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	Route# Direc	etion	Name	of Intersecting Road	dway/Street					Mile	Marker			Exit Numbe	er	1 ¹
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		or/Non-Me	otorist		See Above		\geq	X	1 0			9		Winchester Hospital		
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Crash Narrative:

On Sunday, October 8, 2023, Vehicle 1 was attempting to merge into traffic from the

driveway of 220 Main Street. At this time Bicyclist 1 was traveling south on the sidewalk

when vehicle 1 collided with the bicyclist.

The operator of vehicle one was not injured. The bicyclist was transported to Winchester hostpital for futher evaluation.

No damage to either the bike or the vehicle was seen.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #	St	tatement
Bronortu Domogot							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged Pr	operty	
Truck and Bus Information:					St	Bus Use 42	
US DOT #:			2				
43 Interstate Cargo Body Ty	pe Code	GVWR/GCWR	45		46		
Trailer Reg #:	Reg Туре	Reg State	Reg Yea	TTrai	iler Length		
Hazmat Information: 47 Placard 47 Material 1 digit #	48 Material Name			Material 4 dig	Rel	ease code 49	
Patrol Officer Christopher k			232		Police Departme		2023
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date	

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Crash Diagram:		1 = Vehicle 1	2 = Vehicle 2	Q = Pedestria	an 🚳 : 🔶 🔶	= Bicycle	
Middlesex Ave.	Vehicle 2	/ehicle 1		Middlesex Ave.	oute 62	If Crash Did on a Public V Off-Street Park Garage Mall/Shopping Other Private V	Way: sing Lot Center
		1				Indicate Nort	h by Arrow
Crash Narrative:				-			
On Monday, October 9						and the second sec	
Middlesex ave when w							
collide. The collisi	lon caused damage	to vehicle	1 in the f	ront left	and dama	age to vehicl	.e
2 rear right side.						interior,	
		u.					- 17
Both parties admitte	ed that there was	road rage	involved. A	ll parties	denied	medical	
attention.							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Owner (Last, Mist, Midule)	Truti C55						
Truck and Bus Informat			(From V	Pehicle Section)		Bus Use	42
			City		c	St 7:	
Address							
US DOT #:	State Number			MC/MX/I	CC #:		
	Body Type Code 44	GVWR/GCWR	and the second	Traile	er I ength	46	
	Reg Type						
Hazmat Information: 47 Placard 47 Material 1 c	48 Material Na	me		Material 4 digi	t #	Release code	49
	All and a start in the second						and the second second
Patrol Officer Christoph	or k Miccichi		232	Ji 1 minator	Police	Department	10/09/2023

Wilmington Police Department Images Associated with 23-330-AC





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	10/11/2023	24HR					Report	10000	2		0		Longiti	0		Cam Othe	pus Police 🛛 🗖	
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<u> </u>		sued)					Harmful Event	L	City .	25	25		C Test			1 30	10	1 13
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<u> </u>	Name (Last First N		t for operation		Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code		Injury Status	Transp. Code	Me	dical Facility	_
	Operat	or		S	ee Above		\geq	Х	1	1	4	0	0	10	1			
						1		м	3	1	1	0	0	10	1			
															*			
	Please Select (One Vehic	1	#Occupants	-Motorist A Typ		15 Action	16	.ocatio		17	Conditio		18		Hit/Run	Moped	1
⁷ 1	of the Followi			"Occupants La Nor	-Motorist A Typ				locatio								_	-
	License	19	٤ 19	, DOB/Age			<u>R70001</u>									eg State	21	
	Sex <u>M</u> Lic.	Class D 99	Lic. R	estrictions 1	ndorsement		ear 2020									Config.	1	
⁸ 1	-	Last		First	Middle		r SUTHER	ast			Fi	rst			INC Mi	ddle		
L				T APT 2			ss 1881 M		<u>N</u> S	T	AP	<u>г е</u>			. 01	076	4710	1 14
	City_LOWE]			<u>MA</u> Zip 01854		-	rewksbur		1	1993	22				ip <u>U</u> Code:		27 27	Ľ
	Insurance Comp			FINANCIAL			e Action Prior to			23	23		t Statu		Couc.	8 1 28		
	Vehicle Travel I	Direction: N	EW	Responding to Emer			Sequence 1		24			Тур	e of T	est:		29		
⁹ 2		sued)		_			Harmful Event	1	No.	25	25		C Test			1 ³⁰		
				Viol. 2: Ch/Sec/Sub			Contributing Co	Lord Street	26					1.00	2 31	22	Drug: 2 32	
				/iol. 4: Ch/Sec/Sub		Driver	Distracted by	0	34	35	36	37	ved fro	39	40	2 33		-
	Ple Name (Lost First M		perator/non	-motorist and all occup	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject	Trap	Injury Status	Transp. Code	Me	dical Facility	4
	Operat	or/Non-Me	otorist	S	ee Above		\times	Х	1	99	4	0	0	10	1			
												T						
																		1
							1											



