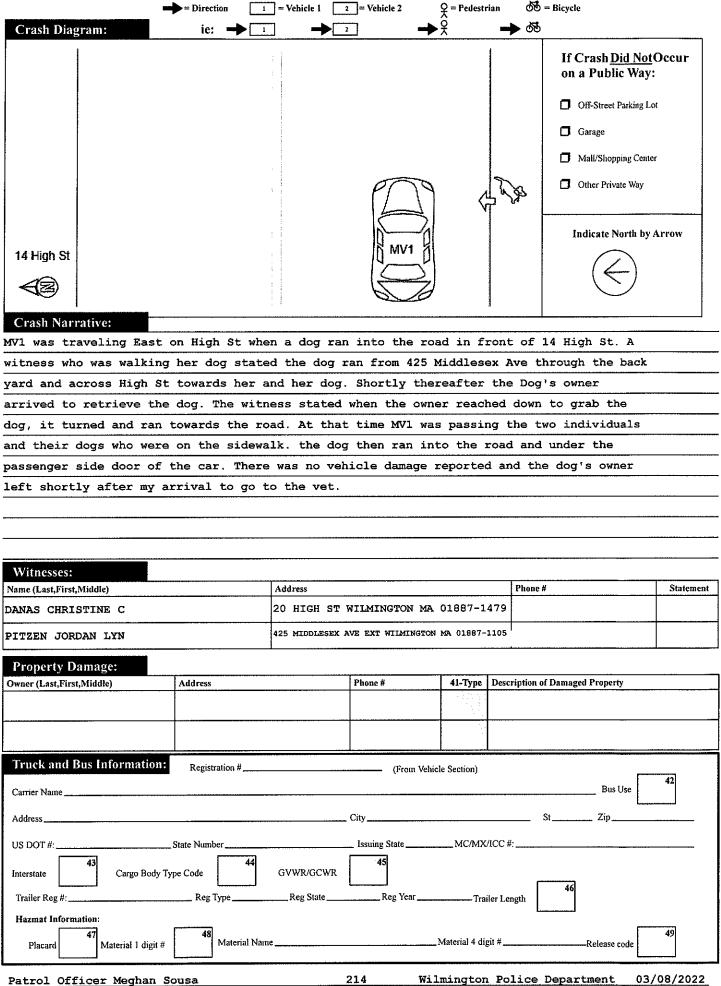
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Druy Lane Druy	armer.		⊕ 2730	···		Otl	ner Private Way
Crash Narrative: // reported that he was traveling on Glen Rd approaching Drury lane when MV2 suddenly alled out in front of him. MV1 did not have enough time or space to completely stop or roid a collision subsequently crashing into the drivers side area of MV2. MV2 reported nat she stopped at the stop sign on Drury Lane, she looked right and "thought" she looked set and pulled out attempting to turn left onto Glen Rd. MV2 did not see MV1 there assulting in said collision. No injuries were observed or reported while on scene. Both perators signed a Wilmington Fire Department refusal waiver. Both Vehicles sustained agnificant damage and were towed away by Cains. Witnesses: Address Phone # Statemen Property Damage: where (LastFirst,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Bus Use 44 Address City St Zip DS DOT # State Number Issuing State MCAMXRCC # Truiter Reg # Reg Type Reg State Reg Yest Traiter Length 46 Hazman Information: 47 48 49 40 40						Ind	icate North by Arrow
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	Police Use Only	Com	monwealth (of Massacl	husett	S	RN	IV Docum	nent Number	
	Date of Crash Time of Crash 03/08/2022 1726 Wil	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Lim	it30	State Police Local Police	
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				Feet N S		Route#	Inter	secting Ro	adway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street				L	andmark		
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4_	Operator MARSHALL, THO	MAS WILLIA	Middle	er MARSHALL Last	•	Y VIND	ICE	Middle	e	-
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	Operator/Non-Motorist	Se	e Above		1 1	4 0	0 10	1		_
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Crash Diagram: #18 Federal St Crash Narrative: #17 and MV2 were traveling west on Federal Street heading toward the Middle St intersection. MV1 was struck from behind by MV2 as they were approaching intersection. MV1 had minor damage to the rear end and MV2 had significant front end. No injuries reported and both vehicles were driveable. Witnesses: Name (Last,First,Middle) Address Phone	, the
#18 Federal St Crash Narrative: MV1 and MV2 were traveling west on Federal Street heading toward the Middle St intersection. MV1 was struck from behind by MV2 as they were approachin intersection. MV1 had minor damage to the rear end and MV2 had significant front end. No injuries reported and both vehicles were driveable. Witnesses:	on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow Seex Ave/Federal
#18 Federal St Crash Narrative: WY1 and MV2 were traveling west on Federal Street heading toward the Middle it intersection. MV1 was struck from behind by MV2 as they were approaching intersection. MV1 had minor damage to the rear end and MV2 had significant front end. No injuries reported and both vehicles were driveable. Witnesses:	Garage Mall/Shopping Center Other Private Way Indicate North by Arrow Exex Ave/Federal The
#18 Federal St Crash Narrative: W1 and MV2 were traveling west on Federal Street heading toward the Middle t intersection. MV1 was struck from behind by MV2 as they were approachin intersection. MV1 had minor damage to the rear end and MV2 had significant ront end. No injuries reported and both vehicles were driveable. Witnesses:	Mall/Shopping Center
#18 Federal St Crash Narrative: W1 and MV2 were traveling west on Federal Street heading toward the Middle t intersection. MV1 was struck from behind by MV2 as they were approachin intersection. MV1 had minor damage to the rear end and MV2 had significant ront end. No injuries reported and both vehicles were driveable. Witnesses:	Mall/Shopping Center
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ntersection. MV1 had minor damage to the rear end and MV2 had significant ront end. No injuries reported and both vehicles were driveable. Witnesses:	***************************************
witnesses:	damage to the
Witnesses:	
	Statement
Property Damage:	
Owner (Last, First, Middle) Address Phone # 41-Type Description of	Damaged Property
Truck and Bus Information: Registration # (From Vehicle Section)	
Carrier Name	Bus Use 42
Address City	St Zip
US DOT #: Issuing State MC/MX/ICC #:	······································
Interstate Cargo Body Type Code GVWR/GCWR 45	
	46
Trailer Reg #: Reg State Reg Year Trailer Length	
Hazmat Information: 47 48	
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	Release code

