Date of Crash 11/05/2023 Time of Crash 1540 24HR City/Town Wilmington Motor Vehicle Crash Police Report Number 1 Number Vehicles 1 Number Injured 0 Speed Limit <u>30</u> Latitude <u>42.34.078</u> State Police Compus Police Compus Police AT INTERSECTION: LOCATION > NOT AT INTERSECTION: Route# Direction Name of Roadway/Street Route# Direction Address # FORDHAM RD Name of Roadway/Street I At	
24HR POILCE KEPOPT 1 0 Longitude 71.08.20 Campus ronce other AT INTERSECTION: LOCATION NOT AT INTERSECTION: Route# Direction Name of Roadway/Street Route# Direction Address # FORDHAM RD Name of Roadway/Street At	2 ¹⁰
Indext and the sector of th	2
Route# Direction Name of Roadway/Street I At Route# Direction Route# Direction Name of Intersecting Roadway/Street At Route# Direction Name of Intersecting Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Atso at Intersection with Feet NS Feet NS Ew of Route# Direction Name of Intersecting Roadway/Street Feet NS Ew of Route# Direction Name of Intersecting Roadway/Street Feet NS Ew of Intersecting Roadway/Street Landmark Please Select One Vakide 11 Housed Cruck Benet UP# 23 - 368 - 300	2
Route# Direction Name of Roadway/Street I At Route# Direction Route# Direction Name of Intersecting Roadway/Street At Route# Direction Name of Intersecting Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Atso at Intersection with Feet NS Feet NS Ew of Route# Direction Name of Intersecting Roadway/Street Feet NS Ew of Route# Direction Name of Intersecting Roadway/Street Feet NS Ew of Intersecting Roadway/Street Landmark Please Select One Vakide 11 Housed Cruck Benet UP# 23 - 368 - 300	1 ¹¹
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet NS EW of Please Select One Name of Intersecting Roadway/Street Intersecting Roadway/Street Intersecting Roadway/Street	1 ¹¹
Route# Direction Name of Intersecting Roadway/Street 21 Route# Direction Please Select One Name of Intersecting Roadway/Street	_ 1 ¹¹
21 Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/Street Please Select One X value 11 #Occumants Ut/Dury Image: Crack Depart UP# 23 - 368 - 300	_
21 Route# Direction Name of Intersecting Roadway/Street	
Please Select One Visite 11 #Occupants Visite Marcel Crack Depart ID# 22-269-70	
License #	1 1 ¹²
Sex M_Lic. Class Lic. Restrictions 1 CDL Veh Year 2016 Veh Make HONDA Veh Config. 1 Operator ROTHMAN, CRAIG SETH Owner ROTHMAN, CRAIG	
4 Last First Middle 4 Address 35 SPYGLASS HILL DR	-
City ASHLAND State MA Zip 01721-2362 City ASHLAND State MA Zip 01721-2362	2
Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 ²² Damaged Area Code: 2 ²⁷ 1 ²⁷	27
Vehicle Travel Direction: X S E W Responding to Emergency? 2 Event Sequence 5 23 23 23 23 Test Status: 1 28	
5 Citation # (If Issued) Most Harmful Event 5 24 Type of Test: 29	
BAC Test Result: 50	32 5 ¹³
6 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by U Iowed from scene? 2 2 9 Please fill out for operator and all occupants involved 34 35 36 37 38 39 40	-1
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Medical Facility Operator See Above 1 99 4 0 0 10 1	-
	_
	_
7 1 Please Select One of the Following: Vehicle 2#Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Mon	ped
License # St DOB/Age Reg # Reg Type Reg State	_
SexLic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config.	1
Operator Owner 8 Last First Middle	_
81 Contractor Contractor Contractor Address Address Address	
CityStateZipCityStateZip	_ 1
Insurance Company Vehicle Action Prior to Crash Damaged Alea Code.	27
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 Travel Status.	
9 2 Citation # (If Issued) Most Harmful Event 24 BAC Test Result: 30 9 2 Driver Centributing Center 25 25 10	_
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Susp. Alcohol: 31 Susp. Drug:	32
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by I owed non scene?	
Name (Last First Middle) Address DOB/Age Sex Salety Airbag Eject Trap Injury Transp. Medical Facility Address DOB/Age Sex Pos. System Status Code Status Code Medical Facility	
Operator/Non-Motorist See Above	

Ĩ	Form No.	10364	CRA-65	09/18



DAMAGE TO THE FRONT / RIGHT FRONT OF THE VEHICLE. THE DEER RAN OFF INTO THE WOODS. THERE

WERE NO INJURIES REPORTED. NO AIRBAGS, NO TOWS.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #	Sta	atement
			-				
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged P	roperty	
				Contraction of the			
				The second s			
Truck and Bus Information	Registration #		(From Vel	nicle Section)		U-NO-MONICO -	
Carrier Name						Bus Use 42	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	ICC #:		
43	44		45				
	Type Code	GVWR/GCWR					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length		
				1101	er Bengu		
Hazmat Information:	10					49	
47 Placard Material 1 digit	# 48 Material Nam	e		_Material 4 digi	it #Re	lease code	
						the states links	
Patrol Officer Kawla N	Hanson		230 Wi	lmington	Police Departm	ent 11/05/2	2023

Patrol Officer Kayla M Hanson		230	Wilmington	Police Department	11/05/2023
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 23-368-AC





