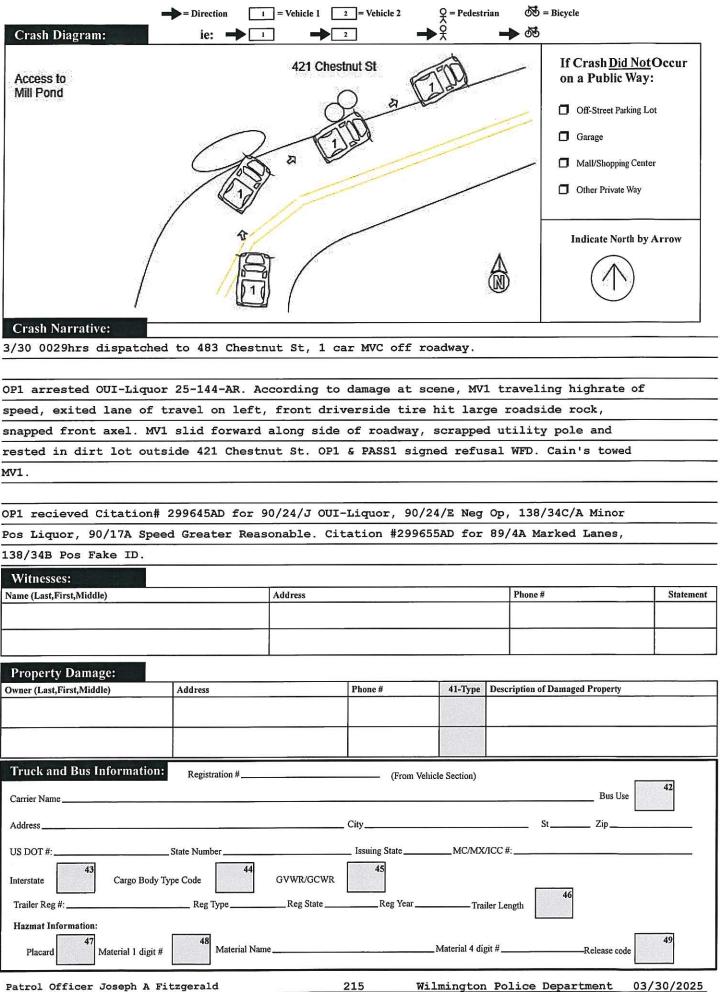
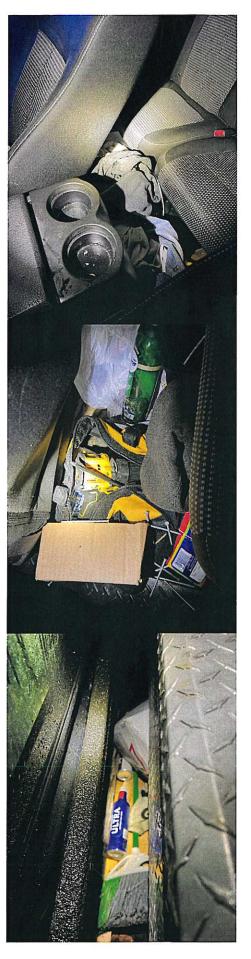
	Pol	ice Use Only		Cor	nmonv	vealth	of Ma	ssac	hus	etts	3			RM	V Doc	ument Number	
	Date of Crash 03/30/2025	Time of Crash		City/Town		tor Vel	•		1 1	Number /elucles		mber ured	Speed Latitu		2	MBTA Police	
	,	24HR		······································		Police		rt	1		0		Longi	tude		Campus Police Other:	_
		AT INTER	RSECTI	ON:	<	LOC	ATION	>			NO	T A	'IN	ΓER	SEC	TION:	_ 10
									48	33	C	HES	TNU	JT	ST		2 ~
4	Route# Dire	ction		Name of Roadwa	y/Street		Route#	Direction	Adı	iress#			Na	ine of	Roady	way/Street	_
<u> </u>				•				Feet N	S E V	v of		ile Ma		<del></del>	or .	Exit Number	
	Route# Dire	ction	Nam	e of Intersecting Ro Also at Intersection				Feet N	SEV	v of							1 11
r	<u> </u>						l	Feet N			Rout	e#		Interse	ecting	Roadway/Street	
<sup>2</sup> 3	Route# Direc	ction	Name	e of Intersecting Ro	oadway/Street									La	ındmar	k	-]
3	Please Select 0 of the Followi		le 1 <b>2</b>	#Occupants	Hit/Run	Moped Moped	Cr	ash Repo	rt ID#	25	<u> </u>	1.	-A	C			
	License #		St.	DOB/Age		Reg	# <u>5BBV</u>	32			Re	д Турс	PC		R	teg State <b>MA</b>	12
	Sex M_ Lic.	Class D	19 Lic. Re	estrictions 99 20	CDL	Veh	Year <b>201</b>	4	_ Veh N	/Iake_E	ORI	)			Vel	1 Config. <b>1</b> 21	3
	Operator <u>MO</u>	ZUCH, P	ATRIC	<b>K</b> First	Middle		ier <u>MOZU</u>	ICH,	PAT	RIC	K F	irst			м	fiddle	
<sup>4</sup> 1	Address 7 C	LIFTON					ress <u>7 C</u>	LIFT	ON	ST							
	City WILM			MA Zip 018		•	WILMI			1495,07854	22				•	1887-3127 [_27] 27] 27]	
	]			CE INSUR			cle Action Pr			23	22		amage st Stat		Code:	11 27 27 27 2 28	
5	Vehicle Travel E		SEW	Responding to E	mergency? 2		t Sequence		0.00	2 2	43		pe of			2 29	
	ł	ued) <u>29964</u> 90		- 'iol. 2: Ch/Sec/Sub	90 :		t Harmful Ev er Contributii	ت	5 10	25	25	3	AC Tes			30	30 <sup>13</sup>
				iol. 4: Ch/Sec/Sub		17A Driv		E CO	Name of the	88388 83	26	50	sp. Ale wed fi		1 31 ene?	Susp. Drug 2 32	30
<sup>6</sup> 2	VIOL 3. CIVBOON			or and all occupant					34 Scal	35 Safety	36 Airbag	37	38 Trap	39 Injury	40 Transp.	43333	1
	Name (Last First M  Operate				Address See Above		DOB/A	* *		System 1	Stoius 4	Code	Code	Status 10	Code	Medical Facility	1
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	AIDAN INIBE			WILMINGTON, M	1A 01887-3314				-	<del> -</del>	<u> </u>						-
			•						+	╂							-
	N 6.1 4.6		·														4
<sup>7</sup> 1	Please Select C of the Followin		le 2	#Occupants ]	Hit/Run	Moped	Vul	nerable '	User	Comple	te the	Vulner	able U	ser se	ction.		_
	License #		St	DOB/Age	1	Reg	#			·	Re	д Туре			R	eg State21	
	Sex Lic. (		Lic. Re	strictions	CDL Endorsement		Үеаг		_ Veh N	lake					Veh	Config.	
<sup>8</sup> 2	Operator	Last		First	Middle		er	Last			F	irst			М	iddle	
			State	Zip			C55					Stat	te	2	Zip		<b>1</b> I4
						_	ele Action Pri		sh		22				Code:	27 27 27	
	Vehicle Travel D	irection: N S	EW	Responding to E	mergency?	Even	t Sequence	23	23	23	23		st Stat			28	
<sup>9</sup> 2	Citation # (If Issa	ned)		_		Most	Harmful Eve	ent	24			•	pe of T		ılt:	30	
2	Viol, 1: Ch/Sec/S	Sub	v	iol, 2: Ch/Sec/Sub		Drive	er Contributir	ng Code		25	25		sp. Alo	ſ		Susp. Drug: 32	
	Viol. 3; Ch/Sec/S	Sub	V	iol. 4: Ch/Sec/Sub		Drive	er Distracted	by 📗	26	726460	6		wed fr			33	]
	Name (Last First Mi		for operate	or and all occupant	s involved Address		DOB/As	ge Se	34 Seat Pos.	35 Safety System	36 Airbeg Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operato	or/Occupa	nts		See Above		$\geq$	$\leq \geq$	1								
																	]

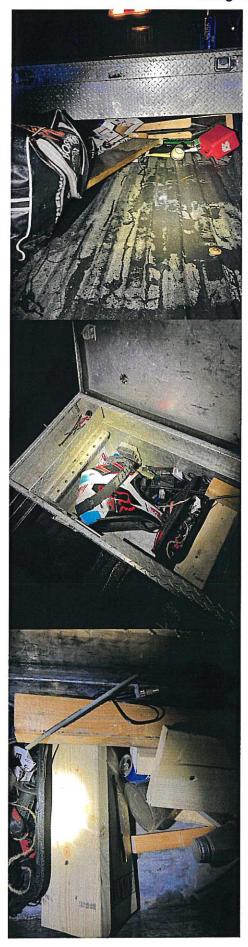


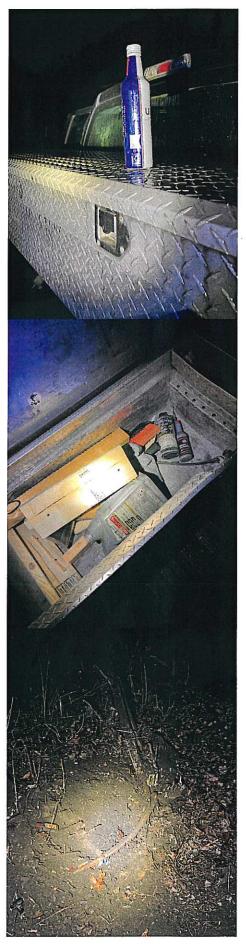
### Wilmington Police Department Images Associated with 25-91-AC





