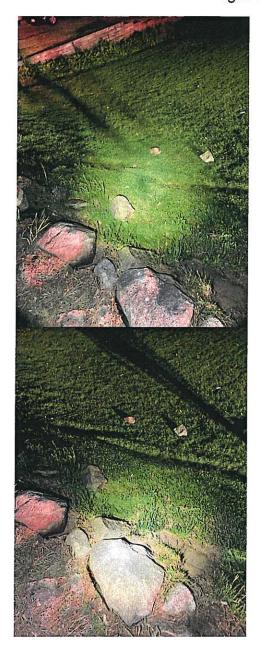
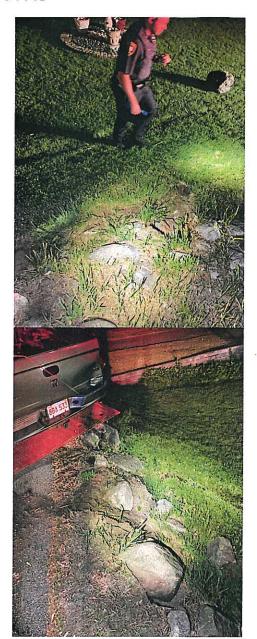
	Police Use Only	Com	monwealth	of Massach	usetts	i	RN	IV Docun	nent Number	
	Date of Crash   Time of Crash   05/25/2024   0026   W:	City/Town ilmington	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it 25	State Police Local Police MBTA Police Campus Police	П
	24HR	Limington	Police	Report	1	0	Latitude Longitude _		Campus Police Other:	i
	AT INTERSE	CTION:	< LOCA	TION >		NOT A	T INTE	RSECT	ION:	7
										2 10
-	Route# Direction	Name of Roadway/S	treet	Route# Direction	87 Address #	SHAV	VSHEEN Name o	I AVE f Roadway		
¹ <b>4</b>		At		_ [N]	Islai .					1
	Route# Direction	Name of Intersecting Road	way/Street	Feet N S	EW of	Mile M	arker	- or	Exit Number	- 11
		Also at Intersection	<del>-</del>	Feet NS	E W of					1
2	-	N GT ( P	(5)	Feet NS	E W of	Route#	Inter	secting Ro	adway/Street	
<sup>2</sup> <b>1</b>	Route# Direction	Name of Intersecting Road	way/Sireei				L	andmark		_
3	Please Select One of the Following:	L#Occupants  Hit	/Run Moped	Crash Report	1D# <b>24</b>	-15	4-A(	3		
-	License #	DOB/Age	Pog	8BA533		Dan Tue	. pr	Dao	. c MZ	
	10 10	20		/ear 2006				-	21	7 12
	100	ic. Restrictions	Indorsement	er HALL, RAC				ven C	oning.	
<sup>4</sup> 2	Operator	Fire	Middle	er naul, ka ess 7 FILLMO		First		MidJI	le	
	Addres	0		•	KE DK	<b></b>	. MA	01	921_2102	1
	Cit Insurance Company PLYMOUTI	State Zir	•	BILLERICA	<b>.</b>	_	amaged Are	_	821-2103 27 27 27	
				le Action Prior to Crash	23 23		est Status:	3	28	
<sup>5</sup> 1	Vehicle Travel Direction: NSE			bequence 27			pe of Test:	2	29	
	Citation # (If Issued) 664724A			Harmful Event 27	<del></del>	15	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub 90 24			r Contributing Code	26 2	St	sp. Alcohol		Susp. Drug 2 32	<b>27</b> <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub 89 41			r Distracted by 0			owed from s		33	_
<u> </u>	Please fill out for o	perator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbug Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	
	Operator	s	ee Above	><X	1 1	4 0	0 10	1		
										1
										-
										-
			1	<u> </u>						4
2	Please Select One of the Following:	#Occupants	Run Moped	Uulnerable Us	er Comple	te the Vulner	rable User se	ection.		
	License #S	DOB/Age	Reg#			Reg Type		Reg	State	1
	Sex Lic. Class 19 19 L	ic. Restrictions	DL Veh Y	ear\	/eh Make			Ven C	onfig.	
	Operator	First	ndorsementOwno	r						
2	Address	Fusi		Last SS		First		Middle		
	City	State Zip	City_			Sta	te 7	Zip		1 14
	Insurance Company		Vehic	e Action Prior to Crash		22 Da	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSE	W Responding to Emer	gency? Event	Sequence 23	23 23	23 Te	st Status:		28	
)	Citation # (If Issued)		Most	Harmful Event	24	•	pe of Test:	,	30	
2	Viol. 1: Ch/Sec/Sub	— Viol. 2: Cl/Sec/Sub —	Drive:	Contributing Code	25	25	AC Test Res sp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	— Viol, 4: Ch/Sec/Sub —	Drive:	Distracted by	26 2	7	wed from so	L	33	
		perator and all occupants in			34 35 Seat Sofety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	_	Address	DOB/Age Sex	Pos. System	Status Code	Code Status		Medical Facility	-
	Operator/Occupants	Se	ee Above		1					-

Ĩ	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedest	rian 👌	5 = Bicycle	
Crash Diagram:	ie: 👈 🔟	<b>→</b> □	2	<b>→</b> ऱ	<b>→</b> Ø	<b>.</b> _	
87 Shawsh Ave.	een	Bridge	Ln			If Crash Did Non a Public Wa	Lot
24				Ch	awsheen	Other Private Way	
Shawsheen Ave	44		~	Ave		-	
	Carter Ln	B				Indicate North b	y Arrow
Crash Narrative:					N 85500 (Feb.	The state of the s	
MV 1 was traveling on (		10 10 10 10 10 10 10 10 10 10 10 10 10 1			CONCERNATION OF THE PARTY OF TH	While turning	
Shawsheen Avenue where						nce of alcohol.	
due to the operator's i							
The operator refused me	steam de s	NO 5000 TANSONONIS	80 BE 25		54		
vehicle was towed by A&					•		
	74-4						
	X-2-27						
Witnesses:	2.20						
Name (Last,First,Middle)		Address			Phon	e #	Statement
DAIGLE JEAN G		84A SHAWSHEEN	AVE WILMINGTO	N MA 01887-	2631		
Property Damage:	1		Tp1 #	1 41 m	I	CD ID	
Owner (Last,First,Middle)	Address 87 SHAWSHEEN AVE WI	TIMINGTON NO 010	Phone #	41-1ype		of Damaged Property	
DELLASCIO ALAN P	67 SHAWSHEEN AVE W.	ILMINGTON MA UIS			FRONT	LAWN, ROCK	WALL
Truck and Bus Information:	Registration #		(From V	ehicle Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	An Orbital
US DOT #:	State Number		Issuing State	MC/MX	ЛСС #·		
Interstate Cargo Body T	44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46	
Hazmat Information:		(T) (E)					
Placard Material 1 digit #	48 Material Nam	ne		Material 4 di	git #	Release code	49
Patrol Officer Alec S M	fasiello		229 W	ilmingtor	Police	Department 05	5/25/2024

