	Po	dice Use Only		C	Commo	nwealth	of Mas	sac	hus	etts			R	MV D	ocume	ot Number	
	Date of Crash 12/03/2023		Wiln	City/Town	n M	otor Vel Police	hicle Cr Report			lumber ehicles	Numb Injure	d La	eed Lir titude _			State Police Local Police MBTA Police Campus Police	
		AT INTER		ON:	<		ATION	>			NOT		ngitude NTE			Other: ON:	<u> </u>
¹ 4	Route# Dire	ection		Name of Roa			Route# Dir	rection	22 Add	O ress #		DL	ESE	X A	··		2 10
4				P	At		Fee	t N S	SEW	of			• -	— or			_
	Route# Dire	ection	Nam		ng Roadway/Str	eet					Mile	Marke	r		I	Exit Number	8 11
				Also at Inters	section with		1		SEW		Route#		Inte	rsectin	g Road	way/Street	-
² 3	Route# Dire	ction	Nam	e of Intersectin	ng Roadway/Str	eet	Fee	t NS	SEW	of .				Landm	ark		
3	Please Select of the Followi		le 1 <u>1</u>	#Occupants	Hit/Run	Moped	Crash	Repor	rt ID#	23	-41	1.	-A	С			
L	License) Sex <u>F</u> Lic.	Class D GDAHL,		DOB/Age estrictions 99	CDL_	nent Veh	# 742WW3 Year <u>2011</u> er ENGDA		Veh Ma	ake <u>H</u> (ONDA			V			1 ¹²
⁴ 1	1	Last HARLOTT	i	First	Middle		ess <u>3 CHA</u>	Last			First	R Ei	ICE.		Middle		-
5	City WILM Insurance Comp Vehicle Travel D Citation # (If Iss	INGTON any SAFET	State] Y INS	Responding t	to Emergency?	48 City. NY Vehic 2 Even Most	ess 5 CHA WILMING Sle Action Prior t t Sequence 1 Hannful Event er Contributing C	STOR	N h [23 24	2 2	22	Damag Test St Type o BAC T	ged Are atus: f Test; 'est Re	ea Cod	e: 4 2 1 2 2 1 3	8	
⁶ 2	Viol, 3: Ch/Sec/S	Sub		ol. 4: Ch/Sec/S	Sub	Drive	r Distracted by	0	26			Towed	from s	cene?	2 3		
2	Nome (Last First Mi		for operato	r and all occup	ants involved		1)OB/Age	Sex	34 Seat Pos.	35 Safety A System 5	36 37 irbag Eje itatur Coo	38 1 Traj	n Injur	40 Transj s Code	p.		
	Operato	or			See Abov	e	$\overline{\mathbf{x}}$	$\overline{\mathbf{X}}$	1	1 4		0	10			Medical Facility	
⁷ 1	Please Select O of the Followin		2 <u>1</u> #	Occupants	Non-Motori	st A Type	15 Action	16 I	Location	1	Cond	ition	18		Hit/Ru	In 🛄 Mope	d
⁸ 1	License #_ Sex <u>M</u> Lic. C Operator <u>SOU</u> Address <u>14</u>	UZA, STA	J NLEY Fi	JOHN	20 CDL Endorseme	ent Veh Ye	3BCH86 ear 2022	\ ST	ANI	.: <u>TO</u> .EY	JOHI First	1	2	Vel	keg Stat h Config tiddte	21	-
	City WILMI				997-161	_	55 14 FA			<u>DM E</u>							- 14
	Insurance Compar Vehicle Travel Dir	ny GARRIS	ON PR	OPERTY		UA Vehicle Event	VILMING e Action Prior to Sequence	Crash	23 2	22 23 23 2			d Area tus:		188 8 ²⁷ 1 ²⁸ 29	7-1617 6 ²⁷ 27	
⁹ 2	Citation # (If Issue	,					larmful Event	Ē	24	5	В		st Resi	ult:	1 ³⁰		
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	Name (Last First Midd Operator	r/Non-Mot	orist		Address See Above		DOB/Age	Sex.	Pos. S	ystem Su	rus Code	Code	Status	Code 1	M	ledical Facility	_
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Form No. 10364 CRA-65 09/1	Form No.	10364	CRA-65	09/18
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	Police Use Only	Commor	ıwealth	of Massach	nusetts		RMV Docur	nent Number	
	Date of Crash Time of Crash 12/03/2023 1637 Wilm	City/Town Mington	otor Veh	icle Crash		T. Summar J	ed Limit30	State Police	1
	24HR	ingcon	Police	Report	3 (Lati	ude gitude	Campus Police	
	AT INTERSECTION	ON: <	LOCA	TION >	N	IOT AT IN	TERSECT	ION:	
					220	MTOOLE	SEX AVI	2	2 ¹⁰
¹ 4	Route# Direction	Name of Roadway/Street		Route# Direction	Address #		ame of Roadwa		-
4	-	At		Feet NS	EW of -		• — or		
	Route# Direction Name	e of Intersecting Roadway/Stre	et	- 510		Mile Marker		Exit Number	8 11
		Also at Intersection with		Feet NS	R	oute#	Intersecting Ro	adway/Street]
² 3	Route# Direction Name	e of Intersecting Roadway/Stre	eet	reet [1] 5	L W ot		Landmark		-
3	Please Select One X Vehicle 31	#Occupants Hit/Run	Moped	Crash Report	ID# 23 -	411-			1
3	or the Pollowing:								-
	License #St Sex $\underline{\mathbf{M}}_{\mathbf{D}}$ Lic. Class $\underline{\mathbf{D}}_{\mathbf{D}}$ Lic. Re)OB/Age		<u>1DWC44</u>			-	21	1 ¹²
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⁴ 1	Address 15 DOROTHY AVE	First Middle		er <u>FEIRIE</u> , C Last ess <u>15 DOROT</u>		First	N Midd	le	
L <u> </u>	City WILMINGTON State	MA 7in 01887-11		WILMINGTON		Stata M	Δ. 7in Ô13	887-1115	
	Insurance Company GEICO GENE	•		le Action Prior to Crash	12		d Area Code:		
	Vehicle Travel Direction: NSXW	Responding to Emergency?			23 23 2:			28	
5	Citation # (If Issued)			Harmful Event 1	24	Type of		29	
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[Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26		rom scene? 1	33	
⁶ 2	-	r and all occupants involved				bag Eject Trap	39 40 Injury Transp.		1
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				$F\gamma$					-
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							<u> </u>		-
									4
⁷ 1	Please Select One of the Following:	Occupants Non-Motori	ist A Type	15 Action 16 L	ocation 1	Condition	18 🛄 Hit	t/Run 🛄 Moped	
		DOB/Age	Reg #			Reg Type	Reg		1
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⁸ 1	Operator	rst Middle		rLası		First	Middle		
1	Address			\$5					14
	City State		City_		22	State	·	27 27 27	4
	Insurance Company			e Action Prior to Crash			d Area Code:	28	
		Responding to Emergency?			23 23 23 24	Type of		29	
⁹ 2	Citation # (If Issued)			Hannful Event		BAC Te	st Result:	30	
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	Operator/Non-Motorist	See Above	:		1	<u> </u>			

		1 = Vehicle 1	2 = Vehicle 2	A = Pedestrian	•	
Crash Diagram:	ie: ➡▶ _		2	→ X	→ 55 If Crash Di	d <u>Not</u> Occur
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	many	K K	Vehicle,1		Other Private	e Way
	Vehicle 3	File 2		>	Indicate No	rth by Arrow
Middlesex	Ave		<u>P</u>)
Crash Narrative:						
n Sunday, December 3						>
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iose two venicies ca	used venicie 2	LNEN NIT t	ne rear of \	venicie 1.		
ll parties were eval	uated and signe	d refusals				
ehicle 2 and Vehicle	3 were towed b	v A&S towi	ng and broug	to their	vard. Vehicle 1 w	
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Witnesses:				· · · · · · · · · · · · · · · · · · ·		
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Property Damage:						I
wner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
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Carrier Name					Bus Us	e
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	y Type Code	GVWR/GCWR			46	
	Reg Type	Reg State	Reg Year _	Trailer L	length	
Hazmat Information: Placard 47 Material I digi	t# 48 Material Nar	ne		Material 4 digit #.	Release coo	49
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trol Officer Christopher ce Officer Name (Please Print)	: k Miccichi Signature			Wilmington Po Department	olice Department Precinct/Barracks	12/03/2023 Date

Wilmington Police Department Images Associated with 23-411-AC





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	= Direction	= Vehicle 1 2	= Vehicle 2	♀ = Pedestrian	🔊 = Bicy	cle	
Crash Diagram:	ie: 🔶 🔟	2		►¥	→ 06		
						⁷ Crash <u>Did No</u> n a Public Wa	
	Main St	reet			0	Off-Street Parking	Lot
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		- XVII			0	Mall/Shopping Cer	iter
					_	Other Private Way	
			D				
			Vehicle 1			Indicate North b	y Arrow
				~	<u></u>	\bigcirc	
	क्षेत्र्यकुष्ट Lan			A	3	$\langle \boldsymbol{\epsilon} \rangle$	
Crash Narrative:	-		-				
On Sunday, December 3							
street. At this point							
left onto Bridge Lane			ver the dou	ble yellow	line, it	collided	
with the rear left sid	de of vehicle 1.						
Both parties declined	medical attenti						
Vehicles were able to							
		the scene.	<u></u>				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:		[. <u>, , , , , , , , , , , , , , , , , , ,</u>			- L		
Owner (Last, First, Middle)	Address	P	ione #	41-Type Des	cription of Dama	ged Property	
Truck and Bus Information							
	Bronditori ii					D	42
Carrier Name						L	
						-	
US DOT #:	State Number	I:	suing State	MC/MX/ICC	#: <u></u>		
	Type Code	GVWR/GCWR					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ngth 46		
Hazmat Information:					L		
Placard 47 Material 1 digit	# Material Name	. <u></u>		Material 4 digit #		Release code	49
Patrol Officer Christopher	k Miccichi	232	> Wi	lmington Po	lice Depar	tmont 12	/02/2022