### Wilmington Police Department Images Associated with 25-91-AC





### Wilmington Police Department Images Associated with 25-91-AC





### Wilmington Police Department Images Associated with 25-91-AC



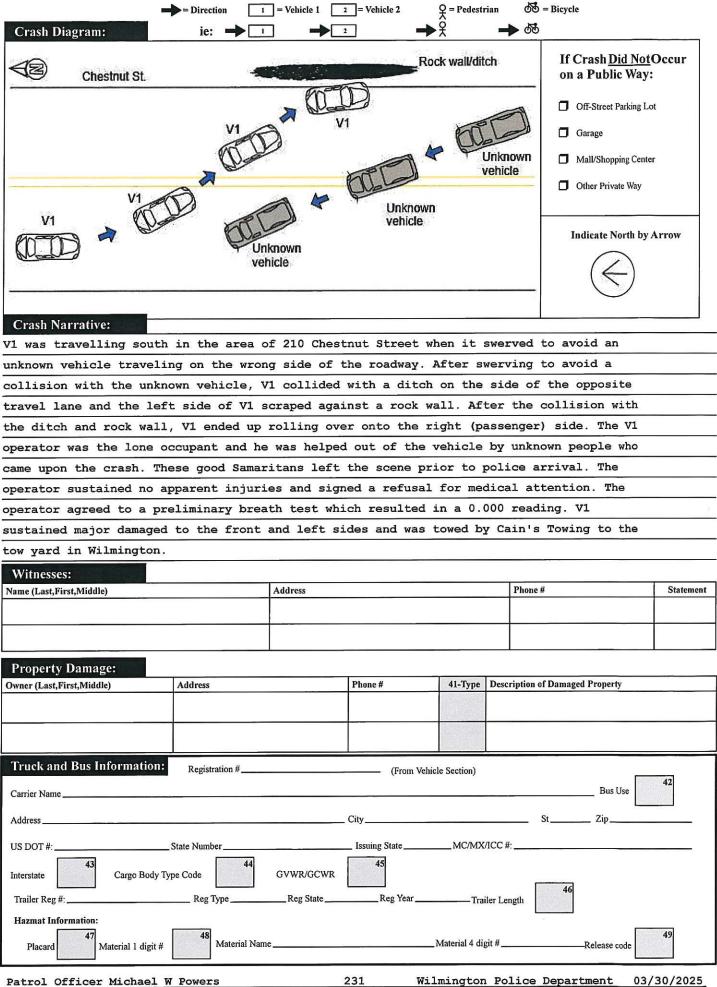


### Wilmington Police Department Images Associated with 25-91-AC





Police Use Only	Com	monwealth	of Massac	huse	etts			RMV	/ Docu	zment Number	
Date of Crash   Time of Crash   03/30/2025   <b>0219</b>   <b>Wi</b>	City/Town lmington	Motor Vel	nicle Crasl	n Nu Vel		lumber Injured	Speed Latitud	Limit_	20	State Police Local Police MBTA Police	
24HR		Police	Report	1	0		Longit			Campus Police Other:	ă
AT INTERSEC	TION:	< LOCA	TION >		N	OT A	ΓIN	TERS	SEC.	TION:	
				210	n 1	CHES	ואיני:	יינינ	ST		2
Route# Direction	Name of Roadway/S	Street	Route# Direction							ay/Street	
	At		Feet N	SEW	of		_ •	_	or _		_
Route# Direction N	Same of Intersecting Road	lway/Street				Mile Ma	arker			Exit Number	
	Also at Intersection	with	Feet N		Ro	oute#		Intersec	cting R	Roadway/Street	- 📙
Route# Direction N	Jame of Intersecting Road	lway/Street	Feet N	s E W	of						_
			<u> </u>						dmark		
Please Select One of the Following:	#Occupants Hi	t/Run Moped	Crash Rep	ort ID# 🙎	25-	92	-A	C			
License: St	. DOB/Agr	_ Reg	# 1EKW24		:	Reg Typ	e <u>PC</u>		Re	eg State <b>MA</b>	
Sex M Lic. Class D Lic		CDL Veh	Year <b>2021</b>	_ Veh Ma	ke <u>CHI</u>	EVRC	LEI	<u> </u>	_ Veh	Config 1 21	] 3
Operator GOODWIN, DAN			er GOODWIN	, DAI	NIEL	RAY First	MON	ND_	Mic	Adla.	
Address 229 CHESTNUT	ST		ess 229 CHE	<u>STNU</u>	T ST						-
City WILMINGTON St	ate <b>MA</b> Zip <b>0188</b>	<b>7-3303</b> City	WILMINGTO	N					-	L887-3303	
Insurance Company THE STAN	DARD FIRE I	NSURAN Vehi	cle Action Prior to Cr	ash	1 22				Code:	1 27 7 27 8 2	7
Vehicle Travel Direction: NXEW	Responding to Eme	rgency? 2 Ever	t Sequence 43 23	23	23 23	1	est State ope of T		ŀ	3 <sup>28</sup> 29	
Citation # (If Issued)		Mos	t Harmful Event 4	3 <sup>24</sup>		•	•	t Resul	t:	2 30	
Viol. 1: Ch/Sec/Sub	_ Viol. 2; Ch/Sec/Sub	Driv	er Contributing Code	11	25	25 Si	ısp. Ald	ohol: 2	31	Susp. Drug 2 32	2 26
Viol. 3: Ch/Sec/Sub	Viol, 4: Cli/Sec/Sub	Driv	er Distracted by	26	26	To	owed fr	om sce	ne?	1 33	
Please fill out for op Name (Last First Middle)	erator and all occupants in	nvolved Address	DOB/Age S	34 Seat ex Pos.	35 36 Safety Airl System Sta	ag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	$\sqcap$
Operator	5	See Above			1 2	0	1		1	*	
-						+					
						-					
						-					
		<u> </u>									
Please Select One of the Following:	#Occupants    Hit	/Run Moped	Vulnerable	User Co	omplete tl	e Vulne	rable U	ser sec	tion.		
License #St_	DOB/Age	Reg	¥		I	Reg Type	-		Re		
Sex Lic, Class 19 19 Lic		CDL Veh	Year	_ Veh Ma	ke				_ Veh	Config. 21	
Operator	First		erLası			First			Mid	Wie	_
Address		•	ess								-
CitySt	ate Zip	City				Sta	te	Zij	р		_ 4
Insurance Company		Vehic	cle Action Prior to Cra	ıslı	22		-	Area (	Code:	27 27 27 28	"
Vehicle Travel Direction: N S E W	Responding to Emer	rgency? Even	t Sequence 23		23 23	ĺ	st State pe of T		-	29	
Citation # (If Issued)		Most	Harmful Event	24	,	B	-	t Resul	t:	30	
Viol. 1: Ch/Sec/Sub	_Viol, 2; Ch/Sec/Sub	Drive	er Contributing Code	Live		<b>25</b> Տւ	sp. Alc	ohol:	31	Susp. Drug. 32	2
Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub -	Drive	or Distracted by	26	26	To		om scei		33	
Please fill out for ope	erator and all occupants in	ivolved Address	DOB/Age Se	34 Seat ex Pos.	35 36 Safety Airb System Stat	ag Eject	38 Trap Code	39 Injury 1 Status	40 Transp. Code	Medical Facility	
Operator/Occupants	S	See Above		1							
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			1	-		-	$\vdash$				$\dashv$
						1					



### Wilmington Police Department Images Associated with 25-92-AC





### Wilmington Police Department Images Associated with 25-92-AC



I	olice Use Only		Cor	mmonv	vealth (	of Mass	ach	use	etts	}			RM	V Doc	ument Numbe	
Date of Cras 03/30/202	1 1	City <b>Wilmin</b>	/Town	Mot	tor Veh	icle Cra	ısh		umber hicles		•	Speed Latitu	l Limit	4	5 State Police Local Police MBTA Polic	
03/30/202	24HR	W 1. 1.11(1.11	.g con		Police 1	Report		2		2		Lautu Longi			Campus Poli Other:	ice 🗖
	AT INTERS	ECTION	÷	<	LOCA	TION	>			NO	ТАТ	ſ IN	TER	SEC	TION:	
									^	3.6						2
Route# Di	rection	Nan	ne of Roadwa	ny/Street		Route# Direc	tion	75 Addr		MI	AIN			Roady	vay/Street	
1			At			Feet	NIE	E W	۱,							
Route# Di	rection	Name of I	ntersecting R	oadway/Street		reet	[N]3	EVV	j ot		ile Ma			or .	Exit Numb	
None 21			o at Intersecti			Feet	NS	EW	of						9 1 /5:	
						Feet	NS	EW	of	Rout	e#		Inters	ecting l	Roadway/Stree	1
Route# Di	rection	Name of I	ntersecting R	oadway/Street									La	ındmarl	k	
Please Selec	t One Vehicle	1 <b>1</b> #Occ	cupants	Hit/Run	Moped	Crash I	Report	1D#	25	<b>-</b> 9	3.	-A	C			
		_ St I	207/4		D4	AS59NY				n-	~ T	PC	,	n	an State WT.	
License #	c. Class D 19 19	1	OOB/Age	ō]	•	rear 2017										21 ]
		Lic, Restric	nons 🔟	CDL Endorsemen	ıt						<i>)</i>			ven	Conng.	<b>-</b>
	OGAN, PET	First		Middle		HOGAN,	Last			F	ürst			М	iddle	-
rtddress <u></u>	MIDDLESE		044	2011		ss 50 MII			<u>iX. 1</u>	AVE				~	1007	
	INGTON					WILMING			. 5.5.	22					$\frac{1887}{2^{27}}$	27
	npany PROGRE					le Action Prior to			23			amage st Stat		Code:	2 1 1	8 -
	Direction: S		sponding to E	imergency? 2	Event	Sequence 42	1.55.5105		[2			pe of			0 29	
	ssued) 300780						1	24	عدات			AC Te	st Resi	ult:	1 30	
Viol, 1; Ch/Se	c/Sub <u>90 2</u>	24 Viol. 2	:: Ch/Sec/Sub	89	4A Drive	r Contributing Co			25	25	Su	sp. Al	cohol:	2 31		99 32 1
Viol. 3; Ch/Se	c/Sub				Drive	r Distracted by	99		şaşilevi;	6			rom sc	.,	1 33	
Name (Last Firs	Please fill out fo	or operator and	d all occupant	ts 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 Fac	sility
Opera	tor			See Above			$\nabla$	1	1	1	0	0	7	2	Lahey Clini	c
	·····					1				<del>                                     </del>	<del>                                     </del>					-
			·····				<u></u>									
Please Select of the Follov		2 <b>1</b> _#Occ	upants 🔲	Hit/Run	Moped	Ulnera Vulnera	ble Us	er C	omple	te the	Vulner	able U	Jser se	ction.		l
License #_		St D	OB/Age		Reg #	VT22460	)			Re	д Туре	PC		R	eg State <b>MA</b>	
Sex <b>M</b> _ Lic	Class D 19	Lic. Restrict	20	CDL	_	ear <b>2011</b>										21
1	EPARD, E			Endorsement		r SHEPAR	D,	ED	GAR		AWR	ENC	Œ	III		
. I '	Last PETTIGLIO	First		Middle		ss 1 PETT	Lust			Fi	irst			Mi	ddle	
City WOBU			Zip 018	01-1521	L City 1	WOBURN					Stat	te <b>M</b> Z	<b>3</b> z	ip <b>0</b> 1	1801-1	521 1
1 1	ipany <b>SAFETY</b>					e Action Prior to	Crash	ſ	1	22				-	1 27 2 27	
Vehicle Travel				mergency? 2		Sequence 1		23 23	23	23	Те	st Stat	us:		1 28	
	ssued)		ponding to 2	gone)		Harmful Event	1	24	<u> </u>		Ту	pe of	Test:		o 29	
2   `	•		OF IS 10.1			Contributing Co		1	25	25	l		st Rest		1 30	- 27
	c/Sub					Ū	0	26		6			cohol: com sc	2 31	Susp. Drug	2 32
Viol. 3: Ch/Sec	Please fill out fo	Viol. 4			Dive	Distracted by	<u> </u>	34	35	36	37	38	39	40	1	
Name (Last First	Middle)	·	ovedpatit	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Fac	
Opera	tor/Occupani	ts		See Above		><	X	1	1	1	0	0	7	2	Lahey Clinio	
	-															
													<u> </u>			
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-	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestria	n Øð = 1	licycle	
Crash Diagram:	ie: 👈 🔟	] →□	2	· 옷	<b>→</b> ‱		
				4	<b>2</b>	If Crash <u>Did No</u> on a Public Way	
*9*	Ма	in St.				Off-Street Parking I	ot
Α		. 38)				Garage	
						■ Mall/Shopping Cent	ter
Name of the second seco						Other Private Way	***
	2					Indicate North by	Arrow
	3 600					Andrease Frontis by	
						( )	
Crash Narrative:							
MV1 travelling northbou							
unexpectedly crossed th	···						
MV2 head on. Operator o							
significant head and fa		195	9,599			2012	
lane abruptly and he wa							
injuries and were trans							
Fowing. Operator of MV1				- Se - Sec			
-					(i.).		
- X MI							
Witnesses:							-
Name (Last,First,Middle)		Address			Phone #		Statement
VINCIULLA CHARLES J		154 ROSE HI	LL WAY WALTHA	M MA 0245	53		
VARGAS-MARTINEZ SOFIA		193 MAIN ST Ap	t. #2 WILMINGTON	MA 01887-202	20	, , , , , , , , , , , , , , , , , , ,	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of D	amaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)			
Carrier Name						Bus Use	42
Address			City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:		
Interstate 43 Cargo Body Ty		GVWR/GCWR	45			46	
	Reg Type	Reg State	Reg Year	——— Trailer	Length	•	
Hazmat Information:  47 Placard Material 1 digit #	48 Material Nam	e		Material 4 digit	#	Release code	49
Commont Varia D Common			195 Wil	lminatas i	Police Da	nartment 03	/30/2025
Sergeant Kevin P Cavana Police Officer Name (Please Print)	ugn Signature			Lmington I	Precinct/I		/30/2025

Police Officer Name (Please Print)