# Wilmington Police Department Images Associated with 24-154-AC



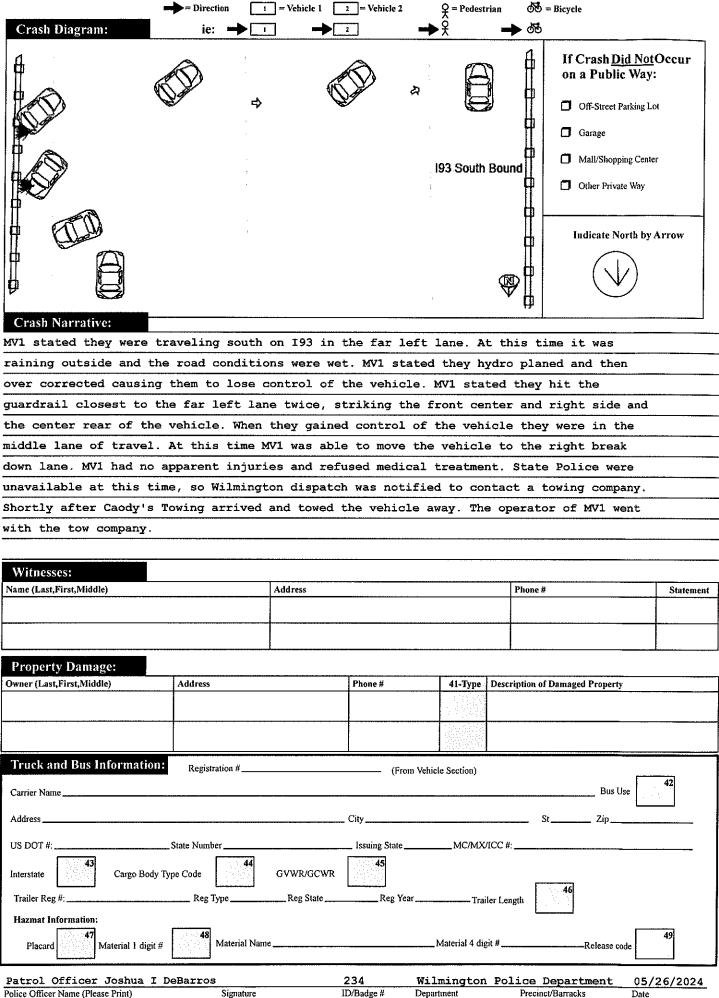


Police Use Only	Com	monwealth	of Massa	ichu <u>s</u>	etts	5		R!	IV Doc	e in the second	Number	
Date of Crash   Time of Crash   05/25/2024   <b>0954</b>   <b>Wil</b>	City/Town mington	Motor Vel		$\mathbf{sh}  \overline{\mathbb{N}}$	lumber ehicles		5	eed Lim	it2.	ᆜᇈ	nte Police  cal Police  BTA Police	
24HR	many con		Report	2		0	- 1	ngitude			mpus Police 🔲 her:	
AT INTERSECT	ION:	< LOCA	ATION :	>		NO	ГАТІ	NTE	RSEC	TIO	N:	
				0.0	_			a ==				2
Route# Direction	Name of Roadway/	Street	Route# Direct	ion Add	ress #	MA	<u> IN</u>	ST Name o	f Roady	way/Str	eet	·├─
	At			Meleku	7 .							1
Route# Direction Na	me of Intersecting Road	dway/Street	Feet [	N S E W	'] of	Mi	ie Marke	• —	— or .	Ex	at Number	
Rodies Discion 14	Also at Intersection		Feet	N S E W	of							2
			_	N S E W	-	Route	:#	Inter	secting	Roadw	ay/Street	
Route# Direction Na	me of Intersecting Road	dway/Street						Ī	andmar	·k		_
Please Select One Vehicle 11	#Occupants Hi	it/Run Moped	Crash R	eport ID#	24	-1	55	-A	C			]
of the Pollowing.		'										-
License # St _	, DOB/Ag(		# <b>W43137</b>								21	1
		Endorsement	Year <b>2012</b>				SWA	GEN	Vel	h Confi	g. 1	$\vdash$
Operator LTMA SAMOEL	P First	Middle		Jast.		Fi	[a]		М	liddle	<del></del>	
Address 8 CREST AVE			ress 8 CRES		<u>c</u>							
City WILMINGTON Sta			WILMING:	ION							7-3002	
Insurance Company THE COMME	RCE INSURA	NCE CO Vehi	cle Action Prior to		<u> </u>	22		aged Are	a Code:	5 27		
Vehicle Travel Direction: SEW	Responding to Em	ergency? 2 Ever	it Sequence 1	23 23	23	23		Status: of Test:		20	ļ	
Citation # (If Issued)		Mos	t Harmful Event	1 24			٠.	Test Re		1 30	!	L
Viol. 1; Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub =	Driv	er Contributing Co	de <b>19</b>	25	25		Alcoho		Susp	Drug: 2 32	1 1
Viol, 3; Ch/Sec/Sub	Viol. 4: Ci/Sec/Sub	Driv	er Distracted by	O <sup>26</sup>	2	6	Towe	d from s	scene?	2 33	,	-
•	ator and all occupants i			34 Seat	35 Safety	36 Airbag	37 Eject T	38 39 rap Injur ode Sten	y Transp.			1
Name (Last First Middle)  Operator		Address See Above	DOB/Age	Sex Pos.	System 1	Status 4	Code C	ode Stati	S Code	<del>                                     </del>	Medical Facility	-
Орегию		500710070		^	<u> </u>		-  -	+-	<del> </del>	ļ	***	-
									-	ļ		-
					<u> </u>					<u> </u>		
Please Select One Vehicle 21	#Occupants Hi	t/Run Moped	☐ Vulneral	ole User (	Comple	te the \	/uInerab	e User s	ection.			]
or the rollowing:		ı <sup>_</sup>									MA	$\mathbf{I}$
License #. St St	DOB/Age	_	# <u>2HHH65</u>								21	
	: لــــــــــــا	Endorsement	Year <u>2017</u>				Α		Vei	i Config	;. <u>L</u>	
Operator KEELEY, MICHE	First	Middle	er KEELEY	asi		Fit	st.		М	iddle		
Address 14 GOVERNOR H			ess 35 CAL		S	<u>'</u>			^.	100		1
_	e <u>MA</u> Zip <u>0182</u>		BILLERIC			22			•		1-0000 27 27	1
Insurance Company THE COMME			cle Action Prior to		1			iged Are Status:	a Code:	1 28		
Vehicle Travel Direction: SEW	Responding to Eme	ergency? 2 Even	t Sequence 1	23 23	23	23		of Test:		29		
Citation # (If Issued)	<del></del>	Mos	Harmful Event	1 24			BAC	Test Re	sult:	1 30		
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Cod		25	25	Susp.	Alcohol	2 31	Susp.	. Drug 2 32	
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	0 26	2	6	Towe	d from s	cene?	2 33		
Please fill out for oper	ator and all occupants i	nvolved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 Airbag Status	Eject Ti	ap Injur ode Statu	40 Transp. s Code	, N	dedical Facility	
Operator/Occupants		See Above		1	1		0 0	10	1	<del>                                     </del>		1
F			+		1-		-		-	ļ		1
					-		_	+	-	<del> </del>		-
									-	<u> </u>		

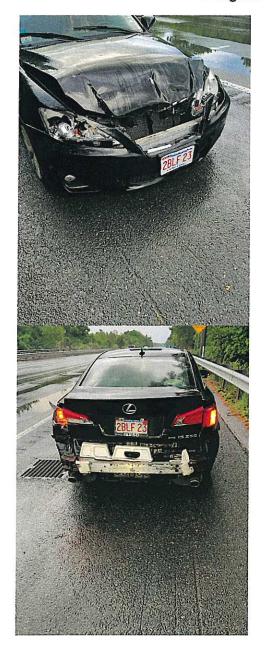
	= Direction	i = Vehi	cle 1 2 = Vehicle 2	♀ Pedest	rian 🚳 :	= Bicycle	
Crash Diagram:	ie: 🕶	<b>▶</b> 1	2	→Ŷ	→ ॐ		
Dollar Tree Plaza Entrand	e		CVS Plaza	Entrance		If Crash Did No on a Public Way  Off-Street Parking I Garage Mall/Shopping Cent	zot
	Main Street					Indicate North by	Arrow
Crash Narrative:							
MV 1 and MV 2 were st	opping/slow	ing in tra	ffic on Route	38 (Main St	reet). M	2 stated she	
rear-ended MV 1. MV 1	sustained	rear bumpe	r damage. MV 2	sustained :	front bun	per damage. No	
injuries. No tow.							
				· · ·			
			····				
Witnesses:							
Name (Last,First,Middle)		Address	·		Phone #		Statement
Property Damage:				1 52			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Touch and Due Information				1000000	<u>.</u>		
Truck and Bus Information	Registration	#	(Fro	m Vehicle Section)		<u> </u>	42
Carrier Name						Bus Use	72
Address			City		s	tZip	
US DOT #:	Ctata Numba-		Innuing State	MOMY	/ICC #:		
US DO1 #:	State Number	44	issuing State _	IVIC/IVIX	100 ff		<del></del>
	y Type Code	GVWR	/GCWR		-	····	
Trailer Reg #:	Reg Type_	Reg	StateReg Ye	arTrai	ler Length	40	
Hazmat Information:					Ŀ	1	
Placard 47 Material 1 digit	# 48 Mate	rial Name		Material 4 dig	git #	Release code	49
Datas 1 Officer Verin	T 01-1		200	Wilmington	Dalies :		/25/2024

