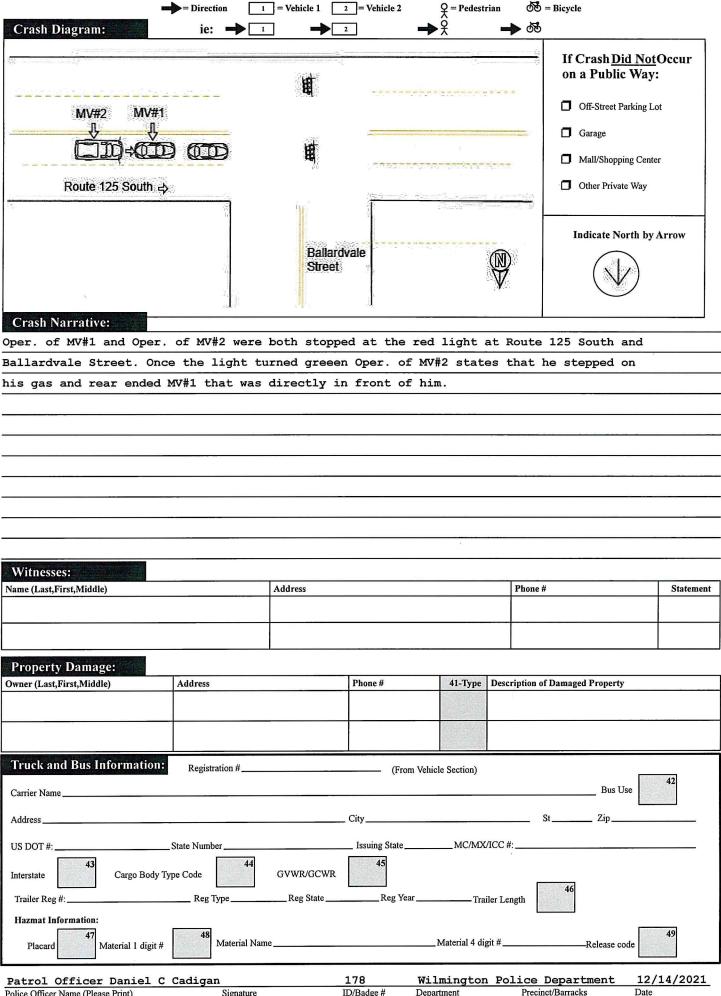
	Police Use Only	Com	monwealth (of Massacl	husett	S	RM	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Limi	t_ 45	State Police Local Police MBTA Police Campus Police	
	12/14/2021 1019 Wi	ilmington	Police 1	Report	2	0	Latitude Longitude_		Campus Police Other:	i
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	Route# Direction	Name of Intersecting Road		n N	S E W of	Iville Ivi	arker		Exit Number	2 11
		Also at Intersection	with			Route#	Inter	secting R	Roadway/Street	+
² 1	Route# Direction	Name of Intersecting Road	way/Street	Feet N	S E W of					_
								andmark		-
3	Please Select One of the Following:	1#Occupants	/Run Moped	Crash Repo	rt ID# 2 1	L-3 4	2-A	C		
	License # S14887831 S	St MA DOB/Ag	Reg	# 1LMG91		Reg Typ	e PC	Re	eg State MA	
	10 10	20	-	Year 2017					21	1 12
	- August State Constitution	I	Endorsement	er BAGROWSK				,	Coming.	
⁴ 3	Operator BAGROWSKI,		Middle	er <u>BAGROVSI</u> Last ess 198 PATI		First	11/11	Mic	idle	-
3	Address 198 PATRICK								000 4000	-
	City TEWKSBURY			TEWKSBURY	1000000				1876-4706	
	Insurance Company ARBELLA	MUTUAL INST	JRANCE Vehic	cle Action Prior to Cra	10000		amaged Are	a Code:	6 27 5 27 27 28	
5	Vehicle Travel Direction: N E	W Responding to Eme	rgency? 2 Even	t Sequence 23	23 23	23	est Status: ype of Test:	ŀ	29	
⁵ 2	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	sult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	usp. Alcohol	100000	Susp. Drug: 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	T	owed from s	cene?	2 33	
⁶ 1		operator and all occupants in			34 35 Seat Safet	36 37 y Airbag Eject	38 39 Trap Injur	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age Sea	Pos. Syste	m Status Code	Code Statu	s Code	Medical Facility	
	Operator		See Above		1 1	4 0	0 10	1		
									7	1
			Police Control	15 16		17	18	1		\dashv
⁷ 4	Please Select One of the Following:	1#Occupants \bigcap No:	n-Motorist A Type	Action 16	Location	Cond	tion	L	Hit/Run Moped	3
_	License # S63837903 S	St MA DOB/A _E	Reg	<u>v25561</u>		Reg Typ	e CO	Re	eg State MA	
	19 19	20		Year 2019	Veh Make			Veh	Config. 2	
	Operator COLLINS, JO	I I	Endorsement	er EMPIRE C			SERV		The same of the same of	
⁸ 1	Last	First	Middle	ess 9 PETTI		First		Mic	idle	-
_	Address 87 PLEASANT			ANDOVER	161111		MZ	z:₋ ∩1	1810-1203	1 14
	•	State MA Zip 0184					anaged Are		THE RESERVE AND ADDRESS OF THE PARTY.	
	Insurance Company NGM INS		ANY Vehic	cle Action Prior to Cra	icerting.		est Status:	a couc.	28	
	Vehicle Travel Direction: N E	W Responding to Eme	rgency? 2 Even	t Sequence 1 23		23	ype of Test:	l	29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Re	sult;	30	
2	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	19 ²⁵	25	usp. Alcohol	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Drive	er Distracted by	9 ²⁶	Γ	owed from s	cene?	2 33		
		or/non-motorist and all occu			34 35 Seat Safe	y Airbag Ejec	38 39 Trap Injur	y Transp.	Madical Facility	
	Name (Last First Middle)	wist	Address See Above	DOB/Age Se	Pos. Syste	m Status Code	Code Statu	S Code	Medical Facility	
	Operator/Non-Moto	i ist	JULY AUDIC		1 -	+- -	+			-
			£							4



