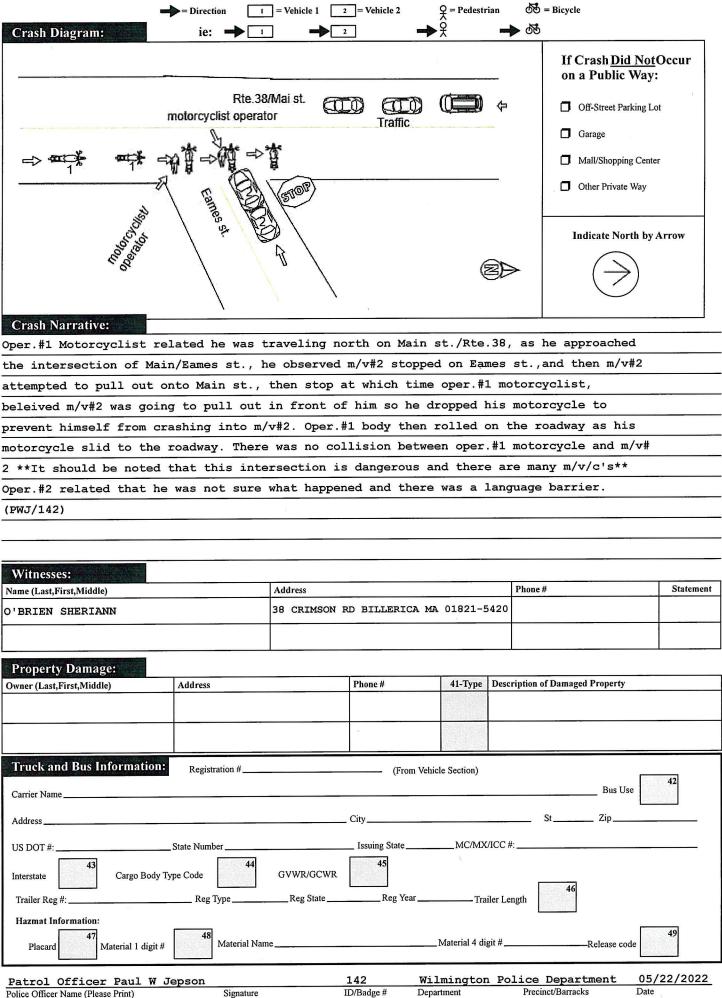
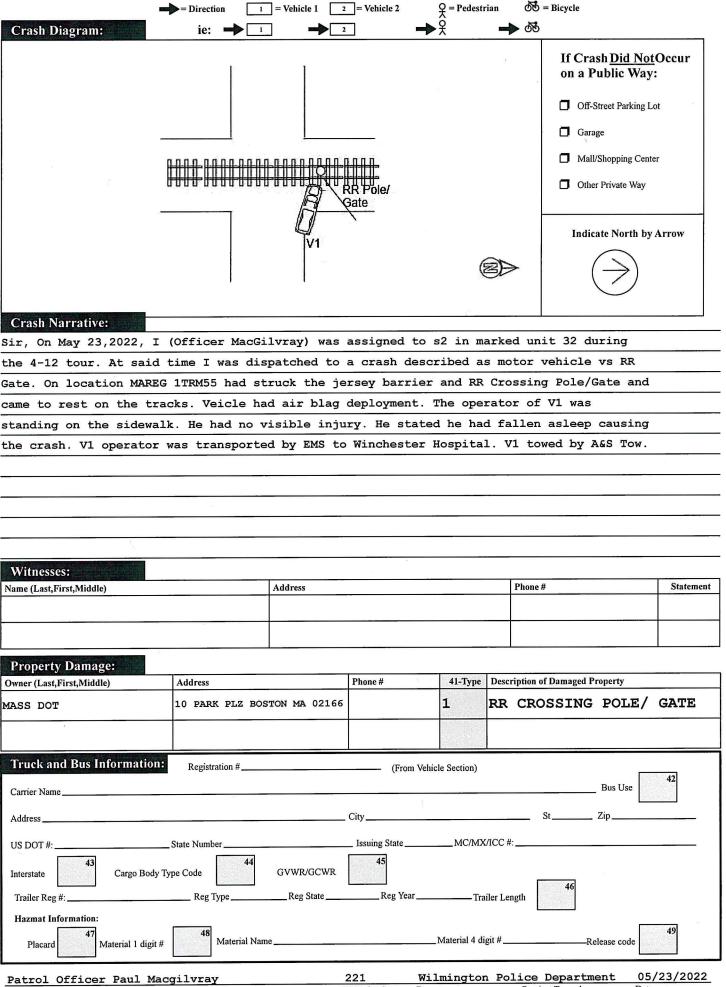
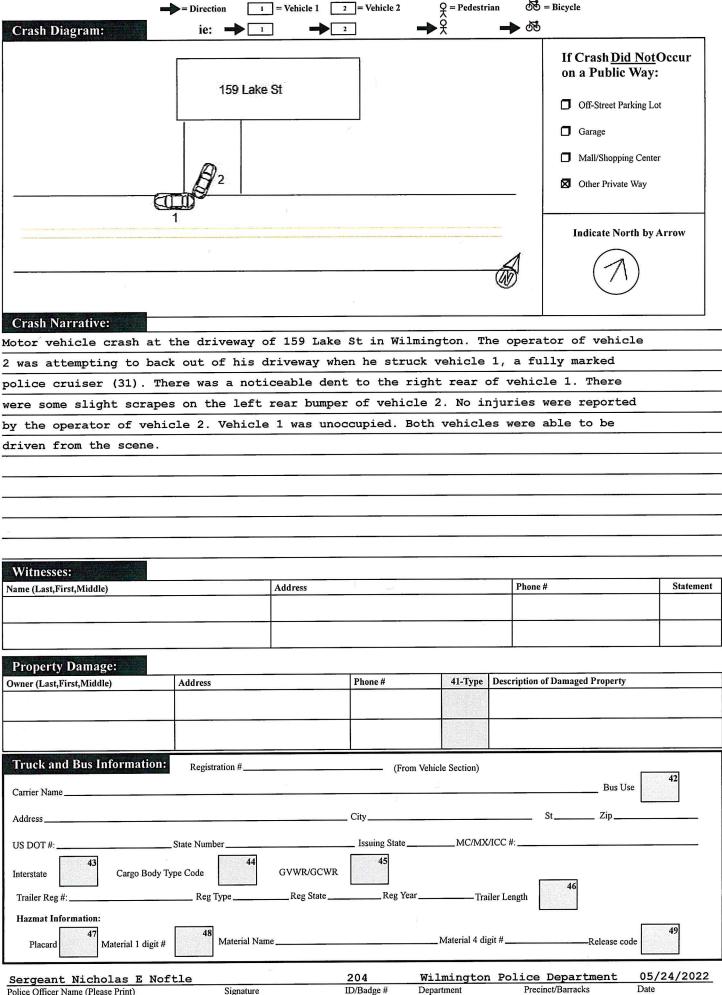
3	Police Use Only	Common	wealth o	of Massa	ichu	setts	1		RM	V Docu	ment Number	
		ity/Town Mo	otor Veh	icle Cra	sh [Number			ed Limit	40	State Police Local Police MBTA Police Campus Police	
	05/22/2022 1346 Wilmi	ngton	Police 1	Report		2	1	Lau	tude gitude		Campus Police	
	AT INTERSECTIO	N: <	Comp. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10		>		NOT			SEC	TION:	7
	THE HITCH COLOR			407-12 1035 F 110-1			2 0 05 2					2 10
	38 N MAIN ST	3										_
¹ 1	Route# Direction N	Name of Roadway/Street At		Route# Direct	tion A	ddress #		1	Name of	Roadw	ay/Street	-
1	HANGE CO	At		Feet	N S E	w of			. —	or _		.
	Route# Direction EAMES ST Name of	of Intersecting Roadway/Stree	et				Mi	le Marker			Exit Number	1 11
	A	Also at Intersection with		Feet	N S E	W of	Route	_ _	Interse	ecting R	Roadway/Street	
				Feet	N S E	w of	Route		micra	cting i	coadway/Sirect	
² 2	Route# Direction Name of	of Intersecting Roadway/Stree	et				-		La	ndmark	(-
	Please Select One Vehicle 11 #0	Occupants Hit/Run	Moped	Crash R	enort ID	# 22	-1	62-	- A C	•		
3	of the Following:											4
	License # S67019192 St MA	_ DOB/Age	-	2L9442							2:410:310:31	12
	Sex M Lic. Class D M Lic. Rest	rictions CDL	Veh Y	Year <u>2020</u>	Vel	Make H	ARLE	Y-DAV	IDSO	Veh	Config. 3	
	Operator DESIMONE, CHRIS		Own	er DESIMO	NE,	CHR	STC	PHE	LE	E		
⁴ 2	Address 10 PAUL AVE	st Middle		ess 10 PAU	Last JL AV	VE	Fir	rst		Mi	ddle	.
	City WOBURN State M	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		WOBURN				State N	1 A 7	in 0 1	L801-3734	
	2				C 1	1	22		ged Area	1		`
	Insurance Company PROGRESSIVE			cle Action Prior to		Georgia (1982)	23	Test S			28	
⁵ 1	Vehicle Travel Direction: SEW	Responding to Emergency?	2 Even	t Sequence 97			23	Туре с	of Test:		29	
T	Citation # (If Issued)		Most	Harmful Event	97 ²	Ñ.		BAC	est Resu	ult:	30	12]
	Viol. 1: Ch/Sec/SubVio	l. 2: Ch/Sec/Sub	Drive	er Contributing Co	de 1	1 25	25	Susp.	Alcohol:	31	Susp. Drug: 32	97 ¹³
	Viol. 3: Ch/Sec/Sub ————Vio	I. 4: Ch/Sec/Sub	Drive	er Distracted by	0 2	6		Tower	from sc	ene?	1 33	
⁶ 1	Please fill out for operator	and all occupants involved				34 35 Seat Safety	36 Airbag	37 38 Eject Tro	p Injury	40 Transp.		1
	Name (Last First Middle)	Address		DOB/Age	Sex F	os. System	Status	Code Co	le Status	Code	Medical Facility Winchester	-
	Operator	See Abov	re			1 5	5	3 0	8	2	Hospital	4
	¥*											
0												
11						_	H					1
						ᆚᇀ						4
⁷ 3	Please Select One of the Following:	Occupants Non-Motor	ist A Type	15 Action	16 Loc	ation	17	Condition	18		Hit/Run 🔲 Moped	ı.
3		DOD'A	D.	# 6555LY		1141	Por	Time D	<u> </u>	D,	eg State MA	=
	19 19	_ DOB/Age									_ 21	1
	Sex M Lic. Class D Lic. Rest	Endorsem	nent	Year <u>2010</u>						Veh	Config.	
⁸ 1	Operator <u>PATEL</u> , <u>NARENDRA</u>	ARAI J st Middle		er PATEL,	Last		Fi	rst		Mi	ddle	•
1	Address 1047 MAIN ST A	PT A	Addr	ess <u>1047 N</u>	MIAIN	ST	AP				-	- 14
	City WOBURN State M	IA Zip 01801-13	13 City	WOBURN							L801-1313	. 1
	Insurance Company ARBELLA MU	<u>rual insuran</u>	CE_ Vehic	cle Action Prior to	Crash	2	22		ged Area	Code:	CURACON RELIGIONS ASSESSED.	
	Vehicle Travel Direction: NSE	Responding to Emergency?_	2 Even	t Sequence 97	23 23	23	23	Test S			28	
	Citation # (If Issued)		Most	Harmful Event	97 ²	4		ceae.	of Test:		30	
⁹ 2		1.0.01/0./0.1		er Contributing Co	Tax	8 ²⁵	25		Test Resi	- 0.4	20	
-	Viol. 1: Ch/Sec/Sub — Vio		A SOURCE AND A SOU		100	6) 10000e-000	Alcohol: I from so	SCHEELSTEE	22	
	THE STATE OF THE S	ol. 4: Ch/Sec/Sub	*	er Distracted by	U	34 35	36	37 3	3 39	40	2 33	4
	Please fill out for operator/non-m	notorist and all occupants inv Address	oived	DOB/Age		Seat Safety Pos. Syster	Airbag	Eject Tra Code Co	p Injury	Transp.	Medical Facility	_
	Operator/Non-Motorist	See Abov	/e		X	1 1	5	3 0	10	1		
	KANTABEN PATEL	1047 MAIN ST		/ \	F 3	1	5	3 0	10	1		7
	TANIABEN FAIED	WOBURN, MA 01801		Service Street					-	-		-
												4