	Police Use Only	Comi	nonwealth	of Massac	chuse	etts			RMY	V Docui	ment Number	
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fi .	Route# Direction	Name of Roadway/St	rect	Route# Direction	15 n Addr	ess#	HIGH			Roadwa	ny/Street	
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² 1	Route# Direction	Name of Intersecting Roady	vay/Street	Feet N	SEW	of -			Lar	ndmark		_
3	or the Following:	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	22	-83	-A	C			
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	Sex M Lic. Class D L	ic. Restrictions C	ndorsement	Year <u>2021</u>						_ Veh (Config. 1	
4	Operator <u>CHIMWANDA</u> ,	First	Middle	er CHIMWAN			First	3 V		Mid	dle	-
⁴ 1	Address 11 ENGLEWOOD			ess 11 ENGI		D D						-
	City WILMINGTON			WILMINGT		. 1				ip 01 Code:	887-3010	. I
	Insurance Company THE CINC			cle Action Prior to Cr		1		amaged est Stati		Code:	28	
5	Vehicle Travel Direction: N S X			t Sequence 6	23		~1	ype of I			29	
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⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	34	35	36 37	owed fr	OIN SCO	ene? 2	2 33	4
	Please III OUL TOF C Name (Last First Middle)	perator and all occupants in	Address	DOB/Age	Sest Pas.	Safety	Airbag Eject Status Code	Trap	Injury Status	Transp. Code	Medical Facility	
	Operator	S	ee Above	>>>	1	1	4 0	0	10	1		
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 1	6 Locatio	on	17 Condi	tion	18	Пн	lit/Run Mope	d
	License #S	DOB/Age	Reg	#			Reg Typ	e		Re		_
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81	Operator	First	Middle	Last			First			Mide	die	-
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⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25	25	asp. Ale	f	31	Susp. Drug: 32	1
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	•	/non-motorist and all occup			34 Seat	35 Safety	36 37 Airbag Eject		39 Injury	40 Transp.	Marian w	7
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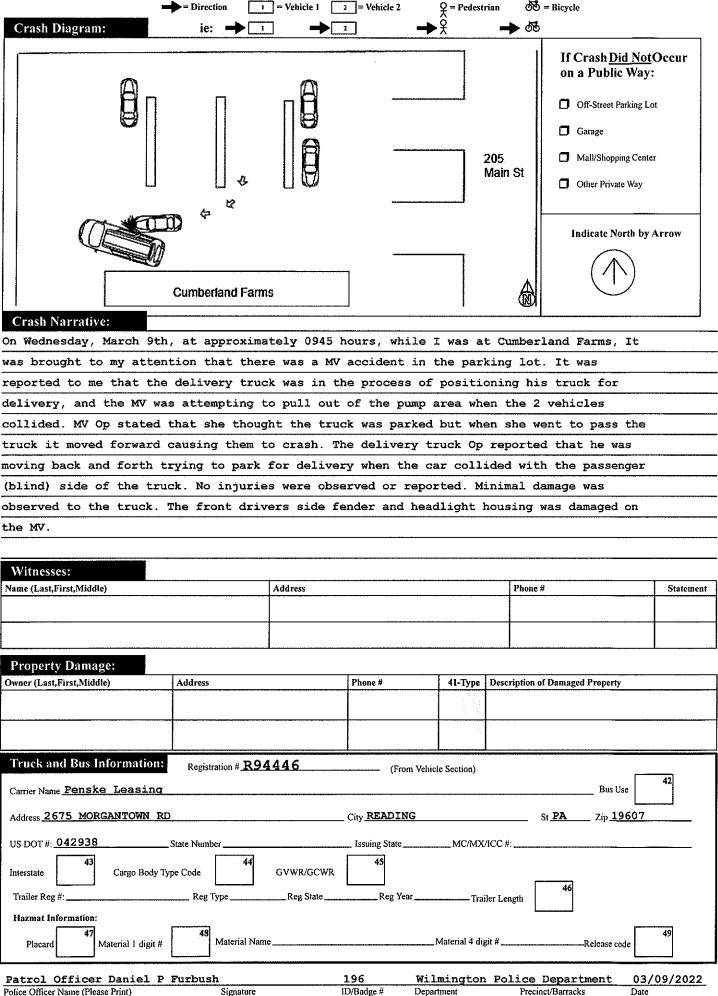
Signature