	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docun	nent Number	
	Date of Crash Time of Crash 12/14/2021 1221 Wil:	City/Town mington		icle Crash	Number Vehicles		Speed Limi	25	State Police Local Police MBTA Police Campus Police	
	24HR			Report	2	0	Longitude_		Other:	4
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	SECT	ION:	1
	Route# Direction	Name of Roadway/S	treet	Route# Direction	181 Address #	BALI	ARDVA Name of	LE S		2
¹ 1		At		Feet N S	EW.c		_ • _			
	Route# Direction Na	me of Intersecting Road	way/Street	Feet [N]5	LE W OI	Mile M		or	Exit Number	10
		Also at Intersection v		Feet N S		Route#	Inters	ecting Ro	oadway/Street	10
² 1	Route# Direction Na	me of Intersecting Road	way/Street	Feet NS	E W of		L	ındmark		-
3	Please Select One of the Following:	_#Occupants	/Run Moped	Crash Repor	1D# 21	-34				
	License #_ S75681624 St M	IA DOR/Age	Reg	# <u>W65NLP</u>		Reg Tyn	PC	Reg	State NJ	<u> </u>
	19 19	20		Year 2021					21	1 12
	Operator BARLOW, GEOFF	I I	Endorsement	er EAN HOLD				ven c	Comig.	
¹ 3	Last	First	Middle	ress 14002 E		First	PT 150	Midd	lle	
<u> </u>	Address 2 RICHARD AVE	MA 0104			ZIOI (121	
	City METHUEN Stat			TULSA			ite OK amaged Area	_		
	Insurance Company		Vehi	cle Action Prior to Crash			amaged Area	Code:	28	1
2	Vehicle Travel Direction: NEW	Responding to Emer	rgency? 2 Ever	t Sequence 1 23	23 23	23	pe of Test:	4	29	
2	Citation # (If Issued)		Mos	t Harmful Event	24		AC Test Res	ult:	30	
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25	ısp. Alcohol:	100	Susp. Drug: 32	1 1
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	Т-	owed from so	ene? 2	33	\vdash
1		ator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator	S	See Above	X	1 1	4 0	0 10	1		_
	¥									
										1
			Page 1		2000					4
4	Please Select One of the Following: Vehicle 21	_#Occupants Nor	n-Motorist A Type	Action 16	Location	17 Condi	tion 18	Ні	it/Run Moped	
_	License # 4373368 St M	E DOB/Age	Reg	#_5682WX		Reg Type	PC	Reg	State ME	1
	19 19	20		Year 2019					21	
	Contract Con	E	Indorsement	er LENES, J				von c	John G.	
1	Operator LENES, JASON	First	Middle	Last		First		Middl	le	
_	Address 33 SEACREST C		,*	ess 33 SEACR				0.41	F.60	1 14
	City PHIPPSBURG State	e ME Zip 0456	2 City	PHIPPSBURG	ROOM CON	_	te ME 2	_		<u> </u>
	Insurance Company		Vehi	cle Action Prior to Crasl		T T	amaged Area	Code: 3	27 27 27 27	
	Vehicle Travel Direction: N E W	Responding to Emer	rgency? 2 Even	t Sequence 23	23 23	23	est Status:		29	
)	Citation # (If Issued)	_	Mos	t Harmful Event 1	24		AC Test Res	nlt.	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	19 ²⁵	25	sp. Alcohol:	200	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from so	2007YOM6	33	
	Please fill out for operator/no				34 35	36 37	38 39	40	oversigner.	1
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motoris	<i>t</i> s	See Above	\times X	1 1	4 0	0 10	1		
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										-
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	= Direction	n 1	= Vehicle 1	2 = Vel	hicle 2	X = Pedestr	ian 🐠 =	= Bicycle	
Crash Diagram:	ie:	→ [1	→ [2	→	. X	→ %		
					A STANDARD COLUMN		7=	If Crash <u>Dic</u> on a Public	
Route 125								Off-Street Pa	rking Lot
								☐ Garage	
27				S.450142			200	☐ Mall/Shoppin	ng Center
**			7 (c)		;= MV#1	STATE OF THE STATE		Other Private	Way
		5	Ballardvale Stree		Ē	96 allardvale treet	(B)	Indicate No	rth by Arrow
Crash Narrative:			######################################						
Oper.of MV#1 and Oper.	of MV#2	were l	ooth stopp	ed in	traffic a	at the i	ntersect	ion of	
Ballardvale Street and				ht cha	nged to	green th	ne Oper.	of MV#2	
stepped on the gas and	rear end	led MV	‡1 .						
							×:		
(AB)									
									
