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<sup>5</sup> 1	Citation # (If Issued)		_	Most	Hannful Event 1	24		ype of Test; AC Test Res	,, <u>,</u>	30	
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			. x					☐ Mall/Sh	opping Center	
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and was attemy						unite wait:	ing for	trairic to		
clear m/v #2	crashed int	o the	rear or	nis m/V#I						
Oper.#2 relate	ed he was t	raveli	ng nort	h on Rte.3	8/Main st.	As he app	roached	the		
intersection of	of Main and	Butte	rs row,	he had pu	t his head	down for a	a mommen	t to flic	k	
cigarette ash	es, while d	oing s	o, he s	truck the	rear end of	m/v#1 (P	NJ/142)		<u> </u>	
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Address					City			StZip	<u> </u>	
US DOT #:	9				-			_		
43			44		45					
Interstate Trailer Reg #	Cargo Body Typ		\me	GVWR/GCWR	Reg Year	<b></b>	Ja- I	46		
Trailer Reg #: Hazmat Information:		reg t	урс	Keg siate		——— Tra	ner Length			
47	Material I digit #	48	Material Nam	e		Material 4 di	zît#		se code	49
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Patrol Office	r Paul W Je	pson			142	Wilmington	Police	Departmen	t 12/	05/2021

Police Officer Name (Please Print)

