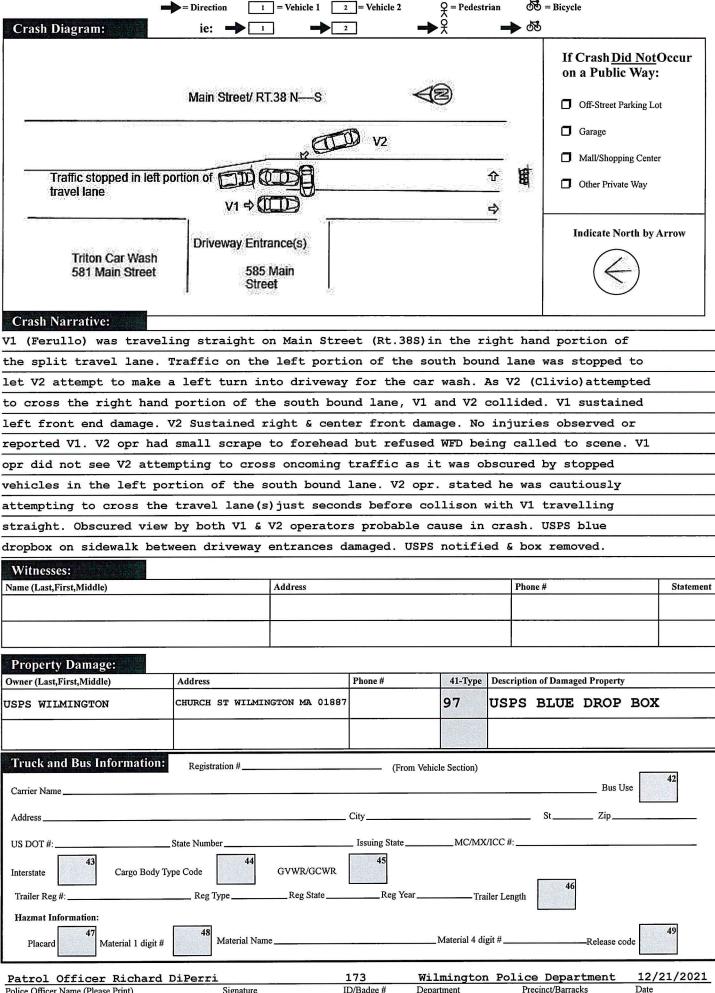
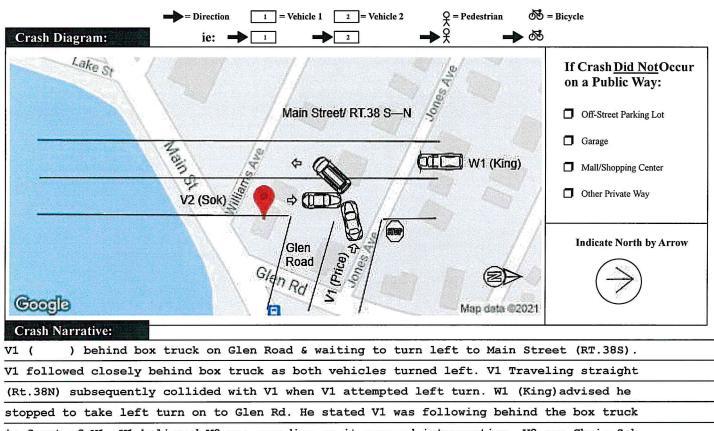
Police Use Only	Commonwea	lth of Massacl	nusetts	RMV	V Document Number
CONTROL AND AND CONTROL OF THE CONTR	ington	Vehicle Crash	Number Nu Vehicles In	imber Speed Limit	35 State Police Local Police MBTA Police
24HR	Pol	lice Report	2 0	Latitude Longitude	Campus Police Other:
AT INTERSECTION	ON: < 1	LOCATION >	NO	T AT INTER	SECTION:
			772 0	ATEN OF	
Route# Direction	Name of Roadway/Street	Route# Direction	773 S. Address #	ALEM ST Name of	Roadway/Street
	At	Feet N	E E W		
Route# Direction Name	of Intersecting Roadway/Street	Feet [N]		• Iile Marker	or Exit Number
	Also at Intersection with	Feet N S	S E W of Rou	- T	ecting Roadway/Street
Dantall Direction Name	of Internation Deadway/Street	Feet N S	SEW of	ite# Interse	cting Roadway/Street
Route# Direction Name	of Intersecting Roadway/Street			Lar	ndmark
Please Select One of the Following: Vehicle 11 #	Occupants Hit/Run	Moped Crash Repo	rt ID# <b>21</b> – 3	349-AC	;
	DOB/Age	Reg # 2CSC11	D <sub>4</sub>	eg Type PC	Pag State MA
19 19	strictions CDL	Veh Year <b>2018</b>			21
	Endorsement	Owner WARD, KR			_ ven conng.
Operator WARD, KRISTEN (	irst Middle	Address 1 PEABOL	I	First	Middle
Address 1 PEABODY CT	MA 2: 01864-2435	City NORTH REA		C4-4 M7A -	
City NORTH READING State 1. St	•		22	State <b>MA</b> _ Z  Damaged Area	Code: 27 27 27 27
<u></u> _		Vehicle Action Prior to Cras	th 1 22 23 23 23	Test Status:	28
	Responding to Emergency? 2	Event bequence 1	24	Type of Test:	29
Citation # (If Issued)		Most Harmful Event 1		BAC Test Resu	\$1000 PMC
Viol. 1: Ch/Sec/Sub — Vio		Driver Contributing Code	99	Susp. Alcohol:	
Viol. 3: Ch/Sec/SubVio		Driver Distracted by 99	34 35 36	Towed from sce	ene? 2 33
Please fill out for operator Name (Last First Middle)	r and all occupants involved  Address	DOB/Age Sex	Seat Safety Airbag	Eject Trap Injury	Transp. Code Medical Facility
Operator	See Above	$>\!\!<$ $\times$	1 1 4	0 0 10	1
1-1					
			+		
			12	10	
Please Select One of the Following: Vehicle 2.2 #	Occupants Non-Motorist A T	Type 15 Action 16	Location 17	Condition 18	Hit/Run Moped
License # <b>S10634491</b> St <b>MA</b>	DOB/Age	Reg # 589GK3	Re	eg Type <b>PC</b>	Reg State MA
Sex <b>F</b> Lic. Class D 19 Lic. Res	trictions CDL	Veh Year <b>2018</b>	Veh Make NIS	SAN	_ Veh Config.   <b>1</b>   21
Operator RUSSELL, NICOLI	E MARIE	Owner RUSSELL,	TIMOTHY	SHAWN	
Address 6 TEMI RD	irst Middle	Address 6 TEMI F		First	Middle
City <b>PEABODY</b> State M	<u>MA Zip 01960-3322</u>	City <b>PEABODY</b>		State MA Zi	ip 01960-3322
nsurance Company ARBELLA MU	TUAL INSURANCE	Vehicle Action Prior to Cras	h <b>1</b> 22	Damaged Area	Code: 0 27 27 27
	Responding to Emergency? 2	Event Sequence 1 23	23 23 23	Test Status:	28
Citation # (If Issued)		Most Harmful Event 1	24	Type of Test:	29 30
Viol. 1: Ch/Sec/Sub ————Vio	ol 2: Ch/Sec/Sub	Driver Contributing Code	5 25 25	BAC Test Results  Susp. Alcohol:	BISUSA
	ol, 4: Ch/Sec/Sub	Driver Distracted by	26	Towed from see	750000
	notorist and all occupants involved		34 35 36 Seat Safety Airbag	37 38 39	40 Transp.
Name (Last First Middle)	Address	DOB/Age Sex	Pos. System Status	Code Code Status	Code Medical Facility
Operator/Non-Motorist	See Above	X	1 1 4	0 0 10	1
MADISEN FAULKNER	207 LYNN AVE LAURENS, SC 293601628	F	3 1 4	0 0 10	1
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Crash Diagram:	ie:	= Vehicle 1	2 = Vehicle 2	¥ = Pedestria	n Ø9 = B	icycle	
						If Crash <u>Did No</u> on a Public Wa	_
<del></del>						Off-Street Parking	Lot
Ĭ	TIME	121			· ·	☐ Garage	
						Mall/Shopping Cer	nter
	Salem (Rt. 62					Other Private Way	
	********					Indicate North b	v Arrow
				Ó		$\bigcirc$	
Crash Narrative:							
MV1 and MV2 travelling							<u> </u>
stop in the roadway. Op							
operator of MV2 was loc						-7	
due to the traffic on t							
that MV1 has driving ve							
time, causing a traffic							
abrupt that she could r		e. No injui	ries reporte	ed or obser	ved. No	significant	- Annual Annual
damage to either vehicl	.e.	-					
	<u> </u>						
					11		
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
Traine (Dasty Historia)		11441000					
***			I .				
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	Description of Da	amaged Property	
Truck and Bus Information:	Registration #		(From V	ehicle Section)		2	40
Carrier Name						Bus Use	42
Address			_ City		St_	Zip	
US DOT #:	_State Number		Issuing State	MC/MX/IO	CC #:		
Interstate 43 Cargo Body 7		GVWR/GCWR	45			46	
	Reg Type	Reg State	Reg Year_	Traile	r Length		
Hazmat Information:  47 Placard Material 1 digit #	48 Material Nam	ne		Material 4 digit	#	Release code	49
Sargeant Varia D. Carrer			195 V	Wilmington	Police Do	nartment 13	2/21/2021
Sergeant Kevin P Cavana Police Officer Name (Please Print)	Signature			Department	Precinct/F		