V#1 and V#2 were both traveling southbound in the vicinity of 235 Main Street. V#1 was traveling in the left travel lane and V#2 was traveling in the right travel lane. V#1 attempted to switch lanes into the right travel lane which resulted both vehicles colliding. V#1 sustained passenger front right damage and V#2 sustained driver side middle damage. Both operators refused medical treatment and sustained no injuries from the crash. Both vehicles were able to drive away from the scene.

Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Descr	iption of Damaged Property	
				a statistice			
			J				
Truck and Bus Information:	Registration #		(Fron	n Vehicle Section)			
Carrier Name						Bus Use	42
			Cit.			St Zip	
Address						5t Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	rTra	iler Len	gth 46	
Hazmat Information:							
47 Placard 47 Material 1 digit #	48 Material Name	9		Material 4 di	git #	Release code	49
Patrol Officer Jonathan L	Morales		224	Wilmington	n Pol	Lice Department 10	/11/2023
Police Officer Name (Please Print)	Signature		ID/Badge #	Department		Precinct/Barracks Dat	

Wilmington Police Department Images Associated with 23-331-AC





	Pol	lice Use Only		Com	monwea	lth c	of Massa	ach	uset	ts			RM	V Doci	ument N	umber	
	Date of Crash 10/12/2023	Time of Crash		City/Town ington			icle Cra	sh	Numb Vehic	1. CAR. 1. C.	umber jured	Speed Latitu	l Limit de	30	Local	Police Police A Police	
	10/12/2023	24HR	1	ing con			Report		2	0		Longi				ous Police 🔲	
		AT INTER	SECTIO	ON:	< L	OCA	ΓΙΟΝ	>		NC	DT AT	Γ IN	ΓER	SEC	TION	:	10
									380	M	AIN	I ST	Г				2
¹ 1	Route# Dire	ction		Name of Roadway/St At	reet		Route# Direc	tion	Address	#		Na	me of	Roadw	vay/Stree	t	-
L_				11			Feet	NS	E W of			- •	-	or _	Exit	Number	
	Route# Dire	ction	Name	e of Intersecting Roady Also at Intersection v			Feet	NS	E W of			likei			Date	T tuille VI	2 11
									E W of	Rou	ite#		Interse	ecting F	Roadway	/Street	
² 1	Route# Dire	ction	Name	e of Intersecting Roady	vay/Street					-			La	ndmark	ζ		
3	Please Select of the Followi		le 1 1	#Occupants Hit/	Run 🗖 M	oped	Crash F	Report	ID# 2	3–:	33	2-	AC	-			
	License #_		•	. DOB/Ag		Reg #	1885			R	ед Туре	PC	(Re	eg State		12
	Sex <u>M</u> Lic.	Class D D	19 Lic. Re	estrictions 1	DL ndorsement	Veh Y	ear 2014		/eh Make	TOY	OTA		a da	Veh	Config.	1 ²¹	1
4	Operator <u>SI</u>	RACUSA,	THOM	IAS WILLIA			r SIRACU	Last		CHEI	E First			Mi	ddle		
⁴ 1		LWOOD R					ss <u>5 ELWC</u>				pest				1005		
				<u>MA</u> Zip 01887			WILMING		20524	22				Code:		27 27	
	-			AL INSURAL			e Action Prior to	Contra Inchester	23 23			est Stat		0000.	5 1 ²⁸		
5		Direction: N		Responding to Emer	gency? Z		Sequence 1 Harmful Event	1	24		Ту	/pe of '	Test:		29		
				- fiol. 2: Ch/Sec/Sub			Contributing Co	State (Self)	1 ²⁵	2	5	AC Tes isp. Al	ſ	and a second	1 30 Susp I	Drug: 2 32	1 ¹³
	Viol. 3: Ch/Sec/			iol. 4: Ch/Sec/Sub		Driver	Distracted by	0	26			owed fi		2	2 ³³	514 <u>6</u> .2	
⁶ 1		Please fill out		or and all occupants in					Seat Sa	5 36 fety Airba	37 g Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First N Operat			S	Address ee Above		DOB/Age	Sex	Pos. Sys	tem Statu	s Code	Code 0	Status	Code 1	Me	dical Facility	
	operat						>		-			-					
			2														-
										+							-
	Please Select						15	16		17			18				
⁷ 1	of the Followi		le 2	#Occupants Non	-Motorist A Ty	уре	Action	L	ocation		Condit	160	19			Moped	4
	License 1	19	_ St	DOB/Age			1NAD26				eg Type				eg State	MA 21	
	Sex <u>M</u> Lic.	Class D D		E	DL ndorsement		ear <u>2014</u> r <u>ROGERS</u>							_ Veh	Config.		
⁸ 1		CARLISL	I	L THOMAS	Middle		s 45 CAF	Last			First			Mie	ddle		
				MA_Zip_01824	-2932		CHELMSF				Sta	te M7	A_z	ip 01	1824	-2932	1 ¹⁴
				OCK ASSUR		Vehicl	e Action Prior to	Crash	1	22	Da	amageo	d Area	Code:	100000	27 27	\vdash
	Vehicle Travel I	Direction: N	EW	Responding to Emer	gency? 2	Event	Sequence 1	23	23 23	23		st Stat			1 28 29		
⁹ 2	Citation # (If Iss	sued)		_		Most 1	Harmful Event	1	24			pe of AC Tes		ılt:	1 ³⁰		
2	Viol. 1: Ch/Sec/	/Sub	V	iol. 2: Ch/Sec/Sub —		Driver	Contributing Co	ode	99 ²⁵	2	5 Su	isp. Al	cohol:	2 31		Drug: 2 32	
				iol. 4: Ch/Sec/Sub		Driver	Distracted by	99	26 34 3	5 36	Tc	wed fr	rom sco	ene?	2 33		ļ
	Ple Name (Last First N		erator/non-	motorist and all occup	Address		DOB/Age	Sex	Seat Sat	fety Airba tem Statu	g Eject	Trap Code	Injury Status	Transp. Code	Mee	dical Facility	
	Operat	or/Non-Mo	otorist	S	ee Above		\succ	Х	1 99	4	0	0	10	1			