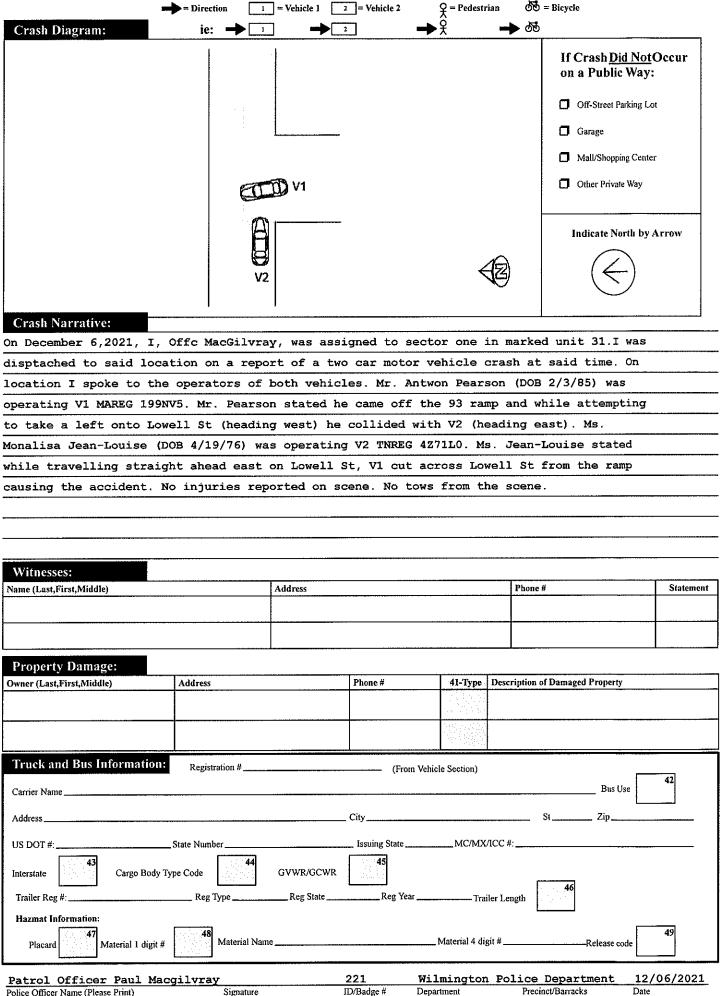
Signature

ID/Badge #

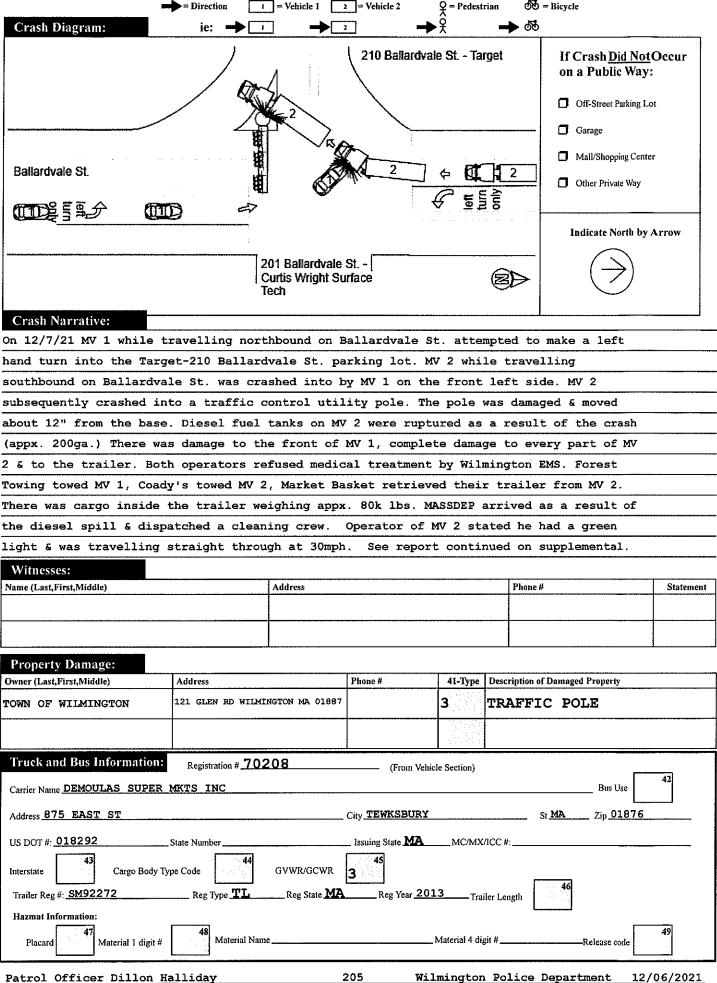
Precinct/Barracks Department

Date

	Police Use Only	monwealth -	wealth of Massachusetts RMV Document Number							
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<sup>8</sup> 1	Address 103 BROADWAY	APT 1	Addr	ess 26933 N	ORTHWE	STERN	HWY			
	City <b>METHUEN</b> So	tate <b>MA</b> Zip <b>01844</b>	1-3875 City	SOUTHFIEL	.D	St	ate MI	Zip <b>4</b>	8033	1 14
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n	Citation # (If Issued)		Most	Harmful Event 1	24	1	ype of Test:		29	
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<sup>5</sup> 1	Citation # (If Issued) <b>T2446904</b>	-	Most	Harmful Event	1 24	4		Type o		.1.	30	
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	City <b>BROOKLINE</b> State 1	NH Zip 03033	City	PEWKSBUR	Y					-	1876-1469	_ 11
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	Citation # (If Issued)		Most	Harmful Event	22 <sup>24</sup>	<u> </u>		BAC To		alt:	30	
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	Please fill out for operator/non-n	notorist and all occupants invol	lved	DOB/Age	Sex Po	at Safety	Airbag F	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	7
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ID/Badge #

#### Wilmington Police Department

Page: 1

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER DILLON HALLIDAY

Ref: 21-336-AC

Entered: 12/07/2021 @ 0314 Entry ID: 205
Modified: 12/07/2021 @ 0435 Modified ID: 205
Approved: 12/08/2021 @ 0759 Approval ID: 204

Continued from crash narrative...

The operator of MV 1 stated she was going into the Target parking lot for Dunkin Donuts. She stated she thought she had a green light. She stated she did not see MV 2 until the crash. I asked her if she potentially had a red arrow while the two other lights next to it were green. She stated she did not know.

I informed both parties an information exchange would be made and placed with the station officer at Wilmington PD. I informed Valerie that her MV registration was expired non-renewable. I issued Massachusetts Uniform Citation T2446904 to Valerie Lopez for Unregistered MV(90/9) and Failure to yield at intersection (89/9).

The State Police Truck Team responded (see attachments for examination report).

See images for photos of the MVC.

Attachments for 21-336-AC	
Description	Type
TRUCK TEAM REPORT	PDF
Attachment#: E7380ACAFE4444C0BF0CEC2A6F047399	