	Police Use Only	Common	wealth	of Massa	chuse	tts		RMV Docu	iment Number	
		City/Town Mo	tor Veh	icle Cras	h Nu	mber Numbe	1 Speed L		— Local Police	
	05/23/2022 1653 Wilm	ington	Police 1	Report	1	1	Latitude	20	MBTA Police Campus Police	
	AT INTERSECTION	ON:	LOCA			NOT		ERSEC'		1
	111 111 12102 0 11									2 10
					209		LEM S			
1_	Route# Direction	Name of Roadway/Street		Route# Direction	n Addre	ess #	Nam	e of Roadw	ay/Street	-
¹ 1		At		Feet N	SEW	of — —		— or _		
	Route# Direction Name	e of Intersecting Roadway/Stree	t				Marker		Exit Number	6 11
		Also at Intersection with		Feet N	SEW	ofRoute#		tersecting E	Roadway/Street	
				Feet N	SEW	of	11.	iterseeting r	toadway/Sireet	
² 1	Route# Direction Name	e of Intersecting Roadway/Stree	t					Landmark		_
,	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Rei	port ID#	22-1	53-7	AC.		
³ 97	of the Pollowing:									4
		- DOBINGE.	<u>55</u> Reg	1TRM55		Reg T	уре <u>РС</u>	Re	eg State MA	3 12
	Sex M Lic. Class D 19 Lic. Re	estrictions 20 CDL		Year 2014	Veh Ma	ke FORD		Veh	Config. 1	
	Operator KEENAN, FREDER		Own	er KEENAN,	FREI	DERICK First	T	14	ddle	
⁴ 8	Address 520 FOSTER RD	First Middle	Addr	ess <u>520 FOS</u>				Mi	idle	
	City TEWKSBURY State	MA 7in 01876-293	32 City	TEWKSBUR	Y	iet.	State MA	Zip 0 1	L876-2932	
	Insurance Company THE COMMER	~ 7		ele Action Prior to C	Г	1 22		Area Code:		
	-			t Sequence 20 ²³		ASSESSED TO	Test Status	- 1	1 28	
⁵ 2	Vehicle Travel Direction: N S E	Responding to Emergency? 2			OR THE OWNER OF A	10	Type of Te	est:	29	
	Citation # (If Issued)	-	Most	Harmful Event	LO	25	BAC Test	Result:	1 30	13
	Viol. 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub ———	Drive	er Contributing Code	10,000,460	²⁵ 99 ²⁵	Susp. Alco	ohol: 2 31	Susp. Drug: 2 32	25 ¹³
6	Viol. 3: Ch/Sec/Sub ———— V	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²⁶		Towed fro	m scene?	1 33	
⁶ 1		or and all occupants involved			34 Sent	Safety Airbag E	37 38 ject Trap	39 40 Injury Transp.		Ţ
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Status C			Medical Facility Winchester	1
	Operator	See Above	;		\ <u>\</u>	99 1 0			Hospital	4
				-						1
1			418	16	16	17		18		1
⁷ 1	Please Select One of the Following:	#Occupants Non-Motoris	st A Type	Action Action	Locatio	n 1/ Co	ndition	'° □'	Hit/Run Moped	
	License #St	DOB/Age	Reg	¥		Reg T	vne	Re	eg State	1
	19 19	20	_	Year					21	
	Sex Lic. Class Lic. Re	estrictions CDLEndorseme	ent		ven ivia	ike		ven	Comig.	
⁸ 1	Operator	First Middle	Own	erLas	st	First		Mi	iddle	
	Address			ess		-				14
	City State	Zip	City			A Comment	State		25 25 25	
	Insurance Company		Vehic	cle Action Prior to C	Crash	22		Area Code:	27 27 27	1
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Even	t Sequence 23	3 23	23 23	Test Statu		29	
	Citation # (If Issued)	_	Most	Harmful Event	24		Type of To		30	1
⁹ 2	Viol. 1: Ch/Sec/Sub — V	lial 2: Ch/Saa/Sub	Drive	L er Contributing Code	e	25 25	BAC Test Susp. Alco	0.1		
				er Distracted by	26		Towed fro		33	
	Viol. 3: Ch/Sec/Sub — V			Distracted by	34	35 36	37 38	39 40		-
	Please fill out for operator/non- Name (Last First Middle)	-motorist and all occupants invo Address	orvea	DOB/Age	Seat Pos.	Safety Airbag I	ject Trap	Injury Transp. Status Code	Medical Facility	_
	Operator/Non-Motorist	See Above	•		\times 1					
				Y						1
										+
			-							4



