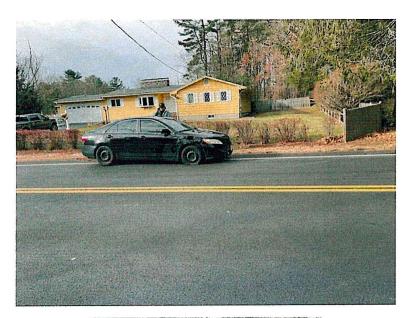
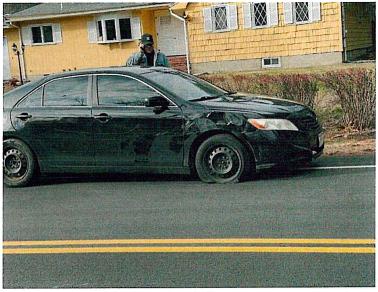
	Police Use Only	Commo	nwealth	of Massac	husett	S	RM	V Docu	ment Number	
	CONTRACTOR SALES SERVICE SERVI	City/Town N	<b>Iotor Veh</b>	icle Cras	h Number		Speed Limi	t <u>30</u>	Local Police	7
	11/28/2021   1253   Wilmi	ington	Police 1	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other;	
	AT INTERSECTION	N:	< LOCA			NOTA	T INTER	SECT		1
										<b>2</b> 10
					54	PARI				
<sup>I</sup> <b>1</b>	Route# Direction	Name of Roadway/Street  At		Route# Direction	n Address	#	Name of	Roadwa	ay/Street	-
_		*		Feet X	S E W of			or _		
	Route# Direction Name	of Intersecting Roadway/S	treet	205		Mile M			Exit Number	4 11
	8	Also at Intersection with		225 Feet N		Route#	GOWII		oadway/Street	
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/S	treet	Feet N	S E W of		¥			
1		- I					L	andmark		4
3	Please Select One of the Following: Vehicle 1_1 #	Occupants Hit/Run	Moped Moped	Crash Rep	ort ID# <b>2</b> :	L-32	4-A	3		
		_ DOB/Ag	Regi	# 1MBR96		Reg Tyr	e PC	Re	g State <b>MA</b>	1
	19 19	strictions 1 20 CDL_	<i>₹</i>	Year 2007					21	<b>1</b> 12
	AND DECEMBER OF THE PERSON AND PARTY OF THE PERSON AND	Endors	ement	er MCCULLO				ven v	Comig.	
<sup>4</sup> 1	Operator MCCULLOCK, MIC	irst Mid	dle	Last		First	E	Mid	ldle	
	Address 17 HICKORY HILL			ess 17 HICK			1.73	01	200 2646	
	City WAKEFIELD State 1			WAKEFIELI	100000			_	27 27 27 27	ŀ
	Insurance Company <b>SAFETY INS</b>	URANCE COMP	<b>PANY</b> Vehic	cle Action Prior to Cr			Damaged Ares Test Status:	a Code:	2 27 3 27 27 2 28	
<sup>5</sup> 2	Vehicle Travel Direction: S E W	Responding to Emergency	/?_2 Even	t Sequence 1 23	23 23	23	ype of Test:	0140	29	
2	Citation # (If Issued)		Most	Harmful Event 1		F	AC Test Res	ult:	30	L.,
	Viol. 1: Ch/Sec/Sub ————————Viol	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	9 25	8 <sup>25</sup> S	usp. Alcohol	2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub ———Viol	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	Т	owed from s	cene?	1 33	
<sup>6</sup> <b>1</b>	Please fill out for operator	r and all occupants involve			34 35 Seat Safe	ty Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	Addre		DOB/Age S	Pos. System	M Status Code	Code Status	Code	Medical Facility	-
	Operator	See Ab	oove		1 1	-		+		-
								$\sqcup$		1
		al .							- 11-11-11-11-11-11-11-11-11-11-11-11-11	
	Please Select One Vivaliate 21 #	Occupants Day 25		15 1	6	17	18		lit/Run Moped	1
<sup>7</sup> 1	Please Select One of the Following: Vehicle 21 #	Occupants Non-Mot	torist A Type	Action	Location	Cond	tion	ч	int/Run Moped	1
		_ DOB/Ag	Reg	# <u>793J</u>		Reg Typ	e <u>PC</u>	Re	g State MA	
	Sex M Lic. Class D 19 Lic. Res	trictions 20 CDL_ Endors	Veh '	Year 2015	_ Veh Make_	FORD		Veh (		
0	Operator DELLO-RUSSO, D		Own	er B J MCL	AUGHLI	N AND	SONS	INC	Me	
<sup>8</sup> 1	Address 41 FIORENZA DR	ist Mid		ess 60 PLEA	SANT S					
	City WILMINGTON State 1	<u>4A</u> Zip 01887-4	421 City	WOBURN		St	ate MA	Zip <b>01</b>	801-4132	1 14
	Insurance Company SAFETY INS	URANCE COMP	PANY Vehic	cle Action Prior to Cr	ash 4	22	amaged Are	a Code:	1 27 27 27	
	Vehicle Travel Direction:	Responding to Emergency		t Sequence 23	23 23	23	est Status:	1	1 28	
	Citation # (If Issued)			Harmful Event 1	24		ype of Test:	The second secon	30	1
<sup>9</sup> <b>2</b>	,	1.2.61/6./0.1		er Contributing Code	97 25	25	SAC Test Res		Susp. Drug: 2 32	
	Viol. 1: Ch/Sec/Sub —————————Viol.			er Distracted by	26		usp. Alcohol owed from s	-	33	
	Viol. 3: Ch/Sec/Sub Viol. Viol. 3: Ch/Sec/Sub Viol. Viol. 3: Ch/Sec/Sub Viol. Viol. 3: Ch/Sec/Sub Viol. 3:	ol. 4: Ch/Sec/Sub		I Distracted by	34 35	36 37	38 39	40		4
	Please fill out for operator/non-n	notorist and all occupants i		DOB/Age	Sex Pos. Syst	ty Airbag Ejec em Status Code	Trap Injury	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	See At	oove	><	1 1	4 0	0 10	1		
		2								
					_	+	11			1
				-	++-	+ +	++-	++		-
	I	1				1 1	1 1	1 1		1