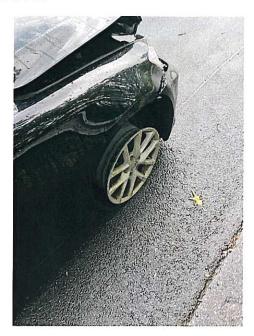
05/25/2024 Date

	Police Use Only Commonw						of Mass	sacl	ıus	etts	5			RM	V Doc	ument Number	1 1	
	Date of Crash 05/26/2024	Time of Crash	Wiln	City/Town	Moto	or Veh	icle Cr	ash	N	lumber ehicles		nber ured	Ι'	Limit	65	5 State Police Local Police MBTA Police		
	03/20/2024	24HR	1	iring con	P	Police 1	Report		1		o <sup>°</sup>		Latitu Longi			Campus Police Other:	_ <u>`</u>	
		AT INTER	SECTI	ON:	<	LOCA	TION	>			NO	T A?	ſ IN	TER	SEC	TION:		
											т.	a २ व	!R 1	HWY				2 10
1_	Route# Dire	ction		Name of Roadway	y/Street		Route# Dire	ection	Add	ress#						vay/Street		
¹ <b>2</b>	_			At			Feet	NX	(E W	of			•		or _			
	Route# Dire	ction	Nam	e of Intersecting Ro			_	NI 6	I vo by		М	ile Ma	rker			Exit Number		1 11
				Also at Intersection	on with			N S		_	Rout	e#		Inters	ecting I	Roadway/Street		
<sup>2</sup> 3	Route# Direct	ction	Nam	e of Intersecting Ro	adway/Street		Peer	ivl <sub>2</sub>	15 144	] 01	-			I	ındmarl	Į.		
•	Please Select (		e 11	#Occupants	Hit/Run	Moped	Crash	Renor	t 1D#	24	1	5/						1
3	of the Followi	ng:															<u> </u>	-
	License #	19	S 19	DOB/Age 20			/ <b>2BLF23</b> /ear <b>2011</b>										21	<b>4</b> 12
	Sex M Lic.	TWINE, (		estrictions 1	CDL Endorsement LEE		er <u>ANTWI</u>									Config.	<b>.</b>	<b> </b>
4 <sub>1</sub>	1	Last		First S APT 2	Middle		ess 9 ROC	Last			F	irst			Mi	iddle	<del></del>	
_				MA Zip 019			LYNN								zin <b>0</b> 1	1905-255	54	
	1			NSURANCE		-	le Action Prior t			1	22					5 27 4 27 2		
	Vehicle Travel D		EW	Responding to Er			Sequence 24	23	23	23	23	Те	st Stat	tus:		1 28		:
5	Citation # (If Iss	ued)		<del></del>		Most	Harmful Event		24			_	pe of	Test: st Resi	.14.	29		
	Viol. 1: Ch/Sec/S	Sub	V	iol. 2: Ch/Sec/Sub		Drive	r Contributing C	Code	1	<sup>25</sup> 1	1 <sup>25</sup>	1		si Kesi cohol:		<u> </u>	32	<b>24</b> <sup>13</sup>
<u></u>	Viol. 3: Ch/Sec/	Sub	V	riol, 4; Ch/Sec/Sub		Drive	r Distracted by	0	26		26			rom sc		1 33		<b> </b>
2	Name (Last First M		for operat	or and all occupants	s involved Address		DOB/Age	Sex	34 Seat Pos,	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	$\prod$	
	Operate				See Above			X	1	1	4	0	0	10	1			
	-																	
								+-									$\neg$	
									$\vdash$	<u> </u>								
	Please Select C	ne 📆		<u> </u>		3	<del> </del>		<u> </u>	<u></u>							$\dashv$	ļ
1	of the Followir		e 2	#Occupants 1	lit/Run	Moped	Vulner	able Us	ser (	Comple	te the	Vuiner	able L	Jser se	ction.			
	License #	19 1	St	DOB/Age	<u> </u>	_											21	
	Sex Lic. (	Class	Lic. Re	estrictions	CDL Endorsement		ear		Veh M	ake					Veh	Config.	┙┃	
3	Operator	l₊ast		First	Middle		er	Last			Fi	rst			Mis	ddle		
_	Address		State	Zip		<del></del>	ess					Stat	e .	2	'in		-	<b>4</b> 14
	-			21//			le Action Prior to				22				Code:	27 27	27	
	•	irection: N S					Sequence	23	23	23	23	Te:	st Stat	us:		28	_	
,		ied)				Most	Harmful Event	T	24	<u>!</u>			pe of I	Fest: st Resu	.16.	30		
2	Viol. 1: Ch/Sec/S	iub	V	iol. 2: Cls/Sec/Sub -		Drive	Contributing C	ode		25	25		sp. Ale		31		32	
	Viol. 3: Ch/Sec/S	Sub	V	iol. 4: Ch/Sec/Sub		Drive	Distracted by		26	2	6	To	wed fr	om sc	ene?	33	-	
Ì	Name (Last First Mi		for operate	or and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trop Code	39 Injury Status	40 Transp. Code	Medical Facility		
		r/Occupar	ıts		See Above			X	1									ı
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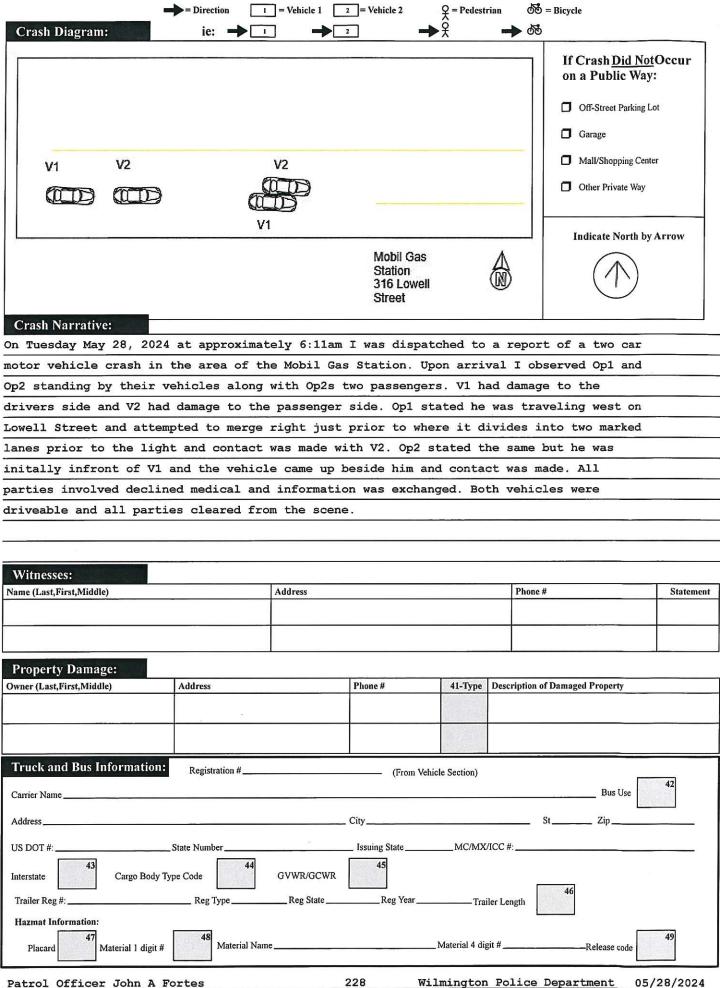