	Police Use Only	Commony	wealth (of Massa	chus	etts		<i>37.</i>	RMV	Docu	ment Number		
		City/Town Mo	tor Veh	icle Cras	$\mathbf{sh} \begin{bmatrix} 1 \\ 3 \end{bmatrix}$	Number Vehicles	Number Injured	1 *	l Limit_	20	- Local Police	0080	
	05/24/2022 1800 Wilmi	ington	Police 1	Report	2		0	Latitu Longi			MBTA Police Campus Police Other:	. 出	
	AT INTERSECTIO	Edition to come	LOCA				NOT A		_	SECT		_	
													2 10
					_ 15		LAK						
¹ 1	Route# Direction	Name of Roadway/Street At	*	Route# Directi	on Ado	dress #		Na	ame or	Koadwa	ay/Street	_	
	1	1		Feet	N S E V	v of			. —	or _	Exit Numbe		
		of Intersecting Roadway/Street	t		باماماي		Mile N	larker			EXII Numbe	:r	7 11
	, ·	Also at Intersection with			N S E V	_	Route#		Interse	cting R	oadway/Street		
² 1	Route# Direction Name of	of Intersecting Roadway/Street		Feet	N S E V	V of							
				<u> </u>						ndmark			
³ 99	Please Select One of the Following: Vehicle 10 #	Occupants Hit/Run	Moped	Crash Re	eport ID#	22	-16	4 –	AC	,			
99	License # St_	DOB/Age	Reg #	MPF696			Reg Ty	pe LF	•	Re	g State MA		12
	19 19	trictions 20 CDL_	19	Year 2020							500000	21	7 12
	THE DAY COLUMN TO SERVICE SHOWING THE PARTY OF THE PARTY	Endorseme	ent	er WILMIN									
⁴ 1	Operator Driverless M.V	erst Middle		es 1 ADEL	ast		First			Mid	ldle		
1	Address		- DOLEGO CO			<u> 51</u>				. 01	007 27	10	
	City State	Zip		WILMING				tate <u>Mu</u> Damage			887-27	27	
	Insurance Company MIIA		Vehic	le Action Prior to	- Hansan - Ha		500	Jamage Fest Stat		Code.	28		
5	Vehicle Travel Direction: N E W	Responding to Emergency? 2	Even	t Sequence 1 2	3 23	23	23	Type of			29		
	Citation # (If Issued)		Most	Harmful Event	1 24			BAC Te		lt:	1 30		10
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub ———	Drive	er Contributing Coo	le 1	25	25	Susp. Al	lcohol:	2 31	Susp. Drug: 2	32	2 13
6	Viol. 3: Ch/Sec/Sub ————Vio	ol. 4: Ch/Sec/Sub ———	Drive	er Distracted by	0 26			Towed f	rom sce	ene?	2 33		
⁶ 1		r and all occupants involved			34 Sea	t Safety	36 37 Airbag Eje	t Trap		40 Transp.	M E 1E 7		
	Name (Last First Middle)	Address See Above		DOB/Age	Sex Pos	. System	Status Coo	e Code		Code 1	Medical Facil	ity	
	Operator	See Above	P		<u> </u>	-		-	-	-			
	•								_				
		,											
	Please Select One Vehicle 21 #0	Occupants Non-Motoris	t A Type	15 Action	16 Locat	tion	17 Con	lition	18		lit/Run 🔲 M	loped	
⁷ 9	of the Following:	Non-Motoris	t A Type	Action	Local	ilon	Con	ппоп		<u> </u>	III/Kuli 🗀 IV	Topeu	
	Consultation Language	_ DOB/Age	Reg #	<u>5VS683</u>			Reg Ty	pe <u>PC</u>	;	Re	g State MA	21	
	Sex M Lic. Class D 19 Lic. Rest	trictions CDL		Year <u>2020</u>	Veh N	Make <u>S</u>	<u>UBAR</u>	J		_ Veh	Config. 1		
0	Operator BOULEY, HERBER			er BOULEY	, HEE	RBER	T L			Mid	ldle		
⁸ 1	Address 159 LAKE ST		Addr	ess 159 LA	KE S	T							141
	City WILMINGTON State M	1A Zip 01887-162	22 City	WILMINGT	ON	2	S	tate M	A z	ip 01	887-16	22	1 14
	Insurance Company THE COMMERC	CE INSURANCE (CO Vehic	ele Action Prior to	Crash	10	22	Damage	d Area	Code:		27	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 2	3 23	23	23	Test Sta			1 28		
	Citation # (If Issued)		Most	Harmful Event	2 24			Type of			29		4.
⁹ 2	Viol. 1: Ch/Sec/Sub ———————Vio	ol 2: Ch/Sec/Sub		er Contributing Cod	Village Manager	25	25	BAC Te Susp. Al	Г	LINE SECTION	Susp. Drug:	32	
			40.000		99 26	200		Susp. Ai Fowed f		_	33 2 33	ST-SEE	
	Viol, 3: Ch/Sec/Sub — Viol Please fill out for operator/non-п	ol. 4; Ch/Sec/Sub			34		36 3	38	39	40	THE STATE OF		l
	Name (Last First Middle)	Address		DOB/Age	Sex Pos		Airbag Eje Status Co	t Trap le Code	Injury Status	Transp. Code	Medical Facil	ity	
	Operator/Non-Motorist	See Above		> <	X_1	99	4 0	0	10	1			
	1			1 1									



