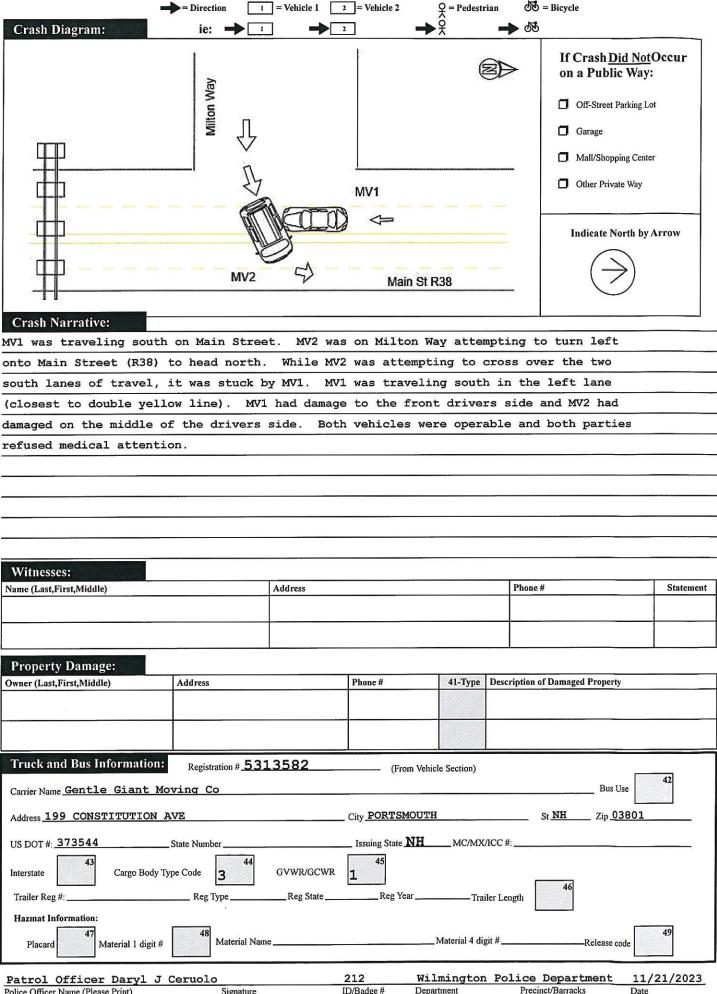
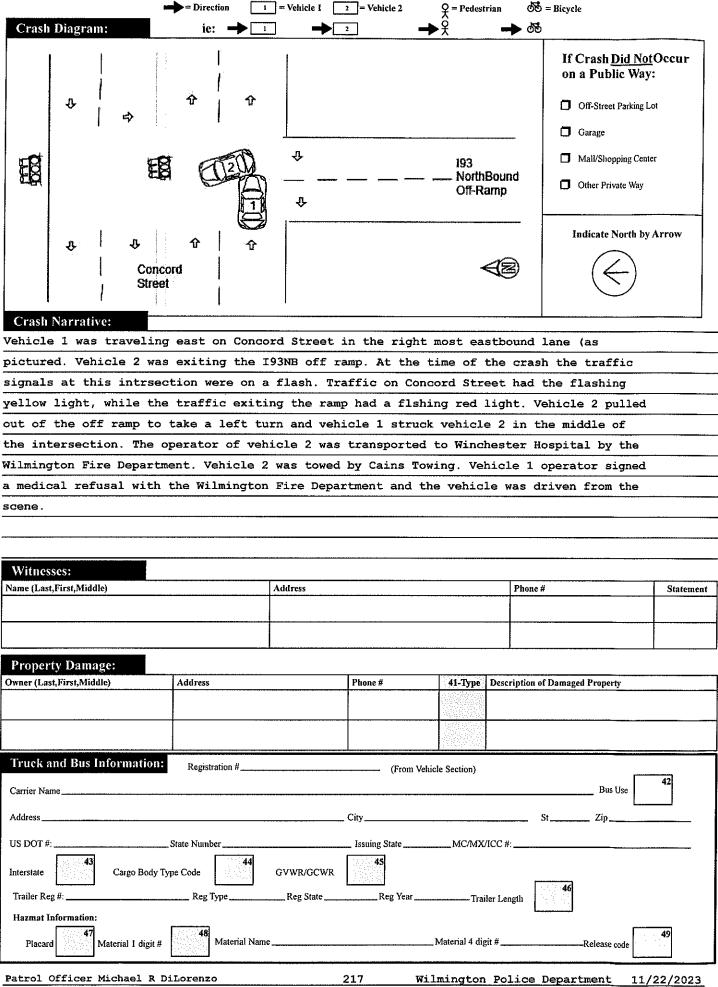
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<sup>4</sup> 1	Operator,					Middle		ner CAI		Lost			Firs	ŧ	IN		Midd	lle		-	
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	Operate	or			See	Above			<	X	1	1.	4		1	ro	1				
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	•	VILLE		_				PORT	SMO	UTH	<u> </u>		22				р <u>03</u>		27 2	_  ¹ 71  -	<u> </u>
	Insurance Compa	any <b>VANLIN</b>	ER IN	ISURA	NCE AC	GENC	Y Vehi	cle Action			1	4	Ц,		status		Code: 7	28		ן נ	
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	Police Use Only	Com	monwealth	of Massach	usetts	;	RM	IV Doci	iment Number	
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			1					andmark	<u> </u>	-
<sup>3</sup> 3	of the Following: Vehicle 11	#Occupants	/Run Moped	Crash Report	1D# <b>23</b>	-39	1-A(	3		
3	License	OB/A <sub>6</sub>	Reg	# <u>3546994</u>		Ree Typ	e PC	Re	eg State NH	
	Sex M Lic. Class D 19 Lic.		-	Year <b>2018</b>					21	1 12
	<del>1</del>	E	ndorsement	er ORLEP, RO					VV8. [—]	
<sup>4</sup> 3	Operator ORLEP, ROBERT	First	Middle	ess 97 DUTTO		First	· · · · · · · · · · · · · · · · · · ·	Mi	ddle	
<u> </u>	Address 97 DUTTON RD	0207			N AD		3777	-: 03	2076	
	City <b>PELHAM</b> Sta	te <b>NH</b> Zip <b>U3U</b> /		PELHAM	-in the		ate NH		8 27 27 27	
	Insurance Company			cle Action Prior to Crasl		1000	est Status:	a Code.	28	
5 <b>2</b>	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	<b>"</b> "	ype of Test:		29	
2	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	sult:	1 30	<u> </u>
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 S	usp. Alcohol	2 31	Susp. Drug 2 32	1 13
<u></u>	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	Т	owed from s	cene?	2 33	
<b>2</b>	<u> </u>	rator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Tronsp.	1. I. I. I.	7
	Name (Last First Middle)		Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Operator	3	ec Above		1 -	"		-		4
					<u> </u>			-		_
	Please Select One Vehicle 21	#Occupants Non	Managina A. Tiene	15 Action 16	Location	17 Condi	18	<u> </u>	Hit/Run Moped	1
<b>3</b>	of the Following:		n-Motorist A Type	Action	Location	Cona	uon	<u> </u>	Wohen	4
	License	D )B/Ag	Reg i	<u>3VZW93</u>		Reg Typ	e <u>PC</u>	Re	eg State MA	
	Sex F Lic. Class D 19 Lic.	Restrictions C	DL Veh	Year 2023	Veh Make 🏽	AZDA		Veh	Config. 1	
	Operator DELTURCO, DAN			er DELTURCO	, DANA	ADE	RIAN	Mi	àdle	
1	Address 16 HILL ST A	PT 1	•	ess 16 HILL	ST A	PT Î				<u> </u>
	City <b>SOMERVILLE</b> Sta	te <b>MA</b> Zip <b>0214</b> 4	4-1569 City.	SOMERVILLE	<u> </u>	St	ate MA	Zip <b>02</b>	2144-1569	<b>11</b> <sup>14</sup>
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				er Distracted by	26		usp. Alcohol owed from s	<u> </u>	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub —		Distracted by U.	34 35	36 37	38 39	40	4	┩
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## Wilmington Police Department Images Associated with 23-391-AC