### Wilmington Police Department Images Associated with 21-336-AC



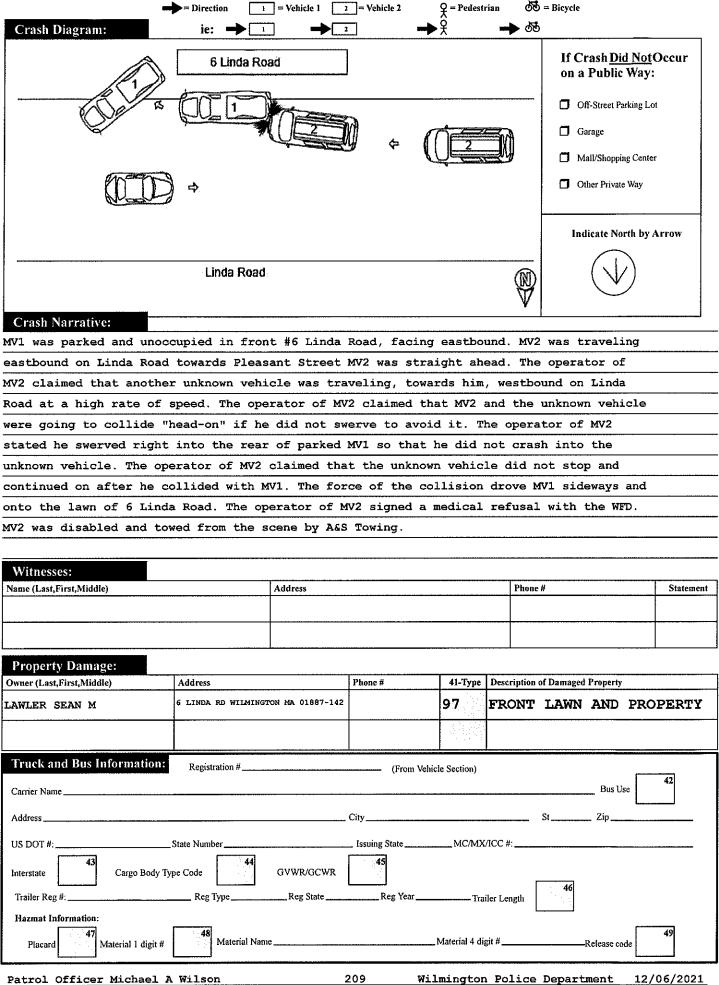


## Wilmington Police Department Images Associated with 21-336-AC





	Police Use Only	Comr	nonwealth (	of Massacl	iusett	8	RM	IV Docui	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	25	- Local Police X	
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				Feet N S		Route#	Inters	ecting Re	oadway/Street	
<sup>2</sup> 2	Route# Direction Na	ine of Intersecting Roadw	ay/Street		<del></del>		La	andmark		
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<sup>4</sup> 1	Operator <u>Driverless M</u>	First		er PIELECH ,		First		Midd	die	
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	City Sta	_		METHUEN		20		_	844-0000	
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<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action 16	Location	17 Condit	ion 18	Hi	it/Run Moped	
_	License # <b>S28823147</b> St N	A DOB/Age	Reg#	1BZA39		Reg Type	PC	Reg	State MA	İ
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<sup>8</sup> 1	Address 16 MARCIA RD	First	Middle Addre	ess 16 MARCI	A RD	First		Midd	lle	
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Police Officer Name (Please Print)