# Wilmington Police Department Images Associated with 24-156-AC





Police Use Only	ıwealth (	of Massa	ch	usett	S		100 A	RM	V Doci	ument Number		
Date of Crash   Time of Crash   05/28/2024   0611   Wilm	City/Town Mo		icle Cras	sh	Numbe Vehicle		mber ured	Speed	l Limit	40	State Police Local Police MBTA Police	0800
24HR	1119 0011	Police 3	Report		2	0		Longi			Campus Police Other:	ŏ
AT INTERSECTION	ON:	LOCA	TION >	>		NO	T A	F IN	TER	SEC	TION:	
					316	т.	∩WE	LL	СT			2
Route# Direction	Name of Roadway/Street		Route# Directi		Address #						vay/Street	
	At		Feet I	N S	E W of			_ •		ог		
Route# Direction Name	e of Intersecting Roadway/Stre	et				M	lile Ma	ırker		·· -	Exit Number	二,
	Also at Intersection with		_		E W of	Rou	te#		Interse	ecting F	Roadway/Street	
Route# Direction Name	e of Intersecting Roadway/Stree	eet	Feet	N S	EW of						······································	
	-	1								ndınarl	k	
Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	eport I	D# <b>2</b> 4	<u> </u> – 1	<b>5</b>	7 –	AC	•		
License # St.	DOB/Age	Reg #	1MKP77			Re	д Тур	. PC		R	eg State <b>MA</b>	_
Sex M Lic. Class D Lic. Re	estrictions 99 CDL	Veh Y	/ear_2007	V	eh Make _	FOY	ATC			Veh	Config. 1	
Operator CINGANELLI, NI	Endorsem CHOLAS J First Middle	O	er <u>CINGANE</u>	ELL	I, L			PA'	rri	CIA		
Address 36 CHARNWOOD RI			ess 36 CHA	rny	TOOD		int			Mi	iddle	_
City MEDFORD State	MA Zip 02155-54	09 City]	MEDFORD				Sta	te <b>M</b> Z	<b>A</b> 2	ip <b>02</b>	2155-540	9
Insurance Company THE COMMER	CE INSURANCE	CO Vehic	le Action Prior to C	rash	1	22	D	amage	d Area	Code:	7 27 27 2	27
Vehicle Travel Direction: NSE	Responding to Emergency?	2 Event	Sequence 1 2	3 2	23 23	23	Te	est Stat	us:		1 28	
Citation # (If Issued)	_	Most	Harmful Event	1	24			/pe of `			o <sup>29</sup>	
Viol. 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub	Drive	ے r Contributing Cod	le [	5 25	L9 2	3	AC Tes isd. Ale		2 31	<u> </u>	12 1
Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	o T	26	26		wed fi	,		2 33	<b>-</b>
•	or and all occupants involved				34 35 Seat Safet	36 Airbag	37 Éject	38 Trap	39 Injury	40 Transp.		$\dashv$
Name (Last First Middle)  Operator	Address See Above		DOB/Age	Sex	Pos. System	n Status	Code	Code	Status 10	Code 1	Medical Facility	
Орегию	Sce Above			$\hookrightarrow$	1 33	-	ļ		-	-		
				_								
						ļ						
Please Select One of the Following:	#Occupants Hit/Run	☐ Moped	Uulnerabl	le Use	r Compl	ete the	Vulner	able U	lser see	ction.		
License #	DOB/Ags	Rea#	3TKV18			Re	a Type	PC		Re	e State MA	$\dashv$
19 19	strictions 99 20 CDL		ear 2010								21	
Operator PEREZ DE LEON	Endorseme	ent	r PEREZ D									1
Address 47 WESTERN AVE	irst Middle		ss 47 WES	al .		F	irst				ddle	
	MA Zip 01904-212		LYNN				Sta	te <b>M</b> Z	z	ip <b>01</b>	L904-000	0 1
Insurance Company PLYMOUTH R	•	-	le Action Prior to C	rash	1	22				Code:		- I
Vehicle Travel Direction: NSE	Responding to Emergency? 2	2 Event	Sequence 1 23	3 2	3 23	23	Te	st Stati	us:		1 28	<b>-</b>
Citation # (If Issued)		Most 1	Harmful Event	1	24		_	pe of T			o <sup>29</sup>	
Viol. 1: Ch/Sec/Sub — Vi	nt. 2: Ch/Sec/Sub	Driver	Contributing Code	. [	9 <sup>25</sup> 1	9 <sup>25</sup>	1	AC Tes	-	lt: 2 31	<u> </u>	2
	ol. 4: Ch/Sec/Sub		Distracted by	 D :	<u></u>	26	, 54	wed fr	Ľ		2 33	
	r and all occupants involved		<u> </u>		34 35 Seat Sufety	36 Airbag	37 Eject	38 Trsp	39 Injury	40 Transp.		$\dashv$
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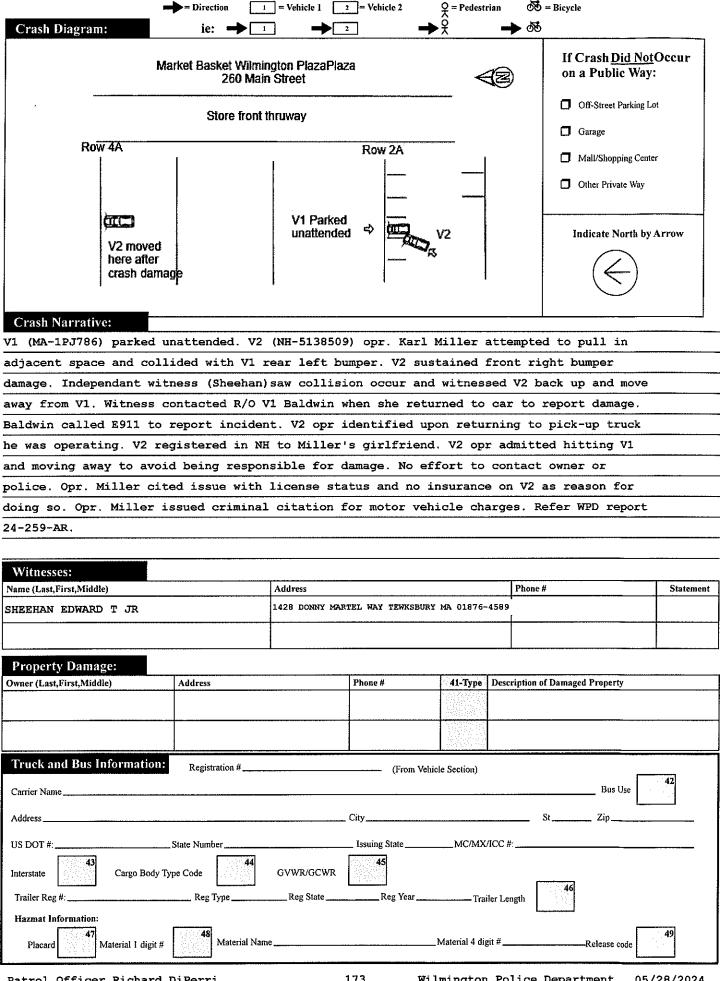
Patrol Officer John A Fortes

## Wilmington Police Department Images Associated with 24-157-AC





Pol	lice Use Only		Co	mmonv				use	etts			Yes	RM	V Doc	Very 2010	t Number		
Date of Crash 05/28/2024	Time of Crash V		City/Town	1		icle Cra	ish		umber :hicles		اتسسا	Speed Latitu	t Limit de		<u> </u>	tate Police ocal Police IBTA Police	9000	
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City		_ State	Zip		City _	WILMING	TON	<u> </u>			Stat	te <u>M</u>	<b>A</b> 2	Zip <b>O</b>	188	37		
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Patrol Officer Richard DiPerri

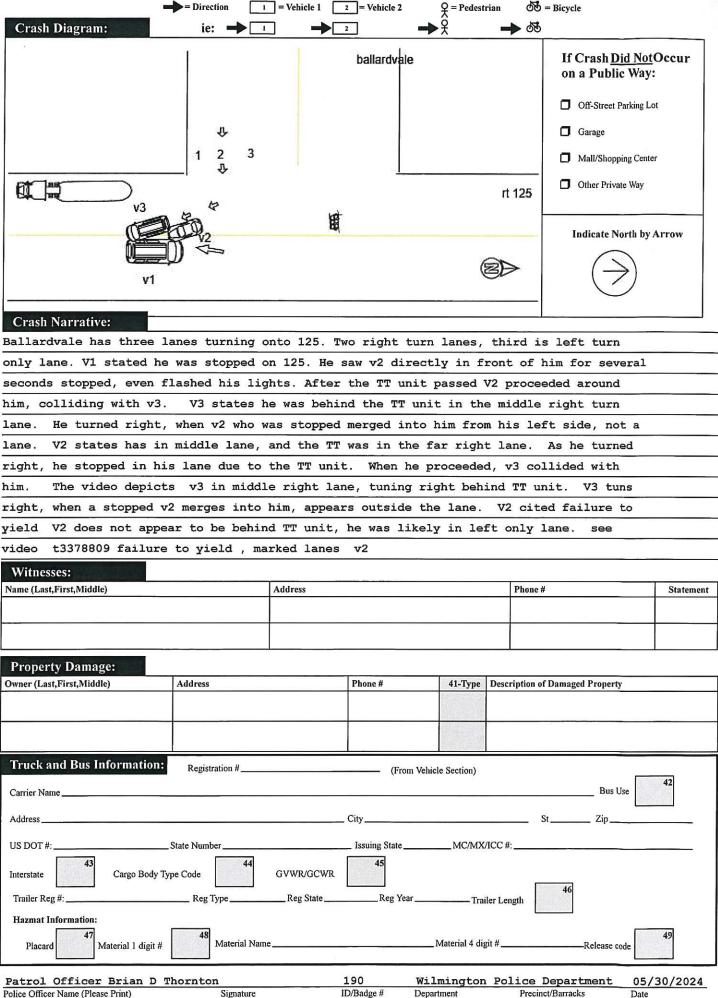
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Wilmington Police Department