	Police Use Only	Comm	onwealth (	of Massa	ichu	setts			RM	V Doci	ument Number	100
	Amendation and dark same and the control of the con	City/Town ington	Motor Veh		sh	Number Vehicles	Injured	Speed Latitu	l Limit.	35	MBTA Police	
	24HR		Police 1		×96 %	2	1	Longi	itude	ar -	Campus Police Other:	4
	AT INTERSECTIO	ON:	< LOCA	TION	>		NOT A	I IN	TER	SEC	110N:	_ 10
[1	Route# Direction 1	Name of Roadway/Stree	et	38 S Route# Direct		Address #	MAI			Roadw	vay/Street	2
<sup>1</sup> 1		At		[	N S E	w .c					8	1
	Route# Direction Name	of Intersecting Roadway	y/Street				Mile N			or _	Exit Number	3 11
		Also at Intersection with	1		N S E		Route#	3	Interse	cting I	Roadway/Street	
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway	//Street	Feet [	N S E	W of	TRIT	ON		. <b>W</b> Z		
3	Please Select One of the Following: Vehicle 1#	Occupants Hit/Ru	n Moped	Crash R	eport ID	<b># 21</b>	-35	0-	AC	;		
	7.11.11.11.11.11.11.11.11.11.11.11.11.11	DOB/Ag		# 157KF2							21	<b>1</b> 12
		trictions <b>B</b> CDI Endo	orsement	Year <b>2011</b>				A		_ Veh	Config. 1	
<sup>4</sup> <b>1</b>	Operator FERULLO, DENIS	E FLORENCE		er FERULL	ast		RD C			Mi	ddle	
1	Address 120 EAMES ST	01007		ess 120 EA	10/2	ST					1007 2270	
	City WILMINGTON State Management of the Comment of	~		WILMING				tate <u><b>M</b></u> Damage		-	L887-3372	
		Responding to Emerger		t Sequence	23 23	1 23	500	Cest Stat			28	
5	Citation # (If Issued)	Responding to Emerger	-	r sequence 1	diam.	4		Type of	Test:		29	1
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub ——		er Contributing Cod		25	25	BAC Te: Susp. Al	_		30 Susp. Drug: 2 32	<b>1</b> 13
		ol. 4: Ch/Sec/Sub ——		er Distracted by	0 2	.6		Towed fi		-	33 1 33	
<sup>6</sup> 1	Please fill out for operator	r and all occupants invol	ved		S	34 35 Seat Safety	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.	CHOS (No. 1 1990) 270	1
	Name (Last First Middle)  Operator		Above	DOB/Age		Pos. System  1 1	Status Cod	e Code	Status 10	Code 1	Medical Facility	1
	operator					_						1
												1
						-						1
				15	16		17		18		T.,	ł
<sup>7</sup> <b>1</b>	Please Select One of the Following: Vehicle 2.1 #	Occupants Non-M	lotorist A Type	Action	Loc	cation	Cond	ition	10	Ľ	Hit/Run Moped	
	License # NHL11292842 St NH	DOB/Age		3827816			Reg Ty <sub>l</sub>				eg State NH	
	Sex M Lic. Class D Lic. Rest		orsement	Year 2014						_ Veh	Config. 1	
<sup>8</sup> 1	Operator CLIVIO, THOMAS	ANTHONY	⁄liddle	er <u>CLIVIO</u>	ast		First	HON!	Y	Mi	ddle	
	Address 42 RED DEER RD  City LONDONDERRY State M	IH 7: 03053		ess 42 RED LONDONDE				ate NE	<b>T</b> 7	in 03	3053	<b>2</b> 14
	Insurance Company GEICO	411 Zip <u>03033</u>		ele Action Prior to		4					2 27 27 27	
		Responding to Emergen		Total Control	23 23	90,000,000,00		est Stat			1 28	
0	Citation # (If Issued)		•		1 2	4		ype of		10.	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub		er Contributing Cod	45220642	8 <sup>25</sup> 4	25	BAC Tes Susp. Al		District Let's	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub			er Distracted by	100.00	6	though a second	owed fi	E	<b>4</b> 120 mm.	1 33	
	Please fill out for operator/non-m	notorist and all occupant		DOD#	S	34 35 Seat Safety	36 37 Airbag Ejec Status Cod	38 t Trop e Code	39 Injury Status	40 Transp. Code	Medical Facility	Ī
	Name (Last First Middle)  Operator/Non-Motorist		Above	DOB/Age		os. System  1 1	Status Cod	O		1	Medican Pacifity	1
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	Police Use Only	nwealth	of Massa	ichi	uset	tts			RM	V Doci	ument Number		
		City/Town Mington		nicle Cra	sh	Num Vehi		umber njured	Speed Latitu	l Limit	35	State Police Local Police MBTA Police Campus Police	
	24HR		See Salanda and a second at the see	Report		2	1		Longi			Other:	4
	AT INTERSECTION	ON:	LOCA	TION :	>		N	OT A	Γ IN'	TER	SEC	TION:	
	Route# Direction MAIN ST	Name of Roadway/Street		Route# Direct	ion .	Addres	s# _		Na	ame of	Roadw	vay/Street	<b>2</b> 10
1		At		Г									
	Communication Co	of Intersecting Roadway/Str	reet	Feet [			]	Mile Ma			or _	Exit Number	- 3
		Also at Intersection with		Feet [	-		Ro	ute#	-	Interse	ecting I	Roadway/Street	
1	Route# Direction Name	of Intersecting Roadway/Str	eet				0			La	ndmarl	k	_
	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Crash R	eport I	D# <b>2</b>	1-	35	1-	AC	;		
	License # <b>SA6560929</b> St <b>MA</b>		Reg	# 74TZ90			F	leg Typ	e PC	li R	R		- 1
		strictions 20 CDLEndorser	ment	Year <u>2007</u>					ISE	II	_ Veh	Config. 21	1
2	Operate	Middle	e	er PRICE,	ast		KD (	First			Mi	iddle	
2	Addre			ress 7 RING		'Ei							•
	City State }			WILMING	ON		22				1	1887-4002 27 27 27 27	-
	Insurance Company AMICA MUTUZ	CO Vehic	cle Action Prior to	200000000000000000000000000000000000000	4	Carlos deservos				Code:	8 27 27 27 2 28		
	Vehicle Travel Direction: N E W	2 Even	t Sequence 1	23 2	23 2	3 23		est Stat			29		
1	Citation # (If Issued)		Most	t Harmful Event	1	24			ype of ' AC Tes		ılt-	30	
	Viol. 1: Ch/Sec/Sub ———— Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	de [	18 25	5 4	25			2 31	Susp. Drug: 2 32	1
	Viol. 3: Ch/Sec/Sub ———Vi	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0	26	(4)		owed fi			1 33	
1		r and all occupants involved					35 36 afety Airb		38 Trap	39 Injury	40 Transp.		┦
	Name (Last First Middle)	Address		DOB/Age	Sex	Pos. S	ystem State	is Code	Code	Status	Code	Medical Facility	-
	Operator	See Abo	ve		X,	1 1	4	0	0	10	1		
						3 1	4	0	0	10	1		
													1
	Please Select One Vehicle 22 #	Occupants Non-Motor	rist A Type	15 Action	16 Lo	ocation	17	Condi	tion	18		Hit/Run Moped	1
3	of the Following:										二		-
	19 19	DOB/Age Strictions 20 CDL	Veh	# <u>8LW548</u> Year <u>2018</u>		h Mak						eg State MA Config. 1	
	Operator SOK, CHRISTOPH	ER KIMLONG	Own	er SOK, C	HRI	STO	PHEF	KI	ML	ONG			
1	Address 24 PERRON WAY	irst Middle		ess 24 PER	ast RON	WA	Y	First			Mi	ddle	
	City <b>LOWELL</b> State <b>1</b>	MA Zin 01854-49		LOWELL				Sta	te <b>M</b> Z	<b>A</b> z	ip <b>0</b> 1	L854-4912	2 1
	Insurance Company GEICO GENER			cle Action Prior to	Crach	1	22					2 27 27 27	-
						3 2	ROBBINS		est Stat			1 28	
	Vehicle Travel Direction: SEW	Responding to Emergency?		i sequence 1	in all the	24		Ty	pe of	Test:		29	
2	Citation # (If Issued) <b>T2447021</b>				-		=	25	AC Tes			30	
	Viol. 1: Ch/Sec/Sub <u>90</u> 7AA Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	100			Sı	ısp. Al	cohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0	26			wed fi			1 33	ل
	Please fill out for operator/non-r	motorist and all occupants inv		DOB/Age	Sex	Seat S	35 36 afety Airbo ystem Stati	ig Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Abo			X	1 1		0	0	9	_	Winchester Hospital	
					6	6 4	2	0	o	10	1		
								1					
				+	$\dashv$								-



V1 ( ) behind box truck on Glen Road & waiting to turn left to Main Street (RT.38S).

