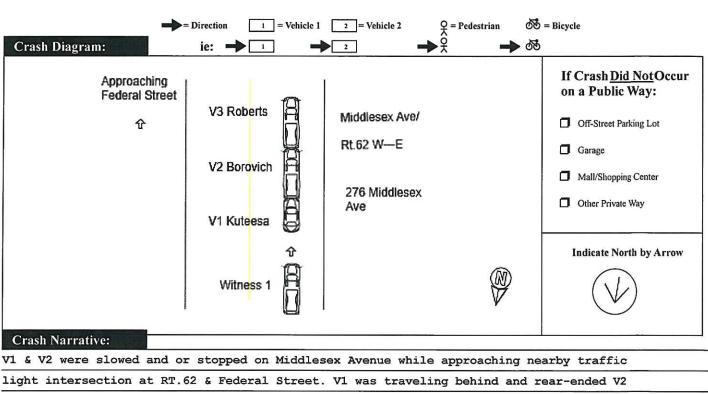
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causing V2 to rear-end V3. V1 sustained heavy front end damage w/ full AB deployment requiring tow. V2 damaged on rear bumper & front end. V3 damaged on rear-end & trailer hitch. V1 opr Kuteesa complained of pain in knee/lower leg. No injuries observed or reported to V2. V3 opr. Roberts complained of slight neck pain. All parties evaluated by Wilm Fire Rescue. V1 opr transported to Lahey. V2 & V3 opr were waiver refusals. W1 stated he saw V1 rear-end V2 & estimated speed between 20 and 30 MPH. V1 opr reluctantly admitted taking attention away from roadway to use cell phone in center console to shut off Youtube video she was listening to (or possibly watching) when collison occured and AB deployed. VI distracted driving most probable cause of collison. VI towed by Forrest Towing.

Name (Last,First,Middle)		Address				Phone #	Statement
WOODS DAVID PAUL JR		3 PINERIDGE F	D WILMINGTON M	A 01887-1	L434		2
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Descr	iption of Damaged Property	
Truck and Bus Information:	Registration #		— (From Vehic	ele Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	ICC#:		
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Len	gth 46	
Hazmat Information:						1. <del>11.00 1.00 1.00</del>	
Placard Material 1 digit #	48 Material Name			Material 4 dig	git #	Release code	49

Patrol Officer Richard DiPerri

Wilmington Police Department

03/22/2022

Police Officer Name (Please Print)

Signature

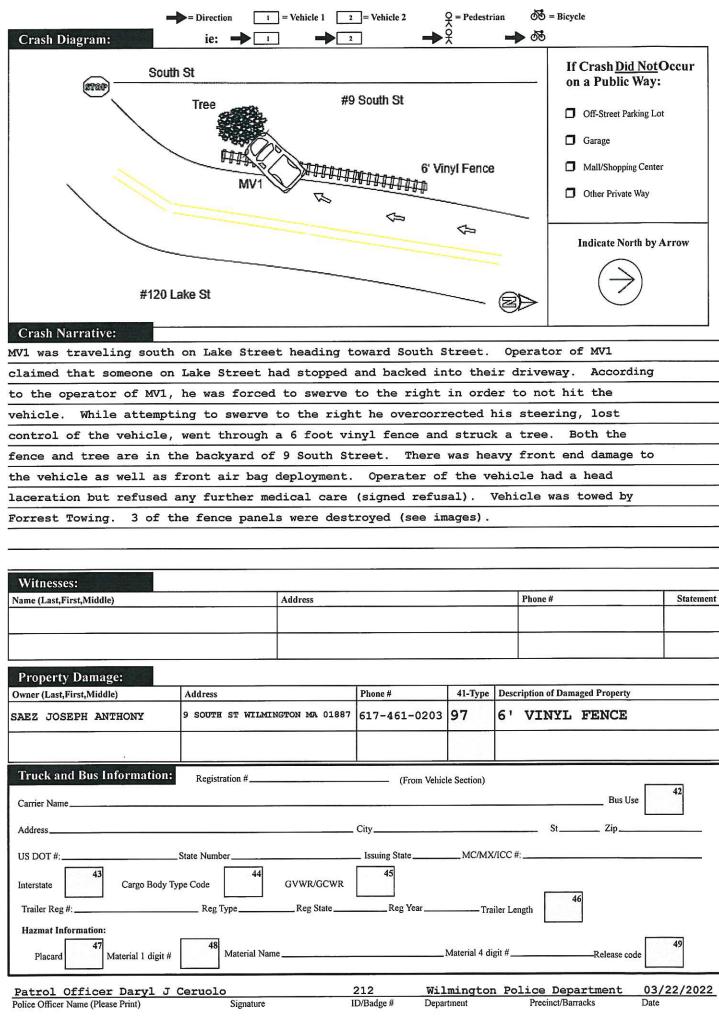
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Department Precinct/Barracks Date