		232		I IVIICE Depar unent	- + 4 / 1	0.0
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date	_

Wilmington Police Department Images Associated with 23-412-AC





	Police Use Only	Com	monwealth	of Massac	husett	S	RI	IV Docum	ent Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Cras	h Numbe Vehicle		Speed Lim	it_ <u>35</u>	State Police Local Police	
	12/03/2023 1732 Wiln 24HR	aington	Police	Report	2	s Injured 1	Latitude Longitude		MBTA Police Campus Police Other:	5
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	TINTE			
										2 ¹⁰
	Route# Direction	Name of Roadway/St	treet	Route# Direction		MAIN		f Roadway/	Street	_F
¹ 4		At								
	Route# Direction Nam	e of Intersecting Road	upu/Stroot	Feet N	S E W of	Mile M	arker	- or	Exit Number	-
	Koncor Direction Main	Also at Intersection v		Feet N	S E W of					5 11
1 2				Feet N	S E W of	Route#	Inter	secting Roa	dway/Street	·
² 3	Route# Direction Nam	e of Intersecting Roady	way/Street				L	andmark		-
3	Please Select One Vehicle 12	#Occupants 🔲 Hit	Run 🔲 Moped	Crash Repo	ort ID# 2 3	3-41	3-A	7		
	of the constrainty.	L								
	License - S Sex F Lic. Class - 19 19 Lic. Re	DOB/Age		VTLH27				-	11	- 1 ¹²
	Operator HEALY, KRISTIN	E لنصحا	ndorsement	(ear <u>2022</u>				Yeh Co.	nfig. 1	
⁴ 1	Address 30 CHICKATABOT	First	Middle	er HEALY, H		First	-ER	Middle		-
	City OUINCY State			ess <u>30 CHIC</u>	KATABO					-
				QUINCY					69-2525 27 27 27	
	Insurance Company USAA GENER			le Action Prior to Cra			amaged Are		28	
5	Vehicle Travel Direction: SEW	Responding to Emer	•••	Sequence 1		() 4 2	pe of Test:	<u> </u>	29	
Ĺ	Citation # (If Issued)	-		Harmful Event 1	24		AC Test Res	ult: 1	30	
	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 Si	isp. Alcohol	2 31 Su	isp. Drug 2 32	1 ¹³
⁶ 2	Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	Te	owed from s	cene? 2	33	
2	Please fill out for operate Name (Last First Middle)	or and all occupants inv	/olved Address	DOB/Age Se	34 35 Seat Safety * Pos, System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	T
	Operator	Se	e Above		1 3	4 0	0 8	+ +	ey Clinic	-
					3 1	4 0	0 10	1		-
	<u> </u>			1 1						_
								_		_
1									·······	
⁷ 1	Please Select One of the Following:	Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condit	ion 18	🔲 Hit/I	Run 🛄 Moped	1
	License # St_	DOB/Ag		v59527	L	Reg Type	co	Reg St	late MA	-
	19 19	20		ear 2018	Veh Make G			Velı Con	21	-
	Operator DEISENROTH, JE	En En	dorsement	BUTLERMR				- ren con		
⁸ 1	Address 5 LAKE ST APT	irst	Middle	s 64 CRAW		First	A	Middle		
L		NH_ Zip_03060		RUTLAND			T . P	in 015	43-1116	1 ¹⁴
	Insurance Company SAFETY INS	•		e Action Prior to Cras	sh 1		maged Area		27 27 27	
	Vehicle Travel Direction: NXEW	Responding to Emerg		Sequence 23	23 23		st Status:	<u> </u>	28	
	Citation # (If Issued) 318575AC	responding to Emerg	•	Harmful Event 1	24	Ty	pe of Test:	2	29	
⁹ 2		ol. 2: Ch/Sec/Sub 89		Contributing Code	9 ²⁵ 9	- 25	C Test Resu	···· 2	30	
·							sp. Alcohol:		sp. Drug: 2 32	
ļ	Viol. 3: Ch/Sec/SubViol. Please fill out for operator/non-n			Distracted by 99	34 35	To [.] 36 37	wed from sc	ene? 1	Ű	ļ
	Please fill out for operator/non-fi Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	See	e Above	>>>	1 99	4 0	0 10	2	¥ Clínic	
Ì	·····			T						1
F					+					-
ŀ										-
									-	

	E Direction I = Vehicle 1 Z = Vehicle 2	👷 = Pedestrian 🛛 🐼	= Bicycle
Crash Diagram:	ie: -> 1 -> 2	▶ X → ൽ	
	520 Main Street		If Crash <u>Did Not</u> Occur on a Public Way:
			Off-Street Parking Lot
			🗂 Garage
			Mall/Shopping Center
			Other Private Way
			Indicate North by Arrow
		Æ	\langle
Crash Narrative			

V#1 was traveling northbound on Main Street. V#2 was traveling southbound on Main Street. V#2 crossed the double yellow line sideswiping V#1 on the driver's side rear door. V#1 sustained minor damage to the driver side rear door and V#2 sustained front left and center damage. Operator #1 reported neck pain and was transported to Lahey Hospital. Operator # 2 reported no injuries and was transported to Lahey Hospital due to his altered mental state. See Report 23-534-AR. V#1 was parked and secured at 555 Main Street. V#2 was towed by A&S Towing due to the vehicle being inoperable (See Images).

Witnesses:								
Name (Last,First,Middle)		Address			1	Phone #		Statement
						· · · · · · · · · · · · · · · · · · ·		
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	ption of Damaged Property	y	
Truck and Bus Information: Carrier Name Address								42
US DOT #:43 Interstate Cargo Body Ty	44	GVWR/GCWR	45	MC/MX	/ICC #; _			
Trailer Reg #:		Reg State	LReg Yea	ur Trai	iler Leng	46		
Hazmat Information: Placard Material 1 digit #	48 Material Name				git #	Release of	ode	49
Patrol Officer Jonathan L Police Officer Name (Please Print)	Morales Signature		224 ID/Badge #	Wilmington Department		ice Department Precinct/Barracks	12/0 Date	3/2023

Wilmington Police Department Images Associated with 23-413-AC





Date of Crash 12/04/2023 Time of Crash 1735 24HR Time of Crash Wilmington Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 0 Speed Limit _25 Loc#Price 0 State Police Loc#Price Campus Police Oder:	
24HR POlice Report 2 0 Longitude Campus Police AT INTERSECTION: < LOCATION NOT AT INTERSECTION: Route# Direction Name of Roadway/Street Route# Direction Address # LOWELLL ST Route# Direction Name of Intersecting Roadway/Street Route# Direction Address # Lowell List ST Id At Feet N S E W of	
Intersection Name of Roadway/Street Route# Direction Alt Image: A conternation of the section of the secti	ă
Route# Direction Name of Roadway/Street I At Route# Direction Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Peet N S E W of Feet N S E W of Route# Direction Name of Intersecting Roadway/Street	
Route# Direction Name of Roadway/Street Image: Attrack and the streng s	2
Route# Direction Name of Intersecting Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street Mile Marker Exit Number Also at Intersection with	
² 1 Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/Street	
² 1 Route# Direction Name of Intersecting Roadway/Street	- F
	_
	_
3 of the Following: Vehicle 11 #Occupants Hit/Run Moped Crash Report ID# 23-414-AC	
License # Si DOB/Ag Reg # 639HB2 Reg Type PC Reg State MA	
Sex F Lic. Class D Lic. Restrictions 1 CDL Veh Year 2020 Veh Make LINCOLN Veh Config. 1	1
Operator CARROLL, LAURA ELIZABETH Owner CARROLL, LAURA ELIZABETH	
4 Address 17 REGIS RD Address 17 REGIS RD	_
City TEWKSBURY State MA Zip 01876-1423 City TEWKSBURY State MA Zip 01876-1423	2
Insurance Company Venicie Action Prior to Crash Summed a feet Cold. 4	7
5 Vehicle Travel Direction: N S E Responding to Emergency? Event Sequence 23 23 23 Test Status: 1 28 5 5 Type of Test: 29	
2 Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29 BAC Test Result: 1 30	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug; 2 3	2 1 ¹³
61 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 ³³ 61 Please fill out for operator and all occupants involved 34 35 36 37 38 39 44	' [
Seat Sofety Airbag Eject Trap Injury Transp.	-
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Status Code Medical Facility Operator See Above 1 1 4 0 0 10 1	
	_
	_
7 Please Select One of the Following: Vehicle 21_#Occupants Inon-Motorist A Type 15 Action 16 Location 18 In Hit/Run Inon-Motorist A	:đ
License # DOB/Age Reg # 4984AW Reg Type PC Reg State MA	_
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Veh Year 2011 Veh Make HONDA Veh Config. 1	
Operator ARUDA, JENNIE A Endorsement 8 Owner ARUDA, ROSEMARY ELLEN	_
Image: Stress of the stress	_ L
City TEWKSBURY State MA Zip 01876-2746 City TEWKSBURY State MA Zip 01876-2746	i 1 ¹⁴
Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27] [
Vehicle Travel Direction: NSEX Responding to Emergency? 2 Event Sequence 23 23 23 Test Status: 1 28 Type of Test: 29	
9 Citation # (If Issued) Type of Test: 29 9 Most Harmful Event 1 24 BAC Test Result: 1 30	
2 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 20 25 25 Susp. Alcohol: 2 31 Susp. Drug 2 32	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 4 26 Towed from scene? 2 33	1
Please fill out for operator/non-motorist and all occupants involved 34 35 36 37 38 39 40 Sent Safety Airbag Eject Trap Injury Transp.	7
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Status Code Medical Facility Operator/Non-Motorist See Above 1 1 4 0 0 10 1	
	4
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Eam No. 10364 (194-45.00/18	