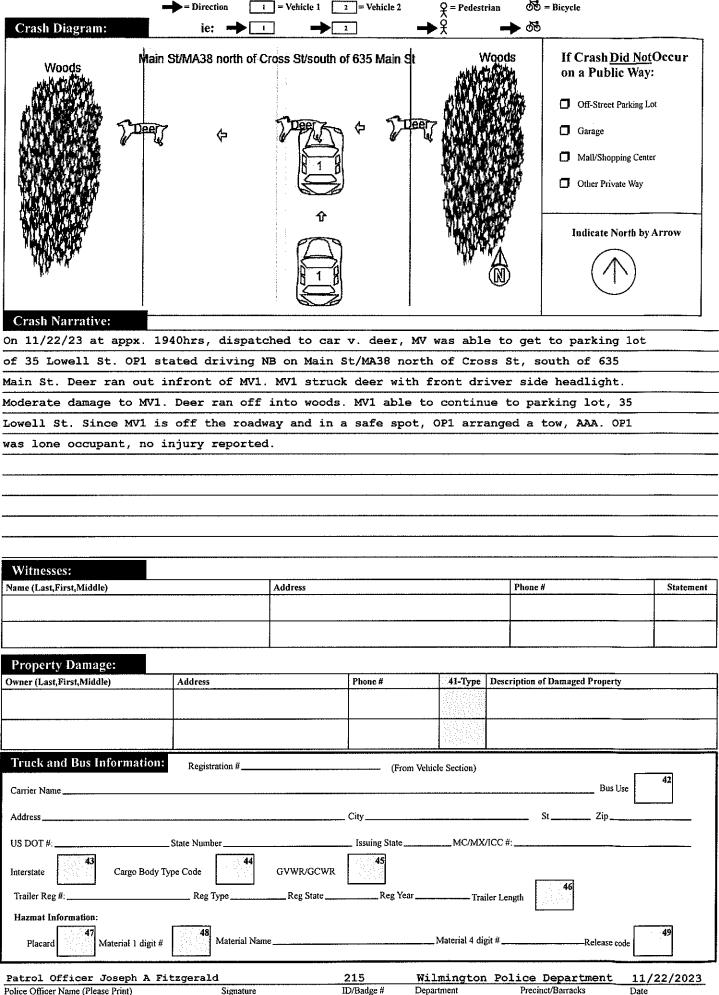
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11/22/2023	Time of Crash 1158 Wil:	City/Town mington	Motor Vo	ehicle Cras	h Num Vehi	4		eed Limi	40	State Police Local Police MBTA Police	0000
11/22/2023	24HR	ming con	Polic	e Report	3	0	L	ititude ingitude _		Campus Police	_ 🗖 📗
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- <del> </del>				Feet N	S E W o	Rout f	e#	inters	ecting R	oadway/Street	
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Please Select of the Followi	One Vehicle 11	_#Occupants	it/Run Mope	ed Crash Re	port ID# <b>2</b>	3-3	392	-A(	3		
License	S <sup>;</sup>	DOB/Ac		eg # <u>5LCB49</u>		Da	a Time 1	<b>ک</b> ر	Da	g State <b>MA</b>	
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	Police Use Only	Com	monwealth	of Massacl	usetts	0.000	RMV	Document Nu	and the second second	
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	Please Select One Vokicle 31			1		~~~		dmark		
3	of the Following:	#Occupants Hit	/Run Moped	Crash Repor	·D# 23-	392	-AC			
	License	DOB/A <sub>i</sub>	Re	g# 1RKK16		Reg Type	PC	Reg State 1	1A 21	12
	Sex M Lic. Class D 19 19 Lic. 1		CDL Vel	h Year <u>2006</u>	Veh Make <u>FO</u>	RD		_ Veh Config.	1 "	<u> </u>
	Operator CHOUINARD, RA			vner <u>CHOUINAR</u>	D, RAND	OLPH First	CHAR	LES Middle		
3	Address 53 WATER ST		Ad	dress 53 WATER	ST	•••		·····		
	City NORTH ANDOVER State			y NORTH AND		•		p 01845		
	Insurance Company THE COMME	RCE INSURA	NCE CO Vel	nicle Action Prior to Cras		] "T	naged Area ( Status:	Code: 5 27	27 27	
1	Vehicle Travel Direction: NSE	Responding to Emer	rgency? 2 Eve	ent Sequence 1 23	23 23 2	ាំ	of Test:	29		
1	Citation # (If Issued)	_	Mo	st Hannful Event 1	24	BAC	Test Resul	1 30		13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	1 25	25 Susp	. Alcohol:		nıg 2 32	1
2	Viol. 3: Ch/Sec/Sub			ver Distracted by	26		ed from sce			
	Please fill out for opera Name (Last First Middle)	ator and all occupants in	ivolvedi Address	DOB/Age Sex	Seat Safety Air	rbag Eject '	38 39 Trap Injury Code Status	40 Transp. Code Medi	cal Facility	
	Operator	s	See Above	$\rightarrow$	1 1 4	0 0	10	1		
	Plance Select One -		Γ	15 16			18			
3	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	Action	Location	Condition	n said	Hit/Run	Moped	
		DOB/Age	Re	g#		Reg Type_		Reg State_	21	
	Sex Lic. Class 19 19 Lic. I		DL Vel	Year	Veh Make			Veh Config.	Z1	
	Operator	First		ner		First		Middle		
1	Address		Ad	dress					· · · · · · · · · · · · · · · · · · ·	14
	City State	2 Zip	Cit	y	[.c.abaaa	1	Zi			4
	Insurance Company		Vel	nicle Action Prior to Crast	10.000.000	] T	aged Area ( Status:	Code: 27 28	27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	rgency? Eve	ent Sequence 23	23 23 2	<b>'</b>	of Test:	29		
2	Citation # (If Issued)	<del></del>	Mo	st Harmful Event	24	BAC	Test Resul	t: 30		
<u>-</u>	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub —	Dri	ver Contributing Code	25	25 Susp	. Alcohol:	31 Susp. D	rug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Dri	ver Distracted by	26		ed from sce			
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occup	ants involved  Address	DOB/Age Sex	34 35 3 Seat Safety Air Pos. System Sta	bag Eject	18 39 Ymp lajwy Code Status	40 Transp. Code Medi	cel Facility	
	Operator/Non-Motorist	! s	ee Above	X	1					
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				1 1						

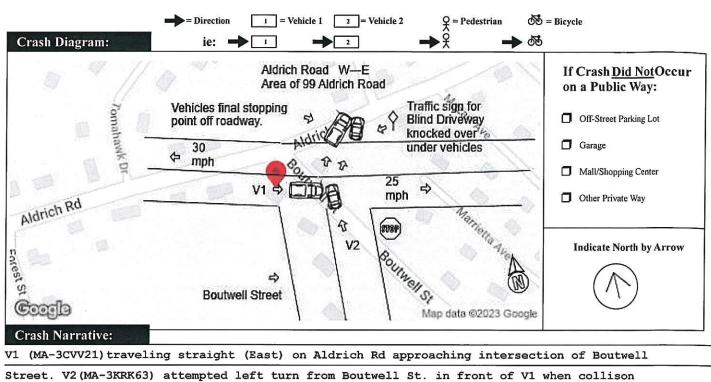
	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian 🚳 :	= Bicycle	
Crash Diagram:	ie: →□	<b>→</b>	2	<b>→</b> રૂ	<b>→</b> №		
	999 900	3	66	Concord St.		If Crash Did No on a Public Way  Off-Street Parking L  Garage  Mall/Shopping Cent	oot
					_	Other Private Way	
		Concor	d St.			Indicate North by	Arrow
Crash Narrative:							
MV 3 was stopped at							
the red light. MV 1		d collided 1	nto it. Due	to the s.	lick road	way from the	
rain, MV 2 collided	Into MV 3.						
No Injuries - MV1 ma	ior front-end da	amage MV2 m	inor rear a	and front o	lamage a	nd no apparent	-
damage on MV3.	Jor Front end de	mage, MVZ m	INOI IGAI 6	ind from c	iamage, a	nd no apparent	
						-	
	***		-X			·	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Śtatement
Property Damage:			Transaction and the second				
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
				200			
Truck and Bus Informat	ion:	<del></del>		JESOS BERT			
			(From	Vehicle Section)			42
Carrier Name						Bus Use	
Address			_ City		S	t Zip	<del></del>
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo B	ody Type Code	GVWR/GCWR	45				
						46	
	Reg Type	Keg State	Keg Year_	———Trai	er Length		
Hazmat Information:  47 Placard Material 1 d	igit # 48 Material Na	ame		Material 4 dig	it #	Release code	49
	Tayaras		206			onartment 11	/22 /2022

