	Pol	ice Use Only		Com	monwea	lth o	of Massac	huset	ts		RMV	Docun	nent Number	
	Date of Crash 01/03/2024	Time of Crash 1821		City/Town ington			icle Crash	Num Vehi			Limit	35	State Police S Local Police S MBTA Police Campus Police	
	01/03/2024	24HR	W T TIU				Report	2	1	Longi			Campus Police	4
		AT INTER	SECTIO	ON:	< 1	LOCA	TION >		NOT	AT IN	TERS	ECT	ION:	10
							129 E	448	SH	AWSHE	CEN	AVE	Ξ	2 10
1	Route# Dire	ction		Name of Roadway/S	Street		Route# Direction		s #	Na	me of R	oadwa	y/Street	-
<b>'4</b>				At			Feet N	SEWo	f — —	•	_	or	Exit Number	
	Route# Dire	ction	Name	e of Intersecting Road	10 M		Foot N	SEWo		Marker			Exit Nullider	<b>2</b> <sup>11</sup>
				Also at Intersection	with			SEWo	Route#				oadway/Street	
<sup>2</sup> 1	Route# Dire	ction	Name	e of Intersecting Road	dway/Street		100 [11]		<u>NEA</u>	R NI		dmark	STREET	
	Please Select		le 1 <b>1</b>	#Occupants 🔲 Hi	it/Run 🔲 M	loped	Crash Repo	ort ID# 2	4-1	-AC				1
3	of the Followi	ng:			I—-		1VMZ23					Dee	State MA	<u> </u>
	License # Sex <b>F</b> Lic.	19	S 19	DOB/Age	CDI	<del></del>	Tear 2011						21	<b>1</b> <sup>12</sup>
,		AAC, YO	1.759		CDL Endorsement		er ISAAC,							
<sup>4</sup> 1	-	Last POND ST		First	Middle		Last		Firs			Midd	ile	
Ĺ				MA_Zip_0182	1-1226		BILLERICA			State M	AZip	01	821-1226	1
				DEDHAM MU		Vehic	le Action Prior to Cra	ish 2	22	Damage	d Area C	Code: 5	5 27 27 27 5	
	Vehicle Travel I		s X w	Responding to Eme		Event	Sequence 1 23	23 2	3 23	Test Stat		1	28 29	
5	Citation # (If Iss	sued)		_		Most	Harmful Event 1	24		Type of BAC Tes		-	30	
	Viol. 1: Ch/Sec/	/Sub	v	iol. 2: Ch/Sec/Sub _		Drive	r Contributing Code	1 2:	5 25	Susp. Al			Susp. Drug: 2 32	<b>1</b> <sup>13</sup>
6	Viol. 3: Ch/Sec/	/Sub	v	iol. 4: Ch/Sec/Sub _		Drive	r Distracted by	26		Towed fi		40	. 33	
<sup>6</sup> 1	Name (Last First N		t for operate	or and all occupants i	nvolved Address		DOB/Age S	Seat S	afety Airbag	37 38 Eject Trap Code Code	39 Injury T Status	40 Fransp. Code	Medical Facility	1
	Operat				See Above							1		1
										_				1
														1
												-		
						Carlos -	15 16	]	17	18	18			4
<sup>7</sup> 1	Please Select of the Followi		le 2 <u>1</u>	#Occupants	on-Motorist A 7	Гуре	Action	Location	Co	ndition		Хн	it/Run 🔲 Moped	
L	License #	and the second second		DOB/Age		Reg #	unknown		Reg	Гуре		Reg	g State	
	Sex Lic.		19 Lic. Re	estrictions 20	CDL Endorsement	Veh Y	/ear	_ Veh Mak	e			Veh C		
<sup>8</sup> 1	Operator <u>un</u>	known Last		First	Middle	Own	erLast		Firs			Midd	dle	
L	Address						ess							<b>1</b> <sup>14</sup>
			State	Zip					22	State Damage			27 27 27	Ē
	Insurance Comp						the Action Prior to Cra	1543	3 23	Test Stat			28	
		Direction: N		Responding to Em	ergency?		Harmful Event	24		Type of	Test:		29	
<sup>9</sup> 2		sued)		– /iol. 2: Ch/Sec/Sub –			er Contributing Code	2	5 25	BAC Te Susp. Al		02	30 Susp. Drug: 32	
				/iol. 2: Ch/Sec/Sub			er Distracted by	26		Towed f		100 December 100	33	
				-motorist and all occu					afety Airbag	37 38 Eject Trap		40 Transp.		1
	Name (Last First M	Middle)			Address		DOB/Age S		ystem Status	Code Code	Status	Code	Medical Facility	-
	Operat	or/Non-M	viorist		See Above			$\mathbf{Y}^{\mathbf{I}}$			$\left  \right $			-
														-
								$ \rightarrow $	_   _					