Crash Diagram:	ie: 🛶 📃		2		<u>→ %</u>		
		<u></u>		211 Lowell	st M	If Crash <u>Di</u> on a Public	<u>d Not</u> Occur Way:
					∇	Off-Street Pa	arking Lot
						Garage	
						🗂 Mall/Shoppi	ng Center
	_				1	Other Private	e Way
)				Indicate No	rth by Arrow
rash Narrative:							
was traveling WB							
child. There was							
· · · · · · · · · · · · · · · · · · ·		ignt rear s	side of MV	1 and left I	ront dam	age to MV2.	
ther operator repo:	rced injuries.						
					•		
	·····						
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·····		Address			Phone #		Staten
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e (Last,First,Middle) operty Damage:		Address					Staten
e (Last,First,Middle) operty Damage:	Address	Address	Phone #	41-Type 1		Damaged Property	Staten
e (Last,First,Middle) operty Damage:	Address	Address	Phone #	41-Type 1		Damaged Property	Stater
e (Last,First,Middle) operty Damage:	Address	Address	Phone #	41-Type		Damaged Property	Staten
e (Last,First,Middle) operty Damage: er (Last,First,Middle)						Damaged Property	
e (Last,First,Middle) operty Damage: er (Last,First,Middle) uck and Bus Information	Registration #		(Fro		Description of		42
re (Last,First,Middle) roperty Damage: er (Last,First,Middle) uck and Bus Information	Registration #		(Fro	m Vehicle Section)	Description of	Bus Us	e 42
re (Last,First,Middle) roperty Damage: er (Last,First,Middle) uck and Bus Information rier Name	Registration #		(Fro	m Vehicle Section)	Description of	Bus Us Zip	e
re (Last,First,Middle) roperty Damage: er (Last,First,Middle) uck and Bus Information rier Name	Registration # State Number		(Fro	m Vehicle Section)	Description of	Bus Us Zip	e
e (Last,First,Middle) operty Damage: er (Last,First,Middle) uck and Bus Information rier Name DOT #:	Registration #		(Fro	m Vehicle Section)	Description of	Bus Us Zip	e
re (Last,First,Middle) Toperty Damage: er (Last,First,Middle) uck and Bus Information rier Name lress DOT #: rstate	Registration # State Number Type Code	GVWR/GCWR	(Fro	m Vehicle Section)MC/MX/R	Description of	Bus Us Zip	e
DOT #:	Registration # State Number 44	GVWR/GCWR	(Fro	m Vehicle Section)MC/MX/R	Description of	Bus Us Zìp	e
re (Last,First,Middle) roperty Damage: er (Last,First,Middle) uck and Bus Information rier Name lress DOT #: rstate Cargo Body ailer Reg #:	Registration # State Number Type Code44 Reg Type	GVWR/GCWR Reg State	(Fro	m Vehicle Section)MC/MX/R	Description of Description of St	Bus Us Zip 46	e 42

	Police Use Only	Com	monwealth	of Massac	husett	S	R	MV Docu	iment Number	
		City/Town	Motor Vel	nicle Crash	Numbe Vehicle		Speed Li		State Police Local Police	
	12/04/2023 1/34 WIIM 24HR	ington	Police	Report	3	2	Latitude_ Longitude		MBTA Police Campus Police Other:	8
	AT INTERSECTION	DN:	< LOCA	ATION >		NOT A	T INTE	RSECT	ΓΙΟΝ:	
					011			_		2 ¹⁰
	Route# Direction	Name of Roadway/S	treet	Route# Direction	211 Address #		ELL S Name	of Roadwa	ay/Street	
4		At		Feet N	SEW of	<u> </u>		or		
	Route# Direction Name	of Intersecting Road	way/Street			Mile M		<u>.</u>	Exit Number	3 11
		Also at Intersection v	with		SEW of	Route#	Inte	rsecting R	oadway/Street	- []
² 2	Route# Direction Name	of Intersecting Road	way/Street	Feet N	SEW of				-	
	Please Select One Xi Wahina 1							Landinark		
3	of the Following:	Occupants Hit	/Run Moped	Crash Repo	rt ID# <u>2</u> 3	8-41	5-A	C		
	License 3t	DOB/Ag	Reg	# <u>5238804</u>		Reg Typ	e <u>PC</u>	Re		- 12
	Sex \mathbf{E} Lic. Class \mathbf{D} Lic. Res		DL Veh	Year 2015	Veh Make <u></u>	SUBARI	J	Veh (Config. 1 21	Ľ
4	Operator BRINKERHOFF, A	NJANA SAF	KHEL Own	er BRINKERH	OFF, 7	ANJAN First	A SAR	KHEL Mide		-
⁴ 1	Address 57 OAKRIDGE DR			ess <u>57 OAKR</u>		R				-
	City LONDONDERRY State 1	NH Zip 0305	3 City	LONDONDER	RY	St		-		-
	Insurance Company MET LIFE		Vehi	cle Action Prior to Cras			amaged Ar	ea Code: 1	L 27 27 27	
5	Vehicle Travel Direction: N S W	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23		est Status: ype of Test	1	29	
	Citation # (If Issued)		Mos	Harmful Event 1	24	В	AC Test Re	-	30	ļ
	Viol. 1: Ch/Sec/Sub Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 S	usp. Alcoho	2 ³¹	Susp. Drug: 2 32	1 13
⁶ 2	Viol. 3: Ch/Sec/SubVio			er Distracted by	26		owed from	scene? 1	33	
2	Please fill out for operator Name (Last First Middle)	r and all occupants in	volved Address	DOB/Age Sex	34 35 Seal Safety Pos. System		38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	
	Operator	S	ee Above	\searrow X	1 1	1 0	0 8	1		
										-
r	Please Select One XI Which 22 #			15 16		17		8		-
⁷ 1	of the Following:	Occupants Non	-Motorist A Type	Action	Location	Condi	tion		it/Run 🔲 Moper	1
L	Licens	DOB/Age	Reg #	4ERP57		Reg Typ	PC	Reg	s State MA 21	-
	Sex M_ Lic. Class D		ndorsement	/ear <u>2006</u>				Veh C	Config. 1	
⁸ 1	Operator <u>GUTO, JARED</u> Lasi Fit	s i	Middle	er CHERUIYO		First		Middl	le	-
_	Address 8201 INWOOD DR			ess 8201 INW	OOD DI		<u>r 820</u>			- 14
	City WOBURN State M	•		WOBURN				سیم .	801-5161	1
	Insurance Company GOVERNMENT			le Action Prior to Crash	4		amaged Are	a Code: 3	27 27 27 28	
		Responding to Emerg	ency? 2 Event	Sequence 1 23	23 23	~	pe of Test:	1	29	
⁹ 2	Citation # (If Issued)			Harmful Event 1	24	25	AC Test Re		30	
	Viol. 1: Ch/Sec/Sub Vio			r Contributing Code	1 ²⁵	Sı	sp. Alcoho	-	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub Vio			r Distracted by 0	34 35	Tc	wed from s	<u>شا</u>	33	_
	Please fill out for operator/non-m Name (Last First Mikkle)		Address	DOB/Age Sex	Seat Sofety Pos. System	Airbag Eject Status Code	Ja 39 Trop Injur Code Statu	y Transp.	Medical Facility	_
	Operator/Non-Motorist	Se	e Above	\searrow X	1 1	20	0 10	1		
	CHARLOTTE CHERUIYOT	9201 INWOOD DR WOBURN, MA 01801-	-5161	F	3 1	2 0	0 8	1		
										-
l										

	Po	lice Use Only		Con	nmonwe	ealth	of Mass	achu	sett	s		RN	IV Doc	ument Number]
	Date of Crash 12/04/2023	Time of Crash 1754		City/Town] Moto	or Vel	nicle Cra	sh	Numbe Vehicle		, ope	ed Lim	it4	Local Police		1
	12/04/2023	24HR		ington	P	olice	Report		3	2	Lau	tude gitude _		MBTA Police Campus Police Other:		
		AT INTER	SECTIO	DN:	<	LOCA	TION	>		ΝΟΤ	AT I	NTEF	RSEC	TION:		1
													-			2 ¹⁰
1	Route# Dire	ction	•	Name of Roadway	/Street		Route# Direc		11 .ddress #		WELI			way/Street		
¹ 4				At			Feet	NSE	Wof			• _	- 01			
	Route# Dire	ction	Name	of Intersecting Roa	adway/Street		Preet		01	Mile	Marker	•	- or	Exit Numbe	r	- 11
				Also at Intersection	n with		Feet	NSE	W of	Route#		Intera	actine	Roadway/Street		3
² 2	Route# Dire	ction	Name	of Intersecting Roa	adway/Street		Feet	NSE	W of			men	xeang			
2	Please Select (<u></u>							andınar	k		-
3	of the Followi		le <u>31</u> #	Occupants 🛄 H	lit/Run	Moped	Crash F	Report ID	#23	3-4	15-	-A(2			
	License #		St.	DOB/Age		Reg	# <u>54RV83</u>			Reg	Туре Р (c	R	leg State MA		12
	Sex <u>M</u> Lic,	Class D	19 Lic. Res	trictions 1 20	CDL Endorsement	Veh	Year <u>2005</u>	Veh	Make <u>(</u>	CADI	LLAC		Veł	1 Config. 1	21	1
	Operator ME	NJIVAR,	DANI	EL VELAS	SOUE SR	. Own	er ARIAS,	LIN	DSA	Y Firs				iddle		l
⁴ 1		CALHOUN			Made		ess 209 CZ	ARL Z	VE	Firs			м	4ddje		
L	City EVERI	STT	State L	IA Zip 0214	49-5250	City.	BROCKTO	N			State M	A _:	Zip_ 0 ;	2302-43	<u>38</u>	
	Insurance Comp	any SAFET	Y INS	URANCE C	OMPANY	. Vehic	le Action Prior to	Crash	2	22	Damag	ed Area	a Code:		27	
5	Vehicle Travel D	Direction: X	S E W	Responding to Em	hergency? 2	Even	t Sequence	23 23	23	23	Test St			1 28 29		
	Citation # (If Iss	ued)	<u> </u>			Most	Harmful Event	1 24]		Type of BAC T		ult:	. 30		
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	de 1	25	25	Susp. A			L Susp. Drug: 2	32	1 ¹³
6	Viol, 3: Ch/Sec/	Sub	Vic	ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0 20	5		Towed		·	2 33		J
⁶ 2	Name (Last First M		for operator	and all occupants	involved Address		DOB/Age	3 Se	at Safety	Airbag 1	37 38 Sject Trap	39 Injury	40 Transp.			
	Operate				See Above		UCAI/Age	$\sum_{n=1}^{N} \frac{P_n}{2}$. [1 Status (iode Codi O	2 Status	Code	Medical Facilit	y	
								\mathbf{X}^{-}								1
									_							
																t
⁷ 1	Please Select O of the Followin		<u>e 4</u> #(Occupants 🔲 N	on-Motorist A	Туре	15 Action	16 Loca	tion	17 Co	ndition	18		fit/Run 🔲 M	oped	
_	License #		St	_ DOB/Age		Reg #				Reg 1	уре		R	eg State		
	Sex Lic. C	Class 19 1	9 Lic. Rest		CDL	Veh Y	fear	Veh	Make						21	
	Operator	Lasi			Endorsement	Owne	ır									
⁸ 1	Address	Lasi	Pic	si	Middle	Addre	l. :55	ast		First			Mi	ddle		
	City		State	Zip		City_					State	2	Cip			1 ^{[4}
	Insurance Compa	any				Vehic	le Action Prior to	Crash		22	Damage	ed Area	Code:		27	
	Vehicle Travel D	irection: NS	EW	Responding to Em	ergency?	Event	Sequence	3 23	23	23	Test Sta			28		
⁹ 2	Citation # (If Issu	.ed)				Most	Harmful Event	24			Type of BAC Te		dt:	30		
2	Viol. 1: Ch/Sec/S	Sub	Viol	l. 2: Ch/Sec/Sub		Driver	Contributing Cod	le	25	25	Susp. A			Susp. Drug	32	
	Viol. 3: Ch/Sec/S	ub	Vio	l. 4; Ch/Sec/Sub		Drive	Distracted by	26			Towed i			33		
		•	rator/non-m	otorist and all occu	•		D08/4	34 Se:	it Safety	Airtsug E	7 38 ect Trap	39 Injury	40 Transp.			
	Name (Last First Mic	r/Non-Mo	torist		Address See Above		DOB/Age	$\frac{Sex}{1}$		Status C	ode Code	Status	Code	Medical Facility	r	
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				<u></u>					-		_					
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Wilmington Police Department Images Associated with 23-415-AC













