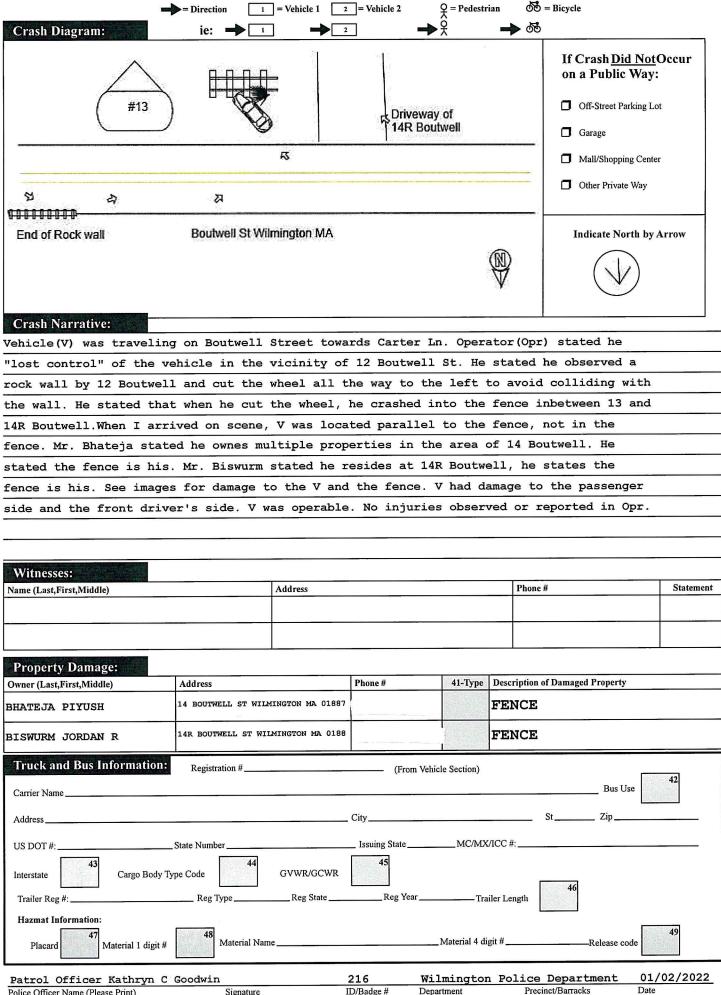
	Police Use Only	Commonwealth	of Massachu	usetts	RMV Docu	ment Number	
	Date of Crash Time of Crash City/Tow 01/02/2022 1655 Wilmingt	on	nicle Crash	Number Number Vehicles Injured	Speed Limit <u>25</u> Latitude	MBTA Police	
	24HR	Police	Report	1 0	Longitude	Other:	
	AT INTERSECTION:	< LOCA	ATION >	NOT AT	INTERSECT	rion:	<u> </u>
	Route# Direction Name of	Roadway/Street		14 BOUT	WELL ST Name of Roadwa	ay/Street	2
4		At					
	Route# Direction Name of Inters	ecting Roadway/Street	Feet NS I	Mile Ma	• or rker	Exit Number	1 1
	Also at I	ntersection with	Feet N S I	Route#	Intersecting R	oadway/Street	_
1	Route# Direction Name of Inters	ecting Roadway/Street			Landmark	9	
	Please Select One of the Following: Vehicle 1 #Occupan	nts Hit/Run Moped	Crash Report I	D# 22-3-1	AC		
	License # SA2870747 St MA DOB		# <u>8FW332</u>	Reg Type	PC Re		- 1
	Sex M Lic. Class D 19 Lic. Restrictions	Endorsement	Year <u>2007</u> Ve	·		Config. 21	⁷ —
	Operator PACKER, NATHANIEL Last First	Middle	ner PACKER, L	First	OINETTE Mid	idle	
1	Address 34 BURLINGTON AVE	Add	ress 34 BURLIN	IGTON AVE			
	City WILMINGTON State MA Z	ip 01887-3903 City	WILMINGTON	Sta	te MA Zip 01	887-3903	
	Insurance Company ARBELLA MUTUAL	L INSURANCE Vehi	cle Action Prior to Crash	1 22	amaged Area Code:	ANALOGO PERCENTAGE	
	Vehicle Travel Direction: N S E Respon	ding to Emergency? 2 Ever	nt Sequence 30 23 2		st Status:	1 28	
	Citation # (If Issued)			24	pe of Test:	30	
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch	/Sec/Sub Driv	To the second se	25 25	AC Test Result:	Susp. Drug: 2 32	30 ¹
	Viol. 3: Ch/Sec/Sub ————Viol. 4: Ch	/Sec/Sub Driv	er Distracted by	26	wed from scene?	2 33	
2	Please fill out for operator and all			34 35 36 37 Seat Safety Airbag Eject	38 39 40 Trap Injury Transp.		
	Name (Last First Middle)	Address	DOB/Age Sex	Pos. System Status Code	Code Status Code	Medical Facility	
	Operator	See Above	\times X	1 1 4 0	0 10 1		
				+ + + + + + + + + + + + + + + + + + + +			
	Please Select One Tyrking a #Occupation	In	15 16	17	18		
1	of the Following: Vehicle 2#Occupar	Tron Motorise 12 2990	Action Lo	ocation 17 Condit		Iit/Run Moped	
	License # St DOB/ Sex Lic. Class 19 19 Lic. Restrictions	20	# Vear Ve			21	
	Operator	Endorsement	nerLast	First	Mid	dle	
1.	Address	Add	ress			-	_ 1
	City State Z	ip City		F	te Zip		1
	Insurance Company	Vehi	icle Action Prior to Crash		amaged Area Code:	27 27 27	
	Vehicle Travel Direction: NSEW Respon	ding to Emergency? Ever	nt Sequence 23 2	23 23 23	st Status:	28	
	Citation # (If Issued)	Mos	t Harmful Event	24	rpe of Test:	30	
2	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch	/Sec/Sub Driv	ver Contributing Code	25 25	AC Test Result: asp. Alcohol: 31	Susp. Drug: 32	-
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch			20	owed from scene?	33	
	Please fill out for operator/non-motorist	75007540		34 35 36 37	38 39 40		1
	Name (Last First Middle)	Address	DOB/Age Sex	Seat Safety Airbag Eject System Status Code	Trap Injury Transp. Code Status Code	Medical Facility	
	Operator/Non-Motorist	See Above	XX	1			
			+				
							1