Date

### Wilmington Police Department Images Associated with 25-93-AC











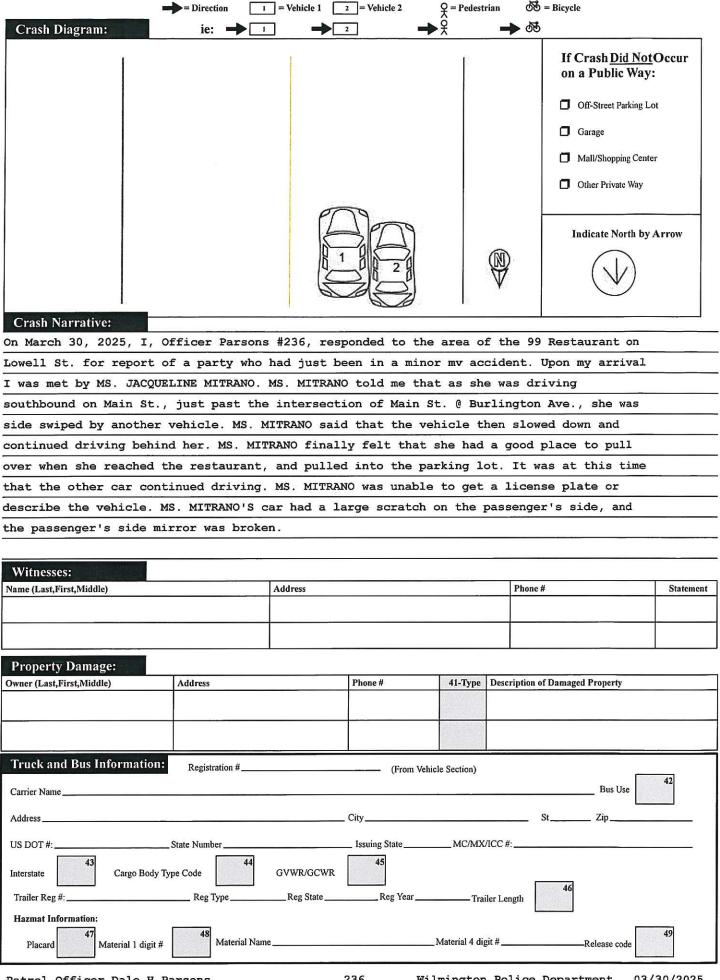


#### Wilmington Police Department Images Associated with 25-93-AC



Attachments for 25-93-AC	TARANTANIA BARANTANIA ARTERIA MARIANIA PROVINCIA PARIA ARTERIA ARTERIA DE LA CARTANIA CARTANIA PARIA ARTERIA A
Description	Туре
EL SHEPARD, III OPER CRASH RPT	PDF
Attachment#: 42509BBE29BD4240B36F94A124F0CA37	

Routed   Direction   Name of Readway/Street   Ale   Direction   Address   Ale   Name of Routhwy/Street		Pol	lice Use Only			Comm	onwe	ealth	of Mass	sacl	hus	ett	S			RN	IV Dø	cumen	Number		
AT INTERSECTION:    Comparison	I		₩:1.	-					ash	1				1.		it 3	, L	ocal Police	8	1	
Router Direction Name of Roadway/Street  An Router Direction Name of Intersecting Roadway/Street  Peet No E N O Router Intersecting Roadway/Street  Peet N O Router Intersecting Roadway/Street Intersecting Roadway/Street  Peet N O Router Intersecting Roadwa		03/30/2023	1	84 77 771	mrng co	11	Pe	olice	Report		2	ļ	- l _ `	,	1			— c	ampus Police	_ <u>5</u>	
Rause  Direction   Name of Roadway/Street   Roadway/Str			AT INTER	SECT	ION:		<	LOCA	TION	>			NC	T A	ΓIN	TEF	RSEC	CTIO	N:		
Routed   Direction   Name of Roadway/Street   Routed   Direction   Address   Name of Roadway/Street   Peer   Name of Roadway											4.4	16	м	'A T N	T C'	<b>171</b>					2 1
Routed   Direction   Name of Intercecting Roadway/Street   Also at Intersecting Roadway/Street   Also at Intersecting Roadway/Street   Feet   NS   E V  of   Roaded   Intersecting Roadway/Street   Landmurk	1	Route# Dire	ction		Name of Ro	oadway/Street			Route# Dire	ection				ATI.			f Road	lway/St	reet		ļ
Routed   Devention   Name of Intersecting Roadway/Street   Almost Intersecting Roadway/Street   Feet   NS   E   W   of   Intersecting Roadway/Street   Landmark	4					At			Feet	NS	EV	V of	_				- OT				
Routed   Direction   Name of Intersecting Roadway/Street   Landmark		Route# Direc	ction	Nan	ne of Intersect	ing Roadway	/Street			[]-	1.7.1.	] 01	N	lile M	arker		ij.	E	xit Number		
Route   Direction   Name of Intersecting Roadway/Street   Tandmint   Tandmi					Also at Inte	rsection with			Feet	NS	EV	of	Rou	te#	_	Inters	ecting	Roadu	/av/Street		4
Please Steet One   Wehicle 11_#Occupants   His/Run   Moped   Crash Report ID# 25 - 94 - RC	2_	Route# Direc		Nan	ne of Intersect	ing Roadway/	/Street	l	Feet	NS	EV	of	1100			1111012	, com	, 1000	, D. 1001		İ
License #   Ser.   Lic Class   19   19   Lic. Restrictions   1   20   20   20   20   20   20   20	3				-	I			1							L	andma	rk			
Sec. F   Lie Class   19   19   10   Lie Restrictions   20   Endotrement   20   Endotrem	,			e 1 <u>1</u>	_#Occupants	Hit/Ru	n   🗆	Moped	Crash	Repor	t ID#	25	<u> </u>	94	-A	C					
Sec. F   Lie Class   19   19   10   Lie Restrictions   20   Endotrement   20   Endotrem		License #,		St	OOB/Ag	e,		Reg #	4NPG56				R	ед Тур	e <b>PC</b>		I	Reg Sta	te <b>MA</b>		
Operator MITRANO, JACQUELINE M  Missis  Address 5 KIMBALL CT APT 310  Address 5 KIMBALL CT APT 310  City MOBURN  State MA Zip 01801-6943  Insurance Company GOVERNMENT EMPLOYEES INSU  Which Action Prior to Crash  Viol. 1: Chi-Sec-Sub  Viol. 2: Clisses-Sub  Please fill cut for operator and all occupants involved Islands.  Address 5 KIMBALL CT APT 310  Address 6 KIMBALL CT APT 310  Address 7 KIMBALL CT APT 310  Address 7 KIMBALL CT APT 310  Address 8 KIMBALL CT APT 310  Address 8 KIMBALL CT APT 310  Address 8 KIMBALL CT APT 310  Address 9 KIMB		Sex <b>F</b> Lic. 6	100	9	Restrictions 1	l CDL														21	1 '
Address   S. RIMBALL CT APT 310		I	L	JACO	UELINE	Endo:	rsement														
Insurance Company GOVERNMENT EMPLOYEES INSU  Vehicle Travel Direction: NXEW Responding to Emergency? 2. Event Sequence 2. 23 23 23 23 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25	3	Address 5 K	IMBALL (	CT	APT 3		liddle	Addre	ess 5 KIM	Last BAI	L (	CT			310	)	4	Middle			
Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: NXEW Responding to Emergency? 2  Event Sequence 2  Finest States: 23  Test States: 25  Tope of Test: 25  Nort Harmfal Event 1  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0  Priver Contributing Code 1  Name (Lan Finis Makido)  Operator Sea Above  Prices Select One of the Inflowing: Operator and all occupants involved Sex Lic. Class 19  10  License # St. DOB/Age Reg # Linknown Reg Type Reg State Veh Year Veh Make Veh Config City Sex Lic. Class 19  11  License # St. DOB/Age Reg # Linknown Owner Sex Lic. Class Inflowed Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Time Makido Trailing Vehicle Action Prior to Crash Sequence 2  20  Prove Contributing Code 1  12  13  14  15  16  17  16  17  17  17  17  17  18  18  19  10  10  10  10  11  11  11  12  12  14  15  14  15  15  15  15  15  15  15		City <b>WOBUF</b>	RN	State	MA_ Zip_	01801-	6943	City_	WOBURN					Sta	ite <b>M</b>	<b>A</b> :	Zip <b>O</b>	180	1-694	43	
Volicle Travel Direction:   N   E   W   Responding to Emergency?   Event Sequence   23   23   23   23   23   23   24   25   25   25   25   25   26   26   26		Insurance Comp	any GOVERN	MENT	C EMPLO	YEES	INSU	Vehic	le Action Prior t	o Crasl	h	1	22				-				
Citation # (If Issaed)		Vehicle Travel D	rection: NX	EW	Responding	g to Emergenc	cy? <u>2</u>	Event	Sequence 7	23	23		23	Te	est Sta	tus:		28		_	
Viol. 1: Ch/Sec/Sub	1	i		<b>L</b>	_		•			1.000	24	32000	of control	-	-			25/2/3	Į		
Viol. 3: Clt/Sec/Sub		`	,		— Viol. 2: Ch/Sec	:/Sub					1	25	2:	3				3 7 4 7	J	.32	<b>1</b>
Please fill out for operator and all occupants involved   Name (Last Frest Middles)   Name (Last Respire)   Name (Last Res									-	12.5	<u> </u>		26	-	•			4			_
Please Select One	2	1101, 3, 010000						_					36		_	39	40		<u>]</u>	$\dashv$	
Please Select One of the Following: Vehicle 21 #Occupants					. 1	Add	lress		DOB/Age	Sex	Pos.	System		1	Т	Status			Medical Facility		
License # St DOB/Age Reg # UNKNOWN Reg Type Reg State   Sex Lie. Class   19   19   Lie. Restrictions   20   CDL Endorsement   CDL Endors		Operato	) <i>r</i>			See A	bove			X	1	3	4	0	0	10	1				
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License # St DOB/Age Reg # UNKNOWN Reg Type Reg State   Sex Lie. Class   19   19   Lie. Restrictions   20   CDL Endorsement   CDL Endors																			***************************************		
License # St DOB/Age Reg # unknown Reg Type Reg State  Sex Lic. Class 19 19 Lic. Restrictions CDL Veh Year Veh Make Veh Config.  Operator unknown  Owner  Last First Middle  Address  Address  City State Zip City State Zip Damaged Area Code: 27 27 27 27 Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 Type of Test: 29 Most Harmful Event  Viol. 1: Clt/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Code Susp. Alcohol: 31 Susp. Drug: 32 Please fill out for operator and all occupants involved Name (Last First Make) Status Code Medical Foolity  Please fill out for operator and all occupants involved Name (Last First Make) Status Code Medical Foolity				21	#Occupants	XI Hit/Run		Manad	Vulnari	abla I is	sor (	Comple	te the	Vulna	rabla I	lear ca	etion				
SexLic. Class	2	of the Followin	g: Temete	-		2 110/Aut															
Operator Unknown  Address  City State Zip City State Zip City State Zip Damaged Area Code: 27 27 27  Insurance Company  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: 28  Citation # (If Issued) Most Harmful Event BAC Test Result: 30  Viol. 1: Clt/Sec/Sub Viol. 2: Clt/Sec/Sub Driver Contributing Code Viol. 3: Clt/Sec/Sub Driver Distracted by  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle) Address  Owner  Last First Middle  Nother Status Status: 28  Type of Test: 29  BAC Test Result: 30  Susp. Alcohol: 31 Susp. Drug: 32  Towed from scene? 33  Please fill out for operator and all occupants involved Name (Last First Middle) Address  DOBI/Age Sec Fos. System Status Code Status Code Medical Facility			19 19	5	ΓŤ	-		Reg#	unknow	<u>n</u>			Re	д Туре	·		R	Reg Stat		21	
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Address  City State Zip	 1	Operator unk	Lost		First	Mie	ddle	Owne	r	Last			F	írsl			М	fiddle		-	
Insurance Company	_							Addre	ss												_ 14
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Please fill out for operator and all occupants involved Name (Last First Middle)  Note Failing Event  Post Failing Event  Driver Contributing Code  25  Susp. Alcohol: 31  Susp. Drug: 32  Viol. 3: Ch/Sec/Sub  Driver Distracted by  Driver Distracted by  Driver Distracted by  Please fill out for operator and all occupants involved Name (Last First Middle)  Address  DOB/Age  Sex Dobb/Age  Driver Distracted by  Driver D		Vehicle Travel Di	rection: NS	E W	Responding	to Emergenc	y?	Event	Sequence	23	950 100	23	23								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by  Viol. 3: Ch/Sec/Sub Driver Distracted by  Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Normal Clast First Middle)  Driver Contributing Code Susp. Alcohol:  31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub Driver Distracted by  Driver Dis	2	Citation # (If Issu	ed)		<del></del>			Most I	Hannful Event		Z4]	a al C			AC Tes	st Resu	ılt:	30			
Please fill out for operator and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)  Normal (Last First Middle)		Viol. 1: Ch/Sec/Si	ub	V	/iol. 2: Ch/Sec	/Sub		_ Driver	Contributing Co	ode	2			Su	sp. Ale	cohoi:	31	F		32	
Name (Last First Middle)  Address  DOB/Age  Sex  Seal Safety Airbag Eject Trap Injury Transp. Code Status Code Medical Facility	j	Viol. 3: Ch/Sec/Si						_ Driver	Distracted by				<u>:</u>			,		33			
		Name (Last First Mid		or operat	or and all occu	•			DOB/Age	Sex	Seat	Safety	Airbag	Eject	Trap	Injury	Transp.		Medical Facility		
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Patrol Officer Dale H Parsons