Department

	lice Use Only	Com	,	of Massach	usetts		RM'	V Docum	ent Number	
Date of Crash 11/22/2023	1 1	City/Town Lmington		nicle Crash			Speed Limit	40	State Police Local Police MBTA Police	
* '	24HR			Report	1 0	- 1	ongitude_		Campus Police   Other:	
	AT INTERSECT	ΓΙΟΝ:	< LOC	ATION >	N	OT AT	INTER	SECTI	ON:	
					<i>6</i> 25 1	43 TX	CITI			
Route# Dire	ection	Name of Roadway/S	treet		635 <u>1</u> Address #	<u> </u>	Name of	Roadway/	'Street	
		At		Feet NS	elw e					_
Route# Dire	ection Na	ame of Intersecting Road	way/Street	reet [NS]		Mile Mar	ker	or	Exit Number	_
7,0110		Also at Intersection v		Feet N S						_
				Feet NS	EW of	ute#	Interse	ecting Roa	dway/Street	
Route# Dire	ection Na	ame of Intersecting Road	way/Street				Lai	ndmark		_
Please Select of the Followi		#Occupants Hit	/Run Moped	Crash Report l	D# 23-	393	-AC	:		
	ing:			# <u>2TH883</u>					. V/3	-
License	: : 1919	DOB/Ag	_					•	2.1	$\overline{\Gamma}$
Sex <b>F</b> Lic.		∃ لـــــا	Indorsement	Year <u>2008</u> v				Veh Co	onfig. 🗘	
-	ROWN KRISTI	First	Middle	ner <u>BROWN</u> , <u>KR</u>		First	<u>.</u>	Middle		
	MARION ST			ress 2 MARION	ST AP	<u>r 1</u>		. 010	20 4000	_
	RHILL Sta			HAVERHILL	_ 22		: <b>MA</b> Z naged Area		32-4626 27 27 27	-, I
_	pany ALLSTATE	_		cle Action Prior to Crash	1		naged Area t Status:	-006.8	28	╛┃
Vehicle Travel D	Direction: SEW	Responding to Emer	rgency? 2 Ever	it sequence 5			e of Test:		29	
,	sued)	<del></del>		t Harmful Event 5	24		C Test Resu	ılt:	.30	
Viol. 1; Ch/Sec/	/Sub	Viol. 2: Ch/Sec/Sub —			<u> </u>	25 Sus	p. Alcohol:		usp. Drug. 2 32	2
Viol. 3: Ch/Sec/	/Sub			er Distracted by	26		ved from sco	1	33	
Name (Last First M	•	rator and all occupants in	volved Address	DOB/Age Sex	34 35 36 Seat Safety Airly Pos. System State	ag Eject I	18 39 Trup Injury Code Status	40 Transp. Code	Medical Facility	
Operate	or	s	ee Above	$\times$	1 1 4	0 (	0 10	1		
						1		<b></b> _		$\dashv$
Please Select C of the Followin		#Occupants  Non	a-Motorist A Type	15 Action 16 L	ocation 17	Condition	n 18	Hit	Run 🔲 Mope	ed
License #	St	DOB/Age	Reg	#	F	leg Type_		Reg S		
Sex Lic. (	Class 19 Lic.			Year Vo	eh Make			_ Veh Co	<b>21</b> nfig.	ı
Operator	Last	First	ndorsementOwn	erLast		First		Middle		_
. 11	LAS	First		ess		Pirst		Middle		_ [
Address				C33						_
	Sta	te Zip	City			State	z	ip		
City	Stal				22		Zinaged Area	´ —	27 27 27	]
City			Vehí	cle Action Prior to Crash	22 3 23 23	Dan Test	naged Area Status:	Code:	28	
City	pany	Responding to Emer	Vehi	cte Action Prior to Crash	1.634	Dan Test Typ	naged Area : Status: e of Test:	Code:	28 29	
City Insurance Compa Vehicle Travel D Citation # (If Iss	Direction: NSEW	Responding to Emer	Vehi gency? Ever	cle Action Prior to Crash	3 23 23 24	Dan Test Typ BA0	naged Area Status: e of Test: C Test Resu	Code:	28 29 30	]
City	Direction: NSEW	Responding to Emer	Vehi gency? Ever Mos Driv	cle Action Prior to Crash at Sequence 23 2  It Harmful Event 22  er Contributing Code 2	3 23 23 24	Dan Test Typ BAG Susj	naged Area : Status: e of Test:	Code:	28 29 30	]
City	Direction: NSEW	Responding to Emer  Viol. 2: Ch/Sec/Sub —  Viol. 4: Ch/Sec/Sub —	Vehi gency? Ever Mos Driv	cle Action Prior to Crash at Sequence 23 2  t Harmful Event 23 2  er Contributing Code	25 25 34 35 36	Dan Test Typ BAC Susj Tow	status: e of Test: C Test Resu p. Alcohol: red from see	Code:  Ilt:  31 Si ene?	28 29 30 usp. Drug 32	]
Insurance Compa Vehicle Travel D Citation # (If Iss Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Last First M	Direction: NSEW  Sued)  Sub  ease fill out for operator/no	Responding to Emer  Viol. 2: Ch/Sec/Sub —  Viol. 4: Ch/Sec/Sub —  on-motorist and all occup	gency? Ever  Mos  Driv  Driv  ants involved  Address	cle Action Prior to Crash at Sequence 23 2  t Harmful Event 23 2  er Contributing Code	25 25 25 26 26 25 25 25 25 25 25 25 25 25 25 25 25 25	Dan Test Typ BAC 25 Sus Tow	naged Area Status: e of Test: C Test Resu p. Alcohol: red from sce	Code:	28 29 30 usp. Drug 32	]
City	oany	Responding to Emer  Viol. 2: Ch/Sec/Sub —  Viol. 4: Ch/Sec/Sub —  on-motorist and all occup	Vehi gency? Ever Mos Drive ants involved	cle Action Prior to Crash at Sequence 23 2 at Harmful Event 22 er Contributing Code 22 er Distracted by	3 23 23 24 25 25 34 35 36 Sen Sefety Airby	Dan Test Typ BAC 25 Sus Tow	status: e of Test: C Test Resu p. Alcohol: red from see	Code:  It:  31 Si ene?	28 29 30 usp. Drug 32 33	]
City	Direction: NSEW  Sued)  Sub  ease fill out for operator/no	Responding to Emer  Viol. 2: Ch/Sec/Sub —  Viol. 4: Ch/Sec/Sub —  on-motorist and all occup	gency? Ever  Mos  Driv  Driv  ants involved  Address	cle Action Prior to Crash at Sequence 23 2 at Harmful Event 22 er Contributing Code 22 er Distracted by	25 25 25 26 26 25 25 25 25 25 25 25 25 25 25 25 25 25	Dan Test Typ BAC 25 Sus Tow	status: e of Test: C Test Resu p. Alcohol: red from see	Code:  It:  31 Si ene?	28 29 30 usp. Drug 32 33	]
City	Direction: NSEW  Sued)  Sub  ease fill out for operator/no	Responding to Emer  Viol. 2: Ch/Sec/Sub —  Viol. 4: Ch/Sec/Sub —  on-motorist and all occup	gency? Ever  Mos  Driv  Driv  ants involved  Address	cle Action Prior to Crash at Sequence 23 2 at Harmful Event 22 er Contributing Code 22 er Distracted by	25 25 25 26 26 25 25 25 25 25 25 25 25 25 25 25 25 25	Dan Test Typ BAC 25 Sus Tow	status: e of Test: C Test Resu p. Alcohol: red from see	Code:  It:  31 Si ene?	28 29 30 usp. Drug 32 33	]