Signature

ID/Badge#

Department Precinct/Barracks

Date

## Wilmington Police Department Images Associated with 21-337-AC













# Wilmington Police Department Images Associated with 21-337-AC





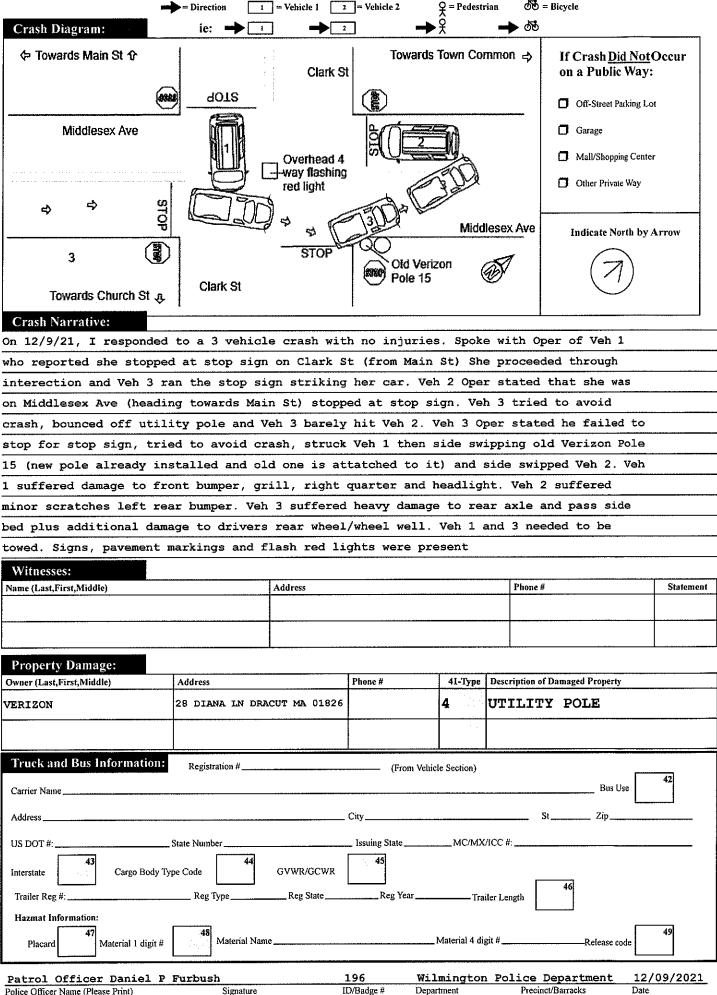


Date of Crash Time of Crash City/Town 12/09/2021 0632 Wilmington Motor Vehicle Crash Number Vehicles Injured Latitude	45 State Police Local Police MBTA Police Campus Police
Police Report 2 0 Longitude	Campus Police Other:
AT INTERSECTION: < LOCATION > NOT AT INTER	
ROUTE 62	wy 2 10
Route# Direction Name of Roadway/Street Route# Direction Address # Name of	padway/Street
1 2 AtFeet NSEW of •	nr
Route# Direction Name of Intersecting Roadway/Street Mile Marker	Exit Number 11
Also at Intersection with Feet NSEW of Route# Inter	ing Roadway/Street
Peet NSEW of  Route# Direction Name of Intersecting Roadway/Street	
	mark
Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# 21-338-A	
License # <u>\$84402424</u> St <u>MA</u> DOB/Age Reg # <u>384VE1</u> Reg Type <u>PC</u>	
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Veh Year 2016 Veh Make TOYOTA	Veh Config. 1 21 1
Operator BUCHIERI, EUGENE EDWARD Owner BUCHIERI, EUGENE EDWARD	Middle
41 Address 35 LELAND RD Address 35 LELAND RD	
	01864-1605
Insurance Company USAA CASUALTY INSURANCE C Vehicle Action Prior to Crash 4 22 Damaged Are	ode: 7 27 27 27 27 27 28
Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence 23 23 23 Test Status:  Type of Test:	29
Citation # (If Issued) Most Harmful Event 1 24 BAC Test Re	30
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 1 25 Susp. Alcoho	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 26 Towed from s  Please fill out for operator and all occupants involved 34 35 36 37 38 39	
Please fill out for operator and all occupants involved  Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  DOB/Age  Sex  DOB/Age  Sex  System  Stutus  Code  Code  South  Stutus  Code  Code  South  System  Trap  Injun  Trap  Stutus  Code  Code  South  System  S	40 ansp. code Medical Facility
Operator         See Above         1         1         2         0         0         10	
Please Select One 574 1 10 15 16 17 18	
7 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type Action Location Condition	Hit/Run Moped
License # <b>S73292662</b> St <b>MA</b> DOB/Age 0 Reg # <b>T73634</b> Reg Type <b>CO</b>	Reg State MA
Sex M Lic, Class D 19 Lic, Restrictions B 20 CDL Veh Year 2022 Veh Make FORD	Veh Config. 2
Operator WILKIE, JAMES A  S Last First Middle Last First  Address 119 FOSTER ST APT R	Middle
Address V 3 Abbetter 1974	
20	01960-5933 1
Insurance Company ARBELLA PROTECTION INSURA Vehicle Action Prior to Crash 4 22 Damaged Are	ode: 1 27 27 27 27 27 28
Vehicle Travel Direction: N S E Responding to Emergency? Event Sequence 1 2 2 2 Type of Test:	29
2 Citation # (If Issued) Most Harmful Event BAC Test Re	
Viol. I: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Susp. Alcoho	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by	29 2 33
Please fill out for operator/non-motorist and all occupants involved  Name (Last First Middle)  Name (Last First Middle)  Address  DOB/Age  Sex  Pos.  System  Status  Gode  Code  Status  Code  Status  Statu	onsp. Ode Medical Facility
Operator/Non-Motorist See Above 1 1 1 4 0 0 10	

Cuarly Diagrams		= Vehicle 1	2 = Vehicle 2	웃 = Pedestr 오	an Ø9 = → Ø5	Bicycle	
Crash Diagram:	ie: → ા		<u> </u>	<u> </u>			
:	:	193N Of	f Ramp			If Crash <u>Did Not</u> on a Public Way:	
			- <u> </u>			Off-Street Parking Lo	ot
	:	<u>,</u>				☐ Garage	
Rt 62 Wilmington		**				■ Malt/Shopping Cente	т
		193N O	n			Other Private Way	
	V1 20 2	===	<del></del> -				
						Indicate North by	Arrow
				<b>←</b>	<b>1</b> 2		
	* : •						
Crash Narrative:							
V1 traveling west on Rt	. 62 then turn	ned left ont	:0 I93 ramp.	V2 turni	ng left i	rom a stop	
sign on the I93 off ram	p onto Rt.62.	V2 crashed	into V1. Opr	2 stated	he did n	not see V1	
when he took the left o	nto Rt. 62. No	injuries o	bserved or r	eported	in Opr1 a	and Opr2. V1	
towed by Cain's.							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
							1
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of I	Damaged Property	······································
Owner (Last, ritst, windre)	Audiess		I none #	41-1ype	Description of 1	amaged 1 topesty	
		<del></del>					
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		<u> </u>	42
Carrier Name						Bus Use	
Address			City		St	Zip	
US DOT#:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate	ype Code 44	GVWR/GCWR	45				
Trailer Reg #:		Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:					~ L		
Placard 47 Material 1 digit #	48 Material Nam	ne		Material 4 dig	it #	Release code	49
Patrol Officer Kathryn C	Goodwin		216 Wi	lmington	Police D	epartment 12/	09/2021