236

Wilmington Police Department

03/30/2025

Poli	ce Use Only	Cor	nmonwealtl	ı of Massa	ichu <u>s</u>	etts			RM	V Docu	ıment Num	
Date of Crash 03/31/2025	Time of Crash	City/Town Vilmington		hicle Cra	V	lumber ehicles	Numbe Injured		d Limit ude	30	State Poli Local Pol MBTA Pol Campus 1	ice 🔯 olice 📋
	24HR			e Report	1		1	Long		~~ ~	Other:	ronce U
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					17		BOU	TWE.				
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		At		Feet	N S E W	of -		_ •	• —	or _	P3 4 3 T	
Route# Direc	tion	Name of Intersecting Ro			vi e in in		Mile	Marker			Exit Nu	inder
		Also at Intersection	on with		NSEW	_	Route#		Interse	ecting F	Roadway/St	reet
Route# Direc	tion	Name of Intersecting Ro	adway/Street	Feet [	N S E W	jof						
Please Select O	ne 🔀	.1 #0aaaaa				<b>2</b> E	0.5			ndmark	ζ	
of the Followin	Vehicle	1 1 #Occupants	Hit/Run	d Crash R	eport ID#	<u> </u>	-9:	) A	<u></u>			
License #		S DOB/Age	R.	g# 5DGY88			Reg T	/pe <b>PC</b>		Re	eg State <b>M</b>	21
Se» Lic. C	Class D 19	Lic. Restrictions	Endorsement	h Year <u>2013</u>				_			Config. 1	
Operator.	I and	First	Middle — O	wner <u>ROBITA</u>	ILLE ,	JO	SEPF First	Α	III	Mi	ddle	
Address_			A	idress 30 HAR	T ST							
City_		_ State _ Zip		ty BURLING	TON						L803-	
Insurance Compa	my THE COM	MERCE INSUR		chicle Action Prior to		1				Code:	1 27 11 2	9 27
Vehicle Travel D	irection: NS	W Responding to E	mergency? 2 E	ent Sequence 10		23 1 35	23	Test Sta Type of			29	
Citation # (If Issu	ued) <b>T35492</b>	76	М	ost Hannful Event	35 24	1		BAC Te		olt:	30 1	
Viol. 1: Ch/Sec/S	iub 89 4	A Viol. 2: Ch/Sec/Sub	D	river Contributing Co	برسا	<sup>25</sup> 9	25	Susp. A	lcohol:	2 31		g 2 32
Viol. 3: Ch/Sec/S	iub	Viol. 4: Ch/Sec/Sub	D	river Distracted by	99 26	2(	5	Towed f	from sc	ene?	1 33 1	
Name (Last First Mi		r operator and all occupant	s involved	DOB/Age	34 Seat Sex Pos.		36 3 Airbag Ej Status Co	7 38 set Trap de Code	39 Injury Status	40 Transp. Code	Medical	Facility
Operato			See Above		$\sqrt{1}$	1	з 0	0			Lahey Cli	
<u>,</u>						$\vdash$						
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	·····											
Please Select O of the Followin		#Occupants	lit/Run	l Unineral	ble User (	Complete	e the Vul	nerable l	User se	ction.		
License #		StDOB/Age	Re	g#			_ Reg Ty	ре		Re	eg State	
Sex Lic. C	19 19 19 19	Lic. Restrictions 20	CDL Ve	h Year	Veh M	lake				Veh	Config.	21
Operator	<u> </u>		Endorsement O	vner	asi							
Address	Last	First		Idress	asi		First			Mic	ddle	
City		_ State Zip	Ci	ty			s	State	Z			
nsurance Compa	.ny		Ve	hicle Action Prior to	Crash		22	Damage	d Area	Code:		27 27
Vehicle Travel Di	irection: N S E	Responding to E	nergency? Ev	ent Sequence	23 23	23		Test Sta			28	
Citation # (If Issu	ıed)		М	ost Harmful Event	24			Type of BAC Te		ılı-	30	
Viol, 1; Ch/Sec/S	ub	Viol. 2: Ch/Sec/Sub	Di	iver Contributing Cod	de	25	25	Susp. Al	ſ			g 32
Viol. 3: Ch/Sec/S	ub	Viol. 4: Ch/Sec/Sub	Dı	iver Distracted by	26	26	3	Towed f	t from sce	ene?	33	- []
		r operator and all occupant			34 Sent	35 Safety	36 3 Airbog Eje	ct Trap	39 Injury	40 Transp.		
Name (Last First Mid		c	Address  See Above	DOB/Age	Sex Pos.	System	Status Co	de Code	Status	Code	Medical	Facility
Operato	r/Occupant	3	See Above		$\Delta_{r}$				-			
							$\perp$	_				



Police Officer Name (Please Print)