05/28/2024

	Police Use Only	Common	iwealth (	of Massa	achu	setts	5		RN	IV Doc	ument Number		
	1 1	City/Town Mo	otor Veh		sh [	Number Vehicles		rad Dr	ed Limi	t <u>20</u>	State Police Local Police MBTA Police	0800	
	24HR	ing con	Police 1	Report		3	0	- 1	ntide ngitude_		Campus Police	_ 5	
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		of Intersecting Roadway/Stre	et				Mi	le Marke	r		Exit Number		5
		Also at Intersection with	;		N S E		Route	#	Inters	secting I	Roadway/Street		
<sup>2</sup> 3	Route# Direction Name	of Intersecting Roadway/Stre	eet	Feet [	N S E	W of							
	Please Select One Vivier 1 #	(Ossuments   [ ]	I			2.4	1	<u> </u>		andmarl	k		[
3	of the Following:	Occupants Hit/Run	Moped	Crash R	eport ID	# 2 4	T	.59	-A(	<u>.</u>			
	License # St	DOB/Age	Reg #	29TM72			Reg	g Type 🗜	C	R		21	1 12
		trictions 1 CDL_ Endorsen	Veh Y	Year <u>2012</u>	Veh	Make <u>I</u>	IONE	)A		Vela	Config. 2		
4	Operator HILL, GREGORY	PETER irst Middle			Last		Fí	rst		Mi	iddle		
<sup>4</sup> 3	Address 133 ELM ST			ess 133 EI		<u>r                                    </u>							
	City WAKEFIELD State 1	•		WAKEFIE)	LD	<u> </u>	22				1880-140 27 27	0 <u>9</u> 27	
	Insurance Company GOVERNMENT			le Action Prior to		2	<u></u>	Dama Test S	ged Are	a Code:	28		
<sup>5</sup> 1	Vehicle Travel Direction: SEW	Responding to Emergency?_	2 Event	Sequence 1	23 23	<u> </u>	23		of Test:		29		
<u> </u>	Citation # (If Issued)			Harmful Event	1 2	<u> </u>	· · ·		Test Res	ult:	30		_ 13
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³ <b>1</b>	Operator ALAVALA, NAGAMA Last Pic Address 139 PALM ST AP	rst 202		r ALAVAL ess 139 PA	ast .		Fir	202		Mi	ddle		
		IH Zip 03060		NASHUA	CLIIVI S	2 4	<u> </u>			ν: <b>Ω</b> 3	3060		14
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		and all occupants involved	—		3 Se		36 Airbag	37 3i Eject Tra	39	40		$\blacksquare$	
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	Police Use Only Commonweal							of Mass	ach	ıus	etts	3		2711000 Savios (1	RM	IV Doc	ament l	经现金帐户 电二十二条线	
	Date of Crash 05/30/2024	Time of Crash	1	City/Town	M			icle Cra	sh		lumber ehicles		mber ured	Speed	d Limi	t2	Local	e Police 28 al Police 38 TA Police 20 appus Police 20	
		24HR						Report		3		0		Long	itude_		Oth	er:	<u> </u>
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				5 HWY				Feet	NS	EW	of	M	ile Ma	o	• —	or .		t Number	-
	Route# Dire	ction	Name	of Intersecting Also at Interse		reet	<u> </u>	Feet	NS	EW	of								5 11
								Feet	NS	EW	of	Rout	e#		Inters	ecting l	Roadwa	y/Street	
<sup>2</sup> 3	Route# Direc	ction	Name	of Intersecting	, Roadway/Str	reet									L	ındmar	k		_
3	Please Select ( of the Followi		le 3 <b>1</b>	#Occupants	Hit/Run	□ Мо	ped	Crash F	Report	ID#	24	-1	.5	9-	A	3			
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	Sex M Lic.	Class D	19 Lic. Re	estrictions 1	CDL	ment	Veh Y	<sub>ear</sub> <u>2019</u>		Veh M	íake 🗜	OVI	ER_			Vel	ı Config.	2 21	1 "
4	Operator <u>CU</u>	TONE, C	RAIG	RICHAR			Owne	CUTONE	Last	CRA	IG	RI	CHA	RD		м	iddle		-
<sup>4</sup> 3	Address 77_	MACARTH	UR RI	)			Addre	ess <u>77 MA</u> C	CAR	THU	JR 1	RD							-
	1	EHAM		-			City_	STONEHA	M		- Vindentee	33				-		)-3409	-
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<sup>5</sup> 1	Vehicle Travel D	L	EW	Responding to	Emergency?			Sequence 1		23	7 <b>5</b> 7		Ty	pe of	Test:		29		
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		Sub						r Distracted by	ode Total	26		16	j St		cohol: rom se	31 ene?	Susp.	Drug: 32	1
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	Name (Last First M  Operate				Address See Abov			DOB/Age	Sex	Pos.	System 1		Code	Code	Status 10		Me	edical Facility	-
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								<u> </u>											
<sup>7</sup> 3	Please Select O of the Followin		e 4 <sup>‡</sup>	#Occupants	Hit/Run	Mo <sub>1</sub>	ped	<b>Vulnera</b>	ble Us	er (	Comple	te the	Vulnei	able (	Jser se	etion.			
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	Sex Lic. C	Class 19	Lic. Res	strictions	CDL Endorsen	nent	Veh Ye	ear		Velı M	ake					Veh	Config.		
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	Vehicle Travel D		EW				Event	Sequence	23	23	23	23		st Stat			28	<del></del>	
) _	Citation # (If Issu	ued)					Most l	Harmful Event		24			•	pe of	Test: st Resi	ıle-	30		
2	Viol. I: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/S	ub	<del></del>	Driver	Contributing Co	de	25,1,1 35,7,3 27,8	25	25				31	Susp. 1	Drug 32	
	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/S	ub		Driver	Distracted by		26	2	6	То	wed fi	om sc	ene?	33		
	Name (Last First Mi		for operato	r and all occupa	ants involved Address			DOB/Age	Sex	34 Seat Pos.	35 Sufety System	36 Airbag Status	37 Ejeci Code	36 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
	Operato	or/Occupai	nts		See Abov	ve		$\supset <$	X	1									
																	-		



Attachments for 24-159-AC	
Description	Туре
RESTING, 3 CAR MVA	JPEG
Attachment#: 1301B9AEC4E4461EB77A425F93DB0348	
CR CUTONE OPER CRASH RPT	PDF
Attachment#: E6D91733457F4F19A44E61CC078D0E67	
VIDEO MVA	MP4
Attachment#: FF0FB10B986C4E73BD78B00463068228	



	Police Use Only	Common	wealth	of Massa	ichu	setts	S	3.4 374)	RM	V Docu	ment Number			
	1 1	City/Town Mo	otor Veh	icle Cra	sh [	Number		4 Laber	d Limi	t <u>35</u>	State Police Local Police MBTA Police	080		
	24HR	Ing con	Police :	Report		2	o <sup>°</sup>	Lant	ude gitude _		Campus Police Other:	<u>a</u>		
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	CT ADV CO										•	:	2	10
,	Route# Direction CLARK ST	Name of Roadway/Street		Route# Direct	ion A	ddress #		N	lame of	Roadwa	ay/Street			
1		At		root [	N S E	Wor								
	Route# Direction Name	of Intersecting Roadway/Stree	et .			1.1.101	Mile	Marker		· 01	Exit Number		9	11
		Also at Intersection with	· · · · · · · · · · · · · · · · · · ·	Feet [	N S E	w of	Route#		Inters	ecting R	oadway/Street	— [ <sup>3</sup>	<del>9</del>	
<sup>2</sup> 1	Route# Direction Name	of Intersecting Roadway/Stree		Feet	N S E	W of								
1		<u> </u>	· <u>I</u>							undmark		=		
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash R	eport ID	# <b>2</b> 4	-1	50 –	-AC	7				
	License # 5 St	DOB/Age	Reg #	1230WB			Reg	уре <b>Р</b> С		Re	g State <b>MA</b>			12
	Sex M Lic. Class D Lic. Re	strictions 20 CDL	Veh Y	<sub>Year</sub> <u>1998</u>	Veh	Make_S	ATUI	<u>N</u>		Veh (	Config. 1	1	1 ′	12
	Operator STRONG, CHRIST	OPHER J  inst Middle		er STRONG		NET	DOR	THY				_ [		
<b>4</b> 2	Address 33 CHARME RD	irst Middle	Addr	ess <u>33 CHA</u>	RME	RD	First			Mid	dle			
	City <b>BILLERICA</b> State	MA Zip 01821-21	22 City	BILLERIC	CA			State <b>M</b>	<b>A</b> :	Zip <b>01</b>	821-212	2		
	Insurance Company ALLSTATE II	NSURANCE COMP	AN Vehic	le Action Prior to	Crash	4	22	Damage	ed Area	Code: 1	27 2 27 8	27		
	Vehicle Travel Direction: NSWW	Responding to Emergency?	Event	Sequence 1	23 23	23	23	Test Sta		1	28			
1	Citation # (If Issued)		Most	Harmful Event	1 24	1		Type of BAC To		<u>0</u>	29 30			
	Viol, 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Coc	ie <b>1</b>	8 <sup>25</sup>	25	Susp. A		<del>``</del>	Susp. Drug 2	32	<b>1</b>	13
5	Viol. 3; Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26	3	26	Towed	from sc	_	33	<b>-</b>		
·1	Please fill out for operato	r and all occupants involved		DOB/Age		4 35 eat Safety os. System	36 Airbag E Status C	7 38 eet Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	一		
	Operator	See Above			<b>V</b>		4 0	0	10	1	Medical Pacinity	$\exists$		
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3	Please Select One of the Following:	Occupants Hit/Run	Moped	Uulnerab	le User	Comple	te the Vu	nerable	User se	ction.				
	License	DOB/Ag	Reg #	3TBH83			Reg T	ype <b>PC</b>		Reg	g State MA			
	Sex <b>E</b> Lic. Class D 19 Lic. Res	trictions 20 CDL		ear <u>2020</u>	Veh	Make <b>H</b>	OND			Veli C	Config. 1. 2			
	Operator WIERZBICKI, JA			r WIERZBI	CKI	, JA	YNE First	ROS	E	Midd	Po.	_		
1	Address 8 PADDOCK ST		Addre	ss 8 PADD	OCK	ST	102	·-·········		71,000		-		71
	City WILMINGTON State 1	<b>IA</b> Zip 01887-292	25 City 1	WILMINGT	'ON			State M	<b>A</b> 2	ip <b>01</b>	<u>887-292</u>	<u>5</u> 1	L '	4
	Insurance Company THE HANOVE	R INSURANCE CO	OM Vehic	le Action Prior to C		1	22	-		Code: 2	27 3 27 2 28	27		_
	Vehicle Travel Direction: N E W	Responding to Emergency? 2	Event	Sequence 1 2	3 23	23	23	Test Sta Type of		1	29			
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		ol. 4: Ch/Sec/Sub	Drívei	Distracted by	0 26	ـــــــال	6	Towed f		12	33			
	Please fill out for operator Name (Last First Middle)	and all occupants involved Address		DOB/Age	Sex Po	at Safety	Airbag E	7 38 set Trap de Code	19 Injury Status	40 Transp. Code	Medical Facility			
	Operator/Occupants	See Above		$\triangleright <$	X	1	4 0	o	10	1		]		
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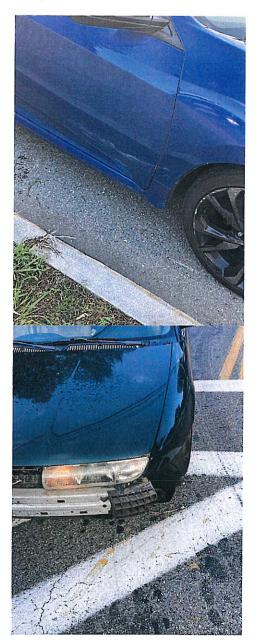
Crash Diagram:	ie:	= Vehicle 1	2 = Vehicle 2	Q = Pedestrian	65 = Bicyc	le	
Clash Diagram.	Clark St.		Church St.	<b>→</b>		Crash Did Not( a Public Way:  Off-Street Parking Lot Garage  Mall/Shopping Center Other Private Way  Indicate North by A	
Crash Narrative:							
MV 1 was turning left or	DOMESTIC AND DESCRIPTION OF THE PROPERTY OF TH	25 100 W - 100	August Marketo W	V V IV 1000 1000	5 Page 18 As		
was turning onto Church MV 1 stated that he coul						th parties	
did not have any apparen							
A&S. MV 2 was driven for							
2.37							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
D							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type De	escription of Dama	ged Property	
· · · · · · · · · · · · · · · · · · ·							
Truck and Bus Information:	Registration #		(From V	ehicle Section)			
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Jesuing State	MC/MY/IC	~ #-		
43	44		45	IVIC/IVIX/IC	σπ		
Interstate Cargo Body Ty		GVWR/GCWR			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length		
Hazmat Information:	49						49
Placard Material 1 digit #	Material Nan	ne		Material 4 digit #		Release code	

