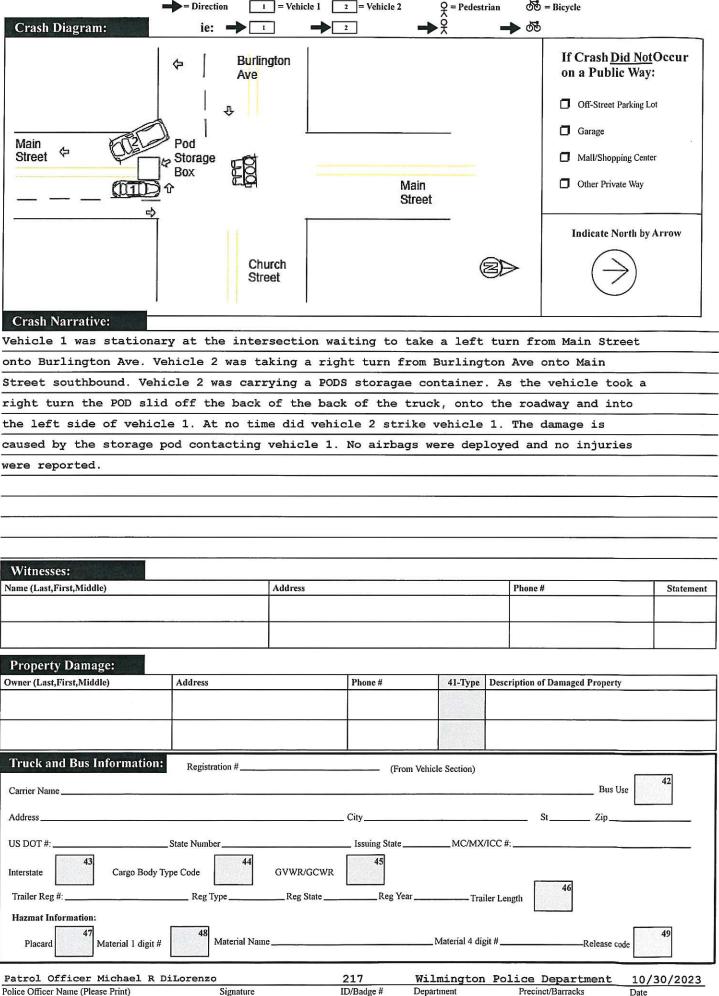
	Police Use Only	Commo	nwealth	of Massa	chuse	etts		R	MV Doc	ument Number		
	Date of Crash Time of Crash 10/30/2023 0726 Wilm	City/Town Mington	lotor Veh	icle Cras	h Ni		Number Injured	Speed Lir		5 State Police Local Police MBTA Police	0080	
	24HR	Ing con	Police :	Report	2		`	Latitude _ Longitude		Campus Police	ă	
	AT INTERSECTION	ON:	< LOCA	TION >		N	OT AT	r inte	RSEC	TION:		
	BURLINGT	ON AVE										2 10
1	Route# Direction	Name of Roadway/Street		Route# Directio	n Addr	ess#		Name	of Roady	vay/Street		 J
່2		At		Feet N	SEW	of -		•	or			
	Route# Direction MAIN ST Name	of Intersecting Roadway/Str	reet		15.15.15.	0.	Mile Ma	rker	٠	Exit Number		9911
		Also at Intersection with		Feet N	S E W		oute#	Inte	rsecting	Roadway/Street	_	99
² 3	Route# Direction Name	of Intersecting Roadway/Str	reet	Feet N	S E W	of						
	Please Select One Navasta 1								Landmar	k		·
3	of the Following:	#Occupants Hit/Run	Moped	Crash Rep	ort ID#	23-	359	9-A	C			
	License	DOB/Age	Reg #	3CXH68			Reg Type	PC	R			12
	Sex Lic. Class D 19 19 Lic. Re	strictions B 20 CDL_	Veh	Year 2015	Veh Ma	ike <u>TO</u>	YOTA		Veli	Config. 1	21	1
	Operator	rirst Middle	Own	er RAIMUND	O, M	AYKE	M First		1.	iddle		
⁴ 3	Addres.	Wilddle		ess 1216 SH	IAWSH	EEN			М	radie		
	City Stat	Zip_	City_	TEWKSBURY	Υ		Stai	te MA	Zip_ 0	1876-223	32	
	Insurance Company PROGRESSIV	E DIRECT INST	URA Vehic	le Action Prior to Cr	ash	2 22	Da	ımaged Ar	ea Code:	 	27	
5	Vehicle Travel Direction: SEW	Responding to Emergency?	2 Even	Sequence 10 23	23	23 23	1	st Status:		28		
⁵ 1	Citation # (If Issued)		Most	Harmful Event 1	0 24			pe of Test: AC Test Re		30		
	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25	25	sp. Alcoho		Susp. Drug: 2	32	42 ¹³
6	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			wed from		2 33		
⁶ 2	Please fill out for operato Name (Last First Middle)	r and all occupants involved		DOB/Age S	34 Seat Sex Pos.	35 3 Safety Air System Sta	bag Eject	38 39 Trap Inju Code Stat	40 ry Transp. us Code	Medical Facility		
	Operator	See Abov				1 4		0 10		Medical Facility	\neg	
									+			
							_					
										···	_	
			<u>.</u>				لسلي				_	
2	Please Select One of the Following:	Occupants Non-Motor	rist A Type	Action 16	Location	n 1'	7 Conditi	on	י ו םו	Hit/Run 🔲 Mo	ped	
	License:	_ DOB/Age	.g#	C322HR			Reg Type	AP	R	eg State TN		
	Sex F Lic. Class A Lic. Res	trictions E 20 CDL N	Veh Y	ear <u>2018</u>	_ Veh Mal	ke Othe	er-not	liste	ed Veh	Config. 6	1	
	Operator MUNOZ, MARGARI	TA Endorsen	Owne	r PODS EN	<u> </u>	RISE		c				
1	Address 79 FRANKLIN ST	irst Middle		ess <u>4791 BU</u>	RBAN	K RD	First		Mi	ddle		
	City PEABODY State 1	1A Zip 01960-42	.17 City 1	MEMPHIS			State	e <u>TN</u>	Zip <u>38</u>	3118	[14
	Insurance Company		Vehic	le Action Prior to Cra	ash 3	3 22	Da	maged Are	ea Code:		27	
	Vehicle Travel Direction: N E W	Responding to Emergency?	2 Event	Sequence 48 23	23	23 23	`	t Status:		1 28		
	Citation # (If Issued) 254129AC		Most		8 ²⁴	1	• • •	oe of Test: .C Test Re	1	29		
2	Viol. 1: Cli/Sec/Sub <u>85</u> <u>36</u> Vio	ol. 2: Ch/Sec/Sub	Driver	Contributing Code	1 2	25	25	sp. Alcoho		<u> </u>	32	
	Viol. 3: Ch/Sec/Sub ———— Viol.	ol. 4: Cl/Sec/Sub	Drive	Distracted by	26			ved from s		2 33		
	Please fill out for operator/non-n	•	olved	Donas		35 36 Safety Airb	ag Eject	38 39 Trap Injur	y Transp.		\neg	
	Name (Last First Middle) Operator/Non-Motorist	Address See Abov	/e	DOB/Age S	7	System Stat 1 4		Code State 0 10	s Code	Medical Facility	\neg	
	- Politicity to the Lieuter to the			\vee	1				+			
					+	-			-			
-	***************************************						-	_				
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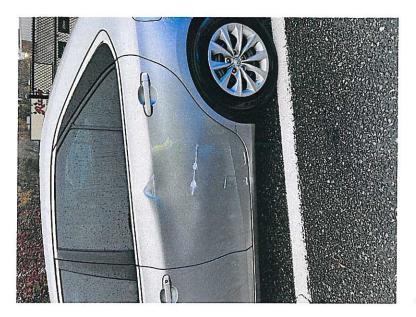
Wilmington Police Department Images Associated with 23-359-AC