V1 followed closely behind box truck as both vehicles turned left. V1 Traveling straight

(Rt.38N) subsequently collided with V1 when V1 attempted left turn. W1 (King) advised he

stopped to take left turn on to Glen Rd. He stated V1 was following behind the box truck

in front of V1. W1 believed V2 was speeding as it crossed intersection. V2 opr Chris Sok

transported by WFD for possible abdominal injury. Wife responded to take custody of child

who appeared uninjured. Mrs. Sok declined FD transport. V1 opr. stated he did

not see V2 because view was blocked by box truck also turning left in front of him as he

followed to closely & began turn in front of V2. He also commented he was late bringing

sister to work. No injuries observed/reported V1. Parent Rick Price responded to scene.

Both vehicles towed by Cain's Towing. V2 opr cited child seat viol. Refer supp. narrative.

Witnesses:								
Name (Last,First,Middle)		Address			Phone #	ı		Statement
KING THOMAS JOSEPH		32 MILLER RI	WILMINGTON MA	A 01887-3	531			
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged	l Property	
Truck and Bus Information  Carrier Name  Address			(From Vehi			St	Bus Use	42
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		11	
Interstate Cargo Body  Trailer Reg #:			Reg Year	Trail	er Length	46		
Hazmat Information:  47 Placard Material 1 digit #	48 Material Nam	e		Material 4 dig	it #		-Release code	49
							a a	4 8 8 8

Patrol Officer Richard DiPerri

173

Wilmington Police Department

12/22/2021

### Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 21-351-AC

On 12/21/2021, I (Officer DiPerri) was assigned to uniformed patrol on the 8-4 day shift in marked unit 33-sector three. While investigating a motor vehicle crash (21-351-AC) I became aware that a child passenger (DOB: 03/23/2019) in a white Audi MA-8LW548 was not properly secured in a child car seat. Luckily no apparent injuries occurred, and the child's parents declined further medical evaluation at the hospital. Refer Massachusetts uniform citation T2447021 90/7AA child under 13 not properly restrained.

Regarding the car seat in question, Wilmington Fire personnel and Sgt. Delorey (car-35) informed me that upon inspecting the child car seat, the covertable seat was only attatched to the rear seat by a saftey tether. The car seat was not properly secured by the Audi vehicle seat restraints (or anchors) as intended by the manufacturer. As a result, the car seat was free floating and dangerous for the child occupant while the vehicle was in motion. It was not believed that the collison caused the seat belt to disengage. I then viewed the car seat in the rear of the Audi and observed same. I also later learned from Witness King that upon contacting Mr. Sok he learned the child was in the back seat, and he observed she was not bucked into the seat.

I spoke briefly to Mr. Sok prior to his transport, and asked him about the car seat's condition. He indicated that the car seat is taken in/out of the car and might not be in properly when his step son put it back in the Audi. I advised both him and his wife upon her arrival that the car seat needs to be installed according to manufacturer instruction or by a certified installer. I also advised the car seat should be replaced after any significant crash. I then informed Mrs. Sok (upon her arrival) that a citation would be issued, and offered that her next car seats could be installed at WPD any week on Wednesday from 10:00-14:00.

## Respectfully Submitted,

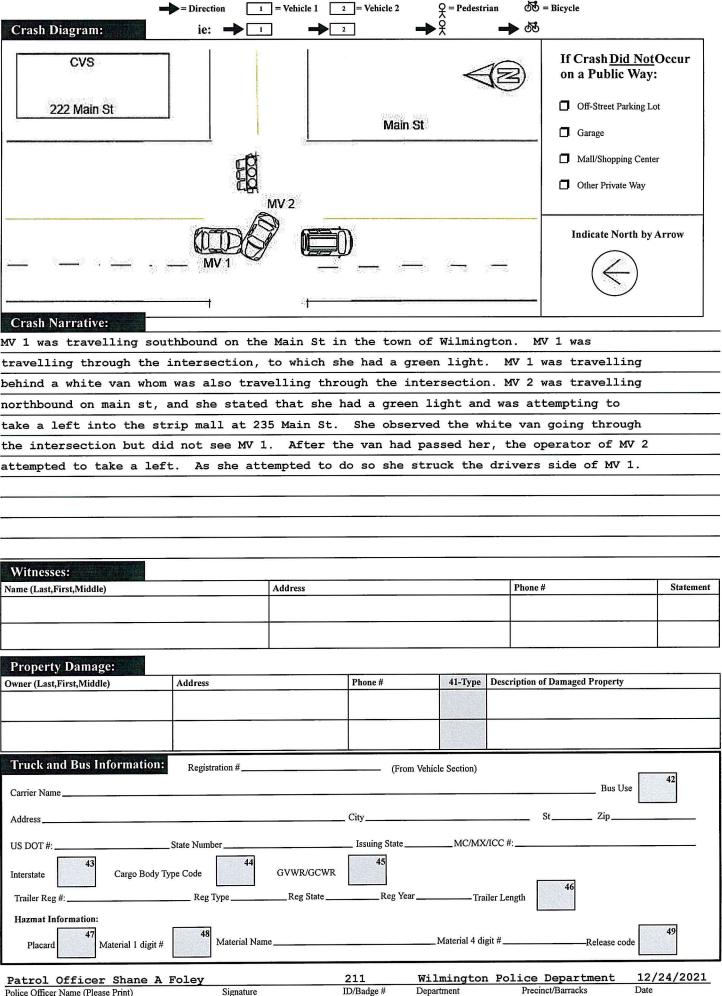
Rich DiPerri-173

Attachments for 21-351-AC	
Description	Type
SS PRICE OPER CRASH RPT	PDF
Attachment#: 25AF938FBB564F4FAC6A1D2A4495DA6E	