	Police Use Only	Comn	nonwealth	of Massa	chuse	etts			RMV Do	cument Numl		Ĩ
	Construction include and a second construction	City/Town	Motor Veh	icle Cras	\mathbf{h} $\begin{bmatrix} N_{\rm N}\\ V_{\rm e} \end{bmatrix}$		Number Injured	Speed I		5 State Polic Local Polic MBTA Po	ce 🛛	1
	24HR	ington	Police	Report	2		1	Latitude Longitu		Campus P Other:		
	AT INTERSECTIO	DN:	< LOCA	TION >		N	IOT A	Γ ΙΝΤ	ERSE	CTION:		
					0.04	•						2 ¹⁰
1	Route# Direction	Name of Roadway/Stre	eet	Route# Directio	n <u>222</u>		MAIN			lway/Street		
¹ 1		At		Feet	SEW	of –		_	0			
	Route# Direction Name	of Intersecting Roadwa	ay/Street			01	Mile Ma	arker	0	Exit Nur	nber	2 11
		Also at Intersection wi	th	Feet N	SEW	of	Loute#	 Ir	tersecting	Roadway/Stro	eet	3
² 2	Route# Direction Name	of Intersecting Roadwa	av/Street	Feet N	SEW	of		-		,10000110,750		
2								54.0	Landma	ırk		
3	Please Select One of the Following: Vehicle 11_#	Occupants Hit/R	kun 🛄 Moped	Crash Rep	ort ID#	23-	-36	9-2	AC			
		_ DOB/Ag	Reg	# 6YB171			Reg Typ	PC		Reg State MZ		12
	Sex <u>F</u> Lic. Class D ¹⁹ Lic. Res	strictions I ²⁰ CD	DL Veh ' dorsement	Year <u>2009</u>	Veh Ma	ake TO	YOTA		Ve	h Config. 1	21	1
.	Operator BAVOTA, SOPHIA			er BAVOTA,	DAV	ID J	First			Middle		
⁴ 3	Address 34 ADAMS ST			ess 34 ADAM	IS ST	1	rust			vidule		
	City WILMINGTON State 1	A Zip 01887	-2451 City	WILMINGT	ON		-		-	1887-2		
	Insurance Company ARBELLA MU	TUAL INSU	RANCE Vehic	cle Action Prior to Ci	ash	1 22			Area Code		8 27	
5	Vehicle Travel Direction:	Responding to Emerge	ency? 2 Even	t Sequence 1 23	23	23 2	5	est Status		1 28 29		
⁵ 1	Citation # (If Issued)		Most	Harmful Event	. 24			pe of Te AC Test		1 30		
	Viol. 1: Ch/Sec/Sub Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25	25	isp. Alco	Press, 400,000	1 Susp. Drug	2 32	1 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub Vi	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		To	wed from	m scene?	1 33		
1	Please fill out for operato Name (Last First Middle)	• • • • • • • • • • • • • • • • • • • •	olved Address	DOB/Age	34 Seat Sex Pos.	Safety Ai	36 37 rbag Eject atus Code		39 40 Injury Transp Status Code		acility	
	Operator	See	e Above	\mathbf{X}	$\langle 1$	1 1	0	0 1	10 1			
							_					
			100	15 1	<u>ا</u>	1	7	Tanata	18		<u> </u>	
⁷ 2	Please Select One of the Following: Vehicle 2.4#	Occupants Non-I	Motorist A Type	Action	Location	n	Condit	ion		Hit/Run	Moped	
L	License # St	DOB/Age	Reg #	32FL81			Reg Type	PC	I	Reg State MA	21	
	Sex F Lic. Class D ¹⁹ Lic. Res	trictions 1 ²⁰ CD	L Veh Y lorsement	lear 2016	_ Veh Ma	ke <u>CH</u>	EVRO	LET	Ve	h Config. 1	21	
⁸ 1	Operator JELLEY, MICHEL		Middle Own	er JELLEY ,	MICH	IELL	E First		N	Aiddle		
1	Address 1321 WHIPPLE RD			ess 1321 WH	IPPL	<u>E R</u>						14
		IA Zip 01876		TEWKSBUR	<u>г</u>	22				1876-3	Concernant of the local division of the loca	2
	Insurance Company THE COMMERC	CE INSURAN	CE CO Vehic	le Action Prior to Cr	L.	4 ²²		amaged A st Status	Area Code	3 ²⁷ 27 28	21	
	Vehicle Travel Direction: N S W	Responding to Emerge	ency? 2 Event	Sequence 1 ²³		23 23		pe of Te		29		
⁹ 2	Citation # (If Issued) 267655AC			Harmful Event 1	Contraction of the	25	25	AC Test 1	1	1 ³⁰		
Ľ		ol. 2: Ch/Sec/Sub 90		r Contributing Code	- 26	23	Su		hol: 2 3		2 32	
		ol. 4: Ch/Sec/Sub		r Distracted by	34	35 3	Tc		m scene?	1 33		
	Please fill out for operator/non-n Name (Last First Middle)	(E)	Address	DOB/Age S	Seat	Safety Air	rbag Eject atus Code	Trap I	injury Transp Status Code	Medical F		
	Operator/Non-Motorist	See	Above	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	(1	1 3	0	0 1	.0 2	Winchester Hospital		
	MICHELLE JELLEY	69 COUNTY RD TEWKSBURY, MA 018	76-3104	F	3	1 3	o	0 8	8 2	Winchester Hospital		
6					5	4 3	o	0 1	.0 2	Winchester Hospital		
1					4	4 3	0	0 1	.0 2	Winchester Hospital		
]		1		ι						1		

1



Vehicle 1 was traveling north on Main Street. Vehicle 2 was sitting at the intersection waiting to turn left into the Wilmington Plaza. A vehicle not involved was sitting in the middle of the intersection waiting to turn left into Wilmington Crossing. Vehicle 2 began to inch up and observed no vehicles coming and began to take her left turn into Wilmington Plaza. Vehicle 2 crossed vehicle 1's lane of travel and vehicle 1 collided with the rear right side of vehicle 2. Both vehilces had airbag deployement and were towed by Forrest Towing. Operator of vehicle 1 declined medical attention. Operator and all passengers of vehicle 2 were transported to Winchester Hospital by the Wilmington Fire Department.

Witnesses:							
Name (Last,First,Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	iption of Damaged Property	
Truck and Bus Information:						Bus Use	42
US DOT #:S							
Interstate 43 Cargo Body Typ	44	GVWR/GCWR	45		5100 #.		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Тга	iler Lenį	gth 46	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	9		Material 4 di	git #	Release code	49
Patrol Officer Michael R Di Police Officer Name (Please Print)				Wilmingtor Department			11/06/2023 Date