ID/Badge #

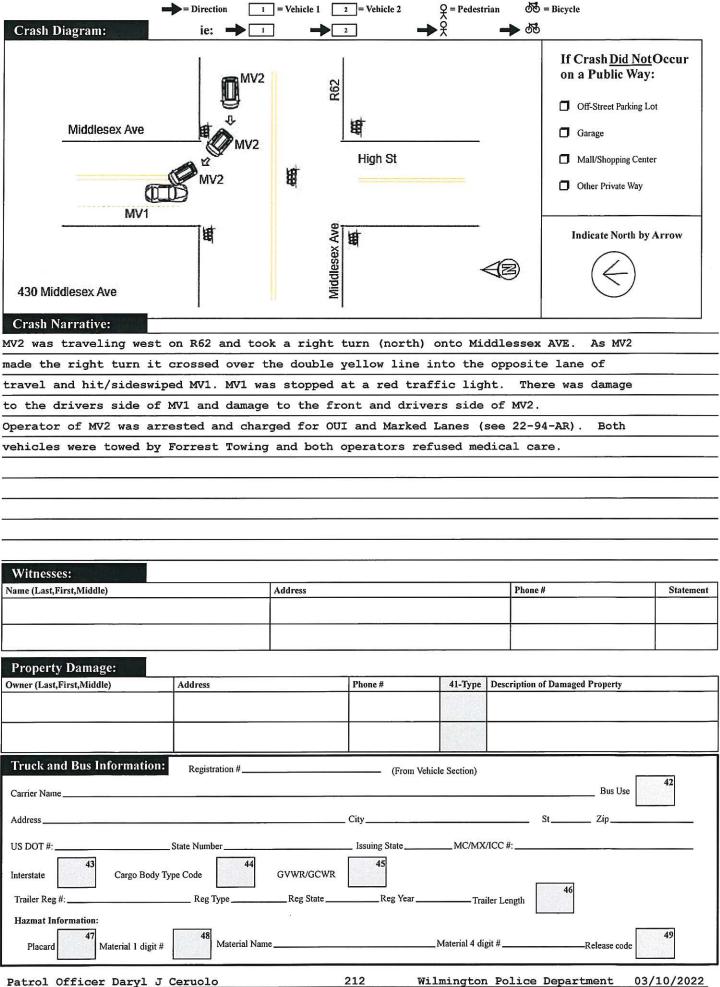
Department Precinct/Barracks

Date

	Pol	lice Use Only		Com	nonwe	ealth c	of Massa	ach	use	etts				RM	V Doci	ument Nu		
	Date of Crash 03/09/2022	Time of Crash	City. Vilmin	/Town	Moto	r Veh	icle Cra	sh		ımber hicles	Nuu	rad	peed l atitud	Limit,	25	Locai I]
	03,03,2022	24HR	7	ig con	P	olice l	Report		2		0		ongiti				s Police	_
		AT INTERS	ECTION	:	<	LOCA	TION	>			NO	ΓΑΤ	INT	ER	SEC	TION:		<u> </u>
									20!	5	MZ	AIN	ST	,				2 10
¹ 1	Route# Dire	etion	Nan	ne of Roadway/Sti	eet		Route# Direc	tion	Addr		A-44	****			Roadw	vay/Street		
1				At			Feet	N S	EW	of					or "			
	Route# Dire	ction	Name of I	ntersecting Roady	/ay/Street					· !	Mi	le Mark	er			Exit N	lumber .	3 11
			Also	o at Intersection w	rith		Feet				Route	 -	ī	nterse	cting I	Roadway/	Street	
² 1	Route# Direc	ction	Name of I	ntersecting Roadw	/ay/Street		Feet	NIS	EW	of								
	Please Select 6	One Divi	.1 #Ood	cupants Hit/	, -		1			22	0	A	7.7		ndmarl	K .		1
3	of the Followi		1 <u>1</u> #0cc	Cupants Hit/	Run	Moped	Crash R	leport	ID#			4-	·A/	<u> </u>]
	1	8015907	St. MA I	OOB/Age		_	1FDJ81								R	eg State 👤	2I	7 12
	Sex F Lic.		Lic. Restric	E:	DL, idorsement		ear 2018						ET	1	_ Veh	Config.	1	
⁴ 1		RBONE, J	First	F	Middle		r CERBON	Last			Fi	rst			Mi	iddle	 -	
1		2 POULIO					ss <u>5902</u> E			T 1	5 <u>F</u>							ŀ
		INGTON					WILMING'		ſ		22				ip O Code:		27 27	
	-	Dany GOVERNI					te Action Prior to		23	97 23	23		sageo Statu		Code:	28		
⁵ 2	Vehicle Travel D			sponding to Emera	gency? <u>2</u>		3equence 1	┸	24				e of T			29		
_		sued)						1		25	25			t Resu		1 30		13
		Sub					Contributing Co		26			Susp		ohol:		22	ng: 2 32	1
⁶ 1	Vîol, 3; Cli/Sec/	Sub ————————————————————————————————————		l: Ch/Sec/Sub —— d all occupants inv		Drive	Distracted by	0]4	35	36	37	38	om sco	40	2 33		-
	Name (Last First M			an occupants in	Address		DOB/Age	Sex	Sent Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	cal Facility	4
	Operate	or		Se	e Above		> <	X	1	1	4	0 0)	10	1			1
7	Please Select (1 #Occ	cupants Non-	-Motorist A	Type	15 Action	16	ocatio		17	Conditio	n l	18		Hit/Run	Moped	1
⁷ 1	of the Followin												ᆜ				-	
		9 729610	St MA D	20		_	R94446 ear 2015			. т		Type (eg State 1 Config.	21	
	Sex M Lic. (MPEL, BEI	Lic. Restrict	Er	OL idorsement		r PENSKE									- 1		
⁸ 1	-	last 3 N MAIN	First	APT 3	Middle		ss 2675 M	ast			Fi	rs!	· ·	4.53	Mi	dðle	41.4	
	City FALL			Zip 02720	-2691		READING						PA	Z	in 19	9607-	-0000	1 14
	•	any TRAVELE				-	e Action Prior to	Crash		1	22				Code:		27 27	
	Vehicle Travel D			sponding to Emerg			Sequence 1	23		23	23	Test	Statu	is:		1 28		
0	Citation # (If Iss					Most	Hamnful Event	1	24	1		• •	of To			30		
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Viol. 2	: Ch/Sec/Sub		Driver	Contributing Co	de	1	25	25			Resu			rug: 2 32	
	Viol. 3: Ch/Sec/S	Sub	Viol. 4	: Ch/Sec/Sub		Driver	Distracted by	0	26					om sce	-	2 33	~ 🗠]	
		ease fill out for opera	tor/non-moto	rist and all occupa			POTI/e - ·		34 Seat	35 Safety	36 Airbog	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Coda		cal Facility	1
	Name (Last First M Operate	or/Non-Moto	orist	Se	e Above		DOB/Age	Sex	Pos.	System 1	Status 4	0 0			Code 1	Medi	car Pacility	1
	oper are	TACH							_									1
-													_	1				1
•																		-
]				}