**	- 10	***************************************							
2,000									
Witnesses:				7					
Name (Last,First,Middle)			Address				Phone #		Statement
					2000				
					· ·				
Property Damage: Owner (Last, First, Middle)	Address			Phone	#	41-Type	Description of	Damaged Property	
Owner (Last, First, Middle)	Audicos			7 2020			2000	zamagea z ropersy	
									VVV
Truck and Bus Information	Registrati	ion #		-	- (From Vehic	le Section)			42
Carrier Name								Bus Us	
Address		-1		City			s	t Zip	
US DOT #:	State Number			Issuin	g State	MC/MX/	ICC#:		
43	State Humber	44			45				
Interstate Cargo Body Trailer Reg #:	Type Code	ne .	GVWR/GCWR Reg State		Reg Year	Trai	ler I ength	46	
Hazmat Information:						IIdi	Dengui		
Placard Material 1 digit	# 48 M	laterial Nan	ne			Material 4 dig	git #	Release co	49 de
Patrol Officer Daniel	C Cadigan			178	Wil	mington	Police I	Department	12/14/2021

Police Officer Name (Please Print)

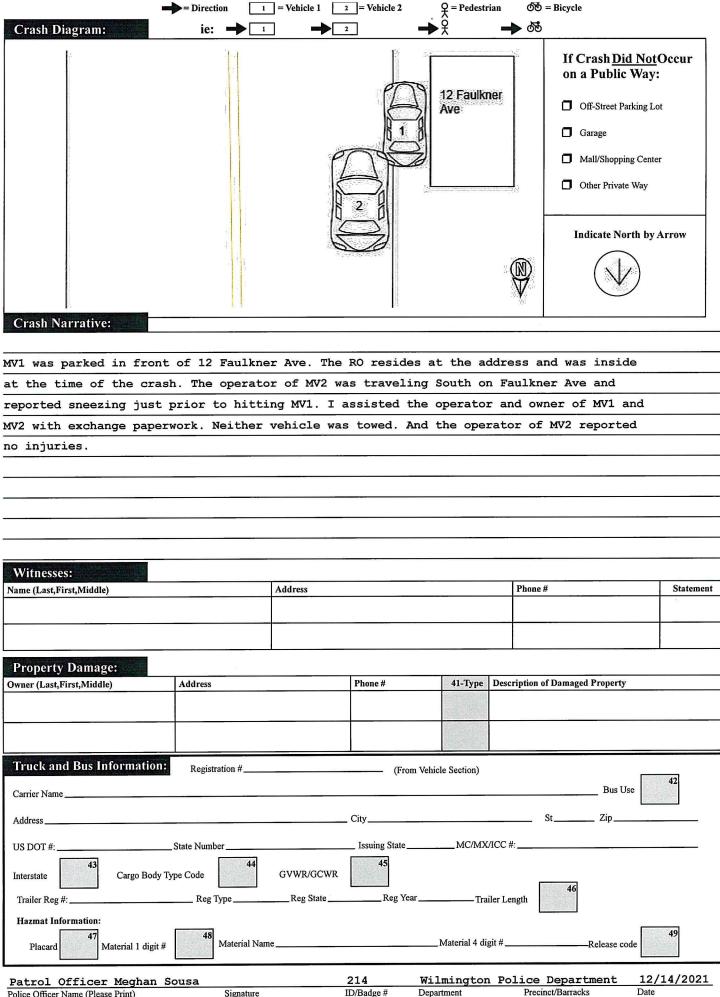
Signature

ID/Badge #

Department Precinct/Barracks

Date

	Police Use Only	Com	monwealth	oi Massach	usetts		RMV	Oocument Number	
	Date of Crash Time of Crash 12/14/2021 1814 W	City/Town ilmington	Motor Veh	icle Crash	Number Vehicles	Injured	5peed 2mm	30 State Police Local Police MBTA Police Campus Police	
	24HR	TIMING CON	Police 1	Report	2	ا ا	Latitude Longitude	Campus Police Other:	
	AT INTERSE	CTION:	< LOCA	TION >		NOT AT	INTERSE	ECTION:	
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	Route# Direction	Name of Roadway/S	treet	Route# Direction	12 Address #	FAUL	Name of Ro	VE adway/Street	-
¹ 4	- Acoustin Brooker	At							-
				Feet N S	E W of	— — — Mile Mar	_ • _ 0	Exit Number	
	Route# Direction	Name of Intersecting Road		Feet N S	E W C	Wille Ivial	KCI	Exit Number	4 11
		Also at Intersection	with			Route#	Intersecti	ng Roadway/Street	
² 1	Route# Direction	Name of Intersecting Road	way/Street	Feet NS	E W of				_
.							Landr	nark	4
3	Please Select One Vehicle 1	0#Occupants Hit	/Run Moped	Crash Report	1D# 21	-344	l-AC		1
	License #	St DOB/Age	Rega	# 9425HZ		Reg Type	PC	Reg State MA	-
	19 19	20	2=	Year 2009 V				21	3 ¹²
	Section 14 Medical Co.	G HORPETUNE	Endorsement	er STROB, CH				ven comig.	2 022 200