$= \text{Direction} \qquad 1 = \text{Vehicle 1} \qquad 2 = \text{Vehicle 2} \qquad $	= Bicycle
Crash Diagram: ie: \rightarrow 1 \rightarrow 2 \rightarrow $\stackrel{\circ}{\times}$ \rightarrow $\stackrel{\circ}{\otimes}$	
	If Crash <u>Did Not</u> Occur on a Public Way:
	Off-Street Parking Lot
	🗖 Garage
	Mall/Shopping Center
	Other Private Way
	Indicate North by Arrow
B>	\bigcirc
Crash Narrative:	
Vehicle # 1 was stopped in traffic. Vehicle #2 did not stop in time and d	rove into the
rear of Vehicle #1.	·

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
				(14 4)		
Property Damage:	×					
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged Pro	operty
						51
Truck and Bus Information:	Registration #		(From	n Vehicle Section)	i	Bus Use
Address		б	_ City		St Z	ip
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:	
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	ar Trai	ler Length	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	9	n.	Material 4 dig		ase code
Patrol Officer Anthony	Fiore		164	Wilmington	Police Departme	nt 10/12/2023
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

Police Officer Name (Please Print)

	Pol	lice Use Only		Com	monwealt	th o	of Massa	achu	isetts	5		RM	1V Doc	ument N		and the second
	Date of Crash 10/12/2023	Time of Crash 1506		City/Town ington	Motor V			sh	Number Vehicles			eed Lim	it_3!	Loca	Police	
	10/12/2023	24HR		riig con		10117 (1911)	Report		2	0	· · · · · · · · · · · · · · · · · · ·	ongitude			pus Police 🛛 🗋	
		AT INTER	RSECTIO	ON:	< LC	DCAT	TION	>		NO'	TATI	INTEI	RSEC	TION	:	╇
								3	390	MZ	AIN	ST				2
1	Route# Dire	ction		Name of Roadway/S	treet	_	Route# Direct		Address #			Name o	f Roadv	way/Stree	et	_
1				At			Feet	N S E	W of			• -	- or .			
	Route# Dire	ction	Name	e of Intersecting Road				NOR		M	ile Marke	er		Exit	Number	2
				Also at Intersection	with	ŀ		NSE		Rout	e#	Inter	secting	Roadway	//Street	\vdash
1	Route# Dire	ction	Name	e of Intersecting Road	way/Street		Feet	N S E	of of			T	andmar	1.		-
	Please Select	One 🛛 Vehic	1	#Occupants			Cruck P		D# 2 3		22			к		1
	of the Follow	ing:	:le 1'	Hi	t/Run											-
	License ;	19	19	DOB/Age			173GW4								21	1
	Sex F Lic.	Class D	Lic. Re	estrictions 99	Endorsement		ear <u>2010</u>					_	Vel	1 Config.	1	
1			I	First	Middle		DEGREG	Last		NTHC F	JN Y	<u>F.</u>	м	liddle		
1		CASTLE I		0100			SS 8 CASI		DR		0	M7	<i>a</i> : 0 [:]	1007	-3187	
				<u>MA</u> _{Zip} 0188			VILMING'			22		aged Are		-	27 27	
	-			RD FIRE I			e Action Prior to	23 2:	1 3 23	23		Status:		1 28		
		Direction:		Responding to Eme			Sequence 1		24		Туре	of Test:		99 ²⁹		
		sued)		-			Harmful Event Contributing Co	1 de	25	25		Test Re		1 30	31	1
				iol. 2: Ch/Sec/Sub			Distracted by	2000	-			. Alcohol ed from s	Laurenter	Susp.	Drug: 2 32	ĥ
1	Viol. 3: Ch/Sec/			iol. 4: Ch/Sec/Sub		Dirver			34 35	36 Airbag	37	38 39	40	2		4
	Name (Last First N	Aiddle)			Address		DOB/Age	Sex	Seat Safety Pos. System	n Status	Code C	frap Injur Code Statu	s Code	Me	dical Facility	-
	Operat	or			See Above		\succ	X	1 99	4	0 0	10	1			-
																4
1	Please Select of the Followi		le 2 1_ #	#Occupants 🔲 No	n-Motorist A Typ	e	15 Action	16 Lo	cation	17	Condition	18		Hit/Run	Moped	
1		ing.	SI)OB/Ag		Peg #	7AN386			Red	Type I	PC	R	eg State	I MA	
	License Sex <u>M</u> Lic.	Class 19	19	20			ear 2015	Vel	h Make S						21	
		ANDRE		I	Endorsement		LY, AN									
2		Last NICHOLS			Middle		ss 16 NIC	ast		Fi	rst PT 1	6	М	iddle		
				MA Zip 0185	1-1814	City I	LOWELL				_ State	MA	Zip <u>0</u>	1851	-1814	1
	Insurance Comp	Dany SAFET	Y INS	URANCE CO	OMPANY	Vehicle	e Action Prior to	Crash	1	22	Dam	aged Are	a Code:	The second second second	27 27	
	Vehicle Travel I	Direction:	SEW	Responding to Eme	rgency? 2	Event S	Sequence 1	23 23	3 23	23		Status:		1 28 29		
	Citation # (If Iss	sued)		-		Most F	Iarmful Event	1 ²	24			of Test: Test Re		99 ²⁹ 1 ³⁰		
2	Viol. 1: Ch/Sec/	/Sub	Vi	iol. 2: Ch/Sec/Sub —		Driver	Contributing Co	de 1	.9 ²⁵	25	Susp	. Alcohol	2 31	Susp. 1	Drug: 2 32	
	Viol. 3: Ch/Sec/	/Sub	Vi	iol. 4: Ch/Sec/Sub —		Driver	Distracted by	99 ²	26		Towe	ed from s	cene?	2 33		
	1		perator/non-	motorist and all occu	pants involved Address		DOB/Age		34 35 Seat Safety Pos. System		Eject 7	38 39 Frap Injur Code Statu	y Transp.	Ме	dical Facility	
	Name (Last First N Operat	or/Non-M	otorist		See Above		\searrow		1 99	4	0 0		1	1		1
										1						1
																1
										-			-			-
															44 m 2	