	Police Use Only Commonwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash	City/Town	Motor Veh	nicle Crash	Number Vehicles	Number Injured	Speed Lim	it 30	State Police Local Police MBTA Police Campus Police	
	12/09/2021   1515   Wil	Lmington	Police	Report	3	0	Laurude Longitude		Campus Police Other:	
	AT INTERSECT	rion:	< LOCA	ATION >		NOT A	r intei	RSEC'	TION:	
										2 10
	Route# Direction MIDDLES	SEX AVE Name of Roadway/St	reet	Route# Direction	Address #		Name o	f Roadw	ay/Street	
<sup>1</sup> 1		At		चित्र						
	Route# Direction CLARK S	<b>ST</b> ame of Intersecting Roady	vav/Straat	Feet N S	E W of	Mile Ma	arker	- or _	Exit Number	11
	Roales Direction 14	Also at Intersection w		Feet N S	E W of					3 "
				Feet N S	E W of	Route#	Inter	secting F	Roadway/Street	
<sup>2</sup> 2	Route# Direction Na	ame of Intersecting Roady	vay/Street	_			1	andmarl		_
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	ID# <b>21</b>	-33	9-A	C		
٠	N L	(7) DOD!		# <u>634DS7</u>		D T	P.C		MA	
	19 19	MA DOB/Age							21	1 12
		E	ndorsement	Year 2014 \				Veh	Config.	
<sup>4</sup> 2	Operator HANAFIN, LAUI	First	Middle	ner HANAFIN ,		First		Mi	ddle	
2	Address 127 CHURCH ST			ress 127 CHUR			3.63	- 0:	1007 071 F	
	City WILMINGTON Sta			WILMINGTON			amaged Are		L887-2715	
	Insurance Company GEICO GEN	_		cle Action Prior to Crash	23 23		amaged Are est Status:	a Code.	28	
<sup>5</sup> 1	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	at Sequence 1 23		**	ype of Test:		29	
т_	Citation # (If Issued)	<del></del>	Mos	t Harmful Event	24		AC Test Re	sult:	1 30	13
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	<b>25</b> Si	ısp. Alcoho	l: 2 31	Susp. Drug: 2 32	1 "
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		owed from		1 33	
1	Please fill out for ope Name (Last First Middle)	erator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos, System	36 37 Airbag Eject Status Code	38 39 Trap Inju Code Stan	y Transp.	Medical Facility	
	Operator	s	ee Above	XX	1 1	4 0	0 10	1		
	ROSALIE HANAFIN	127 CHURCH ST WILMINGTON, MA C	1887	06/10/2014 F	4 1	4 0	0 10	1		
										1
										1
			<del></del>	15 16		17	1	ā]		1
<sup>7</sup> 2	of the Following: Vehicle 22	#Occupants Non	-Motorist A Type	Action 16 I	ocation.	Condi	tion		Hit/Run Moped	
		MA DOB/Age	Reg	# 7ZF941		Reg Typ	e PC	R	eg State MA	
	Sex <b>F</b> Lic. Class D 19 Lic.	Restrictions 20 C	DL Veh	Year <b>2016</b> \	Veh Make M	AZDA		Veh	Config. 21	
8	Operator COLCLOUGH , Al			er <u>COLCLOUGH</u>	i, Ali	SON C	·	Mi	ddle	
<sup>8</sup> 1	Address 302 SANDY LN		Addı	ess 302 SAND	Y LN					_ 14
	City WILMINGTON Sta	ite <b>MA</b> Zip <b>01887</b>	7-6238 City	WILMINGTON					<u> 1887-6238</u>	1 "
	Insurance Company <b>GOVERNMEN</b>	IT EMPLOYEES	S INSU Vehi	cle Action Prior to Crash	2		amaged Are	a Code;		
	Vehicle Travel Direction: N E W	Responding to Emer	gency? 2 Even	nt Sequence 23	23 23	23	est Status:		1 <sup>28</sup> 29	
<sup>9</sup> 2	Citation # (If Issued)		Mos	t Harmful Event 1	24	-	AC Test Re	sult:	30	
2	Viol. 1: Ch/Sec/Sub	- Viol. 2; Ch/Sec/Sub	Drive	er Contributing Code	1 <sup>25</sup>	25	usp. Alcoho		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub -	Drive	er Distracted by	26		owed from	L	2 33	
	Please fill out for operator/n	on-motorist and all occup		DOB/Age Sex	34 35 Seat Safety	36 37 Airhag Eject Status Code	38 39 Trap Inju Code State	y Transp. is Code	Medical Facility	Ī
	Name (Last First Middle)  Operator/Non-Motoris	st s	ee Above	DOB/Age Sex	Pos. System	Status Code	0 10		rypulcai racility	1
	operator/1 ton-motor is	<u></u> !		<b>/</b> ✓ ✓	<del>                                     </del>	4 0	0 10	1		1
ļ					3 1	, U	10 110	-		-