	Pol	lice Use Only	Com	monwealth	of Massach	usetts		RMV Doci	ument Number	
	Date of Crash 10/30/2023	Time of Crash	City/Town	Motor Vel	nicle Crash		ringad L	ed Limit 35	State Police Local Police MBTA Police Campus Police	
	10,30,2023	24HR		Police	Report	1 0	Latit	gitude	Campus Police Other:	1
		AT INTERSEC	CTION:	< LOC	ATION >	NO	OT AT IN	TERSEC'	TION:	
						500 s	ALEM	CIT!		2 10
1	Route# Dire	ction	Name of Roadway/S	Street	Route# Direction	Address #		lame of Roadw	/ay/Street	_
¹ 2	_		At		Feet N S	EW of —		• or		_
	Route# Direc	ction	Name of Intersecting Road	lway/Street			Mile Marker		Exit Number	1 11
			Also at Intersection	with	Feet N S	Ro	ite#	Intersecting R	Roadway/Street	
² 3	Route# Direc	ction	Name of Intersecting Road	way/Street	Feet N S	EW of				_
	Please Select (One NZI 1	#0 -	I	<u> </u>	00	260	Landmark	(
³ 2	of the Followi	ng: Vehicle L.	#Occupants Hid	t/Run Moped	Crash Report	ID# 23-	360-	-AC		
	License #	i s	DOB/Age	Reg	# 3LYV51	R	eg Type P C	2 Re	eg State MA	- 12
	Sex M Lic.	Class D 99 L	و لــــــــــــــــــــــــــــــــــــ	CDLVeh	Year 2012	Veh Make <u>FOR</u>	D	Veh	Config. 1	
⁴ 1]	Lasi	STIAN PETER	Middle	er WEISS, CI		First	R Mic	ddle	-
1		TRAVELLED			ress 14 TRAVE					-
			State MA Zip 0186	·	NORTH READ	ING 22			27 27 27	-
	1		<u>MUTUAL INST</u>		cle Action Prior to Crash	<u> </u>	Damage Test Sta	ed Area Code:	1 ²⁷ 3 ²⁷ ²⁷	
5 2		Direction: SE			t Sequence 20 23	23 23 23	Type of	į.	1 29	
	1	ued)			Harmful Event 20		2	est Result:	30	. 13
	[— Viol. 2; Ch/Sec/Sub —		er Contributing Code	26 25 2	Susp. A	lcohol: 2 31	Susp. Drug: 2 32	20 ¹³
·2	Viol. 3: Ch/Sec/S		— Viol. 4: Ch/Sec/Sub — perator and all occupants in		er Distracted by 0	34 35 36	37 38	from scene?	1 33	4
	Name (Last First M		perator and an occupants in	Address	DOB/Age Sux	Seat Safety Airba Pos. System Status	g Eject Trap	Injury Transp. Status Code	Medical Facility	_
	Operate	or	S	See Above	$\times X$	1 1 4	0 0	10 1		
· .	Please Select O		#Occupants Non	a-Motorist A Type	15 Action 16 I	ocation 17	Condition	18	lit/Run Moped	1
1	of the Followin									
	License # Sex Lic. C	19 19	DOB/Age c. Restrictions C		/ear\				21	·
	Operator	Liass	c. Restrictions E	ndorsement	er	ven iviake		ven (Conng.	
1	Address	Last	First	Middle	Last		First	Mid	die	`
	1	S	tateZip				State	Zip		4 14
					le Action Prior to Crash	22	Damage	ed Area Code:	27 27 27	
	Vehicle Travel Di	irection: NSEV	Responding to Emer	gency? Event	Sequence 23	23 23 23	Test Sta	tus:	28	
_	Citation # (If Issu	ed)		Most	Harmful Event	24	Type of	Test: st Result:	30	
2	Viol. 1: Ch/Sec/S	ub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25 2		, <u>-</u>	Susp. Drug: 32	
	Viol. 3; Ch/Sec/S	ub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	Towed f	rom scene?	33	
	Plea Name (Last First Mic		non-motorist and all occup	ants involved	DOB/Age Sex	34 35 36 Sent Safety Airbag Pos. System Status			Medical Facility	7
		r/Non-Motori	ist S	ee Above		1			www.car.r.acimy	1
									· · · · · · · · · · · · · · · · · · ·	1
									<u> </u>	+
										_
- 1	1		Í		1 1	 	1 1	1 1		1

Crash Diagram: ie: → 1 500 Salem Street	→ ∞
and the same of th	If Crash <u>Did Not</u> Occur on a Public Way:
	Off-Street Parking Lot Garage
Na	Mall/Shopping Center Other Private Way
	Indicate North by Arrow
Crash Narrative:	
Vehicle was traveling north on Salem Stree and hit a curb, ending	up in the grass of 500
Salem Street (Winchester Hospital Urgent Care.	
Witnesses:	
Name (Last,First,Middle) Address	Phone # Statement
Property Damage:	
	pe Description of Damaged Property
WINCHESTER URGENT CARE 500 SALEM ST WILMINGTON MA 01887	YARD DAMAGE/GRASS TORN UP
Truck and Bus Information: Registration # (From Vehicle Section	42
Truck and Bus Information: Registration # (From Vehicle Section Carrier Name	Bus Use
(170m veinere Section	
Carrier Name City	St Zip
Carrier Name	StSt
Carrier Name	StSt
Carrier Name	MX/ICC #: Trailer Length 46

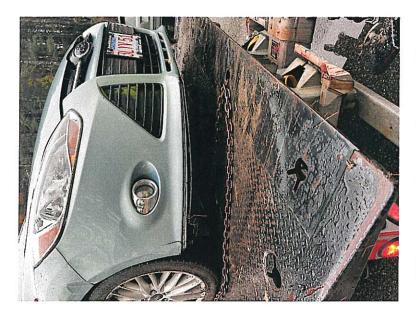
Wilmington Police Department Images Associated with 23-360-AC