Witnesses:

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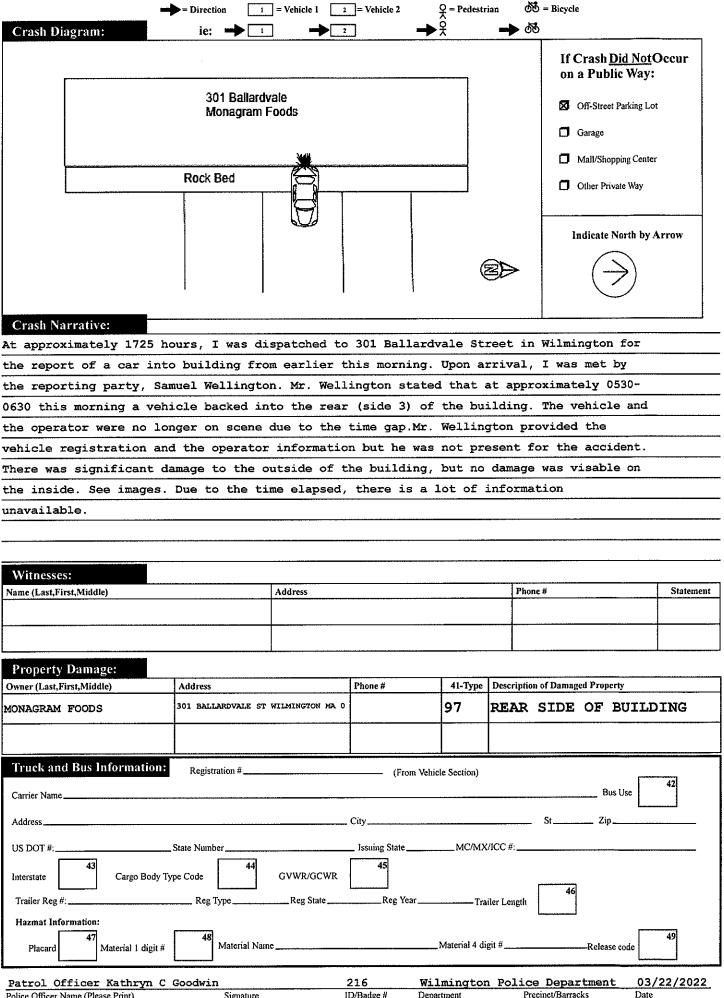
## Wilmington Police Department Images Associated with 22-97-AC







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## Wilmington Police Department Images Associated with 22-98-AC



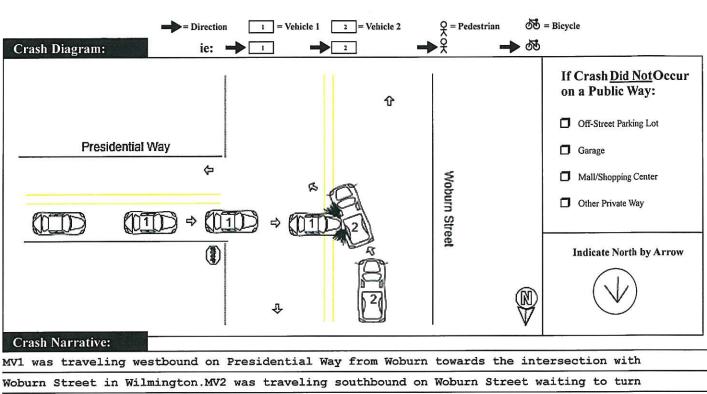








	Pol	ice Use Only		Col	mmonwe	alth	of Mass	ach	us	etts	;		RM	IV Doc	ument Number		
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left onto Presidential Way.MV2 slowed down at the intersection to turn left.MV1 continued traveling straight ahead, failed to stop at the posted stop sign, and collided with the left side of MV2.MV1 suffered significant front end damage and was disabled.MV2 suffered left side damage and was also disabled. The operator of MV1 was previously invovled in a motor vehicle accident on I-95 and failed to stop and exchange information. The other invovled party was following MV1 and witnessed MV1 fail to stop at the stop sign and collide with MV2 in a "T-bone" collision. Operator of MV1 admitted to being distracted and watching the other vehicle following her. Both vehicles were towed from the scene by Coady's Towing. MSP Trooper Matthew Pelrine Badge#4589 responded to book the previous crash

Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement
HOMANS SAVANNAH	40 PUTNAM RD SOMERVILLE MA 02145-1016		
EVANS-BROWN ELLIS CHARLES	9 PATTEN ST WATERTOWN MA 02472-3933		

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Carrier Name						Bus Use
Address			_ City		St	Zip
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:	
Interstate 43 Cargo Boo	dy Type Code	GVWR/GCWR	45		46	ī
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:					3. <del>1 -</del>	
Placard Material 1 dia	it # 48 Material Name			Material 4 di	zit#	Release code

Patrol Officer Michael A Wilson

209

Wilmington Police Department

03/23/2022

Police Officer Name (Please Print)

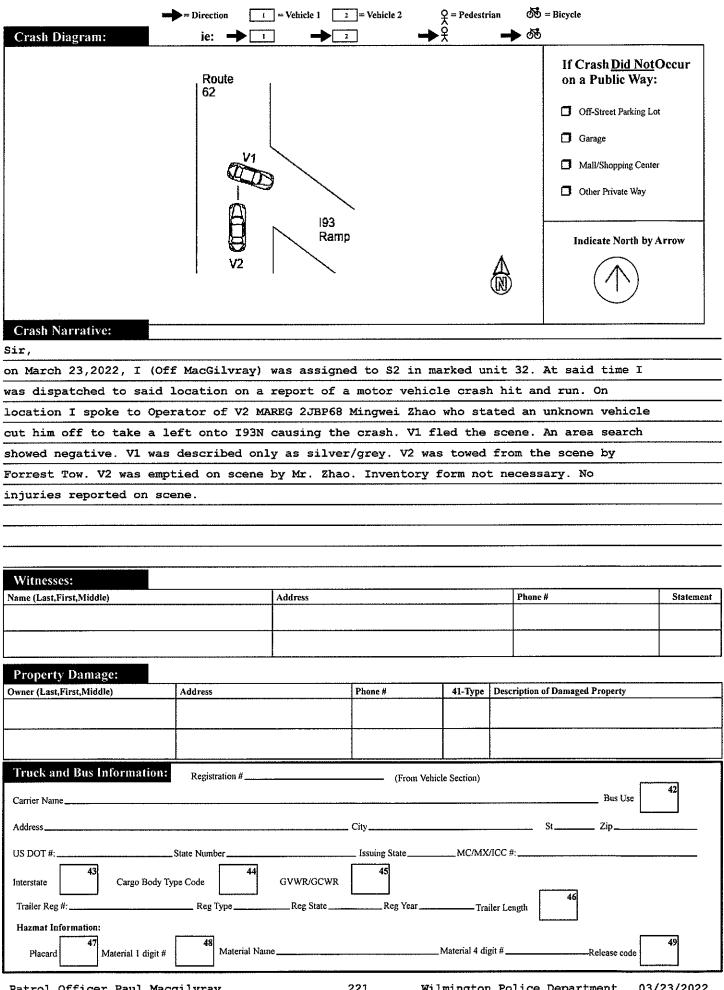
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ID/Badge#

Department Precinct/Barracks Date

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Enm No. 10364 (\*P.4.65 09/18



Patrol Officer Paul Macgilvray

221 ID/Badge # Wilmington Police Department

03/23/2022

Police Officer Name (Please Print)