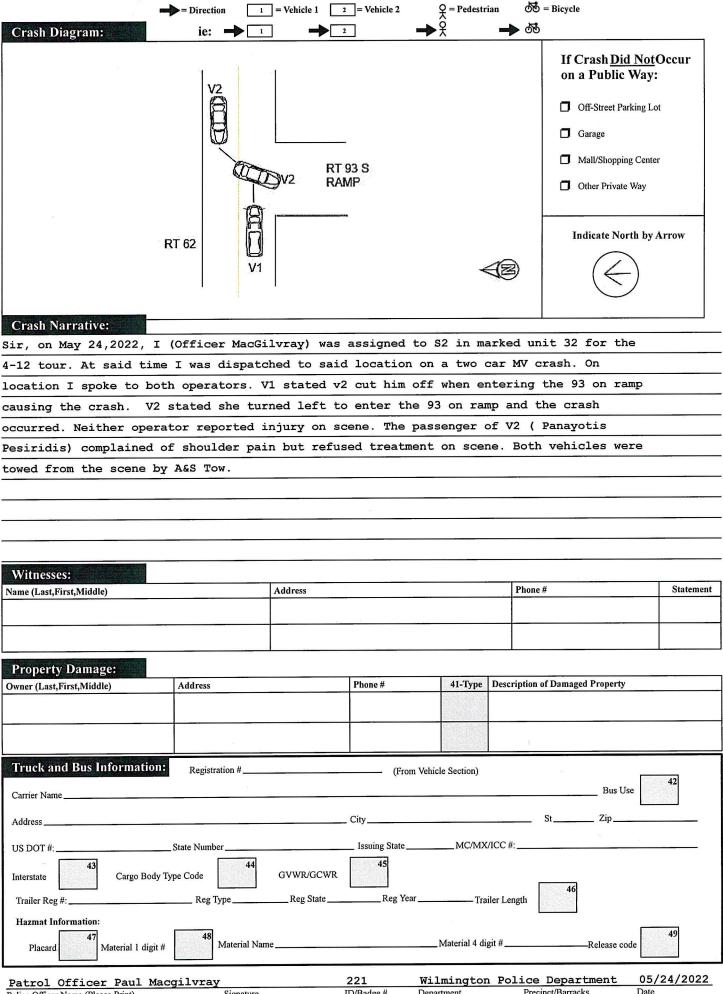
Wilmington Police Department Images Associated with 22-164-AC



