ition	H	lit/Run Moped	
		St DOB/Age	Reg	#		Reg Ty	ne	Reg	g State	
	Sex Lic. Class 19 19		CDL Veh	Year	Veh Make_			Veh (		
	Operator	First		erLast		First		Mide	dle	
1	Address	riist	- Control of the Cont	ess		Luzt		Mide	iic	L
	City	State Zip	City			S	ate	Zip		1
	Insurance Company		Vehi	cle Action Prior to Cras	sh	22 I	Damaged Are	a Code:	27 27 27	
	Vehicle Travel Direction: N S E	W Responding to Eme	ergency? Ever	at Sequence 23	23 23	23	Test Status:		28	
	Citation # (If Issued)		Mos	t Harmful Event	24		Type of Test:	2	30	
2	Viol, 1: Ch/Sec/Sub		Driv	er Contributing Code	25	25	BAC Test Re Susp. Alcoho	Grinner 2	Susp. Drug: 32	
	Viol, 3: Ch/Sec/Sub			er Distracted by	26		Towed from	1623/0000	33	
	Management of control or control	tor/non-motorist and all occu			34 35	36 37	38 39	40	Mark Street	4
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safe Pos. Syste				Medical Facility	-
	Operator/Non-Moto	rist	See Above	$\times$	1					1
										1
					+		+	++		1
										1

Crash Diagram:	ie: → 🗌					è
THE RESIDENCE OF THE PROPERTY		1	2	₽Ř	→ %	
						Crash <u>Did Not</u> Occu a Public Way:
					0	Off-Street Parking Lot
						Garage
				The second secon		Mall/Shopping Center
MOONE		MOON	Vo			Other Private Way
			) ⇒			
MV3 (Jetta)	MV2 (RAV4)	MV1 (Hor	/ nda)		I	ndicate North by Arrow
MAD (nerra)	10102 (10104)	TO THE STATE OF TH	*********			
474 Main	Street R38			<b>\E</b>	$\triangleright$	$(\Rightarrow)$
Crash Narrative:						
IV1, MV2 and MV3 were	all traveling	North on Ma	ain Street (F	R38) during	rush hour	traffic.
IV3 rear ended MV2 which	ch then cause	MV2 to rear	end MV1.	There was s	ignificant	damage to
he front end of MV3.	MV2 had minor	damage on	the front ar	nd rear of	the vehicle	. MV1 had
inor damage on the rea	ar of the vehi	icle only.	No injuries	reported a	nd all thre	e vehicles
ere drivable.						
					R.	
					, see	
				1.000		
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Sta
Property Damage:	,					
Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of Damag	ed Property
Truck and Bus Information	Registration #		(From V	ehicle Section)		F
Carrier Name						Bus Use 42
Address			City		St	Zip
TIC DOT #.	State Number		Issuing State	MC/MX/IC	C #:	-
			TOTAL PROPERTY OF THE PARTY OF			
Interstate 43  Cargo Body	Type Code 44	GVWR/GCWR				
43	Type Code			Trailer	Length 46	
Interstate 43 Cargo Body	Type Code			————Trailei	Length 46	
Interstate 43 Cargo Body Trailer Reg #:	Type Code Reg Type 48	Reg State			Length	—Release code 49

Police Use Only	Commonw	ealth	of Mass	ach	use	etts			F	RMV Do		nt Number		į.
11/22/2021 <b>1425 WILM</b>	INCTON		iicle Cra Report	sh	Ve	ımber hicles	Inju	red L	Speed Li Latitude		30	State Police Local Police MBTA Police Campus Police	0000	
24HR	Landard Marie Control	Land of the state of			2		1		ongitud			Other:	=_	1
AT INTERSECTIO	ON:	LOCA	TION	>			NO	AI	INTE	ERSE	CH	UN:		
Route# Direction	ST Name of Roadway/Street		Route# Direc	ction	Addr	ess#	_		Name	of Roa	dway/s	Street		2
	At		Feet	NS	EW	of			- •	— or				
	RD of Intersecting Roadway/Street							le Mar				Exit Numbe	r	3
	Also at Intersection with		Feet	N S	EW	of	Route	<u></u> -	Tot		o Door	dway/Street		_
BROWN ST			Feet	NS	EW	of	Route	H	ш	ersecun	g Koac	iway/Sireet		
Route# Direction Name	of Intersecting Roadway/Street									Landm	ark			
Please Select One of the Following:	Occupants Hit/Run	Moped	Crash l	Report	ID#	21	-3	19	) — <u>P</u>	C				
License # <b>SA1640508</b> St <b>MA</b>	_ DOB/Age	Reg	# <u>1JS112</u>				Reg	Туре	PC		Reg S	tate MA		
Sex <b>F</b> Lic. Class D 19 Lic. Res	trictions <b>I</b> CDL	Veh	Year <b>2014</b>		Veh Ma	ake <u>S</u>	UBA	RU		v	eh Co	nfig. 1	21	Ŀ
Operator NGUON, KAYLA T	Endorsement HYDA	_ Own	er <u>NGUON</u> ,	K.	A									
Address 29 GEORGE BROWN	rst Middle		ress 29 GE	Last		ROI	Fir				Middle			
City BILLERICA State 1		- Section of	BILLERI						. ма	7:- (	112	21-22	57	
							22			_ Zip _s area Cod	2	27 3 27	27	
Insurance Company FARMERS PRO			cle Action Prior to	David Milana		23	23		t Status:		- 1000	28		
Vehicle Travel Direction: NSWW	Responding to Emergency? 2	_ Even	t Sequence 1	23	23	23	23		e of Tes		100	29		l
Citation # (If Issued)		Mos	t Harmful Event	1	24				C Test F		e la	30		<u></u>
Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub —	Drive	er Contributing Co	ode	1	25	25	Sus	p. Alcol	nol: 2	31 Su	usp. Drug:2	32	1
Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0	26			Tov	ved fron	scene?	0.50/65	33		
	r and all occupants involved		1		34 Seat	35 Safety	36 Airbag	37 Eject		39 40 njury Trans				•
Name (Last First Middle)	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code Si	atus Cod		Medical Facil	ity	-
Operator	See Above		$\sim$	$\Delta$	1	1	4	0	0 1	0 1				
CHANN VONG	29 GEORGE BROWN ST BILLERICA, MA 01821-2257			2	3	1	4	0	0 9	2	Lah	ey Clinic		
	V			ı	4	1	1	0	0 1	0 1				
				F							+			1
		Fernica Control	array a linear		ti.	Notice.			Last make	40				ł
Please Select One of the Following: Vehicle 2.1 #	Occupants Non-Motorist A	Туре	15 Action	16	Locatio	on	17 C	onditio	on	18	Hit/	Run 🔲 M	loped	
License # SA3030518 St MA	_ DOB/Age	Reg	# <u>5GJJ50</u>				Reg	Tyne	PC		Reg S	tate MA		1
19 19	20		Year 2012				_				_	19 77 527	21	
St _ Lic. Class D Lic. Res	trictions CDLEndorsement									v	en Coi	inig.  -		
Operato Last	rsl Middle			Last			CIA Fir				Middle			
Address	_		ress 290 MZ		TON	S'	<u>r                                    </u>							
City State	. Zi	_ City	TEWKSBU	RY							_	76-26		1
Insurance Company ALLSTATE IN	ISURANCE COMPAN	<b>I</b> Vehi	cle Action Prior to	Crash		4	22					27 1 27	27	
Vehicle Travel Direction: N S E	Responding to Emergency? 2	_ Even	nt Sequence 1	23	23	23	23		t Status:		1	28		l
Citation # (If Issued) <b>T1151260</b>		Mos	t Harmful Event	1	24				e of Tes C Test F		2532	30		
Viol. 1: Ch/Sec/Sub 89 8 Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	ode	4	25	25			iol: 2	- 528	usp. Drug: 2	32	8
Statement State International Control Control			er Distracted by	0	26					n scene?	7800	33 Diug. 2	497.5	
Viol. 3: Ch/Sec/SubVi	notorist and all occupants involved		- Distriction by		34	35	36	37	38	39 40		PES:		1
Please fill out for operator/non-r	Address	•	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Ir	atus Coc		Medical Facil	ity	-
Operator/Non-Motorist	See Above		$\rightarrow$	X	1	1	4	0	0 1	0 1				
														1
				-	$\vdash$		$\vdash$	-			-			1
					ļ						$\perp$	1-00		1