Signature

Department

Precinct/Barracks

Date

	Po	lice Use Only		C	ommon	ıwealth	of Mas	sach	ius	etts	3			RM	IV Doc	ument N	Number	**	
	Date of Crash 03/25/2022	Time of Crash	2	City/Town	M	otor Ve	hicle Cr	ash	N V	umber chicles				d Limi	t 55	Loca	e Police al Police TA Police	0000	
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Crash Diagram:	ie: → 1			<b>₹</b>	)	If Crash Did Not on a Public Way  Off-Street Parking Lot Garage  Mall/Shopping Center Other Private Way	t l
						Indicate North by	Arrow
Crash Narrative:	eling north or	n RT 93. V	Vehicle #2 d:	rove into	the rea	ar of Vehicle #	
Witnesses:							
Name (Last,First,Middle)		Address			Phone i	<del>\</del>	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
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Placard 47 Material 1 digit #	48 Material Nan	ne		Material 4 di	git #	Release code	49

Patrol Officer Anthony Fiore
Police Officer Name (Please Print)

164

Wilmington Police Department
Department Precinct/Barracks

03/25/2022

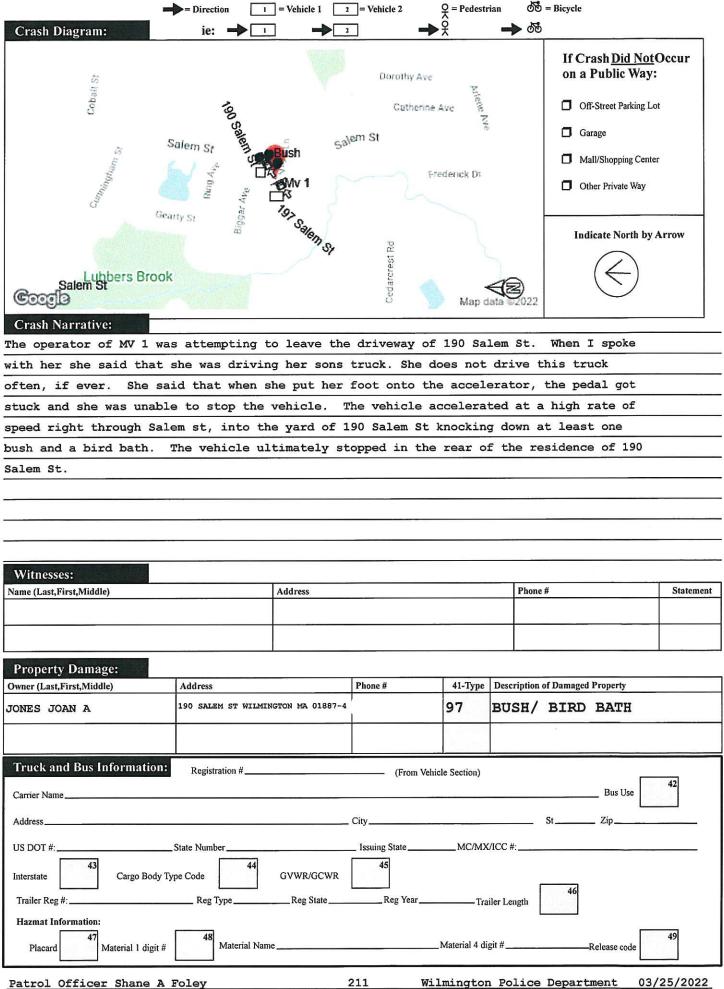
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Date