Form No. 10364 CRA-65 09/18

Crash Diagram:	$= \text{Vehicle 1} \qquad 2 = \text{Vehicle 2}$	Q = Pedestrian	්රීම් = Bicycle රීම්	
Bank Of America			If Crash <u>Did N</u> on a Public W	
			Off-Street Parkin	g Lot
	1		Garage	
			Mall/Shopping C	enter
			Other Private Wa	у
			Indicate North	by Arrow
Main Street				
Crash Narrative:		j.		
On Thursday October 12, 2023 at appro	ximately 3pm I was di	spatched to a	a report of a minor	
motor vehicle crash on Main Street in	the area of Bank of	America. Upor	n arrival I observe	d
Op1 and Op2 standing by their vehicle	s. Op1 stated the tra	in was coming	g up ahead	
(approximately 100 feet north of this	location) and other v	ehicles were	stopping so she	
began to slow down and stop and in th	e process she was rea	r ended by Op	o2. Op2 stated Op1	
stopped in front of him and there was	no reason to do so a	nd in the pro	cess he rear ended	
her. Both parties declined medical at	tention and both vehi	cles had mind	or damage and were	
driveable.				
Witnesses:	Address		Phone #	Statement
Name (Last,First,Middle)				
	2			
Property Damage:		- Caralina - Caral		
Owner (Last,First,Middle) Address	Phone #	41-Type Desc	ription of Damaged Property	
	(From \		Bus Use	42
Carrier Name			L	
Address	City		St Zip	
US DOT #: State Number	Issuing State	MC/MX/ICC #	#:	
Interstate 43 Cargo Body Type Code 44	GVWR/GCWR		46	
Trailer Reg #: Reg Type	Reg StateReg Year _	——————————————————————————————————————	ngth	
Hazmat Information:				49
	ne	Material 4 digit #	Release code	
Placard Material 1 digit # Material Nam				.0/12/2023

Wilmington Police Department Images Associated with 23-333-AC





	Police Use Onl	у	Com	monwealt	h o	of Massa	ach	use	etts				RM	V Doci	ument N	umber	
	Date of Crash Time of C 10/12/2023 1650		City/Town ington	Motor V	ehi	icle Cra	sh		umber hicles		1	Speed Latitud		40	- Local	Police A Police A Police Output Delice Outpu]
		4HR	Ington	Polic	e F	Report		2		0			ude			ous Police 🗖	
	AT INT	TERSECTIO	ON:	< L0	CAT	rion :	>			NO	ГАТ	INT	FER	SEC	TION	:	10
	R	OUTE 62	HWY														2 10
¹ 1	Route# Direction		Name of Roadway/St At	reet		Route# Direct	tion	Addr	ess #			Na	me of	Roadw	/ay/Stree	t	_
1	т	93SBR34				Feet	NS	EW	of			. •		or _		<u></u>	
	Route# Direction		of Intersecting Road	-		Feet	NS	FW		Mi	le Mar	ker			Exit	Number	3 11
			Also at Intersection v	vith	-	Feet				Route	#	J	Interse	ecting I	Roadway	/Street	
² 1	Route# Direction	Name	of Intersecting Roady	way/Street	-	Peet [110	1211	01				La	ndmark	<		-
L	Please Select One	Vehicle 12	#Occupants 🔲 Hit	/Run 🔲 Mop	ed	Crash R	enort	ID#	23	- 3	34	1-)			-		1