	Police Use Only Commonwealth of Massachusetts RMV Document Number									
	1 " 1		otor Vel	iicle Crash	Number Vehicles	Number Injured	Speed Limit	30_	State Police Local Police MBTA Police Campus Police	
	12/09/2021 1515 Wilm.	ington	Police	Report	3	0	Latitude Longitude		Campus Police	
	AT INTERSECTION	ON:	LOCA	ATION >		NOT A	r inter:	SECTI	ON:	1
									"	2 10
· -	Route# Direction MIDDLESE	Name of Roadway/Street		Route# Direction	Address #		Name of	Roadway	/Street	
¹ <b>1</b>		At		Feet N	S E W of			or		
	Route# Direction CLARK ST Name	of Intersecting Roadway/Stre	eet		•••••	Mile M	arker		Exit Number	3 11
		Also at Intersection with		Feet N	S E W of	Route#	Interse	ctine Roa	idway/Street	
<sup>2</sup> <b>2</b>	Route# Direction Name	of Intersecting Roadway/Stre	eet	Feet N	S E W of			ndmark		
	Please Select One Vehicle 31	#Occupants   Lucan		Couch Dono	n ID# <b>21</b>	-33				1
3	of the Following:	Occupants Hit/Run	Moped						-	
		DOB/Age	_	# D83823					21	<b>1</b> 12
	·	strictions CDL CDL	ment	Year <b>2015</b>			·····	_ Veh Co	onfig. 2	
4		l First Middle	e	ner <b>DINDO</b> , S		First		Middle		
<sup>4</sup> 2	Address 19 ROBERTS RD			ress 19 ROBE						
	City WILMINGTON State			WILMINGTO	<u> </u>				27 27 27 27	
	Insurance Company PREFERRED 1	MUTUAL INSUR	ANC Vehi	cle Action Prior to Cra			amaged Area est Status:	Code: 7	28 27 27	
<sup>5</sup> 1	Vehicle Travel Direction: SEW	Responding to Emergency?	2 Even	nt Sequence 1 23	23 23	<b>"</b> "	ype of Test:	1	29	
т	Citation # (If Issued)	•	Mos	t Haπnful Event 1	24		AC Test Resu	ılt: 1	30	_ 13
	Viol. 1: Ch/Sec/Sub Vi	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code	19 <sup>25</sup> 3	<b>25</b>	usp. Alcohol:	2 31 S	Susp. Drug: 2 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/SubVi			er Distracted by			owed from sco		33	
1	Please fill out for operato Name (Last First Middle)	or and all occupants involved		DOB/Age Se	34 35 Sent Safety x Pos. System	36 37 Airbag Eject Status Code	Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	See Abo	ve		1 1	4 0	0 10	1		
										1
										-
				<u> </u>		<u> </u>				-
		1				<u> </u>			<u> </u>	1
<sup>7</sup> 2	Please Select One of the Following:	Occupants Non-Motor		Action 16	Location	Condi	tion 18	Hit	/Run Moped	
	License # St St	DOB/Age	Reg	#		Reg Typ	e	Reg	State	
	Sex Lic. Class Lic. Res	strictions CDLEndorser	nent	Year	Veli Make			_ Veh Co	onfig.	
81	Operator Last F Address	irst Middle	•	Last		First		Middle	1	
	CityState_	Zip				Sta	iteZ	ip		<b>1</b> 14
	Insurance Company	•		cle Action Prior to Cra	sh	4.5	amaged Area		27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency?		nt Sequence 23	23 23	23 To	est Status:		28	
0	Citation # (If Issued)		Mos	t Harmful Event	24	•	ype of Test:	_  _	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ———— Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25	AC Test Resu usp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Vi			er Distracted by	26		owed from see		33	
	Please fill out for operator/non-i				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	Address See A hou		DOB/Age Se				Code	Medical Facility	1
	Operator/Non-Motorist	See Abov	vc	<del>                                     </del>	11					1
										-