	Police Use Only	Comr	nonwealth (of Massa	chuse	etts		RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Ni			eed Limit	35	State Police Local Police	
	03/10/2022 1921 Wili	mington	Police 1	Report	2	0	Lè	ititude ingitude _		MBTA Police Campus Police Other:	វ
	AT INTERSECT	ION:	< LOCA	TION >		NC	T AT I		SECT	rion:	
										****	2 10
	Route# Direction MIDDLES	EX AVE Name of Roadway/Str	reet	Route# Direction	on Addr	ess#	<u>.</u>	Name of	Roadur	av/Street	
4	ACCION AND WILLIAM	At At						01		y	
	62 MIDDLES	EX AVE EXT		Feet N	SEW	of —	ile Marke		or	Exit Number	-
	Route# Direction Nam	ne of Intersecting Roadw Also at Intersection w		Feet N	SEW	of					3 11
					SEW	Ron	te#	Inters	ecting R	loadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadw	/ay/Street			_		La	ndmark		
	Please Select One Vehicle 11	_#Occupants Hit/	Run Moped	Crash Re	nort ID#	22-8	35-	AC			
3	at the Pollowing:										4
	License # S15489866 St M	20		VT32046						21	1 12
	Sex 232 Lie. Class D Lie. P	E _r	ndorsement	/ear <u>2016</u>					Veh	Config. 1	
⁴ 3	Operator REPPUCCI, KYL	First	Middle	er REPPUCC	st		First		Mid	ddle	-
3	Address 134 SUMMER ST			ess 134 SUI	MMER	ST I					-
	City MALDEN State	-		MALDEN	1	22				27 27 27 27	, l
	Insurance Company USAA GENE			le Action Prior to C		2		aged Area Status:	Code:	6 ²⁷ 7 ²⁷ 8 ²⁷	
⁵ 2	Vehicle Travel Direction: NEW	Responding to Emerg	gency? 2 Event	Sequence 1 23		23 23		of Test:	-	29	
2	Citation # (If Issued)		Most	Harmful Event	1 24		BAC	Test Res	ult:	30	121
	Viol. 1: Ch/Sec/Sub	Viol, 2; Ch/Sec/Sub	Drive	r Contributing Code		25 2	5 Susp	. Alcohol:	2 31	Susp. Drug 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by			Tow	ed from so	نا ب	1 33	
1	Please fill out for opera	tor and all occupants inv	volved Address	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airbag System Status	Eject 7	18 39 frap Injury Jode Status	40 Transp. Code	Medical Facility	
	Operator	Se	ee Above		X 1	1 4	0 0		1		
											-
}											_
						<u> </u>					_
⁷ 2	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	Action 1	16 Locatio	n 17	Condition	18	H H	lit/Run 🔲 Mope	d
-		A DOB/Age	Reg#	163SHK		R	eg Type I		Re	eg State MA	_
	19 19	20		ear 2010	Velı Ma					Config. 21	
	Operator SAWYER, LEONA		ndorsement Owne	SAWYER,						٠ ـــــــا	_
⁸ 1	Address 56 BALLARDVALE	First	Middle	ss 56 BAL	st		First		Mid	Jdle	_
		MA Zip 01887		WILMINGT				MA :	Zip 01	887-1103	1 14
	Insurance Company CITIZENS	-		le Action Prior to C	1	3 22				7 27 8 27 27	, L
	Vehicle Travel Direction: X S E W	Responding to Emerg	_	Sequence 1	3 23	23 23	Test	Status:		2 28	
	Citation # (If Issued) T2446699			Hannful Event	1 24			of Test:	.	2 29 30	
⁹ 2		— Viol. 2: Ch/Sec/Sub <u>89</u>		r Contributing Code		²⁵ 14 ²	5	Test Res		30 Susp. Drug. 2 32	,
		Viol. 4: Ch/Sec/Sub		· -	99 26			d from se	т	33 33	
ļ	Please fill out for operator/nor				34	35 36	37	38 39	40	<u>*</u>	-
}	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety Airbay System Sustus	Code C	Imp Injury Code Status	Code	Medical Facility	_
	Operator/Non-Motorist	Se	e Above		X 1	1 4	0 0	10	1		
Ī											
											_