Froperty Damage:    If Crash Did NotOccur on a Public Way:   Off-Street Parking Lot     Garage     Mail/Shopping Center     Other Private Way     Indicate North by Arrow     Indicate North by Arrow	=	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestrian	2.2	cycle	
Crash Narrative:	Crash Diagram:	ie: 👈 🔟	<b>→</b> 2	· →	<u> </u>	<b>→</b> №		
CitShood Parking Lot   Garage   Garage   Made Name   City   Description of Desc	<b>2</b> >		NATION AND A			18		
Park St    MainStapping Center		54 Park	St Driveway			1	Off-Street Parking Lo	t
Park St    Park St						1	Garage	
Park St						1	Mall/Shopping Center	r
Indicate North by Arrow   Indicate North by Indicate Nor	<u> </u>	<b></b>  }		a Harmon sector prime i	maker the constitute Carlos constitute in		Other Private Way	
Crash Narrative:  Noth vehicles were travelling north bound on Park St. Vehicle 2 began to slow down, thus the operator of vehicle 1 stated he believed vehicle 2 was attempting to pull to the right of the road way. Note: vehicle 2 failed to use any turn signals. Vehicle 2 attempted to murn left into the driveway of 54 Park St. Vehicle 1 proceeded to pass vehicle 2 on the eff. Thus causing Vehicle 1 front passenger side to collide with vehicle 2 on the front left bumper. Vehicle 1 passenger front tire was popped and the front passenger door ustained damage also. Vehicle 2 sustained damage to the front bumper. View images in report 21-324-AC. Vehicle 1 was towed by Forrest Towing to residence of the owner.  Witnesses:  Name (Last,First,Middle)  Address  Phome # 41-Type Description of Damaged Property  Witnesses:  Name (Last,First,Middle)  Address  Phome # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # Statement   Stat			À	Park St	3 1 1X			
be operator of vehicle 1 stated he believed vehicle 2 was attempting to pull to the right of the road way. Note: vehicle 2 failed to use any turn signals. Vehicle 2 attempted to use any turn signals. Vehicle 2 on the source of the other signals. Vehicle 1 passenger front tire was popped and the front passenger door ustained damage also. Vehicle 1 was towed by Forrest Towing to residence of the owner.  Witnesses:  Name (Last,First,Middle)  Address  Phone # 41-Type Description of Damaged Property  Property Damage  Description of Damaged Property  Truck and Bus Information:  Registration # From Vehicle Section  Statement Address City State Number Issuing State MCMOVICC # State Number Reg State Reg St	<u> </u>		0				Indicate North by A	Arrow
be operator of vehicle 1 stated he believed vehicle 2 was attempting to pull to the right of the road way. Note: vehicle 2 failed to use any turn signals. Vehicle 2 attempted to use any turn signals. Vehicle 2 on the source of the other signals. Vehicle 1 passenger front tire was popped and the front passenger door ustained damage also. Vehicle 1 was towed by Forrest Towing to residence of the owner.  Witnesses:  Name (Last,First,Middle)  Address  Phone # 41-Type Description of Damaged Property  Property Damage  Description of Damaged Property  Truck and Bus Information:  Registration # From Vehicle Section  Statement Address City State Number Issuing State MCMOVICC # State Number Reg State Reg St							$(\Rightarrow)$	
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win left into the driveway of 54 Park St. Vehicle 1 proceeded to pass vehicle 2 on the eft. Thus causing Vehicle 1 front passenger side to collide with vehicle 2 on the front eft bumper. Vehicle 1 passenger front tire was popped and the front passenger door ustained damage also. Vehicle 2 sustained damage to the front bumper. View images in report 21-324-AC. Vehicle 1 was towed by Forrest Towing to residence of the owner.  Winesses:  Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Downer (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Address  City  State Number  Institute  State Number  State Number  State Number  Registration # Missing State  MCAMX/ICC #:  Truler Reg #:  Hazamat Information:  Placard  Address Age Typo  Reg State  Reg Typo  Reg State  Reg Typo  Reg State  Material 4 digit # Release code  49  Material 1 digit # Release code  49  Material 1 digit # Release code  49  Wilmington Police Department  11/28/2021	the operator of vehicle	1 stated he b	elieved veh	nicle 2 was at	tempting	to pull	to the right	
eft. Thus causing Vehicle 1 front passenger side to collide with vehicle 2 on the front eft bumper. Vehicle 1 passenger front tire was popped and the front passenger door sustained damage also. Vehicle 2 sustained damage to the front bumper. View images in seport 21-324-AC. Vehicle 1 was towed by Forrest Towing to residence of the owner.  Witnesses:  Name (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Description of Damaged Property  Truck and Bus Information:  Carrier Name	of the road way. Note: v	rehicle 2 fail	ed to use a	ny turn signa	als. Vehi	cle 2 att	empted to	
eft bumper. Vehicle 1 passenger front tire was popped and the front passenger door ustained damage also. Vehicle 2 sustained damage to the front bumper. View images in report 21-324-AC. Vehicle 1 was towed by Forrest Towing to residence of the owner.  Witnesses: Name (Last, First, Middle)  Address  Phone # Statement  Property Damage: Dwner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information: Carrier Name  Address  City  State Number  Issuing State  MC/MX/ICC #:  Trailer Reg #:  Reg Type  Reg Type  Reg State  Reg State  Reg Type  Reg State  Material 1 digit # Material 1 digit # Material 1 digit # Release code  Address  Patrol Officer Assagi A Wynter  219 Wilmington Police Department 11/28/2021	turn left into the drive	way of 54 Par	k St. Vehic	le 1 proceede	ed to pas	s vehicle	2 on the	
Property Damage:  Dwner (Last, First, Middle)  Address  Phone # Statement  Address  Phone # Address  Property Damage:  Dwner (Last, First, Middle)  Address  Phone # Address  City State Number	And the second s	***************************************						
Witnesses:	left bumper. Vehicle 1 p	assenger from	t tire was	popped and the	ne front	passenger	door	
Witnesses: Name (Last,First,Middle)  Property Damage: Dwner (Last,First,Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information: Carrier Name  Bus Use  Address  City St. Zip  US DOT #: State Number Issuing State MC/MX/ICC #: Interstate  43 Cargo Body Type Code  44 GVWR/GCWR 45 Interstate  43 Cargo Body Type Code  44 GVWR/GCWR 45 Interstate  46  Hazmat Information: Placard  47 Material 1 digit #  48 Material Name  Material 4 digit #  Release code  49  Patrol Officer Assagi A Wynter  219 Wilmington Police Department 11/28/2021	sustained damage also. V	ehicle 2 sust	ained damag	ge to the from	t bumper	. View im	ages in	
Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Dwner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name	report 21-324-AC. Vehicl	e 1 was towed	l by Forrest	Towing to re	esidence	of the ow	ner.	
Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Dwner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name				9"	2			
Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Dwner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name						-		
Name (Last, First, Middle)  Address  Phone # Statement  Property Damage:  Dwner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name								
Property Damage:  Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name	The second of th		Address			Phone #		Statement
Owner (Last, First, Middle)  Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name Bus Use  Address City St Zip  US DOT #: State Number Issuing State MC/MX/ICC #:  Interstate	Name (Last, First, Middle)		Address			I Holic #		Statement
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name  City St Zip  US DOT #: Issuing State Mumber Issuing State MC/MX/ICC #:  Interstate 43 Cargo Body Type Code 44 GVWR/GCWR  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:  Placard 47 Material 1 digit # Material Name Material 4 digit # Release code 49  Patrol Officer Assagi A Wynter 219 Wilmington Police Department 11/28/2021								
Owner (Last, First, Middle)  Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name Bus Use  Address City St Zip  US DOT #: State Number Issuing State MC/MX/ICC #:  Interstate								
Truck and Bus Information:  Carrier Name	Property Damage:							
Bus Use	Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Dar	naged Property	
Bus Use								
Bus Use			7.15					
Address	Truck and Bus Information:	Registration #		(From Vehic	le Section)			
US DOT #: State Number Issuing State MC/MX/ICC #:  Interstate	Carrier Name						Bus Use	42
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:  Placard 47 Material 1 digit # 48 Material Name Material 4 digit # Release code 49  Patrol Officer Assagi A Wynter 219 Wilmington Police Department 11/28/2021	Address			City		St	Zip	
Interstate Cargo Body Type Code GVWR/GCWR  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:  Placard 47 Material 1 digit # Material Name Material 4 digit # Release code 49  Patrol Officer Assagi A Wynter 219 Wilmington Police Department 11/28/2021	US DOT #:	State Number		Issuing State	MC/MX/IC	C #:		
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length    Hazmat Information:  Placard	ACTORICAL CONTRACTOR C		GVWR/GCWR	45				
Hazmat Information:  Placard 47 Material 1 digit # 48 Material NameMaterial 4 digit #Release code 49  Patrol Officer Assagi A Wynter 219 Wilmington Police Department 11/28/2021				Reg Year	——— Trailer	Length	46	
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racior orrect indage in minor	Part Section 2 Section 2	48 Material Nam	ne		Material 4 digit #	<u> </u>	Release code	49
								28/2021