1	Operator <u>Driverless</u>	First	Middle	Last		First	T-E1	Middle	
1	Address			ess 12 FAULKI					
	City			<u>WILMINGTON</u>	Kinashik			01887-3526	
	Insurance Company SAFETY	INSURANCE CO	OMPANY Vehic	cle Action Prior to Crash	11		maged Area Co	All the same of th	
	Vehicle Travel Direction: N E	W Responding to Eme	rgency? 2 Even	t Sequence 23	23 23	23	t Status:	28	
	Citation # (If Issued)		Most	Harmful Event 1	24		e of Test: C Test Result:	_ 30	
	Viol. 1: Ch/Sec/Sub —	Viol. 2; Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	p. Alcohol: 2	1	2 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		ved from scene	1000000	
2		operator and all occupants in			34 35	36 37	38 39 4	10	4
	Name (Last First Middle)	·	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code		nsp. ode Medical Facility	4
	Operator	S	See Above	$\times X$	1				
									1
	4.4	-						-	-
									4
1	Please Select One of the Following:	1 #Occupants No	n-Motorist A Type	15 Action 16 L	ocation	17 Condition	on 18	Hit/Run Moped	
т		St MA DOB/Age	, Dag t	#857BB9	28550	Reg Type	PC	Reg State MA	1
	19 19	20	_		eh Make H			21	
	2	I	Endorsement					Veh Config.	ŀ
1	Last	ISTYN LEIGH	Middle	Last	JAMES	First		Middle	
_	Address 3 SUDBURY AV			ess 3 SUDBURY	AVE				_ 14
	City WILMINGTON	State MA Zip 0188	7-1327 City	<u>WILMINGTON</u>	- Industrialis			01887-1327	1
	Insurance Company ARBELLA	MUTUAL INSU	JRANCE Vehic	ele Action Prior to Crash	1		naged Area Co	The second of the second of the second	
	Vehicle Travel Direction: N E	W Responding to Eme	rgency? 2 Event	t Sequence 23	23 23	23	t Status:	28	1
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2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	Control	31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		er Distracted by	26		ved from scene	Military and a second s	
		or/non-motorist and all occup	oants involved		34 35	36 37		10	1
	Name (Last First Middle)		Address	DOB/Age Sex		Airbag Eject Status Code		nsp. ode Medical Facility	-
	Operator/Non-Moto	rist	See Above	$\times X$	1 1	4 0	0 10 1		
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= Direction

ණ = Bicycle

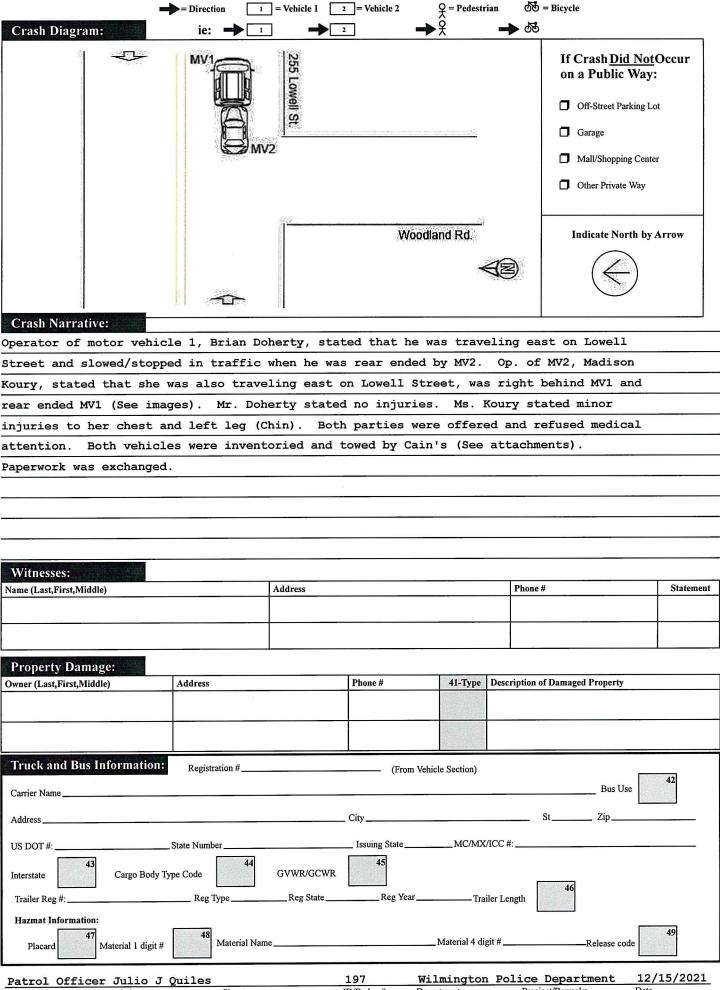
Wilmington Police Department Images Associated with 21-344-AC