Patrol Officer Alec S Masiello Police Officer Name (Please Print)

Wilmington Police Department 05/31/2024
Department Precinct/Barracks Date

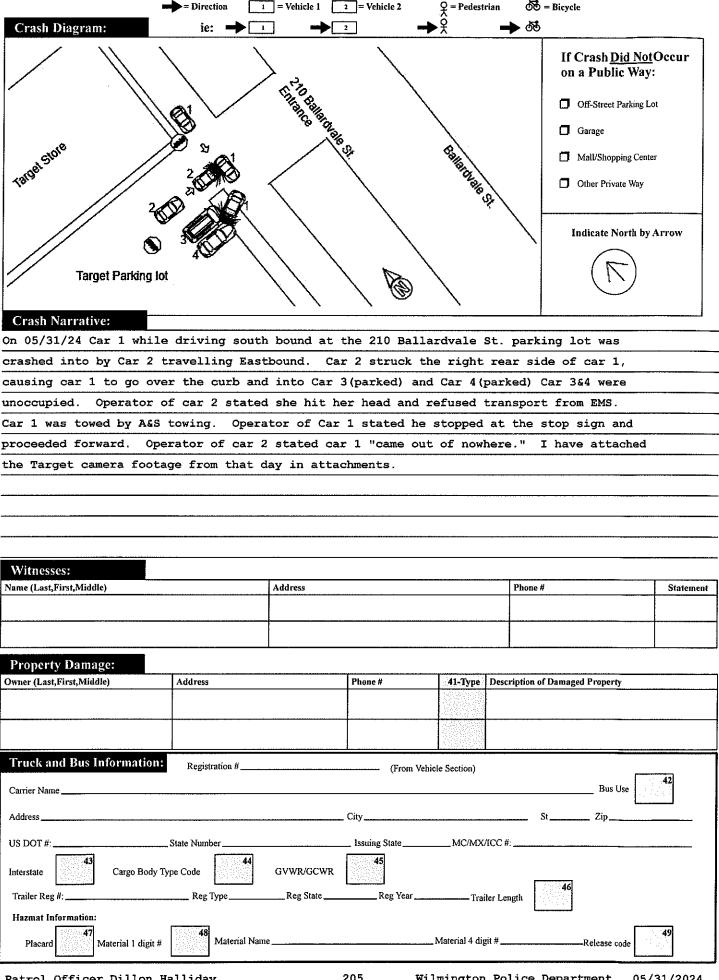
# Wilmington Police Department Images Associated with 24-160-AC