	Po	lice Use Only			monweal				use	etts				RM	V Docu	ment N	-		
	Date of Crash	Time of Crash		City/Town ington	Motor V			sh		unber hicles	Nun Inju	d	Speed Latitue	Limit	25	Loca MB1	Police Il Police IA Police	0800	
	11, 23, 2023	24HR	77 1 1 1 1 1 1 1	g con			Report		2		1		Longit			Cam Othe	pus Police er:	<u> </u>	
		AT INTERS	SECTIO	ON:	< L(	)CA	ΓION >	>			NO	ГАТ	'INT	ΓER	SEC1	TION	<u>}:</u>		ļ.,
		<b>41.11</b>	ICH	מפ															2 10
	Route# Dire	ection		Name of Roadway/S	reet		Route# Directi	ion	Addı	ess#			Na	me of	Roadw	ay/Stree	et	_	
1	]	2011		At			Feet	N S	EW	of			•		or				
	Route# Dire	ection BOUT	WELL Name	of Intersecting Road	way/Street					,	Mi	le Mai	rker			Exit	Number		3 11
				Also at Intersection v	vith		Feet [				Route	#		Interse	cting R	loadway	y/Street	_	<u> </u>
1	Route# Dire	ection	Name	of Intersecting Road	way/Street		Feet [	N S	E W	of									
Т			_									_			ndmark				
	Please Select of the Followi		1.2#	Occupants Hit	/Run Mo	ped	Crash Re	eport	ID#	23	-3	94	<u>1 —</u>	AC	,				
	License		=	OOB/Age	_	Reg#	3CVV21				Reg	у Туре	PC		Re	g State			_ 12
	Se ic.	Class D	Lic. Res	strictions <b>I</b> 20	DL	Veh Ye	ear <u>2018</u>	`	Veh Ma	ake <u>D</u>	ODG	E			_ Veh	Config.	1 2	1	1
	Operati	r.aci		<u> r</u>		Owne	r BOURGE	<b>A</b> ,	ST	EVE	N E	rst			Mid	1dle			
2	Addre					Addre	ss 677 TR		L R	D	rı	14			MIG				
	Cit		S	Ziŗ		City_	<u>rewksbuf</u>	RY.				_ Stat	e <b>M</b> Z	<b>_</b> z	ip <b>01</b>	.876	-105	9	
	Insurance Comp	pany LIBERT	Y MU	TUAL PERS	ONAL I	Vehicl	e Action Prior to (	Crash		1	22				Code:	1 27 1	LO <sup>27</sup>	27	
	Vehicle Travel I	Direction: NS	Xw	Responding to Emer	gency? 2	Event	Sequence 1 2	23	23	23	23		st Stati			28			
1	Citation # (If Iss	sued)				Most I	Harmful Event	1	24				pe of T	test: st Resu	ılt:	30			
	Viol. 1: Ch/Sec/	/Sub	Vi	ol. 2: Ch/Sec/Sub —		Driver	Contributing Cod	de	1	25	25			cohol:		Susp.	Drug 2	32	<b>1</b> 13
	Viol, 3; Ch/Sec/	/Sub	Vi	ol. 4: Cli/Sec/Sub —		Driver	Distracted by	0	26			To	wed fr	om sc	ene?	1 33			
1	Name (Last First N		for operato	r 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	Ма	edical Facility		
	Operat			S	ee Above			X	1	1			0	10	1				
	J							<u> </u>	3	1	1	0	0	10	1				
									-										
				:															
								42			15			10			T		1
 3	Please Select 0 of the Followi		21#	Occupants Non	-Motorist A Typ	e	Action	16 I	Locatio	מי	<b>17</b>	Conditi	on	18	Н	Iit/Run	Mo;	ped	
	License #		_ S	OOB/Age		Reg#.	3KRK63				Reg	Туре	PC		Re	g State			
	Sex M Lic.	Class D 19 15	Lic. Res	trictions 1 20 C	DLndorsement	Veh Ye	ear <u>2005</u>	\	√eh Ma	ke <b>H</b>	OND	A			Veh	Config.	1 2		
	Operator <u>CO</u>	UY SILVA	, LU			Owner	OLIVEI	RA	SI	LVA	N Fir		AN	JU	NIO Mid	М			
1	Address <b>81</b>	VARNEY S	ST A	PT 2F		Addres	ss 81 VAR	NE:	Y S	T					17400				1.4
	City <b>LOWE</b>	LL	State <u>1</u>	<b>/A</b> Zip <b>0185</b>	<u>1-3379</u>	City_ <b>I</b>	LOWELL				_				_		-000	_	<b>1</b> 14
	Insurance Comp	oany SAFETY	INS	URANCE CO	MPANY	Vehicle	e Action Prior to (	Crash	Į	4	22				Code:		.0 <sup>27</sup> 8	27	
	Vehicle Travel I	Direction: NS	EX	Responding to Emer	gency? 2	Event	Sequence 1 2	23	23	23	23		st Stati pe of T			28			
2	Citation # (If Iss	sued)	<del></del>			Most I	Harmful Event	1	24			• • •		t Resu	lt:	30			
	Viol. 1: Ch/Sec/	Sub ———	Vi	ol, 2: Ch/Sec/Sub —		Driver	Contributing Cod	de		25	25	Sus	sp. Alc	ohoi:	2 31	Susp. I	Drug 2	32	
	Víol. 3: Ch/Sec/	Sub	Vi	ol. 4: Cli/Sec/Sub —	<del></del>	Driver	Distracted by	0	26					om sc	L.	1 33			
	Ple Name (Last First M	•	rator/non-n	notorist 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	Mo	dical Facility		
		or/Non-Mo	torist	s	ee Above			X	1	1	4	0	0	8	2		Clinic		
					<u> </u>														
						***		·	ļ										
	1						1		l										



occured. Both vehicles then ran off the road left as depicted. No injuries observed or reported in V1(opr/pass). V2 oprator sitting outside of vehicle w/ compress applied from bystander to treat bleeding from left side of face due to cut(s). WFD arrrived to evalute all parties. V2. Opr transported. V1 driver told assisting officer (Tavares) he was travling about 35 mph prior to V2 suddenly attempting left turn when crash occured. Officer Tavares spoke to V2 opr on my behalf & translated Portuguese. V2 oprator stated he stopped for stop sign and then attempted left turn when suv suddenly appeared to him. Good sight lines for the intersection. No idependant witnesses. Probable cause of collision by V2 was failure to yeild to ROW of V1. DPW Traffic sign knocked over from crash.

Witnesses:									
Name (Last,First,Middle)	P	Address			Ph	one#			Statement
Property Damage:									3
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descript	ion of Damage	ed Property		
TOWN OF WILMINGTON DPW	121 GLEN RD WILMING	GTON MA 01887		3	TRAFF:	IC SIGN 8	POST.	"BLI	D DRIVE"
Truck and Bus Information:  Carrier Name			(-13.11	hicle Section)			Bus Us		42
Address		_	City			_ St	Zip		
US DOT #:	State Number		_ Issuing State	MC/MX	/ICC #:				
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			46			· · · ·
Hazmat Information:  47 Placard Material 1 digit #	48 Material Name_			Material 4 di	git #		–Release co	de	49