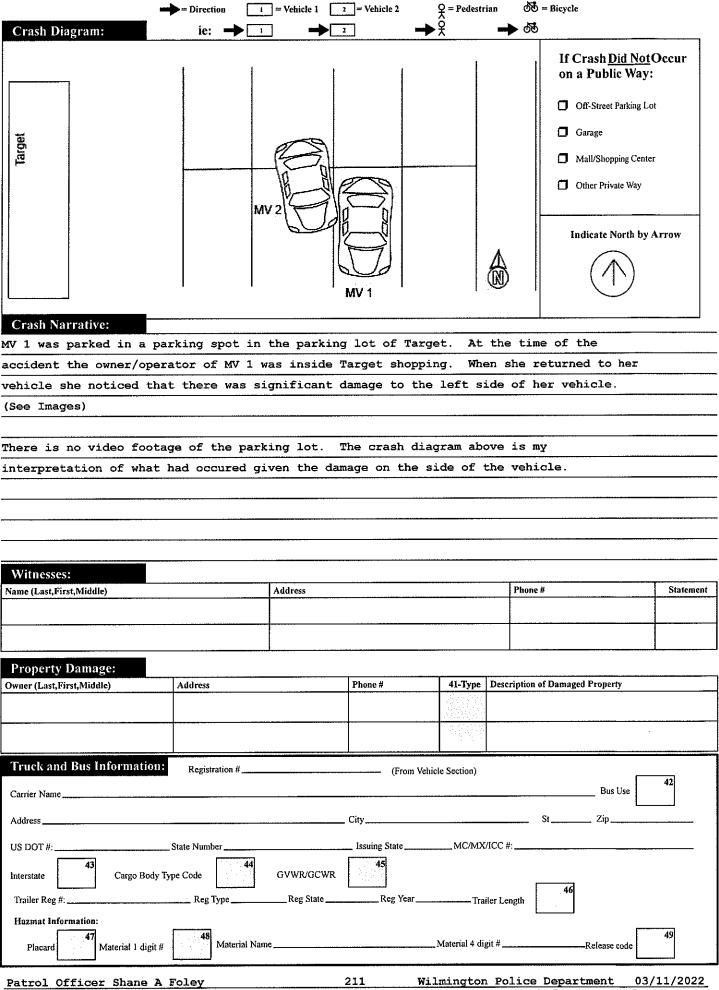


Signature

ID/Badge #

Department Precinct/Barracks

Date



Signature

ID/Badge#

Department Precinct/Barracks

Date

Wilmington Police Department Images Associated with 22-86-AC



	Pol	ice Use Only	Com	monwealth	of Massach	usetts	;	RM	IV Docu	ment Number	
	Date of Crash 03/12/2022	Time of Crash	City/Town ilmington	Motor Vel	icle Crash	Number Vehicles		Speed Limi	, 40	State Police Local Police MBTA Police Campus Police	
	03/12/2022	24HR	LIMING CON	Police	Report	1	0	Latitude Longitude _		Campus Police Other:	
		AT INTERSE	CTION:	< LOCA	TION >		NOT A	Γ INTEF	RSECT	ΓΙΟΝ:	<u>] </u>
											2 10
	Route# Dire	ction	Name of Roadway/S	itreet	Route# Direction	300 Address #	BALL	ARDVA Name of			-
¹ 4			At		- [1]						1
	Route# Direc	etion	Name of Intersecting Road	hymy/Streat	Feet N S	E W of	Mile Ma	arker	- or	Exit Number	11
	Rotter Dire	Aton	Also at Intersection		Feet N S	E W of					1
					Feet N S	EW of	Route#	Inters	secting R	toadway/Street	
² 1	Route# Direc	ction	Name of Intersecting Road	lway/Street				L	andmark		-]
3	Please Select (of the Followi		1#Occupants	t/Run Moped	Crash Report	ID# 22	-87	-AC]
,		ug.			# <u>2NWY96</u>				-	o. M2	┫
			St MA DOB/Age 20							21	3 12
		<u> </u>		Endorsement	Year 2002					***************************************	\vdash
⁴ 1	1	I.ast	JERO, NELSON	Middle	TINOCO BI		First		UES Mid	US Bille	
1			RD APT E2		ess 158 CONC				^-	001	
			State MA Zip 0182		BILLERICA	F		ite MA amaged Are			
			NT GENERAL A		t Sequence 23	23 23		amaged Area est Status:	a COUC.	28	
5		Direction: NS	- · ·		it sequence 1		i	pe of Test:	Ì	29	
	Ť	ued)			Harmful Event 20		25 B.	AC Test Res	\longrightarrow	30	13
			Viol, 2; Ch/Sec/Sub		er Contributing Code	12 ²⁵	Su	ısp. Alcolıol	-	Susp. Drug: 32	20 ¹³
⁶ 1	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub		er Distracted by 0			owed from se	cene?	1 33	_
<u> </u>	Name (Last First M		operator and all occupants in	Address	DOB/Age Sex	34 35 Seat Safety Pos. System	Airbag Eject	38 39 Trap Injury Code Status	Transp.	Medical Facility	
	Operate	or -	\$	See Above	><X	1 1	4 0	0 10	1		
											1
											1
											-
			<u> </u>		15 16		17	10			4
⁷ 1	Please Select C of the Followin		#Occupants No	n-Motorist A Type	Action 16	Location	Condit	tion 18	∐□¤	Hit/Run Moped	
	License #	S	t DOB/Age	Reg	#		Reg Type	}	Re	_	1
	Sex Lic. (Class 19 19 L	ic. Restrictions 20	CDL Veh	Year	Velı Make			Veh	Config. 21	
0	Operator	Last	First		erLast		First		Mid	•	
81	Address	Last	hast		CSS		f.ltsr		Mid	alle	
	City		StateZip	City			Sta	te	Zip		1 14
	Insurance Comp	any		Vehic	cle Action Prior to Crash	,	22 Da	amaged Area	a Code:	27 27 27	
	Vehicle Travel D	irection: NSE	W Responding to Eme	rgency? Even	t Sequence 23	23 23	43	est Status:	_	28	
9_	Citation # (If Iss	ued)		Most	Harmful Event	24	•	/pe of Test: AC Test Res	31lf:	30	
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25	isp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	wed from so	cene?	33	
		•	r/non-motorist and all occup			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury			1
	Name (Last First M	or/Non-Motor	rist	Address See Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Орегии	· · / 1 · · · · · · · · · · · · · · · ·	101			 ^ -			+ +		4
											4
						<u> </u>					

	= Direction	1 = Vehicle 1	z = Vehicle 2	Q = Pedestri	an 🚳	= Bicycle	
Crash Diagram:	ie: →	<u> </u>	2	₽Ŷ	→ №		
100 Burt Rd.			•			If Crash <u>Did Not</u> (on a Public Way:	I
		V /				Off-Street Parking Lot	t
/						☐ Garage	
/						☐ Mall/Shopping Center	
The state of the s						Other Private Way	
						Indicate North by A	Arrow
	∫ 300 €	Ballardvale St.					
				(2)			
Crash Narrative:					······································		
On 03/12/22 car 1 whi	le travelling	eastbound on	Ballardvale	St. cros	sed ove	r the double	
yellow line and struc		· · · · · · · · · · · · · · · · · · ·	 				
The MV was upside dow						erator was not	
injured and was check (through an interpret	 					e operator	
while leaving work (M							
he slipped on the ste							
Witnesses:		<u> </u>					
Name (Last,First,Middle)		Address			Phone	¥	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	f Damaged Property	
Truck and Bus Information	Registration #		/Fram Va	hicle Section)			
Carrier Name			(Prom ve	nicie Section)		Bus Use	42
			_ City			St Zip	
Address			-				
US DOT #:	State Number	1	Issuing State	MC/MX/I	CC #:		
	y Type Code	GVWR/GCWR			г	42	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trail	er Length	46	
Hazmat Information:	AQ						49
Placard Material 1 digit	# Material N	lame		Material 4 digi	it #	Release code	47
Patrol Officer Dillon	Halliday		205 W:	ilminator	Police	Department 03/	12/2022
Police Officer Name (Please Print)	Signature			partment		ict/Barracks Date	14444