Wilmington Police Department Images Associated with 23-415-AC





	Pol	ice Use Only		Com	monwea	alth	of Massa	ach	uset	ts			RN	IV Doc	ument N	umber	
	Date of Crash 12/05/2023	Time of Crash	Tota Ta	City/Town nington] Motor	· Veh	icle Cra	sh	Nurr Vehi		iumber njured	1 '	ed Limi	t_4(- Local	Police 🔀	
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⁸ 2	Operator <u>BEI</u> Address 480	Last	F	LIVIA CON	Middle		r BELL, 1 ss 480 MA	ist			VJA ^{First}		JM	Mid	dle		
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Crash Narrative:

MV1 was traveling southbound on Ballardvale Street in traffic approaching the intersection of Ballardvale Street and Route 125. MV2 was turning left out of the driveway of the office park at 187 Ballardvale Street and attempting to merge into the southbound travel lanes of Ballardvale Street. MV1 was traveling straight ahead. MV2 turned left out of the driveway, crossed the northbound travel lanes and the double yellow line into the southbound travel lane, and collided with the left side of MV1. MV1 suffered minor damage to the left front and left side of the vehicle. MV2 suffered minor damage to the right front and right side of the vehicle. Neither operator was injured from the crash. Both vehicles were able to driven from the scene.

Witnesses:					······································		
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged	i Property	
Truck and Bus Information: Carrier Name				shicle Section)		Bus Use	42
Address			_ City		St	Zíp	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:	····	
Interstate 43 Cargo Body T	ype Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length		
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name			Material 4 digit	t #	Release code	49
Patrol Officer Michael A	A Wilson		209 W	ilmington	Police Depart	ment 12/0	5/2023

Wilmington Police Department Images Associated with 23-417-AC





	Po	lice Use Only	한가 관계 산지 관계	Com	monwea	alth	of Massa	ach	use	etts		Γ		RMV Do	cumen	nt Number]
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⁴ 1	Address 9 K	RISTYN	LN Fir	st	Middle		ess <u>9 KRIS</u>	Last			Fir	st		l	Middle			
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⁶ 3			for operator	and all occupants in						35 Safety	36 Airbag		Դոր և	39 40 njury Transp				
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⁸ 1	Address	Last	Firs	L	Middle		L ss	.asl			Firs	ι		N	Aiddle			
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⁹ 2	Viol. 1: Ch/Sec/S	Sub	Viol	. 2: Ch/Sec/Sub		Driver	Contributing Cod	ie	2	15	25		. Alcoh				32	
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Crash Diagram:	ie: 🔫 💷		2		<u>→ ∞</u>		
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(T		-12				Other Private	e Way
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Crash Narrative:							
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lame (Last,First,Middle) RISCOLL KELSEY R Property Damage:	Address				632		Statement
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lame (Last,First,Middle) RISCOLL KELSEY R Property Damage: wner (Last,First,Middle) Truck and Bus Informatio	DII: Registration #	9 KRISTYN LN	Phone #	41-Type	632 Description of	Damaged Property Bus Use	e 42
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² 1														La	andmark			4
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⁴ 1	1			First APT 403	Middle		ess 11690	Lasi			F	ïrst			Mid	ldle		
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r <u></u>	Vehicle Travel D	Direction: NS	Xw	Responding to Emerg	ency? 2	Event	Sequence 21	23	23	23	23	Te	est Stat	tus:		1 28		
⁵ 2	Citation # (If Iss	ued)		_	-			21	24				/pe of			29		
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⁶ 1				or and all occupants inv					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	<u> </u>		
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⁷ 1	Please Select O of the Followin		e 2#	Occupants Non-	Motorist A Type		15 Action	16 I	Locatio	on 🗌	17	Condit	ion	18	Пн	lit/Run 🔲 M	oped	
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⁸ 1	Operator	Last	Fi	irst	Middle		L:	ast			Fi	rsl			Mide	dle		
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⁹ 2		,		ol. 2: Ch/Sec/Sub			Contributing Cod	le		25	25			t Resu		<u>30</u>	32	
				ol. 4: Ch/Sec/Sub			Distracted by		26					cohol:		Susp. Drug: 33		
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Patrol Officer Jonathan	L Morales	224	Wilmington	Police Department	12/06/2023
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 23-419-AC





	Police Use Only	Com	monwealth	of Massac	husetts	5	RN	IV Docum	nent Number	<u> </u>
		City/Town	Motor Vel		Number	r Number	Speed Lim		.414 mm	
	12/06/2023 1557 Wilm 24HR	ington		Report	Vehicles	s Injured	Latitude Longitude		State Police - Local Police MBTA Police Campus Police Other:	3
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		Tubb at Intribution	****		SEW of	Route#	Inter	secting Ro	adway/Street	·
² 1	Route# Direction Name	of Intersecting Road	way/Street	reet [14]				andınark		_
	Please Select One Vehicle 11		/Run 🔲 Moped	Court Pour	rt ID# 23	-12				-1
3	of the Following:							_		
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	Sex M_ Lic. Class D_ Lic. Res	strictions IT C	DL Veh	Year 2015	Veh Make <u>H</u>	IONDA		Veh Co	onfig. 1	
4	Operator CHUM, SUNNY	ìrst	Middle Own	er <u>CHUM, SA</u>	M SEN	First		Middle	o	-
⁴ 2	Address 48 S LORING ST		Addı	ress 48 S LO	RING S		APT			-
	City LOWELL State 1	1A Zip 0185	1-3716 City.	LOWELL	5			·	351-3716	-
	Insurance Company PLYMOUTH RC	OCK ASSUR	ANCE C Vehic	cle Action Prior to Cra	sh 1	1.7	amaged Are	a Code: 3		
5	Vehicle Travel Direction:	Responding to Emer	rgency? <u>2</u> Even	t Sequence 1 23	23 23		est Status:	1	28	
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6	Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		wed from s	h	33	
⁶ 1	Please fill out for operator	r and all occupants in			34 35 Scai Safety	36 37 Airbag Eject	38 39 Trap Injury	10 Transp.		-
	Name (Last First Middle) Operator		Address ee Above	DOBVAge Ses	Pos. System		Code Status	Code 1	Medical Facility	-
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	Sex <u>H</u> Lic. Class D Lic. Rest	rictions 1 C	ndorsement	/ear 2019			E.	Veh Co		
⁸ 1	Operator MORAN, CINDY JC	JAN	Middle	er MORAN, C		First		Middle		·
_	Address 7 EDGEWORTH ST			ess 7 EDGEWC	DRTH ST					. 14
	City BILLERICA State M		-	BILLERICA				-	27 27 27	
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⁹ 2	Citation # (If Issued)		Most	Hannful Event 1	24		C Test Rest	ılt:	30	1
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	Please fill out for operator/non-m Name (Last First Middle)	otorist and all occupa	ants involved Address	DOB/Age Sex	34 35 Sent Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
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V1 was traveling straight on Hopkins Street towards the Shawsheen Ave intersection. V2 was exiting the rear parking lot of 296 Shawsheen Ave which exits onto Hopkins Street. V2 took a left turn from the parking lot onto Hopkins Street then the vehicles crashed.Op1 stated he was traveling straight and Op2 pulled out of the parking lot and crashed into him. Op2 stated she was waiting for a break in traffic then a male party waved her out onto Hopkins. She stated she was coming out slowly because she could not completely see vehicles in both directions. Op2 stated she signalled to the male asking if she was clear from both directions and he continued to wave her out into the roadway. Op2 stated when she pulled out of the lot she was struck by V1. Op1 was not the male party waving her out into the roadway. Op2 stated Op1 may have been traveling at a high rate of speed. Both operators declined medical attention. Both vehicles operable.