	Pol	ice Use Only		Com	monwe	alth	of Mass	ach	use	etts			RM	V Doci	ament Nun		]
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<sup>4</sup> 1	1	Lest	ı	RY FRANCES	Middle		KIESIN	Last	•		ES V	<u> </u>		Mic	defie		
<u>.</u>	1	SALEM		MA Zip 0188	7-4022		ess <u>197 SZ</u>			Τ		M	78 /	- A1		4022	
	i -			E DIRECT			WILMING		Г	1. 2	_	Damage			11 27 2	27 27	
	Vehicle Travel D		Xw	Responding to Emer			Sequence 21	23			23	Test Sta			1 28		
<sup>5</sup> 2	Citation # (If Issu	ued)		-				21	24	1		Type of BAC To		16-	30		
	Viol. 1: Ch/Sec/S	Sub	Vi	iol. 2; Ch/Sec/Sub		_ Drive	r Contributing Co	ode	97	25	25	Susp. A			1	ıg 2 32	<b>21</b> <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/S	Sub	Vi	iol. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26			Towed :		-	1 33		
<u>T</u>	Nome (Last First Mi		for operate	or and all occupants in	volved Address		DOB/Age	Sex	34 Scot Pos.	35 Safety System	36 3 Airbag Ej Status Co	ct Trap	39 Injury Status	40 Transp. Code	Medical	l Facility	
	Operato	r		s	ee Above		$>\!\!<$	X	1	1 4	0	0	10	1			
<sup>7</sup> 1	Please Select O of the Followin		2	Occupants Non	-Motorist A	Туре	15 Action	16 I	ocation.	ı	17 Con	dition	18	i i	lit/Run	Moped	
	License #		St	DOB/Age		Reg#	<u> </u>				Reg Ty	ре		Re	g State		1
	SexLic. C	lass 19 1			DL	Veh Y	ear	\	/eh Mal	ke				Veh	Config.	21	
3_	Operator	Last	F	irst E	Middle	Owne	er	Last			First			Mic	ddie		
1	Address				<del></del>	Addre	ess										. 14
			State _	Zip	······································	•				2		itate Damage			27 2	27 27	1
	Insurance Compa Vehicle Travel Di		F W	Responding to Emer	nency?		le Action Prior to Sequence		23 :			Test Sta		Code	28		
,	Citation # (If Issu			Responding to Ellier	Reitry :		Harmful Event	<u> </u>	24			Type of			29 30		
2	Viol. 1: Ch/Sec/S	ub	Vi	ol. 2: Ch/Sec/Sub —		Drive	Contributing Co	de		25	25	BAC Te Susp. Al	4		Susp. Dru	32	
	Viol. 3; Ch/Sec/Se	ub	Vi	ol. 4: Ch/Sec/Sub —	· · · · ·	_ Driver	Distracted by		26			Towed f	1		33	<u> </u>	
ļ	Plea	•	rator/non-n	notorist and all occup	ants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety A System 3	36 3' Lirbag Eje itatus Co	сі Тлар	39 Injury Status	40 Transp. Code	Medical	Facility	1
Ì		r/Non-Mo	torist	So	ee Above			X	1								1
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Patrol Officer Shane A Foley