### Wilmington Police Department Images Associated with 21-339-AC













# Wilmington Police Department Images Associated with 21-339-AC













## Wilmington Police Department Images Associated with 21-339-AC













	Police Use Only	Com	monwealth -	of Massach	usetts	\$	RA	IV Docu	ıment Number	
	Date of Crash   Time of Crash   12/10/2021   2050   Wi	City/Town .lmington	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it <u>30</u>	State Police Local Police MBTA Police	
	24HR	TRITING CON	Police :	Report	2	0	Latitude Longitude		Campus Police Other:	븁
	AT INTERSEC	CTION:	< LOCA	TION >		NOT A	T INTE	RSEC	TION:	
										2 10
	Route# Direction GLEN F	Name of Roadway/St	reet	Route# Direction	Address #		Name o	f Roadw	ay/Street	
4		At		Feet N S	EW c		_			
	Route# Direction BRATTI	E ST Name of Intersecting Roads	wav/Street	reet [N]S	E W OI	Mile M	arker	- or _	Exit Number	
		Also at Intersection v		Feet NS	E W of	D 4 #			1 /64 . 4	_ 💾
?	Route# Direction	Name of Intercepting Dead	(Cture)	Feet NS	E W of	Route#	inter	secung K	Roadway/Street	
<sup>2</sup> 1	Route# Direction	Name of Intersecting Roads	way/Sireet				L	andmark		
3	Please Select One of the Following:	#Occupants Hit	Run Moped	Crash Report	1D# <b>21</b>	-34	0-A	C		
		MA DOB/Age	Page	1 4 3YK458		Ρασ Τυπ	。PC	D.o	og Stata <b>MA</b>	
	19 19	20		Year 2006					21	1 12
	Operator FIELDING, PE	E E	ndorsement	er RIDDLE, N				YCII	Comig.	<b>,</b>
<sup>4</sup> 2	Address 13 BROAD ST	First	Middle	ess 13 BROAD		First	<u> </u>	Mic	ddie	_
	City WILMINGTON S	MA . 7:. 0188'		ess <u>13 BROAD</u> WILMINGTON		· · · · · · · · · · · · · · · · · · ·	. M7	~· ∩1	L887-1944	_
	Insurance Company PROGRESS	-	-				amaged Are			- I
				le Action Prior to Crash	23 23		est Status:		28	<b>-</b>
5 <b>1</b>	Vehicle Travel Direction: NS	J	-	reducines IT	24	T	ype of Test:	Ì	29	
_	Citation # (If Issued)			Harmful Event 1	25	25 B	AC Test Res		30	7 . 13
	Viol, I: Ch/Sec/Sub	— Viol. 2: Cli/Sec/Sub —		r Contributing Code	26	Si	usp. Alcohol			2 1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			r Distracted by 0	34 35	To	owed from s	cene?	2 33	_
_	Please fill out for o Name (Last First Middle)	perator and all occupants in	VOIVED Address	DOB/Age Sex	Seat Safety Pus. System	Airbag Eject	Trap Injury Code Statu	Transp.	Medical Facility	
	Operator	s	ee Above	$\times$ X	1 1	4 0	0 10	1		
		, ,								
								1		
				16 16	<u> </u>	17	10	1		_
<sup>7</sup> 2	of the Following: Vehicle 22	#Occupants Non	-Motorist A Type	Action 16	ocation	17 Condit	tion 18	H	lit/Run 🔲 Mope	ed
	License # <b>S97028141</b> St	MA_ DOB/Age	Reg #	1CZR11		Reg Type	PC	Re	g State <b>MA</b>	
	Sex M Lic. Class D Li			ear 2013 v	/eh Make <b>V</b>	OLKSW	AGEN	Veh	Config. 21	
	Operator CORDERO, RYA		ndorsementOwne	r CORDERO,	RYAN		S			
'1	Address 205 MOUNT AUI	BURN ST APT	Middle Addre	ess <u>205 MOUN'</u>	r Aubi	JRN S'	r AP'	міd <b>ГВ</b>	ldle	
	City <b>CAMBRIDGE</b> S	tate <b>MA</b> Zip <b>02138</b>	8-4880 City	CAMBRIDGE		Sta	te MA	Zip <b>02</b>	138-4880	<b>1</b> 14
	Insurance Company LM GENER	AL INSURANCE	E COMP Vehic	le Action Prior to Crash	2	22 D	amaged Are	a Code:	7 27 27 27	7
	Vehicle Travel Direction: X S E V	N Responding to Emerg	gency? 2 Event	Sequence 23	23 23	**	est Status:	-	28	
,	Citation # (If Issued) T168308		Most	Hannful Event 1	24	•	/pe of Test:		30	
2	Viol. 1: Ch/Sec/Sub 89 8	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	4 25	25	AC Test Res Isp. Alcohol			2
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		r Distracted by 99	26		wed from s	<b>`</b>	1 33	<b>」</b>
}		non-motorist and all occupa	ants involved		34 35 Seat Safety	36 37 Airhag Eject	38 39 Trap Injury	40 Tonsp.		7
ŀ	Name (Lost First Middle)	ist a	Address	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code 1	Medical Facility	_
}	Operator/Non-Motor	16 CARY ST	ee Above							_
	STEPHANIE DILORENZO	WILMINGTON, MA O	1887-1804	F	3 1	4 0	0 10	1	<del></del>	_
									··	

	= Direction	= Vehicle I	2 = Vehicle 2	Q = Pedestri	an 💍 = Bicycle		
Crash Diagram:	ie: → [	<u> </u> _	2	<b>→</b> ∺	<b>→</b> ₩		
						ash <u>Did Not</u> O Public Way:	ceur
1					Off-	Street Parking Lot	
		8			Gara	age	
					☐ Mal	I/Shopping Center	
					☐ Othe	er Private Way	
Glen Road	Brattle Street			(	India M	cate North by Ar	TOW
	<u>~</u>						
Crash Narrative: Operator of M/V #1 wa	e traveling etr	aight shead	on Glen ro	ad headini	a East Operati	or of	
M/V #2 was traveling							
sign. Operator of M/V							
Road failing to yaile	<del></del>						
	M/V # 1 issued						
of way traffic.							
BVCCIII							
				<u></u>			
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
			100 Marie 11 11 11 11 11 11 11 11 11 11 11 11 11	·			
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of Damaged P	roperty	
		(CATALOG )					
Truck and Bus Informatio	n: Registration #		(From V	ehicle Section)			42
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		·-··
Interstate 43 Cargo Boo	ly Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	er Length 46		
Hazmat Information:							
Placard 47 Material 1 dig	it #	une		Material 4 digi	t#R	elease code	49
Detective Christopher	. J Dindo		170 V	Vilmington	Police Departm	ent 12/1	0/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date