	Police Use Only	Comi	nonwealth (of Massa	chuse	tts		RM	V Docu	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Nu			ed Limit	10	State Police Local Police MBTA Police Campus Police	
	03/12/2022 1152 14HR	Wilmington	Police 1	Report	2	0	Cat	itude igitude _		Campus Police Other:	i
	AT INTERS	ECTION:	< LOCA	TION >		NO	TAT II	NTER	SEC'	TION:	1
										***************************************	2 10
	Route# Direction	Name of Roadway/St	reet	Route# Directio	327 n Addre		AIN S		Roadw	/ay/Street	_
¹ 1	Notice Direction	At							7100011	ay/birea	
L				Feet N	SEW		ile Marker	•	or	Exit Number	·
	Route# Direction	Name of Intersecting Roady	· · · · · · · · · · · · · · · · · · ·	East N	SEW		ne marke			2001	 2
		Also at Intersection w	/RII	_	SEW	Rout	e#	Inters	ecting F	Roadway/Street	
² 3	Route# Direction	Name of Intersecting Roady	vay/Street	Peet [N	[3]E[W]						_
	Please Select One Variate	1 "0				20 0			mdmark	<u> </u>	1
3	of the Following:	11 #Occupants Hit/	Run 🔲 Moped	Crash Rep	ort ID# 👱	22-6	88-A	AC			
	License # <u>\$65224093</u>	St MA DOB/Age	Reg #	7WY449		Re	g Туре _P	С	Re	eg State MA	- 12
	Sex_F Lic. Class D 19 19	Lic. Restrictions 1. C	DL Veh	(ear 2018	Veh Ma	ke <u>CHE</u> V	/ROLE	ET	Veh	Config. 21	[7]
	Operator MACMILLAN,		ndorsementOwn	r MACMILL		ROBIN	LEE				.
⁴ 1	Address 66 BRAND AV	Fust		ess 66 BRAN		E .	Ital		Mi	ddle	.
L	City WILMINGTON	_ State MA Zip 0188 7	7-2011 City	WILMINGT	ON		State 1	1A _ 2	չip 0 1	L887-2011	.
	Insurance Company FARMER			le Action Prior to C	г	11 ²²		ged Area			
	Vehicle Travel Direction: N			Sequence 23		23 23	Test S	tatus:	j	1 28	
5	Citation # (If Issued)			Harmful Event	24			of Test:		29	
	Viol. 1: Ch/Sec/Sub			r Contributing Code		25 25		Test Res		1 30 32	1 13
				r Distracted by	24	_	_	Alcohol: I from sc	2	Susp. Drug 2 32	
⁶ 2	Viol. 3: Ch/Sec/Sub	or operator and all occupants in		I Distracted by	<u>' </u>	35 36	37 31	8 39	40	2 -	4
	Name (Last First Middle)	operator and an occupants in	Address	DOB/Age	Sex Pos.	Safety Airbag System Status	Eject Tra Code Co	ap Injury de Status	Transp. Code	Medical Facility	_
	Operator	Se	ee Above		X 1	1 4	0 0	10	1		
										4 · · · · · · · · · · · · · · · · · · ·	
				<u> </u>	7	10		10			4
⁷ 1	Please Select One of the Following:	21 #Occupants Non	-Motorist A Type	Action I	Location	17	Condition	18	□ ı	Hit/Run 🔲 Moped	1
-	License # S65879203	St MA DOB/Age	Reg #	349RC7	-	Re	g Туре Р	С	Re	eg State MA	
	Sex M Lic. Class D 19	Lic. Restrictions 1 20 C		'ear <u>2008</u>	Veh Ma					Config. 21	
	Operator GARDNER, H	E1 E1	ndorsement Own	r GARDNER		IRY P	AUL				
⁸ 1	Address 967 MAIN ST	First	Middle	ess 967 MA I	1		irst		Mic	ddle	
		State MA Zip 0188 7		WILMINGT(State 1	11A 2	ip 0 1	L887-0000	1 14
	Insurance Company GEICO	-		le Action Prior to Ci	Г	LO ²²		ged Area			ļJ
	Vehicle Travel Direction: NS			Sequence 23	<u> </u>	23 23	Test S			1 28	
	Citation # (If Issued)			Harmful Event	24			of Test:		29	
⁹ 2	, ·	16-1 0 CU /C /C /		r Contributing Code		25 25		Test Resi		1 30 32	
	Viol. 1: Ch/Sec/Sub			Ī	26		Susp.	Alcohol: I from sc	_	Susp. Drug. 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		r Distracted by	34	35 36	37 38	8 39	40	2 -	4
	Please fill out for opera Name (Last First Middle)	ator/non-motorist and all occupa	Address	DOB/Age	Seat	Safety Airbag System Status	Eject Tra Code Co		Transp. Code	Medical Facility	
	Operator/Non-Mot	orist s	ee Above		1	1 4	0 0	10	1		
					11						7
					-						\dashv
		1					1	-			1

rash Diagram:	ie: →□	<u> </u>	2	- ▶X	→ ₩		
	Sunrise	Market Building	σ		 	If Crash <u>Did</u> on a Public \	
i L L L L L L L L L L L L L L L L L L L				a hand an about the about		Off-Street Park	king Lot
						☐ Garage	
						Mall/Shopping	Center
_						Other Private \	Way
	¢ ()2)			+	N)	Indicate Nort	th by Arrow
Parking Lot			·····		<u> </u>	V	/
rash Narrative:							
l stated she was p							ıck
l. MV 2 left the p							
rved MV 2 license							
ed in the drivewa	y with no visib	ble damage.	MV 2 stated	he was un	aware he	struck	
her MV.							
itnesses:							
		Address			Phone #		Stateme
itnesses: e (Last,First,Middle) DSLEY JOSEPH H			D LN TEWKSBURY	има 01876-2			Stateme
(Last,First,Middle)			D LN TEWKSBURY	7 MA 01876-2			Stateme
C(Last,First,Middle) OSLEY JOSEPH H Operty Damage:	Address		D LN TEWKSBURY		436	Damaged Property	Stateme
(Last,First,Middle) OSLEY JOSEPH H Operty Damage:	Address				436	Damaged Property	Stateme
CLast, First, Middle) OSLEY JOSEPH H OPERTY Damage: r (Last, First, Middle)				41-Type	436	Damaged Property	Stateme
(Last,First,Middle) OSLEY JOSEPH H Operty Damage: r(Last,First,Middle)	Registration #	100 BARBARA	Phone #	41-Type	436		42
(Last,First,Middle) OSLEY JOSEPH H Operty Damage: r (Last,First,Middle) Ick and Bus Informatio	Registration#	100 BARBARA	Phone #	41-Type	Description of	Bus Use	. 42
e (Last, First, Middle) DSLEY JOSEPH H Deporty Damage: er (Last, First, Middle) Jok and Bus Information ier Name	Registration#	100 BARBARA	Phone # (From V	41-Type	Description of	Bus Use	, 42
(Last, First, Middle) OSLEY JOSEPH H OPERTY Damage: r (Last, First, Middle) orck and Bus Information or Name overs	##: Registration #	100 BARBARA	Phone # (From Volume 1 From Volume 2 From Volume 3 From	41-Type	Description of	Bus Use	, 42
CLast, First, Middle) DSLEY JOSEPH H Departy Damage: r (Last, First, Middle) Ick and Bus Information ier Name DOT #: Cargo Bod	Registration #	100 BARBARA GVWR/GCWR	Phone # (From Vo.) City	d1-Type dehicle Section)	Description of Si CC #:	Bus Use	, 42
c (Last, First, Middle) DSLEY JOSEPH H Departy Damage: Dr (Last, First, Middle) Lick and Bus Information DOT #: State 43 Cargo Book Cargo Book	Registration # State Number Type Code Reg Type	100 BARBARA GVWR/GCWR Reg State	Phone # (From V. City	d1-Type dehicle Section) MC/MX/	Description of Si CC #:	Bus Use	42
CLast, First, Middle) OSLEY JOSEPH H Operty Damage: r (Last, First, Middle) Ick and Bus Information for Name OOT #: State 43 Cargo Bod Cler Reg #:	Registration # State Number ly Type Code Reg Type	100 BARBARA GVWR/GCWR Reg State	Phone # (From Vo.) City	d1-Type dehicle Section) MC/MX/	Description of Si CC #:	Bus Use	42