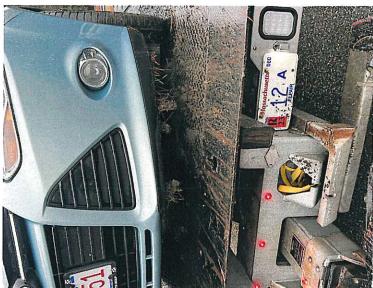












	Police Use Only	Comr	nonwealth (of Massa	ach	use	etts	3		RM	IV Doc	ument Nu	mber	
	Date of Crash Time of Crash 10/31/2023 1510 Wilr	City/Town nington	Motor Veh	icle Cra	sh		ımber hicles		ı lope	d Limi	t <u>1</u>	5 State P Local I MBTA	Police 🔀	1
	24HR	aring con	Police :	Report		2		0	Latii	ude gitude _				
	AT INTERSECT	ON:	< LOCA	TION	>			NOT	AT IN	TER	RSEC	TION:		
						210	n	BAI	.T. A D	יווי	. T. E	Qm		2 10
1	Route# Direction	Name of Roadway/Str	eet	Route# Direct	tion	Addr						vay/Street		
1		At		Feet	N S	E W	of				- or .			
	Route# Direction Nan	ne of Intersecting Roadw	ay/Street					Mile I	Marker			Exit N	Vumber	2 11
		Also at Intersection wi	ith	Feet [Route#		Inters	ecting	Roadway/S	Street	
² 1	Route# Direction Nan	ne of Intersecting Roadw	ay/Street	Feet	NS	EW	of							
	Please Select One Vivalent 1	#Ossupants					22	20	. 4		andmar	k	······································	1
3	of the Following:	_#Occupants	Run Moped	Crash R	eport	ID#	43	-36	T -	-A(<i>-</i>			
	License: S	DOB/Age_	_									leg State 🛕	21	7 12
			dorsement	rear 2018				ISSA	N		Vel	Config.	1 1	
4 1	Operator <u>YAO , GABRIELA</u>		Middle	er <u>BROWN</u> ,	ast			First			м	liddle		
1	Address 26 BEACON ST			ess 10 PAL	FRI	EY	RD							
	·	MA Zip 01803		BELMONT		Г			itate M Damag				27 27	
	Insurance Company THE COMMER			le Action Prior to	_,		11 23		Damag Test Sta		i Cone:	28	<u>-' -' </u>	
5	Vehicle Travel Direction: N S W	Responding to Emerg	•	Sequence 1		24			Type of	Test:		29		
	Citation # (If Issued)	-		i	1		25	25	BAC T			1 30		13
	Viol. 1: Ch/Sec/Sub			r Contributing Coor r Distracted by	0	26	L_		Susp. A Towed			33	rug 2 32	2
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	viol, 4; Ca/Sec/Sub tor and all occupants inve		I Distracted by	<u> </u>	34	35	36 31	38	39	40	2 33		
	Name (Lust First Middle)	•	Address	DOB/Age	Sex	Sent Pos.	Safety System	Status Co	le Code	Status	Code	Medie	al Facility	
	Operator	Sec	e Above		X	1	10	4 0	0	10	1			
7.	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action	16 L	ocatio	n	17 Cond	lition	18		Hit/Run [Moped	
1	License 1 S	. DOB/Age	Reu #	1TRL52			L	Reg Ty	ne PC	 :	R	eg State M	ſA	
	_ 19 19	estrictions 20 CD	_		v	/eh Mal	ke S	UBAR				Config.	1 21	
	Operator ISENHART, JESS	Enc	lorsement	ISENHA						ENN		College [
1	Address 563 MAMMOTH RD	First	Middle Addre	ss 563 MA	ast MMC	ЭТН	RI	First			Mi	iddle		
	City DRACUT State	MA Zip 01826	-6110 City 1	DRACUT				s	tate <u>M</u>	A 2	zip 0 :	1826-	6110	1 14
	Insurance Company PLYMOUTH R	OCK ASSURA	NCE C Vehic	le Action Prior to (Crash	4	4	22	Damage	d Area	Code:	2 27	27 27	
	Vehicle Travel Direction: NSWW	Responding to Emerge	ency? 2 Event	Sequence 2	3 :	23	23		Fest Sta			1 28		
,	Citation # (If Issued) 256721AC	-	Most :	Harmful Event	2	24			Type of BAC Te		ult:	30		
2	Viol. 1: Ch/Sec/Sub 90 24C v	iol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le [12 ²	25	25	Susp. A			Susp. Dr	ug: 2 32	
	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub ——	Driver	Distracted by	0	26			fowed t	rom sc	ene?	2 33	<u> </u>	
Ī	Please fill out for operator/non- Name (Last First Middle)	•	nts involved Address	1XOB/Age	Sex		35 Safety System	36 37 Airbag Ejec Status Cod	t Trup	39 Injury Status	40 Transp. Code	Medica	al Facility	
	Operator/Non-Motorist	See	Above		X			4 0	0	10	1			
Ì														
}		+				1				_				
									+	ļ <u>.</u>				
		1		4	- 1			1		1	1 F			

	= Direction	i = Vehicle 1	2 = Vehicle 2	오 = Pedestrian	ණ් = Bicycle	
Crash Diagram:	ie: 👈	·	2	₩	→ №	
					If Crash <u>Did No</u> on a Public Wa	_ ;
1		N. ST.			Off-Street Parking	Lot
	2 3	1211			☐ Garage	
(121)	B	Bosso			☐ Mall/Shopping Cen	iter
					Other Private Way	
		2 0			Indicate North by	y Arrow
			210 Ballard	ivale St		
Crash Narrative:						
Vehicle 1 was parked to pull into the spot						
collided with the rea						
the parking spot befo						
minor damage and ther	e were no app	arent injurie	es.			
W:						
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Informatio	n: Registration #_		(From V	ehicle Section)		
Carrier Name			(FIOII W	entitle Section)	Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate 43 Cargo Boo	ly Type Code	GVWR/GCWR	45			
	Reg Type			Tenilor I	46	
Hazmat Information:	rog type		Nog real	1 railer L	engui	
Placard 47 Material 1 digi	it # 48 Material	Name		Material 4 digit #	Release code	49
Patrol Officer Thomas	Laurences		222 W	ilminatan D	olice Department 10	/21 /2002
Police Officer Name (Please Print)	Signatu			partment	Precinct/Barracks Date	/31/2023