Form No. 10364 CRA-65 09/18

Name (East, First, Middle)     Address     Phone #     41-Type     Description of Damaged Property       Owner (Last, First, Middle)     Address     Phone #     41-Type     Description of Damaged Property       Truck and Bus Information:     Registration #     (From Vehicle Section)     Bus Use     42	Crash Diagram:	= Direction 1 ie: 1	= Vehicle 1 2	= Vehicle 2	Q = Pedestrian	n 050 = Bicycle ➡ 050	
V1 (Isaac) was rear-ended in slow moving traffic by V2 (unidentified). V1 Pulled over as         did V2. V1 operator was approached by white male opr (unidentified) in his 20's, wearing a         camo hoodie or balaclava head cover. Unidentified operator asked if V1 opr was ok. V1 opr         replied no and that she was calling the police. V2 opr asked her not to because he was         unlicensed. V2 opr returned to his vehicle and fled the scene. V2 described as smaller         dark colored (gray or black) sedan possibly a Nissan with front end damage and a "Z" in         the license plate that fled straight on Rt.129 E towards Main Street. Opr. Isaac         complained of back pain and was evaluated by Fire/EMS without transport. Small black         plastic piece with Nissan stamping found near crash. No Vin number on plastic. No         independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police         on route to call with front end damage was inspected and confirmed as not being involved.         Witnesses:         Name (Last,First,Middle)       Address         Phone #       41-Type         Description of Damaged Property         ormer (Last,First,Middle)       Address         Phone #       41-Type         Description of Damaged Property         Image:       Image:         Owner (Last,First,Middle)       Address         Phone #       41-Type <td< td=""><td>Sh V2 \$ 448 Shav</td><td>awsheen Avenue (Unk): V1</td><td></td><td></td><td></td><td>on a Public Wa</td><td>y: Lot ıter</td></td<>	Sh V2 \$ 448 Shav	awsheen Avenue (Unk): V1				on a Public Wa	y: Lot ıter
did V2. V1 operator was approached by white male opr (unidentified) in his 20's, wearing a         camo hoodie or balaclava head cover. Unidentified operator asked if V1 opr was ok. V1 opr         replied no and that she was calling the police. V2 opr asked her not to because he was         unlicensed. V2 opr returned to his vehicle and fled the scene. V2 described as smaller         dark colored (gray or black) sedan possibly a Nissan with front end damage and a "Z" in         the license plate that fled straight on Rt.129 E towards Main Street. Opr. Isaac         complained of back pain and was evaluated by Fire/EMS without transport. Small black         plastic piece with Nissan stamping found near crash. No Vin number on plastic. No         independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police         on route to call with front end damage was inspected and confirmed as not being involved.         Witnesses:         Name (Last,First,Middle)       Address         Property Damage:         Owar (Last,First,Middle)       Address         Phone #       41-Type         Description of Damaged Property         Oware (Last,First,Middle)       Address         Phone #       41-Type         Description of Damaged Property         Image:       Image:         Image:       Image:         Image:       Image:         Image:							
camo hoodie or balaclava head cover. Unidentified operator asked if V1 opr was ok. V1 opr replied no and that she was calling the police. V2 opr asked her not to because he was unlicensed. V2 opr returned to his vehicle and fled the scene. V2 described as smaller dark colored (gray or black) sedan possibly a Nissan with front end damage and a "Z" in the license plate that fled straight on Rt.129 E towards Main Street. Opr. Isaac complained of back pain and was evaluated by Fire/EMS without transport. Small black plastic piece with Nissan stamping found near crash. No Vin number on plastic. No independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police on route to call with front end damage was inspected and confirmed as not being involved.  Witnesses: Name (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #			120 C				
replied no and that she was calling the police. V2 opr asked her not to because he was unlicensed. V2 opr returned to his vehicle and fled the scene. V2 described as smaller dark colored (gray or black) sedan possibly a Nissan with front end damage and a "Z" in the license plate that fled straight on Rt.129 E towards Main Street. Opr. Isaac complained of back pain and was evaluated by Fire/EMS without transport. Small black plastic piece with Nissan stamping found near crash. No Vin number on plastic. No independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police on route to call with front end damage was inspected and confirmed as not being involved.  Witnesses: Name (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #							
Inlicensed. V2 opr returned to his vehicle and fled the scene. V2 described as smaller  dark colored (gray or black) sedan possibly a Nissan with front end damage and a "Z" in the license plate that fled straight on Rt.129 E towards Main Street. Opr. Isaac complained of back pain and was evaluated by Fire/EMS without transport. Small black plastic piece with Nissan stamping found near crash. No Vin number on plastic. No independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police on route to call with front end damage was inspected and confirmed as not being involved.  Witnesses: Name (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information: Registration # (From Vehicle Section)							
dark colored (gray or black) sedan possibly a Nissan with front end damage and a "Z" in         the license plate that fled straight on Rt.129 E towards Main Street. Opr. Isaac         complained of back pain and was evaluated by Fire/EMS without transport. Small black         plastic piece with Nissan stamping found near crash. No Vin number on plastic. No         independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police         on route to call with front end damage was inspected and confirmed as not being involved.         Witnesses:         Name (Last,First,Middle)       Address         Property Damage:         Owner (Last,First,Middle)       Address         Phone #       41-Type         Description of Damaged Property         Owner (Last,First,Middle)       Address         Phone #       41-Type         Description of Damaged Property         Owner (Last,First,Middle)       Address         Phone #       41-Type         Description of Damaged Property         Owner (Last,First,Middle)       Address         Phone #       41-Type         Description of Damaged Property         Image:       Image:         Image:       Image:         Image:       Image:         Image:       Image:         Image: <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
the license plate that fled straight on Rt.129 E towards Main Street. Opr. Isaac complained of back pain and was evaluated by Fire/EMS without transport. Small black plastic piece with Nissan stamping found near crash. No Vin number on plastic. No independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police on route to call with front end damage was inspected and confirmed as not being involved.  Witnesses: Name (Last,First,Middle) Address Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bits Information: Registration # (From Vehicle Section)	unlicensed. V2 opr ret	urned to his ve	hicle and f	led the sce	ne. V2 des	scribed as smaller	
complained of back pain and was evaluated by Fire/EMS without transport. Small black plastic piece with Nissan stamping found near crash. No Vin number on plastic. No independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police on route to call with front end damage was inspected and confirmed as not being involved.          Witnesses:       Phone #       Statem         Name (Last, First, Middle)       Address       Phone #       Statem         Property Damage:	dark colored (gray or	black) sedan po	ssibly a Ni	ssan with f	ront end o	damage and a "Z" in	
plastic piece with Nissan stamping found near crash. No Vin number on plastic. No independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police on route to call with front end damage was inspected and confirmed as not being involved.          Witnesses:       Phone #       Statem         Name (Last, First, Middle)       Address       Phone #       Statem         Property Damage:	the license plate that	fled straight	on Rt.129 E	towards Ma	in Street.	. Opr. Isaac	
independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police on route to call with front end damage was inspected and confirmed as not being involved.          Witnesses:       Phone #       Statem         Name (Last,First,Middle)       Address       Phone #       Statem         Property Damage:	complained of back pai	n and was evalu	ated by Fir	e/EMS witho	ut transpo	ort. Small black	
on route to call with front end damage was inspected and confirmed as not being involved.          Witnesses:       Phone #       Statem         Name (Last,First,Middle)       Address       Phone #       Statem         Property Damage:       Image: Ima	plastic piece with Nis	san stamping fo	ound near cr	ash. No Vin	number or	n plastic. No	
Witnesses:       Address       Phone #       Statem         Name (Last, First, Middle)       Address       Phone #       Image: Comparison of Damaged Property         Owner (Last, First, Middle)       Address       Phone #       41-Type       Description of Damaged Property         Owner (Last, First, Middle)       Address       Phone #       41-Type       Description of Damaged Property         Owner (Last, First, Middle)       Address       Phone #       41-Type       Description of Damaged Property         Truck and Bus Information:       Registration #       (From Vehicle Section)       Image: Comparison #       Comparison #	independent witnesses	or video. V2 op	or did not c	ontact poli	ce. Vehicl	le stopped by police	
Name (Last, First, Middle)       Address       Phone #       Statem         Image:	on route to call with	front end damag	e was inspe	cted and co	nfirmed as	s not being involved.	
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property  Truck and Bus Information: Registration # (From Vehicle Section)	Witnesses:						
Owner (Last, First, Middle)       Address       Phone #       41-Type       Description of Damaged Property         Image: State of the state of t	Name (Last,First,Middle)		Address			Phone #	Statemen
Owner (Last, First, Middle)       Address       Phone #       41-Type       Description of Damaged Property         Image: State of the state of t							
Owner (Last, First, Middle)       Address       Phone #       41-Type       Description of Damaged Property         Image: State of the state of t							
Owner (Last, First, Middle)       Address       Phone #       41-Type       Description of Damaged Property         Image: State of the state of t							
Truck and Bus Information:     Registration #				Dh #	41 77	Description of Dame and Description	
Bue Liea 42	Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged Property	
Bue Liea 42							
Bue Liea 42							5 (1997)
Bue Liea 42							
	Truck and Bus Information	Registration #		(From Ve	chicle Section)	Bus Use	42