Wilmington Police Department Images Associated with 22-88-AC





	Police Use Only Comn			monwealth of Massachusetts						RMV Document Number						
	Date of Crash 03/12/2022	Time of Crash		City/Town ington	Motor Ve	hicle Cra	sh	Num		umber niured		l Limit	35	Local	Police Police A Police us Police	<u> </u>
	03/12/2022	24HR	WIIII.	ing ton	Police	Report		2	0	J	Latitu Longi					<u> </u>
		AT INTERS	SECTIO	N:	< LOC	CATION	>		N(OT A	ſ IN	TER	SEC	TION:		
								271		MIAIN	ו פי	יין				2 10
1	Route# Dire	ction		Name of Roadway/Str	eet	Route# Direc		Addres		TUTI.			Roady	vay/Street		
1				At		Feet	N S I	EW o	f —		•		or _			_
	Route# Direc	ction	Name	of Intersecting Roadw	/ay/Street	_				Mile Ma	irker			Exit :	Number	4 11
				Also at Intersection w	ith		N S I		Ro	ute#		Interse	ecting l	Roadway/	/Street	. [
² 2	Route# Direc	ction	Name	of Intersecting Roadw	ay/Street	Feet	N S I	EW 0	f 							_
	Please Select (One \(\sum_{1} \)	. 2 .			.					_		ndmar	<u>k</u>		-
3	of the Followi	ng: Vehicle	: 1 <u>4</u>	Occupants Hit/	Run Moped	Crash R	leport I	D# Z	2-	89	-A	.C				
	License # S4	1667477	St MA	_ DOB/Age,	Re	g# 4AK793			F	teg Typ	PC		R	eg State	MA 21	- 1 12
	Sex_F Lic.			Fr.	DL Ve idorsement	h Year 2011	V	eh Mak	e MER	CEDI	ES-E	BEN.	Z Veh	Config.	1 "	
4		OUGH, LA		ANNE	Middle	vner KEOUGH	Last			First			М	iddle		-
⁴ 1		FREEDOM				dress 20 FRE		M D	R							-
				1A Zip 01864		y N READI	NG		22				-		-3226 27 27	
	Insurance Comp			EMPLOYEES		hicle Action Prior to		1			amage est Stat		Code:	3 27	21 21	
5	Vehicle Travel D	L K 3	M	Responding to Emerg	ency? 2 Ev	in bequence 1		23 2	3 23		pe of			29		
		sued)					<u> </u>	24 1 2:	3	B.	AC Te	st Resi	ılt:	1 ³⁰		13
				ol. 2: Ch/Sec/Sub		iver Contributing Co		1 ^{2:} 26	<u> </u>	Si		cohol:			7rug 2 32	1
⁶ 2	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub		iver Distracted by	0		35 36		owed fi	rom sc	ene?	2 33		_
	Name (Last First M		tor operator	r and an occupants inv	Address	DOB/Age	Sex	Seat S	ofety Airb	ıg Eject	Trap Code	Injury Status	Transp. Code	Med	lical Facility	
	Operate	or			e Above	\geq	X	1 1	4	0	0	10	1			
	KRISTEN KEC	OUGH		20 FREEDOM DRIVE N READING, MA 01		01/21/1999	F :	3 1	4	0	0	10	1			
7	Please Select C		·2 #	Occupants Non-	Motorist A Type	15 Action	16	ocation	17	Condit	ion	18		Hit/Run	Mope	
⁷ 1	of the Followin	off:			. I			JCB(101)								4
	License # SA	19 19	9	_ DOB/Age 07/1		g# <u>2TGM26</u>				eg Type	PC			eg State I	_ 21	-
	Sex Lic. (Class D	Lic. Res		dorsement	Year <u>2012</u>							_ Veh	Config.	1	
81	Operator	Last	Fi	rst	Middle	vner <u>DHAR</u> , t dress 1 LOUI	.ust		CiCiJ I	First			Mi	ddle		-
	Address.		Cana	7:		dress <u>1 LOO1</u> y <u>BURLING</u>		KD.		Sta	M7	1 7	i. 01	1803	-3007	1 14
	City	TRERT	Stati 'Y MTI'	_ Zip FUAL INSU		nicle Action Prior to		5	22				Code:		27 27	-
	Vehicle Travel D		 ,	Responding to Emerg		ent Sequence		3 2:		Te	st Stat	us:		1 ²⁸		
	Citation # (If Iss	تع.	21.	responding to Emerg	-	est Harmful Event	<u> </u>	24	لـــــا		pe of			29		
⁹ 2			Vic	ol, 2: Ch/Sec/Sub ——		ver Contributing Co	de [19 ²⁵		2		st Resu	ılt: 2 31	1 30 Suco F	orug 2 32	
	Viol. 3: Ch/Sec/5			ol, 4: Ch/Sec/Sub —	Dri	ver Distracted by		26	JI			oni sc		2 33	710g <u>[2</u>	:
	Ple	ase fill out for oper		otorist and all occupa				Seat S	35 36 afety Airbo	37 g Eject	38 Trap	39 Injury	40 Transp.			7
	Name (Last First Mi	or/Non-Moi	toriet	Γ	Address e Above	DOB/Age	Sex		stem State	o Code	Trap Code	Status	Code 1	Medi	ical Facility	1
	Орегии	/1/11UIC=1Y 1 UI	. OI ISI	26	C / 10070	/						-				4
1		 					3	3 1	4	0	0	10	1			-
									\perp							_

	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ Pedestrian	ණ් = Bicycle	
Crash Diagram:	ie: 🗕	→ □ → □	2	→ Ĥ →	№	
					If Crash <u>Did Not</u> on a Public Way:	
	•	Main Street		(Off-Street Parking Lo	t
					☐ Garage	
				\	☐ Mall/Shopping Center	
					Other Private Way	
\Rightarrow 010		(DID)				
100 March 100 Ma	NA 184 - 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Mon I	e e e e e e e e e e e e e e e e e e e	mana arang mana mana	Indicate North by	Arrow
=>	(1)2(1)			√ 2		
***************************************		· · · · · · · · · · · · · · · · · · ·	······································			
Crash Narrative:						
MV 1 and MV 2 were						
2 attempted to make						
make a lane change				k MV 1, MV 2 st	tated she did not	
see MV 1 in her bli	nd spot. No i	njuries. No tow	•			