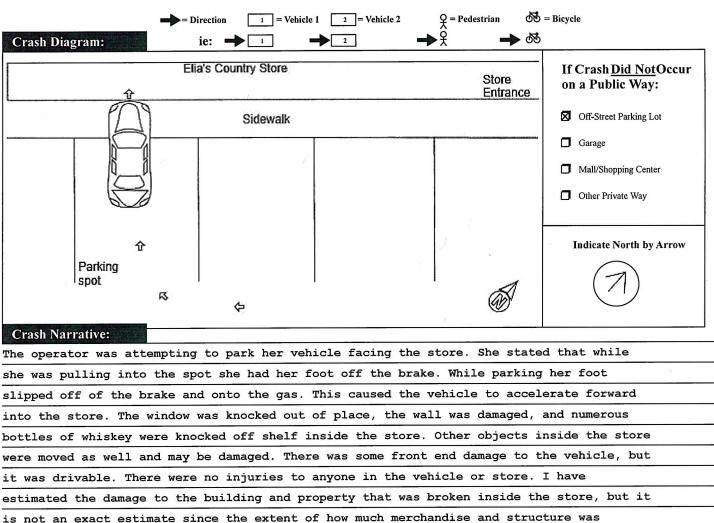




	Police	e Use Only		Com	monv	vealth (of Massa	ach	use	etts			RM	V Doc	ument Nu		
		Time of Crash	-	/Town	Mot	tor Veh	icle Cra	sh		ımber hicles	Numb	. P	ed Limi	t40	Local	Police 🔀	
	05/24/2022	L741 W:	ilmin	gton		Police 1	Report		2	ilicies	1	Lai	itude ngitude _			A Police us Police	
		AT INTERSE	CTION		<	LOCA	THE RESERVE AND ADDRESS OF THE PARTY.	>			NOT			SEC	TION:		1
		AT INTERSE	CHOIL		A 674-294			- 15			.,						2 10
									34		RO		62				2
¹ 1	Route# Directi	ion	Nan	ne of Roadway/S	Street		Route# Direct	tion	Addr	ess#			Name of	Roadv	vay/Street	N	-
1				At			Feet	N S	EW	of		_		or _			
	Route# Directi	ion	Name of I	ntersecting Road	lway/Street						Mile	Marke	·		Exit 1	Number	6 11
			Also	o at Intersection	with		Feet	N S	E W	of	Route#	-	Intere	ecting l	Roadway/	/Street	
<u></u>							Feet	N S	EW	of	Routen		mers	ecting i	ixoauway/	Sirect	
² 1	Route# Directi	on	Name of I	ntersecting Road	iway/Street							see a	L	andmar	k		1
	Please Select Or		1 #Occ	cupants Hi	t/Run	Moped Moped	Crash R	Leport	ID#	22	-1	65.	-A(•			
³ 97	of the Following																-
	License # <u>\$70</u>		St MA I	OOB/Age			2CM258									21	1 12
	Sex M Lic. Cl	19 19 D	Lic. Restric	tions 1	CDL Endorsemen	Veh '	Year <u>2011</u>	v	Veh Ma	ke F	ORD			Veh	Config.	1	
	Operator PEN	NIE, RYA	N CHE				er PENNIE	, R	RYAI	<u> </u>	HRI	STO	PHEF	<u> </u>	iddle		
⁴ 1	Address 5 CH	IANDLER F	RD		iviidale	Addr	ess 5 CHAN	<u>IDLI</u>	ER	RD	riisi			IVI			
	City WILMI	NGTON	State MA	_ Zip 0188	7-241	4 City	WILMING'	TON				State 1	4A	Zip 0	1887	-2414	
	-	ny GOVERNM					ele Action Prior to		Г	1	22	Dama	ged Area	a Code:	2 27 8	27 1 27	
	80	rection: NSX		sponding to Eme						23 1	23	Test S	tatus:		1 28		
⁵ 2	ner to the man to the co			sponding to Eme	rgency !			450500	24	1		Туре	of Test:		29		
_	Citation # (If Issue	ed)						1	SHE	25	25		Test Res		1 30	-	13
	Viol, 1: Ch/Sec/Su	ıb ———	Viol. 2	: Ch/Sec/Sub —	×-	Drive	er Contributing Co	de	-	25	25	Susp.	Alcohol	2 31		orug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/St	ıb	Viol. 4	: Ch/Sec/Sub —		Drive	er Distracted by	0	26			Towe	d from s	cene?	1 33		
1		Please fill out for	operator an	d all occupants i	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag	37 3 Eject Tra Code Co	p Injury		Mad	lical Facility	
	Name (Last First Mide				See Above	-	DOBINGE	Ÿ	1	1	4 0		10	1	IVICO	ucar r acincy	
	Орегию	K*	_		Bee 7 toove			\triangle	•				+				1
						·	_							(
		7.16.1															
	Diseas Salast On				~		15	16		y s	17		18				1
⁷ 3	Please Select On of the Following		<u>2</u> #Occ	cupants No	n-Motorist	A Type	Action	L	Locatio	n	Co	ndition			Hit/Run	Moped	
	License # SA5	930836	St MA [OOB/Age		Reg	1JHE78				_ Reg	Гуре <u>Р</u>	С	R	eg State 1	M/A	
	Ser Lic. Cl	19 19 19	Lic. Restrict	tions 1 20	CDL	Veh `	Year 2010	v	Veh Ma	ke M	AZD	4		Veh	Config.	1 21	
	Operator	Date State			Endorsemen	t Own	er PESIRI	DIS	S. 1	PAN	AYO'	ris	THO	MAS	3		
⁸ 1		Last	First		Middle		ess 97 MAS	Last			First			М	iddle		
L	Address						ARLINGT(C+++ N	/Z	z:_ ∩'	2474	-8613	1 14
	City		State	_ Zip					ſ	No.	22		ged Are			27 4 27	
	Insurance Compar	ny PREFERR	ED MU	TUAL IN	SURAN	<u>C</u> Vehic	ele Action Prior to		L	4		Test S		a Couc.	28	4	
	Vehicle Travel Dir	rection: N E	W Re	sponding to Eme	ergency? 2	Even	t Sequence 1	23 1		²³ 1	23		of Test:		29		
⁹ 2	Citation # (If Issue	ed)				Most	Harmful Event	1	24				Test Res	ult:	1 30		
2	Viol. 1; Ch/Sec/St	ıb	Viol. 2	2: Ch/Sec/Sub —		Drive	er Contributing Co	de	99	25	25	Susp.	Alcohol	2 31	Susp. D	orug: 2 32	
	Viol, 3: Ch/Sec/Su			l: Ch/Sec/Sub —			er Distracted by	0	26				d from s		1 33	4.00(1858)	
		se fill out for operat	The vestile	AND DESCRIPTIONS SHOW THE PROPERTY.	pants involv	red			34 Seat	35 Safety	36 Airbag	37 3	8 39 ap Injury	40 Transp.			1
	Name (Last First Mid	dle)			Address		DOB/Age	Sex	Pos.	System			de Status	Code	Med	lical Facility	-
	Operato	r/Non-Moto	rist		See Above		\times	X	1	99	1 0	0	10	1			
	PANAYOTIS PE	ESIRIDIS		MASS AVE RLINGTON, MA	2474-8613		11/06/2001	м	3	99	1 0	О	8	1			
													\top				
		P	1				-					+	+			1	1
	Ī						1						1	1			I