Wilmington Police Department Images Associated with 23-369-AC





	Police	Use Only		Com	monwea	lth o	of Massa	ach	use	tts			RM	AV Doc	cument l	Number	
		Time of Crash		City/Town	Motor	Vehi	icle Cra	sh		mber nicles	Num Injur	-1	eed Lim	it_4	Loc	te Police	
	11/06/2023 1	24HR	WIImi	ington	Pol	lice H	Report		3		1	La	titude ongitude			npus Police	
	A	T INTER	SECTIO	N:	<	LOCA	ΓΙΟΝ	>			NOT	'AT I	INTE	RSEC	TION	N:	
									205	-	ŦO	1.773 T	т аг				2 ¹⁰
1	Route# Directio	<u>n</u>	I	Name of Roadway/S	treet		Route# Direc		205 Addre			WEil	L S' Name c		way/Stre	et	- '
4				At			Feet	NS	EW	of			•	- or			
-	Route# Directio	<u> </u>	Name	of Intersecting Road	way/Street	—-	Peet		21.1	01	Mil	e Marke		- 01		it Number	11
			2	Also at Intersection	with		Feet	NS	ΕW	of	Route	. –	Inter	secting	Roadwa	y/Street	2
2	Route# Directio		Name	of Intersecting Road	waw/Street		Feet	NS	EW	of	Koule	r	Inter	seemig	Roauwa	ly/Sileet	
² 1	Routen Directio									5			I	andmai	rk		1
3	Please Select One of the Following:		e 1 1 #	Occupants 🔲 Hit	/Run 🔲 N	loped	Crash R	leport	ID# 💈	23	-3	70	-A(C			
	License #		S	_ DOB/Agt		Reg #	5853EN				Reg	Туре_	2C	F	Reg State	MA	12
	Sex <u>M</u> Lic. Cla	ss D	19 Lic. Res		CDL		ear <u>2013</u>									21	1 12
	Operator LEF	FLER, J	DEREK	WILLIAM	Endorsement	Owne	r LEFFLE	R,	DEF	REK	WI	LLI	AM			·	
⁴ 1	Address 171	CHAPMA	N RD	rsl	Middle	Addre	ss <u>171 CH</u>	Last IAPN	IAN	RI	Firs	t		M	liddle		
	City TEWKSE	URY	State <u>N</u>	IA _Zip_0187	6-3611	City _	TEWKSBU	RY				State	MA	Zip <u>0</u>	1876	6-3611	
	Insurance Company	THE ST	TANDAF	D FIRE I	NSURAN_	Vehicl	e Action Prior to	Crash		1	22	Dam	aged Are	a Code	5 27	27 27	
C	Vehicle Travel Dire	ction: NS	W	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		Status:		1 28		
5	Citation # (If Issued	i)				Most I	Harmful Event	1	24				of Test:		99 ²⁹		
	Viol. 1: Ch/Sec/Sub		Vic	ol. 2: Ch/Sec/Sub —		Driver	Contributing Co	de	1	25	25		Test Re Alcoho		1	Drug: 2 32	1 ¹³
2	Viol. 3: Ch/Sec/Sub		Vic	ol. 4: Ch/Sec/Sub —		Driver	Distracted by	0	26				ed from s	_	2 33		
⁶ 1			for operator	and all occupants in						35 Safety	36 Airbag	Eject T	38 39 Tap Injur	y Transp.			1
	Name (Last First Middle Operator				Address See Above		DOB/Age	Sex		System	Status		ode Statu	is Code	M	fedical Facility	1
	Operator							\cap	-				_	-			-
														-			-
												_	_				-
⁷ 1	Please Select One of the Following:		e 2 1 #0	Occupants 🔲 Not	n-Motorist A 7	Гуре	15 Action	16 L	ocatior	n	17 Co	ondition	18		Hit/Rur	n 🛄 Moped	
Ľ	License #			DOB/Age		Reg #	2FLT17				Reg	Type E	PC	R	leg State	MA	1
	Sex F Lic. Cla	19 1	19 Lic Rest	20	CDL		ear 2020	v	eh Mal	ke B	-				1 Config	_ 21	
	Operator LEA			E	Indorsement		LEAHY,								. со _В		
⁸ 2	Address 15 L	ast	Fi	rst	Middle		ss 15 LOU	ast			Firs	1		м	liddle		
L	City READIN			IA Zip 0186	7-3777		READING					State	MA	Zip_0	1867	7-3777	1 ¹⁴
				E INSURA			e Action Prior to	Crash	1	1 192	22					5 ²⁷ 10 ²⁷	
	Vehicle Travel Dire			Responding to Eme		Event	Sequence 1	23	20	23	23	Test	Status:		1 28		
	Citation # (If Issued	L				Most I	Harmful Event	1	24				of Test:		99 ²⁹		
⁹ 2			Vic	ol. 2: Ch/Sec/Sub —		Driver	Contributing Co	de [1 2	25	25		Test Re: Alcohol	1.0.00.000207	1	Drug: 2 32	
L	Viol. 3: Ch/Sec/Sub			ol. 4: Ch/Sec/Sub —		Driver	Distracted by	0	26				d from s	2	1 33	5166.2	
				notorist and all occup	oants involved				34 Seat	35 Safety	36 Airbag		38 39 Tap Injur	40 y Transp.	- dament		1
	Name (Last First Middle		dan ¹		Address		DOB/Age	Sex	Pos.	System	Status	Code C	ode Statu		М	fedical Facility Clinic	-
	Operator	/INON-MC	otorist	5	See Above		$\mid \frown \mid$	\square	1	99	4 (, 0	8	2			-
																	4
		- 1000000								_							