V1-Nguon, traveling straight on Whipple Road approaching Nichols Street (Wilmington) and
Brown Street (Tewksbury). V2-Fifield, exited Nichols Street and made left turn in front of
V1 as it approached causing collison. V1 damaged on front right and center. V2-damaged on
left front and center. Pass in V1 (Mrs. Chann Vong) transported by WFD for hospital
evaluation. No injuries observed or reported in V2. Independant witness (Pote) travelling
behind V1 stated V2 appeared to have run stop sign and took left turn in front of V1. V2
opr. Fifield stated he stopped at stop sign and attempted turn in front of V1 believing he
could make it. Opr. Fifield failure to yield to approaching vehicle probable cause of
collison. Opr. Fifield cited for failure to yield. All parties evaluated by WFD on scene.
Both vehicles towed by Forrest Towing.

Witnesses:					
Name (Last,First,Middle)	Address			Phone #	Statement
POTE HAYLEY NICOLE	68 SOUTH ST	TEWKSBURY MA	01876-4174		2
Property Damage:					
Owner (Last, First, Middle) Address		Phone #	41-Type Des	cription of Damage	d Property
				V.,	
Truck and Bus Information: Regist	ration #	(From Veh	nicle Section)		Bus Use 42
Address		_ City		St	Zip
US DOT #:State Num	ber	Issuing State	MC/MX/ICC	#:	44.
Interstate 43 Cargo Body Type Code	44 GVWR/GCWR	45		46	
Trailer Reg #: Reg	TypeReg State	Reg Year	Trailer L	ength	
Hazmat Information:					
Placard 47 Material 1 digit # 48	Material Name		_Material 4 digit#_		Release code