\_

\_\_\_\_

Address		City		St Zip	
US DOT #:	State Number	Issuing State	MC/MX/ICC #:	Contraction of the Contraction of the	
Interstate 43	Cargo Body Type Code 44 GV	/WR/GCWR		46	
Trailer Reg #:	Reg Type ]	Reg State Reg Year	Trailer Length		
Hazmat Information:					
Placard 47	Material 1 digit # Material Name		Material 4 digit #	Releas	e code
D. I	Diskand DiPorri	173 W	ilmington Police	- Department	- 01/03/2024

 Patrol Officer Richard DiPerri
 173
 Wilmington
 Police
 Department
 01/03/2024

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

	Police Use Only	Com	monwealth	of Massa	chuse	etts		RN	IV Doci	ument Number	
	Date of Crash Time of Crash 01/04/2024 <b>1445 Wilm</b>	City/Town nington	Motor Veh	icle Cras	h Nu Vel	0.0000000000000000000000000000000000000	Number Injured	Speed Lim Latitude	it_30	State Police     Image: Constraint of the state of the st	]
	24HR			Report	3	C	C	Longitude		Campus Police	4
	AT INTERSECTI	ION:	< LOCA	TION >		N	NOT AT	INTE	RSEC	TION:	10
	BALLARD	VALE ST									2
<sup>1</sup> 1	Route# Direction	Name of Roadway/S At	treet	Route# Direction	on Addr	ess #		Name o	of Roadw	vay/Street	-
1	ROUTE 12			Feet	SEW	of —		- • -	- or _	Exit Number	
	Route# Direction Nan	ne of Intersecting Road Also at Intersection		Foot N	SEW	of	Mile Ma	rker		Exit Number	<b>4</b> <sup>11</sup>
		Also at intersection	with		SEW	R	Route#	Inter	secting l	Roadway/Street	
<sup>2</sup> 2	Route# Direction Nan	ne of Intersecting Road	way/Street	1001	1-1-1-1	-		I	andmar	k	-
3	Please Select One of the Following: Vehicle 11	#Occupants	t/Run 🔲 Moped	Crash Re	port ID#	24-	-2-2	AC			1
	License # St	DOB/Ag(	Regi	<u>3KNJ47</u>			Reg Type	PC	R	eg State MA	-
	19 19	20		Year 2023						21	<b>1</b> <sup>12</sup>
	Operator CLARK, LUCILL	E M	Own	er CLARK,	LUCI	LLE	м			-	
<sup>4</sup> 1	Address 195 SALEM ST	First APT 1104	Middle Addr	ess 195 SA	LEM S	T 2	First	L104	М	iddle	
L	City WILMINGTON State	MA Zip 0188	7-4030 City	WILMINGT	ON		Sta	te MA	Zip _0;	1887-4030	
	Insurance Company THE HANOVE	ER INSURAN	CE COM Vehic	cle Action Prior to C	Crash	3 <sup>22</sup>		amaged Are	ea Code:		
5	Vehicle Travel Direction: N E W	Responding to Eme	rgency? <u>2</u> Even	t Sequence 1 23	3 23	23 2		st Status: pe of Test:		1 <sup>28</sup> 29	
<sup>5</sup> 2	Citation # (If Issued)	_	Most	Harmful Event	<b>1</b> <sup>24</sup>		B/	AC Test Re		1 30	12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code		25	25 Su	sp. Alcoho	l: 2 31		<b>1</b> <sup>13</sup>
<sup>6</sup> 1		Viol. 4: Ch/Sec/Sub —		er Distracted by	0 26		To 36 37	wed from :		2 33	
L	Please fill out for opera Name (Last First Middle)	itor and all occupants in	Address	DOB/Age	34 Seat Sex Pos.	Safety A	irbag Eject intus Code	38 39 Trap Inju Code State	y Transp.	Medical Facility	_
	Operator	2	See Above	$\succ$	$X_1$	1 4	0	0 10	1		
<sup>7</sup> 3	Please Select One of the Following: Vehicle 22	#Occupants No	n-Motorist A Type	15 Action	16 Locatio	n	17 Condit	ion 1		Hit/Run 🔲 Moped	
3	License #S	DOB/Age	Reg	# <u>W27993</u>			Reg Type	CO	R	eg State MA	1
	19 19	Restrictions 1 20	CDL Veh	Year <b>2020</b>	Veh Ma	ake <b>FO</b>	RD		Veh	Config. <b>8</b> <sup>21</sup>	
0	Operator ZANATTA, JOAO		Endorsement <b>DADE</b> Own Middle	er VCO LAN	DSCA	PING	First		м	iddle	
<sup>8</sup> 2	Address 4 MCDONALD RD			ess 10 PEV	WELL	DR					14
	City WILMINGTON State			SAUGUS		2	-			<b>1906-2818</b>	2
	Insurance Company SAFETY IN			cle Action Prior to C	ا مما	<b>3</b> <sup>22</sup> 23 2		amaged Are	ea Code:	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Vehicle Travel Direction: N E W	Responding to Eme	-	t Sequence 1 <sup>23</sup>	3 23 1 24	23 2		pe of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)			Harmful Event	L	25	25	AC Test Re	Conceptor - Carl	1 30	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	e 5		Su	sp. Alcoho		33	
	Viol. 3: Ch/Sec/Sub Please fill out for operator/nor				34	35 Safatu A	36 37	38 39	40	3 33	4
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System S	tirbag Eject Status Code	Code Stat	us Code	Medical Facility	-
	<b>Operator/Non-Motorist</b>	25 MAPLE ST	See Above			1 4		0 10			-
	YURE GOMES	MILFROD, MA 017	57	<sup>1</sup>	4 3	1 4	0	0 10	1		4
											4