Data .f.C '	lice Use Only			of Massach					nent Number
Date of Crash 11/06/2023	Time of Crash	City/Town		hicle Crash	Number Vehicles	Number Injured	Speed Limit Latitude	40	State Police Local Police MBTA Police
	24HR			Report	3	1	Longitude		Campus Police
	AT INTERSE	CTION:	< LOC	CATION >		NOT A	FINTER	SECT	ION:
					205	T.OWF	LL ST	ı	
Route# Dire	ection	Name of Roadway/	Street	Route# Direction	Address #	HOWE		Roadway	y/Street
		At		Feet NS	EW of -		_ • _	or	
Route# Dire	ection	Name of Intersecting Road	dway/Street	-		Mile Ma			Exit Number
		Also at Intersection	with	Feet N S		Route#	Inters	ecting Ro	adway/Street
Route# Dire	ection	Name of Intersecting Road	dway/Street	Feet N S	EW of				-
				-L _{-T}				ndmark	
Please Select of the Followi		1_#Occupants	it/Run	I Crash Report	ID# 23 ·	-37	0-AC	-	
License		S DOB/Age	Re	g# 8KY916		_ Reg Typ	PC	Reg	
Sex <u>M</u> Lic.	Class D 19 19		CDL Ve	h Year 2017 V	eh Make JZ	GUAR		Veh C	Config. 1
Operator <u>BO</u>	UDEKHANA,			wner <u>BOUDEKHAN</u> Last	A, RA	CHID First		Middl	le
Address 188	B WEST ST			dress 188 WEST	ST				
City MALD	EN	State MA_Zip_0214	8-6508 Cit	y MALDEN					148-6508
Insurance Comp	Dany GEICO G	ENERAL INSUR	Ver	hicle Action Prior to Crash	1		amaged Area	Code: 1	
Vehicle Travel I	Direction: NSX	W Responding to Eme	ergency? 2 Ev	ent Sequence 23		23	est Status: /pe of Test:	1	28 9 ²⁹
Citation # (If Is:	sued)	v	Mo	ost Harmful Event 1	24		AC Test Res	1000	30
Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub	Dri	iver Contributing Code	19 ²⁵ 5	25 Si	isp. Alcohol:	2 31	Susp. Drug: 2 32
Viol. 3: Ch/Sec/	10 KONO F 1 2011 1	Viol. 4: Ch/Sec/Sub		iver Distracted by O	26		wed from so	±1	33
Name (Last First M		operator and all occupants i	involved Address	DOB/Age Sex		36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility
Operat	or		See Above		1 99 1	L O	0 10	1	
Please Select (15 16		17	18		
of the Followi		#Occupants No	on-Motorist A Type	Action	ocation	Condit	ion	Hit	t/Run 🛄 Mope
Linear #		St DOB/Age	Re	g #		Reg Type		Reg	State21
License #	10 10	20							
	Class 19 19 I	Lic. Restrictions	CDL Vel Endorsement	h Year V	eh Make			_ Veh Co	onfig.
Sex Lic.	Class 19 19 I	Lic. Restrictions	Endorsement	h Year V vner	eh Make	First		_ Veh Co	PEDARK COMPANY
Sex Lic. Operator Address	Class I I	Lic. Restrictions	Endorsement Middle Ow	vner		First		Middle	PEDARK COMPANY
Sex Lic. Operator Address	Class I I	Lic. Restrictions	Endorsement Middle Ow	vnerLast		First	te Z	Middle	e
Sex Lic. · Operator Address City (insurance Comp	Last	Lic. Restrictions	Endorsement Ow Middle Ad	vner	2	First Sta 2 D:	te Z amaged Area	Middle	PEDARK COMPANY
Sex Lic. · Operator Address City (insurance Comp	Last	Lic. Restrictions	Endorsement Ow Middle Ad	vner	23 23	First Sta 2 D: 23 Te	te Z	Middle	° 27 27 27 27
Sex Lic. (Operator Address City Insurance Comp Vehicle Travel E	Last	Lic. Restrictions	Endorsement Ow Middle Add City City Vel ergency? Eve Mo	vner	23 23 24	First First Sta Di Z Di Te Ty B4	te Z amaged Area st Status:	Middle Cip Code:	° 27 27 27 27 28
Sex Lic. (Operator Address City (Insurance Comp Vehicle Travel I Citation # (If Iss Viol. 1: Ch/Sec/	Last Last Direction: NSE Sued)	Lic. Restrictions	Endorsement Ow Middle Ad Cit. Cit. Vel ergency? Eve Mo Dri	vner	23 23 2 24 25	First First Sta 2 2 2 5 5 5 5 5 5 5 5 5 5	te Z amaged Area st Status: pe of Test: AC Test Resu Isp. Alcohol:	Middle	° 27 27 27 28 29 30 Susp. Drug. 32
Sex Lic. (Operator Address City Insurance Comp Vehicle Travel E Citation # (If Iss Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/	Class I I Last Dany Direction: N S E sued) Sub	Lic. Restrictions 1 First 1 State Zip W Responding to Eme — Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub	Endorsement Ow Middle Ad City City Vel ergency? Eve Mo Dri Dri	vner	23 23 23 24 25 26	First	te 2 amaged Area st Status: pe of Test: AC Test Resu usp. Alcohol: wwed from sc	Middle	e 27 27 27 28 29 30
Operator Address City Insurance Comp Vehicle Travel I Citation # (If Iss Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/	Class I I Last Dany Direction: N S E sued) (Sub (Sub) Sub	Lic. Restrictions	Endorsement Ow Middle Ad City City Vel ergency? Eve Mo Dri Dri	vner	23 23 2 24 25 25 26 26 34 35 Softy 4	First First Sta 2 2 2 5 5 5 5 5 5 5 5 5 5	te Z amaged Area st Status: pe of Test: AC Test Resu Isp. Alcohol:	Middle	° 27 27 27 28 29 30 Susp. Drug. 32
Sex Lic. (Operator Address City Insurance Comp Vehicle Travel E Citation # (If Iss Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ Plot Name (Last First M	Class I I Last Dany Direction: N S E sued) (Sub (Sub) Sub	Lic. Restrictions	Endorsement Ow Middle Add City City Vel ergency? Eve Mo Dri pants involved	vner	23 23 2 24 25 25 26 26 34 35 Softy 4	First Sta 2 2 23 Te 23 Ty 25 Su 75 Su 75 Su 75	te 2 amaged Area st Status: pe of Test: AC Test Resu isp. Alcohol: wed from sc 38 39 Trap 1 jujuy	Middle	e 27 27 27 28 29 30 Susp. Drug. 32 33
Sex Lic. (Operator Address City Insurance Comp Vehicle Travel E Citation # (If Iss Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ Plot Name (Last First M	Class I I	Lic. Restrictions	Endorsement Middle Ow Middle Ad Cit; Cit; regency? Eva Mo Dri upants involved Address	vner	23 23 2 24 25 25 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 26 26 26 26 26 26 26 26 26 26 26 26	First Sta 2 2 23 Te 23 Ty 25 Su 75 Su 75 Su 75	te 2 amaged Area st Status: pe of Test: AC Test Resu isp. Alcohol: wed from sc 38 39 Trap 1 jujuy	Middle	e 27 27 27 28 29 30 Susp. Drug. 32 33
Sex Lic. (Operator Address City Insurance Comp Vehicle Travel E Citation # (If Iss Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ Plot Name (Last First M	Class I I	Lic. Restrictions	Endorsement Middle Ow Middle Ad Cit; Cit; regency? Eva Mo Dri upants involved Address	vner	23 23 2 24 25 25 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 25 26 26 26 26 26 26 26 26 26 26 26 26 26	First Sta 2 2 23 Te 23 Ty 25 Su 75 Su 75 Su 75	te 2 amaged Area st Status: pe of Test: AC Test Resu isp. Alcohol: wed from sc 38 39 Trap 1 jujuy	Middle	e 27 27 27 28 29 30 Susp. Drug. 32 33

Crash Diagram:	=>= Direction ie: =>	1 = Vehicle 1 1 → 1	2 = Vehicle 2	$\mathbf{Pedestr}$	ian 🚳 =	= Bicycle	
West						If Crash <u>Did No</u> on a Public Way	
Bound						Off-Street Parking 1	Lot
Side						Garage	
		-		Anno		Mall/Shopping Cen	nter
Albertana	V3	V2 V1					
East Bound						Other Private Way	
Side						Indicate North by	y Arrow
1, s			205 Lowell Street			\bigcirc	
Crash Narrative:							
On Monday November 6							
vehicle crash in the							
a row it appeared V3 not paying attention				2700.	10.00 A		
give a statement due							
for futher evaluation			-	1			
Forrest towed V2 bac					1.0	201 M	
owner.							
Witnesses: Name (Last,First,Middle)	l	Address			Phone #	<u>.</u>	Statement
Name (Last, First, windure)					Thone		Jacment
Property Damage:			Phone #	41-Type	Description of	f Damaged Property	
Owner (Last,First,Middle)	Address		rnohe #	41-1ypc	Description of	Damageu Froperty	
Truck and Bus Informat	tion: Registration #_		(From `	Vehicle Section)			
Carrier Name						Bus Use	42
Address			_ City		5	st Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo E	Body Type Code	44 GVWR/GCWR	45		205	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	iler Length	46	
Hazmat Information:	40						49
Placard 47 Material 1 d	digit # 48 Materia	al Name		Material 4 dig	git #	Release code	1977 - 19