3	of the Following:						5										-
	License #	0 10	DOB/Age		1000	4PCD24 ar 2011										21	1 ¹²
	Sex <u>F</u> Lic. Class 99	and the second sec	E	ndorsement		ECHAVA									Comg.	-	
⁴ 2	Address 39 TEWKS	F	First	Middle		ss 39 TEW	ast			Fi	rst			Mi	ddle		
	City LAWRENCE					AWRENCH					_ State	e <u>MA</u>	z	ip 01	1843	-1118	
	Insurance Company ZUR				/ehicle	e Action Prior to	Crash	í Í	4	22	Da	maged	l Area	Code:	1 27	27 27	
	Vehicle Travel Direction:	SEW	Responding to Emer	gency? 2 I	Event S	Sequence 1	23	23	23	23		t Statu			1 28 29		
⁵ 2	Citation # (If Issued)		-	И	Most H	Iarmful Event	1	24				oe of T	t Resu	ilt:	30		
	Viol. 1: Ch/Sec/Sub	Vi	iol. 2: Ch/Sec/Sub —	I	Driver	Contributing Co	de	4	25	25			cohol:		Susp. I	Drug: 2 32	1 ¹³
6	Viol. 3: Ch/Sec/Sub	Vi	iol. 4: Ch/Sec/Sub	I	Driver	Distracted by	99	26			Tov	ved fro	om sco	ene?	2 33		
⁶ 1	Please f Name (Last First Middle)	ill out for operato	or and all occupants in	volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mec	lical Facility]
	Operator		S	ee Above		$\mathbf{\times}$	Х	1	1	4	0	0	10	1			1
	VICTOR ECHAVARRIA		39 TEWKSBURY ST LAWRENCE, MA 016	343-1118			м	3	1	4	0	0	10	1			1
						and the second s											1
												-					1
	Please Select One	/ehicle 2 1 #		-Motorist A Type		15 Action	16	Locatio		17	Conditio		18		Hit/Run	Moped	1
⁷ 3	of the Following:	/ehicle 2 <u>1</u> *	Non		100			Localic	n jak					_			4
	License 19	3t	DOB/Age			35NX49					Type	PC			eg State	MA 21	
	Sex <u>M</u> Lic, Class _D	Lic. Res	E	ndorsement		ar <u>2024</u> - <u>TUCKER</u>							<u> </u>	_ Veh	Config.	-	1
⁸ 2	Operator <u>TUCKER</u> , Last Address <u>35 SHADY</u>	F	N GERARD	Middle		s 35 SHA	ast			Fi	rst		,	Mie	ddle		
	City WILMINGTON		MA Zip 01887			ILMING					State	MA	z	ip 01	1887	-1931	1 ¹⁴
	Insurance Company THE				•	Action Prior to		1	1	22				Code:	Conception of the local	27 27	
	_	NSXW	Responding to Emer		Event S	Sequence 1	23	23	23	23		t Statu			1 ²⁸		
0	Citation # (If Issued)		-	Ν	Aost H	Iarmful Event	1	24				e of T	lest: t Resu	.lt.	29 30		
⁹ 2	Viol. 1: Ch/Sec/Sub	Vi	iol. 2: Ch/Sec/Sub	I	Driver	Contributing Cod	de	99	25	25			ohol:		Susp. I	Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Vi	iol. 4: Ch/Sec/Sub —	I	Driver	Distracted by	99	26					om sce		2 33		J
	Please fill out f Name (Last First Middle)	for operator/non-i	motorist and all occup	ants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	lical Facility	
	Operator/Non-	-Motorist	S	ee Above		\searrow	Х	1	1	4	0	0	10	1]
]
										_					-		1
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								1									L