	Pol	ice Use Only		Com	monweal	th o	of Massach	usetts	8		RMV Docu	iment Number	
	Date of Crash 01/04/2024	Time of Crash 1445	0	City/Town ington			icle Crash	Number Vehicles	Injured	Speed I Latitude	No. Internet and	MBTA Police	
		24HR				Stor In Testing	Report	3	0	Longitu	1de	Campus Police	· · ·
		AT INTER	SECTIC	DN:	< L	OCA	TION >		NOT A	T INT	ERSEC	TION:	
		BAT		ALE ST									2
	Route# Dire	ction		Name of Roadway/S	Street		Route# Direction	Address #		Nam	ne of Roadw	vay/Street	
1		2017	10	At			Feet NS	E W of		- •	or _		
	Route# Dire	ction ROU	TE 12. Name	of Intersecting Road	lway/Street				Mile M	larker		Exit Numbe	r 4
				Also at Intersection	with		Feet N S		Route#	Ir	ntersecting F	Roadway/Street	
2	Route# Dire	ction	Name	of Intersecting Road	lway/Street		Feet N S	E W of					
2									•		Landmark	< compared with the second sec	
	Please Select of the Follow		le 3 <u>0</u> #	#Occupants 🛄 Hi	t/Run 🛄 Mo	oped	Crash Report	ID# <b>24</b>	-2-	AC			
	License #			DOB/Age		Reg #	TZ25286		Reg Tyj	00 <b>TR</b>	Re	eg State MA	
	Sex Lic.	Class 19	19 Lic. Res	strictions 20	CDL Endorsement	Veh Y	/ear 2021	Veh Make <u>C</u>	ther-no	ot lis	sted Veh	Config.	21 1
	Operator Dr	iverles	s M.V	irst	Middle	Owne	er VCO LAND	SCAPI	NG First		Mi	ddle	_
1						Addre	ss UNKNOWN				198		
	City		State	Zip		City	SAUGUS						
	Insurance Comp	oany			<u> </u>	Vehic	le Action Prior to Crash	1.0000000000000000000000000000000000000		Damaged Test Statu	Area Code:	27 27 28	27
2	Vehicle Travel I	Direction: N	SEW	Responding to Eme	ergency?	Event	Sequence 23	23 23	23	fype of Te	1	29	
2	Citation # (If Is	sued)				Most	Harmful Event	24	I	BAC Test		30	
	Viol. 1: Ch/Sec/	/Sub	Vi	ol. 2: Ch/Sec/Sub —	17.00 TO	Drive	r Contributing Code	25	25	Susp. Alco	ohol: 31	Bashi Suebi	32 1
1	Viol. 3: Ch/Sec/	/Sub	Vi	ol. 4: Ch/Sec/Sub —		Drive	r Distracted by	26			om scene?	33	
1	Name (Last First )		t for operato	or and all occupants i	nvolved Address		DOB/Age Sex	34 35 Seat Safety Pos. System		38 t Trap e Code	39 40 Injury Transp. Status Code	Medical Facili	ity
	Operat				See Above		$\searrow$ X	1					
					Norman Contraction of								
						1973	15 16		17		18		
3	Please Select of the Follow		le 4 <sup>#</sup>	#Occupants No	on-Motorist A Ty	лре	Action	Location	Cond	lition		Hit/Run 🛄 M	1oped
	License #			DOB/Age		Reg #	!		Reg Tyj	pe	R	eg State	21
	Sex Lic.	Class 19	19 Lic. Res		CDL Endorsement	Veh Y	/ear	Veh Make _			Veh	Config.	
	Operator	Last	F	irst	Middle	Owne	erLast		First		Mi	iddle	
2	Address						ess	1.00.000.000					
	City		State	Zip		City_		20.09420	S		-	27 27	27 2
	Insurance Com	pany				Vehic	le Action Prior to Crash	101 115 10		Damaged Fest Statu	Area Code:	27 27	27
	Vehicle Travel	Direction: N	SEW	Responding to Eme	ergency?	Event	t Sequence 23	23 23	23	Type of To		29	
2	Citation # (If Is	sued)		-		Most	Harmful Event	24		BAC Test	Result:	30	
2	Viol. 1: Ch/Sec	/Sub	Vi	iol. 2: Ch/Sec/Sub —		Drive	er Contributing Code	25		Susp. Alc	Sector and		32
	· · · · · · · · · · · · · · · · · · ·			iol. 4: Ch/Sec/Sub		Drive	er Distracted by	26			om scene?	33	
	Pl Name (Last First )		perator/non-	motorist and all occu	pants involved Address		DOB/Age Sex	34 35 Seat Safety Pos. Syster		t Trap	39 40 Injury Transp. Status Code	Medical Facil	lity
	-	tor/Non-M	otorist		See Above		$\searrow X$	1					
		*											
								+ $-$	+ +				

Form No.	10364 CRA-65	09/18



turning right, V2 collided with V1 in the roadway. V1 sustained scratches and paint transfer on the right side from V2. There was also a trailer attached to the back on V2. V2 sustained no damaged from this crash. Operator 1 was the lone occupant of that vehicle and V2 had one passenger. All involved parties reported no injuries and denied medical attention. V1 was able to be driven away by the operator. V2 and its trailer were both unregistered and were towed by Cain's Towing to their tow yard in Wilmington, MA.

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:	Registration #		(	n Vehicle Section)		Bus Us	5e 42
Address			_ City		S	t Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	44	GVWR/GCWR	45			46	
Trailer Reg #:	Reg Туре	Reg State	Reg Yea	arTra	iler Length	40	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	9		Material 4 di	git #	Release co	49 de
Patrol Officer Michael W			231	Wilmingtor		Department	01/04/2024 Date
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinc	Dallacks	Date