Signature

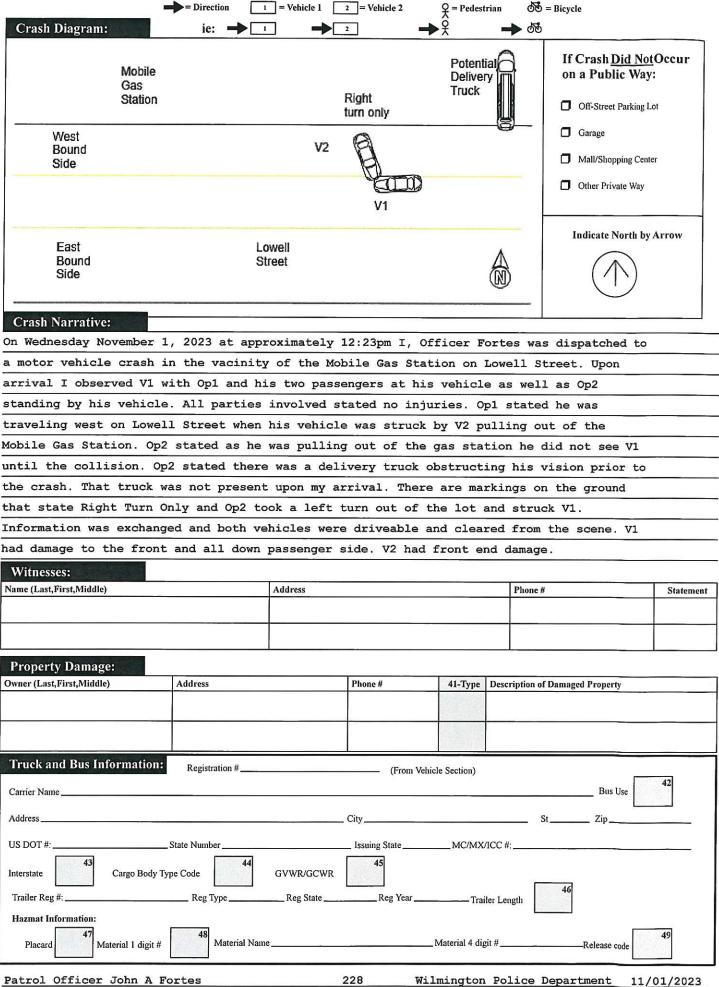
ID/Badge #

Date

	Pol	lice Use Only		Com	monwea	lth o	of Massa	ach	uset	ts			RM	V Docu	ment Numb		
	Date of Crash 11/01/2023	Time of Crash		City/Town ington	Motor	Veh	icle Cra	sh	Num Vehi		umber ijured	Speed Latitu	d Limit	25	State Police Local Police MBTA Poli	e 🔯]
	11, 02, 2023	24HR	1	ing con	Pol	ice l	Report		2	0	•	Lamu			Campus Po	lice 🛅	
		AT INTER	SECTION	ON:	< [OCA	TION	>		NO	T A	ΓIN	TER	SECT	TION:		ļ
		GLE	N RD			ŀ											2 10
¹ 1	Route# Dire			Name of Roadway/St	reet		Route# Direct	tion	Address	#		Na	ame of	Roadwa	ay/Street		
	1	BRA	TTLE	At ST			Feet [N S	E W of			_ •		or			
	Route# Direc			of Intersecting Roady							∕lile Ma	rker			Exit Num	ber	3 11
				Also at Intersection w	rith				E W of	Roi	ite#		Interse	ecting R	oadway/Stre	et	
² 2	Route# Direc	ction	Name	of Intersecting Roady	vay/Street		Feet [14 3	E W of				Т.	ndmark			.]
	Please Select (One X Vehicl	c 1 1	#Occupants Hit/	Run M	[nned	Crash R	enart l	D# 2	3 ,	36	2 –					1
3	of the Followi	ng:	- 1														
	License	19	_ S 19	DOB/Age			3BAL54								-	21	1 12
	Sex M Lic. (Class D M	Lic. Re	E	DL ndorsement		ear 2018							Veh (Config. 1		
⁴ 2		RISI, FI ALDRICH		irst UK	Middle		r PARISI ss 64 ALD	ași			JR First			Mid	dle		
				MA Zip 01887	7-2276		WILMING'				٥.	. M7	Δ		887-2	276	
				RAL INSURA			le Action Prior to		3	22				Code: 6			
	!	Direction: N S		Responding to Emerg			·		23 23	23		st Stat		1	28		
⁵ 1	Ì	ued)			,, \		· <u>L</u>	1	24		-	pe of			29		
	Viol. 1: Ch/Sec/5	Sub	Vi	ol. 2: Ch/Sec/Sub ——			Contributing Cod	de .	<u></u> 25	2	e .		st Resu		30 Susp. Drug:	32	1 13
				ol. 4: Ch/Sec/Sub ——		Driver	Distracted by	o	26	i			rom see		22	2	
1			for operate	r and all occupants inv					Scat Sa	is 36 fety Airbay	37 Eject	38 Trap Code	39 Injury	40 Transp.			
	Operate			Se	Address e Above		DOB/Age	Sex	Pos. Sy:	tem Status	Code	Code	Status 10	Code 1	Modical Fa	cility	
									-		 						
																	
				<u> </u>			15	12		10			1.0		····		
⁷ 2	Please Select O of the Followin		2 <u>1</u>	Occupants Non-	Motorist A Ty	/ре	15 Action	16 Lo	ocation	17	Conditi	on	18	Н	it/Run	Moped	
	License		_ S.	DOB/Age_		Reg#.	5EES29			R	у Туре	PC		Reg	State MA		
	Sex F Lic. C	Class D 19 1	Lic. Res		DL dorsement	Veh Ye	ear <u>1999</u>	Ve	h Make	MER	CUR	<u>Y</u>		Veh C	Config. 1	21	
3	Operator WEE	BSTER, E	BAYLE	E KATHERI		Owner	WEBSTE	R :	BAYI		KAT	HEF	RIN	E. Midd	lle		
1		GROVE AV					ss 44 GRO		AVE								. 14
	City WILMI			<u>1A</u> Zip 01887		City <u>V</u>	VILMINGT	CON		22					887-2 27 27		1
	•			URANCE CO			e Action Prior to (1 3 23			mageo st Stati		Code: 2	28		
	Vehicle Travel Di	تعلت:	EW	Responding to Emerg	ency? <u>Z</u>		Sequence 1	<u> </u>	24	23	Ту	ne of T	Гest:		29		
2	Citation # (If Issu	•					L	-		2:	3		t Resul	 	30		
				of. 2: Ch/Sec/Sub ——			Contributing Cod Distracted by		L 26		Sus		ohol:		Susp. Drug:	2 32	
ŀ	Viol. 3; Ch/Sec/S Plea			ol. 4: Ch/Sec/Sub —— notorist and all occupa	nts involved	Diver	Distracted by	$\overline{\Box}$	34 3		37	38	39	40			
]	Name (Last First Mic	ddie)		T	Address		DOB/Age	Sex	Seat Sal Pos. Syx	em Status	Coxle	Trap Code	Status	Transp. Code	Medical Fac	ality	
	Operato	r/Non-Mo	iorist	Se	e Above			\wedge	1 1	4	0	0	10	1	 -		
-																	
				1													

	= Direction	= Vehicle 1	2 = Vehicle 2	♀ = Pedestris	an \delta = Bicycle	
Crash Diagram:	ie: → [□	2	₽Ŝ	→ 55	
		Brattle Street		Glen Road	If Crash Did No on a Public Wa Off-Street Parking Garage Mall/Shopping Cer Other Private Way Indicate North b	y: Lot
				(2)		
Crash Narrative:						
Vehicle 2 was travelin	ng south on Gle	n Road when	vehicle 1 e	ntered the	e southbound lane of	
travel in front of veh	icle 2 from Br	attle Stree	t. Operator	of vehicle	e 1 stated that when	
he looked he didnt see						
operator stated that s	he was traveli	ng when veh	icle 1 just	pulled out	t in front of her. No	
airbags were deployed,	and both part	ies decline	d medical at	tention. V	Vehicle 1 was towed	
from the scene by Forr	est Towing. Ve	hicle 2 was	driven from	the scene	9.	
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged Property	
Truck and Bus Information	Registration #		(From Ve	hicle Section)		
Carrier Name	_		(,	Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:	
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:						
Placard 47 Material 1 digit i	48 Material Na	me		Material 4 digit	#Release code	49
	DiLorenzo		217 W:		Police Department 11	

	Police Use Only	Comme	onwealth	of Massa	chus	etts			RM	V Docu	ıment Number		
	Date of Crash Time of Crash	City/Town Nmington	Motor Veh	icle Cras	sh [Number Vehicles	Numbe	ı lopee	d Limit	30	State Police Local Police MBTA Police	0000	
	24HR	millig con	Police :	Report	2		0	Lann	ude itude		Campus Police Other:	ä	
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT	AT IN	TER	SECT	ΓΙΟΝ:		
					32	0	TOR	ner r	сm			ŀ	2 10
<u> </u>	Route# Direction	Name of Roadway/Street		Route# Directi		dress #	TION	ELL N		Roadwa	ay/Street		
1		At		Feet [NSEV	V of		_	•	or			
	Route# Direction Na	ne of Intersecting Roadway/	Street				Mile I	Marker			Exit Number	<u> </u>	5
		Also at Intersection with		_	N S E V	_	Route#		Interse	cting R	Coadway/Street	-	
² 1	Route# Direction Nat	ne of Intersecting Roadway/	Street	Feet [N S E V	V of			Lat	ndmark			
3	Please Select One Vehicle 13	_#Occupants Hit/Run	Moped	Crash Re	eport ID#	23	-36	:3-					
3	or the ronormig.										1/3		
	License	DOB/A ₁		1KSE97							21		1 12
	Sex M Lic. Class D Lic. I Operator SHERRY, JACOB		sement	/ear <u>2012</u>				Ų		_ Veh (Config. L	┙┟	
⁴ 1	Address 41 DUTCHER ST	First Mi	ddle	er <u>SHERRY</u> ess <u>41 DUT</u>	251		First	25		Mid	blie	-	
	City HOPEDALE State			HOPEDALE		<u> J</u>				O1	747-125	<u> </u>	
	Insurance Company USAA GENE		•	le Action Prior to C		1					1 27 2 27 3 2	ŧ	
	Vehicle Travel Direction: N S E	Responding to Emergence		Sequence 2	-	23		Test Sta			99 28	7	
5	Citation # (If Issued)	Responding to Emergence	•	1 1	1 24			Type of	Test:	9	99 ²⁹		
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		r Contributing Cod		25	25	BAC Te			1 30 Susp. Drug 2 3	2 -	13
		Viol. 4: Ch/Sec/Sub		Ţ	0 26			Susp. Al Towed f	L.	-	31sp. Drug.12] [
⁶ 1		itor and all occupants involve			34 Seat	35 Safety	36 3 Airbag Eje	38	39	40 Transp.	<u>- </u>	_	
	Name (Last First Middle)	Add		DOB/Age	Sux Pos.	System	Status Co	le Code	Status	Code	Medical Facility		
	Operator	See A	bove		X^1	99	4 0	0		1		_	
	ALYSSA CLOSE	CANYON, TX 79015		: - 	F 3	99	4 0	0	10	1			
	BRANDON VELASQUEZ	FRAMINGHAM, MA 0170:	2-6576	1	м 4	99	4 0	0	10	1			
⁷ 1	Please Select One of the Following:	_#Occupants	torist A Type	Action	16 Locati	ion	17 Cone	lition	18	П н	lit/Run 🔲 Mop	ed	
	License # S	DOB/Age	. Reg #	2VPY71			Reg Ty	ре <u>РС</u>		Reg	g State MA	-	
	Sex M Lic. Class D 19 Lic. R	estrictions 99 20 CDL_ Endors	Veh Y	ear 2019	Veh M	lake <u>S</u> 1	UBAR	J		_ Veh (Config. 1 21		
3_	Operator KIRBY, AIDAN	XAVIER		r KIRBY,	JOIA	MA	RIA First			Mide	dle		
2	Address 7 LINCOLN CIR		Addre	ss 7 LINC	OLN (CIR						-	. 14
İ	City BELMONT State	MA Zip 02478-3	3533 City 1	BELMONT							478-353	- I	<u> </u>
	Insurance Company SAFETY IN	SURANCE COMP	PANY Vehic	le Action Prior to C		6	ᆜ, ,	Damage Test Stat		Code: 1	27 2 27 3 2 28]	
	Vehicle Travel Direction: N S W	Responding to Emergency	y? <u>2</u> Event	Sequence 1	3 23	23	*3	Type of		1 9	29		
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Ļ		Viol. 4: Ch/Sec/Sub		Distracted by	0 20	35	36 37	Fowed fi	om sce	ne? 2	33	_	
	Please fill out for operator/nor Name (Last First Middle)	i-motorist and all occupants i		DOB/Age	Sex Pos.	Safety .	Airbag Ejec Status Cod	t Trap	Injury '	Transp. Code	Medical Facility		
	Operator/Non-Motorist	See Al	pove		X 1	99	4 0	0	10	1			
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Wilmington Police Department Images Associated with 23-363-AC