Patrol Officer Richard DiPerri

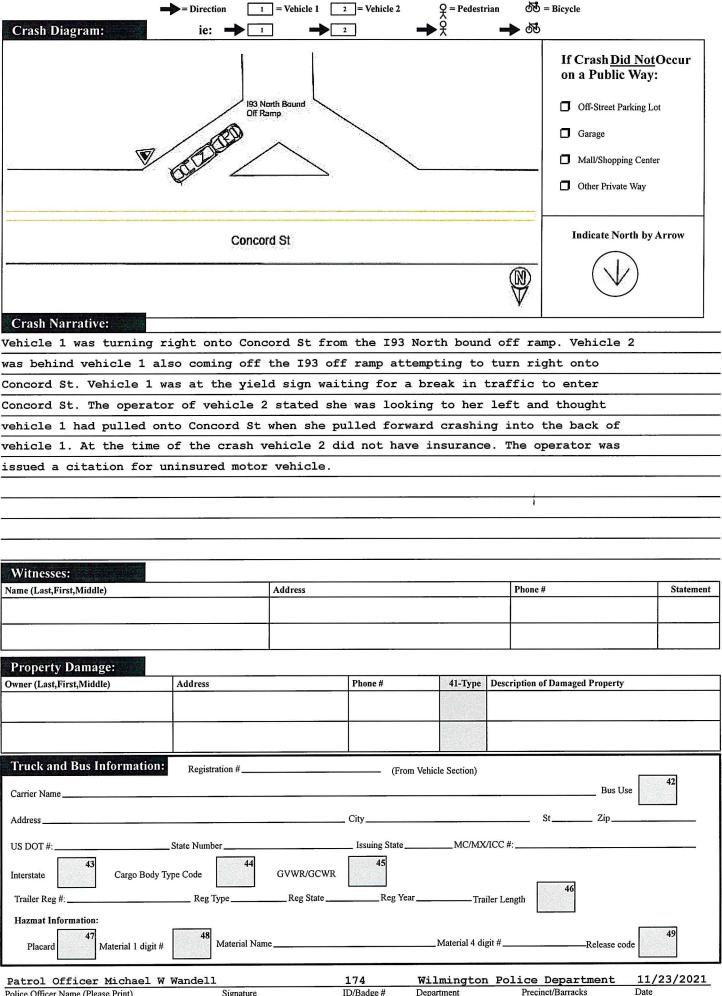
173

Wilmington Police Department

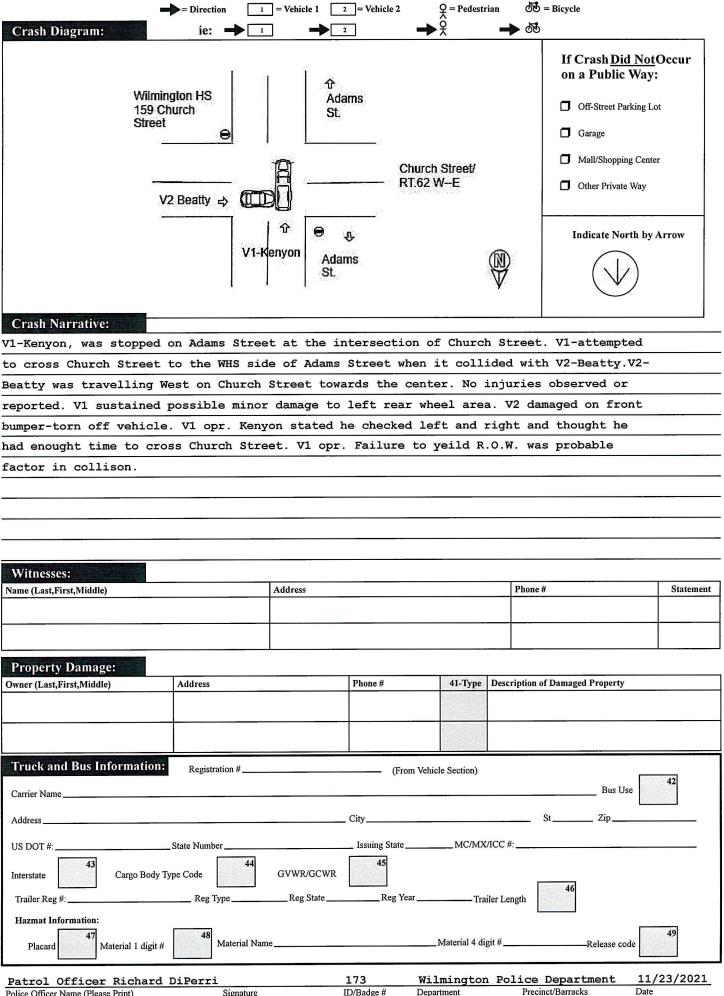
Precinct/Barracks

11/23/2021

11	Police Use Only Com	monwealth	of Massachi	usetts		RMV D	ocument Number	8
	Date of Crash Time of Crash City/Town	Motor Veh	icle Crash	Number Vehicles	Injured	peca 2	State Police Local Police MBTA Police Campus Police	
	11/23/2021 1302 Wilmington 24HR	Police	Report	2	, L	atitude ongitude	Campus Police Other:	
	AT INTERSECTION:	< LOCA	TION >		NOT AT	INTERSE	CTION:	1
								<b>2</b> 10
	Route# Direction CONCORD ST Name of Roadway/	Street	Route# Direction	Address #	n <del></del>	Name of Roa	adway/Street	F-
<sup>1</sup> 1	At	Silect	500000000000000000000000000000000000000		***************************************	Name of Roa	idway/5ireet	1
_	93 N 193NBR33 RAMP		Feet N S	EW of	— — — Mile Mark		Exit Number	
	Route# Direction Name of Intersecting Road		Feet NS	E W c	Tomic Iviair	i.ci	Lat Number	2 11
	Also at Intersection	with			Route#	Intersection	ng Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Name of Intersecting Road	dway/Street	Feet N S	E W of				
_			<u> </u>			Landm	nark	-
3	Please Select One of the Following: Vehicle 1 #Occupants H	it/Run Moped	Crash Report I	D# <b>21</b>	-320	-AC		
	License # <b>S73369965</b> St <b>MA</b> DOB/Ag	Reg	# <u>226ZR7</u>		_ Reg Type _	PC	Reg State MA	12
	Sex M Lic. Class D Lic. Restrictions 1 20	CDL Veh	Year <b>2018</b> v	eh Make C	HEVROI	ET\	Veh Config. 2	1 "
	Operator PAOLUCCI, GARY JAMES  Last First	Endorsement	er PAOLUCCI,					
<sup>4</sup> 5	Address 3 NUTTER RD	Middle	ess 3 NUTTER	RD	First		Middle	
٦	*		N READING	10	; C4-4-	MA 7:-	01864-2103	
	City N READING State MA Zip 0186				The state of the s	naged Area Co	THE RESERVE OF THE PARTY OF THE	
	Insurance Company THE COMMERCE INSURE		cle Action Prior to Crash	23 23	<u>Dun</u>	Status:	28	
<sup>5</sup> 1	Vehicle Travel Direction: S E W Responding to Em	ergency? 2 Even	it sequence 1		43	e of Test:	29	
	Citation # (If Issued)	Mos	Harmful Event 1	24		C Test Result:	30	_ 13
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —	Drive		1 25	25 Susp	p. Alcohol: 2		1 13
6	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub –	Drive	er Distracted by	26	Tow	ed from scene	2 33	
<sup>6</sup> 1	Please fill out for operator and all occupants	involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 40 Trap Injury Trar Code Status Co	nsp.	Ī
	Name (Last First Middle)  Operator	See Above	DOB/Age Sex	-	4 0 0		de Medicai Pacinty	1
	Орегию	500710000						1
								1
7	Please Select One Vehicle 21 #Occupants No	on Motorist A. Tyne	15 Action 16 L	ocation	17 Conditio	18	Hit/Run Moped	1
<sup>7</sup> 6	of the Following:		a. the	ocation		AND ADDRESS OF		4
	License # NHL15709273 St NH DOB/Age.	Reg	# <u>5357C</u>	W.	_ Reg Type _	PC	Reg State NH 21	
		CDL Veh Tendorsement	Year <b>2015</b> V	eh Make <u><b>H</b>(</u>	ADMC		eh Config. 1	
0	Operator RADER, ALLISON E	Own	er RADER, AL	LISON	<b>E</b> First		Middle	
<sup>8</sup> 1	Address 58 MOUNTAIN VIEW RD		ess 58 MOUNTA	IN VI				
	City <b>DEERFIELD</b> State <b>NH</b> Zip <b>030</b> :	37 City.	DEERFIELD		State	NH Zip	03037	1 14
	Insurance Company NONE	Vehi	cle Action Prior to Crash	2	Dan Dan	naged Area Co	Company of the control of the control of	
	Vehicle Travel Direction: SEW Responding to Em	ergency? 2 Even	t Sequence 23 2	23 23	23 Test	Status:	1 28	
	Citation # (If Issued) 202398AB	Mos	t Harmful Event 1	24		e of Test:	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub 90 34J Viol. 2: Ch/Sec/Sub –	Drive	er Contributing Code	19 <sup>25</sup>	25	C Test Result:	31 Susp. Drug: 2 32	
			er Distracted by	26		ed from scene	22	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub – Please fill out for operator/non-motorist and all occu			34 35	36 37	38 39 4	0	4
	Name (Last First Middle)	Address	DOB/Age Sex	Sent Safety Pos. System	Airbag Eject Status Code	Trap Injury Tran		-
	Operator/Non-Motorist	See Above	$\times$ X	1 1	4 0	10 1		
			+ +			_		1
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AT INTERSECTION:   CONTION   NOT AT INTERSECTION:   Companies	Police Use Only	Commonwea			usetts		RM		ient Number
ATTITIERSECTION:   C   LOCATION   NOT AT INTERSECTION:	CONTRACTOR							35	State Police Local Police MBTA Police
Country   Direction   Name of Readway/Street   Router   Direction   Name of Readway/Street   Router   Direction   Name of Intersecting Readway/Street   Router   Direction   Directi	l l	ro Po		rt	2		Longitude_		Other:
CHURCH ST   Name of Roadway/Street   Name of Roadway/Street   Name of Roadway/Street   Name of Intersecting Roadway/Street   Name of Intersectin	AT INTERSECTIO	N: <	LOCATION	> .		NOT A	r inter	SECT	ION:
Record   Direction	62 W CHURCH ST								
Routed Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet NSEW of Routed Intersecting Roadway/Street  Intersecting Roadway/Street  Feet NSEW of Routed Intersecting Roadway/Street  Int		Name of Roadway/Street	Route#	Direction	Address #		Name of	Roadway	y/Street
Rouse  Direction   Name of Intersecting Roadway/Street   Feet   N   S   W   of Rouse    Intersecting Roadway/Street   Feet   N   S   W   of Roadway/Street   Intersecting Roadway/Street   Intersecting Roadway/Street   Feet   N   S   W   of Roadway/Street   Intersecting Roadway/Street   Intersecti		At		Feet NS	E W of		_ • _	or	
Also at Intersection with   Feet   N   S   E   W   of		of Intersecting Roadway/Street		.1001 []				<u> </u>	Exit Number
Rouse   Direction   Name of Intersecting Roadway/Street   Landmark				Feet N S	E W of	Dauta#	Inton	antina Da	advisu/Ctmat
Please Silect Onc				Feet N S	E W of	Koute#	inters	ecting Ro	adway/Street
Click No.   Click	Route# Direction Name of	of Intersecting Roadway/Street					La	ındmark	
Veh   Config.   2   1   1   1   1   1   1   1   1   1		Occupants Hit/Run	Moped C	rash Report	ID# <b>21</b>	-32	1-AC		
Sec. M   Lie. Class   19   19   Lie. Restrictions   1   20   CDL   Educisement   Company   MILLIAM ARTHUR   Modes   CHEVROLET   Veh Config.   2   21   Company   Com	License # <b>SA2280338</b> St <b>MA</b>	DOB/Agt	Reg# 2GZM	195		Reg Typ	e PC	Reg	State MA
Operator KENYON, WILLIAM ARTHUR  Address 16 HILLSIDE WAY  City WILMINGTON State MA Zip 01887-3329  Insurance Company SAFETY INSURANCE COMPANY  Vehicle Travel Direction: NEW Responding to Emergency? 2  Event Sequence 33 33 33 33 23  Test Status: 129  Will 1 CM/Sec/Sub Viol. 2: CM/Sec/Sub Driver Contributing Code 4 25 25  Susp Action 129  Driver Contributing Code 4 25 25  Susp Action 129  BAC Test Renalt: 30  Driver Contributing Code 4 25 25  Susp Action 129  BAC Test Renalt: 30  Driver Distracted by 0 26  Tower from secret: 2 33  Susp Action 129  Tower from secret: 2 33  Susp Action 129  BAC Test Renalt: 30  Driver Distracted by 0 26  Tower from secret: 2 33  Susp Action 129  BAC Test Renalt: 30  Driver Distracted by 0 26  Tower from secret: 2 33  Susp Action 129  Tower from secret: 2 33  Susp Action 129  BAC Test Renalt: 30  Driver Distracted by 0 26  Tower from secret: 2 33  Susp Action 129  Tower from secret: 2 33  Madual Facility  Tower from secret: 2 33  Susp Action 129  Tower from secret: 2 33  Madual Facility  Tower from secret: 2 33  Susp Action 129  Tower from secret: 2 33  Madual Facility  Tower from secret: 2 33  Susp Action 129  Tower from secret: 3 32 32  Tower from secret: 3 32  Towe	10 10	20	Veh Year 200	)6	Veh Make C	HEVRO	LET	Veh C	config. 2
Address 16 HILLSIDE WAY  City WILMINGTON State MA Zip 01887-3329 Insurance Company SAFETY INSURANCE COMPANY  Vehicle Travel Direction: NEW Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code 4 2 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3		Endorsement							nel di Perendida
City				Last		First		Middl	le
Description			11 00 900000000000000000000000000000000				. M7A	<sub>z:</sub> Δ16	227_2220
Vehicle Travel Direction:   N   E   W   Responding to Emergency?   2					100,000,000			_	
Responding to Emergency 2   Event Sequence   1   24   Support Type of Test   30		JRANCE COMPANY	Vehicle Action I		10.007390			Code. 6	
Most Harmful Event   1	Vehicle Travel Direction: N E W	Responding to Emergency? 2	Event Sequence	1 23		23		1	29
Viol. 2: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by O 26 Towed from scener? 2 33 Susp. Drug 2 34 Towed from scener? 2 33 Towed from scener? 2 34 Towed from scener? 34 Towed	Citation # (If Issued)		Most Harmful E	vent 1	24			ult:	30
Please fill out for operator and all occupants involved Address   DoBAge   Sex   Face   Salety Address   S	Viol. 1: Ch/Sec/Sub — Vio	ıl. 2: Ch/Sec/Sub ————	_ Driver Contribu	ing Code	4 25	25 S	usp. Alcohol:	2 31	Susp. Drug: 2 32
Please Select One Office 21 #Occupants   Non-Motorist A   Type   15   Action   16   Location   17   Condition   18   Hit/Run   Modes	Viol. 3: Ch/Sec/Sub — Vio	ıl. 4: Ch/Sec/Sub ————	_ Driver Distracte	d by O	26	T	owed from so	ene? 2	33
Please Solect One of the Following:    Please Solect One of the Following:	Please fill out for operator	and all occupants involved			Seat Safety	Airbag Eject	Trop Injury	Transp.	
Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped  Non-Motorist  19			DOBA	Age Sex					Medical Facility
Non-Motorist A   Type   Action   Location   Condition   Hit/Run   Moped	Operator	See Above		$\searrow$	1	1 0	0 10	-	