## Wilmington Police Department Images Associated with 24-2-AC









	Police Use Only	Com	nonwealth	of Massa	chuse	tts		RMV Doct	ument Number	
	The second	City/Town ington	Motor Vel	nicle Cras	sh Nur Veh	nber Num icles Injur	ber Speed red Latitud	Limit 35	5 State Police Local Police MBTA Police	
	24HR	IIIg con	Police	Report	2	0	Longit		Campus Police	
	AT INTERSECTIO	ON:	< LOC	ATION >	>	NOT	TAT INT	FERSEC	TION:	10
	129 E LOWELL S	ጥ								2 <sup>10</sup>
<sup>1</sup> 1		Name of Roadway/St	reet	Route# Direct	ion Addre	ss #	Na	me of Roadw	vay/Street	_
1	93 S	At		Feet	NSEW	of <u> </u>		or _		
		of Intersecting Roady					e Marker		Exit Number	3 11
		Also at Intersection w	vith	-	N S E W	Route	# ]	Intersecting I	Roadway/Street	
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roady	vay/Street	Feet				Landmarl	k	-
	Please Select One Vehicle 11	#Occupants Hit/	Run 🔲 Moped	Crash R	eport ID# <b>2</b>	4-3	-AC	Dununun		1
3	of the Pollowing:									-
	License # 19 19	DOB/Ag	-	# <u>4325563</u> Year 2019					21	<b>1</b> <sup>12</sup>
	Sex <u>M</u> Lic. Class <u>D</u> Lic. Re Operator <b>PRESUTTI</b> , <b>ADAM</b>	E	ndorsement	rear <u>2019</u>				Veh	Config.	
<sup>4</sup> 2	Address 56 CALL RD	First	Middle	ress 56 CAL	ast	First	st	Mi	iddle	
_	City WEBSTER State ]	NH_Zip_0330		WEBSTER			State NH	I Zip	3303	
	Insurance Company TRAVELERS			icle Action Prior to	Crash	<b>1</b> <sup>22</sup>	Damaged	l Area Code:	6 27 27 27	
	Vehicle Travel Direction:	Responding to Emer	gency? 2 Even	nt Sequence 1 2	23 23	23 23	Test State		1 28	
<sup>5</sup> 1	Citation # (If Issued)	-1	Mos	t Harmful Event	1 24		Type of T BAC Tes		29	
	Viol. 1: Ch/Sec/Sub Vi	iol. 2: Ch/Sec/Sub	Driv	er Contributing Coo	de <b>4</b> 2	25 25	Susp. Alc		Susp. Drug: 2 32	<b>1</b> <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub Vi	iol. 4: Ch/Sec/Sub —	Driv	er Distracted by	0 <sup>26</sup>		Towed fr	om scene?	2 33	
<sup>6</sup> 1	Please fill out for operato Name (Last First Middle)	or and all occupants in	volved Address	DOB/Age		35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	Medical Facility	1
	Operator	S	ee Above	$\mathbf{\times}$	$X_1$	1 4 0	o o	10 1		for a
										1
	Please Select One Vehicle 21		-Motorist A Type	15 Action	16 Location	17	ondition	18	Hit/Run 🔲 Moped	1
<sup>7</sup> 3	of the Following:	Non			Location		399		×	
	License ; _ S	DOB/Age	_	# <u>3EVW57</u>			Туре <u>РС</u>		eg State MA	
	D	E	ndorsement	Year <u>2023</u> ner <u>KHIZAN</u>				Veh	Config.	
<sup>8</sup> 2	Operator KHIZANISHVILI, Last F Address 16 MOUNT HOOD 7	First	Middle	ress 16 MOU	ast	Firs	rt	-	iddle	
		MA Zip 01902		LYNN					1902-3975	<b>1</b> <sup>14</sup>
	Insurance Company PLYMOUTH R			icle Action Prior to	Crash	L <sup>22</sup>		Area Code:		
	Vehicle Travel Direction: N S W	Responding to Emer	gency? <u>2</u> Even	nt Sequence 1 2	3 23	23 23	Test State		1 28 29	
9	Citation # (If Issued)	-	Mos	t Harmful Event	<b>1</b> <sup>24</sup>		Type of T BAC Tes		30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub Vi	iol. 2: Ch/Sec/Sub —	Driv	er Contributing Coo	ie <b>99</b> <sup>2</sup>	25 25		cohol: 2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/SubVi	iol. 4: Ch/Sec/Sub	Driv	er Distracted by	0 26				2 33	
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occup	ants involved Address	DOB/Age		35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	Medical Facility	
	<b>Operator/Non-Motorist</b>	S	ee Above	$\succ$	$X_1$	1 4	0 0	10 1		
										1
										1



Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:					- 201		
Owner (Last,First,Middle)	Address		Phone #	<b>41-Type</b>	Description of Da	maged Property	
Truck and Bus Information:			(Fro	om Vehicle Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	C/ICC #:		
Interstate 43 Cargo Body Ty	vpe Code	GVWR/GCWR	45			46	
Trailer Reg #:	Reg Type	Reg State	Reg Ye	ear Tra	ailer Length		
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	e		Material 4 di	git #	Release code	49
Patrol Officer Joseph A Fi			215		n Police De	A	/04/2024
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/E	Barracks Date	

	Police Use Only	Com	monwealth	of Massa	chuse	etts			RMV	Docum	ent Number	
	Date of Crash Time of Crash 01/04/2024 <b>1714</b> W	City/Town	Motor Veh	icle Cras	$h \begin{bmatrix} N_{\rm H} \\ Ve \end{bmatrix}$	all and a second and	Number Injured	Speed I Latitud	Limit_	30	State Police Local Police MBTA Police	
	24HR	11milig con	Police ]		2	C	D	Longitu	1 m - 1 m		Campus Police	
	AT INTERSE	CTION:	< LOCA	TION >	>	N	NOT A	Γ ΙΝΤ	TERS	ECT	ION:	_ 10
	CONCO	RD ST										2 10
<sup>1</sup> <b>4</b>	Route# Direction	Name of Roadway/St At	reet	Route# Directi	ion Addr	ess #		Nar	me of R	oadway	/Street	-
4	193SB	R33 RAMP		Feet	NSEW	of —	 Mile Ma			or	Exit Number	
	Route# Direction	Name of Intersecting Road Also at Intersection v		Feet	NSEW	of	Wile Wi	aikci			Lait Humber	3 11
		Also at intersection v	viui	-	NSEW	F	Route#	I	Intersec	ting Roa	adway/Street	
<sup>2</sup> 1	Route# Direction	Name of Intersecting Road	way/Street			-			Land	dmark		5
3	Please Select One of the Following: Vehicle 1	1_#Occupants	/Run 🔲 Moped	Crash Re	eport ID#	24-	-4-2	AC				
	License #	S _ DOB/Ag <sup>,</sup>	Reg #	5ESY58			Reg Typ	e <b>PC</b>		Reg	State MA	, 12
	Sex <u>M</u> Lic. Class D	20	DL Veh Y	<sub>(ear</sub> <u>2023</u>	Veh M	ake <b>BM</b>	W			_ Veh Co	onfig. <b>1</b> <sup>21</sup>	1
	Operator OU, GAOJIE			er OU, GAG	OJIE		First			Middle	e	
<sup>4</sup> 3	Address 224 PARK ST	APT B17		ess 224 PA			PT B					
	City_STONEHAM		•	STONEHAM	ĺ	. 22	-			021		
	Insurance Company GOVERNM			le Action Prior to	Crash	4		est Statu		1 1	28	
<sup>5</sup> 1	Vehicle Travel Direction: NXE			Harmful Event	1 24			ype of T	lest:		29	
	Citation # (If Issued) Viol. 1: Ch/Sec/Sub			r Contributing Coc		25	25	AC Test usp. Alc		1.55	30 Susp. Drug: 2 32	<b>1</b> <sup>13</sup>
	Viol. 3: Ch/Sec/Sub				0 26			owed fro		2400	33	F
<sup>6</sup> 1	Please fill out for	r operator and all occupants in	volved		34 Seat	Safety A	36 37 irbag Eject	38 Trap		40 Fransp.		1
	Name (Last First Middle) Operator	s	Address ee Above	DOB/Age	Sex Pos.	System S	tatus Code			Code 1	Medical Facility	1
												1
								$\left  \right $				1
	Please Select One			15	16		17		18			1
<sup>7</sup> 3	of the Following:	1_#Occupants		Action	Locatio		Condi	200			t/Run Moped	
	19 19	St DOB/Age	-	3312877							State NH 21	
	Sex <u>M</u> Lic. Class <sub>D</sub>	E	Indorsement	/ear <u>2016</u> er <b>MAGEE ,</b>						_ Veh Co	onfig.	
<sup>8</sup> 1	Address 15 RESERVE	First	Middle	er <u>1110000</u> , ess <u>15 RES</u>	ast		First			Middle	e	
	City CONCORD			CONCORD			Sta	ate <b>NH</b>	I Zip	033	301	<b>1</b> <sup>14</sup>
	Insurance Company STATE E			le Action Prior to	Crash	1 <sup>22</sup>	2 D	amaged	l Area C	Code: 7		
	Vehicle Travel Direction: N S	W Responding to Emer	rgency? <u>2</u> Even	t Sequence 1 <sup>2</sup>	23 23	23 2		est Statu ype of T		1	28 29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	1 24		В	AC Test		t:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		er Contributing Coo	20	25		usp. Alc	-	New York	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by	0 26	35	36 37	owed fr	39	40	33	ļ
	Please fill out for opera Name (Last First Middle)	tor/non-motorist and all occup	Address	DOB/Age	Seat Sex Pos.	Safety A	airbag Eject Status Code	Trap	Injury 1	Transp. Code	Medical Facility	4
	Operator/Non-Moto	orist s	See Above	$\mid$	$X_1$	1 4	0	0	10 :	1		4
												4