	Police Use Only	Comm	ionwealth (of Massac	chuse	etts			RM	V Docu	ıment Nur	mber	
		City/Town	Motor Veh	icle Cras	\mathbf{h}	umber ehicles	Number	Speed	d Limit	40	Local P	olice	1
	12/15/2021 1632 Wilmi	ington	Police ?	Report	2	enicies	Injured 1	Latitu	ıde itude _			olice olice Police os Police	
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					<u>25</u>		LOW						2
¹ 1	Route# Direction	Name of Roadway/Stre	et	Route# Directio	n Addi	ress #		Na	ame of	Roadw	/ay/Street		_
		At		Feet N	SEW	of			. —	or _			
	Route# Direction Name	of Intersecting Roadwa	y/Street				Mile N	farker			Exit N	umber	2 11
		Also at Intersection wit	h	Feet N	SEW	of .	Route#	_	Interce	noting E	Roadway/S	troot	
2	Deuts# Dissetion Nome	- Flatana dia - Dan Jan	/54	Feet N	S E W	of	Routen		Inters	comig r	Coauway/5	ucci	1
² 1	Route# Direction Name	of Intersecting Roadwa	ly/Street						La	ndmark	(
3	Please Select One Select One Vehicle 11 #	Occupants Hit/R	un Moped	Crash Rep	ort ID#	21	-34	5-	AC	•			
3	of the Pollowing.												-
	10 10	DOB/Age		2GTL78								21	1 12
	Sex M Lic. Class D 19 Lic. Res	strictions 1 CD	L Veh '	Tear 2021	Veh M	ake <u>T</u>	OYOT	A		Veh	Config.	1	
4	Operator DOHERTY, BRIAN Last Fi	J	Middle Own	er WHEELS	LT		First			Mie	ddle		
⁴ 1	Address 7 WINTHROP AVE		Addr	ess 666 GAR	RLAND	PI							
	City READING State 1	1A Zip 01867-	-2130 City	DES PLAII	NES		S	tate_ I]	L 2	Zip <u>60</u>	016-	-0000	
	Insurance Company NATIONAL UN	NION FIRE	INSUR Vehic	le Action Prior to Cr	rash	2	22	Damage	d Area	Code:	5 27 10	27 27	
	Vehicle Travel Direction: NSWW	Responding to Emerge	ncv? 2 Even	Sequence 23	000000	23	23	Test Sta	tus:		1 28		
5		- 1		Harmful Event 1	24			Type of	Test:		29		
	Citation # (If Issued)				50,000,00	25	25	BAC Te		19100	1 30		13
	Viol. 1: Ch/Sec/Sub ————Vio			r Contributing Code	04			Susp. Al			and the same of the same of	rug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub — Viol.			r Distracted by				Towed f			1 33		ļ
	Please fill out for operator Name (Last First Middle)		lved	DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Ejec Status Cod	t Trap	39 Injury Status	40 Transp. Code	Medica	al Facility	
	Operator	See	Above		1	1	4 0	0	10	1			1
	7												
				-									-
7	Please Select One Vehicle 21 #	Occupants Non N	Motorist A Type	15 Action 1	6 Locatio	, , ,	17 Cond	ition	18	П	lit/Run	Moped	
⁷ 1	of the Following:	14011-14	Totorist A Type	Action	Localic)II		100		匚	III/Kun L	Wiopeu	
		_ DOB/Age	Reg #	281GP6			_ Reg Ty	e PC	5	Re	g State M	Z1 21	
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	Operator KOURY, MADISON	LILLIAN LO		r SPINA,	JOSE	PH 1	M First			Mic	1.0	7	
⁸ 1	Address 81 OLD ANDOVER			ess 81 OLD	ANDO	VER				Mic	idle		
	City NORTH READING State M	<u>IA Zip 01864-</u>	-1064 City	NORTH REA	ADING	3	S	ate M 2	A z	ip 01	.864-	1064	1 14
	Insurance Company THE HANOVER			le Action Prior to Cr	ash	1	22 I	Damage	d Area	Code:	1 27	27 27	
		Responding to Emerge		Sequence 23	Name of Street	STATE STATE OF	23	est Stat	tus:		1 28		
		responding to Emerge.	•	Harmful Event 1	24			ype of	Test:		29		
⁹ 2	Citation # (If Issued)				ALCOHOL:	²⁵ 9	25	BAC Te			1 30		
	Viol. 1: Ch/Sec/Sub ————Viol.	ol. 2: Ch/Sec/Sub		r Contributing Code	26	9	CASHESUS.	Susp. Al			Susp. Dr	ug: 2 32	
	Viol. 3: Ch/Sec/Sub ————Vio			Distracted by	9 26			owed f		L	1 33		ļ
	Please fill out for operator/non-m Name (Last First Middle)		ts involved	DOB/Age S	34 Seat Sex Pos.		36 37 Airbag Ejec Status Cod	38 Trap Code	39 Injury Status	40 Transp. Code	Medica	al Facility	
	Operator/Non-Motorist		Above		1	,	4 0	0	8	1			1
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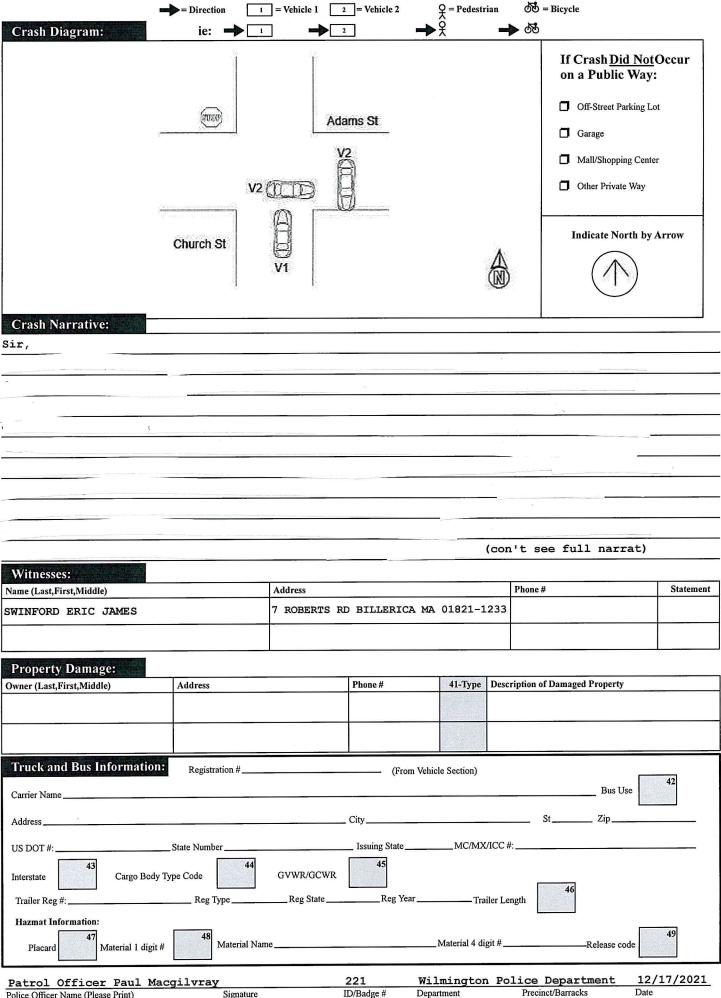