	Police Use Only	Comm	ıonwealth	of Massac	husetts	5	RM	V Document N		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	Number Vehicles		Speed Limit	Loca	e Police	
	05/26/2022 1438 Wil	mington	Police	Report	1	o	Latitude Longitude		TA Police pus Police	
	AT INTERSECT	ΓΙΟΝ:		TION >	W.	NOT A		SECTION		1
				B Bissis	381	MIDE	LESEX			2 10
¹ 1	Route# Direction	Name of Roadway/Stre	et	Route# Direction	Address #		Name of	Roadway/Stre	et	ŝ
	Route# Direction N	ame of Intersecting Roadwa	ny/Street		S E W of	— — Mile Ma	rker	orExi	t Number	1 11
2		Also at Intersection with			SEW of	Route#	Interse	ecting Roadwa	y/Street	
² 1	Route# Direction N	ame of Intersecting Roadwa	ay/Street			 	La	ndmark		
3	of the Following:	#Occupants Hit/R			ort ID# 22					
	10	MA DOB/Age.		# <u>3TC365</u>					21	7 12
	Sex F Lic. Class D 19 19 Lic. Operator ARAUJO , BETH	Restrictions 1 CD	dorsement	Year <u>2020</u> ner <u>ARAUJO ,</u>				Veh Config.	1 (2) (3) (3)	
⁴ 1	Address 88 CHARME RD	First		ress 88 CHAR		First		Middle		
_	City TEWKSBURY Sta	nte MA Zip 01876		TEWKSBUR		Sta	te MA 2	Zip 01876		
	Insurance Company PLYMOUTH	ROCK ASSURA	NCE C Vehi	cle Action Prior to Cra	ash 1		amaged Area		27 27	i .
5	Vehicle Travel Direction: NSE	Responding to Emerge	ency? 2 Ever	nt Sequence 35 23	23 23	23	est Status: /pe of Test:	1 28 29		
J	Citation # (If Issued)		Mos	t Harmful Event 3	5 ²⁴		AC Test Resi	20		<u> </u>
	Viol. 1: Ch/Sec/Sub —————			er Contributing Code	26	25 St	sp. Alcohol:	2 31 Susp.	Drug: 2 32	30 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35	36 37	owed from sc	40		ļ
_	Please fill out for ope Name (Last First Middle)	erator and all occupants invo	Address	DOB/Age S	Seat Safety ex Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	ledical Facility	
	Operator	See	Above	>>>	(1 1	4 0	0 10	1		
	RICHARD ARAUJO	88 CHARME RD TEWKSBURY, MA 018	76-3204	04/19/1945 M	3 1	4 0	0 10	1		
				0						1
		-								-
					1		5.55594.0		T	1
⁷ 1	Please Select One of the Following:	#Occupants Non-l	Motorist A Type	Action 16	Location	17 Condi	tion 18	Hit/Run	Moped	
	19 19			# Year					21	
0	Operator	First		nerlast		First		Middle		1
⁸ 99	Address	rust		ress		2 1131		Madic		14
	CitySta	ate Zip	City			Sta	ite Z	Zip		1 14
	Insurance Company		Vehi	cle Action Prior to Cr	ash	22 D	amaged Area		27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerge	ency? Ever	nt Sequence 23	23 23	23	est Status:	28		
<u></u>	Citation # (If Issued)	<u> </u>	Mos	t Harmful Event	24		ype of Test: AC Test Resi	20		
⁹ 2	Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25	25	usp. Alcohol:	24	Drug: 32	
	Viol. 3: Ch/Sec/Sub —			er Distracted by	26		owed from sc	Susp.		
	Please fill out for operator/r				34 35 Seat Safet	36 37 y Airbag Eject	38 39 Trap Injury	40 Transp.		†
	Name (Last First Middle)		Address	DOB/Age S	ex Pos. System		Code Status		fedical Facility	1
	Operator/Non-Motori	St See	e Above	\rightarrow	1					1
									^	
			ž.							



is not an exact estimate since the extent of how much merchandise and structure was broken. The building inspector came and stated the building was safe to occupy/operate.