Patrol Officer John A Fortes		228	Wilmington	Police Department	11/06/2023
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 23-370-AC





			nmonwealth	I OI IVIASSACI	Iuscus		R	AV Docu	iment Number	
Date of Crash 11/07/2023	The second second second second second second	City/Town	Motor Ve	hicle Crash	Number Vehicles		Speed Lim	it_10	State Police Local Police MBTA Police	0800
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		At		Feet N S	EWof		.	– or		
Route# Dir	ection	Name of Intersecting Ro	oadway/Street	-		Mile M	arker		Exit Number	
		Also at Intersection	on with	Feet N S		Route#	Inter	secting R	loadway/Street	—
Route# Dir	ection	Name of Intersecting Ro	oadway/Street	Feet N S	E W of					
Please Select				- <u>I </u>				andmark		_
of the Follow		#Occupants	Hit/Run 🛄 Moped	l Crash Repor	t ID# 23	-37	1-A	C		
License	٤	DOB/Age		g#1EG524		Reg Typ	e PC	Re		
Sex _F Lic	. Class D Li	ic. Restrictions 20	CDL Ve	h Year 2022	Veh Make 📐	IITSUE	BISHI	Veh	Config. 1	21
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Address 3	DADANT DR			Idress 3 DADANT	DR	1 1131				
City WILM	INGTON S	State <u>MA</u> Zip <u>018</u>	3 87 Cir	y WILMINGTON	N				.887-211	
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Vehicle Travel	Direction: NXE	W Responding to Er	mergency? 2 Ev	ent Sequence 4 23	23 23	25	est Status: ype of Test:	-	1 28 29	
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Viol. 1: Ch/Sec	:/Sub		Dr	iver Contributing Code	1 25	25	usp. Alcoho		Susp. Drug: 2	32
Viol. 3: Ch/Sec	:/Sub		Dr	iver Distracted by O	26	Т	owed from s	cene?	2 33	
Name (Last First		perator and all occupants	s involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Injur Code Statu	Transp.	Medical Facility	
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Form No. 10364 CRA-65 09/18



Vehicle 1 was pulling into the parking lot of Dunkin Donuts to go through the drive through. Bicycle 2 was traveling across the parking lot of the RMV heading towards Dunkin Donuts. When Vehicle 1 was traveling across the intersection between parking lots, bicycle 2 continued to ride forward and collided with the passenger side of vehicle 1. the operator of bicycle 2 fell over and complained of knee pained but stated he was uninjured. A medical refusal was signed by the operator of bicycle's grandmother. Vehicle 1 suffered minor damage to the side of her vehicle and the operator suffered no injuries.

Name (Last, First, Middle) Address Phone # Statement COLLIER JULIE ANN 5 WEBSTER CT STONEHAM MA 02180 Image: Control of Damaged Property Image: Control	Witnesses:							
Property Damage:	Name (Last,First,Middle)		Address			Phone #	Statem	ient
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Image: Construction of Damaged Property Image: Construction of Damaged Property Image: Construction of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Image: Construction of Damaged Property Carrier Name	COLLIER JULIE ANN		5 WEBSTER	CT STONEHAD	M MA 02180			
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Image: Construction of Damaged Property Image: Construction of Damaged Property Image: Construction of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Image: Construction of Damaged Property Carrier Name								
Truck and Bus Information: Registration # Carrier Name Address City St US DOT #: State Number Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #: Reg Type Reg State Reg State 47 48	Property Damage:							
Carrier Name	Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Pro	perty	
Carrier Name								
Carrier Name								
US DOT #:State NumberIssuing StateMC/MX/ICC #: Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45 Trailer Reg #:Reg TypeReg StateReg YearTrailer Length 46 Hazmat Information: 47 48 49	Carrier Name						Bus Use	
Interstate Cargo Body Type Code GVWR/GCWR Trailer Reg #: Reg Type Reg State Hazmat Information: 47 48								x R
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: 48		pe Code 44	GVWR/GCWR			16		
47 48 49	Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length		
	47	48 Material Name			Material 4 dig		ase code	
Patrol Officer Thomas Lawrenson222Wilmington Police Department11/07/2023Police Officer Name (Please Print)SignatureID/Badge #DepartmentPrecinct/BarracksDate								23

Wilmington Police Department Images Associated with 23-371-AC





	Police Use On	ly	Com	monweal	th o	of Massa	ch	uset	tts			RM	V Docu	ment Number	Alexand L
2 Press and 2 Press	of Crash Time of 0 9/2023 1828	RECOMMANDER 1	City/Town ington	Motor V			sh	Nurr Vehi		Number Injured	Speed	l Limit	35	 State Police Local Police MBTA Police 	
		24HR	ingcon			Report	too med	2	(0		itude		Campus Police Other:	• ū
	AT IN	FERSECTI	ON:	< L(DCAT	FION >			N	NOT A	T IN	TER	SECT	FION:	
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Route	e# Direction		Name of Roadway/S	Street		Route# Direct		Addres		1.11.171			Roadwa	ay/Street	
4			At			Feet	NS	E W o	f —	_	- •		or		
Route	e# Direction	Name	e of Intersecting Road	dway/Street						Mile M	arker			Exit Numbe	er
-			Also at Intersection	with		Feet	NS	E W o		Route#		Interse	ecting Re	oadway/Street	—
3 Route	e# Direction	Namo	e of Intersecting Road	dway/Street	-	Feet	NS	E W o	f				U		
				-							-		ndmark		
	se Select One ne Following:	Vehicle 1 <u>1</u>	#Occupants Hi	it/Run	ped	Crash R	eport	ID# 2	3-	-37	2-	AC	-		
Licens	se #	S	DOB/Age		Reg #	5MW757				Reg Typ	e PC	;	Reg	g State MA	
Sex I	Lic. Class D	.9 19 Lic. Re		CDL	Veh Ye	ear 2023	V	eh Mak	e NI	SSAL	1		Veh (Config. 1	21
Opera	ator PICKETT	, DONNE		Endorsement	Owner	PICKET	r,_	DON	NA	M			Mide		
1 Addre	ess 19 CRESI	INT ST	FIES		Addres	ss 19 CRE	SEI	NT S	T	First			Mide	dle	
City	WILMINGTO	N State	MA Zip 0188	7-1867	City 🚺	VILMING	ON			St	ate <u>M</u> Z	A_ z	Cip 01	887-18	67
Insura	ance Company SAE	ETY INS	SURANCE C	OMPANY	Vehicle	e Action Prior to	Crash	2	22	2 I	Damage	d Area	Code:	Construction and an and an and	27
Vehicl	le Travel Direction:	NEW	Responding to Eme	ergency? 2	Event	Sequence 1 ²	3	23 2	3 2		est Stat		1	28 29	
2 Citatio	on # (If Issued)		_		Most H	Harmful Event	1	24			ype of '		1lt:	30	
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Viol. 3	3: Ch/Sec/Sub	v	iol. 4: Ch/Sec/Sub		Driver	Distracted by	0	26			owed fi		100	22	102000
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0	Dperator/Non	-Motorist		See Above		\succ	Х	1 1	4	0	0	10	1		
							-								



Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
	1					
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
				a state of the		
				a a la companya da companya		
Truck and Bus Informat	ion: Registration # X2	1599	(From	Vehicle Section)		
	registution in _		(11011	venicle section)		42
Carrier Name Amazon Logis	stics Inc				Bus Use	0
11CE CANCELLADY	עידער		OT. AT. DUADE	Т.Т. А	St CA 7in 300	09
Address 1105 SANCTUARI	PKWI				St GA Zip <u>300</u>	0.0
US DOT #: 2881058	State Number		Issuing State N		/ICC #:	
43	44		45			
	ody Type Code 97	GVWR/GCWR				
			THE STLEP BE DOUBLE TO		46	
Trailer Reg #:	Reg Туре	Reg State	Reg Year	Trai	ller Length	
Hazmat Information:						
47	48			Meta-ial 4 die	git #Release code	49
Placard Material 1 d	igit # Material Nam	e			Release code	
				`		
Patrol Officer Daryl			212		Police Department	11/09/2023
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 23-372-AC





	Pol	lice Use Only		Com	monwealt	h o	of Massa	ach	nuse	etts	5		RM	IV Doc	cument N	lumber	
	Date of Crash 11/10/2023	Time of Crash 1350	1	City/Town ington	Motor V	eh i	icle Cra	sh		umber hicles			eed Lim titude	it_3	Loca	e Police	1
	11/ 10/ 2023	24HR		riig con	NUMBER OF STREET, STRE	100 B	Report		2		2	1.12.22	ngitude			pus Police 🔲	
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									29	8	SZ	LEM	ST				2 ¹⁰
¹ 1	Route# Dire	ction		Name of Roadway/S	treet		Route# Direc	tion	Addr					f Road	way/Stree	et	_
1	1			At			Feet	NS	EW	of			• –	- or			
	Route# Dire	ction		of Intersecting Road		ᆣ	-	NIG	I D W		Mi	le Marke	сr		Exit	t Number	3 ¹¹
				Also at Intersection	with				E W		Route	:#	Inter	secting	Roadway	y/Street	
² 2	Route# Dire	ction	Name	of Intersecting Road	way/Street	- ·	Feet		EW	of	. <u> </u>		T	andmai			
	Please Select		le 1 1 #	#Occupants 🔲 Hit	t/Run 🔲 Mop	ed	Crash R	lenor	t ID#	23	-3	73			in the second se		1
3	of the Followi	ing:															4
L	License † Sex _F Lic.	19	19	DOB/Ag(-	7TC536									21	1 ¹²
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⁴ 1		AR, DIA Last RIVERDA			Middle		<u>CZAR,</u>	Last			Fi	st		M	liddle		
				MA Zip 0187			EWKSBU					State	MA	7in 0	1876	-2333	
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5		sued) 27627					Harmful Event	1	24				of Test:		29 30		
L				ol. 2: Ch/Sec/Sub 9	<u>0 16</u> 1	Driver	Contributing Co	de	9	25	25		Test Re: Alcohol	-	- Colores	Drug: 99 32	30 ¹³
				ol. 4: Ch/Sec/Sub —		Driver	Distracted by	99	26				d from s	-	1 33	Brug. 99	
⁶ 1			t for operato	or and all occupants in	volved				34 Seat	35 Safety	36 Airbag	Eject T	8 39 ap Injur	40 Transp.			1
	Name (Last First M				Address See Above		DOB/Age	Sex	Pos.	System	Status	Code C	ode Statu		Me Lahey (dical Facility	-
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⁷ 1	Please Select C of the Followin		e 2 <u>1 </u> #	Occupants Nor	n-Motorist A Type		15 Action	16	Locatio	n	17 C	ondition	18		Hit/Run	Moped	
	License #.		J	DOB/Age	F	Reg #_	1535494				Reg	Туре Е	C	R	.eg State		1
	Sex F Lic. (Class D	19 Lic. Res		DL	Veh Ye	ar 2015		Veh Ma	ike J	eep			Veh	n Config.	1 ²¹	
0	Operator <u>CO</u>	NROY, K	IMBER		Endorsement	Owner	CONROY	<u>, F</u>	KIM	BER	LY Fir	A			iddle	,	
⁸ 1	Address 9 0	RCHARD	LN			Addres	s 9 ORCH		DL	N	ги	51		IVI			
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⁹ 2	Citation # (If Iss	ued)			Ν	Most H	Iarmful Event	1	24	-			Test Res	ult:	30		
	Viol. 1: Ch/Sec/	Sub	Vie	ol. 2: Ch/Sec/Sub —	I	Driver	Contributing Co	de	T	25	25	Susp.	Alcohol	2 31		Drug: 2 32	
				ol. 4: Ch/Sec/Sub		Driver	Distracted by	0	26	16	36	Towe	d from s	20 40	1 33		ļ
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	Operate	or/Non-Ma	otorist	s	ee Above		\succ	Х	1	1	3	0 0	8	2	Winches Hospita		
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MV1 WAS TRAVELING EAST ON SALEM ST WHEN IT CROSSED THE FOG LINE, HIT A FENCE AND
SPRINKLERS AT 294 SALEM ST, RAN OVER THE LAWN OF 296 SALEM ST, HITTING A SMALL PLANTED
TREE, CROSSED ONTO ARLENE AVE, STRUCK MV2, AND CAME TO A STOP IN THE DRIVEWAY OF 298 SALEM
ST. MV2 WAS TRAVELING NORTH ON ARLENE AVE WHEN MV1 STRUCK MV2 IN THE LEFT/FRONT END OF
MV2. THERE WAS DAMAGE TO THE FENCE OF 294 SALEM STREET, POSSIBLY THE SPRINKLERS OF 294
SALEM STREET, THE LAWN OF 294 SALEM STREET AND LAWN OF 296 SALEM STREET, A PLANTED TREE IN
THE LAWN OF 296 SALEM STREET, AND SIGNIFICANT DAMAGE TO THE FRONT END OF MV2. ONLY MV2 HAD
AIRBAGS DEPLOYED. OPERATORS OF BOTH VEHICLES WERE TRANSPORTED TO THE HOSPITAL. BOTH
VEHICLES WERE TOWED BY CAINS TOWING.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
PECK THOMAS		203 SALEM S	7			
CHENG JESSICA		124 SALEM ST	WILMINGTON	MA 01887-40	005)	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
ROBINSON CHARLES R	294 SALEM ST WILMI	INGTON MA 01887	4		FENCE, SPRINKLER,	LAWN
BAHAUDDIN SHEIKH M	296 SALEM ST WILMIN	IGTON MA 01887-1	Contraction (New York, Streetwood) (1)		LAWN AND TREE	
Truck and Bus Information: Carrier Name Address					Bus Use St Zip	42
US DOT #:	State Number		_ Issuing State	MC/MX/I	ICC #:	
43 Interstate Cargo Body Ty	pe Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 digi	it #Release code	49
Patrol Officer Kayla M B Police Officer Name (Please Print)	Hanson Signature			Wilmington Department		/10/2023_