# Wilmington Police Department Images Associated with 21-324-AC

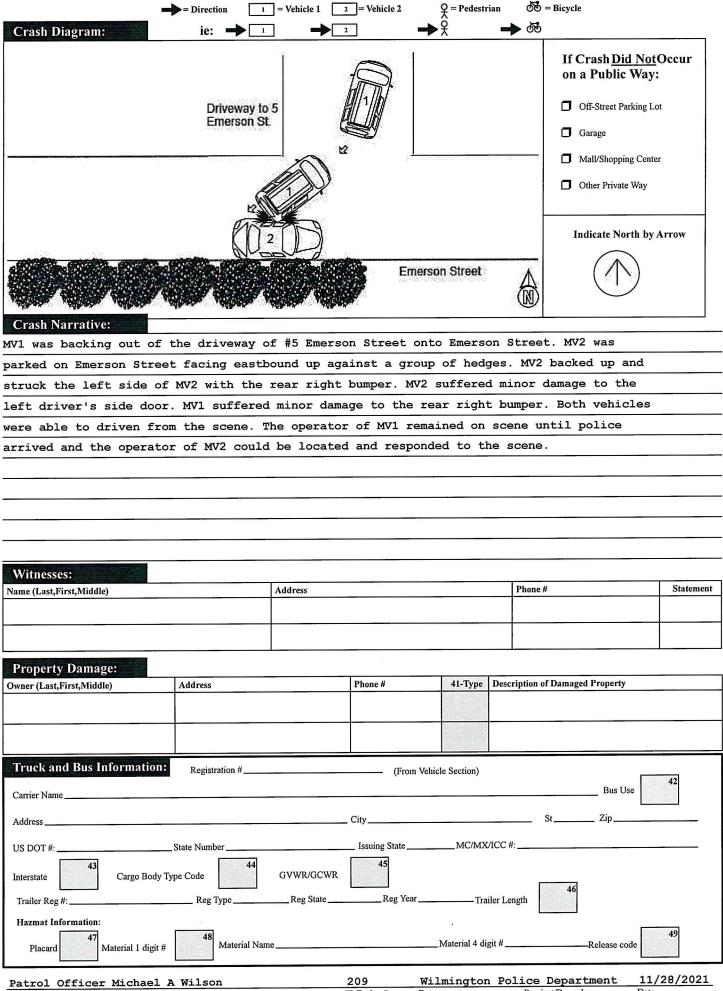






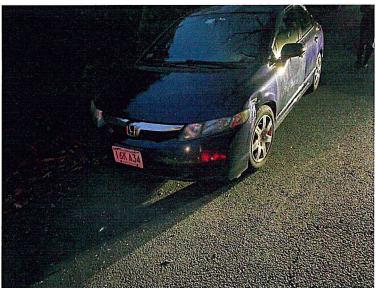


	Police	e Use Only		C	ommor	iwealth	of Ma	ssaci	us	etts			R	MV Doc	cument Number	
		Time of Crash		City/Town		otor Vel			N Ve	umber ehicles	Num Inju	-ad   5	peed Lin	it2.	5 State Police Local Police MBTA Police Campus Police	
	11/28/2021	24HR	MITITI	ing con	0	Police	Repor	t	2		0	- 1	ongitude_		Campus Police Other:	<u>i</u>
	A	AT INTERS	SECTIO	N:	<	LOCA	ATION	>			NOT	AT	INTE	RSEC	CTION:	
									-		773	m D C		ош		2 10
	Route# Direction	on	1	Name of Road	dway/Street		Route# I	Direction	Add	ress #	<u>Filv</u>	ERS	Name		way/Street	_
¹6	2			A	t			eet N S	le lw	1 .				oecdi:		
	Route# Direction		Name	of Intersecting	g Roadway/Stre	eet	F	eet [N]	S E W	ot		e Mark	• <b>–</b> ег	— or .	Exit Number	1011
	- Routen Breets			Also at Interse			F	eet N S	EW	of					D 1 (7)	10
			5000				F	eet N S	EW	of	Route	#	Inte	rsecting	Roadway/Street	
<sup>2</sup> 2	Route# Direction	on	Name	of Intersecting	g Roadway/Stre	eet		~		3				Landmar	rk	
3	Please Select On of the Following		e 1 <u>2</u> #	Occupants	Hit/Run	Moped	Cra	ish Repor	t ID#	21	-3	25	-A	С		
	License # S05		St MA	_ DOB/Ago		Reg	# 4KA32	20			Reg	Type _	PC	F	Reg State MA	- 12
	Sex <b>F</b> Lic. Cla	10	_	500	20 CDL	Veh	Year <b>201</b>								21	1 12
	Operator BAN			MATERIAL STATES	Endorser	ment Owi	ner BAND									
<sup>4</sup> 1	Address 119			rst	Middle	•	ress <b>119</b>	Last			Fir	st		N	Aiddle	
_	City WILMIN			//A 7in 0	1887-35		WILMI					State	MA	Zip <b>0</b>	1887-3537	
	Insurance Compan						cle Action Pri			10	22		aged Ar			
	Vehicle Travel Dire				to Emergency?		nt Sequence	23	23	23	23		Status:		28	
5				Responding	to Emergency?		t Harmful Eve	2	24			Туре	of Test		29	
	Citation # (If Issue				210			Large State (	19	25	25		C Test Re	-	30	13
	Viol. 1: Ch/Sec/Su						er Contribution	-	TINGS AND				Alcoho		Susp. Drug: 2 32	2
ِ 1	Viol. 3: Ch/Sec/Su						er Distracted	by <b>9</b> 9	34	35	36	10W	ed from		2	4
_	Name (Last First Midd		tor operator	and all occup	pants involved Address		DOB/Ag	ge Sex	Seat	Safety System	Airbag Status	Eject	Trap Inju Code Stat	ry Transp.	Medical Facility	
	Operator	r			See Abo	ve	$\rightarrow$	$\langle \rangle X$	1	99	4	0 0	10	1		
				-				1	4	99	4	0 0	10	1		
						11-2-11			+			$\dashv$				-
				 			15	16			17			8		1
<sup>7</sup> 1	Please Select On of the Following		e 2 <u>0</u> #	Occupants	Non-Motor	rist A Type	Action		Locati	on	C C	onditio	n Î		Hit/Run Moped	i
	License #		St	_ DOB/Age		Reg	# 16KA3	34			Reg	Туре _	PC	R	Reg State MA	-
	Sex Lic. Cla		Lic. Res	trictions	CDL		Year <b>201</b>	0	Veh M	ake <u></u>	OND	<b>A</b>		Vel	h Config. 21	
	Operator <u>Dri</u>	verless	M.V	rst	Endorser	Owi	ner DICK	ERMA	N,	DAV	'ID	WAY	NE	N.	/iddle	-
31	Address	Last		rst	Middle		ress <b>111</b>	PARI	INC	<del>3</del> W2	AYS	RD			-	-
	City		State	Zip		City	KINGS'	TON_				_ State	MA	Zip <u>0</u>	2364-2010	_ 1 14
	Insurance Compan	y FARMER	S PRO	PERTY	& CAST	<b>UAL</b> Vehi	cle Action Pri	or to Cras	h	11	22	Dam	aged Ar	ea Code		
	Vehicle Travel Dire	ection: N S	Xw	Responding	to Emergency?	2 Ever	nt Sequence	2 23	23	23	23		Status:		28	
0	Citation # (If Issue	ed)				Mos	t Harmful Eve	ent 2	24				of Test C Test Re		30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Su	ıb	Vie	ol. 2: Ch/Sec/	Sub	Driv	er Contributir	ng Code	1	25	25		. Alcoh	-	1 Susp. Drug: 2 32	
	Viol, 3: Ch/Sec/Su						er Distracted	by O	26				ed from	-	2 33	
		se fill out for op-							34 Seat	35 Safety	36 Airbag	37 Eject	38 3 Trap Inju	ry Transp		7
	Name (Last First Mide				Address		DOB/Ag	ge Sex	Pos.	System	Status	Code C	Code Sta	us Code	Medical Facility	1
	Operator	r/Non-Mo	otorist		See Abo	ve		$\checkmark$	1	0	4	<u> </u>	, 10	+		-
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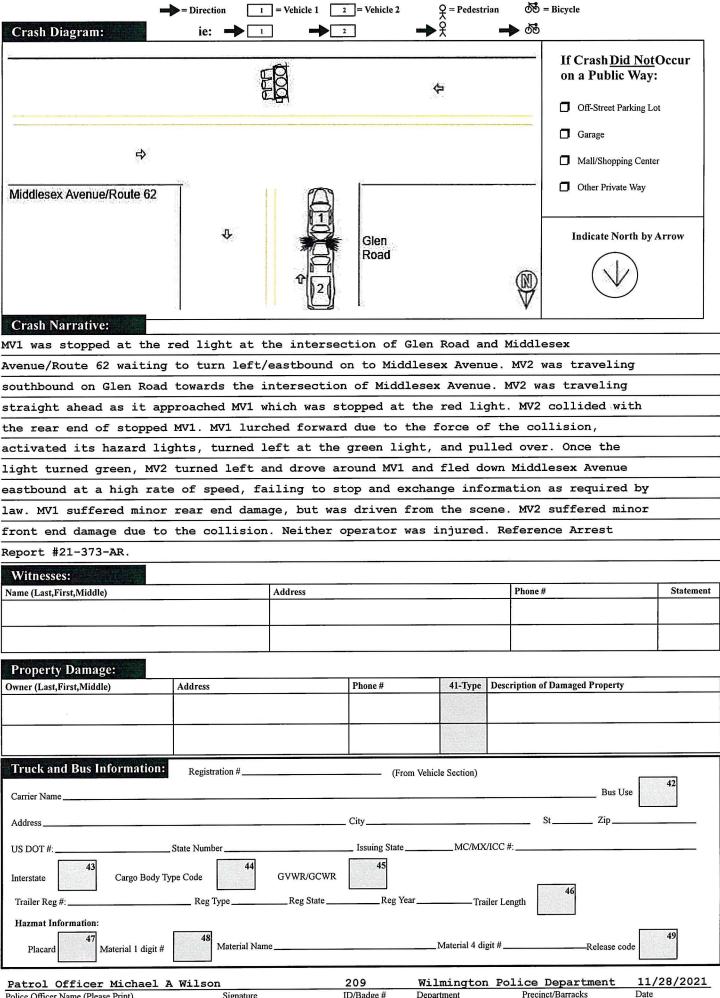
### Wilmington Police Department Images Associated with 21-325-AC