Form No. 10364 CRA-65 09/18



Trailer Reg #:	Reg Type Reg State	Reg Year Trailer Length	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	Material 4 digit #	Release code 49

 Patrol Officer Joseph & Fitzgerald
 215
 Wilmington Police Department
 10/12/2023

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date

Wilmington Police Department Images Associated with 23-334-AC



	Police Use Only	Com	nonwealth	of Massa	chus	etts			RMV Doo	cument Number	
		City/Town ington	Motor Vel	nicle Cra	sh N		Number Injured	Speed I Latitud		5 State Police Local Police MBTA Police	80
	10/13/2023 1424 Wilm: 24HR	Ington	Police	Report	2	C)	Lantud		Campus Police Other:	
	AT INTERSECTIO	DN:	< LOCA	TION	>	N	OT A	Γ INT	ERSEC	CTION:	
					27	5	MAIN	י פיזי	(2 ¹
1	Route# Direction	Name of Roadway/St	reet	Route# Direct		ress #				way/Street	
1		At		Feet	NSEW	of —			— or		
		of Intersecting Roadv				1	Mile Ma	nrker		Exit Number	3 ¹
		Also at Intersection w	vith		NSEW	R	oute#	I	ntersecting	Roadway/Street	-
² 1	Route# Direction Name	of Intersecting Roadv	vay/Street	Feet [NSEW] of			T 1	1	
	Please Select One Vehicle 11 #	Occupants Hit/			eport ID#	22	22	6_7		rk	
3	of the Following:	Hit/									
	License 1.	DOB/Age		# <u>3107551</u>						151 ST	21 1 ¹
	Sex F Lic. Class D D Lic. Res	strictions 1 C	ndorsement	Year 2016					Ve	h Config. 1	
⁴ 1		ON F	Middle	er BAUMAN	ast		First	.CK	M	4jddle	
1	Address 5 PREMIER DR			ress <u>5 PREM</u>				NIL	- 0	20526120	_
	City LONDONDERRY State 1	vn Zip <u>0305</u> .		LONDONDI		1 22	-			30536122 3 27 4 27	27
	Insurance Company USAA			cle Action Prior to	23 23	23 2		est Statu		1 28	
⁵ 2	Vehicle Travel Direction: N E W	Responding to Emer		nt Sequence <u>1</u>	1 24	and and a	Ту	/pe of Te	est:	29	
	Citation # (If Issued) Viol. 1: Ch/Sec/SubViol. 1: Ch/Sec/SubVi	-1 2. CL/C/C-L		er Contributing Co	Section Section	25	25	AC Test	Control of	1 ³⁰	32 1
	Viol. 1: Ch/Sec/Sub Vi			er Distracted by	0 26				ohol: 2^{31} om scene?	1 Susp. Drug: 2	
⁶ 1	Please fill out for operato				34 Seat		36 37 rbag Eject	38	39 40 Injury Transp		
	Name (Last First Middle)	1	Address	DOB/Age	Sex Pos.		atus Code	Code	Status Code	Medical Facility	
	Operator	S	ee Above		X^1				10 1		
⁷ 1	Please Sclect One Vehicle 2#	Occupants 🔲 Non	-Motorist A Type	15 Action	16 Locatio	on 1	7 Condit	ion	18	Hit/Run 🔲 Ma	oped
1	License <i>i</i>	OB/Ag' _	Reg	# 3BMN58			Reg Type	PC	R	leg State MA	
		20		Year 2019	Veh M					And and a second s	21
	Operator POLLOCK , MACKE		ndorsement R Owr	er POLLOC	К, МА		ZIE		ER		
⁸ 1	Address 44 GARDEN AVE	irst	Middle	ress 44 GAR	DEN A	VE	First		N	fiddle	
	City WILMINGTON State	1A_Zip_01887	-1874 City	WILMING	ION		Sta	te MA	Zip	1887-187	<u>74</u> 1
	Insurance Company ALLSTATE IN	ISURANCE (COMPAN Vehi	cle Action Prior to	Crash	4 ²²			Area Code	· Taking and and	27
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Ever	nt Sequence 1	23 23	23 2:		st Statu: pe of Te		1 28 29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	1 ²⁴			AC Test		1 30	
2	Viol. 1: Ch/Sec/Sub Vi	ol. 2: Ch/Sec/Sub	Driv	er Contributing Coo	2.000	25	25 St	isp. Alco	ohol: 2 31	l Susp. Drug:	32
	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub —	Driv	er Distracted by	0 26				m scene?	1 33	
	Please fill out for operator/non-r Name (Last First Middle)	notorist and all occupation	Address	DOB/Age	34 Seat Sex Pos.	Safety Air	36 37 rbag Eject atus Code	38 Trap Code	39 40 Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motorist	Se	ee Above	\mathbf{X}	X_1	1 4	o	0 :	10 1		
							_	$\left \right $		-	