Non-Motorist A   Type   Action   Location   Condition   Hit/Run   Moped									
Non-Motorist A   Type   Action   Location   Condition   Hit/Run   Moped									
Non-Motorist A   Type   Action   Location   Condition   Hit/Run   Moped									
License # SA1950694 St MA DOB/Age  Reg # 1SZ169 Reg Type PC Reg State MA  Veh Year 2006 Veh Make HYUNDAT Veh Config. 1  Operator BEATTY , MADISON OLIVIA  Last First Middle  Address 35 LAWRENCE ST  City WILMINGTON State MA Zip 01887-1927  City WILMINGTON State MA Zip 01887-1927  Insurance Company AMICA MUTUAL INSURANCE CO  Vehicle Travel Direction: N S W Responding to Emergency? 2  Vehicle Action Prior to Crash 1  Event Sequence 1  Oriver Contributing Code 1  Driver Contributing Code 1  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address 35 LAWRENCE ST  City WILMINGTON State MA Zip 01887-1927  Vehicle Action Prior to Crash 1  Driver Contributing Code 1  Driver Distracted by 0  Please fill out for operator/non-motorist and all occupants involved Address System Status System Status System Status Suspensive Transp.  Please fill out for operator/non-motorist and all occupants involved Address System Status System Status Status Status Status Suspensive Transp.  Please fill out for operator/non-motorist and all occupants involved Address System Status Sta	Please Select One Vivi 21 #0	Occupants N. M. M. A.	Toma 15 Agric	16	onation .	17 Condi	18		t/Bun Manad
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  Operator BEATTY , MADISON OLIVIA  Address 35 LAWRENCE ST  City WILMINGTON State MA Zip 01887-1927  Insurance Company AMICA MUTUAL INSURANCE CO  Vehicle Travel Direction: N S W Responding to Emergency? 2  Citation # (If Issued)  Wiol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address 35 LAWRENCE ST  City WILMINGTON State MA Zip 01887-1927  City WILMINGTON State MA Zip 01887-1927  City WILMINGTON State MA Zip 01887-1927  Test Status: 1 28  Type of Test: 29  BAC Test Result: 30  Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug. 32  Towed from scene? 1 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address 35 LAWRENCE ST  City WILMINGTON State MA Zip 01887-1927  Test Status: 1 28  Type of Test: 29  BAC Test Result: 30  Towed from scene? 1 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address Sistery Airbug Eject Trap Injury J Transp. Status Code Medical Facility  Medical Facility		Non-Mon-Mon-Mon-Mon-Mon-Mon-Mon-Mon-Mon-M	12-54-236	E E Alba	Location				
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Operator BEATTY, MADISON OLIVIA Address 35 LAWRENCE ST  City WILMINGTON State MA Zip 01887-1927  Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Travel Direction: N S W Responding to Emergency? 2  Citation # (If Issued)		trictions 1 CDL	Veh Year <u>200</u>	)6	Veh Make <u>F</u>	YUNDA	I	Veh C	
Address 35 LAWRENCE ST  City WILMINGTON State MA Zip 01887-1927  Insurance Company AMICA MUTUAL INSURANCE CO  Vehicle Travel Direction: N S W Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address 35 LAWRENCE ST  City WILMINGTON  State MA Zip 01887-1927  Test Status: 1 28  Type of Test: 29  Most Harmful Event 1 24  Driver Contributing Code 1 25  Susp. Alcohol: 2 31 Susp. Drug 2 32  Towed from scene? 1 33  Please fill out for operator/non-motorist and all occupants involved Address  Name (Last First Middle)  Address 35 LAWRENCE ST  City WILMINGTON  State MA Zip 01887-1927  Test Status: 1 28  Type of Test: 30  Susp. Alcohol: 2 31 Susp. Drug 2 32  Towed from scene? 1 33  Please fill out for operator/non-motorist and all occupants involved Address  DOB/Age Sex Pos. Safety Airbag System Status Code Code Status Code Medical Facility	Operator BEATTY, MADISON	N OLIVIA	Owner BEA	TTY, E	ROBERT			мын	le .
Insurance Company AMICA MUTUAL INSURANCE CO  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S W Responding to Emergency? 2  Event Sequence  Most Harmful Event  Damaged Area Code:  1 27 27 27  Test Status:  Type of Test:  BAC Test Result:  30  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  Vehicle Action Prior to Crash  Test Status:  Type of Test:  BAC Test Result:  Susp. Alcohol:  2 31  Susp. Drug:  3 32  Viol. 3: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved  Name (Last First Middle)  Address  Dobl/Age  Sex  Dobl/Age  Sex  Dobl/Age  Sex  Dobl/Age  Sex  Dobl/Age  Neicle Action Prior to Crash  1 22  Test Status:  Type of Test:  Susp. Alcohol:  2 31  Susp. Drug:  3 32  Towed from scene?  1 33  Medical Facility	Address 35 LAWRENCE ST	2. Ivilouic	Address 35	LAWRE	NCE S			Middl	·