Signature

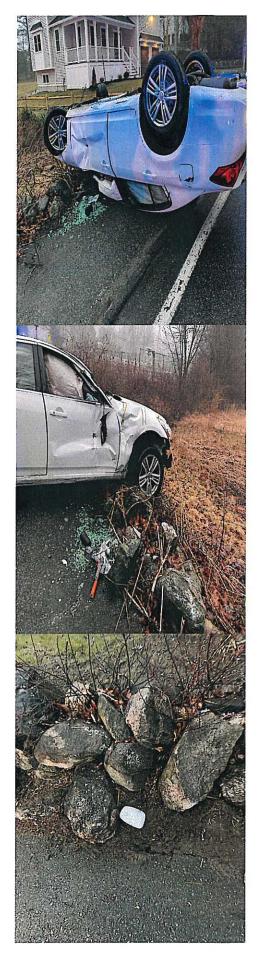
ID/Badge #

Department Precinct/Barracks

Data

# Wilmington Police Department Images Associated with 25-95-AC



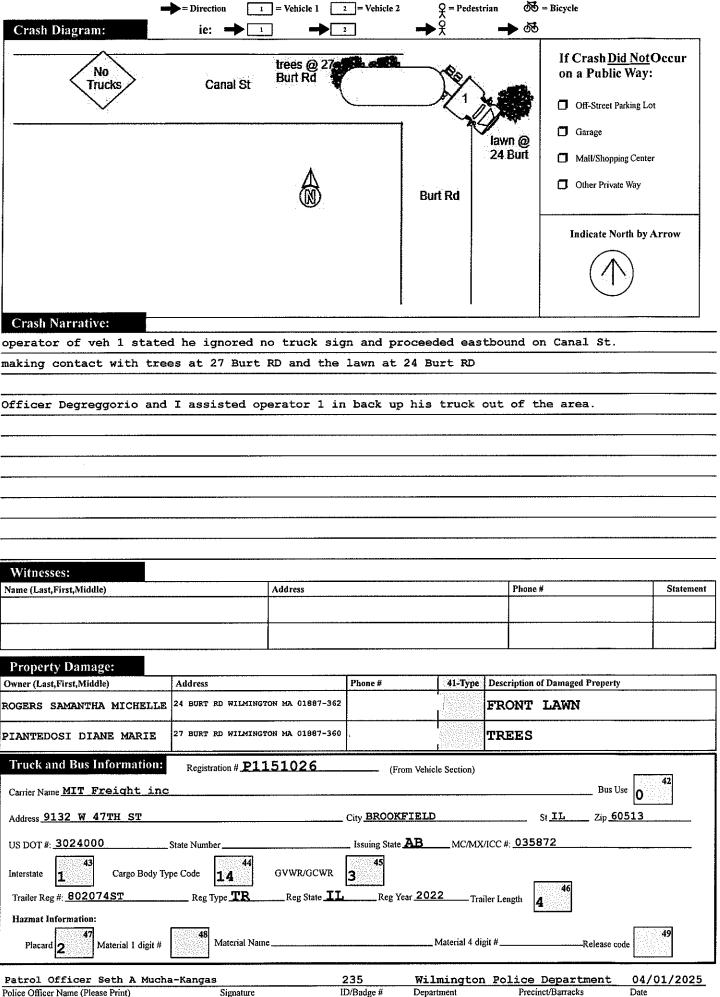


### Wilmington Police Department Images Associated with 25-95-AC





	Police Use Only	Common	wealth (	of Massa	achu	setts	5		RM	V Docu	ament Number	
	Date of Crash   Time of Crash   04/01/2025   0738   Wilm	City/Town Mo	tor Veh	icle Cra	sh	Number Vehicles			d Limit	25	State Police Local Police MBTA Police Campus Police	} }
	24HR	iring con	Police 1	Report		1	0	3 .	itude		Campus Police Other:	i
	AT INTERSECTI	ON:	LOCA	TION	>		NOT	AT IN	TER	SEC'	TION:	
					-	22	BIII	RT R	n			2 10
li -	Route# Direction	Name of Roadway/Street		Route# Direct		Address #				Roadw	/ay/Street	
1		At		Feet	N S E	W of		. — ,		or _		_
	Route# Direction Nam	e of Intersecting Roadway/Street	t				Mile	Marker			Exit Number	1 11
		Also at Intersection with			N S E		Route#	<u>C7</u>		ST ecting F	P Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Nam	e of Intersecting Roadway/Street		Feet	NSE	W of						
	Please Select One Nahiala 11	#0		<u> </u>		. O E		- n		ndmarl	<u> </u>	
3	Please Select One of the Following: Vehicle 11	#Occupants Hit/Run	Moped			<b># 25</b>						
L	License #, St	OOB/Age		P115102							21	- <b>7</b> 12
	<u> </u>	estrictions 1 CDL Endorseme	nt				OLVO	)		_ Veh	Config. 11	<u> </u>
<sup>4</sup> 7	Operator GIANNARIS, FRA	ANK A First Middle		er MIT FR	asi		First			Mi	ddie	-
7	Address 5055 W PANTHER C			ess <u>9132 4</u>		ST			_			-
	City <b>SPRING</b> State	<b>TX</b> Zip <b>77381</b>		BROOKFI			22	State I			0 27 27 27	-
	Insurance Company			le Action Prior to		3 23	23	Test Sta		Coue	0 28	
<sup>5</sup> 1	Vehicle Travel Direction: NSWW	Responding to Emergency? 2		Sequence 21		September 19		Type of	Test:		29 0	
	Citation # (If Issued)			Harmful Event			9 25	BAC Te			1 30	21[3
	Viol. 1: Ch/Sec/Sub			r Contributing Co r Distracted by		ــالــــالـــ	26	Susp. A	•			
<sup>6</sup> 1	Viol. 3: Cli/Sec/Sub ————————————————————————————————————	tor and all occupants involved	Drive	I Distracted by	<u> </u>	34 35	36	37 38	39	40	2 33	
	Name (Last First Middle)	Address		DOB/Age	Sex	Seat Safety Pos. System	Status C	ect Trap ode Code	Status	Transp. Code	Medical Facility	-
	Operator	See Above			X	1 99	4 0	0	99	1		4
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Vulneral	de User	Comple	te the Vu	nerable t	Jser se	ction.		İ
т_		DOB/Age	Reg#				Reg T	vne		Re	eg State	_
	0.019 08/19	estrictions 20 CDL		ear			-				21	
	Onerstor	Endorsemen		er							· []	
<sup>8</sup> 1	Last Address	First Middle	Addre	L	ast		First			Mi	ddle	- 🖳
	City State	Zip	City_			<u></u>		State	z	.ipqi		_ <b>1</b> 14
	Insurance Company		Vehic	le Action Prior to	Crash		22	Damage		Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Event	Sequence	23 23	23	23	Test Sta Type of			28	
<sup>9</sup> 2	Citation # (If Issued)	_	Most	Harmful Event	2	<u> </u>		BAC Te		ılt:	30	1
	Viol, 1: Ch/Sec/Sub ————V	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Co	ــــــــــــــــــــــــــــــــــــــ	25	25	Susp. Al	lcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub	Drive	Distracted by	10.00		2.6	Towed f			33	_
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	Operator/Occupants	See Above	-		X	1						
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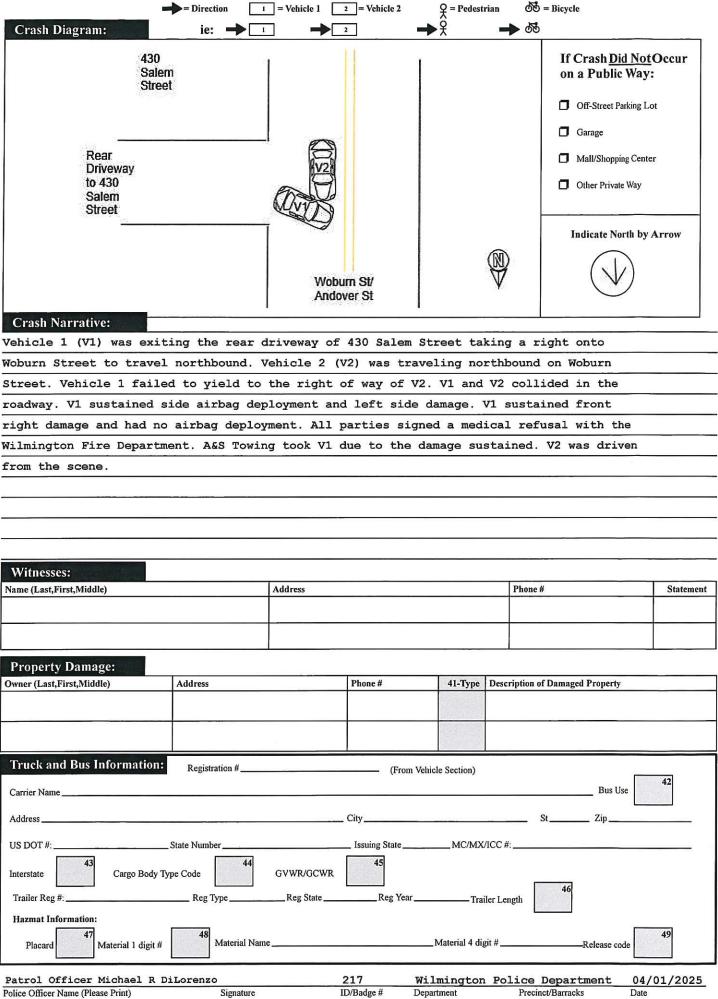


### Wilmington Police Department Images Associated with 25-96-AC

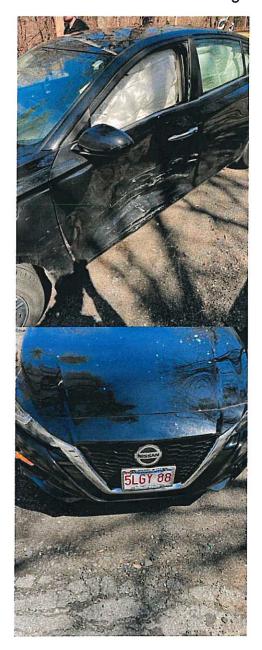


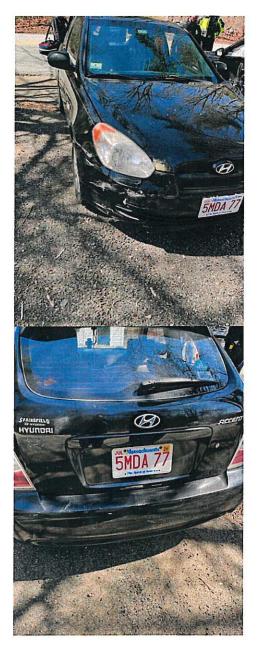


	Pol	ice Use Only		Cor	mmonv	vealth	of Mass	sach	use	etts				RMV	/ Docu	ment Number	
	Date of Crash	Time of Crash		City/Town	Mot	tor Veh	icle Cr	ash		ımber hicles	Num Inju		Speed Latitud	Limit .	25	State Police Local Police MBTA Police	
	04/01/2025	1311 24HR	MITIMI	ington		Police	Report		2		0		ongin			Campus Police Other:	
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		<u> </u>	<del></del>							_				_			2 10
	Route# Dire	ction		Name of Roadwa	y/Street		Route# Dir	ection	430 Addr		SA	LEI			Roadwa	1y/Street	_
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							Fee	t NS	EW	of	— — Mil	e Mar	– • ker		or _	Exit Number	
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			·					t NS			Route	#	)	interse	cting R	oadway/Street	
<sup>2</sup> 1	Route# Dire	ction	Name	of Intersecting R	oadway/Street				1					Lar	ndmark		
	Please Select (		# 12 ها	Occupants	Hit/Run	Moped	Crasl	ı Repor	t ID#	25	-9	7-	-A	C.			
3	of the Followi	ing:	<u> </u>		111011111												-
	License #		St .	OB/Age.	 		# 5LGY88									21	<b>1</b> 12
	Sex <u><b>M</b></u> Lic.	<u> </u>		strictions 1	CDL Endorsemen	nt .	Year <u>2020</u>								_ Velu	Config. 1	
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<sup>4</sup> 1		MAIN S					ess <u>142</u> 1				APT						-
	1 -	H READIN					NORTH	REA	DING	3	22					864-223	<del>-</del> 1
	Insurance Comp	pany PROGRI	ESSIVI	E DIREC'	r insuf	<b>V</b> ehi	cle Action Prior			3	22 		maged st Stati		Code:	7 27 27 2	ן נ
5	Vehicle Travel I	Direction:	S E W	Responding to I	Emergency? 2	Ever	t Sequence 1	23	23	23	23		pe of T		ļ	1 0 29	
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	Viol. 1: Ch/Sec/	/Sub	Vi	ol. 2: Ch/Sec/Sul	b	Driv	er Contributing	Code	4	25	25	Su	sp. Ale	cohol:	2 31	Susp. Drug: 2 32	2 1 13 13 I
6	Viol. 3: Ch/Sec/	/Sub	Vi	ol. 4: Ch/Sec/Sul	b	Driv	er Distracted by	99	26	2	6	То	wed fr	om sc	ene?	1 33	
<sup>6</sup> 1			for operator	r and all occupar			POD/4	Sex	34 Sent Pos.	35 Safety Sysiem	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First N  Operate			1	Address See Above		DOB/Age		1	1			0	10	1		
	BRIAN AYLW			142 MAIN ST				M.	3	1	2	0	0	10	1		
	BRIAN ALLW	ARD		NORTH READIN	G, MA 01864-	-2231				_							_
									-	<u> </u>							_
<sup>7</sup> 9	Please Select 0 of the Followi	One Vehicl	le 2 <u>1</u> #	Occupants	Hit/Run	Moped Moped	Uulne	erable U	Jser (	Comple	te the	Vulner	able U	Iser se	ction.		
9		mg.	C,	OOB/Ag		Rea	# 5MDA7	7			Res	Type	PC		Re	eg State <b>MA</b>	
	License #	19	S: 19	strictions 1	CDL	-	Year <b>2010</b>									Config. 21	
	Sex.M Lic.	Class D   BROUK RASH	V. (1)		Endorsemer	n#								D 2		ELGHAFFAI	R
<sup>8</sup> 1		CREESY	F	PT 7	Middle		ress 19 CI	Last			AP'	rst	7		Mie	ddle	
	City MARB			MA Zip 01	945-344		MARBLE						e <b>M</b> Z	<b>A</b> _ 2	ip <b>0 J</b>	L945-344	1 1 14
	i i	pany SAFET				_	cle Action Prior			1	22				Code:		, I I
	•		SEW	Responding to I			it Sequence	23	23	23	23		st Stat			1 28	<b>-</b>
	Vehicle Travel I	<del>41</del>	3 E M	Kesponding to	Emergency:		t Harmful Even	t <b>1</b>	24	2045	2.1.2	-	pe of			o <sup>29</sup>	
<sup>9</sup> 2	Citation # (If Iss						er Contributing		1	25	25	Ì		st Resu	—	Susp Drug a 3	2
L	1	/Sub					_		26		26			cohol: rom sc	~	33	ן ב
	Viol. 3: Ch/Sec/	/Sub		ol. 4: Ch/Sec/Sul or and all occupar		Dnv	er Distracted by	, 0	34	35	36	37	38	39	40	2 33	
	Name (Last First M	Middle)	-	and an occupat	Address		DOB/Age	Sex	Sent Pos.	Safety System		Eject Code	Trap Code	Injury Status		Medical Facility	
	Operat	or/Occupa	nts		See Above		$\nearrow$	X	1	1	4	0	0	10	1		
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# Wilmington Police Department Images Associated with 25-97-AC