Wilmington Police Department Images Associated with 23-373-AC













Wilmington Police Department Images Associated with 23-373-AC









	Police Use Only	Comm	onwealth	of Massa	chus	etts			RM	V Doc	ument Num	ıber	
	Date of Crash Time of Crash 11/11/2023 1118 Wilm	City/Town ington	Motor Vel		$h \begin{bmatrix} N \\ V \end{bmatrix}$	umber ehicles	Num Inju	. Oper	d Limi	t30) State Pol Local Po MBTA P	lice 🛛	
	24HR		which we do not see the second s	Report	2		1		gitude		Campus Other:	Police	
	AT INTERSECTI	ON:	< LOCA	TION >			NOT	ΓΑΤ ΙΝ	TER	SEC	TION:		▙
							WC	BURN					2
¹ 1	Route# Direction	Name of Roadway/Stree	et	Route# Direction	on Add	ress #		N	lame of	Roadv	vay/Street		
				Feet	N S E W	of '		le Marker	• —	or _	Exit Nu	umber	
	Route# Direction Nam	e of Intersecting Roadwa Also at Intersection with	-	Feet	NSEW	of		_					3
2	Route# Direction Nam	e of Intersecting Roadwa		Feet	N S E W	of	Route	#	Inters	ecting l	Roadway/St	reet	
² 1	Route# Direction Nam	e of intersecting Roadwa	y/Sireet	L					La	andmar	k		
3	Please Select One of the Following: Vehicle <u>1</u>	#Occupants Hit/R	un 🔲 Moped	Crash Re	port ID#	23	-3	74-	A				
	License # St	DOB/Ag	Reg	# 3ATM86			Reg	туре Р(2	R	eg State M		
	Sex F Lic. Class D ¹⁹ ¹⁹ Lic. Re	estrictions 1 CD	L Veh lorsement	Year 2021	Veh M	lake				Veh	Config.	L ²¹	1
4	Operator WILSON, MARY	JEAN	Middle Owr	er WILSON,	ROB	ERT	AR Fir			M	iddle		
⁴ 3	Address 3 EMERALD CT			ess 3 EMER		CT							
	City TEWKSBURY State	_		TEWKSBUR			22	_ State <u>M</u> Damag			1876-	5202 27 27	
	Insurance Company AMICA MUTU			cle Action Prior to C		4	23	Damag Test Sta		a Code:	1 28	E. CON	
⁵ 1	Vehicle Travel Direction: N S W	Responding to Emerge			1 24	23	23	Type of	f Test:		29		
	Citation # (If Issued)	-		t Harmful Event		25	25	BAC T			30	20	
	Viol. 1: Ch/Sec/Sub \				99 ²⁶			Susp. A Towed		0.000000	Susp. Dru 33	ıg: 32	
⁶ 1		viol. 4: Ch/Sec/Sub			34 Seat	35 Safety	36 Airbag	37 38 Eject Trap	39	40 Transp.	1		1
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status	Code Code	e Status	Code	Medical	l Facility	
	Operator	See	Above		X_1	1	4	0 0	10	1			
			<u></u>						_				
				_					_				ļ
⁷ 2	Please Select One of the Following: Vehicle 2.4	#Occupants Non-N	Iotorist A Type	15 Action	16 Locatio	on	17 C	ondition	18	D,	Hit/Run	Moped	
	License # _ Si)OB/AŁ	Reg	# <u>684PJ8</u>			Reg	Туре РС	2	R	eg State M		
	Sex <u>M</u> Lic. Class D Lic. Re	estrictions 1 ²⁰ CDI End	Veh orsement	Year 2000	Veh M	ake <u>H</u>	OND	A		Veh	Config.	21 L	
⁸ 1	Operator TAMANG, DAVID	LEE	Own	er <u>SULERUE</u>	st		Fir			Мі	iddle		
1	Address 5 MEADOWBROOK			ess 5 MEAD		OOK	RD						_ 1
	City WILMINGTON State			WILMINGT			22	State <u>M</u> Damag			1887-	4702 27 27	1
	Insurance Company LM GENERAL			t Seguence 2		23	23	Test Sta		Code:	1 28		
	Vehicle Travel Direction: N E W	Responding to Emerge		r Sequence 1	1 24	20	20	Type of	Test:		29		
⁹ 2	Citation # (If Issued)			Harmful Event		25	25	BAC T			30	32	
	Viol. 1: Ch/Sec/Sub V			Г	0^{26}			Susp. A Towed		Hell CANE	Susp. Dru	ig: 32	
	Viol. 3: Ch/Sec/SubV Please fill out for operator/non-	And an a state of the second se			34 Seat	35 Safety	36 Airbag	37 38 Eject Trap	39	40			
	Name (Last First Middle)	A	ddress	DOB/Age	Sex Pos.	System	Status	Code Code	Status	Code	Medical	l Facility	
	Operator/Non-Motorist	See	Above		$\overline{}$	1			10	-			Í
	A MARANGE THAT THE MENT AND A MARANE AND A MARANE AND A MARANE	5 MEADOWBROOK RD						<u> </u>	2	-			
	COURTNEY SULERUD	5 MEADOWBROOK RD WILMINGTON, MA 018	387-4702			1		0 0	9	1			
	COURTNEY SULERUD		987-4702		F 3 4	1 4	-	o o o o	9 10	1			



The Driver of V1 was turning left onto Woburn Street. She "did not see v2, just heard a boom while she was turning"

V2 was traveling straight on Lowell st. When v1 pulled suddenly in front of him causing

accident. This was confirmed by witness.

Both vehicles had green light.