Department

	Pol	lice Use Only		Com	ımonw	ealth	of Mass	ach	us	etts	3	ſ		RM	V Doc	ument Number		
	Date of Crash 03/26/2022	Time of Crash		City/Town ington	Moto	r Veh	icle Cra	ısh		umber ehicles		in-ad	Speed Latitud	Limit	1(	O State Police Local Police MBTA Police	0800	
	00, 20, 202	24HIR	1		P	olice	Report		2		0	- 1	ongit.			Campus Police Other:	_ 	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	T AT	INT	ΓER	SEC	TION:		10
									35	n	म	ORD	TAN	ł R	ח			2 10
<sup>1</sup> 1	Route# Dire	ction		Name of Roadway/	/Street		Route# Direc	ction		ress #		<u> </u>				way/Street		
1	_			At			Feet	NS	E W	of	_		- •	_	or _			
	Route# Direc	ction	Name	of Intersecting Roa				<u></u>		1	M	lile Mar	ker			Exit Number		3
				Also at Intersection	ı with			N S		_	Rou	te#	]	Interse	cting l	Roadway/Street	_	├──┤
<sup>2</sup> 1	Route# Direc	ction	Name	of Intersecting Roa	dway/Street		Feet	N S	ΕW	of								
	Please Select C	One 🔯 v	. , 1 #	Occupants H			Crash I		rrsa (	22	1	0.3			ndmari	к		
3	of the Followi	ng: —			it/Run	Moped												
		0423650	St <b>MA</b>	DOB/Age		_	6GB356										ıı .	7 12
	Sex. <u>M</u> Lic. (	Class D	Lic. Res	strictions 1	CDL Endorsement		(ear <u>2007</u>					GE			Veh	n Config. 2	╛	
<sup>4</sup> 1		VIS, DAN	F	โรรเ	Middle		er DAVIS.	Last			E	irst			M	liddle	-	
1	4	LOCUST			11 0000		ess <u>111 L(</u>	<u>)CU</u>	ST'	ST		PT				1001 000	_	
	City <b>WOBUR</b>			MA Zip 0180		•	WOBURN				22					1801-000 5 27 27	27	
	]			URANCE C			le Action Prior to		23	10 23	23		t Stati		COQU.	28		
5	Vehicle Travel D	ned)	EW	Responding to Em	ergency? Z		Sequence 1	1	24			Тур	e of T	est:		29		
	1			ol. 2: Ch/Sec/Sub			Harmful Event r Contributing Co	Ξ,		25	25	5		t Resu		30	32	13
	Viol. 1; Ch/Sec/S			ol. 2: Ch/Sec/Sub			r Distracted by	99	26	!_		-	•	ohol: om sc		Susp. Drug:	32	
<sup>6</sup> 1	Viol. 3. Cib'sec/s			r and all occupants i		20	- Distraction by		34	35	36	37	38	39	40			j
	Name (Lost First Mi			<u> </u>	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operato	)r			See Above			A	1	1	4	0	2	10	1			
					·													
<sup>7</sup> 1	Please Select O of the Followin		2 <b>2</b> #	Occupants No	on-Motorist A	Туре	15 Action	16 L	ocatio	n	17	Conditio	m	18		Hit/Run 🔲 Mo	ped	
	License # 599		St MA	DOB/Age		Reg#	8776LV			<u> </u>	Re	g Туре_	PC		R	eg State <b>MA</b>		
	Sex F Lic. C	10 19	9	20	CDL	_		v	eh Ma	ke S							1	
	Operator LYC	ON, KATH	_ IERIN	E PATRIC	Endorsement IA	. Owne			HE	RIN		PATI	RIC	ΙA			_	
4	Address 8 P	RISCILLA	A LN	rst	Middle	Addre	ss 8 PRIS	CII	ΙΑ	L		irsl			Mi	iddle	_	
	City BILLERICA State MA Zip 01821-1125 City BILLERICA State MA Zip 01821-11										1821-112	5	1 14					
	Insurance Company THE COMMERCE INSURANCE CO Vehic						cle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27								27			
	Vehicle Travel Di	irection: N S	Χw	Responding to Eme	ergency? 2	Event	Sequence 1	23 2	23	23	23		Statu e of T			28		
2	Citation # (If Issu	ned)				Most	Harmful Event	1	24			BA		Resu	lt:	30		
	Viol. 1: Ch/Sec/S	ນb <del></del>	Vio	ol. 2: Ch/Sec/Sub —		Drive	Contributing Co		<u> </u>	25	25	Sus	o. Alc	ohol:[	31	Susp. Drug:	32	
L	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 99 26 Towed from scene? 1 33																	
	Plea Name (Last First Mic	•	rator/non-m	notorist and all occu	pants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Stetus	40 Transp. Code	Medical Facility		
ĺ	Operato	r/Non-Mo	torist		See Above			X	1	1	4	0 (	)	10	1			
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				·														
}											•		$\dashv$					

Form No. 10364 CRA-65 09/18

	= Direction	1 = Vehicle 1 2 = Vehicle	2   \text{Pedestrian}	O = Bicycle
Crash Diagram:	ie: →□	1 2	<b>→</b> £	<b>→</b> №
full parking spots	350 Fordhal v2			If Crash Did NotOccur on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way  Indicate North by Arrow
Crash Narrative:				
The driver of v1 was	backing out of	a parking spot, di	d not see v2 lea	aving the lot, and
backed in to v2,				
v2 was exiting the lo	t. Vl backed	out of it's space a	nd hit it.	
<del>-</del>				<u></u>
Witnesses:				
Name (Last, First, Middle)		Address		Phone # Statement
Name (East,Pitst,Witalie)		Addition		Thole? Outcher,
Property Damage:		- In #		- I D
Owner (Last, First, Middle)	Address	Phone #	41-Type De	scription of Damaged Property
Truck and Bus Informatio	Registration #		(From Vehicle Section)	
Co-io-Nom-				Bus Use 42
Carrier Name				Dus Ose
Address		City		St Zip
US DOT#-	State Number	Incuiso C	tate MC/MV/IC	C#:
43	State Number 44	15stilig 3	WO WINTE	
	ly Type Code	GVWR/GCWR 45		
Trailer Reg #:	Reg Type	Reg State Re	g Year Teatlan	Length 46
			Trailer	Long
Hazmat Information:				
47	48			49
Placard 47 Material 1 digi	it # 48 Material N	iame	Material 4 digit #	Release code 49

Patrol Officer Brian D Thornton
Police Officer Name (Please Print)

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Wilmington Police Department
Department Precinct/Barracks

03/27/2022