V#1 was traveling southbound in the vicinity of 273 Main Street when V#2 attempted to take a left hand turn out of 273 Main Street, colliding with V#1. Both operators sustained no

injuries from the crash and denied medical treatment. W#1 confirmed both operator's

statements.	V#1	sustained	passenger	side	damage.	V#2	sustained	front-end	damage.	Forest
towing towe	d bot	th vehicles	s.							

Name (Last,First,Middle)		Address			Phone #		Statemen
NOGAN JOSHUA DAVID		38 PRATT SI	TEWKSBURY MA	A 01876-3	325		
Property Damage:			1	denormal control of the second			
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Dama	ged Property	2016/04
Truck and Bus Informatio			Concernent and a second	nicle Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
	dy Type Code	GVWR/GCWR	45		40	5	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Length		
Hazmat Information: 47 Placard Material 1 dig	48 Material Nam	e		_Material 4 di	git #	Release code	49

 Patrol
 Officer
 Jonathan L Morales
 224
 Wilmington
 Police
 Department
 10/13/2023

 Police Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Precinct/Barracks
 Date

Wilmington Police Department Images Associated with 23-336-AC











	Pol	ice Use Only		Com	monweal	th o	of Massa	achu	sett	S			RM	V Doci	ument N		
	Date of Crash 10/14/2023	Time of Crash 1452	1	City/Town			icle Cra	sh	Numbe Vehicle	10		Speed I Latitud		30	- Local	Police	
	10/14/2023	24HR		ing con	-	California de California	Report	and the second	2	2]	Longitu	ude		Other	ous Police	4
		AT INTER	SECTIO	N:	< L	OCA	TION	>		NO	T AT	INT	ER	SEC	TION	:	10
								2	7	B	OUTI	WEL	L	ST			2 "
¹ 1	Route# Direc	ction	1	Name of Roadway/S At	Street		Route# Direc	tion A	ddress #			Nan	me of	Roadw	vay/Stree	t	-
1				At			Feet	NSE	W of		ile Mar		_	or _	Evit	Number	
	Route# Direc	ction		of Intersecting Road Also at Intersection			Feet	NSE	Wof	IVI	ne iviai	Kel			LAI	Indinoci	3 11
				Also at intersection	with			NSE		Rout	e#	I	Interse	ecting I	Roadway	/Street	
² 1	Route# Direc	ction	Name	of Intersecting Road	lway/Street								La	ndmarl	k		
3	Please Select (of the Followi		le 1 <u>1</u> #	Occupants 🔲 Hi	t/Run 🔲 Me	oped	Crash R	leport IE	# 23	3-3	337	7-1	AC	,			
	License #	ng.	St	DB/Ag		Reg #	8TM891			Re	g Tyne	PC		R	eg State	MA	
	Sex F Lic.	Class 19	19	20	CDL		ear 2019									21	1 ¹²
		MENEZ,			CDL Endorsement		r JIMENE			N					_		
⁴ 1		Lost	Fi	APT 313	Middle	Addre	ss 102 BA	Last	M PI		irst PT	313	3	Mi	iddle		
	City TEWKS	SBURY	State 1	IA Zip 0187	6-0016	City _	TEWKSBU	RY								-0016	
	Insurance Comp	any GOVER	NMENT	EMPLOYEE	<u>s insu</u>	Vehicl	le Action Prior to	Crash	7	22				Code:	8 27	27 27	
5	Vehicle Travel D	Direction:	SEW	Responding to Eme	rgency? 2	Event	Sequence 42	23 23 1 23	23	23		t Statu			1 28 29		