### Wilmington Police Department Images Associated with 21-340-AC



	Police Use Only	Commonwealth of Massachusetts RMV Document Num								
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crash	Number Vehicles	Number Injured	Speed Limit_	35	State Police Local Police MBTA Police Campus Police	]
	12/11/2021   1351   Wilm	ington	Police 1	Report	2	0	Latitude Longitude		M8TA Police Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA			NOT A	INTERS	SECTI		1
	At I. (I DRODE II	<u></u>	Воси			210211				10
	38 N MAIN ST									2
1_	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name of I	Roadway	/Street	-
1	anoga at	At		Feet N S	E W of	E W of or				
	Route# Direction CROSS ST	e of Intersecting Roadwa	ay/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection wi	th	Feet N S		Route#	Interse	cting Ro	adway/Street	
2		Classic Production		Feet N S	E W of	reduce	moise	oung roo	aumay/on the	
<sup>2</sup> 3	Route# Direction Nam	e of Intersecting Roadwa	ay/Street				Lar	ıdmark		_
	Please Select One Vehicle 11	#Occupants Hit/R	Run Moped	Crash Repor	t ID# <b>21</b>	-34	1-AC	1		
<sup>3</sup> 2	of the Following.								147	-
	10 10	A DOB/Age		RT44KK				_	21	1 12
	Sex M Lic. Class D 19 Lic. Re	estrictions CD	dorsement	/ear <u>2017</u>				Veh Co	onfig.	
	Operator STEPHAN, MARK ALLEN SR  Last First Middle Owner STEPHAN, MARK ALLEN SR  Last First Middle Middle									
<sup>4</sup> 2	Address 12 THOMAS ST Address 12 THOMAS ST									
	City <b>BURLINGTON</b> State	MA Zip 01803	-2614 City	BURLINGTO	<u> </u>	Sta	nte <b>MA</b> Z	ip <b>018</b>	803-2614	
	Insurance Company LIBERTY MU	JTUAL INSU	RANCE Vehic	le Action Prior to Cras	հ 2	<b>22</b> D	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emerg		Sequence 23	23 23	23 T	est Status:		28	
<sup>5</sup> 1	Citation # (If Issued)			Harmful Event 1	24	— <sub>T</sub>	ype of Test:		29	
				r Contributing Code	1 25	25	AC Test Resu		30	13
	Viol. 1: Ch/Sec/Sub ————\				26		usp. Alcohol:		Susp. Drug: 32	
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub\			r Distracted by			owed from see	ene? 2	33	4
	Please fill out for operat Name (Last First Middle)	•	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	Se	e Above		1 1	4 0	0 10	1		1
										1
					<del>                                       </del>					-
						ļ				_
7	Please Select One	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	☐ Hie	t/Run Moped	1
<sup>7</sup> 2	or the Panawing:									4
		DOB/Age.		2LSC31			e PC	Reg	State MA	
	Sex <b>F</b> Lic. Class D 19 19 Lic. Re	estrictions CE	OL Veh Y	Year <u>2019</u>	Veh Make 🖁	YUNDA	I	_ Veh C		
0	Operator CASTRO BAEZ, A			er CASTRO B	AEZ, A	YMEZ First	COROM	OTO Middle	e	
<sup>8</sup> 1	Address 44 POOLE ST			ess 44 POOLE	ST					
	City WOBURN State MA Zip 01801-1529 City WOBURN State MA Zip 01801-152									1 14
Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Company Vehicle Travel Direction: X S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status:									27 27 27	
									28	
	Citation # (If Issued)		·	Harmful Event 1	24	,	ype of Test:	-	29	
<sup>9</sup> 2	, ,			<u> </u>	99 25	25	AC Test Resu		30 32	
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Susp. Alcohol: 31 Susp. Drug: 32									
		r Distracted by 99	34 35	36 37	38 10 10 10 10 10 10 10 10 10 10 10 10 10	ene? 2		4		
	Please fill out for operator/non Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	Se	e Above	X	1 1	4 0	0 10	1		
			****							1
										-
										_

	= Direction	1 = Vehicle 1	z = Vehicle 2	ट्र = Pedestria	a 📆 = Bicycle						
Crash Diagram:	ie: 🛶	<b>→</b> [	2	Ŷ	→ №						
	Main st./Rte.38			2	On a l	ash Did NotOccur Public Way:  Street Parking Lot age  I/Shopping Center or Private Way  sate North by Arrow					
	Cross st.	Ŷ		<b>2</b>		$\supset$					
Crash Narrative:											
Oper.#1 related he wa	as stopped on o	cross st., wa	iting for tra	ffic to p	ass. As m/v#2	came					
towards his location	from Main st.	, it appeared	that she m/v	#2 had he	re right dire	ctional					
to turn right onto Cross st. At this time m/v#1 attempted to cross over Main st., to											
Butters row. While doing so m/v#2 DID NOT turn onto Cross st., however continued straight											
on Main st. At this time m/v#1 and m/v#2 came into contact causing damage to the front											
bumper of m/v#1 and damage to the right side of m/v#2											
Oper#2 related while traveling straight on Main st. in the area of Cross st., she had											
slowed down (Note some language barrier of Oper#2), she mayhave been confused on whether											
she was going to turn or continue straight??? (PWJ/142)											
Witnesses:				<del> </del>	,						
Name (Last,First,Middle)	Address			Phone #	Statement						
Property Damage:											
Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of Damaged P	roperty					
				2.7							
Truck and Bus Information	Registration#_		(From Vehic	le Section)		42					
Carrier Name				·		Bus Use					
Address			City		St	Zip					
US DOT#:	State Number		Issuing State	MC/MX/IC	C#:						
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45			•					
	Reg Type	J		ger ti	46						
Hazmat Information:	Keg Type	reg state	Nog Ital	Trailer	Length						
Placard Material 1 dig	rit # 48 Material 1	Name		Material 4 digit #	Re	elease code					
Patrol Officer Paul V	▼ Jepson Signatur		142 Wil ID/Badge # Depar		Police Departm Precinct/Barracks	ent 12/11/2021 Date					