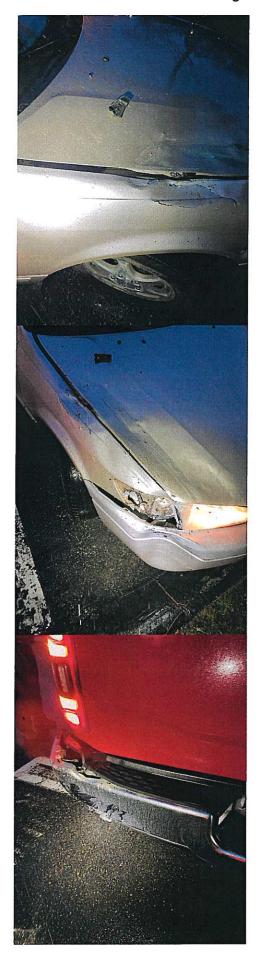


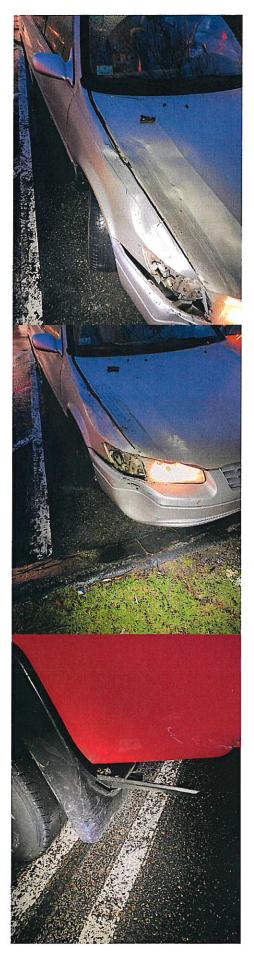


	Pol	ice Use Only	Com	monwealth	of Massa	chus	etts	5		R	AV Doc	cument Number	
	Date of Crash	Time of Crash	City/Town	Motor Vel	nicle Cras	sh [	Vumber			eed Lim	it	5 State Police Local Police	0800
	04/03/2025	0603 W	ilmington	Police	Report	2	Vehicles	Inju O	La	titude		MBTA Police Campus Police	8
		AT INTERSE	CTION:	<u> </u>	TION >					ngitude NTE		Other:	
		AT INTERESE	C110111	LOCA					AII	TTE.	NOL.		10
					 	35	57	MI	DDL	ESE	K A	/E	2 ~
<sup>1</sup> 2	Route# Direc	ction	Name of Roadway/S	itreet	Route# Directi	on Ad	dress #			Name c	f Road	way/Street	
2	_		At		Feet [	N S E V	V of			• –	– or		
	Route# Direc	ction	Name of Intersecting Road	way/Street				Mi	e Marke	r		Exit Number	11
			Also at Intersection	with	Feet [	N S E V	v of	Route			4*	Roadway/Street	_
<u> </u>	<u> </u>	<del></del>			Feet	N S E V	of	Route	#	Inter	secting	Roadway/Street	
<sup>2</sup> 3	Route# Direc	ction	Name of Intersecting Road	way/Street						L	andınar	'k	
3	Picase Select C of the Followin	One Vehicle L	1#Occupants	t/Run	Crash Re	port ID#	25	-9	8-2	AC			
	License #		St _ DOB/Age,	Reg	# <u>355MS2</u>			Ree	Tyne P	C	F	Reg State MA	
		10 10	20		Year <b>1999</b>			-	•			3	1 12
			ĭi	Endorsement							ve	i Coning.	J ├──
<sup>4</sup> 1	1	ROB, ANTH	First	Middle	er STROB,	151		Fir	şt		N	fiddle	-
1	ļ.	FAULKNER			ess <u>12 FAU</u>		R A						-
	City WILM	INGTON	State <b>MA</b> Zip <b>0188</b>	7-3526 City	WILMINGT	ON						1887-352	
	Insurance Compa	any <b>SAFETY</b>	INSURANCE CO	OMPANY Vehic	le Action Prior to C	Crash	1	22			a Code	<u> -                                    </u>	27
5	Vehicle Travel D	Direction: XSE	W Responding to Eme	rgency? 2 Even	t Sequence 2	3 23	23	23	Test S			1 28	
3	Citation # (If Iss	ued)	······································	Most	Harmful Event	2 24	<u> </u>		• •	of Test:	_	0 29 30	
	Viol 1: Ch/Sec/S	Sub	Viol, 2; Ch/Sec/Sub	Drive	ى er Contributing Code		25	25		Test Re: Alcohol		<u></u>	32 2 13
					Ī	0 26		26		d from s	cene?	2 33	
<sup>6</sup> 2	V101. 3: Ch/Sec/S		operator and all occupants in		I Distracted by	34	35	36	37 3	8 39		<u>2</u>	<b>—</b>
	Name (Last First Mi		operator and an occupants it	Address	DOB/Age	Sex Pos.	Safety System	Airtug	Eject Tr. Code Co	ap Injur de Statu	y Transp.	Medical Facility	
	Operato	or	5	See Above		$X \mid 1$	1	4	0	10	1		
							+		+	+			
					+ +		-			_	-		
<sup>7</sup> 9	Please Select O of the Followin		1_#Occupants  Hit	/Run Moped	Uulnerabl	le User	Comple	te the V	ulnerable	e User s	ection.		
9					127077								
	License #		St DOB/Ag	•	1NJ217			_	-			2	<del>1</del>
	Sex M Lic. C		ic. Restrictions 1	ndorsement	<sub>/ear</sub> <u>2023</u>						Veh	Config. 2	]
<sup>8</sup> 4	Operator ROI	DRIGUEZ SO	OTO, EDINSON	J L Own	er <b>JR VINA</b>	GRO	COF	POR Fin	ATIC	<u> </u>	М	iddle	<del></del>
4	Address 280	HAMMET R	<b>D</b>	Addre	ess <u>2208 P</u> I	LAIN	TE.	LD E	IKE				_
	City <b>COVEN</b>	TRY	State <b>RI</b> Zip <b>0281</b>	6 City	<b>JOHNSTON</b>				State _	<u>XI</u>	Zip <b>0</b>	2919	_ 1 14
	Insurance Compa	my ZURICH	AMERICAN	Vehic	le Action Prior to C	rash	2	22	Dama	ged Are	a Code:	6 27 27 2	27
	Vehicle Travel Di	irection: XSE	W Responding to Emer	gency? 2 Event	Sequence 2	23	23	23	Test S	tatus:		1 28	
	Citation # (If Issu	sed)	_	Most	Harmful Event	24			Type o	of Test:		0 29	
<sup>9</sup> 2	•	•			r Contributing Code		25	25		Test Res		30	<u></u>
			Viol. 2: Cl/Sec/Sub		ŗ	26		6		Alcohol		Susp. Drug: 2 3	<u>"</u>
ļ	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub		r Distracted by	] 34	35	36	10 Wed	from se	cene?	2 "	
	Name (Last First Mic		operator and all occupants in	Volved Address	DOB/Age	Sean Pos.	Safety System	Airbag	Ejnet Tra Code Co	ար հոյսոչ	Transp.	Medical Facility	
	Operato	r/Occupants	s	ee Above		1	1	4 (	0	10	1		
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	= Direction	1 = Vehicle 1	2 = Vehicle 2	웃 = Pedestria	an 🕉 =	Bicycle	
Crash Diagram:	ie: →	1 -	2	<b>→</b> 🖁	<b>→</b> №		
Dunkin Donuts Drive Through	MV 2	Dunkin Donuts Building 357 Middlesex A	ve			If Crash Did Not on a Public Way:  ☑ Off-Street Parking Lo ☐ Garage ☐ Mall/Shopping Cente ☐ Other Private Way  Indicate North by	t ot
-	_				V		
	•			₹.			
Crash Narrative:							
The operator of MV 1	stated that who	ile he was s	topped in t	he drive t	hrough o	f Dunkin	
Donuts, his foot slip	pped of the bral	ke and hit t	he gas pedd	al causing	him to	crash into the	
back of MV 2. The ope	erator of MV 1	was not inju	red and the	vehicle w	as in dr	iveable	
condition. The vehic	The Secretary Secretary						
The operator of MV 2			0.000				
through, the operator	r of MV 1 crashe	ed into the	back of his	work truck	k. The o	perator of MV	
2 was not injured and	d the vehicle wa	as in driveal	ble conditi	on. The tr	uck susta	ained damage	
to the rear left bump	per.						
Witnesses:					<b>C</b>		
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of l	Damaged Property	
			-				
Truck and Bus Information	Registration #		(From '	Vehicle Section)			
Carrier Name			•	_		Bus Use	42
Address			City		St	Zip	
			TO 1990				4.5
US DOT #:	Communication of the Communica	-		MC/MX/I	CC #:		
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45		W		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length	46	
Hazmat Information:	Es siê v	150	455	- 114110			
Placard 47 Material 1 dig	it # 48 Material Na	ame		Material 4 digit	#	Release code	49
Patrol Officer Robert M De	Gregorio III		223 1	Wilmington	Police D	enartment 04/	03/2025

### Wilmington Police Department Images Associated with 25-98-AC





#### Wilmington Police Department Images Associated with 25-98-AC





P	alice Use Only		Com	monwealt	h of Mas	sach	usei	tts			RM	V Doc	ument Num	Tell described	
Date of Cras	l l	Wilm	City/Town		ehicle Cr		Nun Vehi		umber njured	Speed	l Limit	30	State Poli Local Pol MBTA Po	ice 🔯	
	24HR	<u> </u>	_	<u>L.</u>	e Report		2	0		Longi			Campus I Other:	Police	4
	AT INTER	SECTI	ON:	< LC	CATION	>		N(	OT A	ΓIN	TER	SEC	TION:		
							15	r	OBS	ON	ST	ı			2
Route# Di	rection		Name of Roadway/S	treet	Route# Dir	ection	Addres						/ay/Street		_
			At		Fee	t NS	EW c					or _			
Route# Di	rection	Nam	e of Intersecting Road	***		- I			Mile M				Exit Nu	mber	1
			Also at Intersection	with		t NS		Ro	ute#				AVE Roadway/Sti	reet	$\vdash$
Route# Di	rection	Nam	e of Intersecting Road	way/Street	Fee	t NS	EWo	f —				<del></del>			-
Please Selec	t One	1	#Ossuments   D			_		E	00	70		ındmarl	<u> </u>		1
of the Follo		e 1_1	#Occupants Hit	/Run Mop	ed Crast	Report	ID# Z	<u> </u>	99	-A	·C				1
License .	Liver los	S	DOB/Age	·	Reg# <u>6GK986</u>	5		F	ед Тур	e PC		R	eg State <b>M</b>	21	-
Sex <b>F</b> Lie	c. Class D	Lic, Re		Indorsement	Veh Year <b>2024</b>							Veh	Config. 1		Ľ.
	OHEN, ARI		RACHEL First	Middle	Owner <u>COHEN</u>	Last			CHE First	<u>I.</u>		Mi	iddle		
	DOBSON				Address 26 DC	BSO	n si	•		<del></del>					
1			MA Zip 0188		City <b>WILMIN</b>	GTON						-	L887-		
Insurance Con	npany <u>GOVERN</u>	MENT	EMPLOYEE	S INSU	Vehicle Action Prior					amage est Stat		Code:	1 27 2 2 2 28	27	
Vehicle Travel	Direction: S	EW	Responding to Emer	rgency? 2	Event Sequence 1	23		3 23		est Stat			29		
Citation # (If I	ssued)		_	1	Most Harmful Event	1	24	ar	В	AC Te		alt:	1 30		
Viol. 1: Ch/Se	c/Sub	ν	iol. 2: Ch/Sec/Sub	1	Oriver Contributing	Code	1 2		2.5 Si	usp. Al	cohol:	2 31		g 2 32	1
Viol, 3: Ch/Se	c/Sub	V	iol. 4: Ch/Sec/Sub —		Driver Distracted by	0	26	26		owed f		·	2 33		
Name (Last Firs		for operate	or and all occupants in	volved Address	DOB/Age	Sex	Seat S	35 36 afety Airb	ig Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical	Facility	
Opera	tor		s	ee Above	$\overline{}$	$\propto$	1 1	4	0	0	10	1			]
						<b>Y_</b>					<u> </u>				1
						<del>                                     </del>			-	<del>                                     </del>					-
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			<u> </u>	I											┧
of the Folloy		e 2 <u>1</u>	#Occupants Hit	Run 🔲 Mop	ed Vulne	rable Us	er Cor	nplete th	e Vulne	rable L	Jser se	ction.			
License #_		St .	DOB/Age		Reg# SCANDI			R	ед Турс	PC		R	g State M		1
Sex <b>F</b> Lic	. Class D	Lic. Re	strictions 1 20 C	DL	/eh Year <b>2017</b>	\	/eh Mak	NIS	SAN			Velı	Config. 1	21	1
Operator RU	JFO, SUSA	AN MA	_		wner RUFO,	SUS	AN :	MATA	RA First			NG	ddle		
Address 11	CORAL S'	T			Address 11 CC	RAL	ST								<u> </u>
City WILM	INGTON	State ]	MA Zip 0188	7-1956 (	City <b>WILMIN</b>	<b>TON</b>							L887-:		1
Insurance Con	pany SAFETY	Z INS	URANCE CO	MPANY	ehicle Action Prior	to Crash	1	22				Code:	8 <sup>27</sup> 7 <sup>2</sup>	7 27	
Vehicle Travel	Direction: NS	Xw	Responding to Emer	gency? 2	vent Sequence 1	23	23 2	3 23		est Stat			28		1
Citation # (If I	ssued)		_	ı	Aost Hannful Event	1	24			AC Tes		ılt:	30		
Viol. 1: Ch/Sec	:/Sub	Vi	iol, 2; Ch/Sec/Sub —		Oriver Contributing (	Code	4 25	S 1 2	. <b>5</b> Տւ	ısp. Ald	cohol:	2 31	Susp. Dru	g 2 32	
Viol. 3: Ch/Sec	:/Sub	V	iol. 4: Ch/Sec/Sub	I	Oriver Distracted by	0	26	26	To	wed fi	rom sc	ene?	1 33		
Name (Last First		for operato	or and all occupants in	volved Address	DOB/Age	Sex	Seat S	35 36 afety Airba stem Statu		38 Trap Code	39 Injury Status	40 Trunsp. Code	Medical	Facility	Ī
	tor/Occupar	nts	S	ee Above		X	1 1		0	0	10	1			1
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	Direction 1	] = Vehicle 1 [	2 = Vehicle 2	र्व = Pedestria	ın Ø5 = l	Bicycle	
Crash Diagram:	ie: 📥	<b>→</b> [	2	<b>→</b> ĝ	→ %		
Dobson St	Gardner Ave		Dobson S	St		If Crash Did Note on a Public Way:  Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way  Indicate North by A	t .
				(		$\langle J \rangle$	
					Ψ.	(V)	
Cally		I;					
Crash Narrative: Operator of MV 1 state	d che was trave	ling etra	ight down Do	hean St who	an MV 2 n	ulled off	
Gardner Ave in front o							
come to a stop at the							
the vehicle was in dri	vable condition	<u>-</u>				· · · · · · · · · · · · · · · · · · ·	
The operator of MV 2 s	tated that whil	e she was	traveling s	traight ah	ead on Ga	rdner Ave she	
began to cross over th	e intersection	of Gardne	Ave and Do	bson St and	d was hit	by MV 1. It	
should be noted that t	he intersection	of Gardne	er Ave and D	obson St i	s a T-int	ersection.	
The operator of MV 2 s	tated she canno	t remember	if she sto	pped at the	e interse	ction or not.	
The operator of MV 2 s	tated she had n	o injuries	a. MV 2 was	not operab	le and wa	s towed from	
the scene by Cain's To	wing.						
					<del></del>		
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
ivalile (Last, Frst, Wildle)		Address	<u></u>		T HORE #		Statement
Property Damage:			· · · · · · · · · · · · · · · · · · ·				***************************************
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of D	amaged Property	
					***************************************		
Truck and Bus Information	Registration #		(From )	Vehicle Section)			
Carrier Name						Bus Use	42
Address			City		St	Zip	<u>· · · · </u>
			•			•	
US DOT #:	State Number44		Issuing State	MC/MX/10	JC #:		
Interstate Cargo Body		GVWR/GCWR			Descri		
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length	46	
Hazmat Information:	(Section 200)						- 40
Placard Material I digit #	Material Nam	e		Material 4 digit	#	Release code	49
Patrol Officer Robert M DeGr	ragorio III		202	w:1_:::	Dali		04/0005
Police Officer Name (Please Print)	Signature			Wilmington Department	Police De		04/2025