## Crash Narrative:

V1 was traveling West on Concord Street then made a left turn (southbound) to get on the I93SB ramp.V2 was traveling East on Concord Street towards the I93NB ramp. V1 and V2 crashed when V1 took the left turn. Op1 stated his light was yellow when he took the left turn onto the ramp. Op2 stated he had a green light and was traveling straight through the intersection at the SB ramp to get to the NB ramp. Op2 stated he tried to swerve out of the way of V1 but he was unable to avoid the crash. Both operators stated there were no passengers in their vehicles. Both operators declined medical attention and stated they did not have any injuries. Both vehicles operable.

Witnesses:							
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							_
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	iption of Damaged Property	NUMBER
Truck and Bus Information: Carrier Name Address						Bus Use	42
US DOT #:	State Number rpe Code 44		45	MC/MX	I/ICC #:		
Trailer Reg #:				Tra	iler Len	ngth 46	
Hazmat Information: Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 di	git #	Release code	49
Patrol Officer Kathryn C Police Officer Name (Please Print)	Goodwin Signature		0.0000000	Wilmingtor Department		Lice Department01/Precinct/BarracksDate	04/2024

CDP1 11-24-00

	Pol	lice Use Only		Com	monweal	lth o	of Massa	chu	setts			RMV	V Docu	ment Number	
	Date of Crash 01/05/2024	Time of Crash		City/Town ington			icle Cras	sh [	Number Vehicles			l Limit de	30	MBTA Police	
	01/03/2024	24HR					Report		2	0	Longi	itude		Campus Police Other:	
		AT INTER	SECTION	ON:	< L	OCA	rion >	>		NOT	AT IN	TER	SECT	FION:	
	125 W	BAT.	ערפע.ז	ALE ST											2
1		ction		Name of Roadway/S	Street		Route# Direct	ion A	ddress #		Na	ame of I	Roadwa	ay/Street	
<sup>1</sup> 2		DOI	mm 10	At			Feet	NSE	W of				or		_
	Route# Dire	ection ROU	Name	5 HWY e of Intersecting Road	lway/Street					Mile	Marker			Exit Number	
				Also at Intersection	with			NSE		Route#		Interse	cting R	loadway/Street	- F
<sup>2</sup> 1	Route# Dire	ction	Name	e of Intersecting Road	lway/Street		Feet	NSE	W of						
1	Diago Calanta								0.4				ndmark		
3	Please Select of the Follow		le <u>1</u>	#Occupants Hi	t/Run	oped	Crash R	eport ID	#24	-5	-AC				
	License :		<u> </u> ٤	OB/Ag			<u>v50619</u>							and the second second	21 1
	Sex <u><b>M</b></u> Lic.	Class D	19 Lic. Re	estrictions 1 <sup>20</sup>	CDL Endorsement		ear <u>2019</u>						_ Veh	Config. 1	
4	Operator SE	ROUNIAN Last	, HAF	First	RD V Middle		r CAP EL	ast		First			Mic	ddle	
<sup>4</sup> 3	Address 641	PROSPE					ss <u>16R JO</u>								_
	City METH			MA Zip 0184		City <b>J</b>	WILMING'	CON	7.000 5.000					27 27	27
	Insurance Comp	pany THE C	OMMER	CE INSURA	NCE CO	Vehic	le Action Prior to		1	22	Damage Test Sta		Code:	1 27 27 28	21
<sup>5</sup> 1	Vehicle Travel I	Direction: N	S E 🗙	Responding to Eme	ergency? 2	Event	Sequence 1	23 23	DOM: N	23	Type of			29	
1		sued) <b>T3281</b>		-			Harmful Event	1 <sup>2</sup>		25	BAC Te	st Resu	ılt:	30	_  -
	Viol. 1: Ch/Sec.	/Sub <u>89</u>	<u>9</u>	iol. 2: Ch/Sec/Sub			r Contributing Coo	UTILITY AND T	9 <sup>25</sup> 3	25	Susp. A		31	Susp. Drug:	32 1
<sup>6</sup> 1	Viol. 3: Ch/Sec.			viol. 4: Ch/Sec/Sub		Drive	r Distracted by	U	0	36	Towed f	from sc	ene?	1 33	
1	Name (Last First )		t for operat	or and all occupants i	nvolved Address		DOB/Age	S	34 35 Seat Safety Pos. System	Airbag	Eject Trap Code Code	Injury	Transp. Code	Medical Facility	y
	Operat	tor		0.00	See Above		$\succ$		1 1	1 0	0	10	1		
					-									1	
	Please Select						15	16		17	ondition	18		Hit/Run 🔲 M	
<sup>7</sup> 3	of the Follow		le 2 <u> </u>	#Occupants No	on-Motorist A Ty	уре	Action	94.1	cation	13					opea
	License	[ 19]	S	00B/Age_(			7641XL							eg State ME	21
	Sex <u>M</u> Lic.	Class C	Lic. Re	estrictions	CDL Endorsement		<sub>ear</sub> 2019				AN		_ Veh	Config. 2	
<sup>8</sup> 1	-	ARSALL,		PH A	Middle		r PEARSA	ast		PH A First			Mie	ddle	-
1	-	04 MAIN					ess 1004 M		ST_						—  -
	City GRAN	D ISLE	State	ME Zip 0474	46		GRAND IS			22	State <u>M</u> Damage		Î	Sector Sector Sector Sector	27
	Insurance Com			1			le Action Prior to		4	23	Test Sta		Couc.	4 28	
	Vehicle Travel	Direction:	SEW	Responding to Em	ergency? 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\begin{bmatrix} 23 \\ 2 \end{bmatrix} \begin{bmatrix} 23 \\ 2 \end{bmatrix}$		10	Type of	Test:		29	
<sup>9</sup> 2	The second s	ssued)					Harmful Event	<b>1</b>	25	25	BAC Te			30	20
	Viol. 1: Ch/Sec	/Sub	\	/iol. 2: Ch/Sec/Sub -			r Contributing Co				Susp. A		Story Londa	Susp. Drug:	32
	And a second sec	4K 10		/iol. 4: Ch/Sec/Sub -		Drive	r Distracted by	U	34 35	36	Towed :	39	40	1	
	P Name (Last First		perator/non	-motorist and all occu	Address		DOB/Age		Seat Safety Pos. Syster	Airbag	Eject Trap Code Code	Injury	Transp.	Medical Facilit	w
	Operat	tor/Non-M	otorist		See Above		$\succ$	Х	1 1	3 (	0	10	1		
		_					-			$\uparrow$		1		[31]	