Patrol Officer Richard DiPerri

173

Wilmington Police Department

11/23/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

	Pol	lice Use Only	C	ommonv	vealth	of Massa	ich	uset	ts			RM	V Doci	ument Num	88 <u> </u>	
	Date of Crash	Time of Crash	City/Town	Mot	tor Veh	icle Cra	sh	Num Vehic	- 1	mber jured	Speed		35	5 State Pol Local Pol MBTA P	lice 🔂	
	11/23/2023	1824 W	ilmington		Police	Report		2	1	,	Latitud Longit			Campus Other:	Police	
		AT INTERSE	CTION:	<	LOCA	TION >	>	- <del> </del>	NC	T A	ראו	rer:	SEC	TION:		1
															-	2 10
	Route# Direc	ction	Name of Road	lugu/Street		Route# Direct	ion .	34 Address		OUT	E 6			vay/Street		.FJ
<sup>1</sup> 5	Koute# Ditet	CHOIL	A1			Routes Direct	шон	Addiess	· #		1141	INC OI	Koauw	vay/Sileei		-
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			Also at Interse	ection with		_		E W of	Rou	te#	I	Interse	cting I	Roadway/St	reet	
<sup>2</sup> 1	Route# Direc	ction	Name of Intersecting	Roadway/Street		Feet L	NIS	E W of	·							
			1_										ndmarl	k		4
3	Please Select C of the Followin		1 #Occupants	Hit/Run	Moped	Crash R	eport	ID# <b>2</b>	3-:	39	5 – 2	AC	•			
	License	3_	§ DOB/Age		Reg	# <u>988EB8</u>			R-	ед Турс	PC		R	eg State <b>M</b>	A	<u> </u>
	Sex M Lic. (	Class D 19 19	Lic. Restrictions 1	20 CDL	_	Year <b>2008</b>								- Г	21	1 12
		MATTIA, R		Endorsemen	t	er DEMATT										
<sup>‡</sup> 1	1	Last	First RD APT 20	Middle		ess 110 LO	ast			First	20.	7	Mi	idd]e		
_			State MA Zip 0	·		NORTH RE							. n	1864-	1600	
	I -		_					[ T	22						7 27	
	1		MERCE INSU			cle Action Prior to		1 23 2.			st Statu		Couc.	1 28		
2	Vehicle Travel D	Direction: NS	W Responding to	o Emergency? 2	Even	t Sequence 1	20 546 1 5 5 5	Mil Miles	W. C.	Ту	pe of T	lest:		29		
	Citation # (If Iss	ued)	<del></del>		Most	Harmful Event	1	24	1		AC Test	t Resu	lt:	1 30		13
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/S	Sub	Drive	er Contributing Cod	đe	1 25	2	5 Su	isp. Alc	:oliol:	2 31		g 2 32	1 "
5 .	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Cli/Sec/S	Sub	Drive	er Distracted by	0	26		To	wed fro	om sce	ene?	1 33		
<sup>5</sup> 1	Name (Last First M		operator and all occup	ants involved		DOB/Age	Sex	Scat Sa	35 36 Nety Airbag stern Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Madical	Facility	
	Operate			See Above		DOM:Age	Ž	1 1	4	0			1	Medica	Lacinty	
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									_	_						-
,	Please Select O		1 #Occupants	Non-Motorist	A Tγpe	15 Action	16	ocation	17	Condit	ion	18		Hit/Run	Moped	1
1	of the Followin	ig: Vemere 2		_ Non-motorise	<u> </u>	ésjá jále	~~	Cutton								
	License #,	10 10	S: DOB/Ag	-30	_	4970VB				ед Туре			Re	eg State <b>M</b>	21	
	Sex <b>F</b> Lic. C	Class	Lic, Restrictions 1	CDL	Veh `	/ear <u>2010</u>	V	eh Make	TOY	OTA			_ Veh	Config. 1		
1	Operator BIA	ARRIO, SY	LVIA N	Middle	Own	er BIARRIC	O ,	SYL	/IA	N First	·····		Mie	ddle		
1	Address 200	SWANTON	ST APT 4	26	Addr	ess 200 SW	'AN	ON	ST	AP'	42	26				141
	City WINCH	IESTER	State MA Zip 03	L890-4324	City_	WINCHEST	CER			Star	te <b>MA</b>	Z	ip <b>0</b> 1	<u> 1890-</u>	4324	1 14
	Insurance Compa	any THE COM	MERCE INSU	JRANCE C	OVehic	le Action Prior to (	Crash	1	22	Da	unaged	Area	Code:		27	
	Vehicle Travel D	rirection: NXE	w Responding to	Emergency? 2	Even	Sequence 1	23	23 23	23		st Statu			1 28		
)	Citation # (If Issa	ned) T328188	34		Most	Harmful Event	1	24		-	pe of To AC Test			29 1 30		
2	Viol. 1: Ch/Sec/S	Sub 90 14	Viol. 2; Ch/Sec/S	ub	Drive	r Contributing Cod	de	4 <sup>25</sup>	2:	<b>.</b>	sp. Alc	-		Susp. Dru	32	
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/S			r Distracted by	િ	26			wed fro	1		1 33	ь <u>я</u>	
			or/non-motorist and all		ed				S 36	37 18 aut	38 Tono	39 Inium	40 Transa			
	Name (Last First Mi	iddle)		Address		DOB/Age	Sex	Pos. Sys	fery Airbag stern Status	Code	- I	Injury Status	Transp. Code	Medical	Facility	
	Operato	or/Non-Moto	rist	See Above			X	1 1	4	0	0	10	1			
							1	+	$\top$	1						
	r		I			1 1		- 1	1	1	: 1	- 1	ı .	!		ı

	= Direction	i = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: →	i <b>→</b> [	2	<b>→</b> ĝ -	<b>→</b> ₩	
RT 62					If Crash Di	
						·
					Off-Street Pa	rking Lot
					☐ Garage	
		P	annika Walancik Di anni A Vi anninana a mananana a mi		☐ Mall/Shoppii	ng Center
	MV				Other Private	: Way
Mil Niev					Indicate No	rth by Arrow
(No EDI						,
						·)
	193SB 🗘					
Crash Narrative: V1 was traveling EB	on Rt62 travel	ing straight	. MV2 wae	traveling WR	on Rt62 prior to	
urning left onto the			·	<del>-</del>		the
ront driver side of 1						
ne crash however refu						···
tated she thought she		<del> </del>		_		
alled and towed both						
	***************************************					
Witnesses:		Address			Phone #	Statement
(2333, 133, 134)						
			····			
Property Damage:	***************************************					
wner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damaged Property	
***************************************						
Truck and Bus Information	1: Registration #		(From	n Vehicle Section)		42
Carrier Name					Bus Us	se
Address		·	_ City		St Zip	
US DOT#:	State Number		Issuing State_	МС/МХ/ІСС	#:	
43	m 0 1 44	CANAD COMP	45			
	y Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	Trailer L	ength	
Hazmat Information:	48					49
Placard Material 1 digit	# Material N	aine		Material 4 digit #_	Release co	de
				*****	1	44 /00 /0000
atrol Officer Meghan dice Officer Name (Please Print)	Sousa Signature		214 ID/Badge#	Department	Precinct/Barracks	11/23/2023 Date

Patrol Officer Meghan Sousa Police Officer Name (Please Print)