ıme (Last,First,Middle)		Address				hone #		State
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roperty Damage:								
ner (Last,First,Middle)	Address		Phone #	41-Type	Descrip	ption of Damag	ged Property	
ruck and Bus Informat	Registration #		(From Va	ehicle Section)				
				sincle section)			Г	42
arrier Name							Bus Use	
Idress			City			Ct.	7 in	
						VI		
S DOT #:	State Number		Issuing State	MC/MX	/ICC #:_			
43	44		45					
terstate Cargo B	Body Type Code	GVWR/GCWR						
railer Reg #:	Reg Type	Reg State	Rep Year	Tra	ila n Lanat	46		
				114	net Lengi			
azmat information:	1.0							40
lazmat Information: 47 Placard Material 1 d	igit # 48 Material Name				git #		Release coda	49

 Paties
 Officer Name (Please Print)
 Signature
 ID/Badge #
 Department
 Police Department
 12/06/2023

Wilmington Police Department Images Associated with 23-420-AC







	Police Use Only	Com	monwealth	of Massacl	husett	5	F	RMV Docu	ment Number	
	Date of Crash Time of Crash 12/06/2023 1832 Will	City/Town mington	Motor Veh	icle Crash	Number Vehicle		loberg Fr		State Police	
	24HR		Police	Report	1	0	Latitude, Longitud		MBTA Police Campus Police Compus Police	3
	AT INTERSECT	ION:	< LOCA	TION >		NOTA	T INTE	RSECT	rion:	
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1	Route# Direction	Name of Roadway/St	treet	Route# Direction	260 Address #	MAL	N ST Name	of Roadwa	ny/Street	╼┟╍╼┙
4		At		Feet N S	EWof					
	Route# Direction Nar	ne of Intersecting Roady	way/Street		<u>, 12 [11]</u> 01	Mile M	arker	— or _	Exit Number	
		Also at Intersection v	vith	Feet NS	EW of	Route#		errecting P	oadway/Street	. []
² 1	Route# Direction Nam	ne of Intersecting Roady	way/Street	Feet NS	EWof	routen	2110	naceting Re	oadway/Succi	
	Plance Select One							Landmark		-
3	Please Select One of the Following:	#Occupants	Run 🛄 Moped	Crash Repor	t ID# 23	-42	1-A	.C		
L	License # S1	DOB/Ag	Reg #	926280		Reg Tyį	e AP	Rej	g State ME	_
	Sex M Lic. Class A Lic. R	estrictions 99 ²⁰ C	DL Veh Y	(ear 1995	Veh Make _O	ther-no	t list	ed Veh C	Config. 10 ²¹	⁻ 1 ¹²
	Operator HALLETT, STEW	ART E	ndorsement Owno	er S&STR	UCKING				- L	
⁴ 3	Address PO BOX 482	FITSI		ess PO BOX 3	29	First		Midd	lle	_
·	City MARS HILL State	ME_Zip 0475	B City	MARS HILL		St	ate ME	Zip 04	758	_
	Insurance Company GREAT WEST	CASUALTY	COMPA Vehic	le Action Prior to Crasl	1 3 ·	22 E	amaged Ar	ea Code: 4	27 27 27	
5	Vehicle Travel Direction: NSXW	Responding to Emerg	gency? 2 Event	Sequence 23	23 23	· •	est Status:	1	28	
⁵ 1	Citation # (If Issued)	_	Most	Harmful Event 23	24		ype of Test		29 30	
	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	9 25	25	AC Test Re usp. Alcoho		Susp. Drug: 2 32	23 ¹³
6	- Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub	Drive	Distracted by	26		owed from		33	
⁶ 1	Please fill out for operat	or and all occupants inv			34 35 Sent Safety	36 37 Airbag Eject	38 39 Trap Inju	7 40 гу Ттаняр.		
	Name (Last First Middle)	Se	Address e Above	DOB/Age Sex	Pos. System	Status Code	Code Stat		Medical Facility	-
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⁷ 2	Please Select One of the Following: Vehicle 2	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion	8 🛄 Hit	t/Run 🛄 Moped	
-	License # St	DOB/Age	Rev#		L	Rea Tyrou		 Pag	State .	-
	19 19	20		ear V				-	21	
	Operator	En	dorsement Owner	_				F CH C	onnig.	
⁸ 1	Last Address	វតាទី	Middle	Last		First		Middle	:	
	City State_	Zip	City			Sta	te	Zio		1 ¹⁴
	Insurance Company			e Action Prior to Crash	·		unaged Are	· –	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emerge	ency? Event :	Sequence 23	23 23	23 Te	st Status:		28	
9	Citation # (If Issued)	-	Most I	Iamuful Event	24	-	pe of Test:	.	29 30	
⁹ 2	Viol. 1: Ch/Sec/Sub V	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	25	25	AC Test Re: sp. Alcohol		Susp. Drug: 32	
	Viol. 3: Ch/Sec/SubV	ol. 4: Ch/Sec/Sub	Driver	Distracted by	26		wed from s		33	
	Please fill out for operator/non-	•				36 37 Airbag Eject	38 39 Trap Injur	40 y Transp.	<u></u>	4
	Name (Last First Middle) Operator/Non-Motorist		Address	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	4
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Crash Narrative:

Operator stated he was driving his tractor trailer (TT) unit northbound on Main Street. He stated he took a right turn into the Market Basket parking lot. Operator struck the base of the light fixture and tore it up from the ground. This light fixture was property of Market Basket. One of the TT unit's rear passenger wheels made contact with the base of the light fixture. There were minor scuff marks to this wheel (see attached images) but no other damage. Market Basket was notified of the property damage. Market Basket stated Lowell Central Electrical would respond to the scene this evening to evaluate.

Witnesses:					
Name (Last,First,Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property
MARKET BASKET	260 MAIN WILMING	GTON MA 0188'	1		LIGHT POLE
					······································
Carrier Name <u>S&S Trucking</u> Address <u>PO BOX 329</u> US DOT #: <u>284488</u> Interstate <u>43</u> Cargo Body Ty Trailer Reg #: <u>C152159</u> Hazmat Information: Placard <u>47</u> Material 1 digit #	ype Code 44 Reg Type TR	GVWR/GCWR Reg State ME	_ Issuing State 45 Reg Ye	MC/MX/I ar <u>2021</u> Traile	CC #:
Patrol Officer Kathryn C Police Officer Name (Please Print)	Goodwin Signature		216 D/Badge #	Wilmington Department	Police Department 12/06/2023 Preciuct/Barracks Date

Wilmington Police Department Images Associated with 23-421-AC





	Pol	h of Massachusetts					RMV Document Number											
	Date of Crash 12/06/2023	Time of Crash	1	City/Town ington	Motor Ve	hicle Cr	ash		Vumber /ehicles		mber jured	1-6	d Limi	1_3	Loc:	e Police al Police TA Police		
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4	-			At		Feet	NS	S E V	of				• —	- or			_	
	Route# Dire	ction	Name	of Intersecting Roady		-				N	lile M	arker			Exi	t Number		3 11
				Also at Intersection w	vith			SEV SEV		Rou	te#		Inters	ecting	Roadway	y/Street	- -	
² 1	Route# Direc	ction	Name	of Intersecting Roady	vay/Street	Feet		SIEIN	r] ot				Ť	ındmar				
L	Please Select (le 11 /	#Occupants Hit/	Run 🔲 Moped	Crash	Repar	-+ ID#	23	2 – 4	12	2-			<u> </u>			
3	of the Followi	ng:																
	License ;	19	St 19	DOB/Agt		# 4TXX74										21	T J	1 12
	Sex <u>M</u> Lic.			strictions 1 C E RIEL SOUZ		1 Year <u>2020</u> mer <u>RODRI</u> (i Config.	<u>ل</u>	╵┠	l
⁴ 3		LEWIS				tress 502 L	Last			1	⁷ irst		<u> </u>	м	liddle		-	
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				TUAL PERSO		icle Action Prior t	o Cras	:lı	1	22				-	1 27		- I	
	Vehicle Travel D		EW	Responding to Emerg	_	nt Sequence	23	23	23	23	Т	est Sta	itus:		1 28			
⁵ 1	Citation # (If Iss	ued)				st Hannful Event	1	24	I.,	السني	-	/pe of			29 - 30			
L	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2; Ch/Sec/Sub —	Dri	ver Contributing C	ode	1	25	2:	t		st Resi	ult: 2 31		Drug 2 32		L ¹³
6	- Viol, 3: Ch/Sec/S	Sub	Vi	ol, 4: Ch/Sec/Sub	Dri	ver Distracted by	0	26					from sc		2 33	2	╵┠	
⁶ 1			for operato	r and all occupants inv				34 Seat	35 Sofety		37 Eject	38 Trap		40 Transp.				
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⁷ 3	Please Select O of the Followin		2 <u>4</u> #	Occupants Non-	Motorist A Type	15 Action	- 16	Locati	օռ	17	Condit	ion	18		Hit/Run	🔲 Морс	ed	
L	License		¹	DOB/Age	Reg	# 4EYG37				Re	g Type	PC	r 	Re	eg State			
	Sex M Lic. C	lass D	Lic Res	trictions 1	DL Veh dorsement	Year 2010	<u> </u>	Veh M	ake T	OYO	TA			_ Veh	Config.	1 21		
⁸ 1	Operator <u>HEI</u>	Last	Fi	LLARD	Middle		Last	ARL		F	NRY			Mi	ddle			
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⁹ 2	Citation # (If Issu					t Harmful Event	1		25	25			st Resu		1 30	·		
L						er Contributing Co	0	1 26	[Su		cohol:		Susp. D 33	³² 32		
	Viol. 3: Ch/Sec/Sub Viol, 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved					- Distanced by		34	35	36 1 inhar	37	36	39	40	<u> </u>		4	
	Name (Last First Mid	ldle)		r	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	lajury Status	Transp. Code	Med	fical Facility		
	Operato	r/Non-Mo	torist	Se	e Above	\vdash	Д		1	4	0	0	10	1				
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	DANIELLE CEI	LLA		10 MARCUS RD WILMINGTON, MA 01	887-1547	I	F	3	1	4	0	0	10	1				



Crash Narrative:

Operator of motor vehicle 1, Gabriel Rodrigues stated he was driving in the left lane traveling south on Main St. He stated MV2 was driving in the right lane, abruptly entered the left lane cutting him off, and they collided (See images). Op. of MV2, Logan Helm stated he was also driving in the left lane traveling south on Main St. He stated he was attempting to turn left onto Middlesex Ave but was struck from behind. He stated he never saw MV1, doesn't know what lane MV1 was traveling in, and didn't cut him off. All involved parties stated no injuries and refused medical attention. I checked with Al Prime Gas Station for video surveillance footage, but was advised that only the manager has playback access. I observe their live footage feed, but it didn't appear that their cameras would capture the intersection. Based on the angle of the damage it would be possible that MV2 cut across from the right lane, but unable to confirm. Paperwork exchanged.