Wilmington Police Department Images Associated with 23-363-AC





	Commonw	vealth o	i Massa	chuse	tts		RM	IV Docur	uent Number	
Date of Crash Time of Crash 11/01/2023 1625 Wili	City/Town Mot	tor Vehi	cle Cras	h Ni		inead '	peed Limi	10	State Police Local Police MBTA Police Campus Police	
24HR		Police F	Report	2	0	L	atitude ongitude _		Campus Police	i
AT INTERSECT	ION: <	LOCAT	TION >		NC	TAT	INTER	SECT	ION:	
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Route# Direction	Name of Roadway/Street		Route# Direction	210 Addre		ALLA	RDVA Name of			-
	At		E [N	SEW				_		7
Route# Direction Nam	ne of Intersecting Roadway/Street		reet	SEM		lile Mark	er	or	Exit Number	<u>-</u>
	Also at Intersection with		Feet N	SEW	of Rou		Interes	anting De	oadway/Street	4
Route# Direction Nan	ne of Intersecting Roadway/Street		Feet N	S E W	of	t¢rr	HICIS	ecung Ko	saqway/3(teet	
	or intersecting readway/orect						La	ndmark		コ
Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	oort ID#	23-3	364	-AC	3		
License; S	, DOB/A _k	Reg#_	1XFW89		Re	eu Type J	PC	Reg	State MA	
19 19	Restrictions 99 20 CDL		ar 2022						21	1 1
Operator DINCOLA, NICO	LE KATRINA		DINCOLA						, same	
Address 8 OAK ST	First Middle		s 8 OAK S	l		First		Midd	le	
City WILMINGTON State	MA Zip 01887		ILMINGT			State	MA z	Zio 01 3	887	
Insurance Company VERMONT MU	-	•	Action Prior to C	Г	L 22		aged Area			
Vehicle Travel Direction: NS W	Responding to Emergency? 2		Sequence 23		23 23	Test	Status:	1	28	
Citation # (If Issued)			farmful Event	24		Туре	of Test:		29	
Viol. 1: Ch/Sec/Sub ———	Viol 2: Ch/Sec/Sub		Contributing Code		25 2:	=	Test Resi Alcohol:		30	1
Viol. 3: Ch/Sec/Sub			, ,	9 26	·][d from so	-	Susp. Drug 2 32	
	tor and all occupants involved			34 Sent	35 36 Safety Airlug	37	38 39	40		7
Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Status		rap Injury ode Status	Code	Medical Facility	-
Operator	See Above	-		1	99 4	0 0	10	1		_
										7
Please Select One Vehicle 20	#Occupants Non-Motorist A	A Type	15 Action I	6 Location	17	Condition	18	Пн	t/Run Moped	1
of the Ponowing.								L		_
19 19	DOB/Age		441VS6						State MA 21	
	estrictions CDL Endorsement		2018					Veh C	ontig.	
Operator Driverless M. V	First Middle		CONNOLL	T , MT	<u>بلائدہ ۔</u> ا	irst		Middle	e	
` A JJ		4 1 1	. A DT.TD3	प्रकाय	פת					1
Address	7:-		4 ELIZA		DR	g '	M724	A16	2072207	. 14
CityState	•	City <u>W</u>	ILMINGT	МС	22				387-3397 27 27 27	1 14
CityState Insurance Company PLYMOUTH F	ROCK ASSURANCE C	City W Vehicle	TIMINGTO Action Prior to Cr	o N		Dama	MA Z			1 1 ¹²
City State Insurance Company PLYMOUTH F Vehicle Travel Direction: NSEW	•	City W Vehicle Event S	Action Prior to Cr	ash 23	.1 22	Dama Test :	iged Area		27 27 27	1
CityState Insurance Company PLYMOUTH F Vehicle Travel Direction: NSEW Citation # (If Issued)	ROCK ASSURANCE O	City W Vehicle Event S Most H	Action Prior to Cr equence 23 anniful Event 1	23 24	1 ²² 23 23	Dam: Test : Type BAC	nged Area Status: of Test: Test Resu	Code: 7	27 27 27 28 29 30	1
CityState Insurance Company PLYMOUTH F Vehicle Travel Direction: NSEW Citation # (If Issued) Viol. 1; Ch/Sec/Sub	ROCK ASSURANCE C Responding to Emergency? Viol. 2: Ch/Sec/Sub	City W Vehicle Event S Most Hi	Action Prior to Cr equence 23 anniful Event 1 Contributing Code	23 24 24 26 26 26 26 26 26 26 26 26 26 26 26 26	.1 22	Dama Test : Type BAC Susp.	nged Area Status: of Test: Test Resu Alcohol:	Code: 7 1 1 11: 2 31	27 27 27 28 29 30 Susp. Drug: 2 32	1
CityState Insurance Company PLYMOUTH F Vehicle Travel Direction: NSEW Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub	ROCK ASSURANCE C Responding to Emergency? //iol. 2: Ch/Sec/Sub //iol. 4: Ch/Sec/Sub	City W Vehicle Event S Most H Driver C	Action Prior to Cr equence 23 anniful Event 1	23 24 26 26	22 23 23 23 5 25	Dama Test: Type BAC Susp. Towe	nged Area Status: of Test: Test Resu Alcohol: d from sc	Code: 7 1 1 1t: 2 31 3 ene? 2	27 27 27 28 29 30	1
CityState Insurance Company PLYMOUTH F Vehicle Trave! Direction: NSEW Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for operator/non Name (Last First Middle)	Responding to Emergency? Fiol. 2: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub	City W Vehicle Event S Most H Driver C	Action Prior to Cr equence 1 23 annful Event 1 Contributing Code Distracted by 0	23 24 26 34 Sent Sent	22 23 23 23 5 25	Dama Test : Type BAC Susp. Towe	nged Area Status: of Test: Test Resu Alcohol: d from sc	Code: 7 1 1 11: 2 31	27 27 27 28 29 30 Susp. Drug: 2 32	1
City State Insurance Company PLYMOUTH F Vehicle Trave! Direction: NSEW Citation # (If Issued) Viol. 1; Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for operator/non	Responding to Emergency? Fiol. 2: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub	City W Vehicle Event S Most H Driver C	Action Prior to Cr equence 1 23 annful Event 1 Contributing Code Distracted by 0	23 24 26 34 Sent Sent	22 23 23 23 25 25 25 25 Safety Airbag	Dama Test : Type BAC Susp. Towe	nged Area Status: of Test: Test Resu Alcohol: d from sc	Code: 7 1 1 tit: 2 31 3 ene? 2	27 27 27 28 29 30 Susp. Drug: 2 32 33	1
City State Insurance Company PLYMOUTH F Vehicle Trave! Direction: NSEW Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Please fill out for operator/non Name (Last First Middle)	Responding to Emergency? Fiol. 2: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub	City W Vehicle Event S Most H Driver C	Action Prior to Cr equence 1 23 annful Event 1 Contributing Code Distracted by 0	23 24 1 26 3.4 Sent Pos.	22 23 23 23 25 25 25 25 Safety Airbag	Dama Test : Type BAC Susp. Towe	nged Area Status: of Test: Test Resu Alcohol: d from sc	Code: 7 1 1 tit: 2 31 3 ene? 2	27 27 27 28 29 30 Susp. Drug: 2 32 33	1
City State Insurance Company PLYMOUTH F Vehicle Travel Direction: NSEW Citation # (If Issued) Viol. 1; Ch/Sec/Sub Viol. 3; Ch/Sec/Sub Please fill out for operator/non Name (Last First Middle)	Responding to Emergency? Fiol. 2: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub Fiol. 4: Ch/Sec/Sub	City W Vehicle Event S Most H Driver C	Action Prior to Cr equence 1 23 annful Event 1 Contributing Code Distracted by 0	23 24 1 26 3.4 Sent Pos.	22 23 23 23 25 25 25 25 Safety Airbag	Dama Test : Type BAC Susp. Towe	nged Area Status: of Test: Test Resu Alcohol: d from sc	Code: 7 1 1 tit: 2 31 3 ene? 2	27 27 27 28 29 30 Susp. Drug: 2 32 33	1 -