	Police Use	Only	Con	nmonwe	ealth (	of Massa	ichi	usett	S		RM	V Doci	ument Numb		
	Date of Crash Time 11/24/2023 103	of Crash	City/Town	Moto	r Veh	icle Cra	sh	Numbe Vehicle			eed Limi	3.5	State Police Local Police MBTA Pol	e 🔀	
	11/24/2023 103	24HR	aring con	P	olice ]	Report		2	0	1	ngitude_		Campus Po Other:	olice 🗖	_
	AT I	NTERSECTI	ON:	<	LOCA	TION :	>		NOT	ΓΑΤΙ	NTER	SEC	TION:		
						38 N		127	MZ	IN :	c ጥ				2 10
ī	Route# Direction		Name of Roadwa	y/Street		Route# Direct		Address #				Roadw	/ay/Street		
1	]		At			Feet	N S I	E W of			• —	- or _			
	Route# Direction	Nan	ne of Intersecting Ro	oadway/Street		ſ	- 1 1		Mi	le Marke	r		Exit Nun	iber	2 11
			Also at Intersection	on with				E W of	Route	#	Inters	ecting I	Roadway/Stre	et	
<sup>2</sup> 1	Route# Direction	Nam	e of Intersecting Ro	oadway/Street		Feet [	NISI	E W of							
	Please Select One	<b>Z</b> 11	#Ossuparts D		```			~ 23		0.6		indinarl	<u>K </u>		
3	of the Following:	Vehicle 1 <u>1</u>	#Occupants	Hit/Run	Moped	Crash R	eport 1	D# <b>2</b> 3	-3	90	-A(	<u>.</u>			
	License #	10 10	DOB/Age	<u> </u>		3BE927								21	12
	Sex <b>F</b> Lic. Class	Lic, R	estrictions 1	CDL Endorsement	_ Veh	rear <u>2021</u>	V	eh Make 🛚	HONE	A		Veh	Config. 1		لــــا
4	Operator <u>BONUG</u>		SE First	Middle		er BONUGL	ast		SE Fi	rst		Mi	iddle		
<sup>4</sup> 1	Address 640 SO				-	ess 640 SC		ST							
	City <b>TEWKSBUF</b>		MA Zip 018		-	TEWKSBU	RY		22				1876-2	<del></del>	Ì
	Insurance Company T					le Action Prior to	: . I	23 23			iged Area Status:	i Code:	5 28		ĺ
5	Vehicle Travel Direction		Responding to E	mergency? 2		Sequence 1	agi sveca	24	- 4		of Test:		29		
	Citation # (If Issued)					Harmful Event			25	-	Test Res		30		_ 13
	Viol. 1: Clt/Sec/Sub					r Contributing Co		1 <sup>25</sup> 26		Susp.	Alcohol		22	2 32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	ase fill out for opera			Drive	r Distracted by	0	34 35	36		d from se	ene?	2 33		
<u>-</u>	Name (Last First Middle)	ase fill out for opera	tor and all occupant	S INVOIVEG Address		DOB/Age	Sex	Seat Safet Pos. System	Airbag	Eject Tr	ap Injury de Status	Trunsp.	Medical F	acility	
	Operator			See Above		> <	X	1 1	4	0 0	10	1			
	Please Select One	Vehicle 2.1	#Occupants	Non-Motorist A	Type	15 Action	16	ocation	17	Condition	18		Hit/Run	Manad	
<sup>7</sup> 1	of the Following:	Venicie 2.2		NUII-MUIOTISI A				Callon	(3 + 3			<u> </u>			
	License	St 19 19	OB/Age 20	1		1XJW88							eg State <u>MA</u>	21	
	Sex <b>F</b> Lic. Class <b>D</b>	Lic. R	estrictions B	CDL Endorsement	-	ear 1988							Config. 1		
<sup>8</sup> 1	Operator STOREI		First	Middle		TORER	asl		Fir	KOLi	7 11	Mi	iddle		
	Address 3 VERA		MA Zip 018	87-2006	_	ess <u>3 VERA</u> WILMING'		AVE	*****	State 1	ντ <b>α</b> -	7in 01	L887-2	006	1 14
	Insurance Company S2		-		•	le Action Prior to		1	22		ged Area				
	Vehicle Travel Direction	KX	Responding to E	_		Sequence 1		3 23	23	Test S			28 1		
	Citation # (If Issued)	SEM	Responding to E	mergency /		Harmful Event	1			Туре	of Test:		29		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub —	1				r Contributing Co	드	 19 <sup>25</sup> 5	25		Test Res Alcohol:		30	32	
	Viol. 1: Ch/Sec/Sub ——		/iol, 4; Ch/Sec/Sub			r Distracted by		26			Aiconoi: d from so		Susp. Drug 2 33	2 3	
		out for operator/non					T	34 35 Seat Sofet	36 Airbag	37 3 Eject Tr	8 39	40			l
	Name (Last First Middle)			Address		DOB/Age	Sex	Pos. System	n Status	Code Co	de Stotus	Code	Medical F	acility	
	Operator/No	on-Motorist		See Above			M	1 1	4	0 0	10	1			
													<b></b>		

Crash Diagram:	== D	irection	= Vehicle	1 2 = Vehicle 2	♀ Pedestr	rian dSd =	Bicycle	
AAA Tire Co. 127 Main Sireet  Vi (NA-388227) was allowing/stopped in traffic preparing to make signaled left turn into 127  Main Street when it was rear-ended by V2 (NA-3089). No injuries observed or reported. VI damaged on rear end. V2 damaged on left front end. V2 Opt. Storer admitted fault for grash by taking her attention from the roadway by looking at new construction sits (cleared land for future town building project) next to church prior to rear-ending V1.  Wineste:  New (Land-Maddid)  Address  Phone # Starment  Wineste:  New (Land-Maddid)  Address  Phone # Starment  Front and Bus Informations  Canic Name  Address  Starment  Wineste:  No DOT # Son Name  Address  Canic Rap Poper  Son Name  Address  Canic Name  Canic Name  Address  Canic Name  Canic Name  Address  Canic Name  Canic Name  Address  Address  Address  Canic Name  Address  Canic Name  Address  Address  Address  Address  Address  Address  Canic Name  Address  Ad	Crash Diagram:	ie:		2	₽Ŝ	<b>→</b> №		
VI (MA-3BE927) was slowing/stopped in traffic preparing to make signaled left turn into 127  Main Street when it was rear-ended by V2 (MA-XJW89). No injuries observed or reported. VI  damaged on rear end. V2 damaged on left front end. V2 Opr. Storer admitted fault for crash by taking her attention from the roadway by looking at new construction site (cleared land  for future town building project) next to church prior to rear-ending VI.  Witnesses:  Name (LastFirst, Middle)  Property Damage:  Owner (LastFirst, Middle)  Address  Phone # Statement  Property Damage:  Owner (LastFirst, Middle)  Address  Finne # 41-Type Description of Damaged Property  Truck and Bus Information  Registration # (From Vehicle Section)  Carrier Name	127 Main	V1		Church	iite		on a Public Way  Off-Street Parking L  Garage  Mall/Shopping Cent  Other Private Way	ct er
VI (MA-3BE927) was slowing/stopped in traffic preparing to make signaled left turn into 127  Main Street when it was rear-ended by V2 (MA-XJW89). No injuries observed or reported. VI  damaged on rear end. V2 damaged on left front end. V2 Opr. Storer admitted fault for crash by taking her attention from the roadway by looking at new construction site (cleared land  for future town building project) next to church prior to rear-ending VI.  Witnesses:  Name (LastFirst, Middle)  Property Damage:  Owner (LastFirst, Middle)  Address  Phone # Statement  Property Damage:  Owner (LastFirst, Middle)  Address  Finne # 41-Type Description of Damaged Property  Truck and Bus Information  Registration # (From Vehicle Section)  Carrier Name	Crash Narrative							
Main Street when it was rear-ended by V2 (MA-XJW88). No injuries observed or reported. VI damaged on rear end. V2 damaged on left front end. V2 Opr. Storer admitted fault for crash by taking her attention from the roadway by looking at new construction site (cleared land for future town building project) next to church prior to rear-ending VI.  Witnesses:  Name (Last,First,Middle)  Address  Phone # Statement  Property Damage:  Owner (Last,First,Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Address  City  State Number  Lasting State  MCMX/ICC # MCMX/ICC # Internate  Hatemat Information:  Piscand  Address  Reg Type  Reg Type  Reg State  Reg Type  Reg State  Reg Type  Reg State  Reg Type  Reg State  Material I digit # Release code  Address  Milmington Police Department  11/24/2023		topped in	traffi	nrenaring to	ake eim:	aled lef+	turn into 127	
damaged on rear end. V2 damaged on left front end. V2 Opr. Storer admitted fault for crash by taking her attention from the roadway by looking at new construction site (cleared land for future town building project) next to church prior to rear—ending V1.    Witnesses:						······································		
by taking her attention from the roadway by looking at new construction site (cleared land for future town building project) next to church prior to rear-ending V1.  Witnesses:  Name (LastFirst, Middle)  Address  Phone # Stutement  Property Damage:  Owner (LastFirst, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name								
### Witnesses:   Name (Last,First,Middle)	damaged on rear end. V2 dam	aged on l	eft from	nt end. V2 Opr.	Storer ac	imitted f	ault for crash	
Witnesses:   Name (Last,First,Middle)	by taking her attention fro	m the road	dway by	looking at new	construct	tion site	(cleared land	
Name (Last,First,Middle) Address Property Damage:  Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name	for future town building pr	oject) ne:	kt to ch	nurch prior to r	ear-endir	ng V1.		
Name (Last,First,Middle) Address Property Damage:  Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name								
Name (Last,First,Middle) Address Property Damage:  Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name					-			
Name (Last,First,Middle) Address Property Damage:  Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name								
Name (Last,First,Middle) Address Property Damage:  Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name								
Name (Last,First,Middle) Address Property Damage:  Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name								
Name (Last,First,Middle) Address Property Damage:  Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name								
Name (Last,First,Middle) Address Property Damage:  Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name								
Property Damage:  Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Bus Use  42  Address  City  State Number  Issuing State  MC/MX/ICC #:  Interstate  Address  Reg Type  Reg State  Reg Year  Trailer Reg #:  Reg Type  Reg State  Reg Year  Trailer Length  Hazmat Information:  Placard  47  Material 1 digit #  Material Name  Material Adigit #  Release code  49  Patrol Officer Richard DiPerri  173  Wilmington Police Department  11/24/2023	Witnesses:							
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name	Name (Last,First,Middle)		Address			Phone #		Statement
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name								
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name								
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name						<u></u>		
Truck and Bus Information:   Registration # (From Vehicle Section)	Property Damage:							
Carrier Name	Owner (Last, First, Middle) Addı	ress		Phone #	41-Type	Description of l	Damaged Property	
Carrier Name								
Carrier Name								
Carrier Name								
Carrier Name	Truck and Bus Information:							
Address	Re	egistration #		(From Ve	chicle Section)			42
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate	Carrier Name						Bus Use	
Interstate	Address			City		St	Zip	
Interstate								
Interstate Cargo Body Type Code GVWR/GCWR  Trailer Reg #: Reg Type Reg State Reg Year Trailer Length  Hazmat Information:  Placard 47 Material 1 digit # Material Name Material 4 digit # Release code 49  Patrol Officer Richard DiPerri 173 Wilmington Police Department 11/24/2023		lumber			MC/MX/	TCC #:		
Hazmat Information:  Placard 47 Material 1 digit # Material Name Material 4 digit # Release code 49  Patrol Officer Richard DiPerri 173 Wilmington Police Department 11/24/2023		le 44	GVWR/G					
Hazmat Information:  Placard 47 Material 1 digit # Material Name Material 4 digit # Release code 49  Patrol Officer Richard DiPerri 173 Wilmington Police Department 11/24/2023			Don C.	Dog Voc-	en )	to I amen't	46	
Placard Material 1 digit # Material Name Material 4 digit # Release code Patrol Officer Richard DiPerri 173 Wilmington Police Department 11/24/2023		ceg rype	reg 518	no Reg Tear	———— Trai	ier Length		
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	Placard Material 1 digit #	Material Nar	ne		Material 4 dig	git #	Release code	***
MODER LINEAR NAMES AND A STREET STREE								