	Police Use Only	Commor	nwealth (	di Massa	cnu <u>s</u>	etts			RMV Doc	cument Number	
	and the second s	City/Town Mington		icle Cras	sh   N	lumber ehicles	Number Injured	Speed L Latitude		O State Police Local Police MBTA Police	8
	24HR	ing con	Police 1	Report	2		0	Longitude	>	Campus Police Other:	_ 6
	AT INTERSECTION	ON:	LOCA	TION >			NOT A	r inti	ERSEC	CTION:	
				100 -							2
	Route# Direction	Name of Roadway/Street		Route# E Direction	on Add	lress #	LOWE			way/Street	
<sup>1</sup> 1		At		- 5	ul al plu	7.	7.0				
	Route# Direction Name	of Intersecting Roadway/Stre	eet	Feet	N S E W	of of	Mile M	arker	— or	Exit Number	
		Also at Intersection with		Feet	N S E W	of					2
2				Feet	N S E W	of	Route#		100	Roadway/Street	
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/Stre	eet				DARTI	40UT.	H AVI Landmar		
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Re	port ID#	21	-35	2 – <i>I</i>	4C		
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	10 10	DOB/Age		6VY952						LULI BUS	21 1
		strictions B CDL_ Endorsen	nent	ear 2015					Vel	h Config.	
<sup>4</sup> 1	Operator MCLAUGHLIN, GL	irst Middle		r MCLAUGE	st		NCY First		N	4iddle	
Т	Address 12 MEDFORD ST		07.484444	ess 12 MED		ST					
	City WILMINGTON State N			WILMINGT	ON		_		Zip		27
	Insurance Company ARBELLA MU	TUAL INSURAN	ICE Vehic	le Action Prior to C	- Language and Lan	2		amaged A est Status	Area Code	5 27 27	
5	Vehicle Travel Direction: N S W	Responding to Emergency?	2 Event	Sequence 1 23	Nacional S	23	23	pe of Te		29	
	Citation # (If Issued)		Most	Harmful Event	1 24		В	AC Test 1		30	_
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6	Viol. 3: Ch/Sec/Sub — Viol	ol. 4: Ch/Sec/Sub ———	Drive	r Distracted by	0 26		To	owed from	m scene?	2 33	
<sup>6</sup> 2	(2)	r and all occupants involved		DOB/Age	34 Seat Sex Pos.	35 Safety	36 37 Airbag Eject Status Code	Trap L	39 40 Injury Transp. Status Code	Medical Facility	
	Name (Last First Middle)  Operator	See Abov		DOB/Age	1	System 1	4 0		.0 1	iviedical Pacing	<u>y</u>
	Operator										_
<sup>7</sup> 1	Please Select One Vehicle 21 #	Occupants Non-Motor	rist A Type	15 Action	16 Locati	on	17 Condi	ion	18	Hit/Run M	oped
1	of the Following:			060EDV			n m	DC.			
	19 19	_ DOB/Age.	-	8685RK		. Tel	Reg Type	PC			21
	Dana Pasad	trictions 1 CDL_ Endorsen	nent		Veh M			INT.	Ver	n Config.	
<sup>8</sup> 1	Operator STEVENS, DEREK	irst Middle		r STEVENS	st		ELLE First	īN	М	liddle	_
-	Address 45 SACHEM ST	01921_E1		ss 45 SACI		) I.		347	O	1821-51	_   _ 1
	5	<u>MA</u> Zip 01821-51		BILLERIC			_		Zıp <u>U .</u> Area Code:		27
	Insurance Company THE COMMERC		_	le Action Prior to C	Distance of Free	23	146	est Status		1 28	
	Vehicle Travel Direction: NSWW	Responding to Emergency?		Sequence 1	24	23		pe of Tes	st:	29	÷
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	1 24	25		AC Test I	Result:	30	_
	Viol. 1: Ch/Sec/Sub ———— Viol	ol. 2: Ch/Sec/Sub	Driver	r Contributing Code	0.6	<sup>25</sup> 5	25 St	isp. Alcol	hol: 2 31	2P	32
	Viol. 3: Ch/Sec/Sub ———— Viol	100		Distracted by				wed from		2 33	
	Please fill out for operator/non-m	notorist and all occupants inv	olved	DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	Trap In	39 40 njury Transp. Status Code	Medical Facility	y
	Operator/Non-Motorist	See Abov	ve		X 1		4 0		.0 1		
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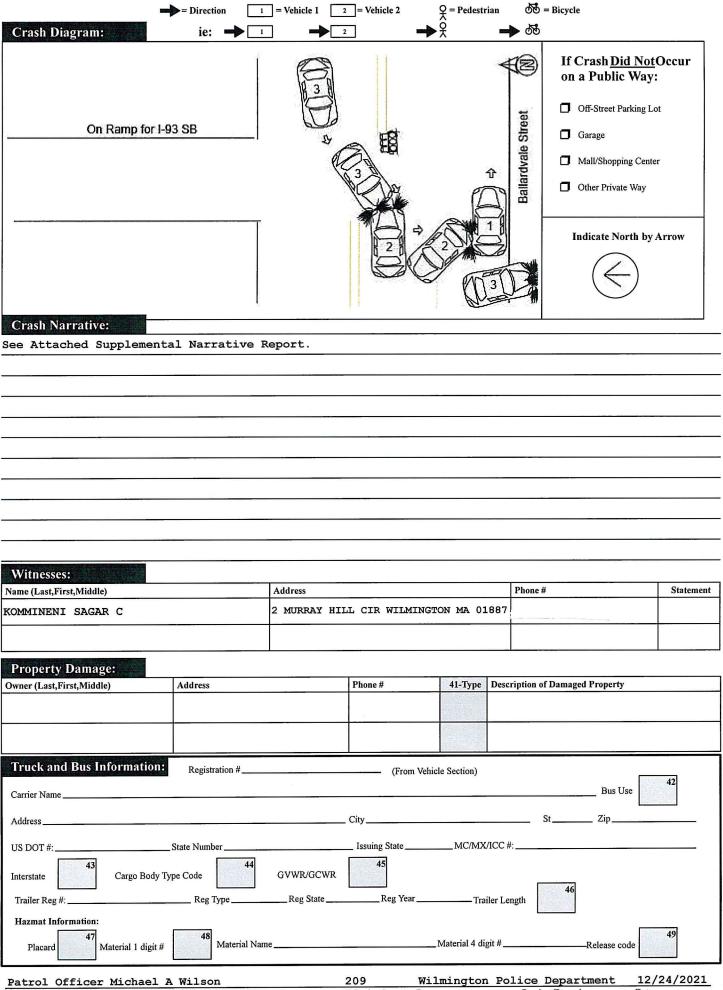
<b>-</b>	Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestrian	● Bicycle	
Crash Diagram:	ie: 👈 🔟	<b>→</b> [	2	<b>→</b> ⅔	<b>→</b> ∞	-
	Dartmouth	Avenue				Did NotOccur olic Way:
					☐ Off-Stre	et Parking Lot
		)		<u> </u>	☐ Garage	
V2	V1:	Vehicle waitin	ig to turn left	M	☐ Mall/Sh	opping Center
⇒ <b>(</b> (1)		)"			Other Pr	
Action to the second se	Lowell Street/F	OT 120E				Trails (ray
	LOWER SHEED!	VIXIZ5L®			Indicate	North by Arrow
						$\bigcirc$
Crash Narrative:						
1 (McLaughlin) stopped in	traffic for	r vehicle	waiting to	turn left on	to Dartmouth	Ave.
2 (Stevens) rear-ended V1						
nd of V1, and front bumpe						
oadway in front of him ju- robable cause of collison	- N	crasn. V2	opr in-at	tention and i	ollowing too c	Lose
CODADIE CAUSE OF COTITION		1885				
-			11 1000 500000			
	_	- Name				
Witnesses:		Address			Phone #	Statement
ame (Last,First,Middle)		Address			1 none #	Statement
	-			<u> </u>		
Property Damage:	lress		Phone #	41-Type Des	scription of Damaged Prop	erty
wher (Last, First, Middle)	11635		1 Hone #	41-Type Bes	cription of Damaged 110p	city
Truck and Bus Information:	Registration #		(From	Vehicle Section)		
Carrier Name					B	us Use 42
Address			_ City		St Zip	
US DOT #:State	Number		Issuing State	MC/MX/ICC	#:	
43	44		45			
Interstate Cargo Body Type Co	215 (2012) 7	GVWR/GCWR	Esteletic.		46	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	rTrailer L	ength	
Hazmat Information: 47	48 Material Name			Material 4 digit #	Relea	49
Placard Material 1 digit #	iviateriai Name	· · · · · · · · · · · · · · · · · · ·		iviaiciiai 4 digil #,		se code
Patrol Officer Richard DiP			173		olice Departmen	
lice Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