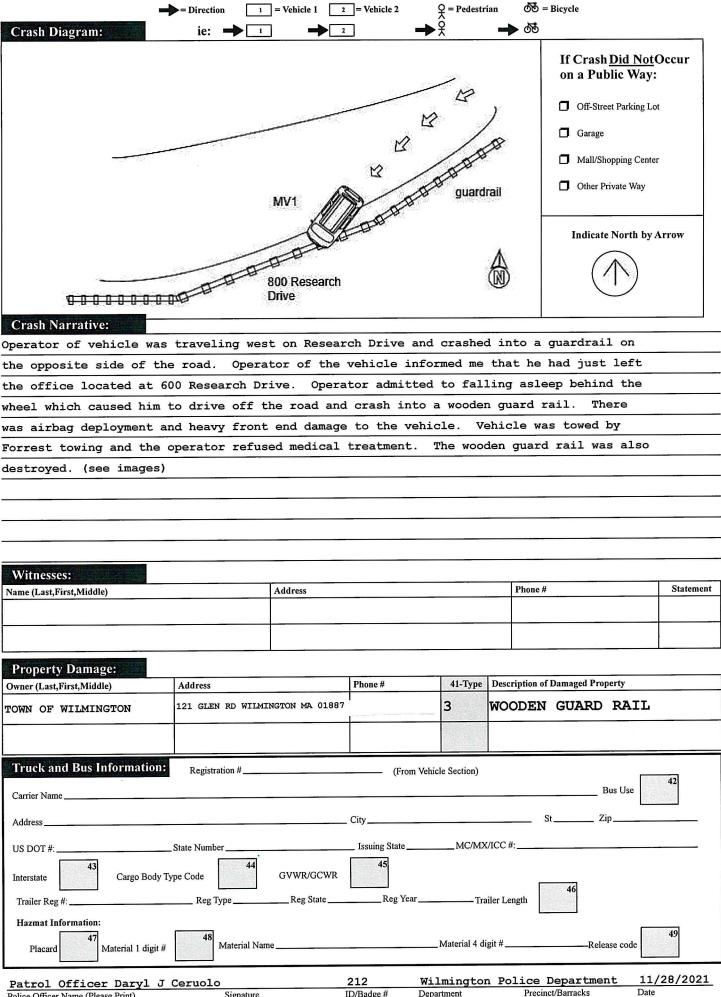




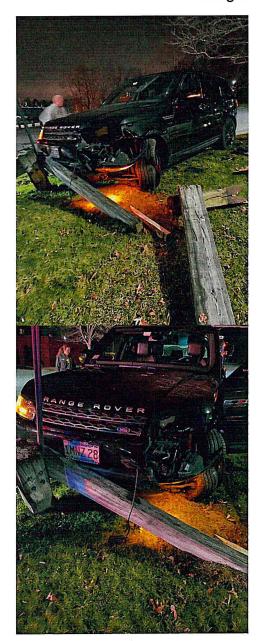
	Police Use Only	Commo	nwealth	of Massa	ichu	setts			RM	V Docui	ment Number	
	The state of the s	City/Town M	lotor Veh	icle Cra	sh [	Number Vehicles	Number Injured	PP	l Limit,	25	State Police Local Police MBTA Police Campus Police	
	11/28/2021   1854   Wilmi	.ngton	<b>Police</b>	Report	:	2	0	Lantu			Campus Police Other:	i
	AT INTERSECTIO	N: <	< LOCA	TION :	>		NOT A	T IN	TER	SECT	ΓΙΟΝ:	
												<b>2</b> 1
	Route# Direction MIDDLESE	X AVE Name of Roadway/Street		Route# Direct	ion A	ddress #	-	Na	ame of	Roadwa	ay/Street	
<sup>1</sup> 4	STOREGORDS AND	At					-					
	GLEN RD			Feet	N S E	W of		— • ⁄/arker	. —	or _	Exit Number	- 1
		of Intersecting Roadway/Str Also at Intersection with	reet	Feet	N S E	w of						<b>-</b>  2 ^
					N S E		Route#		Interse	ecting R	oadway/Street	
<sup>2</sup> 2	Route# Direction Name	of Intersecting Roadway/Str	reet						La	ndmark		-
	Please Select One	Occupants Hit/Run	Moped	Crash P	anart ID	<sub>#</sub> 21	-32	6-				
3	of the Following: Vehicle 12 "	Hit/Run	Moped	Crash R	ерогі 10	# Z I	-52	. 0	AC			_
		_ DOB/Ag(	Reg	# <u>2ZFY50</u>			Reg Ty	pe PC		Re	g State MA	- 1 1
	Sex <b>F</b> Lic. Class D 19 19 Lic. Res	trictions CDL	Veh	Year <u>2008</u>	Veh	Make <u>F</u>	YUND	AI		Veh	Config. 1	1
	Operator TKACHUK, EMMA		Own	er <b>TKACHU</b>	K, M	ICHA	EL First			Mid	Idle	-
<sup>4</sup> 3	Address 124 POND ST			ess 124 PC	ND S	ST						-
	City <b>WILMINGTON</b> State <b>1</b>	1A Zip 01887-3	768 City	WILMING'	TON		s	tate <b>M</b>	<b>A</b> _ 2	ip <b>01</b>	.887-3768	-
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		Responding to Emergency		t Sequence 1	23 23	23	23	Test Sta	tus:	200	28	
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<sup>7</sup> 3	Please Select One of the Following: Vehicle 2_1 #	Occupants Non-Moto	orist A Type	15 Action	16 Loc	ation	17 Con	dition	18	П	Iit/Run 🔲 Moped	1
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Please Select Onc of the Following:    Vehicle   1
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Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet NSEW of Feet NSEW of  Route# Intersecting Roadway/Street  Landmark  Please Select One of the Following:  Vehicle I #Occupants DIHH/Run DMoped Crash Report ID# 21-327-AC  License # \$69233985 St MA DOB/Agt Sex M Lic. Class DIP IP IP Lic. Restrictions I 20 CDL Endorsement Operator NICHOLS, MICHAEL SCOTT  Operator NICHOLS, MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967 Insurance Company THE COMMERCE INSURANCE CO  Vehicle Travel Direction: NSEX Responding to Emergency? 2  Vehicle Travel Direction: NSEX Responding to Emergency? 2  Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26  Please fill out for operator and all occupants involved Name (Last First Middle)  Moped Crash Report ID# 21-327 - AC  Reg # 1MNZ28 Reg Type PC Reg State MA Veh Year 2016 Veh Make Land Rover Veh Config. 1 21  Owner NICHOLS, MICHAEL SCOTT  First Middle  Owner NICHOLS, MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  City N ANDOVER State MA Zip 01845-1967  Wehicle Action Prior to Crash 1 22  Damaged Area Code: 8 27 1 27 27  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 and all occupants involved Nume (Last First Middle)  Please fill out for operator and all occupants involved Nume (Last First Middle)  Name (Last First Middle)  Moped Crash Report ID# 21 - 327  Roadmark  Reg Type PC Reg State MA Veh Year 2016 Veh Make Land Rover Veh Config. 1 21  Owner NICHOLS, MICHAEL SCOTT  Middles Reg # 1MNZ28  Reg Type PC Reg State MA  Reg Type PC Reg State MA  The Year 2016 Veh Make Land Rover Veh Config. 1 21  Owner NICHOLS, MICHAEL SCOTT  Middles Reg # 1MNZ28  Reg Type PC Reg State MA  New 34 10 MA  Reg # 1MNZ28  Reg Type PC Reg State MA  New 4 10 Make Land Rover Veh Config. 1 21  Damaged Area Code: 8 21 25  Susp. Alcohol: 2 31 Susp. Drug 2 32  Towed from sce
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Route# Direction   Name of Intersecting Roadway/Street   Landmark
Please Select One of the Following:    Dicense # S69233985   St MA DOB/Age   Sex M Lic. Class   19   19   Lic. Restrictions   1   20   CDL   Endorsement   Operator NICHOLS   MICHAEL SCOTT   Endorsement   Operator NICHOLS   MICHAEL SCOTT   Middle   Address   14   WALKER RD   APT   6   Address   Address   Address   Address   Address   Address   Address   Address   Address   Addres
License # S69233985 St MA DOB/Age  Sex M Lic. Class D 19 19 Lic. Restrictions Derator NICHOLS, MICHAEL SCOTT  Operator NICHOLS, MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  Insurance Company THE COMMERCE INSURANCE CO  Vehicle Travel Direction: N S E Responding to Emergency? 2  Vehicle Travel Direction: N S E Responding to Emergency? 2  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Driver Distracted by P9 26  Please fill out for operator and all occupants involved Name (Last First Middle)  Address Safety And Reg Type PC Reg State MA  Reg # 1MNZ28 Reg Type PC Reg State MA  Veh Year 2016 Veh Make Land Rover Veh Config. 1 21  Owner NICHOLS, MICHAEL SCOTT  First Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  Vehicle Action Prior to Crash 1 22  Damaged Area Code: 8 27 1 27 27  Test Status: 1 28  Type of Test: 29  Most Harmful Event 24 24  BAC Test Result: 30  Driver Contributing Code 21 25 25  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26  Towed from scene? 1 33  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Most Land Rover Veh Config. 1 21  Owner NICHOLS, MICHAEL SCOTT  Owner NICHOLS, MICHAEL SCOTT  First Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  Vehicle Action Prior to Crash 1 22  Damaged Area Code: 8 27 1 27 27  Test Status: 1 28  Type of Test: 30  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Towed from scene? 1 33  Medical Facility