	A CONTRACTOR OF THE CONTRACTOR				monv	nonwealth of Massachusetts							RMV Document Number					
	Date of Crash 11/24/2023	Time of Crash	City/: Vilming		] Mo	tor Veh	icle Cr	ash		umber hicles		mad	•	d Limi	3.	State Poli Local Pol MBTA Po	lice 🔯	
		24HR	V			Police	Report		2		0		Latitu Longi			Campus I	Police	
		AT INTERSI	ECTION:		<	LOCA	TION	>			NO	T A T	ſΝ	TER	SEC	TION:		
									23.	5	M2	AIN	י פי	TT.				2
••••	Route# Dire	ction	Name	of Roadway/	Street		Route# Dire	ction	Addr		1.11	77.11			Roady	vay/Street		_
4				At			Feet	NS	EW	of					or			
	Route# Direc	ction	Name of In	tersecting Road	dway/Street						M	ile Ma	rker		01	Exit Nu	mber	
			Also	at Intersection	with		Feet	N S	EW	of	Route	 e#		Inters	ecting l	Roadway/Str	reet	- 
1	Route# Direc	ction	Name of Int	ersecting Road	dway/Street		Feet	N S	EW	of								
	BL SL				•	<u> </u>									ndmar	k		-
97	Please Select ( of the Followi	One de Vehicle 1	1 <b>3</b> #Occu	pants Hi	it/Run	Moped	Crash	Report	ID#	23	-3	9	7 –	AC				
	License :		-	)B/Ag		Reg	4VAF97				Re	д Туре	PC		R	eg State M	<u> </u>	1:
	S .ic.	Class D 19	Lic. Restriction	ons <b>1</b> 20	CDL	Veh '	Year <b>2012</b>		Veh Ma	ake <u>F</u>	'ORI	)			Veh	Config. 1	21	1
	Operato.	Last	First		Endorsemen		er <b>WARD</b> ,	JA	MES	JC	SEI	PH.				-		
3	Address	14131	ritsi -		ividule	Addr	ess <u>20 WH</u>	EEL.	ER	RD	Fi	LAI			м	ìddle		
	Cii		_ S:	. ž		City	BOLTON					_ Stat	te <b>M</b>	<b>A</b> 2	ip <b>0</b>	1740-1	<u> 1438</u>	
	Insurance Comp	any THE COM	MERCE	INSURA	NCE C	O Vehic	le Action Prior t	o Crash	. [	4	22	Da	unage	d Area	Code:	1 27 2 2	7 27	
	Vehicle Travel D	Direction: S F	E <b>W</b> Resp	onding to Eme	ergency? 2	Even	Sequence 1	23	23	23	23		st Stat			1 28		
2	Citation # (If Iss	ued)				Most	Hannful Event	1	24			-	pe of	Test: st Resi	de:	29		
	Viol. 1: Ch/Sec/5	Sub	Viol. 2:	Ch/Sec/Sub —		Drive	r Contributing C	Code	4	25	25				2 31	Susp. Drug	g 32	1
	Viol. 3: Ch/Sec/S	Sub	Viol. 4:	Ch/Sec/Sub —		Drive	r Distracted by	0	26					rom sc		1 33		<u> </u>
L		Please fill out for	r operator and	all occupants is					34 Seai	35 Safety	36 Airteg	37 Eject Code	38 Trap Code	39 Injury	40 Transp.			1
	Operate				Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4		Code	Status 10	Code 1	Medical I	Facility	1
	- Operate						1.	<b>1</b>	+	1			0	ļ	1			-
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								<u> </u>										
2	Please Select O of the Followin		<b>1</b> #Occup	pants No.	n-Metorist	A Type	15 Action	16 !	Locatio	n	17 c	onditi	on	18	D,	Hit/Run	Moped	
<u> </u>	License #			)B/Age		Reg #	96WH85				Ren	Type	PC		R	eg State <b>M</b>		1
	Sex M Lic. C	lass n 19 19	Lic. Restriction	20	CDL	-	Reg # 96WH85         Reg Type PC         Reg State MA           Veh Year 2011         Veh Make CHEVROLET         Veh Config.         1											
	Operator <b>SAI</b>		HN ANT		Endorsement <b>JR</b>		r SALKA	JS,	JOI	IN	ANI	'HO	NY	JR				
	Address <b>137</b>	COOK ST	First		Middle	Addre	ess <u>137 C</u>	Last OOK	ST		Fig	st			Mi	ddie		
	City BILLE	RICA	State MA	Zip 0182	1-5033	City	BILLERI	CA				_ State	e <b>M</b> Z	z	ip <b>0</b> 1	L821-5	<u> 5033</u>	1 14
	Insurance Compa	my ALLSTAT	E INSU	RANCE	COMPA	N Vehic	le Action Prior t	o Crash	[	1	22	Da	maged	l Area	Code:	1 <sup>27</sup> 8 <sup>2</sup>	7 2 27	
	Vehicle Travel Di	irection: NXE	w Resp	onding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		st State			1 28		
	Citation # (If Issu	red)				Most	Harmful Event	1	24				oe of T	lest: it Resu	16.	30		
2	Viol. 1: Ch/Sec/S	ub	Viol. 2: 0	Ch/Sec/Sub		Drive	r Contributing C	ode	1	25	25						32	
	Viol. 3: Ch/Sec/S	ol. 3: Ch/Sec/Sub						Driver Contributing Code 1 Susp. Alcohol: 2 31 Susp. Drug. 2 32  Driver Distracted by 0 26 Towed from scene? 1 33										
		ase fill out for operate	or/non-motoris	st and all occup		ed			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First Mic	or/Non-Moto	rict		Address See Above		DOB/Age	Sex	-	System 1	Status 4	Code 0	Code	Status 10	Code 1	Medical F	acility	1
	Operui0	······································	11 131		700 1 100 AC			$ \wedge $	1	-	-	_	-		-			-
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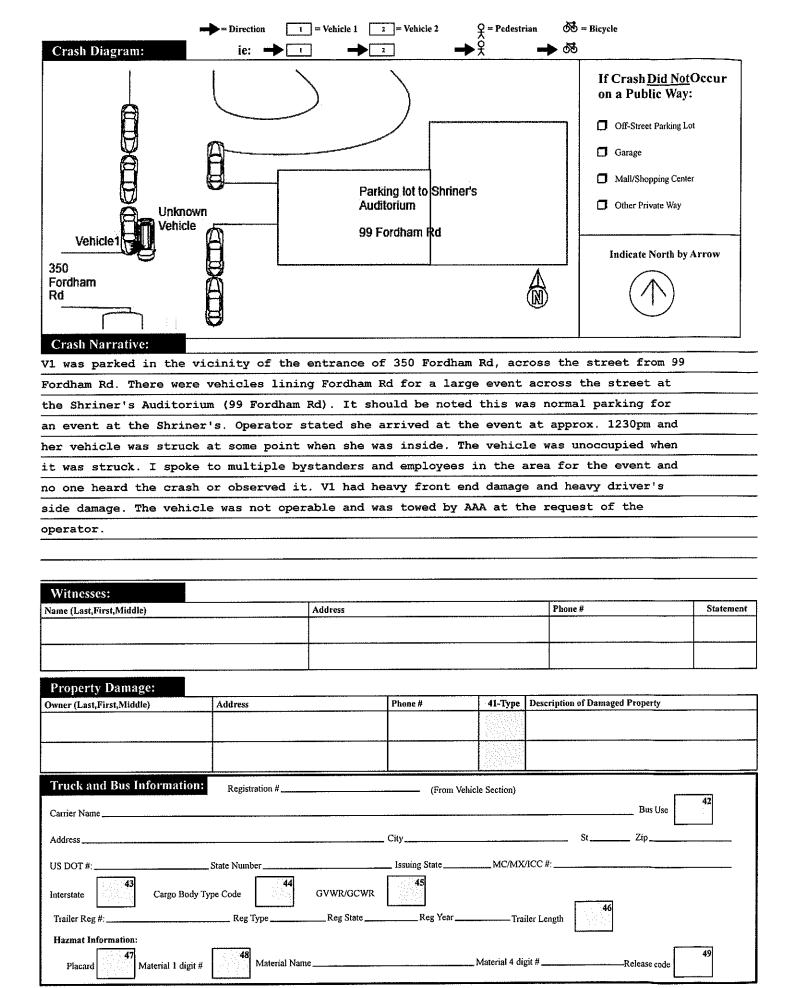
235 Main St  MV 1  Off-Str  Garage	n <u>Did Not</u> Occur blic Way:
235 Main St  MV 1  Off-Str  Garage  Mall/St	
MV 2 Garage	1
□ Mall/SI	eet Parking Lot
Other F	nopping Center
	rivate Way
Indicat	e North by Arrow
	Thoras by Arrow
	<b>≥</b> )
Crash Narrative:	
MV 1 was travelling northbound on Main St approaching the traffic control light at t	he
intersection of the Savers parking lot (235 Main St). MV 2 was travelling southbour	
Main St and was approaching the same traffic control light. MV 2 had a green light w	
the right of way. MV 1, also had a green light and believed she had the right of wa	
1 attempted to take a left hand turn into 235 Main St. MV 2 was continuing straight	
thought the intersection and was unable to avoid MV 1, causing a collision.	
	1. (100.00.100.100.100.100.100.100.100.100.
Witnesses: Name (Last, First, Middle) Address Phone #	Statement
Traine (analysis to system)	
Property Damage:  Owner (Last First Middle)	perty
	perty
	perty
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Pro	perty
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Pro  Truck and Bus Information:  Registration #	perty  Bus Use 42
Owner (Last, First, Middle)  Address  Phone # 41-Type Description of Damaged Pro	Bus Use 42
Owner (Last, First, Middle)  Address Phone # 41-Type Description of Damaged Pro	Bus Use 42
Owner (Last, First, Middle)         Address         Phone #         41-Type         Description of Damaged Pro           Truck and Bus Information:           Registration #         (From Vehicle Section)           Carrier Name         City         St         Z           US DOT #:         State Number         Issuing State         MC/MX/ICC #:           43         44         445	Bus Use 42
Owner (Last, First, Middle)  Address Phone # 41-Type Description of Damaged Pro  Truck and Bus Information:  Registration #	Bus Use 42
Owner (Last, First, Middle)         Address         Phone #         41-Type         Description of Damaged Pro           Truck and Bus Information:           Registration #         (From Vehicle Section)           Carrier Name         City         St         Z           US DOT #:         State Number         Issuing State         MC/MX/ICC #:           43         44         445	Bus Use 42