Routed Direction   Name of Roadway/Street   Routed Direction   Att   Feet   N   S   W   of   Male of Roadway/Street   Also a first-recting Roadway/Street   Also a first-recting Roadway/Street   Also a first-recting Roadway/Street   Feet   N   S   W   of   Male Market   Eul Number   Eul N
AT INTERSECTION:    LOCATION   NOT AT INTERSECTION:
Roote# Direction Name of Readway/Street Address # Name of Readway/Street Address # Name of Readway/Street Address # Direction Name of Intersecting Readway/Street Address # Name of Intersecting Readway/Street    Feet   N   S   W   of Mile Middles   Or Est Namber
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Routed Direction Name of Roadway/Street  Routed Direction Address # Name of Roadway/Street  Routed Direction Name of Intersecting Roadway/Street  Also at intersecting Roadway/Street    Routed Direction   Name of Roadway/Street   Siglw of   Routed   Intersecting Roadway/Street
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Routes   Direction   Name of Intersecting Roadway/Street   Londonack   Londo
Rouge   Direction   Name of late secting Roadway/Street   Landmark
Picase Select One of the Followings
License
Sex M   Lic. Class   19   19   Lic. Restrictions   20   CDL   Endormenent
Operator COUTURE, KEVIN J Module Address 109 S BROADWAY  City SALEM State NH Zip 03079-3025  Insurance Company Vehicle Action Prior to Crash 1 22  City SALEM State NH Zip 03079-3025  Insurance Company Vehicle Action Prior to Crash 1 22  City SALEM State NH Zip 03079  Vehicle Action Prior to Crash 1 22  City SALEM State NH Zip 03079  Vehicle Action Prior to Crash 1 22  Test Status: 78  Type of Test: 28  Word Harmful Event 1 24  Most Harmful Event 1 24  Word I: Chr/Sec/Sub Wiol. 4: Chr/Sec/Sub Driver Contributing Code 99 25  Viol. 3: Chr/Sec/Sub Wiol. 4: Chr/Sec/Sub Driver Distracted by 99 26  Viol. 3: Chr/Sec/Sub Sup Action Final State NH Zip 03079  Please fill cut for operator and all occupants involved Downge see Final Suppose Code Code State State Code Code State Stat
Operator COUTURE   KEVIN J   Salaba   National Price   Salaba   Address 109   S BROADWAY   State NH   Zip 03079   Damaged Area Code: 3   27   27   27   Test Status:   1   28   Damaged Area Code: 3   27   27   27   Test Status:   1   28   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   Test Status:   28   Damaged Area Code: 3   27   27   27   Test Status:   29   Damaged Area Code: 3   27   27   27   27   27   27   27
Address 109 S BROADWAY  City SALEM  State NH Zip 03079-3025  Insurance Company  Whicle Travel Direction:  NXEW Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 99 2 2
Insurance Company
Vehicle Travel Direction:   N   E   W   Responding to Emergency?   2   Event Sequence   2.3
Vehicle Travel Direction: NEEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23 23 23 23 23 23 23
Citation # (If Issued)  Viol. 1: Ch/Sec/Sub
Viol. 1: Ch/Sec/Sub Viol. 2: Clr/Sec/Sub Direct Controlling Code  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Direct Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 1 3 susp. Drug 32  Towed from scene? 1 1 3 susp. Drug 32  Towed from scene? 1 1 3 susp. Drug 32  Towed from scene? 1 1 33  Driver Distracted by 9 26 26 Towed from scene? 1 1 33  Driver Distracted by 9 26 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26 26  Towed from scene? 1 1 3 susp. Drug 32  Towed from scene? 1 1 33  Driver Distracted by 9 26 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26 26  Towed from scene? 1 1 1 4  Driver Distracted by 9 26 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26 26  Towed from scene? 1 1 33  Driver Distracted by 1 50 27 1 50  Towed from scene? 1 1 1 4  Driver Distracted by 9 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26  Towed from scene? 1 1 1 4  Driver Distracted by 9 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26  Towed from scene? 1 1 33  Driver Distracted by 9 26 26  Towed from scen
Please fill out for operator and all occupants involved  Address   DORAGE   Sec   Pers.   Sec
Names (Last First Modellet)  Address DOB/Age See Special Signary System States Code Code Code Code Code Code Code Code
Please Select One of the Following:  License  S  DOB/Ag  Reg # 2PRM94  Reg Type PC  Reg State MA  Veh Year 2020  Veh Make CHEVROLET  Veh Config. 1  Veh Config. 1  Veh Year 2020  Veh Make CHEVROLET  Veh Config. 1  Veh Year 2020  Veh Make CHEVROLET  Veh Config. 1  Veh Year 2020  City LOWELL  State MA  Address 14 WATSON ST APT 20  City LOWELL  Insurance Company PLYMOUTH ROCK ASSURANCE C  Vehicle Travel Direction:  N S W Responding to Emergency? 2  West Hope fil Figure 1  West Hope fil Figure 2  West Hope fil
LicenseSDOB/Ag
License
License S DOB/Ag Reg # 2PRM94 Reg Type PC Reg State MA  Sex F Lic. Class D Lic. Restrictions CDL Endorsement  Operator GATTA, KERRY  Operator GATTA, KERRY  Owner WHITE, PHILIP M  Last Pirst Middle  Address 14 WATSON ST APT 20  City LOWELL State MA Zip 01852-3580  City LOWELL State MA Zip 01852-3580  Vehicle Action Prior to Crash 1 22  Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 Test Status:  Type of Test: 29  Most Hermful First Complete the vulnerable User Section.  Note of the Following: Vulnerable User Section.  Note of the Vulnerable User Section.  Note of t
License S DOB/Ag Reg # 2PRM94 Reg Type PC Reg State MA  Sex F Lic. Class D 19 19 Lic. Restrictions CDL Endorsement  Operator GATTA, KERRY  Operator GATTA, KERRY  Address 14 WATSON ST APT 20  City LOWELL State MA Zip 01852-3580 City LOWELL State MA Zip 01852-3580 City LOWELL  Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N S XW Responding to Emergency? 2  Event Sequence 1 23 23 23 23 23 Test Status: Type of Test: Type of Te
License S DOB/Ag Reg # 2PRM94 Reg Type PC Reg State MA  Sex F Lic. Class D Lic. Restrictions CDL Endorsement  Operator GATTA KERRY  Operator GATTA KERRY  Owner WHITE PHILIP M  Last First Middle Last First Middle Address 14 WATSON ST APT 20  City LOWELL State MA Zip 01852-3580 City LOWELL State MA Zip 01852-3554 II4  Insurance Company PLYMOUTH ROCK ASSURANCE C  Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 Test Status: Type of Test: 29  Most Herrefold Function 1 1 24  Most Herrefold Function 1 24
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement  Operator GATTA, KERRY  Address 14 WATSON ST APT 20  City LOWELL State MA Zip 01852-3580  City LOWELL State MA Zip 01852-3580  City LOWELL State MA Zip 01852-3554  Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 27  Vehicle Travel Direction: N S X W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Test Status: 28  City Lower WHITE, PHILIP M  Owner WHITE, PHILIP M  City LOWELL State MA Zip 01852-3554 1  Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 27  Vehicle Travel Direction: N S X W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23 23 23 24 Test Status: 28  West Hempful First 1 24
Sex F Lic. Class D Lic. Restrictions CDL Endorsement Operator GATTA, KERRY Address 14 WATSON ST APT 20  City LOWELL State MA Zip 01852-3580 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N S XW Responding to Emergency? 2  City I Council (Is Insurance Company I Council I Co
Operator GATTA, KERRY  Address 14 WATSON ST APT 20  City LOWELL  State MA Zip 01852-3580  City LOWELL  Insurance Company PLYMOUTH ROCK ASSURANCE C  Vehicle Travel Direction: N S X W Responding to Emergency? 2  Event Sequence  Most Hemful First  Owner WHITE, PHILIP M  First  Address 14 WATSON ST APT 20  City LOWELL  State MA Zip 01852-3554  Test Status:  28  Type of Test:  Type of Test:
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Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status:  Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 24 24 Type of Test:
Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 Type of Test: Type of Test: 29
Citation # (If Issued) Most Hamful Event 10 24
BAC Test Result: 30
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 99 25 Susp. Alcohol: 31 Susp. Drug. 32
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 9 26 26 Towed from scene? 2 33
Please fill out for operator and all occupants involved  Name (Last First Middle)  Address  DOB/Age  Sex Pos. System Status  Code Status  Code Status  Code Medical Facility  Medical Facility
Operator/Occupants See Above 1 1 1 4 0 0 10 1

	Pol	lice Use Only	ealth o	lth of Massachusetts RMV Document Number									umber	Total Salar			
	105/31/2024   1 <b>222   Wilmington</b>			r Veh	icle Cra	sh		mber	Num		ed Limi	t1.	L.ocai	Police Po	1		
	03/31/2024	24HR		Pe	olice ]	Report		4		0	Lan	tude gitude _			us Police		
	AT INTERSECTION: <			LOCA	OCATION > NOT AT INTERSECTION:										10		
							210 BALLARDVALE ST										
1	Route# Dire	ection	Name of Roadway	y/Street		Route# Direc	tion	Addre						vay/Street		_	
1			At			Feet	NS	EW	of			• —	- ог _				
	Route# Dire	ction	Name of Intersecting Ro	adway/Street						Mil	e Marker			Exit l	Number	3 11	
			Also at Intersection	n with		Feet NSEW of Route# Intersecting Roadway/Street										·	
<sup>2</sup> <b>1</b>	Route# Dire	etion	Name of Intersecting Ro	adway/Street		Feet NSEW of											
_	Please Select (	One SZI	0 #0aaaaaa			Crash Report ID# 24-161-AC											
3	of the Followi		O#Occupants	Hit/Run	Moped	Crash F	leport	ID# Z	4		ρТ-	-A(	<u> </u>			1	
	License #		StDOB/Age	1		BC32CD									21	7 12	
	Sex Lic.	Class	Lic. Restrictions	CDL Endorsement	Veh Y	Veh Year 2019 Veh Make VOLKSWAGEN Veh Config. 1 21  Owner DE OLIVEIRA, DIOGO ALVES  Last Middle  Address 11 DRAPER DR											
4	Operator <b>D</b> r	iverless	M.V. First	Middle													
<sup>4</sup> 2	Address		2														
	•		State Zip			City WILMINGTON         State MA         Zip 01887-1515           Vehicle Action Prior to Crash         11 22 Damaged Area Code: 1 27 27 27 27           Test Status: 28											
	Insurance Comp		<u>ENERAL INSU</u>	RANCE C	. Vehic												
<sup>5</sup> 1	Vehicle Travel I	Direction: NSE	W Responding to E	nergency?		Event Sequence 2 23 23 23 23 23 29 Type of Test: 29  Most Harmful Event 2 24 BAC Test Result: 30											
	1	sued)														1 13	
			Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 34 Susp. Drug: 32											
<sup>6</sup> 1	Viol. 3: Cli/Sec/		Viol. 4: Ch/Sec/Sub		Drive	34 35 36 37 38 39 40											
	Name (Last First M		operator and all occupants	Address		DOB/Age	Sex	Seat		Airbog	Eject Traj Code Cod	Injury	Transp.	Medi	ical Facility		
	Operate	or		See Above		$\geq \leq$	X	1							···		
						***************************************						T				1	
7	Please Select C		0 #Occupants	Tit/Pun 🗀	Moned	Ulneral	bla Us	ar Co	molet	a the V	ulperable	llser se	etion		****	1	
<sup>7</sup> 2	Please Select One of the Following:  Vehicle 40 #Occupants   Hit/Run   7  License # St DOB/Age  Sex Lic. Class   19   19   Lic. Restrictions   20   CDL   CD															-	
						YUGO55				_	• • • •			•	21		
				ear 2021							Veh	Config.	1				
<sup>8</sup> 1	Operator Driverless M.V.  Last First Middle  Address					Owner MITROVIC , ZELJKO  Last First Middle  Address 14 BOSTON RD											
		CityStateZip									Stata M	Δ :	zin Oʻ	1810-	-6107	1 14	
	Insurance Company THE STANDARD FIRE INSURAN					City ANDOVER         State MA         Zip 01810-6107           Vehicle Action Prior to Crash         11 22 Damaged Area Code: 1 27 27 27											
	Vehicle Travel D			Vehicle Action Prior to Crash 11 T Damaged Area Code: 1 T T Event Sequence 23 23 23 23 Test Status: 28													
	Vehicle Travel Direction: NSXW Responding to Emergency? 2					Most Hannful Event 2 24 Type of Test; 29											
<sup>7</sup> 2	,	Sub		Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug 32													
		Viol. 3: Ch/Sec/Sub ————————————————————————————————————					Susp. Mooner. Susp. Drug.										
		Please fill out for operator and all occupants involved				34   35   36   37   38   39   Seat   Safety   Airbug   Eject   Trap   Inju							40 Transp.				
	Name (Last First M	or/Occupants		Address See Above		DOB/Age	Sex			Status	Code Code		Code	Media	cal Facility		
ł	Operuio	n Occupanis		JUL AUUVE				1	$\dashv$	_		+	ļ <u>.</u>				
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Patrol Officer Dillon Halliday