	Police Use Only	nmonwealth of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Vel	iicle Crash	Nun Veh		L. L.	peed Limi	35	State Police Local Police MBTA Police Campus Police	
	12/24/2021 0602 Wil:	mington	Police	Report	2	0		atitude ongitude _		Campus Police Other:	
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										.,	<b>2</b> 10
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<sup>1</sup> 4	Router Direction	At	Heet .					Traine of	TOddw	ay/odeet	-
				Feet N	S E W		— — Iile Marl	- • —	or _	Exit Number	
	Route# Direction Na	me of Intersecting Road  Also at Intersection		Feet N	SEW		ine ivian	···		Dat Hanou	5 11
		Also at intersection	witti	Feet N		Rou	te#	Inters	ecting R	oadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Road	way/Street	Feet [14]	3 E W	——					.
	Please Select One			<u> </u>					andmark		1
<sup>3</sup> 97	of the Following:	_#Occupants  Hit	/Run Moped	Crash Repo	rt ID# Z	11-3	353	-AC	ز		J
	License # <b>S59582848</b> St <b>M</b>	DOB/Ag	Reg	# <u>65VX88</u>		Re	eg Type	PC	Re		_ 12
	Sex_F Lic. Class D 19 19 Lic.	Restrictions 1 20	CDL Veh	Year <b>2012</b>	Veh Mak	ce HON	DA		Veh	Config. <b>1</b> 21	1
	Operator MAMMEN, CHANT	AL	Endorsement Own	ner MAMMEN,	BINU	Γ		40.500			
<sup>4</sup> 3	Address 207 CATAMOUNT	First	Middle	ress 1073 SH		1	First <b>T</b>		Mid	dle	
	City <b>TEWKSBURY</b> Stat		6-1294 City	TEWKSBURY			State	MA	Zip <b>01</b>	.876	1
	Insurance Company LIBERTY M			cle Action Prior to Cra	18	22			_	1 27 8 27 27	
				23	200	23 23		Status:		28	1
<sup>5</sup> 2	Vehicle Travel Direction: N E W	Responding to Eme		n sequence 1	24		Тур	e of Test:		29	
	Citation # (If Issued)			t Harmful Event 1		25 25	5	C Test Res		1 30	_ 13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	2	Sus	p. Alcohol:		Susp. Drug: 2 32	1
<sup>6</sup> 1	Viol. 3; Ch/Sec/Sub			er Distracted by		22   22		ed from so	Ŀ	1 33	ļ
1	Please fill out for oper Name (Last First Middle)	ator and all occupants in	nvolved Address	DOB/Age Se	34 Seat x Pos. 5	35 36 Safety Airbag System Status	37 Eject Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator		See Above		1	1 1	0 0	10	1		1
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<sup>7</sup> 2	Please Select One Vehicle 21	_#Occupants No	n-Motorist A Type	15 Action 16	Location	17	Conditio	18 on	н	lit/Run Moped	1
2	of the Following:	(7) nonth		" 21777E0		D	Т	PC	D.	- Ct-t- MA	┨
	19 19	DOB/Age.		# <u>2VYX58</u>			g Type_			g State MA	
		I	Endorsement	Year 2014				1C. T	Veh	Config.	
<sup>8</sup> 1	Operator <b>GALLUCCI</b> , <b>PAI</b>	First	Middle	er GALLUCCI		TGE.	<b>N</b> First		Mid	dle	
Ŧ	Address 18 BROAD ST			ress 18 BROAL			-				14
	City WILMINGTON State			WILMINGTO	N				-	27 27 27 27	1
	Insurance Company GOVERNMEN	T EMPLOYEE	S INSU Vehi	cle Action Prior to Cra	Di-				a Code:	2 27 3 27 27	
	Vehicle Travel Direction:	Responding to Eme	rgency? 2 Ever	nt Sequence 1 23	23	23 23		Status: e of Test:	ŀ	29	1
9	Citation # (If Issued)		Mos	t Harmful Event	24			C Test Res	ult:	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	18 <sup>2</sup>	25 2:	5	p. Alcohol		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		Tov	ved from s	cene?	1 33	
	Please fill out for operator/no					35 36 Safety Airbag	37 Eject	38 39 Trap Injury	40 Transp.		1
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	Police Use Only	Common				<u>isetts</u>			RM	V Docu	ment Number	3
		City/Town Mo		icle Cras	sh	Number Vehicles	Injure		d Limit ude	35	MBTA Police	
	24HR	-		Report	Appared "	3	2		gitude_		Campus Police Other:	4
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<sup>1</sup> 4		At		r [	N S E							
		of Intersecting Roadway/Street	t					Marker		or _	Exit Number	3 11
		Also at Intersection with		_	N S E		Route#		Interse	ecting R	oadway/Street	$\mathbf{H}$
<sup>2</sup> 2	Route# Direction Name of	of Intersecting Roadway/Street	t	Feet [	N S E	w of			La	ndmark		-
3	Please Select One of the Following:	Occupants Hit/Run	Moped Moped	Crash R	eport II	» <b>21</b>	-3!	54-	-AC	;		
	License # R250019942950 St FL	_ DOB/Age	Reg	65AAQC			Reg T	уре РС		Re		12
	Sex M Lic. Class D 19 Lic. Rest	Endorseme	ent	Year <b>2018</b>							Config. 21	1
4	Operator REASON, ALEXANI	DER WILLIAM rst Middle		er <b>REASON</b>				WIL	LIA	<b>M</b> Mid	dle	
<sup>4</sup> 3	Address 2234 AVALON DR			ess <b>2234 A</b>		ON DI					Park Napateria	
	City WILMINGTON State M	<u>/A</u> Zip 01887-115	City_	WILMING	ron						887-1159	
	Insurance Company GARRISON PI	ROPERTY AND C	CA Vehic	ele Action Prior to	Crash	2	22			Code:	3 27 1 27 2 27	
5	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Even	t Sequence 1	23 23	3 23	23	Test Sta			29	
<sup>5</sup> <b>1</b>	Citation # (If Issued)		Most	Harmful Event	1 <sup>2</sup>	24	_	Type of BAC To		ılt:	30	
	Viol. 1: Ch/Sec/Sub ———— Viol.			er Contributing Co	ALCOHOLD IN		25	Susp. A	dcohol:	2 31	Susp. Drug: 2 32	<b>1</b> 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub ———Viol		Drive	er Distracted by	U	26		Towed			L 33	
1	Please fill out for operator Name (Last First Middle)	and all occupants involved		DOB/Age		34 35 Seat Safety Pos. System	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Above		DODING		1 99	1 0	0	10	1	and a welling	1
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			poc		16	10.000	1 -	[iii				
<sup>7</sup> 3	Please Select One of the Following: Vehicle 2.4 #0			Action	Loc	cation		ndition	18		(it/Run Moped	
	License # <b>S91524983</b> St <b>MA</b> Sex <b>M</b> Lic. Class D 19 19 Lic. Rest	_ DOB/Age		± <u>1NJ319</u> Year <u>2017</u>	Vel	n Make .T	_	уре <u>РС</u>			g State MA Config. 1	
		PH JOHN	nt	er TORRES			_	JENN	IE		D. Tarakarak	1
<sup>8</sup> 2	Address 81 ANDERSON ST	rst Middle		ess 81 AND	ast		First			Mide	dle	
		1A Zip 01852-535	<b>7</b> City	LOWELL				State <b>M</b>	<b>A</b> z	ip <b>01</b>	852-5357	2 14
	Insurance Company GEICO GENER	RAL INSURANCE	C Vehic	le Action Prior to	Crash	2	22	Damage		Code:	7 27 6 27 5 27 28	
	Vehicle Travel Direction: NSW	Responding to Emergency? 2		sequence 1	23 23		23	Test Sta			29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)		Most	Harmful Event	-	25	محا	BAC To	est Resi	ılt:	30	
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod			25	Susp. A	Jcohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————Vio	ol. 4; Ch/Sec/Sub	Drive	er Distracted by	U	26		Towed			33	]
	Please fill out for operator/non-m Name (Last First Middle)	notorist and all occupants invol	lved	DOB/Age		34 35 Seat Safety Pos. System	Airbag E	37 38 jeet Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Above		$\times$	X	1 99	4 0	0	10	1		
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					6	4	4 0	0	10	1	250	

	Police Use Only	Comi	nonwealth	of Massach	usetts		RM	V Docum	nent Number	
	Date of Crash   Time of Crash   12/24/2021   1819   Wil	City/Town mington	Motor Veh		Number Vehicles	Injured	Speed Limit Latitude	35	State Police Local Police MBTA Police Campus Police	
	24HR		Land the right in the same of the same	Report	3	2	Longitude_		Other:	_
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	Γ INTER	SECT	ION:	10
	BALLARD	VALE ST								2 10
<sup>1</sup> 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway	y/Street	
4	193SBR3	At PAND		Feet N S	E W of			or		
		me of Intersecting Roady	vay/Street			Mile Ma	arker		Exit Number	3 11
		Also at Intersection w	vith	Feet N S		Route#	Inters	ecting Ro	adway/Street	
<sup>2</sup> 2	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N S	E W of					
								ındmark		4
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Report	ID# <b>21</b>	-35	4-AC	3		
	License # <b>SA5180668</b> St <b>N</b>	IA DOB/Age	Reg	#2KGT47		Reg Typ	PC PC	Reg		12
	Se _ Lic. Class D 19 Lic.		DL Veh	Year 2015	Veh Make <b>S</b>	UBARU	• 6	Veh C	config. 21	1
	Operat		ndorsement Own	er WILSON, F	ROGER	G				
<sup>1</sup> 3	Last	First	Middle Addr	ess 166 NORT	H RD	First		Middl	le	
	City Stat	t _ Zi <sub>I</sub>	City	BEDFORD		Sta	ite <b>MA</b> 2	Zip <b>01</b> °	730-1056	
	Insurance Company THE STAND	-		cle Action Prior to Crash	7			_	27 27 27	1
	Vehicle Travel Direction: N S E			t Sequence 23	23 23 23	23 Te	est Status:		28	
<b>1</b>	Citation # (If Issued)			Harmful Event 1	24		pe of Test;		29	
	Viol. 1: Ch/Sec/Sub —				2 25 9	25	AC Test Resi isp. Alcohol:	370	30 Susp. Drug: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub —			er Distracted by 99	0.0	Service Di	owed from sc	1000	33 Susp. Drug.[2	
<b>1</b>		rator and all occupants in			34 35	36 37	38 39	40	(60S)(1)	1
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	Operator	Se	ee Above	$\times$ X	1 99	3 0	0 9		ospital	_
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	Please Select One Vehicle 4	#Occupants Non-	-Motorist A Type	15 Action 16 L	Location	17 Condit	18	☐ Hit	t/Run Moped	1
3	of the Following:	- 148II	-Wiotorist A Type	Action	Location	Condi	1011	n	i/Kun Wioped	4
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		Restrictions   Cl	DL Veh Y	/ear \	/eh Make			_ Veh Co	onfig.	
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	Address	- mare		ess		<u></u>		<u> </u>		_ 14
	City Stat	e Zip	City_		-	result.	te Z		27 27 27	2 '
	Insurance Company		Vehic	le Action Prior to Crash			amaged Area est Status:	Code:	28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	Sequence 23	23 23	23	pe of Test:		29	
2	Citation # (If Issued)	_	Most	Harmful Event	24		AC Test Resu	ılt:	30	
	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	25	25 St	sp. Alcohol:	31 5	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26		wed from sc	1997	33	]
	Please fill out for operator/no	on-motorist and all occupa	ants involved  Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	t Se	ee Above	XX	1					
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### Wilmington Police Department