Crash Diagram:	ie:	$1 = \text{Vehicle } 1 \qquad 2$	= Vehicle 2	Q = Pedestri Q	ian ♂S = Bicycle	
	Ballardvale	St			If Crash <u>Did 1</u> on a Public W	
					1 Off-Street Parki	ng Lot
			- 1	A	Garage	
Rt. 125 & Ballardvale St			E	Rt. 12	Mall/Shopping	Center
		an a	   @	TNL 12	Other Private W	'av
		2		1		
		A Contraction	y		Indicate North	by Arrow
						)
Crash Narrative:	(75);		and the			
On $01/05/23$ car 2 wh	l ile taking a lef	t hand turn o	n Rt. 125/1	Ballardva	ale St. turning onto	
					arties were injured a	nd
refused Fire/EMS res	ponse. There wa	s airbag depl	oyment on 1	both MV.	After speaking with	
the operator of car	1 he stated it w	as his own fa	ult. He s	tated at	first when he looked	
at the light it was	green and by the	time he look	ed up again	n at it,	it had changed to real	d
as he went through i	t, causing the c	rash. A cita	tion was is	ssued to	operator 1 for red	
light violation. Ca	in towing towed	both MV, Car	1 was towe	d back to	the company and Car	2
to Cains lot.						
					······	
Witnesses:	÷				Direct #	Statement
Name (Last,First,Middle)		Address			Phone #	Statement
			1.5			
Property Damage:					4	
Owner (Last,First,Middle)	Address	]	hone #	41-Туре	Description of Damaged Property	
Truck and Bus Informat	ion: Registration #		(From Ve	hicle Section)		20
Carrier Name					Bus Use	42
Address		C	ity		St Zip	
US DOT #:			Issuing State	MC/MX	/ICC #:	
Interstate 43 Cargo I Trailer Reg #:	Body Type Code 44			Trai	ler Length 46	
Hazmat Information:	Keg Type			118	In Senta	
Placard 47 Material 1 of	ligit # 48 Material Na	ame		Material 4 dig	git #Release code	49
	on Halliday	21	)5 W:	ilmington	Police Department	01/05/2024

Patrol Officer Dillon Ha	lliday	205	Wilmington	Police Department	01/05/202
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

	Police Use Only Commonwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash City/To 01/05/2024 <b>1146 Wilming</b>			Number Vehicles	Number Injured	Speed Lir Latitude		- State Police S Local Police S MBTA Police Campus Police	
	24HR	Police		2	0	Longitude		Campus Police D	
	AT INTERSECTION:	< LOCA	TION >		NOT A	T INTE	RSECT	FION:	10
									2 10
<b>1</b>	Route# Direction MAIN ST Name of	of Roadway/Street	Route# Direction	Address #		Name	of Roadwa	ay/Street	
<sup>1</sup> 1		At	Feet N S	E W of		• -	— or		
	Route# Direction KIRK ST Name of Inter	rsecting Roadway/Street			Mile M	larker		Exit Number	3 11
	Also at	t Intersection with	Feet N S	E W of	Route#	Inte	ersecting R	Roadway/Street	<u> </u>
<sup>2</sup> 1	Route# Direction Name of Inter	rsecting Roadway/Street	Feet N S	E W of			Ų	ostor mano conse 🖌 cente acompanie	
1							Landmark		4
3	Please Select One of the Following: Vehicle 11_#Occup	ants Hit/Run Moped	Crash Report	ID# <b>24</b>	-6-	AC			
	License #S:)	B/AgeReg	# 3MJE17		Reg Ty	pe PC	Re		12
	Sex M Lic. Class D M Lic. Restriction	ns <b>B</b> CDL Veh Veh V	Year 2000	Veh Make <u><b>G</b></u>	MC		Veh	Config. 21	1
	Operator COLON, ANGEL D	Own	er COLON, AL	IGEL D					
<sup>4</sup> 1	Address 101 HAWTHORNE WAY	Middle APT 127 Addr	ess 101 HAWT	HORNE	First	APT	127 <sup>Mid</sup>	ddle	
			LAWRENCE		S	tate MA	_ Zip	843-3859	
	Insurance Company THE HANOVER II	-	cle Action Prior to Crash	1	22	Damaged A	rea Code:	4 27 27 27	
			t Sequence 1 23	23 23	23	Fest Status:		1 28	
5	Citation # (If Issued) 375837AC-CN	0 0 0	Harmful Event 1	24		Type of Tes		29	
	Viol. 1; Ch/Sec/Sub <u>89 4A</u> Viol. 2: C	Sh/Sec/Sub Drive	er Contributing Code	3 25 9	25	BAC Test R Susp. Alcoh		1	<b>1</b> <sup>13</sup>
			er Distracted by	26	Contraction of the local distance of the loc	Towed from		2 33	-
<sup>6</sup> 1	Please fill out for operator and a			34 35 Seat Safety	36 37 Airbag Ejec		39 40 jury Transp.		
_	Name (Last First Middle)	Address	DOB/Age Sex	Pos. System	Status Cod	e Code St	atus Code	Medical Facility	-
	Operator	See Above		1 1	4 0	0 10	0 1		_
	Please Select One Vehicle 21_#Occup	ants Non-Motorist A Type	15 Action 16	Location	17 Conc	lition		Hit/Run 🔲 Moped	1
<sup>7</sup> 3	of the Following:			Location					4
	License DO	00	# 1DNS21			pe <b>PC</b>	Re	eg State MA	
	Sex M Lic. Class D Lic. Restriction	ns CDL Veh	Year 2014				Veh	Config.	
<sup>8</sup> 1	Operator SIMMONS, JONATHAN Last First	Middle	er <u>SIMMONS</u> , Last		First	NN	Mie	ddle	
1	Address 23 KIRK ST		ess 23 KIRK						14
	City WILMINGTON State MA		WILMINGTON	15002554				<b>L887-3208</b>	<b>L</b>
	Insurance Company INTEGON NATIO	NAL INSURANC Vehi	cle Action Prior to Crash	3		Damaged A Test Status:			
	Vehicle Travel Direction: SEW Respo	onding to Emergency? 2 Ever	t Sequence 1 23	23 23	23	Type of Tes		29	
<sup>9</sup> 2	Citation # (If Issued)	Mos	t Harmful Event 1	24		BAC Test F	Result:	1 30	
2	Viol. 1: Ch/Sec/Sub Viol. 2: C	Ch/Sec/Sub Driv	er Contributing Code	1 25	25	Susp. Alcol	101:2 31		
	Viol. 3: Ch/Sec/Sub Viol. 4: C	Ch/Sec/Sub Driv	er Distracted by	26		Towed from		2 33	
	Please fill out for operator/non-motoris	st and all occupants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eje Status Coo	et Trap Ir	39 40 ijury Transp. latus Code	Medical Facility	
	Operator/Non-Motorist	See Above	XX	1 1	4 0	0 1	0 1		]
						+-+-	_		-
						+			-