Insurance Company AMICA MUTUAL INSURANCE CO  Vehicle Action Prior to Crash  Vehicle Travel Direction:  N S W Responding to Emergency? 2  Event Sequence 1 23 23 23 23  Most Harmful Event 1 24  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Damaged Area Code: 1 27 27 27  Test Status: Type of Test: 29  BAC Test Result: 30  Susp. Alcohol: 2 31 Susp. Drug 2 32  Towed from scene? 1 33  Please fill out for operator/non-motorist and all occupants involved Address  DOBI/Age Sex Pos. Safety System Sustus Code Code Status Code Medical Facility	City WILMINGTON State M	IA Zip 01887-1927	City WILM:	INGTON	Γ	Sta	ate <b>MA</b>	Zip <b>01</b>	887-1927
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Viol. 3: Ch/Sec/Sub		1. 2. Ch/See/S-1			1 25	25		702	
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Please fill out for operator/non-motorist and all occupants involved  Name (Last First Middle)  Address  DOB/Age  Sex  DOB/Age  Sex  DOB/Age  Sex  DOB/Age  Sex  Airbag  Siget  Airbag  Siget  Siget  Status  Status  Code  Code  Code  Medical Facility  Medical Facility			_ DIIVEI DISHACIE	1		36 37	38 39	40	
Operator/Non-Motorist         See Above         1         1         4         0         0         10         1	THE CONTRACTOR OF THE PROPERTY		DOB	Age Sex	Seat Safety	Airbag Eject	Trap Injury		Medical Facility
	Operator/Non-Motorist	See Above	>	<X	1 1	4 0	0 10	1	
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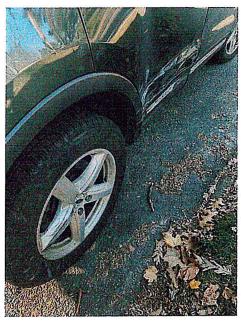
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	AI II(IEROBOTIC	51.1			Capacida								2 10
	62 E MIDDLESE												
<sup>1</sup> 1	Route# Direction	Name of Roadway/Stree	t	Route# Direct	ion A	Address #		Naı	me of I	Roadw	ay/Street		-
1	DT 117 C3 1111	At		Feet	NSE	w of		_ •	_	or _			
	Route# Direction PLEASANT Name	of Intersecting Roadway	/Street				Mile M	arker		_	Exit N	Number	3 11
		Also at Intersection with	l	Feet	N S E	W of	Route#		Interse	cting R	loadway/	Street	
-				Feet	N S E	W of	Routen	•					
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway	//Street						Lar	ndmark	7		1
	Please Select One Vehicle 11	#Occupants Hit/Ru	ın Moped	Crash R	eport ID	# 21	-32	2-	AC				
3	of the Following:												-
	License # <u>\$66170868</u> St <u>MA</u>	DOB/Age		BSNE								VIA 21	<b>1</b> 12
	Sex M Lic. Class D 19 19 Lic. Re	strictions B CDI	Veh	Year <u>2016</u>	Vel	h Make <u>E</u>	ORD		-	_ Veh	Config.		
	Operator WARE, JAMES RC		Middle Own	er BATTER	Y SH	IOP C	F NE	W EN	<b>IGL</b>	AND	INC	<u>:                                    </u>	
<sup>4</sup> 2	Address 38 BIRCHWOOD RI			ess 40 SII		LN	гда						
	City <b>WILMINGTON</b> State	MZA Zip 01887-	4018 City	DRACUT			S	ate MA	1_ z	ip <u>01</u>	826-	-2894	
	Insurance Company MERCHANTS			ele Action Prior to	Crash	1		Damaged				27 27	
					23 23	AD INSURANCE OF THE PARTY OF TH	23	est Stati	us:		1 28		В
<sup>5</sup> 1	Vehicle Travel Direction: NSWW	Responding to Emerger	- VICE -			24	7	ype of T	Γest:		29		
	Citation # (If Issued)	-	Most	Harmful Event			BEIGNE T	AC Tes	_		30		_ 13
	Viol. 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub ——	Drive	er Contributing Co	5457	9 25	25	usp. Alc	cohol:	2 31	Susp. D	rug: 2 32	1
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<sup>6</sup> 1	Please fill out for operate				S	34 35 Scat Safety	36 37 Airbag Ejec	38 Trop		40 Transp.			Ī
	Name (Last First Middle)		ddress	DOB/Age		Pos. System	Status Code		Status 10	Code 1	Medi	cal Facility	1
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<sup>7</sup> 3	Please Select One of the Following:	Occupants Non-M	lotorist A Type	15 Action	Loc	cation	Cond	ition	18	I I	Iit/Run	Moped	
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81	223	First A	/liddle	er <b>FAYYAD</b>	asl		First	_	-	Mid	ldie		İ
1	Address 11 PLEASANT RD			ess 11 PLE	7	NT RI					W 4 1990		_ 14
	City WILMINGTON State	MA Zip 01887-	1429 City	WILMING	ON	Interior Marie						-1429	1
	Insurance Company SAFECO INS	URANCE COM	PANY Vehic	le Action Prior to	Crash	6	想起	amaged		Code:	AND PERSONS ASSESSED.	27 27	
	Vehicle Travel Direction:	Responding to Emergen	ncy? 2 Even	t Sequence 1	23 23	23	23	est Statu			28		
	Citation # (If Issued)	_	Most	Harmful Event	1 2	4		ype of T			30		
<sup>9</sup> 2	Viol. 1; Ch/Sec/Sub ————Vi	-1.2. Ob/9/9-b	Drive	r Contributing Cod	ie 9	9 25	25	AC Tes usp. Alc	-		1459164	nug: 2 32	
	William Control of the Control of th			_	STATE OF STREET	6		usp. Aic owed fr	-		23	rug.[2	l
	Viol. 3: Ch/Sec/SubVi			r Distracted by	V	34 35	36 37	38	39	40	2 33		1
	Please fill out for operator/non- Name (Last First Middle)		s involved	DOB/Agc	S	Seat Safety Pos. System	Airbag Ejec	Trap		Transp. Code	Medi	cal Facility	1
	Operator/Non-Motorist	See	Above	$\sim$	X	1 1	4 0	0	10	1			
	A							$\top$		$\neg$		***	1
				-	_	_		+	-				1
													1