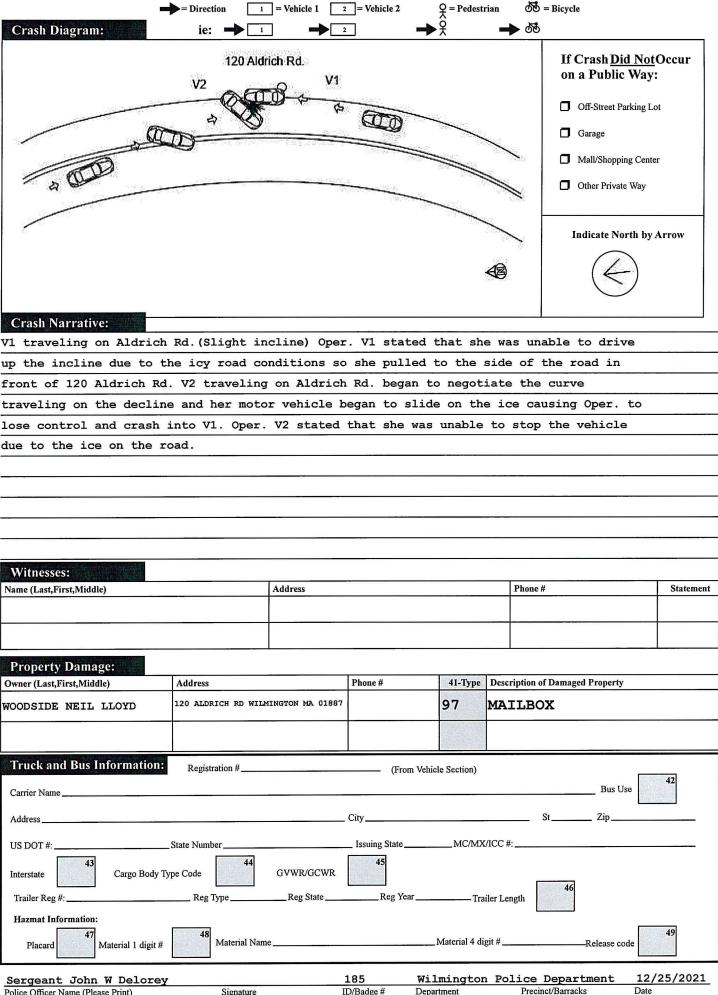
Page: 1

#### NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 21-354-AC

MV1 was stopped at the red light at the intersection of Ballardvale Street and I-93SB Ramp and traveling eastbound in the outermost, right travel lane on Ballardvale Street towards Route 125. MV2 was also traveling eastbound on Ballardvale Street in the left, innermost travel lane waiting to take a left hand turn onto I-93SB. MV3 was traveling westbound on Ballardvale Street towards Lockwood Road. The stop light turned green for straight ahead travel both eastbound and westbound on Ballardvale Street. The eastbound left hand turn lane, where MV2 was stopped had a flashing yellow left turn arrow. MV3 was traveling straight ahead at a high rate of speed, drifted left, crossed the double yellow line and struck MV2 which was stopped and waiting to turn almost head on. The force of the collision spun MV2 around almost 360 degrees and caused it to strike the rear and left side of MV1 which had started to drive forward. MV3 continued left after the collision and struck a quardrail before stopping and coming to rest. All three vehicles, suffered significant damage and were disabled. A&S Towing arrived and towed all three vehicles. Airbags were deployed in both MV2 and MV3. The operator of MV3 was transported to Winchester Hospital by the WFD. The passenger of MV2 was transported to Lahey Hospital by the WFD. The other occupants signed medical refusals with the WFD. Mv2 and MV3 suffered significant front end damage. MV3 also suffered damage to other areas. MV1 suffered left side and rear end damage.