Wilmington Police Department Images Associated with 21-345-AC





	Police Use Only	Common	wealth	of Massac	chus	etts		F	RMV Doc	ument Number		
	Date of Crash Time of Crash		otor Veh	icle Cras	\mathbf{h}	umber ehicles	Number	Speed Li	mit3(Local Police		
	12/17/2021 1506 Wilm	ington	Police !	Report	2	emcies	Injured 1	Latitude . Longitud		MBTA Police Campus Police Other:		
	AT INTERSECTION	ON:	LOCA		Copie		NOT A				_	
										provide in the		2 10
	CHURCH S						10					
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	n Add	ress #		Name	of Roady	way/Street		1
	ADAMS SI			Feet N	SEW	of			— or .	MAIN CONTRACTOR		
		e of Intersecting Roadway/Stree	et			3	Mile Ma	ırker		Exit Number	Г	6 11
		Also at Intersection with		Feet N		-	Route#	Int	ersecting :	Roadway/Street		
² 1	Route# Direction Name	e of Intersecting Roadway/Stree	et .	Feet N	SEW	of				20000		
1	Action Brooks								Landmar	k		
³ 97	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Crash Rep	ort ID#	21	-34	6-A	C			
97	License # NHL12266209 St NF	H DOR/Age	Pag	# <u>V63511</u>			Rea Tyn	PC.	p	ea State NH		
	Sex M Lic. Class D D Lic. Re			Year 2009							21	1 12
	CONTROL OF THE PARTY OF THE PAR	Endorsem	ent							Config.		
⁴ 2	Operator SPINALE, DOMIN	First Middle		er SPINALE	ı		First	OEPL	M	liddle		
2	Address 7 EBENEZERS WAY			ess 7 EBENE	ZERS	S WZ						
	City HOLLIS State		37 City.	HOLLIS			_		<i>=</i> 2	3049613		
	Insurance Company FARMERS IN	NSURANCE	Vehi	cle Action Prior to Ci		_	(FCF)			27 2 27 8	27	
5	Vehicle Travel Direction:	Responding to Emergency?	Even	t Sequence 23	23 1 1	23 1	23 To	est Status:		29		
⁵ 2	Citation # (If Issued)	_	Most	Harmful Event	_ 24		13	/pe of Tes AC Test R		30		
	Viol. 1: Ch/Sec/Sub ————V	/iol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99	25	25		ol: 2 31	Susp. Drug: 2	32	1 13
	Viol. 3: Ch/Sec/Sub ————V			er Distracted by	26			owed from		2 33		
⁶ 1		or and all occupants involved			34	35 Safety	36 37 Airbag Eject		39 40 jury Transp.	-127.527		
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System	Airbag Eject Status Code	Code St	atus Code	Medical Facilit	ty	
	Operator	See Above			X 1	1	4 0	0 1	0 1			
					+						-	
			Section	10 1	7	Testine:	15	l l	10			ĺ
⁷ 2	Please Select One of the Following:	#Occupants Non-Motori	st A Type	15 Action 1	6 Locati	on	Condi	tion		Hit/Run 🔲 M	loped	
	License # SA3020130 St M	A DOB/Ag	Reg	4358YE			Reg Type	PC	R	eg State MA		
	19 19	estrictions 20 CDL		Year 2011	Veh M	lake T				124	21	
	Daniel Manual	Endorseme	ent	er GIFFORD						Comig.	1000	
⁸ 1	Operate Last	Middle		ess 5 RING	E"	111111	First		М	liddle		
_	Addres:							1/7	~: O	1887-40	02	1 14
	City State			N WILMIN		de chara				6 27 3 27 2		_
	Insurance Company PROGRESSI	VE DIRECT	Vehic	cle Action Prior to Cr		1	T.	est Status:		28		
	Vehicle Travel Direction: N S W	Responding to Emergency? 2	Even	t Sequence 1 23	Tests L	23	23	pe of Tes		29		
⁹ 2	Citation # (If Issued)	= ,	Most	Harmful Event	24		В	AC Test F		1 30		
2	Viol. 1: Ch/Sec/Sub ————V	/iol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99	25	25 St	ısp. Alcol	ol: 2 31	Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub ————V	/iol, 4: Ch/Sec/Sub	Drive	er Distracted by) 26		To	owed from	scene?	1 33		
	Please fill out for operator/non-	-motorist and all occupants invo	lved		34 Seat		36 37 Airbag Eject	Trap In	39 40 jury Transp.			
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System	Status Code	Code St	atus Code	Medical Facilit	ity	į
	Operator/Non-Motorist	See Above			X 1	1	3 0	8				
	1	1										