Police Officer Name (Please Print)

Signature

ID/Badge#

### Wilmington Police Department Images Associated with 25-99-AC



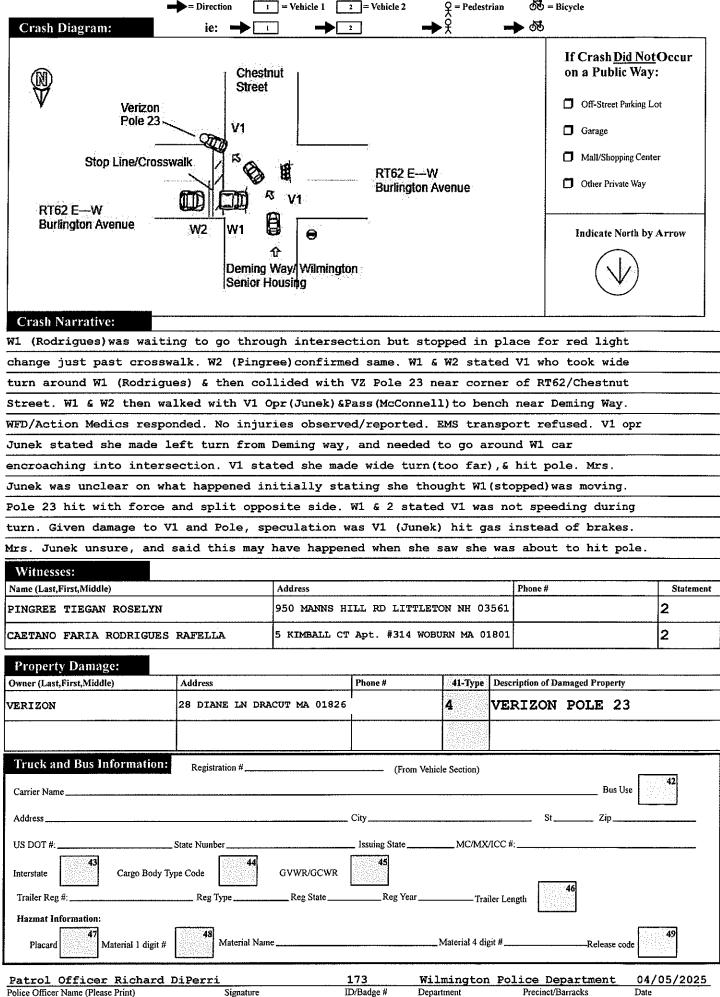


# Wilmington Police Department Images Associated with 25-99-AC





	Police Use Only	Comi	monwealth	of Massa	ıchu	setts	S		RN	IV Doc	cument Number	
	Date of Crash   Time of Crash   04/04/2025   1230   Will   24HR	City/Town .mington	Motor Veh Police	iicle Cras Report		Number Vehicles		Latit	ed Limi tude gitude _	it 3	O State Police Local Police MBTA Police Campus Police Other:	
	AT INTERSECT	TION:	< LOCA	TION >	>		NOT	AT IN	TEF	RSEC	TION:	7
	Route# Direction BURLING	STON AVE  Name of Roadway/St	reet	Route# Directi	ion A	ddress#		λ.	Iama o	f Doods	way/Street	2 10
<sup>1</sup> 1	Routes Direction	At At	i coi	- Konten Directi	ion A	Juicss #		r	ame o	I KOMU	way/Sirect	-
	62 E CHESTNU	JT ST ame of Intersecting Roady	vay/Street	_	N S E			Marker		- ог	Exit Number	- 1 11
<sup>2</sup> 1	Route# Direction DEMING	Also at Intersection w WAY une of Intersecting Roadw			N S E	_	Route#	-			Roadway/Street	· [
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Re	eport ID	<sub>7</sub> 25	-1	00-		andmar	k	1
	License # S	DOB/Age	Regi	6PLE51			Reg 1	Tyne PC	7	R	en State MA	
	Sex F Lic. Class D Lic.			Year 2021			-				21	<b>3</b> 12
	<u> </u>	E1	ndorsement						<u> </u>	ver	i Contig.	
<sup>4</sup> 3	Operator JUNEK, DOLLY	First	Middle	er <b>JUNEK</b> ,	est		First	YA		М	liddle	-
3	Address 14 DEMING WAY			ess 14 DEM		WAY						-
	City WILMINGTON Sta	•	•	WILMINGT	ON_	2.22					1887-3638	. 1
	Insurance Company ARBELLA N	MTUAL .	Vehic	ele Action Prior to C	Crash	4	22			a Code:	27 27 27	
5	Vehicle Travel Direction: N S W	Responding to Emerg	gency? 2 Even	Sequence 22	3 23	23	23	Test Sta			28	
<sup>5</sup> 1	Citation # (If Issued)		Most	Harmful Event	22 <sup>24</sup>			Type of			30	
	Viol. 1: Ch/Sec/Sub ————	-Viol. 2; Ch/Sec/Sub	Drive	r Contributing Cod	e <b>1</b> 2	2 <sup>25</sup> 9	25	BAC To			Susp. Drug: 2 32	22 <sup>13</sup>
	Viol. 3: Ch/Sec/Sub —			r Distracted by	O <sup>26</sup>	•	26	Towed		$\overline{}$	33 Diag. 2	
<sup>6</sup> 1		ator and all occupants inv		1	3-			37 18	39	40		-
	Name (Last First Middle)	•	Address	DOB/Age	Sex Po		Airbag E Status C	ject Trap ode Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	Se	e Above		$X _1$	1	1 0	0	10	1		
	KAREN MCCONNELL	956 MAIN ST WOBURN, MA 01801		(	F 3	1	1 0	0	10	1		7
									<del> </del>			-
						-			_			_
<sup>7</sup> 2	Please Select One of the Following:	#Occupants Hit/F	Run Moped	Vulnerabl	le User	Comple	te the Vu	Inerable 1	User se	ection.		_
	19 19	DOB/Age 20 CE		ear			_				21	•
	Operator	First	dorsement	erla:		viake	First				ddie	-
³1	Address		Addre	ess								
	CityStat	2 Zip	City_					State	2	Zip		2 <sup>14</sup>
	Insurance Company		Vehic	le Action Prior to C	crash	10.00	22	Damage	d Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerge	ency? Event	Sequence 23	3 23	23	23	Test Sta	tus		28	
	Citation # (If Issued)		•	Harmful Event	24	100 A	3-65	Type of	Test:		29	
2	,	<del></del>		L.	A SERVICE	25	25	BAC Te			30	
	Viol, 1: Ch/Sec/Sub			Contributing Code				Susp. Al	'	L		
	Viol. 3; Ch/Sec/Sub			Distracted by	26	Benefit (	6	Towed f			33	╛
	Please fill out for oper: Name (Last First Middle)	stor and all occupants invo	olved Address	DOB/Age	Sex Pos	Safety	Airbag Ej	7 38 ect Trap xie Code	39 Injury Status	t0 Transp. Code	Medical Facility	
ļ	Operator/Occupants		Above		X 1							7
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### Wilmington Police Department Images Associated with 25-100-AC

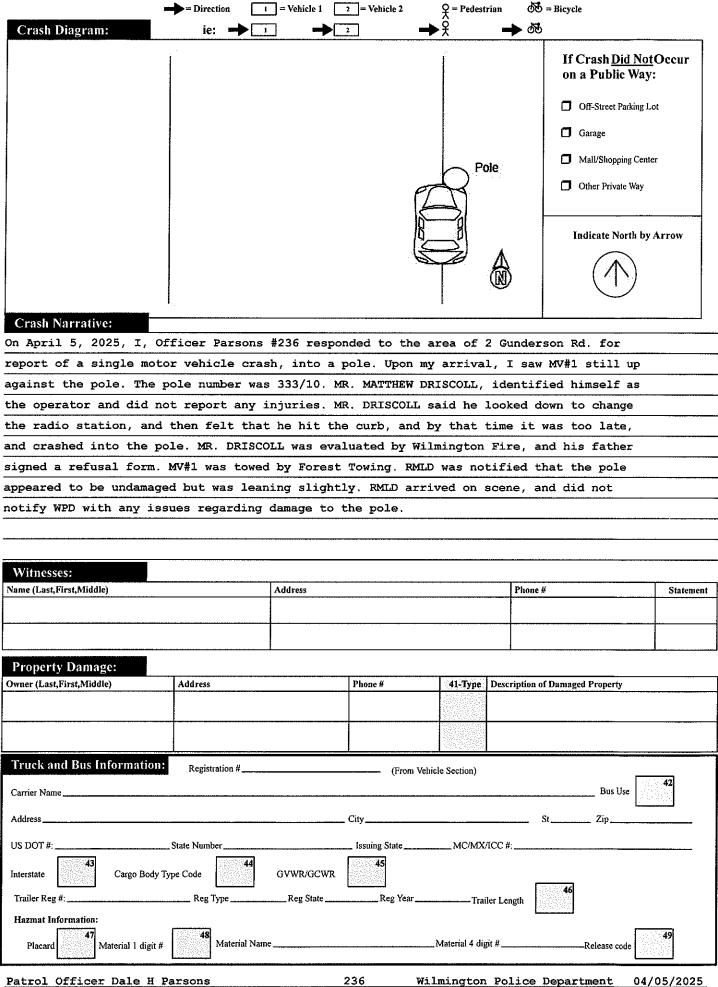




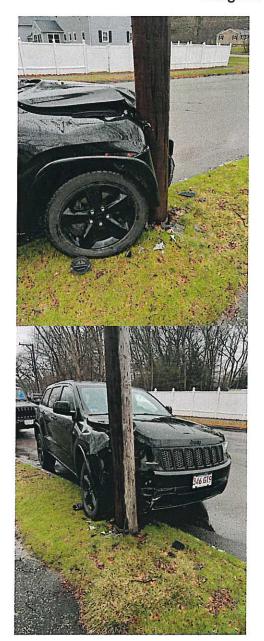


Attachments for 25-100-AC	
Description	Type
RMV MED AFFAIRS FORM	PDF
Attachment#: 408F35E9B3A844D38CCAEC2932FE6FA6	
HD JUNEK OPER CRASH RPT	PDF
Attachment#: B98071C4329348ABA91372A1A2656C61	