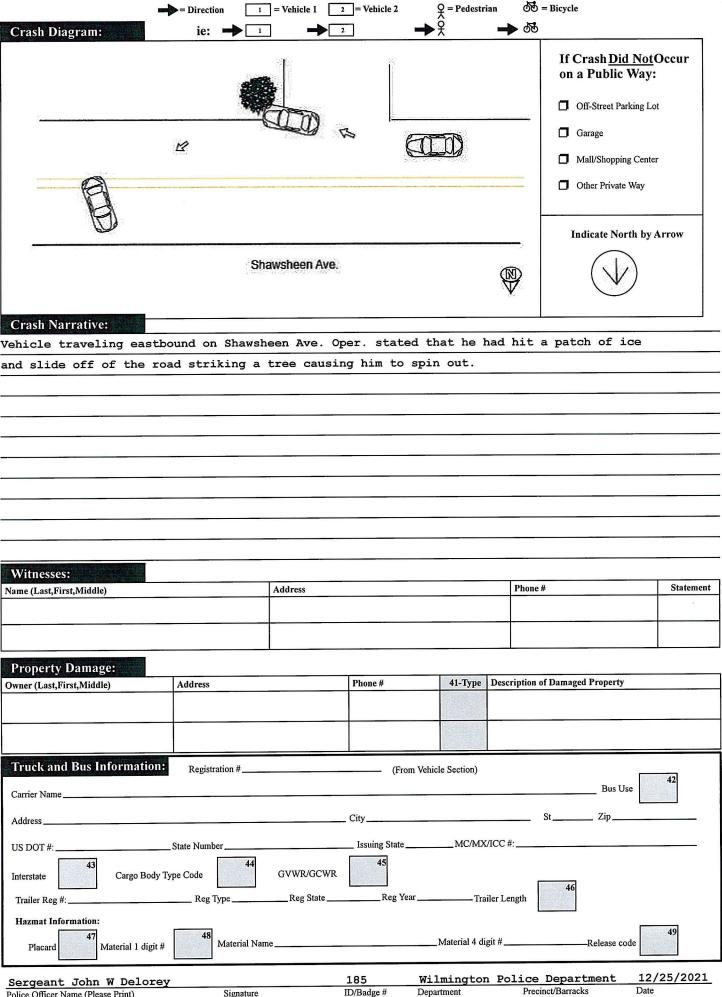
	Police Use Only	Com	monwealth	of Massacl	husetts		RM	V Docun	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles		Speed Limit	25	State Police Local Police MBTA Police Campus Police	
	12/25/2021 0926 Wi.	lmington	Police	Report	2	O	Latitude Longitude		MBTA Police Campus Police Other:	
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¹ <b>1</b>	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name of	Roadwa	y/Street	_
		TH.		Feet N	S E W of		_ • _	or		
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		Also at Intersection	with		S E W of	Route#	Interse	ecting Ro	padway/Street	F
<sup>2</sup> 3	Route# Direction N	Jame of Intersecting Road	way/Street	Feet N	S E W of			-		
3	Route# Birection 1	taine of intersecting read		l			La	ndmark		1
3	Please Select One of the Following:	#Occupants Hi	t/Run Moped	Crash Repo	rt ID# <b>21</b>	-35	5-AC	;		ŀ
		M3 - 202//		# <u>1HDZ15</u>		n	P.C	D	σ <b>Μ</b> Ά	
		MA DOB/Age	_						21	<b>1</b> 12
	2.455.990 (GReenster)	(2000)600	Endorsement	Year <u>2015</u>		IISSAN		Veh C	Config.	
1	Operator BURR, TORI E	First	Middle	ner BURR, TO		First		Midd	lle .	
1	Address 3 BLACKSTONE	ST	Add	ress 3 BLACKS	STONE					
	City WILMINGTON St	tate <b>MA</b> Zip <b>0188</b>	<b>7-2903</b> City	WILMINGTO	N	Sta	nte MA 2	ip <b>01</b>	887-2903	
	Insurance Company PLYMOUTH	ROCK ASSUR	ANCE C Vehi	cle Action Prior to Cras	sh <b>1</b>	<b>22</b> D	amaged Area	Code: 1	HEROTOP, Chapterines, Washington	1
	Vehicle Travel Direction:	Responding to Eme	rgency? 2 Ever	nt Sequence 23	23 23	23 Te	est Status:	0.00	28	
<sup>5</sup> 1	Citation # (If Issued)	_		t Harmful Event 1	24		pe of Test:		30	1
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	The section Ast Companies reconsidered			er Distracted by	26		usp. Alcohol: owed from sc	CONTRACT.	Susp. Drug: 32	<u> </u>
4	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35	36 37	38   39	40		-
	Please fill out for op  Name (Last First Middle)	erator and all occupants in	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator		See Above	$\rightarrow$	1 1	4 0	0 10	1		
									7.9	
				20		<u> </u>				-
									184	
7	Please Select One Vehicle 21	#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	П на	it/Run Moped	
1	of the Following:									-
		MA DOB/Age	_	# <u>295RD7</u>	-		PC		State MA 21	
	Sex <b>F</b> Lic. Class D 19 Lic	. Restrictions	CDL Veh	Year <u>2009</u>	Veh Make <u>F</u>	ORD		_ Veh C	Config. 1	
•	Operator WELTON, EMIL			er JONES, E	LIZABE	TH A		Midd	le .	1
<sup>3</sup> 2	Address 5 MATTHEW RD			ress 9 KIMBAI	LL COU		E API	71		L.,
	City BILLERICA St	tate <b>MA</b> Zip <b>0182</b>	<b>1-4415</b> City	BURLINGTO	N	Sta	te <b>MA</b> 2	ip <b>01</b>	<u>803-3857</u>	4 14
	Insurance Company GEICO GE			cle Action Prior to Cras	sh 1	<b>22</b> D	amaged Area	Code: 7	27 27 27	
	Vehicle Travel Direction: N X E W	_		nt Sequence 41 23 1	h/scatton	23 Te	est Status:		28	
		Responding to Eme		t Harmful Event 1	24	Ty	ype of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)				7 25	25	AC Test Resi	W40004	30	
	Viol. 1: Ch/Sec/Sub	— Viol. 2: Ch/Sec/Sub —		er Contributing Code	7 <sup>25</sup>	Si	usp. Alcohol:	ALCOHOLDS OF	Susp. Drug: 32	
	1.00.07.0000000000000000000000000000000	Viol. 4: Ch/Sec/Sub		er Distracted by			owed from sc	=	33	4
	Please fill out for operator/	non-motorist and all occu	pants involved  Address	DOB/Age Ser	Seat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
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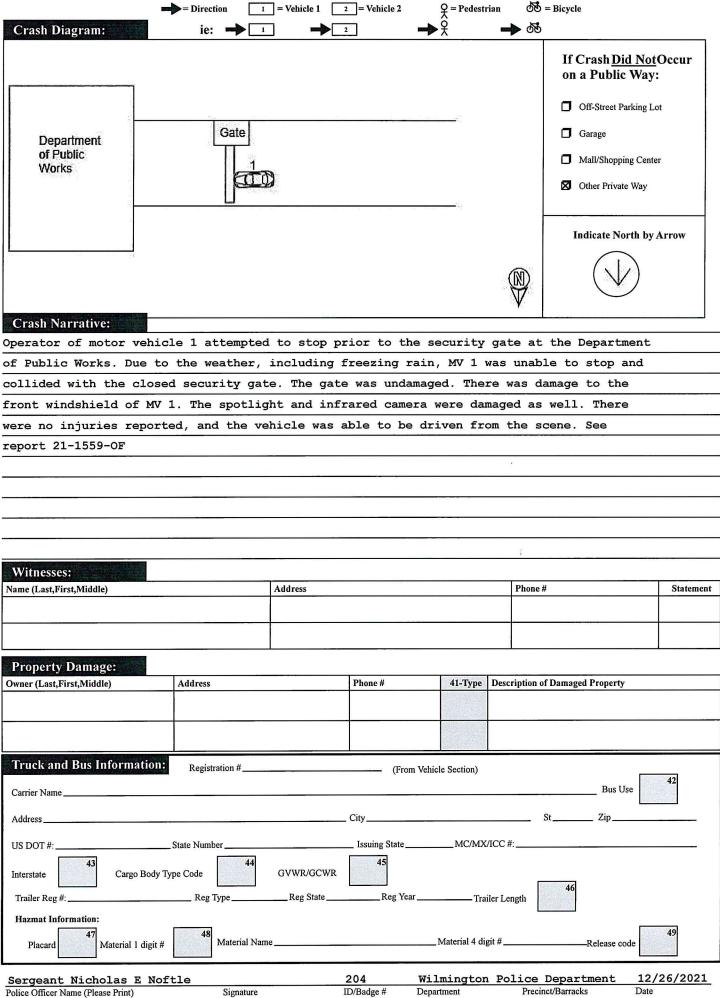
	Police Use Only	Comr	monwealth	of Massacl	nusetts	}	RM	V Docum	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number		Speed Limit	25	State Police Local Police	1
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1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of		y/Street	
<sup>1</sup> 1		At		Feet N 5	E W					
	Route# Direction Nar	ne of Intersecting Roady	vav/Street	Feet [N]S	F E W OI	Mile Ma		or	Exit Number	111
	Routes Direction 14a	Also at Intersection w		Feet N S	E W of					1
	_			Feet N S	S E W of	Route#	Interse	ecting Ro	oadway/Street	
<sup>2</sup> 5	Route# Direction Nar	ne of Intersecting Roady	way/Street				Ιa	ndmark		
	Please Select One	#O			21	25				1
3	of the Following: Vehicle 12	#Occupants Hit/	Run Moped	Crash Repoi	11D# <b>Z I</b>	-35	O-AC	•	-	]
	License # <b>S24651288</b> St <b>M</b>	A DOB/Age	Reg	# <u>2JYG43</u>		Reg Type	PC	Reg		_ 12
	Sex_ <b>F</b> Lic. Class D 19 19 Lic. H		DL Veh	Year <b>2021</b>	Veh Make	Геер		Veh C	Config. 21	7
	Operator ALEXANDER, AS		ndorsement Owr	ner ALEXANDE	R, WII	LIAM	J			
<sup>4</sup> 1	Address 19 HARNDEN RD	First	Middle	ress 19 HARNI		First		Midd	ie	
	City BILLERICA State	MA 7: 0182		BILLERICA		Sto	. МД 7	rin 01	821-6172	
					65.400		maged Area			
	Insurance Company UNITED SE			cle Action Prior to Cras	sh 1 23 23		st Status:	8	28	
5	Vehicle Travel Direction: N S W	Responding to Emer	gency? 2 Ever	nt Sequence 22 23		23	pe of Test:		29	
	Citation # (If Issued)		Mos	t Harmful Event 22		В	- AC Test Resi	ılt:	30	12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	<b>25</b>	sp. Alcohol:	31	Susp. Drug: 32	<b>22</b> <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26	To	wed from sc	ene? 1	33	
<sup>6</sup> <b>4</b>	Please fill out for opera	ator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		Ī
	Name (Last First Middle)	<del></del>	Address	DOB/Age Sex			Code Status 0 10	Code 1	Medical Facility	1
	Operator	124 GROVE AVE	ee Above		1 1	1 0	0 10	30.70		
	SHANA ALEXANDER	WILMINGTON, MA 0	01887	F	3 1	1 0	0 10	1		
										1
				15 16		17	18	_		1
<sup>7</sup> 1	Please Select One of the Following: Vehicle 2	_#Occupants Non	-Motorist A Type	Action	Location	Condit	ion	Hi	t/Run Moped	
	License # St	DOB/Age	Reg	#		Reg Type		Reg		
	Sex Lic. Class 19 19 Lic. I	Restrictions 20 C	DL Veh	Year	Veh Make_			Veh C	Config. 21	
	Operator	E	ndorsement	ner						
<sup>8</sup> 2	Last	First	Middle	Last		First		Middl	le	
4 - D	Address		. and-100	1001000		C4-	te Z	·		<b>4</b> 14
	City State	: Zip			9.64.05	and the second	ımaged Area	Ties.	27 27 27	
	Insurance Company			cle Action Prior to Cras	23 23		st Status:	Couc.	28	
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Ever	nt Sequence 23		23	pe of Test:		29	
<sup>9</sup> <b>2</b>	Citation # (If Issued)	_	Mos	t Harmful Event	24		AC Test Resi	ılt:	30	
2	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25	25 St	sp. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	Driver Distracted by 26 Towed from scene? 33						
	Please fill out for operator/no	n-motorist and all occup			34 35 Seat Safety		38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex		Status Code	Code Status	Code	Medical Facility	1
	Operator/Non-Motoris	I S	ee Above		1			$\sqcup$		4
										]
					1				-	
	1							$\bot$		_

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestria			
Crash Diagram:	ie: 👈	1 ->	2	<b>→</b> X	<b>→</b> №		
						Crash <u>Did Not</u> Oc a Public Way:	cur
						Off-Street Parking Lot	
			¢	<b>(</b>		Garage	
O.			355	18.4			
T 6		Ø				Mall/Shopping Center	
	ದ					Other Private Way	
		<b>&amp;</b>					
	<b>*</b> &	<b>N</b> .			In	idicate North by Arre	ow
24 Grove	ave pole 6			Ó		$\bigcirc$	
3 <del></del> 3						77	
Crash Narrative:				A section of the sect			
rove ave was iced ove							
	iver of V1 was				car slid or		
ole 6 across the stre	et and then si	TO DACK CO	its proper	Tane. Acci	dent only du	ie to ice	-
ondicions.							
	<u> </u>	Even - As the Even					
					2012		
Witnesses: ame (Last,First,Middle)	-	Address			Phone #		Statement
ame (Last): Inst, Made)		11441000			, none "		<u>Junemen</u>
		-		- vary			
Property Damage:							
wner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damage	d Property	
		-					
Truck and Bus Information	Registration #		(From	Vehicle Section)			-
Carrier Name						Bus Use 42	2
Address			City		St	Zin.	1
	State Number			MC/MX/IC	CC #:		
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	Length 46		
Hazmat Information:				— Traile			
47	48 Material Na	me		Material 4 digit	#	Pelense code	9
Placard Material 1 digit	# Iviaterial Ival			reaction + digit		-Neiease code	2010
atrol Officer Brian D	Thornton		190	Wilmington	Police Depar	tment 12/25,	/2021
olice Officer Name (Please Print)	Signature			Department	Precinct/Barracl		