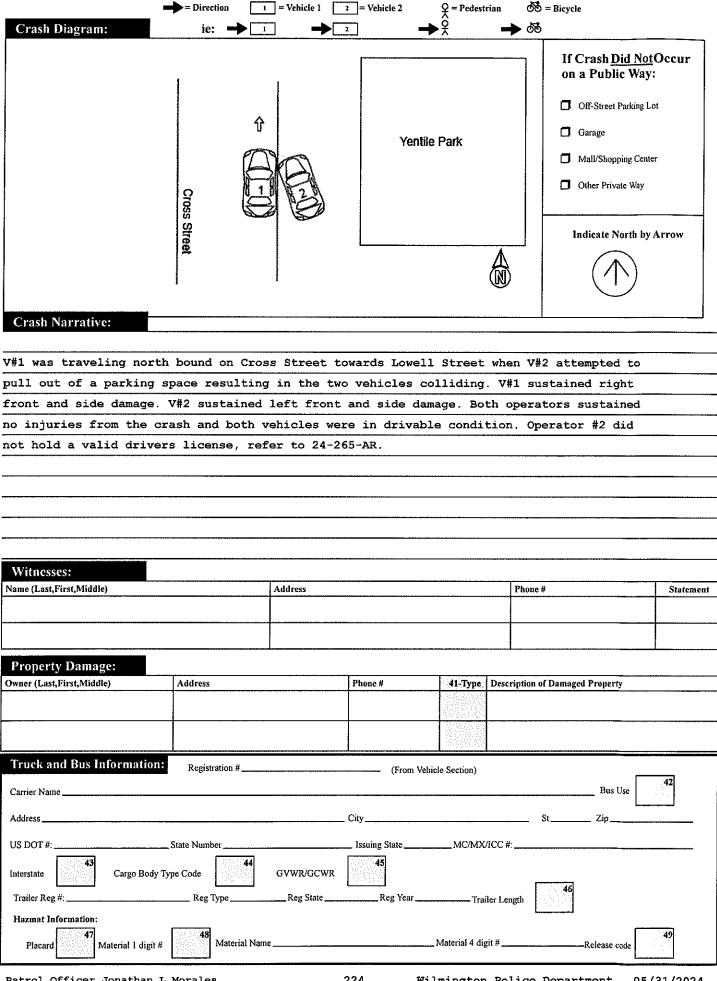
205

Wilmington Police Department Department

05/31/2024

Attachments for 24-161-AC	
Description	Type
EXTERIOR TARGET CAMERA FOOTAGE OF CRASH	MP4
Attachment#: 2863DB2028E740CA8B51CB4FD02B541F	

	Police Use Only	Comm	onwealth	of Massa	chus	etts	3		RMV Document Number								
	05/31/2024 1820 Wilmington								per Speed Limit 25 State Police Local Police MBTA Police								
	24HR	24HR POI			Vehicles Injured Latitude MBTAP  2 0 Longitude Other:							<u>i  </u>					
	AT INTERSECTI	< LOCA	OCATION > NOT AT INTERSECTION:														
							9 CROSS ST										
1	Route# Direction	Name of Roadway/Stree	et	Route# Direction	on Ad	lress#	<u> </u>			Roady	way/Street	_					
<sup>1</sup> 1			Feet NSEW of or														
	Route# Direction Nam	e of Intersecting Roadwa	·	Mile Marker Exit Number													
		Also at Intersection with	ì	Feet NSEW of Route# Intersecting Roadway/Street													
<sup>2</sup> 1	Route# Direction Name	e of Intersecting Roadway	y/Street	Feet NSEW of													
	Please Select One Vehicle 11	#Occupants Hit/Ri	un Moped	ped Crash Report ID# 24-162-AC													
3	of the Following:	HIVA	<u> </u>									_					
	License # Si	OB/Agt	_								Reg State MA	· 12					
	Sex <b>E</b> Lic, Class <b>D</b> Lic, Ro	estrictions 99 CDI	orsement	rear <u>2023</u>			'OYO	TA		Vel	Config. 1						
<sup>4</sup> <b>1</b>			Middle	er THAIN,	st		Fir	ι		М	liddle	•					
т	Address 25 NICKERSON A  City WILMINGTON State			ess <u>25 NICI</u> WILMINGT		<u> NIQ</u>		a N	rz	· •	1887-3006	•					
	Insurance Company AMICA MUTU					1	22				2 27 3 27 27	•					
	Vehicle Travel Direction: X S E W	Responding to Emerger		le Action Prior to C		23	23	Test St			1 28						
<sup>5</sup> 2	Citation # (If Issued)	Responding to Emerger		Harmful Event	0 29												
	Viol, I: Ch/Sec/Sub ————V	iol 2: Ch/Sec/Sub		r Contributing Code	123.7	25	25	BAC T Susp. A	est Res		1 30 Susp. Drug 2 32	<b>1</b> 13					
	Viol, 3; Ch/Sec/Sub —————V			Ī	0 26		6		from so		2 33						
<sup>6</sup> 1		or and all occupants invol			34 Seat	35 Safety	36 Airling	37 38 Eject Traj	n Injury	40 Transp.		┦					
	Name (Last First Middle)  Operator		Above	DOB/Age	Sex Pos.	System 1	Status 4	Code Cod	status 10	Code 1	Medical Facility	-					
	Орегиног				<del>\</del>	F		-	+	<u> -</u>		-					
										ļ							
						-			-	-		4					
						ļ						4					
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Hit/Ru	n Moped	Vulnerabl	e User	Comple	te the V	ulnerable	User se	ction.							
	License # St	Reg #	5TGT99			Reg	Туре РС	<u> </u>	R	eg State <b>MA</b>	]						
	Sex <b>F</b> Lic. Class D Lic. Re	strictions I 20 CDL	Veh Y	ear <u>2015</u>	Veh N	iake <u>T</u>	OYO	ra		Veh	Config. 21						
8 1	Operator <u>IMTIAZ , MARINA</u>	Middle	er <u>IMTIAZ,</u> Las	a		M Firs			Mi	iddle	.						
1	Address 15 IRVING ST		Address 401 DANA CT														
	City WINCHESTER State		City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-6227</b>														
	Insurance Company GEICO GENE		Vehicle Action Prior to Crash  Test Status: , 28														
	Vehicle Travel Direction: SEW	•	Event Sequence 1 29 Type of Test: 29														
2	Citation # (If Issued) 680057AC	l: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 90 11					BAC Test Result: 1 30										
	Viol. 1: Ch/Sec/Sub 20 Viol. 2: Ch/Sec/Sub 20 Susp. Alcohol: 2 31 Susp. Diver Contributing Code 2 31 Susp. Alcohol: 2 31 Susp. Diver Contributing Code 2 32 Susp. Alcohol: 2 31 Susp. Diver Contributing Code 2 32 Susp. Alcohol: 2 31 Susp. Diver Contributing Code 2 32 Susp. Alcohol: 2 31 Susp. Diver Contributing Code 2 32 Susp. Diversity Code 2 32 Susp. Di									31							
	Viol. 3: Ch/Sec/SubV			Distracted by	34	35	36	37 38	40	2 33	4						
	Name (Last First Middle)	•	ldress	DOB/Age	Sex Pos.	Safety System	Status	Eject Trap Code Code		Transp. Code	Medical Facility	4					
	Operator/Occupants		Above		X 1	99	4 (	0	10	1		_					
	MERIEM IKHELF	112 CHESTNUT ST WILMINGTON, MA 018	e7	F	7 3	99	4 (	0	10	1							



Patrol Officer Jonathan L Morales

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Wilmington Police Department

05/31/2024

# Wilmington Police Department Images Associated with 24-162-AC