Additional Witness: Jillian Holahan

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
ELIA MICHAEL JOHN	2 KENDALL RD TEWKSBURY MA 01876		-
ELIA PATRICE A	2 KENDALL RD TEWKSBURY MA 01876-1916		

Property Damage:				
Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ELIA MICHAEL JOHN	2 KENDALL RD TEWKSBURY MA 01876		97	WINDOW AND WALL STRUCTURE OF ELIA'S
ELIA MICHAEL JOHN	2 KENDALL RD TEWKSBURY MA 01876		97	NUMEROUS BOTTLES AND CANS OF LIQUOR

ELIA MICHAEL BOIN	Contraction Contraction (Contraction Contraction Contr			
Truck and Bus Information:	Registration #	(From Vehicle Section)		42
Carrier Name			1.	Bus Use
Address		City	St	_ Zip
US DOT #:	State Number	Issuing StateMC/MX/ICC #:		
Interstate 43 Cargo Body Ty	A SANCE OF THE SAN	45	46	
· ·	Reg TypeReg State	Reg YearTrailer Length		\$
Hazmat Information:				
Placard Material 1 digit #	Material Name	Material 4 digit #	I	Release code

Patrol Officer Emily L Stebbins

210

Wilmington Police Department

05/26/2022

Wilmington Police Department Images Associated with 22-166-AC











Wilmington Police Department Images Associated with 22-166-AC











	Police Use Only	Common	wealth	of Massa	chi	use	tts			RM	V Docu	ment Number	
		ity/Town Mo		icle Cras	sh		nber icles	Numbe Injure	, ~ P * *	d Limit	35	State Police Local Police MBTA Police Campus Police	
	24HR	ing con	Police 1	Report		3		0	110000000000000000000000000000000000000	gitude		Campus Police Other:	
	AT INTERSECTION	N: <	LOCA	TION >	>		I	TON	AT IN	TER	SEC	TION:	1
													2 10
	Route# Direction ADAMS ST	lame of Roadway/Street		Route# Directi	ion	Addre	ss#	-	N	lame of	Roadw	ay/Street	
¹ 3		At		Feet	NISI	E W	of -				or		
	Route# Direction CHURCH ST	Intersecting Roadway/Stree	et .			ردرد		Mile	Marker			Exit Number	2 11
	P	Also at Intersection with		Feet	N S	E W	of _	Route#		Interse	ecting F	Roadway/Street	3
² 2	Route# Direction Name o	of Intersecting Roadway/Stree	et .	Feet	N S	E W	of					,	1
2	Routen Breeden Tame o		<u> </u>								ndmark	(4
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Ro	eport l	D# 2	22-	-1(67-	-AC	;		
	License # S20505444 St MA	DOB/Age.	Reg	# <u>1HFT73</u>				_ Reg T	ype P (2	R		_ 12
	Sex M Lic. Class D D Lic. Rest	rictions 20 CDL	Veh	Year 2010	v	eh Ma	ke H C	OND			Veh	Config. 21	1
	Operator COTE, REID J	Endorsem	ent Own	er COTE ,	REI	D J	<u> </u>	First			1.4	ddle	
⁴ 1	Address 401 DANA CT	si Middle	Addr	ess 401 DA	NA_	CT		First			MI	ddje	
	City WILMINGTON State M	IA Zip 01887-622	27 City.	WILMING	CON				State <u>M</u>	[A	ip 0 1	L887-6227	
	Insurance Company GOVERNMENT	EMPLOYEES IN	SU_ Vehi	cle Action Prior to	Crash		1 ²	22	Damag	ed Area	Code:	- 10-11-10-1 - 1	
5	Vehicle Travel Direction: SEW	Responding to Emergency? 2	Even	t Sequence 1 2	23 2	23	23	23	Test St			1 28 29	
3	Citation # (If Issued)		Most	Harmful Event	1	24			Type o	r 1est: 'est Resi	ılt:	1 30	
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Coo	de	1	25	25		Alcohol:		Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub ———— Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0	26			Towed	from sc	ene?	1 33	
⁶ 1	Please fill out for operator Name (Last First Middle)	and all occupants involved		DOB/Age	Sex	34 Seat Pos.		Airbag E	37 38 ject Traj ode Cod	Injury	40 Transp. Code	Medical Facility	
	Operator	See Above	2		X	100		4 1	0	10	1		1
	* A		1										1
								+	-				1
				1				+		+			1
				15	16	i	Feedle	17		18			┧
⁷ 2	Please Select One of the Following: Vehicle 2.3 #0	Occupants Non-Motori	st A Type	Action	16 L	ocatio	n	Co	ndition	10	Ų.	Hit/Run Moped	
	License # SA5700855 St MA	_ DOB/Age	Reg	# <u>582WBZ</u>				_ Reg T	ype P (C	R	eg State MA	
	Sex. Lic. Class D D Lic. Rest	trictions T 20 CDL		Year 2012	v	eh Ma	ke N]	[SSZ	N		Veh	Config. 21	
Q	Operator Last Fir	=	Own	er DINUCC	IO,	<u> </u>	1TH	ONY First	J		Mi	ddle	
⁸ 1	Address	-	Addı	ess 18 BRE	NTV	100	D A						_ 14
	City State	_ Zip.		WILMING	CON	Г						1887-3402	1
	Insurance Company PLYMOUTH RO	OCK ASSURANCE	<u>C</u> Vehi	cle Action Prior to			Light	22	Damag Test St	ged Area	Code:	1 27 27 27 2 28	
	Vehicle Travel Direction:	Responding to Emergency?	2 Ever	t Sequence 1	23 :		23	23	Type o			29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	1	24	25	25	BAC T	est Resi	alt:	1 30	
	Viol. 1: Ch/Sec/Sub ———Vio	ol. 2: Ch/Sec/Sub ———	Driv	er Contributing Co	n_vriestos	26	²⁵ 19	9 43		Alcohol:			
		ol. 4: Ch/Sec/Sub		er Distracted by	99	34	35	36	Towed	from sc	ene?	2 33	4
	Please fill out for operator/non-m Name (Last First Middle)	notorist and all occupants invo	olved	DOB/Age	Sex	Seat	Safety	Airbag I	jeet Tra	p Injury		Medical Facility	1
	Operator/Non-Motorist	See Above	e	> <	X	1	99	4 1	0	10	1		_
						3	99	4 1	0	10	1		
	SANTINO GAROFALO	54 WHITTEMORE ST TEWKSBURY, MA 01876-15	42		м	5	99	4 1	o	10	1		
						-							7