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  Operator NICHOLS , MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  Insurance Company THE COMMERCE INSURANCE CO  Vehicle Travel Direction: N S E Responding to Emergency? 2  Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  Veh Year 2016 Veh Make Land Rover Veh Config. 1 21  Owner NICHOLS , MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  City N ANDOVER State MA Zip 01845-1967  Vehicle Action Prior to Crash 1 22  Test Status: 1 28  Web Year 2016 Veh Make Land Rover Veh Config. 1 21  Owner NICHOLS , MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  Vehicle Action Prior to Crash 1 22  Test Status: 1 28  Most Harmful Event 24 24  Word Config. 1 21  Towner NICHOLS , MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  Test Status: 1 28  Type of Test: 29  Most Harmful Event 24 24  Driver Contributing Code 21 25  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Please fill out for operator and all occupants involved Name (Last First Middle) Address  Please fill out for operator and all occupants involved Name (Last First Middle) Address  Owner NICHOLS , MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  Test Status: 1 28  Type of Test: 29  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Towner NICHOLS , MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  Test Status: 1 28  Type of Test: 30  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Towner NICHOLS , MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER State MA Zip 01845-1967  Test Status: 1 28  Type of Test: 30  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Test Status: 1 28  Type of Test: 30  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Test Status: 1 28  Type of Test: 30  Type of Test: 30  Test Status: 1 28  Type of Test: 30  Test Status: 1 28  Type of Test: 30  Test Status: 1 28  Test Status: 1 28  Type of Test: 30  Test Status: 1 2
Operator NICHOLS, MICHAEL SCOTT  Address 14 WALKER RD APT 6  City N ANDOVER  Insurance Company THE COMMERCE INSURANCE CO  Vehicle Travel Direction:  N S E Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Viol. 3: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Please fill out for operator and all occupants involved  Name (Last First Middle)  Vehicle Address 14 WALKER RD APT 6  City N ANDOVER  State MA Zip 01845-1967  Vehicle Action Prior to Crash  1 22  Damaged Area Code: 8 27 1 27 27  Test Status:  Type of Test:  30  Driver Contributing Code  Viol. 3: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Driver Distracted by  Please fill out for operator and all occupants involved  Name (Last First Middle)
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City N ANDOVER  State MA Zip 01845-1967  Insurance Company THE COMMERCE INSURANCE CO  Vehicle Action Prior to Crash  Vehicle Cravel Direction:  N S E Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Viol. 3: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Name (Last First Middle)  State MA Zip 01845-1967  Vehicle Action Prior to Crash  1 22  Test Status: 1 28  Type of Test: 29  BAC Test Result: 30  Driver Contributing Code  21 25  Susp. Alcohol: 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address  City N ANDOVER  State MA Zip 01845-1967  Vehicle Action Prior to Crash  1 22  Test Status: 1 28  Type of Test: 30  Susp. Alcohol: 2 31 Susp. Drug: 3 32  Towed from scene? 3 33  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address  Address  Address  State MA Zip 01845-1967  Test Status: 1 28  Type of Test: 30  BAC Test Result: 30  Susp. Alcohol: 2 31 Susp. Drug: 3 32  Towed from scene? 3 1 33  Medical Facility
Insurance Company THE COMMERCE INSURANCE CO  Vehicle Travel Direction:  N S E Responding to Emergency? 2  Event Sequence 24 23 23 23 23 23  Wost Harmful Event 24 24  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 21 25  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Please fill out for operator and all occupants involved Name (Last First Middle)  Please fill out for operator and all occupants involved Address  Address  Vehicle Action Prior to Crash 1 22  Event Sequence 24 23 23 23 23  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 and all occupants involved Address  DOBI/Age Sex Pos. Safety Airbug Sistatus Code Code Status Code Medical Facility
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Citation # (If Issued) Most Harmful Event
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Viol. 3: Ch/Sec/Sub
Please fill out for operator and all occupants involved Name (Last First Middle)
Name (Last First Middle)  Address  DOB/Age  Sex  Pos.  System  Status  Code  Code  Status  Code  Medical Facility
Operator See Above X I I I I 0 0 10 I
Please Select One of the Following: Vehicle 2#Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Mopes
License # St DOB/Age Reg # Reg Type Reg State
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Veh Year Veh Make Veh Config. 21
8 1 Address Address Owner Address Owner Address
City         State Zip         City         State Zip         State Zip         Zip
Insurance Company Vehicle Action Prior to Crash  That Status 28
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9 Citation # (If Issued) BAC Test Result: 30
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Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by Towed from scene?
Please fill out for operator/non-motorist and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  Name (Last First Middle)  None (Last First Middle)
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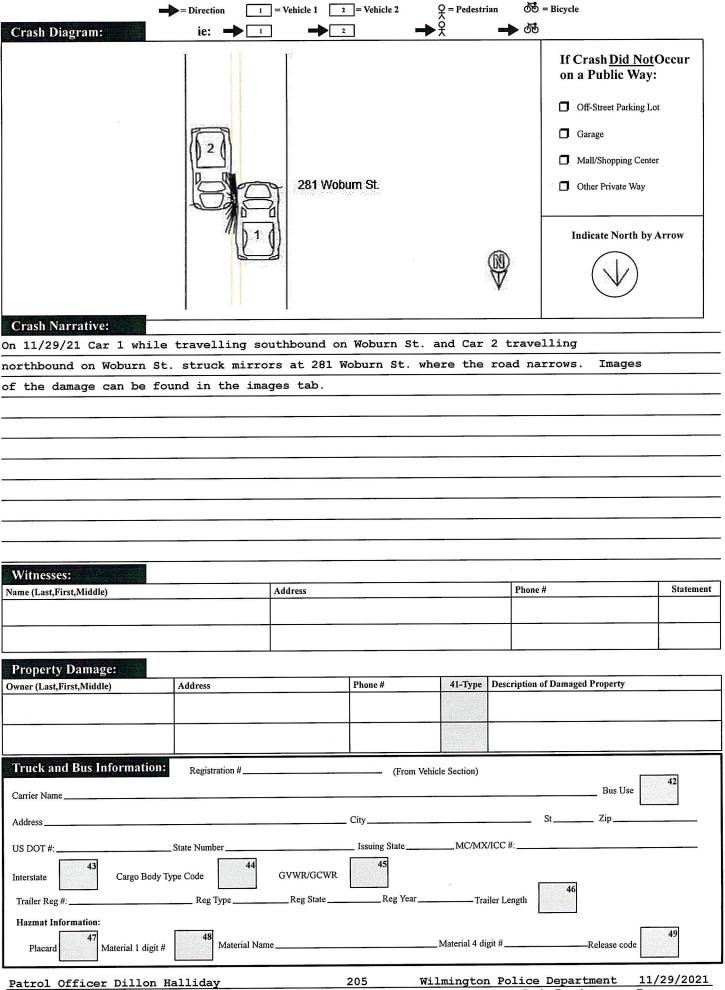