Form No. 10364 CRA-65 09/18



As I was observing traffic in the parking lot next to Kirk St., I witnessed MV2 attempting to take a right hand turn onto Main St. from Kirk St. As MV2 was making the turn I saw MV1 travelling Northbound on Main St. riding the double yellow lane between the south and north bound lanes. As MV1 passed Kirk St. The rear passenger wheel struck the front bumper of MV2, causing it to come off. No reported injuries and no tows were needed.

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 Information:	Registration #		(From	1 Vehicle Section)		Bus Use	42
Address						Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body T	/pe Code	GVWR/GCWR	45			46	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	r Tra	iler Length		
Hazmat Information: Placard 47 Material 1 digit #	48 Material Name	e		Material 4 di		Release code	49
Patrol Officer Brian Ta			206		Police De		/05/2024
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/B	arracks Date	9

	Police Use Only	Com	monwealth	of Massac	husetts		RMV	Document Numb	The second second second
	Date of Crash Time of Crash	City/Town	] Motor Veh	icle Crash	Number Vehicles	T . 1	Speed Limit_ _atitude	40 State Police Local Police MBTA Poli	e 🖸
	01/06/2024 <b>1911</b> 24HR	mington	Police ]	Report	1		.ongitude	Campus Po Other:	
	AT INTERSECT	TION:	< LOCA	TION >		NOT AT	INTERS	SECTION:	
					66	CONC	ORD S	p	2 10
1	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #			Roadway/Street	
<sup>1</sup> 4		At		Feet N	S E W of		- •	or	
	Route# Direction Na	me of Intersecting Road				Mile Mar	ker	Exit Nun	nber 1
		Also at Intersection	with		SEW of	Route#	Interse	cting Roadway/Stre	et
<sup>2</sup> 4	Route# Direction Na	me of Intersecting Road	dway/Street	Feet	S E W of	<u> </u>	Lar	ıdmark	
	Please Select One Vehicle 13	#Occupants 🔲 Hi	it/Run 🔲 Moped	Crash Repo	rt ID# <b>24</b>	-7-2			
3	of the Following:		I –		20 - 10, 100 p			M7	
	License # St.	OB/Age		# <u>2SHY92</u> Year <u>2018</u>				Ear	21 3 1
		Restrictions 1	Endorsement	er <u>CRUZ, J</u>				_ ven Conng	
<sup>4</sup> 2	Operator CRUZ, JAY MAN Last Address 62 PORTLAND S		Middle	er <u>CR02, OF</u> Last ess 62 PORT		First	408	Middle	
2	City HAVERHILL Sta			HAVERHILL				p 01830-5	5042
	Insurance Company LIBERTY M			cle Action Prior to Cra	CE STREET			Code: 2 27 27	
	Vehicle Travel Direction: NXEW			t Sequence 35 <sup>23</sup>	23 23	23	at Status:	1 28	
<sup>5</sup> 1	Citation # (If Issued)		Most	Harmful Event 3	<b>6</b> <sup>24</sup>		oe of Test: .C Test Resu	29	
L	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	<b>1</b> <sup>25</sup>	25	sp. Alcohol:	-	32 30 <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub	_ Viol. 4: Ch/Sec/Sub _	Drive	er Distracted by	26	То	wed from sce	or since we	
<sup>6</sup> 3		rator and all occupants	involved Address	DOB/Age Se	34 35 Seat Safety ex Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code Medical F	Facility
	Name (Last First Middle)		See Above					1	
	RAFAEL VERGARA	324 LOWELL ST LAWRENCE, MA 0	1841-4308	/M	3 1	4 0	0 10	1	
	XAVIER CARDENAS	1285 GREENE AV BROOKLYN, NY 1		M	6 1	4 0	0 10	1	
	Please Select One		_	15 16		17 Conditi	18	Hit/Run	
<sup>7</sup> 3	of the Following:	#Occupants	on-Motorist A Type	Action	Location				Moped
	License # St	DOB/Age	-	#				105	21
	Sex Lic. Class Lic.	Restrictions	CDL Veh Endorsement	Year	_ Veh Make			_ Veh Config.	
<sup>8</sup> 2	Operator	First	Middle	Last		First		Middle	
~	Address Sta	7		ress		Stat	e 7	ip	<b>4</b> <sup>1</sup>
	Insurance Company	Zip		cle Action Prior to Cra	1.000	200-00.00	maged Area	THE COLOR OF CALL OF	7 27
	Vehicle Travel Direction: NSEW	Responding to Em		at Sequence 23	23 23	23 Te:	st Status:	28	
	Citation # (If Issued)			t Harmful Event	24		pe of Test: AC Test Resu	29 1t: 30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub		Driv	er Contributing Code	25	25	sp. Alcohol:	n.	g: 32
	Viol. 3: Ch/Sec/Sub			er Distracted by	26	To	wed from sc	ene? 33	
	Please fill out for operator/n			DOB/Age S	34 35 Seat Safety ex Pos. System		38 39 Trap Injury Code Status	40 Transp. Code Medical I	Facility
	Name (Last First Middle) Operator/Non-Motoris	st	See Above	- Sobrage	1	Course Course			
				$r \gamma$					

Form No. 10364 CRA-65 09/18



vehicle had no reported injuries. The vehicle itself was still in drivable condition and

did not need to be towed.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
	10					
Property Damage:		2				
Owner (Last,First,Middle)	Address		Phone #	41-Type	<b>Description of Damaged Prop</b>	erty
Truck and Bus Informatio			(From Ve		В	us Use
Address			_ City		St Zip	<u>}</u>
US DOT #:	State Number		Issuing State	MC/MX/	'ICC #:	
43	y Type Code	GVWR/GCWR	45		46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	ler Length	
Hazmat Information:						
47 Placard 47 Material 1 digi	# 48 Material Nam	ie		Material 4 dig	rit #Relea	ise code 49
Patrol Officer Thomas	Lawrenson		222 W	ilmington	Police Departmen	t 01/06/2024
Deline Officer Name (Diago Brint)			ID/Badge # De	enartment	Precinct/Barracks	Date

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