Po	olice Use Only	Comm	onwealth	of Massac	husett	ts	RN	1V Docum	ment Number	
Date of Crash 05/27/2022		City/Town	Motor Veh		Venici	es Injured	Speed Lim Latitude	it35	State Police Local Police MBTA Police Campus Police	0800
	24HR			Report	3	0	Longitude		Other:	-
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INTE	RSECT	ION:	
Route# Dire	ADAMS ST	Name of Roadway/Stre	et	Route# Direction	Address	#	Name o	of Roadwa	ny/Street	2
1 Toules But		At		1				4	-	
	ection CHURCH S	ST ne of Intersecting Roadwa	y/Street		S E W of	Mile M	farker	- or _	Exit Number	_
		Also at Intersection wit			S E W of	Route#	Inter	secting Ro	oadway/Street	- -
Route# Dire	rection Nam	e of Intersecting Roadwa	sy/Street	19			I	andmark		
Please Select of the Follow	One ving: Vehicle 34	#Occupants Hit/R				2-16				
License # S2		A DOB/Age	Reg	# 2ZDH19		Reg Ty	ре РС	Reg		
Sex F Lic	:. Class D D Lic. R		lorsement	Year <u>2020</u> er MATTON ,						1 1
-	Last	First	Middle	ess 1801 LC		First		Midd	dle	
	01 LORDS CT								205 451	_
	IINGTON State			WILMINGTO	(25)(1)				887-451	
Insurance Com	npany GEICO GENE	ERAL INSURA	NCE C Vehi	cle Action Prior to Cr	ash 2		Damaged Are	a Code: 1	HER BALLS IN CO	27
Vehicle Travel	Direction: N S E	Responding to Emerge	ency? 2 Ever	t Sequence 1 23	23 23	23	Test Status:	1	28	
Citation # (If I	ssued)		Mos	t Harmful Event 1	24		Type of Test:	10	30	
				er Contributing Code	1 25	2000000	BAC Test Re			32 1
	c/Sub			[E	26		Susp. Alcoho	S 18	Susp. Drug: 2	<u>"</u>
Viol. 3: Ch/Sec	c/Sub			er Distracted by	50 Santa		Towed from:		2 33	_
VIOL 5. CIPBER		tor and all occupants invo	olved Address	DOB/Age	Seat Sa	fety Airbag Ejectern Status Coc	:t Trap Inju le Code State	ry Transp.	Medical Facility	
Name (Last First			e Above	DOB/Age	1 99		0 10		Tradical Laterily	
Opera	101	1801 LORDS CT	Above		1					
MARK MATTO	ИС	WILMINGTON, MA 01	887	М	3 99	9 4 0	0 10	1		
	57. u	\$4 - 1 · ·	•	F	4 99	9 4 0	0 10	1		
			- 1	F	6 99	9 4 0	0 10	1		
Please Select of the Follow		#Occupants Non-I	Motorist A Type	15 Action 1		17		8 -	lit/Run Moj	ped
	With the State of			#		Dog Tu		Po	a State	
License #	19 19			#Year					2	1
Operator	Last	First	Middle	ierLast		First		Mid	dle	
Address			Add	ress						
City	State	Zip	City			S	tate	Zip		_ 1
Insurance Con	npany		Vehi	cle Action Prior to Ci	rash	22	Damaged Are	ea Code:	27 27 2	27
	1 Direction: NSEW	¥.	encu? Ever	nt Sequence 23	23 23	3 23	Test Status:		28	
		Responding to Emerge		100000000000000000000000000000000000000	24		Type of Test:		29	
Citation # (If I	Issued)	-	Mos	t Harmful Event			BAC Test Re	esult:	30	_
Viol. 1: Ch/Se	cc/Sub	Viol. 2: Ch/Sec/Sub ——	Driv	er Contributing Code	Managarina	25	Susp. Alcoho	ol: 31	Susp. Drug.	32
Viol. 3: Ch/Se	ec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		Towed from	scene?	33	
	Please fill out for operator/nor				Seat Sa	35 36 37 afety Airbag Eje	et Trap Inju	ry Transp.	grade specification accommo	
Name (Last Firs			Address	DOB/Age	Sex Pos. Sy	stem Status Co	de Code Stat	us Code	Medical Facility	
Opera	tor/Non-Motorist	Sec	e Above		X 1					
		_		+	+	-		+		
								-		

	= Direction	1 = Vehicle 1 2	= Vehicle 2	₹ = Pedestrian		cycle	
Crash Diagram:	ie: 👈	2	→	· 옷	→ 86		
Pole ∹			Adams St.	Church St.		If Crash <u>Did Not</u> on a Public Way Off-Street Parking L Garage	7:
						■ Mall/Shopping Cent	tor
						Other Private Way	ici
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Indicate North by	Arrow
			(Mar)		3		
Crash Narrative:							
V 1 was travelling o							
ravelling eastbound.							
estbound. MV 2 belie							
rove eastbound over						The state of the s	
astbound, striking M			the pole lo	cated at	Church ar	d Adams St.	
V 3 did not move and	stopped at the	stop sign.					×
							-
!		a.					
		<u> </u>				-	
Witnesses: Name (Last,First,Middle)		Address	**	k	Phone #		Statement
						Į.	
Property Damage:				Policina de la companya del companya de la companya del companya de la companya d			
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Da	maged Property	
						1	
Truck and Bus Information	Registration #		(From Vehi	cle Section)			
Carrier Name						Bus Use	42
Address		(City		St	Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/IC	C #:		
	dy Type Code	GVWR/GCWR	45			46	
	Reg Type	Reg State	Keg Year	Trailer	Length		
Hazmat Information: 47 Placard Material 1 dig	git # 48 Material Na	ame		_Material 4 digit #	¥	Release code	49
67500000000	\$25 4652 FAA 1530			****		0 000	
Patrol Officer Brian Police Officer Name (Please Print)	Tavares Signature			<u>lmington l</u> artment	Police De Precinct/E		27/2022