Patrol Officer Shane A Foley
Police Officer Name (Please Print)

Wilmington Police Department Department

11/24/2023

	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docum	nent Number			
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles	Number Injured	Speed Limi	30	State Police Local Police MBTA Police Campus Police			
	11/25/2023 <b>1615</b> Wil	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other			
	AT INTERSECT	ION·		TION >	<b> </b>	NOT A	r inter	SECT		1		
	777 11 11 11 11 11 11 11 11 11 11 11 11	10111				1,0111				10		
					99	FORE	HAM F			2		
1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadwa	y/Street	_		
3		At		Feet NS	E W of		•	- AF		1		
	Route# Direction Na	ne of Intersecting Roady	way/Street	1001 11/0	[=[]01	Mile Ma		· –	Exit Number	9911		
	2.00	Also at Intersection v		Feet N S	E W of					199		
				Feet N S	E W of	Route#	Inters	ecting Ro	oadway/Street			
1	Route# Direction Name	ne of Intersecting Roads	way/Street				La	andmark		-[		
	Please Select One Vahiela 17	#Occupants Hit	/Run Moped	Crash Report	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 Q				1		
3	of the Following:	-#Occupants Hit	/Run	Crash Report	1D# <b>2</b> 3	-39	0-A	•		_		
	License #St.	OB/Age	Reg	# <b>1TM495</b>		Reg Typ	e PC	Reg		_ 12		
	Sex <b>F</b> Lic. Class D 19 19 Lic. 1		DL Veh	Year <b>2014</b>	Velı Make <u></u>	ONDA		Veh C	Config. 1 21			
	Operator HUTCHINSON . S		indorsement Own	er HUTCHINS	ON, SA	RAH C	: W					
1	Address 47 GROTON ST	First	Middle	ess 47 GROTO		First		Mìdd	te			
		M2 ~ 0192		DUNSTABLE		04	. M7	z:. 01:	827-2204			
	City <b>DUNSTABLE</b> State				J/236		amaged Area	· _				
	Insurance Company THE STAND	ARD FIRE I		cle Action Prior to Crash			est Status:	1 0000.1	28			
<u> </u>	Vehicle Travel Direction: N K E W	Responding to Emer	gency? 2 Ever	t Sequence 2 23	23 23	~~	ype of Test:	1	29			
	Citation # (If Issued)	<del></del>	Mos	t Harmful Event 2	24	-	AC Test Res	ult:	30			
	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25 Si	usp, Alcohol:	2 31	Susp. Drug 2 32	2 13		
	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		owed from so		33	<b></b>		
1	L	ator and all occupants in			34 35 Sent Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp	<del></del>	1		
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-		
	Operator	S	ee Above	$\times$	1 0	4 0	0 10	1				
										1		
								+		-		
								<u>                                     </u>		4		
	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	⊠ н	it/Run Moped			
1								<u>,</u>		┥		
	19 19	DOB/Age	·	<u>unknown</u>					21			
	Sex Lic. Class Lic. I	Restrictions C	DL Veh  ndorsement	Year	Veh Make		· · · · · · · · · ·	Veh C	onfig.			
	Operator unknown	First	Middle Own	erLost		First		Midd	le			
1	Address		Adda	ess						_ 14		
	City State	2ip	City			Sta	ite 2	Zip		1 "		
	Insurance Company		Vehi	hicle Action Prior to Crash  22 Damaged Area Code: 27 27 27								
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Even	nt Sequence 23 23 23 23 Test Status: 28								
	Citation # (If Issued)		Mos	Harmful Event	24	•	ype of Test:	L	29			
2	. ,	<del></del>		I	25	25	AC Test Res		Susp Drag 32			
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Commodung Code Susp. Alcohol: 51 Susp. Drug											
	Viol. 3: Ch/Sec/Sub			er Distracted by			owed from so		_			
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occup	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility			
	Operator/Non-Motorist	f s	ee Above		1					1		
	The state of the s			<del>                                     </del>						1		
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Patrol Officer Kathryn C Goodwin

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Wilmington Police Department

11/25/2023

Department

## Wilmington Police Department Images Associated with 23-398-AC