Police Use Only	Com	monwealth	of Massa	chuse	etts		37.00	RM	V Doci	ument Number	
Date of Crash   Time of Crash   04/05/2025   1627   Wi	City/Town  lmington	Motor Vel		sh Ni	umber hicles	Numb Injure	ا الم	d Limit ude	25	State Police Local Police MBTA Police	0800
24HR	_	<u> </u>	Report	1		0	1	itude_		Campus Police Other:	
AT INTERSEC	TION:	< LOC	ATION >	>	·	NOT	AT IN	TER	SEC	TION:	4
				2		GUI	NDER	SON	RD	)	ľ
Route# Direction	Name of Roadway/S	Street	Route# Directi	on Addr	ess#		Ν	ame of	Roadw	/ay/Street	=
	At		Feet	N S E W	of ·		_	•	or _		_
Route# Direction 1	Name of Intersecting Road	dway/Street				Mile	Marker			Exit Number	┥
	Also at Intersection	with	_	NSEW		Route#		Inters	ecting F	Roadway/Street	- [
Route# Direction 1	Name of Intersecting Road	dway/Street	Feet [	N S E W	of						
Please Select One Vivilia 11		I					<u> </u>	-	andmarl	<u> </u>	
of the Following:	#Occupants Hi	t/Run Moped	Crash Re	eport ID#	25	-10	) T -	-A(	;		
License # St	DOB/Age_	Reg	# <b>346GT9</b>			Reg l	уре <u>Р</u> (	·	R		
Sex. Lic. Class D 19 Li	c. Restrictions 1 20	CDL Veh Endorsement	Year <b>2014</b>	Veh Ma	ake <b>J</b>	еер			Veh	Config. 21	
Operator	Fusi	Own	er DRISCOI		OBE	RT First	JOHN	•	Mi	iddle	-
Address_		Add	ress 14 EVA	NS DR	<u>.                                    </u>						_
City S	tate _Zí	City	WILMINGT	ON ,						L887-1518	
Insurance Company <b>VERMONT</b>	MUTUAL INS	URANCE Vehi	cle Action Prior to C	Crash	1	22			Code:	27 27 27 28	]
Vehicle Travel Direction: SEV	V Responding to Eme	ergency? 2 Ever	t Sequence 20		23	23	Test Sta			29	
Citation # (If Issued)		Mos	t Harmful Event	22 <sup>24</sup>			BAC To		ult:	30	
Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	e <b>20</b>	25	25	Susp. A	Jcohol:	31	Susp. Drug: 32	
Viol. 3: Ch/Sec/Sub	Viol. 4: Cli/Sec/Sub	Driv	er Distracted by	4 26	2	6	Towed	from sc	ene?	1 33	
Please fill out for op Name (Last First Middle)	perator and all occupants in	nvolved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	Airbog E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	╗
Operator		See Above				4 0	$\neg$	10	1		٦
											┥
						$\dashv$		+			$\dashv$
							<u> </u>	-			$\dashv$
		ŧ						<u> </u>			_
Please Select One of the Following:	#Occupants Hit	t/Run 🔲 Moped	Ulnerabl	le User C	omplet	e the Vu	lnerable	User se	ection.		
	DOB/Age	Reg	#			_ Reg 7	уре		Re		
Sex Lic. Class 19 19 Lic		CDL Veh	Year	Veh Ma	ke				Vela	Config. 21	
Operator	First		er			First			Mis	Ada.	_
Address			ess	»·		1:04			, and	. <u></u>	-
CitySt	ate Zip	City					State	2	Zip		<u>-</u>
Insurance Company	······································	Vehic	cle Action Prior to C	Crash		22	Damage		Code:		<u> </u>
Vehicle Travel Direction: NSEW	Responding to Eme	ergency? Even	t Sequence 23	3 23	23	23	Test Sta			28	
Citation # (If Issued)		Most	Hamnful Event	24			BAC To		ılt:	30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	e 📗	25	25	Susp. A	icohoi:	31	Susp. Drug 32	4
Viol, 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	26		Towed	from sc	ene?	33	
Please fill out for op	erator and all occupants in	nvolved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	Airbag E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator/Occupants		See Above		1			1000				$\exists$
1							+	+			$\dashv$
						+		<del> </del>		<u>,</u>	$\dashv$
			1 1			_		_			



### Wilmington Police Department Images Associated with 25-101-AC





Attachments for 25-100-AC	
Description	Туре
RMV MED AFFAIRS FORM	PDF
Attachment#: 408F35E9B3A844D38CCAEC2932FE6FA6	
HD JUNEK OPER CRASH RPT	PDF
Attachment#: B98071C4329348ABA91372A1A2656C61	

	Pal	lice Use Only	Com	monwealth	alth of Massachusetts					RMV Document Number			
	Date of Crash 04/05/2025	Time of Crash	City/Town  lmington	Motor Ve	hicle Crasi	h Numi		~P	d Limit	40	State Police Local Police MBTA Police	8	
	04/03/2023	24HR	Iming con	Police	Report	2	1	I	gitude		Campus Police Other:	<u> </u>	
		AT INTERSEC	TION:	< LOC	ATION >		NOT	AT IN	TER	SEC	TION:		
						316	τ.0	WELL	em	ı		2	
1	Route# Dire	ction	Name of Roadway/S	Street	Route# Direction		#				ay/Street		
1			At		Feet N	S E W of				· or			
	Route# Dire	ction 1	Name of Intersecting Road	lway/Street	-	1-1-1-10.		e Marker		· _	Exit Number		
			Also at Intersection	with	Feet N	S E W of	Route	<del>_</del>	Inters	ecting R	Roadway/Street	_	
<sup>2</sup> 3	Route# Direc	ction ?	Name of Intersecting Road	lway/Street	Feet N	S E W of	,				<b>,</b>		
<u> </u>				· ·	<u> </u>					ındınark		_	
<sup>3</sup> 2	Please Select C of the Followi	one Vehicle 1.1	#Occupants Hi	t/Run Moped	Crash Rep	ort ID# 2	5-1	02-	·AC	3			
	License #		DOB/Age	Reg	#8HD138		Reg	Туре 🗜	3	Re	eg State <b>MA</b>	<u> </u>	
	Sex <b>F</b> Lic.	Class D 19 Li	c. Restrictions 1 20	CDL Veh	Year 2015	Veh Make	NISS	AN		Veh	Config. 1 2	1 1	
	Operator <b>VA</b>	RGAS MARTI	NEZ, SOFIA	Endorsement Ow	ner <u>VARGAS</u>	MARTII			A	Mid			
<sup>4</sup> <b>1</b>	Address 193	MAIN ST	APT 2		iress <u>193 MAI</u>	N ST	APT			Mid	gc.jC		
	City WILM	INGTON s	tate <b>MA</b> Zip <b>0188</b>	7-2020 City	WILMINGT	ON		State M	<b>A</b> _ 2	Zip <b>01</b>	1887-202	<u>o</u>	
	Insurance Comp	any PROGRESS	IVE DIRECT	INSURA Veh	icle Action Prior to Cr	rash 2	22	Damag	ed Area	Cođe:	5 6	27	
	Vehicle Travel E	Direction: NSE	Responding to Eme	ergency? 2 Eve	nt Sequence 23	23 23	23	Test Sta		ļ	1 28 2 29		
,	Citation # (If Iss	sued)		Mo	st Harmful Event 1	24		Type of BAC To		ult:	0 2 30		
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	Susp. A			Susp. Drug 2	32 1	
6	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	26	Towed			1 33	거는	
<b>2</b>		•	erator and all occupants in			Seat Sa	5 36 fety Airbag	37 38 Eject Trap	39 Injury	40 Transp.			
	Operate			Address See Above	DOB/Age S	Sex Pos. Sys		Code Code	Status 10	Code 1	Medical Facility		
	Operation	·							-				
							-		-			_	
										<u> </u>			
, 1	Please Select C of the Followir		#Occupants	/Run Moped	☐ Vulnerable	User Com	plete the V	ulnerable	User se	ction.			
<del>-</del>	License	St,	DOB/Age	Reg	# 1EFG29		Reg	Туре РС		Re	eg State <b>MA</b>	$\exists$	
	Sex <b>M</b> Lic. C	10 10	. Restrictions 1 20	CDL Veh	Year <b>2016</b>	Veh Make	_					1	
	1	PEZ, VAUGH		Endorsement Own	ner WINANS,	STEP	IANIE	LEI	GH			_	
1	Address <u>485</u>	FOLEY ST	APT 1710	Middle Add	ress 5 SHERB	ORN C	r AE	r 3		Mid	idle		
	City <b>SOME F</b>	RVILLE S	ate MA Zip 0214	<b>5-1315</b> City	MEDFORD			State M	<b>A</b> z	Zip <u>02</u>	2155	_  1	
	Insurance Compa	any GOVERNME	NT EMPLOYEE	S INSU Veh	icle Action Prior to Cr	ash 9	22	Damage	ed Area	Code:	2 27 1 27	27	
	Vehicle Travel D	rirection: NSE	Responding to Eme	rgency? 2 Ever	nt Sequence 23	23 23	23	Test Sta		1	1 28		
)	Citation # (If Iss	ned)		Mos	t Harmful Event 1	24		Type of BAC Te		dt.	o <sup>29</sup> - 30		
2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	19 <sup>25</sup>	25	Susp. A			<u> </u>	32	
	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	26	Towed t	•		2 33		
		•	erator and all occupants in			34 3 Seat Sat	5 36 ety Airbag	37 38 Eject Trap Code Code	39 Injury	40 Transp.		_	
	Name (Last First Mi	or/Occupants		Address See Above	DOB/Age S	Pos. Sys				Code 1	Medical Facility	_	
	Operate	moccupunis -		AL AUDYE	<del>                                     </del>	1 1		-	╫				
									<u> </u>			_	

	Direction	ı = Vehicle 1	2 = Vehicle 2	Q = Pedestria	n 📆 = Bic	ycle	
Crash Diagram:	ie: ➡	<b>→</b> [	2	→Ŷ	→ ॐ		
	4		Lowell St			If Crash <u>Did Not</u> on a Public Way:	
	A Company					Off-Street Parking Lo	t
	****				0	Garage	
193 Exit 31 South on ra	mp				C	Mall/Shopping Center	r
-			Û			Other Private Way	
193 Exit 31 South off	ramp	ş				Indicate North by A	Arrow
				(		$(\Rightarrow)$	
Crash Narrative:							
At approximately 5:42	PM V1 was trave	ling westbo	ound on Low	ell St when	they came	to a stop	
behind a vehicle that	was attempting	to turn le	eft onto IS	3. V2 was t	raveling b	ehind V1	
when they stuck V1 fr	om behind when	they tried	to pass on	the right.	All opera	tors	
declined medical tran	sport. V2 was a	ble to be o	driven from	the scene.	V1 was to	red.	
***							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Name (Last,rust,mudre)		Paddiess			1 Hone ii		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type I	Description of Dan	aged Property	
Truck and Bus Information	n: Registration #		(From	n Vehicle Section)		ļ s	42
Carrier Name						Bus Use	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	МС/МХ/10	CC #:		
Interstate 43 Cargo Boo	iy Type Code	GVWR/GCWR	45		E today or	<b>-</b>	
Trailer Reg #:	Reg Type	Reg State	Reg Yea	rTraile	r Length	46	
Hazmat Information:					· Supplement	<u></u>	
Placard Material I dig	it # 48 Material Na	me		Material 4 digit	#	Release code	49
Patrol Officer Caleb	A Wiid		237	Wilmington	Police Den	artment 04/	05/2025

# Wilmington Police Department Images Associated with 25-102-AC