Crash Diagram:	ie:	→ [2	₽Ŷ	ian Ø = Bicycle → Ø	
		Bllard	dvale St		If Crash <u>Dic</u> on a Public	
***************************************	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			——————————————————————————————————————	Off-Street Pa	king Lot
Park	ing Lot				Garage	
_	·	-			Mall/Shoppin	
Target 1					Other Private	Way
					Indicate No	th by Arrow
\$2		4		-		
Crash Narrative: 11/01/23 appx. 1625hrs,	dienatohad t	n Target fo	or report of	hit-and-	un PO2 stated whil	
in store, unknown MV st						
side. Reviewed Target s						to
left of MV2. MV1 struck	MV2 with its	front righ	ht bumper. MV	72 visibly	shakes in video. M	V1
then leaves scene south	bound. MV2 ab	le to leave	e under own p	ower.		
Passenger in MV2, Matth	ew Abbott, 08,	/13/05, so	n of RO2. Uni	injured.		
Later spoke with OP1, a	dmitted to acc	cident and	contacted Ta	rget pric	r to speaking with	me.
See 23-1379-OF						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
				71.53		
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)		
Carrier Name					Bus Use	, 42
Address			City		St Zip	<u> </u>
. 1001 000						
	State Number		Issuing State	MC/MX/	.CC #:	
	44	GVWR/GCWR	45	MC/MX/		
US DOT #:	ype Code 44	GVWR/GCWR	45		46	
US DOT #: Interstate Cargo Body T	ype Code 44	GVWR/GCWR	45		46	49

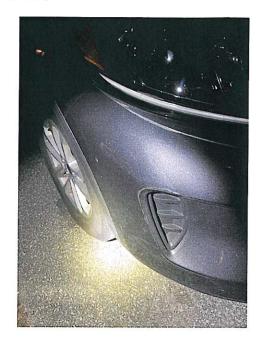
Patrol Officer Joseph A Fitzgerald Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks

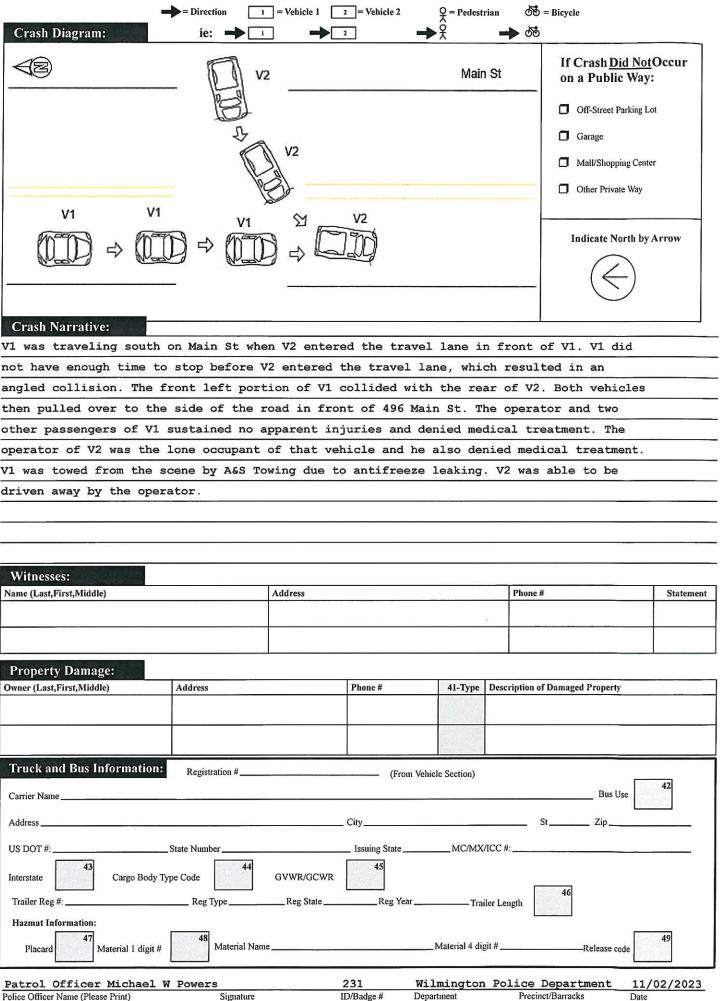
11/01/2023

Wilmington Police Department Images Associated with 23-364-AC





	Pol	lice Use Only		Com	monw	ealth :	of Massa	ich	uset	ts		1.1	RM	V Docu	ment Nu		
	Date of Crash	Time of Crash	T-7- 1	City/Town	Moto	r Veh	icle Cra	sh	Numl Vehic		ımber jured	1 ^	l Limit,	30	Local	Police Police Police Police Police Police Police Police Police	1
	11/02/2023	24HR	MITI	ington	P	olice :	Report		2	0		Latitu Longi	•		Campi Other:	us Police	
		AT INTER	SECTI	ON:	<	LOCA	TION :	>	- 	NO	T A	r in	TER	SECT	ΓΙΟΝ:		7
	D			N			D (D		496		AIN						2 10
¹ 1	Route# Dire	etion		Name of Roadway/S	treet		Route# Direct	ton	Address	#		Na	me of	Roadwa	ay/Street		
_	Route# Direc	ction	Name	of Intersecting Road	way/Street		Feet	N S	E W of		 Aile Ma	arker	-	or	Exit l	Number	3 11
				Also at Intersection v	vith		Feet	N S	E W of	Rou			Intorco	etino D	and word	Ctroat	
² 1	Route# Direc	ction	Name	of Intersecting Road	way/Street		Feet	N S	E W of	- Kui				ndmark	.oadway/	alleet	-
	Please Select (One Vivin	. , 3	#Occupants Hit	" F	Moped	Crash Ro			2 '	26						†
3	of the Followi		: 12	Fitt	/Run	Niopea	Crash R	eport i	D# Z	<u> </u>	ס כ	<u> </u>	AC	,			
	License #		St	DOB/Age		_ Reg #	1YFY53			R	ед Турс	e <u>PC</u>		Re	g State 👤		12
	Sex F Lic.	Class D			DL Indorsement		rear <u>2007</u> er <u>SCIFO,</u>							_ Veh	Config.	1 21	
⁴ 1		Last	I	First	Middle		L	ast			First	, o.n.	.	Mid	ldle		
	4	HOPKINS		Mar 01.001	7 AEOZ	-	ess 46 HOP			1					00=	4505	
				MA Zip 0188' TUAL INSU			le Action Prior to		1	22				_	887-	-4527 27 27	
	Vehicle Travel D	Direction: NX	EW	Responding to Emer	gency? 2	Event	Sequence 2	23 2	23 23	23	Te	est Stat	us:	1	1 28		
2	Citation # (If Iss	ued)		_		Most	Harmful Event	1	24	L1		pe of			29		
	i	,		iol. 2: Ch/Sec/Sub —			r Contributing Cod		19 ²⁵	2	5		st Resul			nig: 2 32	1 13
⁵ 1	Viol. 3: Ch/Sec/S	Sub	V	iol. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26		To	wed fr	rom sce	ne?	1 33 1		
1	Name (Last First M		for operate	or and all occupants in	volved Address		DOB/Age	Sex	34 3 Seat Sai Pos. Sys	ety Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Madi	eal Facility	
	Operate			<u> </u>	ee Above		DOB/Age	X	1 1	4	0	0		1	Medi	cai racitty	
	CELESTE SCI	FO		108 PARKER ST WILMINGTON, MA (1887-2230			F .	3 1	4	0	0	10	ı			
									8 2	4	0	0	10	1			
1	Please Select C of the Followir		21 /	Occupants Non	-Motorist A	Туре	15 Action	16 Lo	ocation	17	Condit	ion	18	Н	lit/Run	Moped	
	License 1			DOB/Age		Reg#	1TTN85			Re	g Type	PC		Re	g State 1		
	Sex.MLic. C	Class D		strictions 1 20 C	DL	Veh Y	′ear <u>2015</u>	Ve	eh Make	CHE	VRO	LET	1	_ Veh (Config.	1 21	
	Operator MCI	DERMOTTE	OE,		ndorsement TRICK	Owne	MCDERMO	OTT:	ROE,			SI	ATI	RICI			
2	Address 7 B	AMBERG I		irst	Middle	Addre	ess 7 BAMB	ERG	DR		First			Mide	die	1.	
	City WOBUR	เท	State 1	MA Zip 01801	-3523	City_	WOBURN				Stat	te MA	Zi	_D 01	801-	3523	1 14
	_			CE INSURAN		Vehic	le Action Prior to C		4	22	Da		l Area (Code:		27 27	
	Vehicle Travel D	irection: N	EW	Responding to Emer	gency? 2	Event	Sequence 1 2	3 2	23	23		pe of I		1	29		
$\overline{}$	Citation # (If Issu	.ied)				Most	Harmful Event	1	24		-	-	t Resul	it: -	30		
2	Viol. 1: Ch/Sec/S	Sub	Vi	ol, 2; Ch/Sec/Sub		Drive	r Contributing Cod	le 4	4 ²⁵	25	Su	sp. Alc	ohol:	31	Susp. Dr	ug 2 32	
	Viol. 3: Ch/Sec/S	Sub	Vì	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26				om sce		33		
•		-	rator/non-r	notorist and all occupa					34 3: Seat Safe	ay Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First Mi		toric1	~	Address		DOB/Age	Sex	Pos. Syst	ena Status	Code	Code	Status	Code	Medic	al Facility	1
	Operato	r/Non-Mo	orist	Se	ee Above			\triangle	1 1	4	0	0	10	1	·		
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Wilmington Police Department Images Associated with 23-365-AC