Wilmington Police Department

NARRATIVE FOR PATROL OFFICER PAUL MACGILVRAY

Page: 1

Ref: 21-346-AC

Sir,

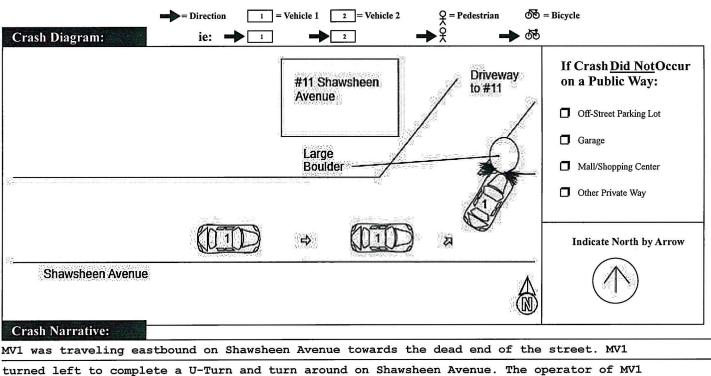
On December 18,2021,I(Offc MacGilvray), was assigned to S3 in marked unit 33 during the day shift 8-4 tour. At said time I was dispatched to a motor vehicle crash at said location. The crash was described by Wilmington Dispatch as a roll over.

On location both operators were out of their vehicles. Mr Dominic Spinale was the operator of V1 NHREG VTV63511. Mr Spinale stated while travelling north V2 came across the intersection and the collision occurred. Mr.

Spinale was standing on the sidewalk on Adams St. was the operator of V2 MAREG 4358YE. was sitting on the curb on Adams St. stated she stopped at the intersection of Adams/Church St and when she felt it was safe proceded through the intersection where the crash occurred. V2 was struck in the rear passenger tire and came to rest on its side-the drivers side. stated she was able to climb out of the sun roof. stated she was shook up but didnt have any major injury.

Mr. Eric Swinford aproached me and stated he witnessed the crash. Mr Swinford stated V2 was stopped at the intersection and then proceded through the intersection and the crash occurred. Mr Swinford stated he helped Ms. Gifford out of V2 and stayed with her because she was so shook up. V2 towed from scene by Forrest Tow. No injuries reported and no transports from scene.