	Police Use Only	C	ommonwea	lth (	of Massa	ich	use	tts			RM	V Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	Motor	Veh	icle Cras	sh		mber	Numb Injure	4 Paper	d Limit	35	Local Police	
	12/25/2021 0908 24HR	Wilmington	Pol	ice l	Report		1	neies	0	Laut	ude gitude _	100.1422	MBTA Police Campus Police Other:	į.
	AT INTERS	SECTION:	THE RESERVE THE PROPERTY OF	LOCA		>			NOT			SEC'	TION:	1
														2 10
	Route# Direction	Name of Road	devoy/Stroot		Route# Direct		502 Addre		SH	AWSH			E vay/Street	F
<sup>1</sup> 1	Route# Direction	Name of Road			Koute# Direct	.1011	Audi	255 #		, ,	anie oi	Roadw	vay/Sireet	1
					Feet	N S	E W	of ·		 Marker	• —	or _	Exit Number	
	Route# Direction	Name of Intersecting			Feet	NS	E W	of	TVIIIC	Marker			Zat I talled	1 11
		Also at inters	ection with		Feet				Route#		Inters	ecting F	Roadway/Street	
<sup>2</sup> 3	Route# Direction	Name of Intersecting	g Roadway/Street			ΝΙ	<u> </u>				Ι.	ndmark		
	Please Select One	3 #Occupants			Crash R		YD# 6	21	_ 2	57_			X.	1
3	of the Following:	13 #Occupants	Hit/Run N	Aoped .	Crash R	eport	ID# 4	7 T	-3.	5 / -	-MC			1
	License # 869750665	_		Reg#	4SDN39				_ Reg T	Гуре <u>Р</u> С	2	R	eg State MA	12
	Sex <b>M</b> Lic. Class D	Lic. Restrictions 1	CDL Endorsement	Veh Y	Tear 2007		/eh Ma	ke <u>C</u>	HEVI	ROLE	T	_ Veh	Config. 1	1
	Operator FOSS, ROBE	RT M JR	Middle	Owne	FOSS,	ROE	BER'	r M	JR First			Mi	iddle	
<sup>4</sup> 1	Address 19 NICHOLS		- Ivade	Addre	ess 19 NIC	HO	LS	ST	1 1134		-			
	City <b>TEWKSBURY</b>	State MA Zip 0	1876-3320	City_	TEWKSBUI	RY				State M	<b>A</b> 2	Zip <u>0</u> 1	1876-3320	
	Insurance Company PROGRE	SSIVE DIRE	CT INSURA	Vehic	le Action Prior to	Crash		1	22	Damag	ed Area	Code:	CHARLES STORAGE STORAGE	
	Vehicle Travel Direction: N S	Responding	to Emergency? 2	Event	Sequence 21	23	23	23	23	Test St			28	
<sup>5</sup> 1	Citation # (If Issued)			Most		21	24	•		Type of BAC T		.14.	30	
	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/	Sub	Drive	r Contributing Co	de	7	25	25	Susp. A		Rostal III 2 12	Susp. Drug: 32	<b>21</b> <sup>13</sup>
	Viol. 3: Ch/Sec/Sub			Drive	r Distracted by	0	26			Towed		640000009	1 33	
<sup>6</sup> <b>4</b>		for operator and all occu				No constitution	34 Seat	35 Safety		37 38 Eject Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address		DOB/Age	Sex	Pos.	System	Status C	Code Code		Code	Medical Facility	_
	Operator	42 GROVE A	See Above				1	3	4 0	0	10	1		1
	AMANDA REIS	WILMINGTON	N, MA 01887-2015			F	3	2	4 0	0	10	1		_
	JACQUELINE LAFLEUR	70 BOSTON CHELMSFORE	D, MA 01824-3087			F	6	2	4 0	0	10	1		
7	Please Select One Vehicle	2 #Occupants	Non-Motorist A	Гуре	15 Action	16 I	ocatio	n	17 Co	ndition	18		Hit/Run Moped	
<sup>7</sup> 1	of the Following:	1										<u></u>	2	1
	License #	St DOB/Age.	20	-	eg # Reg Type Reg State 2  ch Year Veh Make Veh Config.								21	
	Sex Lic. Class	Lic. Restrictions	CDL Endorsement			— <i>)</i>	/eh Ma	.ke				ven	Conng.	
<sup>8</sup> 2	Operator	First	Middle		=	ast			First			Mi	iddle	
	Address				ess					Curt		7!=		<b>4</b> 14
	City						١		22	State Damag			27 27 27	
	Insurance Company			le Action Prior to		23	23	23	Test St			28		
	Vehicle Travel Direction: N S		to Emergency?		Sequence		24			Туре о	f Test:		29	
<sup>9</sup> 2	Citation # (If Issued)				Harmful Event			25	25		est Res		30	
	Viol. 1: Ch/Sec/Sub ———		Driver Contributing Code Susp. Alcohol: 31 Susp. Drug:						Susp. Drug: 32					
	Viol. 3: Ch/Sec/Sub	Drive	r Distracted by		34	35	36	Towed	from so	ene?		ļ		
	Please fill out for ope Name (Last First Middle)	erator/non-motorist and a	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag 1	Eject Trap Code Cod	Injury	Transp. Code	Medical Facility	
	Operator/Non-Mo	torist	See Above		><	X	1							
		77			+						+			
	1				1	l								1



	Police Use Only	Commo	onwealth (	of Massa	chuse	etts		RMV Doc	ument Number	å		
	And the second s	City/Town N	<b>Iotor Veh</b>	icle Cras	h Nu	mber Numb	- J P	Limit 20	Local Police	].		
	12/25/2021 2350 Wilm	ington	Police 1	Report	1	o Injur	Latitud Longit		MBTA Police Campus Police Other:			
	AT INTERSECTION	ON:	< LOCA			NOT		TERSEC	- And American State of the Control	1		
								*******		2 10		
					13!		DOVE			_		
<sup>1</sup> 4	Route# Direction	Name of Roadway/Street At		Route# Direction	on Addre	ess#	Na	me of Roadv	vay/Street	-		
4		A		Feet [	N S E W	of — —		— or _				
	Route# Direction Name	of Intersecting Roadway/S	Street				e Marker		Exit Number	1 11		
		Also at Intersection with			N S E W	Route	<del>-</del> —	Intersecting 1	Roadway/Street	$\vdash$		
<sup>2</sup> 5	Route# Direction Name	of Intersecting Roadway/S	Street	Feet	N S E W	of						
5								Landmar	k	-		
<sup>3</sup> 2	Please Select One of the Following: Vehicle 11	#Occupants Hit/Run	Moped Moped	Crash Re	port ID#	21-3	58-	AC		1		
2	License # <b>S91372382</b> St <b>MA</b>	DOB/Age	Reg	MPF698		Reg	Type <b>LF</b>	R	leg State <b>MA</b>	1		
	19 19	strictions 20 CDL_		Year 2020				Vel	21	7 12		
	Operator GOODWIN, KATHR	Endors	sement									
<sup>4</sup> 1	Address 1 ADELAIDE ST	First Mid		ess 1 ADEL			OWN OF DEPT POLICE First Middle					
		M7 ~: 01007		<u>WILMINGT</u>			State MZ	λ 7in 0	1887-2719			
	City WILMINGTON State				T	22	Damageo					
	Insurance Company SELF INSUR			cle Action Prior to C		23 23	Test Stat		1 28			
5	Vehicle Travel Direction: N S W	Responding to Emergency		t Sequence 35 <sup>2</sup>			Type of T	Гest:	29			
	Citation # (If Issued)	-	Most	Harmful Event	33	25 25	BAC Tes	st Result:	1 30	13		
	Viol. 1: Ch/Sec/Sub ———V	iol. 2: Ch/Sec/Sub ———	Drive	er Contributing Cod		25 25		cohol: 2 31		30 <sup>13</sup>		
<sup>6</sup> <b>4</b>	Viol. 3: Ch/Sec/Sub ———V	iol, 4: Ch/Sec/Sub ———	Drive	er Distracted by	0 26			om scene?	2 33			
4	Please fill out for operato	or and all occupants involve		DOB/Age	Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	Medical Facility			
	Operator	See Al			$X_1$		0	10 1				
	- Operator		10							1		
					_					4		
										4		
7	Please Select One Vehicle 2	#Occupants Non-Mo	torist A Type	15 Action	16 Locatio	on 17 C	ondition	18	Hit/Run Moped	10		
<sup>7</sup> <b>1</b>	of the Following:					#16 KG #16				-		
	19 19	DOB/Age		#				R	21	1.3		
	Sex Lic. Class Lic. Re	estrictions CDL_ Endor	sement Veh	Year	Veh Ma	ıke		Vel	i Config.			
<sup>8</sup> 1	Operator	First Mid	ddle	erL	ast	Firs	il	M	fiddle	1		
	Address			ess						<b>4</b> 14		
	City State_	Zip	City	-		22		Zip		4		
	Insurance Company		Vehi	cle Action Prior to (		4-10-10-10-10-10-10-10-10-10-10-10-10-10-	Test Stat	d Area Code	28			
	Vehicle Travel Direction: NSEW	Responding to Emergence	ey? Even	t Sequence 2	3 23	23 23	Type of		29	1		
<sup>9</sup> 2	Citation # (If Issued)	_	Mos	Harmful Event	24			st Result:	30			
2	Viol. 1: Ch/Sec/Sub ———V	iol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	le	25 25	Susp. Al	cohol: 31	1 Susp. Drug: 32			
	Viol. 3: Ch/Sec/Sub ————V	Oriver Distracted by Towed from scene? 33										
	Please fill out for operator/non-			DOD!	34 Seat Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code		1		
	Name (Last First Middle)  On awat aw (North Motorist	See A	100	DOB/Age	Sex Pos.	System Status	Code	Suitus Code	Proceeds Facility	1		
	Operator/Non-Motorist	See A			<u> </u>		-	-		+		
							_			4		



Signature

# Wilmington Police Department Images Associated with 21-358-AC