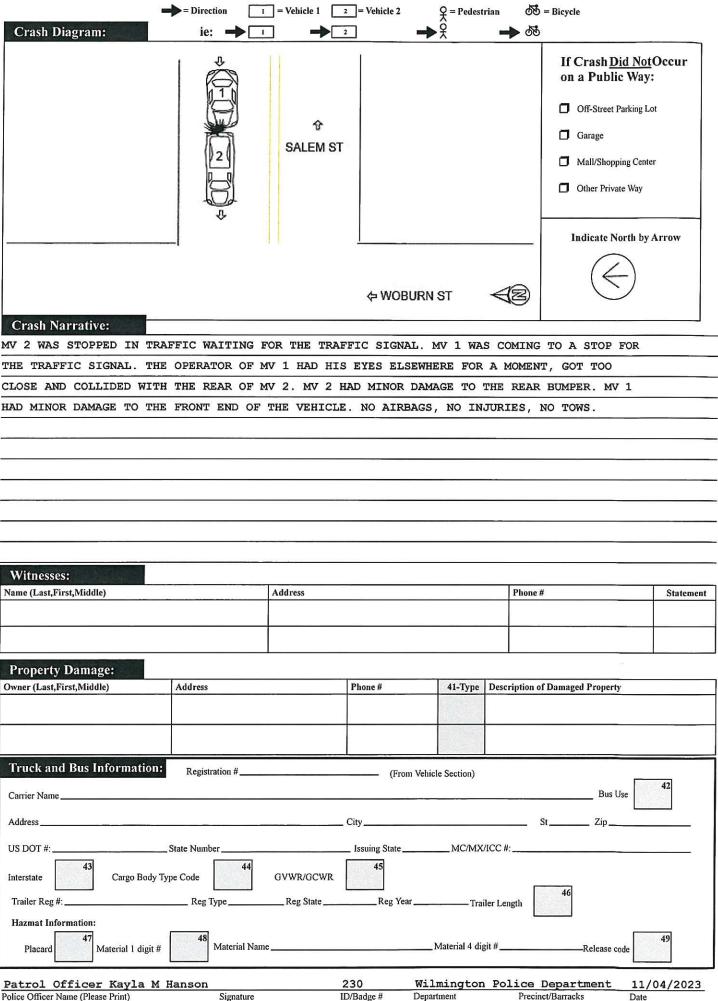


Pol	ice Use Only		Com	monwealth	of Massach	usett	5	4.5	RM	V Docu	ment Number	
Date of Crash 11/03/2023	Time of Crash	Dilm	City/Town	Motor Vel	nicle Crash	Number Vehicles		Dpcc	d Limit	35	State Police Local Police MBTA Police	D800
11,03,2023	24HR	PI de desti	111g CO11	Police	Report	2	0		ritude		Campus Police Other:	<u> </u>
	AT INTERS	ECTIO	ON:	< LOC	TION >		NOT.	AT IN	TER	SEC	TION:	
						010			_			2
Route# Dire	ction		Name of Roadway/St	reet	Route# Direction	318 Address #		N S		Roadwa	ay/Street	
			At		Feet N S	12 11V 0						
Route# Direc	ction	Name	of Intersecting Roady	vav/Street	Feet [N]S	E W of	Mile	Marker	•	or _	Exit Number	
			Also at Intersection v		Feet N S	E W of	D	***********	1_4		1 /514 4	_ 2
Route# Direc	4)	Mann	of Intersecting Roads	164	Feet N S	E W of	Route#		mers	ecing K	loadway/Street	
Route# Direc	citon	Name	of intersecting Roads	vay/Sireei					La	ndmark		
Please Select (of the Followi		1	#Occupants Hit/	Run Moped	Crash Report	1D# 2 3	-36	6-	·AC	•		
License #		. S)B/Ag(Reu	# <u>8RD542</u>		Reg T	me PC		Re	o State MA	
Sex M Lic.	Class - 19 15	ol .	20		Year 2016						2	1 1
· ·	D	J 2.0. AC		ndorsement	ner DIMASCIO					VOII ·	Coung.	┛ ┣─┈
	Last SALEM F	1	First	Middle	ress 247 SALE		First	<u> </u>	*************************************	Mid	idie	-
			MA Zip 01821		BILLERICA			M	70 7	<u>,</u> Ω1	821-213	_
			SURANCE CO	·			_			_		27
	oirection: XS		Responding to Emer	·	cle Action Prior to Crash	23 23	23	Test Sta			1 28	_
			Responding to Emer	-	\ <u>1 </u>	24		Type of	Test:		29	
- 1	ued)		• 		t Harmful Event 1	25	25	BAC Te			30	- 1
			iol. 2: Ch/Sec/Sub —		er Contributing Code	26		Susp. A			Susp. Drug 2	32 1
Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub —— or and all occupants in		er Distracted by 0	34 35	36 3	Towed i	39	ene7 2	2 33	_
Name (Lost First M		or operate	or and an occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eje	ct Trap	Injury Status	Transp. Code	Medical Facility	
Operate	or .		S	ee Above	\times X	1 1	4 0	0	10	1		
Please Select O					15 16		17	<u> </u>	18			_
of the Followin		2 <u>1</u>	Occupants Non	-Motorist A Type	Action	ocation.	Con	dition		H	lit/Run 🔲 Mo	ped
License		- 3L	OB/Agt	Reg	# 34TD73		Reg Ty	ре <u>РС</u>	:	Re	g State MA	
Sex M_ Lic. 0	Class D 19 19	Lic. Res		DL Veh	Year <u>2007</u> v	/eh Make 1	TOYO	Α		Veli (Config. 2]
Operator DES	SISTO, R	<u>EGAN</u>			er DESISTO,	REGAN	J First			Mide	dle	_
Address <u>108</u>	SALEM R	D			ess 108 SALE	M RD						
City BILLE	RICA	State <u>1</u>	MA Zip 01821	-1245 City	BILLERICA		S	tate Mi	A z	ip 01	821-124	<u>5</u> 1 1
Insurance Compa	any PLYMOU'	rh Ro	OCK ASSURA	NCE C Vehi	cle Action Prior to Crash	1				Code: 1	2	27
Vehicle Travel D	irection: S	E W	Responding to Emerg	gency? 2 Even	t Sequence 23	23 23	23	Test Star		1	L 28 29	
Citation # (If Issu	ed)			Mos	Harmful Event 1	24		Type of BAC Te		1t:	30	
Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	19 ²⁵ 2	0 25	Susp. Al	r		Susp. Drug: 2	32
Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Cli/Sec/Sub —	Drive	er Distracted by 99	26		Towed f	rom sc	ene? 2	33	-
1	•	ator/non-r	notorist and all occupa		Danie d	34 35 Seal Salely	J6 37 Airbag Eje	38 Trap	39 Injury	40 Тганыр.		
Operato	or/Non-Mot	orist	Se	Address ee Above	DOB/Age Sex	Pos. System	Status Cox	le Code	Status 10	Code 1	Medical Pacifity	
Speruto	-271 1016 ATRUE	~,				-		+	-		<u> </u>	_
								-				

	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestria	m 🥸	= Bicycle		
Crash Diagram:	ie: → [· → [2	→ 🕅	→ №			
		Mair	n St R38	A Committee of the Comm	2 >	If Crash <u>Did No</u> on a Public Way		
5					n 10	Off-Street Parking L	Lot	
					<u>E</u>	☐ Garage		
The second secon					-01	2000 000 000 000 000 000 000 000 000 00		
MV2		MV1				■ Mall/Shopping Cent	er	
						Other Private Way		
#324			Clark St	Indicate North by Arrow				
Crash Narrative:								
MV1 and MV2 were bot	h traveling nort	ch on Main S	St. MV1 was	s stopped in	n traff	ic on Main St		
prior to the traffic								
and MV2 had minor fr	ont end damage.	Both vehic	cles were or	erable and	both o	perators		
declined medical att	ention.							
1 200 100 1								
	9.4							
	1.0					-		
Witnesses:								
Name (Last,First,Middle)		Address			Phone #	Phone # Sta		

							1	
v - weev							L	
Property Damage:				45				
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of	Damaged Property		
Truck and Bus Informati	on: Registration #		(From	Vehicle Section)		-		
Carrier Name			*			Bus Use	42	
2.12			200					
Address			_ City		\$	it Zip	-	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:	-		
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45					
					88	46		
	Reg Type	Reg State	Reg Year	——— Trailer	Length			
Hazmat Information:	40				-			
Placard 47 Material 1 di	git # Material Na	me		Material 4 digit	#	Release code	49	
and the second second						rich	(1000 LL)	
Patrol Officer Daryl				Wilmington			03/2023	
olice Officer Name (Please Print)	Signature		ID/Badge #	Department	Precin	ct/Barracks Date		

Police Use Only	Commonweal	th of Massach	usetts	RMV Document Number				
Date of Crash Time of Crash 11/03/2023 1444 Wilm	ington	Vehicle Crash	Number Number Vehicles Injured	Speed Limit 35 State Police Local Police MBTA Police	0800			
24HR	Poli	ce Report	2 0	Longitude Campus Police Other:				
AT INTERSECTION	ON: < Lo	OCATION >	NOT A	Γ INTERSECTION:				
			430 SALE	em st	2			
Route# Direction	Name of Roadway/Street	Route# Direction Address # Name of Roadway/Street						
	At	Feet N S	EW of — —	- or				
Route# Direction Name	e of Intersecting Roadway/Street		Mile Ma	arker Exit Number	2			
	Also at Intersection with	Feet N S	Route#	Intersecting Roadway/Street				
Route# Direction Name	e of Intersecting Roadway/Street	Feet N S	E W of					
Please Select One	#Occupants Hit/Run Mo			Landmark				
of the Following:	#Occupants Hit/Run Mo		1D# 23-36		***			
License / S	DOB/A _t			e PC Reg State MA	21 1 12			
<u> </u>	estrictions CDL Endorsement			Veh Config. 1	<u> </u>			
Last	BRUCE C First Middle	Owner WORTHING	First	N LEE				
Address 5 COUNTY RD		Address 5 COUNTY						
City TEWKSBURY State		City TEWKSBURY		appaged Area Code: 27 27 27	02 27			
Insurance Company ARBELLA MU		Vehicle Action Prior to Crash		amaged Area Code: 1 27 27 est Status: 1 28				
Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event Sequence 1 23		/pe of Test:				
Citation # (If Issued)	•	Most Harmful Event 1		AC Test Result: 30	13			
Viol. 1; Ch/Sec/Sub ————————————————————————————————————		Driver Contributing Code		isp. Alcohol: 2 31 Susp. Drug 2	32 1			
Viol, 3: Ch/Sec/SubVi		Driver Distracted by 99	34 35 36 37	owed from scene? 2 33				
Name (Last First Middle)	or and all occupants involved Address	DOB/Age Sex	Seat Safety Airbag Eject Pos. System Status Code	Trap injury Transp. Code Status Code Medical Facility	<u>, </u>			
Operator	See Above	$\rightarrow \times \times$	1 99 4 0	0 10 1				
	1	1 1	3 99 4 0	0 10 1				
Please Select One Vehicle 21	#Occupants Non-Motorist A Typ	ne 15 Action 16 1	ocation 17 Condit	ion 18 Hit/Run Me	anad l			
of the Following:					- I			
10 10	20	Reg # 5185789	Reg Type	· ·	21			
<u> </u>	Endorsement	Veh Year 2023		· L				
Operator RADCLIFFE, JON	irst Middle	Owner RADCLIFFE	First	Middle				
Address 13 LOCKE MILL D City LITCHFIELD State 1		Address 13 LOCKE City LITCHFIELD		te NH Zip 03052	T 14			
Insurance Company GEICO	•	Vehicle Action Prior to Crash	22	unaged Area Code: 5 27 27	27			
Vehicle Travel Direction: N S E				st Status: 28				
Citation # (If Issued)		Most Harmful Event 1	24 Ty	pe of Test: 29				
Viol. 1: Ch/Sec/Sub — Vi		Driver Contributing Code	n 25 25	AC Test Result: 30 sp. Alcohol: 2 31 Susp. Drugg	32			
1		Driver Distracted by	36	sp. Alcohol: 2 31 Susp. Drug 2 wed from scene? 2 33				
	netorist and all occupants involved		34 35 36 37	38 39 40 Trap Injury Transp.				
Name (Lost First Middle)	Address	DOB/Age Sex	Pos. System Status Code	Code Status Code Medical Facility				
Operator/Non-Motorist	See Above		1 99 4 0	0 10 1				



Wilmington Police Department Images Associated with 23-367-AC