	Police Use Only	Com	monwealth	of Massac	husett	S	RM	IV Docum	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Numbe Vehicle		Speed Limi	t25	State Police Local Police MBTA Police Campus Police	3
	12/18/2021 1816 Wil	mington	Police	Report	1	O	Latitude Longitude _		MBTA Police Campus Police Other:	3
	AT INTERSECT	TION:		TION >		NOT A	r inter	SECT		
			_		11	NI-2003	SHEEN			2 10
1 _	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #			f Roadway		
6	Route# Direction N	At ame of Intersecting Road	way/Street	Feet N	S E W of	— — Mile M	— • —	- or	Exit Number	
	Route# Direction No.	Also at Intersection		Feet N	s E W of					71 "
					S E W of	Route#	Inters	ecting Ro	adway/Street	
2	Route# Direction Na	ame of Intersecting Road	way/Street				T	andmark		_
5	Please Select One of the Following:	#Occupants Hit	t/Run Moped	Crash Repo	ort ID# 21	L-34				
		MA_ DOB/Age	Reg	# <u>1GRE87</u>		Reg Typ	e PC	Reg		- 12
	Sex_F_ Lic. Class D 19 19 Lic. Operator_COX_, AMANDA 6	I I	Endorsement	Year <u>2020</u> Her <u>COX , AM</u> Z		_		Veh C	Config. 21	3
1	Last	First	Middle	Last		First		Middl	ie	-
_	Address 24 ROCKY HILL			ess 24 ROCK				01/		-
	City BURLINGTON Sta			BURLINGTO	10/25/00/02				803-1405	-
	Insurance Company SAFETY I	NSURANCE CO	OMPANY Vehi	cle Action Prior to Cra			amaged Area	a Code: 8	27 27 27 28	
	Vehicle Travel Direction: NSWW	Responding to Eme	rgency? 2 Ever	t Sequence 10 23	23 23	23	est Status:		29	
	Citation # (If Issued)		Mos	Harmful Event	0 24		AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub —	- Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code	19 ²⁵	25	usp. Alcohol	555	Susp. Drug: 2 32	10 ¹³
	Viol. 3: Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	9 26		owed from so	19-0	33	
7		rator and all occupants ir			34 35 Seat Safet		38 39 Trap Injury	40 Transp.	estrolation	
	Name (Last First Middle)		Address	DOB/Age So	ex Pos. System	m Status Code	Code Status	Code	Medical Facility	
	Operator	S	See Above		1 1	1 0	0 10	1		_
										1
	N S L 10 - F			15 16		17	18			-
1	Please Select One of the Following:	#Occupants No	n-Motorist A Type	Action	Location	Condi	tion	Hit	t/Run Moped	i
	License # St	DOB/Age	Reg	#		Reg Typ	·	Reg		-
	Sex Lic. Class 19 19 Lic.	Restrictions 20	CDL Veh	Year	_ Veh Make _			Veh C	onfig.	
	Operator		Own	er						
1	Last Address_	First	Middle	Last		First		Middle	c	
	CitySta	to Zin				Str	ite	7in		4 14
				ele Action Prior to Cra	al.	and the	amaged Area	963	27 27 27	
	Insurance Company			22	23 23	23 T	est Status:		28	40
	Vehicle Travel Direction: NSEW	Responding to Eme	· · —	i Sequence	24		pe of Test:		29	
2	Citation # (If Issued)		Mos	Harmful Event	25	25 B	AC Test Res	ult:	30	
_	Viol. 1: Ch/Sec/Sub —————	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		S	isp. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26	Т	owed from so	ene?	33	╛
	Please fill out for operator/n	on-motorist and all occup	oants involved	DOB/Age Se	34 35 Seat Safety ex Pos. System	y Airbag Eject	38 39 Trap Injury Code Status		Medical Facility	
	Operator/Non-Motoris	st s	See Above		1			A 25 E 200/	and the second s	7
	operator/1.011 fixetoris				+-			++		-
								+		4
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MV1 was traveling eastbound on Shawsheen Avenue towards the dead end of the street. MV1
turned left to complete a U-Turn and turn around on Shawsheen Avenue. The operator of MV1
stated that she missed her turn and attempt to turn left to do a U-Turn and turn around.

The operator of MV1 stated that she thought she had enough room to turn around and did not
see the large boulder at the mouth of the driveway to #11 Shawsheen Avenue. The operator
of MV1 stated that she attempted to stop her vehicle at the last moment, but was unable
due to the slushy road conditions and struck the boulder causing her front airbags to
deploy. The operator of MV1 signed a medical refusal with the WFD. MV1 suffered front left
end damage due to the collision with the boulder. MV1 was towed from the scene by A&S
Towing. The boulder sustained very minor damage and the homeowner was advised to contact
his homeowner's insurance if need be.

Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement
SILSBEE HENRY OTIS	11 SHAWSHEEN AVE WILMINGTON MA 01887-2628		

Property Damage: 41-Type | Description of Damaged Property Phone # Owner (Last, First, Middle) Address 11 SHAWSHEEN AVE WILMINGTON MA 018 97 LARGE ROCK BOULDER SILSBEE NADINE MARIE Truck and Bus Information: (From Vehicle Section) Registration #_____ Carrier Name ____ City___ Address_ ______ Issuing State ______ MC/MX/ICC #: ____ _____State Number ___ US DOT #:_ GVWR/GCWR Cargo Body Type Code Interstate Reg Type _____ Reg State ____ Reg Year ____ Trailer Length Trailer Reg #: ___ **Hazmat Information:** _____Material 4 digit #______Release code Material Name_ Material 1 digit #

Patrol Officer Michael A Wilson

209

Wilmington Police Department

12/18/2021

Wilmington Police Department Images Associated with 21-347-AC