5	Citation # (If Iss	sued) T2749	020			Most	Harmful Event	-	4		BA	C Test		ılt:	1 ³⁰		12
	Viol. 1: Ch/Sec/	Sub <u>89</u>	4A Vic	ol. 2: Ch/Sec/Sub <u>9</u>	<u>0 13B</u>	Driver	r Contributing Co	fage1	0 25	B ²⁵	Sus	sp. Alc	ohol:	2 31		Drug: 2 32	1 ¹³
⁶ 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub		Driver	Distracted by	T	6	1		wed fro			1 33		
T	Name (Last First M		t for operator	and all occupants in	nvolved Address		DOB/Age		34 35 leat Safet Pos. System	y Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
	Operate	or			See Above		\succ	X	1 1	3	o	0	10	1			
																	-
7	Please Select (le 2 2 #	Occupants No	n-Motorist A Ty	те	15 Action	16 Loc	ation	17	Conditio	on	18		Hit/Run	Moped	1
⁷ 1	of the Followi	ng:				9920	1940	200				1			eg State		
	License #	19	19	OB/Ag	100	-	BR98BB ear 2020	V-l	Males							21	
	Sex <u>M</u> Lic.	NTERE,	er ar		CDL Endorsement		r MANTER							ven	Comig.		
⁸ 1		Last LITTLE	Fu	rst	Middle		ss 38 LII	ast		F	irst			Mi	ddle		
				IA Zip 0182	1-3218		BILLERI					<u>MA</u>	Z	ip 0]	L821	-3218	1 ¹⁴
				TUAL INST		Vehicl	e Action Prior to	Crash	1	22	Dar	maged	Area	Code:	CONTRACTOR NO	27 27	'
	Vehicle Travel D	Direction: N	EW	Responding to Eme	rgency? 2	Event	Sequence 1	²³ 40 ²³	23	23		t Statu			1 28 29		
9	Citation # (If Iss	ued)				Most J	Harmful Event	1 ²	4			e of To C Test		lt:	1 30		
⁹ 2	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub —		Driver	Contributing Co	de 1	25	25	Sus	p. Alco	ohol:	2 31	Susp. I	Orug: 2 32	
	Viol. 3: Ch/Sec/	Sub	Vic	ol. 4: Ch/Sec/Sub		Driver	Distracted by	0 ²				wed fro			1 33]
	Ple Name (Last First M		perator/non-m	notorist and all occu	pants involved Address		DOB/Age	5	34 35 ieat Safet Pos. System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		dical Facility	
		or/Non-Me	otorist		See Above		\succ	X	1 1	2	o	0	9	2	Lahey (linic	
	CECELIA MAN	ITERE	<u></u>	38 LITTLE JOHN BILLERICA, MA C				F 3	1	2	o	0	9	2	Lahey (Clinic	
										1							
					· · · · ·		I										L



of the crash which corroborated Mr. Mantere's statements (See attachments).

ame (Last,First,Middle)		Address			Phone #	Statemen
	and the second					
Property Damage:						
wner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Informat	tion: Registration #		(From Vel	nicle Section)		
			C 111111		Bus U	42
Carrier Name					Dus C	
Address			_ City		St Zip	
US DOT #·	State Number		Issuing State	MC/MX	/ICC #:	
43	44		45			
Interstate Cargo H	Body Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:						49
Hazmat Information: Placard 47 Material 1 of	48 Material Nam	ie.		Material 4 dis	git #Release co	ade 49

Patrol Officer Julio J Quiles197Wilmington Police Department10/14/2023Police Officer Name (Please Print)SignatureID/Badge #DepartmentPrecinct/BarracksDate

Wilmington Police Department Images Associated with 23-337-AC