### Wilmington Police Department Images Associated with 21-327-AC





Routed Direction Name of Roadway/Street  At		Police Use	Only	Co	mmonv	vealth	of Mass	ach	use	etts			RM	V Docu	ment Nu		Service Control
ATINTERSECTION:    A CONTROL   CONTR		The state of the s			Mot	tor Veh	icle Cra	ısh				1   5		35	- Local P	olice Olice	
Router   Direction   Name of Roadway/Street   Router   Direction   Address of   Roadway/Street   Roadway/S		1172972021 083		ning con	]	Police	Report		2		0					s Police	
Routed Direction  Name of Roadway/Street  All MOBURN ST. Str. Str. Str. Str. Str. Str. Str. Str		AT I	NTERSECT	ION:	<	LOCA	TION	>			NOT	AT IN	TER	SECT	ΓΙΟΝ:		
Reuser Describes    Router   Describes   Name of Intersecting Readway/Street		Route# Direction		Name of Roadw	ay/Street		Route# Direc	ction			WOI				ay/Street		2 10
Route   Direction   Name of Intersecting Roudway/Street   Feet   N   E   W	1			At			Feet	NS	EW	of ·		_		or			
Rooted   Direction   Name of Intersecting Roadways/Street   Landmurk   Landmurk   Landmurk		Route# Direction	Nar	ne of Intersecting F	Roadway/Street	-									Exit N	Jumber	5 11
Please Solect One   Webside 11   #0Coupans   Hidran   Moped   Crash Report D# 21 - 328 - AC	,	B. W. Birti	N-								Route#	-	Interse	ecting R	.oadway/S	Street	
Licence # S8 24 29 89 6   S. MA   DOB/Age   Sec. M   Lic. Class   Discrepance   Doractor   Doract	1	Route# Direction	Nai	ne of intersecting r	Coadway/Sifeet								La	ndmark			1
Sec. M. Lie. Class   19   19   15   Lie. Restrictions   20   CDL   Endocrement	3	of the Following:			Hit/Run												
See M. Lic Class   Lic Reprinted   Lic Reprinted   Part   State   Marker		9.70	10 10	2	20												1 12
Address 19 MAGNOLIA ST  Address 19 MAGNOLIA ST  City LAWRENCE  State MA Zip 01841-4044  Insurance Company FIREMENS INSURANCE COMPAN  Vehicle Travel Direction:  Please fill out for operator and all occupants involved  Nome due from Makina  Operator  See Above  Please Solvet One  Operator  Please Solvet One  Operator  See Above  Address 19 O IMPITA AVE  Address 19 0 1801-2058  Diver Contributing Code  Diver Distracted by O 20  Test Status:  BAC Test Result:  30 Supp. Drug: 32  Type of Test:  BAC Test Result:  30 Supp. Drug: 32  Type of Test:  BAC Test Result:  30 Supp. Drug: 32  Type of Test:  BAC Test Result:  30 Supp. Drug: 32  Type of Test:  BAC Test Result:  11 L 4 0 0 0 10 1  HINRum  Morea  Motor Town Makina  Operator  Please Solvet One  Operator LeE  See Above  Address 24 Decision  Fine Makina  Address 25 Decision  Type of Test:  BAC Test Result:  30 Supp. Drug: 32  Type of Test:  BAC Test Result:  40 O 0 10 1  HINRum  Moped  Wehicle Action Prior to Crash  Code Test Supplement  Operator LeE  Operator LeE  See May 10 Location  Type of Test:  BAC Test Supplement  Operator LeE  See May 2012  Veh Make FORD  Veh Ceding: 6 21  Operator LeE  See May 2012  Veh Make FORD  Vehicle Result:  Sala MA  Zip 01876-2776  City WILMINGTON  State MA  Zip 01887-3500  Insurance Company SELF INSURED  Vehicle Action Prior to Crash  Location  Type of Test:  BAC Test Result:  Sala MA  Zip 01887-3500  Insurance Company SELF INSURED  Vehicle Action Prior to Crash  Location  Type of Test:  BAC Test Result:  Sala MA  Zip 01887-3500  Insurance Company SELF INSURED  Vehicle Action Prior to Crash  Location  Type of Test:		_	Lic. I	Restrictions	CDL	t									100	6	
City LAWRENCE   State MA   Zip 01801-2058   Insurance Company FIREMENS INSURANCE COMPAN   Vehicle Action Prior to Crash   1   22   Test Status:    28   Type of Test:    29   BAC Test Result:    30   BAC Test Result:	1	Last		First	Middle			Last			First	ı CC	RPO	RAT Mid	ION Idle		
Insurance Company FIREMENS INSURANCE COMPAN Vehicle Action Prior to Crash Vehicle Travel Direction:    Vehicle Travel Direction:	1							LYM	PIA	AV		X2 <u>m</u> (4)					
Vehicle Travel Direction:   N		17 3400-3114-31					WOBURN		1								İ
Vehicle Travel Direction:				INSURANC	E COMPA	N Vehi	cle Action Prior to	and the same	- Long	1				Code.	Carried No.		
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Viol. 1: Chl/Sec/Sub		Citation # (If Issued)		_		Mos	t Harmful Event	1		25	25	BAC T	est Resi	ılt:	30		_ 13
Viol. 3: Clu/Sec/Sub		Viol. 1: Ch/Sec/Sub —		Viol. 2: Ch/Sec/Su	b	Driv	er Contributing C	CONTRACT.		25	25	-				rug: 32	1
Name (Last Farth ModAld)	,					Driv	er Distracted by	0							2 33		
Please Select Onc   See Above   1	1		se fill out for oper	ator and all occupa			DOB/Age	Sex	Seat	Safety	Airbag E	ject Tra ode Cod	p Injury e Status	Transp.	Medi	ical Facility	
Please Select One of the Following:    Vehicle 22					See Above			X	1	1	4 0	0	10	1			]
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Teles State of the following:																	1
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Teles State of the following:										2000			10				4
Sex M Lic. Class B 19 19 Lic. Restrictions 20 CDL Endorsement Operator LEE STEVEN ROBERT  Address 44 HELVETIA ST  City TEWKSBURY  State MA Zip 01876-2776  Insurance Company SELF INSURED  Vehicle Travel Direction: SEW Responding to Emergency? 2  Vehicle Travel Direction: WSEW Responding to Emergency? 2  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug: 32  Veh Year 2012 Veh Make FORD Veh Config. 6 21  Owner WILMINGTON TOWN OF TOWN HALL  First Middle  Address 121 GLEN RD  City WILMINGTON  State MA Zip 01887-3500  Damaged Area Code: 7 27 27 27 27 27  Test Status: 28  Type of Test: 29  Most Harmful Event 1 24  Work Harmful Event 1 24  BAC Test Result: 30  Driver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug: 32  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 Address  Operator/Non-Motorist See Above 1 1 1 4 0 0 10 10 1	<sup>7</sup> 1	of the Following:			Non-Motorist		Action				Со					•	-
Operator LEE, STEVEN ROBERT  Address 44 HELVETIA ST  City TEWKSBURY  State MA Zip 01876-2776  Insurance Company SELF INSURED  Vehicle Travel Direction: SEW 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)  Name (Last First Middle)  Owner WILMINGTON TOWN OF TOWN HALL  Last First Middle  Address 121 GLEN RD  City WILMINGTON  State MA Zip 01887-3500 1  City WILMINGTON  State MA Zip 01887-3500 1  Damaged Area Code: 7 27 27 27 27  Test Status: 28  Type of Test: 30  BAC Test Result: 30  Driver Contributing Code 1 25 25  Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address  Operator/Non-Motorist  See Above  1 1 4 0 0 10 10 1  City WILMINGTON TOWN OF TOWN HALL  Address 121 GLEN RD		14	10 10		20 CDI											21	
Address 44 HELVETIA ST  City TEWKSBURY  State MA Zip 01876-2776  Insurance Company SELF INSURED  Vehicle Travel Direction: SEW Responding to Emergency? 2  Citation # (If Issued)		=	STATE OF THE STATE OF	20070000		t								HAL	L		
City TEWKSBURY  State MA Zip 01876-2776  Insurance Company SELF INSURED  Vehicle Travel Direction:  Vehicle Action Prior to Crash  1 22  Event Sequence  1 23 23 23 23  Test Status:  Type of Test:  BAC Test Result:  30  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  O 26  Towed from scene?  2 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address  Operator/Non-Motorist  See Above  1 1 4 0 0 1 1  Vehicle Action Prior to Crash  1 22  Test Status:  Type of Test:  BAC Test Result:  30  Susp. Alcohol:  31 Susp. Drug:  32  Towed from scene?  2 33  DOB/Age  Sex Seat Safety Airbag System Status  Code Code Status  Code Code Status  Code Medical Facility  Operator/Non-Motorist  See Above	<b>1</b>	Last		rust	Middle	Add	ress 121 G	Last LEN	RD	1	First			Mic	idle		
Vehicle Travel Direction: SELF INSURED  Vehicle Travel Direction: SELF W Responding to Emergency? 2  Vehicle Travel Direction: SELF W Responding to Emergency? 2  Vehicle Action Prior to Crash  Event Sequence  Most Harmful Event  1 24  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  Viol. 3: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Driver Distracted by  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address  Operator/Non-Motorist  See Above  Vehicle Action Prior to Crash  1 22  Test Status:  Type of Test:  BAC Test Result:  Susp. Alcohol:  Towed from scene?  2 33  Viol. 3: Ch/Sec/Sub  DoB/Age  Sex Nose, Safety, Airbag Sigety, Airbag System Status:  Operator/Non-Motorist  See Above  1 1 4 0 0 0 10 1					876-277	6 City	WILMING	TON	1			State <b>N</b>	<b>IA</b> 2	Zip <b>01</b>	<u>.887-</u>	-3500	1
Vehicle Travel Direction:										1						Control of the Control of the	
Citation # (If Issued)					Emergency? 2	Ever	nt Sequence	23		To the second	23	Test St	atus:				
Viol. 1: Ch/Sec/Sub				responding to				1	24						BEAR!		
Viol. 3: Ch/Sec/Sub	<b>2</b>			West 2: Ch/See/Su	.h			2200	1	25	25			21	A Charles	)rug: 32	
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Operator/Non-Motorist  See Above  1 1 4 0 0 1 1								5550000	26		TO THE LAND			EXEMPLY.		Tug.	
Name (Last First Middle)  Address  DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility  Operator/Non-Motorist  See Above  1 1 4 0 0 10 1  CLIFTON RD				CONTRACTOR OF THE CONTRACTOR O				2-46-000			36 Aishaa 1	37 38	39	40	-		1
1 CLIFTON RD		Name (Last First Middle)					DOB/Age	Sex	Pos.	System	Status (	Code Co	ie Status	Code	Medi	ical Facility	1
		Operator/No	on-Motoris		# TOTAL CO.		$\sim$	X	1	1	4 0	0	10	1			
		PAUL TRIDENTI						M	3	1	4 0	0	10	1			
																	1