Witnesses:								
Name (Last,First,Middle)		Address			P	hone #		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descrip	tion of Damaged	Property	
Truck and Bus Informati	On: Registration #		(Frank V	(abiala Sastian)				
							Bus Use	42
Carrier Name							_ Bus Use	
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:			
43	1		45					
Interstate Cargo Bo	dy Type Code	GVWR/GCWR						
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Lengti	1 46		
Hazmat Information:						L		
Placard 47 Material 1 dig	git # 48 Material Name			Material 4 dij	git #	R	elease code	49
Patrol Officer Julio	J Ouiles		197 W	Milmington	n Poli	ce Departs	nent 12/	06/2023
Police Officer Name (Please Print)	Signature			enartment		Precinct/Barracks	Date	

auror	OTTICET DUTT	.0 0	<u>Aarres</u>	121	ILTERTING COL	FOITCe Depar duenc	12/0	30
lice Office	er Name (Please Print)		Signature	ID/Badge #	Department	Precinct/Barracks	Date	

Wilmington Police Department Images Associated with 23-422-AC





	Police Use Only	Com	monwealth	of Massacl	husetts		RM	7		
	Date of Crash Time of Crash 12/07/2023 0047 Wil:	City/Town mington	Motor Vel	icle Crash	Number Vehicles	Number Injured	Speed Limi	t <u>65</u>	State Police	
	24HR		Police	Report	1	2	Latitude Longitude_		Campus Police	
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						TORS	BR31	DAMD	1	2 ¹⁰
¹ 6	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #			f Roadway		-]
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	Route# Direction Nat	ne of Intersecting Roadw				Mile Ma	arker		Exit Number	1 11
		Also at Intersection w	rith	Feet NS		Route#	Inters	ecting Roa	idway/Street	F
² 1	Route# Direction Nar	ne of Intersecting Roadw	/ay/Street	Feet NS	E W of					-
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		CI CI	idorsement	Year 2014				Veh Co	onfig. 1	F
⁴ 1	Operator CUNNINGHAM, A	First	Middle	er <u>CUNNINGH</u>	•	First		Middle		
L	Address 566 CHESTNUT S			ess <u>566 CHES</u>	TNUT S		<u>?T'3</u>			
	City LYNN State	-		LYNN	- 2	_			27 27 27	
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⁶ 1	Viol. 3: Ch/Sec/Sub Please fill out for opera	tor and all occupants inv			34 35	36 37	wed from sc	40		ļ
L	Name (Last First Middle)	•	Address	DOB/Age Sex	Sent Safety A Pos. System S	irbag Eject latus Code	Trap Injury Code Status	Transp. Code	Medical Facility	ĺ
	Operator	Se 90 SUMMER ST	e Above		1 99 2	0	0 8	2		1
	CHRISTIAN CORONADO	SALEM, MA 01970-3	3030	м 	3 99 2	0	0 8	1		-
⁷ 1	Please Select One Vehicle 2	#Occupants Non-	Motorist A Type	15 16 16	Location	17 Conditi	on 18	Hit/	Run Moped	1
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⁸ 3	Address	First	Middle	Lasi SS		First		Middle		
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⁹ 2	Citation # (If Issued)	_	Most 1	Harmful Event	24		of Test:		29 30	
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	Please fill out for operator/non- Name (Last First Middle)	•			Seat Safety Ai	36 37 rbag Eject	38 39 Trap lajmy	40 Transp.		1
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Placard		Material 1 digit #	Material Name	···· · · · · · · · · · · · · · · · · ·	Material 4 digi	t #Release co	ode
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Police Officer	Name (Plea	se Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Dat

/07/2023
	Po	lice Use Only		Com	monwea	lth (of Mass	ach	use	tts			RN	IV Doer	ument Number]
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⁴ 2		NGLEWOO	1	First	Middle			Lost			Fizzt			Mic	ddle		
	City WILM	INGTON	State	MA Zip 0188	7-3010	City	WILMING	TON			St	ate M	A 2	Zip 01	.887-301	0	
	Insurance Comp	any SAFET	Y INS	URANCE CO	MPANY	Vehic	le Action Prior to	Crash	3	2				Code:		57	
[Vehicle Travel D	irection: N	EW	Responding to Emer	gency? 2	Event	Sequence 1	23	23 2	3	23 ¹	est Sta	itus;	[1 28		
⁵ 1	Citation # (If Iss	ued)				Most	Harmful Event	1	24			ype of			29		
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6	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub		Driver	Distracted by	0	26				from sc		2 ³³		
⁶ 1			for operato	or and all occupants in					Seat S		36 37 Airbag Eject	38 Trop	39 Injury	40 Transp.		_	
	Name (Last First Mi				Address ee Above		DOU/Age	Sex	Pos. 5		Status Code	Code O	Status 10	Code 1	Medical Facility		
	operate							\square									
⁷ 3	Please Select O of the Followin		2 1 #	Occupants 🔲 Non	-Motorist A Ty	ype	15 Action	16 L	ocation		17 Condi	tion	18	П	lit/Run 🛄 Mop	ed	
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	Sex MLic. C	lass B 19 1	9 Lic. Res	20	DL S		ear 2024		eh Mako	Th	omas				21		
-	Operator GRI	MES, MI	 [CHAE]	L SCOTT	ndorsement		MIDWES								·	_	
⁸ 1	Addres:	іля	17	rst	Middle	Addre	<u>ss 23889</u>	مەر W 4	ОТН	S'	First			Mide	dle		
	City		Statu	Zi		City_	HAWNEE				Sta	ite <u>KS</u>	<u>5</u> z	ip <u>66</u>	226-228	4	L ¹⁴
	Insurance Compa	ny OLD RE	PUBLI	IC INSURAN	ICE CO	Vehicle	e Action Prior to	Crash	2	2	2 D	amage	d Area	Code:	, 27 27 2	7	J
	Vehicle Travel Di	rection: NS	Xw	Responding to Emerg	gency? 2	Event	Sequence 1	23 2	3 2.	3 2		st Stat		1	28		
⁹ 1	Citation # (If Issu	ed)				Most H	larmful Event	1	24			/pe of 1	Test: st Resu	lt:	29	Ī	
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	Viol, 3; Ch/Sec/S	ub	Vic	ol. 4: Ch/Sec/Sub		Driver	Distracted by	0	26		To	wed fi	rom sce		33	-	
	Plea Nanie (Last First Mid	-	rator/non-ir	notorist and all occupa	nts involved Address		DOB/Age	Sex	Seat Sa	afety A	36 37 irbag Eject tatus Code	38 Trap Code	39 Injury Status	40 Transp. Code	Markard Barriston	7	
		r/Non-Mo	torist	Se	e Above			\mathbf{X}	1 1	4		0		1	Medical Facility		
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Crash Narrative:

Vehicle 1 was traveling south on Woburn Street, then took a right onto Wildwood Street. Vehicle 2 was stationary at the stop sign on Wildwood Street, waiting to take a right turn onto Woburn Street. Vehicle 1 sideswipped vehicle 2 in process of making the right turn. Vehilce 1's operator stated that vehicle 2 was stationary but over the center yellow line, partially in her lane of travel. Non airbags were deployed, and all parties declined medical attention. Vehicle 2 (school bus) wasnt transporting anyt children/ passengers at the time of the crash. Both vehicles were driven from the scene.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:					.	, <u></u> ,
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged	Property
						·····
Truck and Bus Information: Carrier Name North Reading T Address 226 LOWELL ST	ransportation			Vehicle Section)		- ^{Bus Use} 1 Zip <u>01887</u>
US DOT #: 43 Interstate Cargo Body Ty	44	GVWR/GCWR	Issuing State	МС/МХ	/ICC #:	
Trailer Reg #:	Reg Type SB	Reg State MZ	Reg Year	2024 Trai	iler Length	
Hazmat Information: 47 Placard 47 Material I digit #	48 Material Name			Material 4 dig		Release code
Patrol Officer Michael R D Police Officer Name (Please Print)	iLorenzo Signature			Wilmington Department	Police Depart	