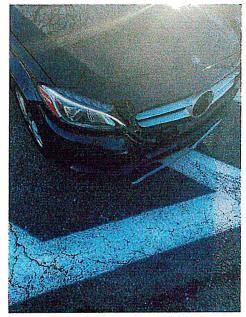
-	= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestria	n 05 = 1	licycle	
Crash Diagram:	ie: 👈 🔟	<b>→</b> 2		<b>▶</b> 윘	<b>→</b> №		
	Pie	easant St		And the second second		If Crash Did Noon a Public Wa  Off-Street Parking Garage Mall/Shopping Ce Other Private Way	y: Lot nter
terese to an analysis of the second s	الطفا ماناكيا		ne dali sa ma mana a arang daraga san sa ma da ana da ana ana		<u> </u>	Indicate North b	y Arrow
	Middlese Rte 62	x Ave				$\bigcirc$	
Crash Narrative:							
Vehicle 1 was travel:	ing East on M	iddlesex Av	e (Rte 62).	Vehicle 2	was atte	empting to	
pull out of Pleasant Rd							
operator of vehicle 2 st	ated a vehicl	e in the We	st bound la	ne stoppe	d to let	vehicle 2	
out. The operator state	d she was hal	.fway into t	he East bou	nd lane w	nen vehic	le 1 drove	
around her causing vehic	le 2 to crash	into vehic	le 1.				
The operator of vehicle	1 stated he	was traveli	ng straight	in the E	ast bound	lane of	
Middlesex Ave when vehic	le 2 pulled o	out of Pleas	ant Rd cras	hing into	the side	of vehicle	
1							
		_					
						-	
Witnesses:		Address			Phone #		Statement
Name (Last,First,Middle)		Address			I none w		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of E	amaged Property	
Truck and Bus Information:			1 200 00 00000	07.02015153			
Carrier Name	Registration #		(2.5)	chicle Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body Typ	<b>多</b> 。	GVWR/GCWR	45			46	
Trailer Reg #:	Keg lype	Reg State	Reg Year	Traile	er Length		
Hazmat Information:  47 Placard Material 1 digit #	48 Material Nam	ne		Material 4 digi	t#	Release code	49
D-11 050	Wandall'		174 W	ilmington	Police P	partment 1	1/24/2021
Patrol Officer Michael W V	Wandell Signature			epartment	Precinct		