Witnesses:		Address		l pu	hone #	Statement
Name (Last, First, Middle)		Address	***************************************	Tr.	ione #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type Descript	tion of Damaged Property	
					** ************************************	
Truck and Bus Informa	tion: Registration	#	(From V	ehicle Section)	D., 11.	42
Carrier Name					Bus Use	
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #:		
Interstate 43 Cargo	Body Type Code	44 GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Lengtl	1 46	
Hazmat Information:						
Placard 47 Material 1	digit # 48 Mat	erial Name		Material 4 digit #	Release code	49

200

Wilmington Police Department
Department Precinct/Barracks

03/12/2022 Date

Department

	Police Use Only Commonwealth of Massachusetts RMV Document Number											
	1 1	City/Town M	otor Veb	icle Cra	sh [Number Vehicles		-ad Dpt	ed Limit	35	State Police Local Police MBTA Police Campus Police]
	03/12/2022 1913 Wilm.	ington	Police 1	Report	,	2	0	Lai	itude ngitude		Campus Police Other:	
	AT INTERSECTION	ON: <	LOCA	TION	>		ron	AT I	NTER	SEC	TION:	
						_						2 ¹⁰
	Route# Direction	Name of Roadway/Street		Route# Direct		ddress #	<u>cc</u>	NCOL			vay/Street	╌
4		At										1
				Feet	NSE	W of	— – Mil	— — le Marker	• —	or _	Exit Number	11
	Route# Direction Name	of Intersecting Roadway/Stre Also at Intersection with	eet	Feet	N S E	w of						2 "
				Feet	NSE	w of	Route	#	Interse	ecting I	Roadway/Street	
² 5	Route# Direction Name	of Intersecting Roadway/Stre	et						La	ndmari	k	-
	Please Select One Vehicle 11	Occupants Hit/Run	Moped	Crash R	eport ID	# 22	-9	0-7	AC.]
3	of the Following.										1/3	4
	10 10	DOB/Age,	_	2BBZ76			_				21	1 12
	Sex 44 Dic. Class D	strictions 1 CDLEndorsen	nent	(ear <u>2008</u>						Veh	Config.	
⁴ 3	Operator ROSSI, NICHOLA	irst Middle		ROSSI,	Last		Fir	sl	LS	Mi	iddle	
3	Address 2 GRANT ST APT			ess 2 GRAN		L A	r.L				.000 4555	
	City HAVERHILL State	•	•	HAVERHI			22				1830-4106	
	Insurance Company FOREMOST I			le Action Prior to		2	<u> </u>	Dama Test S	ged Area	Code:	28	
⁵ 2	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Event	Sequence 1	23 23	<u>Ļ</u>	23		of Test:		29	
	Citation # (If Issued)		Most	Harmful Event	1 2	<u></u>		BAC	Fest Resi	ult:	1 30	13
	Viol. 1: Ch/Sec/Sub —————————Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Co		25	25	Susp.	Alcohol:	2 31		1 "
⁶ 2	Viol. 3: Ch/Sec/Sub ———Vi	ol. 4: Ch/Sec/Sub ————	Drive	r Distracted by	0 20	<u> </u>			i from sc		2 33	
2	Please fill out for operato Name (Last First Middle)	r and all occupants involved		DOB/Age	l s	34 35 eat Safety os. System	36 Airbag Status	37 34 Eject Tra Code Co		40 Transp. Code	Medical Facility	
	Operator	See Abov	/e	$\overline{}$	X	99	4	0 0	10	1		7
									 			1
				"					+			1
						+			+	ļ		-
									10			4
⁷ 3	Please Select One of the Following:	Occupants Non-Motor	ist A Type	Action	16 Loc	ation	17 C	ondition	18		Hit/Run Moped	
	License # SA5140954 St MA	DOB/Age	Reg #	2VEE64			Reg	Туре Р	С	R	eg State MA	1
	Se: Lic. Class D 19 Lic. Res	strictions 1 20 CDL_	Veh \		Velı			ROLE	ET	Veh	Config. 21	
	Operator.	Endorsen	Own	r MCAULI	FFE,	CHE			MAR			
81	Address	middle med med med med med med med med med me		es 28 WIN	TER	ST	Fie	st		Mi	iddle	
	City_ State	. Ziţ	City_	NORTH RI	EADI	NG		_ State 1	1A _ z	ip 0	1864-2203	4 14
	Insurance Company FARMERS PRO	OPERTY & CASU	JAL Vehic	le Action Prior to	Crash	1	22	Dama	ged Area	Code:	1 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Event	Sequence 1	23 23	23	23	Test S			1 28	
0	Citation # (If Issued)		Most	Harmful Event	1 2	4			of Test: Fest Resi	.14-	29 - 30	
⁹ 2	Viol. 1: Ch/Sec/Sub ———Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Co	de 1	25	25				<u> </u>	
	Viol. 3: Ch/Sec/Sub ———Vi		Driver Contributing Code 1 23 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 1 33									
	Please fill out for operator/non-r	•	olved		l S	14 35 cut Safety	36 Airbag	37 31 Eject Tre	p Injury	40 Transp.		1
	Name (Last First Middle) Operator/Non-Motorist	Address See Abov	/e	DOB/Age	Sex P	os. System		Code Co	de Status	Code 1	Medical Facility	1
		27 GRANITE RD										-
	GABRIELLE FERNANDES	MEDFORD, MA 02155-2045	·		F 3	99	4	0 0	10	1		4
												_

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: → 1	→ □	2	→ ♀ -	→ №	
Concord St	Ħ	OT.C	D + C	V2 DD	If Crash Did on a Public Off-Street Pat Garage Matl/Shoppin	Way:
193 Northbound o ramp	on/off				Other Private	
C. I.N.	<u> </u>					
Crash Narrative:	mod limbs	na for the	light to t	inn arcen se	they govid turn	
71 was stopped at the onto I93. While waiting						
ttempted to slow/stop						and
ear ended V1. V1 sust						ana
sustained damage to it			······			d
efused medical treatm						
heir facility						
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Tame (2004) 1104/March		7 Address				
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	
Truck and Bus Information						
Carrier Name	Registration #		(From V	ehicle Section)	Bus Us	e 42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
	y Type Code	GVWR/GCWR	45 D. V		46	
_	Reg Type	Keg State	Keg rear_	Trailer L	ength	
Hazmat Information: 47 Placard Material 1 digit	# 48 Material Nan	ne		Material 4 digit #	Release co	49 le
						00/07/07
Patrol Officer Michael Police Officer Name (Please Print)	E Johnson Signature			Vilmington P Department	Olice Department Precinct/Barracks	03/12/2022 Date