Wilmington Police Department Images Associated with 23-424-AC





	Police Use Only	Comr	nonwealth	of Massac	huset	ts	R	AV Docu	ment Number]
	Date of Crash Time of Crash 12/07/2023 0922 Wilm	City/Town	Motor Veh	icle Cras	h Numt Vehici		Speed Lin	it 40	- Local Police	1
	24HR	lington	Police	Report	2	1	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INTE	RSECT	fion:]
	CONCORD	ST								2 ¹⁰
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address	#	Name c	of Roadwa	ay/Street	
1	I93NBR33	At DAMD		Feet N	SEWof		····· • ···	- or		
		e of Intersecting Roadw				Mile N	larker		Exit Number	6 11
		Also at Intersection wi	ith		SEW of	Route#	Inter	secting Re	oadway/Street	F
² 1	Route# Direction Name	e of Intersecting Roadw	ay/Street	Feet N	S E W of					_
L	Please Select One Vehicle 1	#Occupants Hit/						andmark		┥
3	of the Following:	#Occupants Hit/F	Run Moped	Crash Rep	ort ID# 2 .	5-42	S-A	<u> </u>		4
	License # S	OB/Age		<u>3ZVX11</u>				-	21	1 ¹²
	Sex <u>M</u> Lic. Class D Lic. Re	estrictions 1 CI	dorsement	/ear 2015					Config. 1	È.
⁴ 3		First	Middle	er <u>GUICHARI</u>		First		Midd		
3		APT 2		ess 200 PRE	SIDEN'			PT 2		
	City FRAMINGHAM State			WOBURN			tate MA Damaged Are	· _	801-1298 27 27 8 27	
	Insurance Company ARBELLIA MU			Sequence 23	ash 1 23 23	10.1	Fest Status:		2 8 28	
⁵ 1	Vehicle Travel Direction: NSXW	Responding to Emerg	•		24		Type of Test:	É	29	
	Citation # (If Issued)	-		Harmful Event 1	1 25	25	BAC Test Res		30	13
	Viol, 1: Ch/Sec/Sub — Vi			r Contributing Code			Susp. Alcohol Fowed from s		Susp. Drug. 2 32 33	
⁶ 1	Viol, 3: Ch/Sec/Sub Vi Please fill out for operato				34 35	36 37	38 39	40		4
L	Nome (Last First Middle)	•	Address	DOB/Age S.			t Trap Injury 2 Code Statu		Medical Facility	-
	Operator	See	e Above			3 0	0 8	1		ł
⁷ 2	Please Select One Vehicle 21_#	Occupants Non-I	Motorist A Type	15 Action 16	Location	17 Cond	ition 18	ППн	it/Run 🔲 Moped]
2	Licens L	. DOB/Ags	Pog#	3456176			e PC	<u> </u>		
	19 19	strictions 1 ²⁰ CD		ear 2017	Veh Make				Config. 1 21	
	Operator RIDINGER, RICH		forsement	r RIDINGER					.oung	
⁸ 1	Address 157 MAIN ST	irst	Middle	Last ss 157 MAI	-	First		Middl	le	
	City HOPKINTON State 1	NH Zip 03229		IOPKINTON		St	ate <u>NH</u>	Zip 03:	2292223	1 ¹⁴
	Insurance Company GUARDIAN		Vehicl	e Action Prior to Cra	sh 4	22 [amaged Area	a Code: 1	²⁷ 2 ²⁷ 8 ²⁷	J
	Vehicle Travel Direction: NSE	Responding to Emerge	ency? 2 Event	Sequence 1 23	23 23		est Status:	1	28	
⁹ 2	Citation # (If Issued)		Most I	Harmful Event 1	24		ype of Test: AC Test Res	ult [.]	29 	
2	Viol. 1: Ch/Sec/Sub Vio	ol. 2: Ch/Sec/Sub	Driver	Contributing Code	4 ²⁵	25	usp. Alcohol:	<u>+</u>	Susp. Drug 2 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Distracted by	26		owed from su	· · · · · · · · · · · · · · · · · · ·	33	
	Please fill out for operator/non-n Name (Last First Middle)	•	nts involved	DOB/Age Se	34 35 Seat Safe x Pos. Syste		38 39 Trap hjury Code Status	40 Transp. Code	Medical Facility	ĺ
	Operator/Non-Motorist		Above		1 1	3 0	0 10	1	ownen raviny	
	•									
						+		┼┠-		
							<u> </u>	╂		

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Crash Narrative:

Vehicle 1 was traveling east on Concord Street and traveling straight through the intersection. Vehicle 2 was traveling west on Concord Street and began taking a left turn to get onto I93 Northbound. Both operators stated the light was yellow when they began to enter the intersection. Vehicles 1 and 2 collided in the middle of the intersection. Both vehicles had airbags deployed. Both operators signed medical refusals with the Wilmington Fire Department. Both vehicles were towed from the scene by Forrest Towing.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
SMITH STEVEN C		12 RURAL A	VE MEDFORD MA	02155	, 	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information:					Bus Us	
US DOT #:	State Number					
Interstate Cargo Body	Type Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Туре	Reg State	Reg Year	Trai	iler Length	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	8		Material 4 dig	git #Release coc	49
Patrol Officer Michael R	DiLorenzo		217 Wil	Imington	Police Department	12/07/2023
Police Officer Name (Please Print)	Signature		ID/Badge # Depa	rtment	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 23-425-AC







	Police Use Only	Comm	nonwealth	of Massa	achus	etts			RM	V Doci	ument Number	······
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cra	sh []	Number /ehicles	Numbe	lobec	d Limi	30) State Police Local Police	
	12/08/2023 0135 Will 24HR	mington	Police	Report	1		2	Latit	ude		MBTA Police Campus Police Other	8
	AT INTERSEC	FION:	< LOCA	TION	>		NOT A		_			
												2 10
	Route# Direction	Name of Roadway/Stre	et	Route# Direct	ion Add	58 Iress #	AND				ray/Street	
¹ 4		At									ay/50000	
	Route# Direction N	ame of Intersecting Roadwa	w/Streat	Feet	NSEW	of	Mile N	 larker	•	or _	Exit Number	-
		Also at Intersection with	· · · · · · · · · · · · · · · · · · ·	Feet [NSEW	of						6 11
.				Feet [NSEW	of	Route#		Inters	ecting R	Roadway/Street	
² 1	Route# Direction N	ame of Intersecting Roadwa	y/Street	-					La	ndmark		
3	Please Select One Vehicle 12	#Occupants Hit/R	un 🔲 Moped	Crash R	eport ID#	23	-42	6-	AC	7		
		0.001/4						_			a 1/7	
	10 10	OB/Age Restrictions 97 ²⁰ CDI		4LLN97 fear 2013				-			21	7 ¹²
	Operator BELL, RON JE	End	orseinent							Veh	Config.	┚┝──┛
⁴ 1	Address 22 REVERE RD	First	Middle	er <u>BELL, 1</u> 255 <u>22 REV</u>	451		First			Mid	ddle	
Ľ	City TEWKSBURY Sta	MA		N TEWKSH		<u></u>		м	7	. 01	076-226	
	Insurance Company GOVERNMEN		-							-	876-326	_
				le Action Prior to		23		Fest Sta		Couc.	8 1 2 1 28	
5	Vehicle Travel Direction: NXEW			Sequence 40 ²				Type of	Test:	İ	29	
L	Citation # (If Issued) <u>327417AC</u>				21 24	25	25	BAC Te			1 30]]
	Viol. 1: Ch/Sec/Sub <u>90 23</u>			r Contributing Coo		²⁵ 2				99 ³¹		² 21 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub 89 4A			Distracted by	<u> </u>	1 20 1		Fowed f		Ľ	1 33	
	Please fill out for ope Name (Last First Middle)	rator and all occupants invol	VCC ddress	DOB/Age	34 Seat Sex Pos.		36 37 Airbag Ejec Status Cod	t Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See	Above	\sim	X_1	0	1 0	o	8	1		
	TYIERE JONES-SMITH	38 ANNUNCIATION RD ROXBURY, MA 02120-		r	F 3	1	3 0	1	7	2	Lahey Clinic	
				1	[
								_				<u> </u>
					16		17		18		1	
⁷ 1	Please Select One of the Following:	#Occupants Non-M	lotorist A Type	15 Action	Locati	оп	Cond	ition	10	╢╢	lit/Run 🛄 Mop	ed
L		DOB/Age					_ Reg Ty	oe		Re		_
	Sex Lic. Class 19 19 Lic.	Restrictions 20 CDL	veh Y	ear	Veh M	ake				Veh (Config, 21	
8	Operator			r			First			Mid	.a.,	_
⁸ 1	Address			SS	D4		F 11 34			Pilo		_
	City Stat	e Zip	City				Si	ate	Z	ip		1 ¹⁴
	Insurance Company		Vehicl	e Action Prior to C	Crash	1	22 I	Damage	d Area	Code:	27 27 2'	
	Vehicle Travel Direction: NSEW	Responding to Emergen	icy? Event	Sequence 2	3 23	23	23	est Stat		-	28	
⁹ 2	Citation # (If Issued)		Most 1	Harruful Event	24			ype of ' AC Te:		1t-	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	e 🗌	25	25	usp. Al	г		Susp. Drug: 32	2
	Viol. 3: Ch/Sec/Sub	Viol, 4: Ch/Sec/Sub	Driver	Distracted by	26		 T	owed fi	rom see		33	-
	Please fill out for operator/nc	•			34 Seat		36 37 Airbag Ejec		39 Injury	40 Transp.		-
	Name (Last First Middle) Operator/Non-Motoris	·····	Above	DOB/Age	Sex Pos.	System	Status Code	Code	Status	Code	Medical Facility	
	operatorn ton-months				\uparrow							
				<u> </u>					 			

Crash Diagram:	= Direction [] ie: ••••] = Vehicle 1 [2 = Vehicle 2	Q = Pedest	rian 🔊	= Bicycle	
Andover Street, Wilmington, MA	158 Andover St					If Crash Did on a Public Off-Street Pa Garage Mall/Shoppir Other Private	Way: rking Lot g Center
Crock Normativo							
Crash Narrative:							
Vehicle was involved i	n a police pure	uit where	it enheam	ently area	hed due +	o ite	
negligent operation. 0							he .
vehicle (Ron Bell) fle							
nultiple charges. Pass				_			<u> </u>
suspected broken leg a					_		+
Fowing.	ind mend injury.		cie was com		est iowii	ig to forres	
Witnesses:				· · ·			
Name (Last, First, Middle)		Address			Phone #		Statement
HILL JAMES RICHARD			ST WILMINGTO	N MA 01887-		. <u></u> .	
MICCICHI CHRISTOPHER		1 ADELAID	E ST WILMIN	GTON MA 018	387		
Property Damage:		1					
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
						· · · · · · · · · · · · · · · · · · ·	
Truck and Bus Information:						Bus Use	42
Address			City		S	ı Zıp	
US DOT #:	_State Number			MC/MX	/ICC #:	····	
43 Interstate Cargo Body 7		GVWR/GCWR			(46	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	Tra	ler Length		
Hazmat Information:							······
Placard Material I digit #	48 Material Name	e		Material 4 di	git #	Release cod	e 49
Patrol Officer James R	Hill		225	Wilmington	Police T	Department	12/08/2023
olice Officer Name (Please Print)	Signature		ID/Badge #	Department		t/Barracks	Date