## Wilmington Police Department Images Associated with 21-322-AC



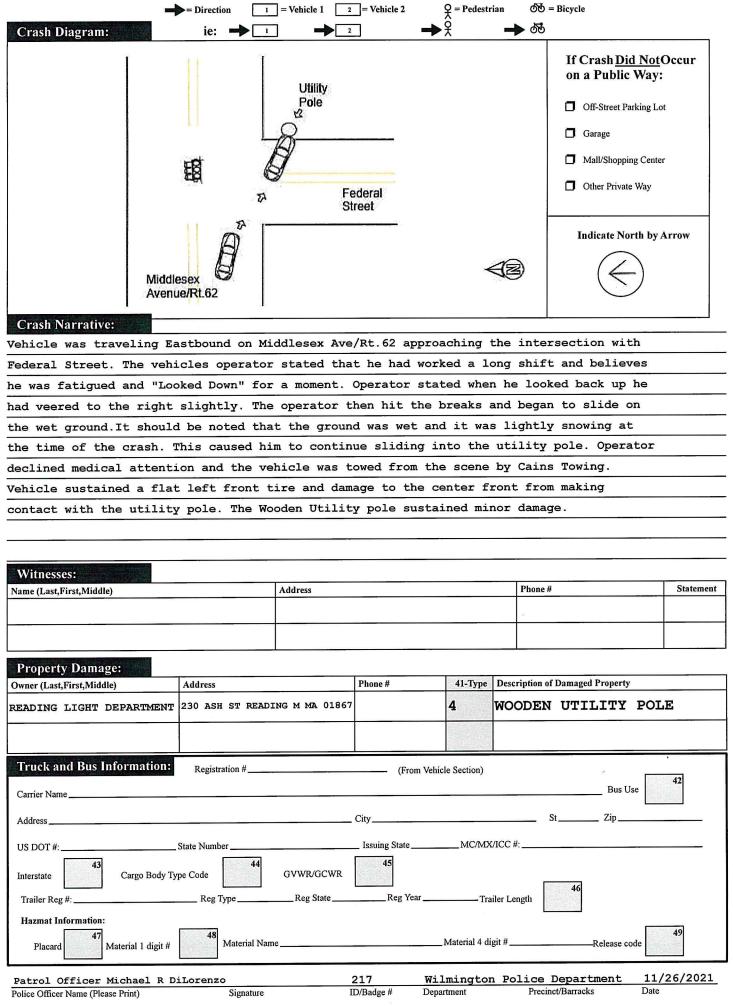








Police Use Only Com	monwealth of <b>N</b>	viassacii	uscits	À		IV Ducun	nent Number
Date of Crash Time of Crash City/Town  L/26/2021 2240 Wilmington	Motor Vehicle		Number Vehicles	Number Injured	Speed Lim	it 25	State Police Local Police MBTA Police Campus Police
24HR	Police Rep		1	0	Longitude		Campus Police Dther:
AT INTERSECTION:	< LOCATIO	N >		NOT A	T INTE	RSECT	ION:
oute# Direction FEDERAL ST Name of Roadway/St	treet Rout	e# Direction	Address #		Name o	f Roadwa	v/Street
At	- Rout	Cir Direction	7 touress ii		Traine 0	TROBUNA	y/birect
MIDDLESEX AVE		Feet N S	E W of			- or	P 'AI I
oute# Direction Name of Intersecting Road	way/Street			Mile M	arker		Exit Number
Also at Intersection v	with	Feet N S	E W of	Route#	Inter	secting Ro	oadway/Street
News of Intersecting Board		Feet N S	E W of			Ü	
oute# Direction Name of Intersecting Roads	way/Sireet				L	andmark	
Please Select One Vehicle 11 #Occupants Hit	/Run Moped	Crash Report	ID# <b>21</b>	-32	3-A	C	
of the Following:							
cense # <b>SA3850851</b> St <b>MA</b> DOB/Age		J296					21
ex M Lic. Class D 19 19 Lic. Restrictions 20 C	CDL Veh Year_2 Endorsement	017	Veh Make <u>H</u>	YUNDA	I	Veh C	Config. 1
perator MACHADO, CHRISTOPHER GE		ONERGAN	, MAUR	EEN I	HYLL	LS Midd	IV:
ddress 2 ROBINLEA CIR		ROBINL	EA CI			Midd	ne
ity WOBURN State MA Zip 0180:	1-1222 City WOE	BURN		Sta	ate MA	7in <b>01</b>	801-1222
surance Company FARMERS PROPERTY &			1		amaged Are	F	
**************************************		ion Prior to Crash	23 23		est Status:	1	28
ehicle Travel Direction: NSWW Responding to Emer	rgency? 2 Event Seque	22	es and the	23	ype of Test:		29
itation # (If Issued)	Most Harmi	ful Event 22	24		AC Test Re	sult:	30
iol. 1: Ch/Sec/Sub ———— Viol. 2: Ch/Sec/Sub —	Driver Cont	ributing Code	21 <sup>25</sup> 1	9 25 S	usp. Alcohol	2 31	Susp. Drug: 2 32
iol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —	Driver Distr	acted by	26	Т	owed from s		33
Please fill out for operator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur		
Name (Last First Middle)	Address	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility
<b>Operator</b>	See Above	$\times$ X	1 99	4 0	0 10	1	
						+	
Please Select One Vehicle 2 #Occupants Nor	n-Motorist A Type 15	Action 16	Location	17 Condi	tion 18	Ппн	it/Run Moped
of the Following:	ii-Motorist A Type	todon and a second	occurrent Market	Contra			
cense # St DOB/Age	Reg #			Reg Typ	e	Reg	State21
		,	Veh Make			Veh C	
nerator	Endorsement Owner						
Last First	Middle Address	Last		First		Midd	lle
				C+	ate	7in	
ityStateZip			BVANE		anaged Are		27 27 27
surance Company	Vehicle Acti	ion Prior to Crash	1500 (460)		est Status:	a Code.	28
		23	23 23	23			29
chicle Travel Direction: NSEW Responding to Emer	rgency? Event Seque	ence 25			me of Test		
	rgency? Event Seque Most Harmi	ence	24		ype of Test:	enlt:	30
chicle Travel Direction: NSEW Responding to Emer	Most Harmi	ence		25 B	AC Test Re	10000-2	20
chicle Travel Direction: NSEW Responding to Emeritation # (If Issued)  iol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Most Harmi	ful Event	24	25 S	AC Test Re	31	0000
chicle Travel Direction: NSEW Responding to Emeritation # (If Issued) Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Most Harmi  Driver Cont  Driver Distr	ful Event	24 25 26 34 35	25 S	AC Test Re usp. Alcoho owed from s	31 scene?	Susp. Drug: 32
chicle Travel Direction: NSEW Responding to Emeritation # (If Issued)  iol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Most Harmi  Driver Cont  Driver Distr	ful Event	24 25 26	25 S T 36 37 Airbag Eject	AC Test Re usp. Alcoho owed from s	scene?	Susp. Drug: 32
chicle Travel Direction: NSEW Responding to Emeritation # (If Issued)	Most Harmi  Driver Cont  Driver Distr	ful Event ributing Code	24 25 25 26 34 35 Safety	25 S T 36 37 Airbag Eject	AC Test Re usp. Alcoho owed from s	scene?	Susp. Drug: 32 33
chicle Travel Direction: NSEW Responding to Emeritation # (If Issued)	Most Harmi  Driver Cont  Driver Distr  pants involved  Address	ful Event ributing Code	24 25 25 26 26 Safety Pos. System	25 S T 36 37 Airbag Eject	AC Test Re usp. Alcoho owed from s	scene?	Susp. Drug: 32 33
chicle Travel Direction: NSEW Responding to Emeritation # (If Issued)	Most Harmi  Driver Cont  Driver Distr  pants involved  Address	ful Event ributing Code	24 25 25 26 26 Safety Pos. System	25 S T 36 37 Airbag Eject	AC Test Re usp. Alcoho owed from s	scene?	Susp. Drug: 32 33



## Wilmington Police Department Images Associated with 21-323-AC