## Wilmington Police Department Images Associated with 21-328-AC







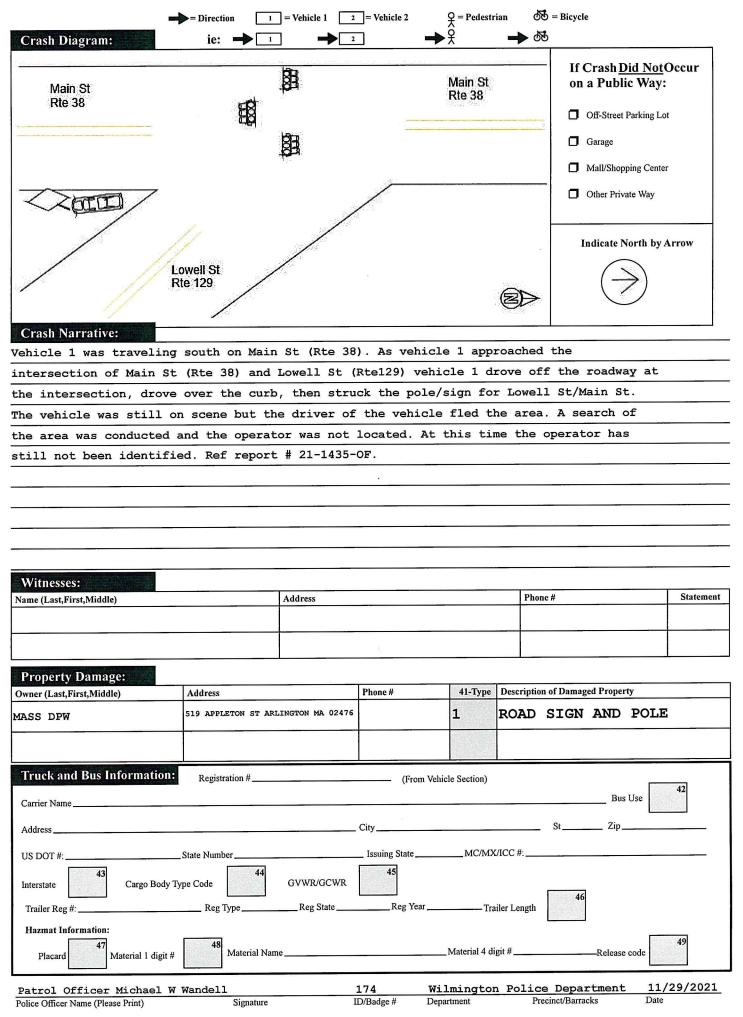


#### Wilmington Police Department Images Associated with 21-328-AC



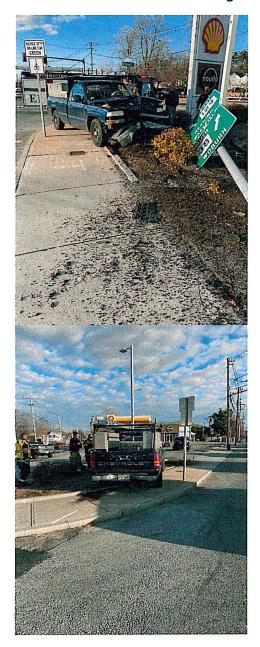


Polic	e Use Only	C	<u>om</u> monv				uset	tts			RMV Doc			
Date of Crash 11/29/2021	Time of Crash 1444 Wi	City/Town	1		icle Cra	sh	Num		inrad	Speed La Latitude		MBTA	Police  Police	
	24HR				Report		1	0		Longitud		Other:		┧
	AT INTERSEC	CTION:	<	LOCA	TION	>		NC	TAT	INT	ERSEC	TION:		╀
129 <b>E</b> Route# Direct	LOWELI	ST Name of Roa	dway/Street	100	Route# Direc	ction	Addres	s #		Name	e of Roadv	vay/Street		2
38 S Route# Direct	MAIN S		ng Roadway/Street		Feet	NS	E W o		 Iile Mar		— ог <u>-</u>	Exit N	Number	ļ
		Also at Inters	section with			N S		Rou	te#	In	tersecting l	Roadway/S	Street	-
Route# Direct	ion	Name of Intersecting	g Roadway/Street					1			Landmar	k		1
Please Select O of the Followin		#Occupants	Hit/Run	Moped				1-:						
License #		t DOB/Age	20		# <u>V87961</u>								21	7
Sex Lic. C	Class	ic. Restrictions	CDL Endorsemen	t	Year <u>2000</u>				VRO:	LET	Vel	Config.	2	ŀ
Operator <u>unk</u>	Last	First	Middle		er MCKENN	Last		N P	First		М	iddle		1
Address		-		Add:	ress 5 HUN	T RI	)							1
City		State Zip _		City	WILMING	TON							<u>-3615</u>	1
Insurance Compa	my THE COMM	ERCE INS	URANCE C	O Vehi	cle Action Prior to	o Crash	1	- 22			Area Code:	Annual Control of the	27 27	
Vehicle Travel Di	rection: XSE	W Responding	to Emergency? 99	Ever	at Sequence 20	23 28	23 2	23 23		st Status		28		
Citation # (If Issu	ned)				t Harmful Event	28	24		51.5	pe of Tea C Test I		30		
Viol. 1: Ch/Sec/S	ub	Viol. 2: Ch/Sec	/Sub	Driv	er Contributing C	ode	20 <sup>2</sup>	<sup>5</sup> 3 <sup>2</sup>	5		hol: 99 31	Susp. D	rug: 99 32	1
	ub				er Distracted by	99	26				n scene?	1 33	0 33	F
VIOI. 5. CIDSCOS	Please fill out for o						34 Seat S	35 36 Safety Airba	37 g Eject		39 40 njury Transp.		-	1
Name (Last First Mi	idie)		Address		DOB/Age	Sex	Pos. S	System Statu	Code	Code S	Status Code	Medi	ical Facility	4
Operato	r		See Above		$\sim$	X	1							1
														1
											_			1
Please Select O		#Occupants	Non-Motorist	A Type	15 Action	16 L	ocation	17	Conditi	ion	18	Hit/Run	Moped	1
		t DOB/Age		Reg	#	10/06/20		R	eg Type	1000000	R	eg State		1
Sex Lic. C	19 19	ic. Restrictions	20 CDL_ Endorsemen	Veh	Year								21	
Operator	Last	First	Middle	Owi	ner	Last			First		М	liddle		
Address	****			Add	ress		-							-
City		State Zip _		City							Zip	Design - Coll		1
Insurance Compa	nny			Vehi	cle Action Prior to	o Crash		22			Area Code:	3950-968 EU	27 27	
Vehicle Travel D	irection: NSE	W Responding	to Emergency?	Ever	nt Sequence	23	23 2	23 23		st Status		28		
Citation # (If Issu	ied)			Mos	t Harmful Event		24			pe of Te AC Test		30		
Viol 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec	/Sub	Driv	er Contributing C	ode	2	5 2	5	sp. Alco		Susp. D	orug: 32	1
	Sub				er Distracted by		26		_		m scene?	33	S. Brest at	١
	ase fill out for operato					PERSON	34	35 36 Safety Airba		38 Trap	39 40 Injury Transp.			1
Name (Last First Mi	ddle)		Address		DOB/Age	Sex		System Statu	s Code		Status Code	Med	ical Facility	-
Operato	or/Non-Motor	rist	See Above		$\sim$	X	1							
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						-	$\vdash$			-	_			4
											1			



CDP1 11-24-00

# Wilmington Police Department Images Associated with 21-329-AC





	Police Use Only	Commo	nwealth	of Massac	chuse	tts		RMV	/ Docui	ment Number	Á
			Iotor Veh	icle Cras	h Nui	The state of the s	read '	d Limit_	30	State Police Local Police MBTA Police Campus Police	