Witnesses:							
Name (Last,First,Middle)		Address			P	hone #	Statement
SULLIVAN JAMES M		45 MEADE	ST TEWKSBURY	MA 01876-1	.519		
Property Damage:						ň	
Owner (Last,First,Middle) Addr	ress		Phone #	41-Type	Descrip	tion of Damaged Property	
Carrier Name				Vehicle Section)		Bus Use	42
Address			City			St Zip	
US DOT #: State N	Junber		Issuing State	MC/MX	K/ICC #:		
Interstate 43 Cargo Body Type Cod		GVWR/GCWR				46	
Trailer Reg #: I	Reg Type	Reg State	Reg Year	Тга	ailer Lengt	h	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	8		Material 4 di	igit #	Release code	49
Patrol Officer Brian D Thorn	nton		190			ice Department	11/11/2023
Police Officer Name (Please Print)	Signature		ID/Badge #	Department		Precinct/Barracks	Date

	Pol	ice Use Only		Con	imonwe	ealth	of Mass	ach	us	etts	5			RM	V Docu	iment l	Number		
	Date of Crash 11/11/2023	Time of Crash 1414		City/Town ington	Moto	or Veh	icle Cra	ish		umber ehicles		nber ıred	Speec Latitu	l Limit	25	- Loc	e Police al Police TA Police	0080	
		24HR		riig com	P		Report		2		0		Longi				npus Police	_ G	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	ГА	Γ ΙΝ΄	TER	SEC	TION	N:		10
		CHUI	RCH S	т															2 10
¹ 1	Route# Direc			Name of Roadway At	/Street		Route# Direc	ction	Add	ress #			Na	ame of	Roadw	ay/Stre	et		
	-	ADAM	1S ST				Feet	NS	EW	of			_ •	• —	or _	17.4			
	Route# Direc	ction	Name	of Intersecting Roa Also at Intersection			Feet	NS	EW	lof	M	ile Ma	arker			Exi	it Number		5 ¹¹
				Also at micrsectio	u witu			NS			Route	e#		Inters	ecting R	loadwa	y/Street	_	
² 1	Route# Direc	ction	Name	of Intersecting Roa	adway/Street		1001		<u> ~ .</u>	Jor				La	ndmark				
3	Please Select C of the Followi		e 1 1	#Occupants	lit/Run	Moped	Crash I	Report	t ID#	23	-3	37	5-	AC	2				
	License #		St.)OB/Age		Reg	<u>+ T988</u>				Re	д Туре	PC		Re	eg State	MA		12
	Sex <u>M</u> Lic.	Class D	19 Lic. Re	strictions 99 ²⁰	CDL	_ Veh Y	Year 2017		Veh M	ake <u>C</u>	HRY	SL	ER		Veh	Config	. 1 2	1	1 12
100	Operator <u>CE</u>	LLA, NI	CHOLA	S PAUL	Endorsement	_ Own	er CELLA,	K/	ATH	LEN	IE 1	1						_	
⁴ 2		MARCUS		41751	Middle	Addr	ess 10 MAI	Last RCU	SF	Ð	Fi	rst			Mic	id]e			
L	City WILM	INGTON	State]	MA Zip 018	87-1547	City	WILMING	TON	1								7-154	7	
	Insurance Comp	any THE CO	MMER	CE INSUR	ANCE CO	_ Vehic	ele Action Prior to	o Crash	ı	1	22				Code:	7 ²⁷ 28	27	27	
⁵ 1	Vehicle Travel D	Direction: N	EW	Responding to En	hergency? 2	_ Even	t Sequence 1	23	23	23	23		st Stat			1 ²⁰ 99 ²⁹			
L	Citation # (If Iss	ued)		-		Most	Harmful Event	1	24			B	AC Te			1 ³⁰			12
	Viol. 1: Ch/Sec/S	Sub	Vi	iol. 2: Ch/Sec/Sub -		Drive	er Contributing Co	undered	13	25	25	Su	isp. Al	cohol:	2 31		Drug: 2	32	1 ¹³
⁶ 1	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26	35	36	Tc 37	wed fi	rom sc	ene?	2 33			
Ľ	Name (Last First M		for operato	or and all occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	М	ledical Facility		
	Operate	or			See Above		\succ	Х	1	99	4	0	0	10	1				
⁷ 3	Please Select C of the Followir		e 2 1 _#	Occupants	on-Motorist A	Туре	15 Action	16	Locatio	on	17	Condit	ion	18	Пн	lit/Run	М0	ped	
<u> </u>	License #_			OB/Age_		Reg #	NEDJ34				Reg	, Туре	PC		Re	g State	MA	_	
	Sex <u>M</u> Lic. (Class D 19 1	9 Lic. Res	strictions 99 ²⁰	CDL	Veh Y	^{Vear} 2022		Veh M	ake <u>T</u>	OYC	TA			Veh (Config.		1	
0	Operator <u>CO</u>		LAS W		Endorsement	Owne	er <u>COX, D</u>	OUC	JLA	s W					Mid			_	
⁸ 2		BEECHIN			Middle	Addre	ess 22 BEE	ECH:	ING	A	JE Fi	rst.			Mid	die		_	
	City WILMI	NGTON	State 1	MA Zip 0188	37-1323	City	WILMING	TON	r						<u> </u>		7-132	_	1 ¹⁴
	Insurance Compa	any THE CC	MMER	CE INSURA	ANCE CO	Vehic	le Action Prior to	Crash		1	22				Code:	²⁷ 28	27	27	
	Vehicle Travel D	irection: NS	E	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23		st Stat		1	1 20 99 ²⁹			
⁹ 2	Citation # (If Iss	ued)				Most	Harmful Event	1	24	0.5	2.5		AC Tes		100	1 ³⁰			
-	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	116560		25	25				2 31		Drug: 2	32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26	35	36	To 37	wed fr	om sc	ene?	2 33			
	Ple Name (Last First M		erator/non-r	notorist and all occ	upants involved Address		DOB/Age	Sex	Seat Pos,	Safety System	Airbag Status	Eject Code	Jo Trap Code	Injury Status	Transp. Code	M	edical Facility		
	Operato	or/Non-Mo	otorist		See Above		\succ	Х	1	99	4	0	0	10	1				
					-														
	Form No. 10364 CRA-6	5 09/18		_l			1	1	L	l				I	LL				



On Saturday November 11, 2023 at approximately 2:19pm I was dispatched to Church Street at
Adams Street for a two car motor vehicle crash. Upon arrival I observed Op1 and Op2
standing by their vehicles. Op1 stated he was driving southbound on Church Street and was
turning onto Adams Street and Op2 ran the stop sign and struck the side of his vehicle at
the intersection. Op2 stated he was traveling Westbound on Adams Street and stopped at the
stop sign and proceeded into the intersection and V1 was traveling too fast and struck him
as he was turning left onto Church Street. Both vehicles had minor damage and were
driveable. Both operators declined medical attention and left in their vehicles after the
information exchange.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Prope	rty
Truck and Bus Information:	Registration #		(Fro	m Vehicle Section)		42
Carrier Name					Bus	s Use
					a	
Address			_ City		St Zıp_	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:	
43 Interstate Cargo Body Typ	be Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Ye	ar Trai	iler Length	
Hazmat Information:						
47 Placard 47 Material 1 digit #	48 Material Name			Material 4 dig	git #Release	49
Patrol Officer John A Fo	ortes		228	Wilmington	Police Department	11/11/2023
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 23-375-AC