Wilmington Police Department Images Associated with 23-426-AC













Wilmington Police Department Images Associated with 23-426-AC





	Police Use Only	Com	monwealth	of Massacl	husetts	5	RM	V Docum	ent Number]
	Date of Crash Time of Cra 12/08/2023 0736	ish City/Town Wilmington	Motor Vel	icle Crash	Number Vehicles		Speed Limit	35	State Police State Police State Police State Police State Police Campus Police	_
			Police	Report	2	0	Latitude Longitude		Campus Police	
	AT INTI	ERSECTION:	< LOCA	TION >		NOT A	T INTER	SECTI	ON:	
					603	MAIN	1 CM			2 10
¹ 1	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #			Roadway/	Street	-
1	_	At		Feet NS	EWof			or		
	Route# Direction	Name of Intersecting Road				Mile M	arker		Exit Number	2 11
		Also at Intersection	with	Feet NS		Route#	Interse	ecting Road	dway/Street	F
² 1	Route# Direction	Name of Intersecting Road	lway/Street	Feet N S	E W of					_
L	Please Select One	hicle 1#Occupants 🔲 Hi	t/Run Moned	Crash Repor		- 40		ndmark		-
3	of the Following:									1
L	License #	St DOB/Age		# 9SN831				-	21	1 ¹²
	Sex <u>E</u> Lic. Class D	Lic. Restrictions	Endorsement	Year 2018				Veh Co	nfig. 1	
⁴ 3	Operator WAITE, D	First	Middle	er WAITE, De		First		Middle	·	
3	Address 65 PARK	ING State MA Zip 0186		ess 65 PARK				. 010	CA 0011	
		LIA MUTUAL INSI	•	NORTH REAL			ite <u>MIA</u> Z amaged Area		<u>64-2811</u> 27 27 27	
		EW Responding to Eme	_	cle Action Prior to Crass	1 23 23	<u> </u>	est Status:	1	28	
⁵ 1	Citation # (If Issued)			Harmful Event	24	Т	/pe of Test:		29	
L	-	Viol. 2: Ch/Sec/Sub		r Contributing Code	13 25	25	AC Test Resu	1	30	1 13
·				r Distracted by	26		sp. Alcohol:		asp. Drug: 2 32	_
⁶ 1		out for operator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	İ	4
L	Name (Last First Middle) Operator		Address	DOB/Age Sex	Pos, System	Status Code	Code Status	Code	Medical Facility	4
	Operator			$ \longrightarrow $			0 10	-		-
										4
										-
⁷ 3	Please Select One of the Following:	icle 2 1 _#Occupants 🔲 Nor	a-Motorist A Type	15 Action 16	Location	· 17 Condit	ion 18	🔲 Hit/I	Run 🔲 Moped	
	License	, S , DOB/Ag	Reg #	2CVY17		Reg Type	PC	Reg St	tate MA	
	Sex M_ Lic. Class D			ear <u>2021</u>	Veh Make <u>C</u>	<u>HEVRO</u>	LET	_ Veh Con	11 1 1 1	
8	Operator CASEY, P		ndorsement Owne Middle	T CASEY, PA	ATRICK	J		Middle		
⁸ 1	Address 38 SMITH	ST		55 <u>38 SMITH</u>	ST			Wildele		
	City CHELMSFORD	State MAZip01824	1-1702 City	CHELMSFORD				·	24-1702	1 14
	Insurance Company PLYMC	OUTH ROCK ASSUR	ANCE C Vehic	e Action Prior to Crash			unaged Area (st Status:	<u> </u>	27 27 27 28	
	Vehicle Travel Direction: N	E W Responding to Emer	gency? 2 Event	Sequence 1 23	23 23	25	pe of Test:	<u> </u>	29	
⁹ 2	Citation # (If Issued)	· · · · · · · · · · · · · · · · · · ·	Most	Hannful Event 1	24		C Test Resul	lt: 1 ³	30	
	Viol, 1: Ch/Sec/Sub			L	1 ²⁵		sp. Alcohol:		sp. Drug. 2 32	
		Viol. 4: Ch/Sec/Sub		Distracted by	34 35	36 37	wed from sce	ne? 1 3	33	ļ
	Please fill Out for (Name (Last First Middle)	operator/non-motorist and all occup	Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	
	Operator/Non-M	fotorist s	ee Above	\searrow X	1 1	4 0	0 10	1		
			<u></u>							



light at the intersection of Main Street and Lowell Street. Vehicle 1 was slowing in traffic when the sun glare blocked their view of vehicle 2 causing vehicle 1 to collide

with vehicle 2.

Both operators denied medical transport.

Both vehicles towed by Forest Towing.

Photos submitted.

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 Informat			(From	vehicle Section)	Bus	5 Use 42
Address						
	ody Type Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information: Placard 47 Material 1 di	igit # 48 Material Name	·		Material 4 di	git #Release	code 49
Patrol Officer Christoph	er k Miccichi		232	Wilmington	n Police Department	12/08/2023
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 23-427-AC





	Police Use Only		Commonw	vealth	of Massa	chus	etts			RMV Do	ocument Numbe	er	
	Date of Crash Time of Cr 12/08/2023 1542		1 11106	or Vel	icle Cras	sh [\	lumber /ehicles	Number Injured	- Dpeed		35 State Police Locat Police	: 20	
		Wilming		Police	Report	2		0	Latitu Longi		MBTA Polic Campus Pol Other:		
	AT INT	ERSECTION:	<	LOCA	TION >	÷		NOT A	T IN	FERSE	CTION:]
													2 ¹⁰
1	Route# Direction	Name	of Roadway/Street		Route# Directi	<u>24</u> on Add	ress #	LOW			lway/Street		
¹ 1			At		E [N S E W		·	_				-
	Route# Direction	Name of Inte	ersecting Roadway/Street		Feet [1	(1312)	 	Mile N		— or	Exit Num	ber	
			t Intersection with		Feet	N S E W	of _	Route#	<u> </u>	T-+	Roadway/Stree		2
2	Route# Direction	Name of Inte	ersecting Roadway/Street		Feet	N S E W	of	Koule#		mersechng	g Roadway/Siree	:1	
² 1	Routes Direction	i nume et mite					-			Landma	ark		
3	Please Select One of the Following:	ehicle <u>1 </u> #Occup	oants 🛄 Hit/Run	Moped	Crash Re	port ID#	23·	-42	8	AC			
	License	>0	B/Ag	Reg	# 243AM5				ne PC		Reg State MA		ļ
	Sex F Lic. Class D	19 Lic. Restriction	ns 1 20 CDL	Veh '	Year 2018						· _	21	1 ¹²
	Operator NIKOLOUZ		Endorsement		er NIKOLOU								
⁴ 1	Address 5 VINEGA	First	Middle		ess 5 VINE	st		First		1	Middle		
L	City SAUGUS	State MA	Zip 01906-1491	City_	SAUGUS			Si	ate MZ	Zip 0	1906-1	491	
	Insurance Company ARBE	ELLA MUTUA	L INSURANCE	L Vehic	le Action Prior to C	Crash	2				5 27 27		
	Vehicle Travel Direction:	N X E W Respo	onding to Emergency? 2	_ Even	t Sequence	3 23	-	23	est Stati	us:	28		
⁵ 1	Citation # (If Issued)				Harmful Event	1 24	<u></u>		ype of T		29		
L	Viol. 1: Ch/Sec/Sub		b/Sec/Sub	Drive	E r Contributing Cod	• 1	25	25	BAC Tes Susp. Alc	t Result:	30 1 Susp. Drug	32	1 ¹³
			Ch/Sec/Sub		r Distracted by	26			•	om scene?	2 33		
⁶ 1		out for operator and a				34 Seat	35 Safety	36 37 Aiibag Ejec	38 Trap	39 40 Injury Transp			
L	Name (Last First Middle)		Address		DOB/Age	Sex Pos.	System	Status Code	Code	Status Code		sility	
	Operator		See Above			X_1		4 0		10 1			
⁷ 1	Please Select One 🔀 Ve	hicle 2 1 #Occup	ants 🔲 Non-Motorist A	Type	15 Action	6 Locatio	on C	17 Cond	tion	18	Hit/Run 🔲 1	Moned	
1	of the Following:							<u></u>]		•	
	License 19	19	B/Age	-	<u>W46366</u>			_ Reg Typ			Reg State MA	21	
	Sex M_Lic. Class D	Lic. Restriction	Endorsement		^{(ear} <u>2010</u> er OPUS BU	Veh Ma				Ve	h Config. 2]	
⁸ 1	Address 138 INGLE	First	Middle		er <u>OFUS BU</u> Las Ess 78 CRAI	t i		First		Ņ	Aiddle		
	4	State MA			NEWTON	. 10 0			MA	7:_ ∩	2458-12	200	1 14
	Insurance Company SELE		•	-	le Action Prior to C	east.	10 ²	_		Area Code		27	
			nding to Emergency? 2		Sequence 1 23	23	<u> 10</u>	1	est Statu		28	J	
	Citation # (If Issued) T328		nding to Emergency		· E	24		T	ype of T	est:	29		
⁹ 2	Viol, 1: Ch/Sec/Sub <u>90</u>		h/Sec/Sub		r Contributing Code		25	25	AC Test		30		
L	Viol. 3: Ch/Sec/Sub <u>90</u>		r Distracted by				usp. Alco	ohol: 31	Susp. Drug:	32			
	Viol. 3: Ch/Sec/Sub Please fill out for			34	35	36 37	38	39 40					
	Name (Last First Middle)		Address	•	DOB/Age	Seat Sex Pos.	Safety A	Airbag Eject Status Codu	Trap	Injury Transp. Status Code	Medical Faci	ility	
	Operator/Non-N	Aotorist	See Above			\mathbf{X}	1 4	0	0	10 1			
		·····											



Crash Narrative:

both vehicles were traveling south on Lowell Steet

V1 was stopped in traffic, was struck in rear by V2
V2 stated he looked at his phone, then struck V1 that was in front of him in traffic
Driver of v2 cited see 23-546-AR
summons for 90 10, unlicensed operation to v2
V1 had moderate rear end damage
v2 had moderate front end damage, and was towed by a/s
all parties refused medical

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Da	maged Property	
Truck and Bus Informatio			(From	Vehicle Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	//ICC #:	· · ·	
Interstate Cargo Bo	dy Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	40	
Hazmat Information:					L	J	
Placard Material 1 dig	it # Material Nam	e		Material 4 di	git #	Release code	49
Patrol Officer Brian	D Thornton		190	Wilmingtor	n Police Dep		/09/2023
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Ba	urracks Dat	e