	12/01/2021 1159 Wilm:	ington	Police :	Report	2	1	Lani	ude gitude		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA	TION >		NO	T AT IN		SECT		1
			and the second second second second			440000000	Sec. Security Sec. 19-30-3			4	2 10
					520		AIN S			10.	
<sup>1</sup> 1	Route# Direction	Name of Roadway/Street At		Route# Directio	n Addre	SS #		lame of I	Koadwa	iy/Street	-
_				Feet N	SEW			• —	or _	E 's Maria	
	Route# Direction Name	of Intersecting Roadway/S	treet				ile Marker			Exit Number	9 11
	4	Also at Intersection with		_	SEW	Rout		Interse	cting R	oadway/Street	
2 .	Route# Direction Name	of Intersecting Roadway/S	treet	Feet N	SEW	of					
<sup>2</sup> 2 /	Route# Direction Number	I morsooming readway/s						Lar	ndmark		4
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	ort ID# <b>2</b>	21-3	330-	-AC	i		
<sup>3</sup> 1		DOD(4		# <u>329RJ1</u>		D.	т Р	~	D.	g State <b>MA</b>	<u> </u>
	10 10	DOB/Age	100						1250000	21	<b>1</b> 12
		strictions B CDL_ Endors	ement	Year <b>2014</b>			ARU		_ Veh (	Config.	$\vdash$
4	Operator HOWARD, RUTH I	rirst Mid-	dle	er <u>HOWARD ,</u> Las	ι	F	irst		Mid	dle	
<sup>4</sup> 1	Address 19 ARBORWOOD DE			ress 19 ARBO	ORWOO!	D DR					
	City BURLINGTON State 1	MA Zip 01803-3	816 City	BURLINGT	ON					803-3816	
	Insurance Company THE COMMER	CE INSURANCE	E CO Vehi	cle Action Prior to C	rash :	L 22	Damag	ed Area	Code:	- Account - Control Control	
	Vehicle Travel Direction: SEW	Responding to Emergency	/?_2 Ever	nt Sequence 1 23	23	23 23	Test St			28	
5	Citation # (If Issued)	_	Mos	t Harmful Event	24		Type o			30	
	Viol. 1: Ch/Sec/Sub — Vi		Driv	er Contributing Code	1	25 25		est Resu Alcohol:		Susp. Drug: 2 32	<b>1</b> 13
	Section 1			er Distracted by	26			from sce		33 33	
<sup>6</sup> 1	Viol. 3: Ch/Sec/SubVi			er Distracted by	34	35   36	37 38		40	<b>.</b>	-
_	Name (Last First Middle)	or and all occupants involve		DOB/Age	Seat Sex Pos.	Safety Airbag System Status	Eject Traj Code Cod	e Status	Transp. Code	Medical Facility	]
	Operator	See Ab	oove	>>>	1	1 1	0 0	8	1		
											1
											1
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											4
<sup>7</sup> 1	Please Select One Vehicle 21	#Occupants Non-Mot	torist A Type	15 Action 1	Location	17	Condition	18	П	lit/Run 🔲 Moped	
1	of the Following:			OTTID 7.4							1
	19 19	DOB/Agt 20		# 2VHR74			g Type <b>P</b> (			g State MA 21	
	Sex <b>F</b> Lic. Class D Lic. Re:	strictions 1 CDL_ Endors	ement	Year <b>2021</b>					_ Veh	Config. 1	
8	Operator VALIN, JENNIFE	First Mid	ldle	ner <u>VALIN,</u>	t	F	irst		Mid	dle	
<sup>8</sup> 2	Address 203 HAVERHILL S	ST APT #1C	Add	ress 203 HAV	/ERHI	LL ST					14
	City <b>LAWRENCE</b> State	MA Zip 01840-0	OOO City	LAWRENCE	-				_	840-0000	1
	Insurance Company ARBELLA MU	TUAL INSURA	NCE Vehi	cle Action Prior to C	rash	4 22			Code:	2 27 3 27 27	
	Vehicle Travel Direction: NEW	Responding to Emergency	y? <u>2</u> Ever	nt Sequence 1 23	23	23 23	Test St			28	
	Citation # (If Issued)	_	Mos	t Harmful Event	L 24		Type o			30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub —————————V	ial 2: Ch/Saa/Sub	Driv	er Contributing Code	6	25 25	5	est Resu Alcohol:	Land Co.	Susp. Drug: 2 32	
	A A MANAGEMENT AND THE STREET CHANGE STREET			er Distracted by	26			from sc	4	33	
	Viol. 3: Ch/Sec/SubVi	riol. 4: Ch/Sec/Sub		S. Distracted by	34	35 36	37 38	39	40		1
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants		DOB/Age	Sex Pos.	Safety Airbag System Status	Eject Tra Code Coc	p Injury le Status	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	See Al	bove		X 1	1 2	0 0	10	1		
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# Wilmington Police Department Images Associated with 21-330-AC













### Wilmington Police Department Images Associated with 21-330-AC