Wilmington Police Department Images Associated with 22-3-AC



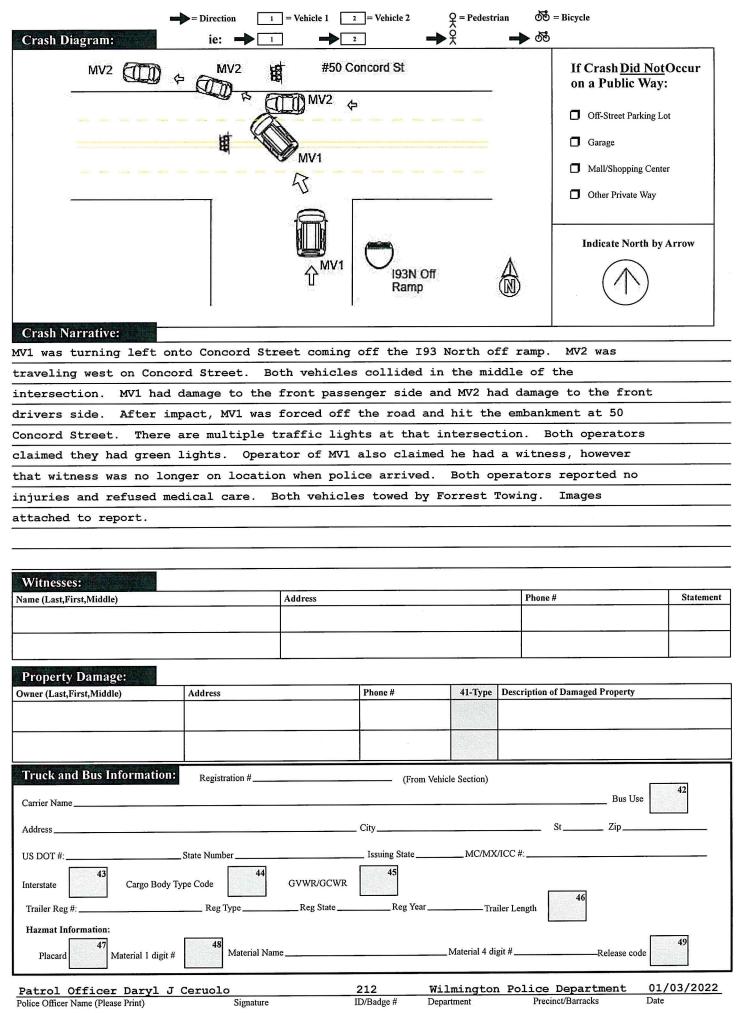




Wilmington Police Department Images Associated with 22-3-AC



	Police Use Only	Commonw	ealth (of Massa	chu	setts		R	RMV Docu	iment Number	
		City/Town Mot	or Veh	icle Cra	sh [Number Vehicles	Number Injured	Speed Li		State Police Local Police	
	01/03/2022 1152 Wilm	ington I	Police 1	Report	;	2	0	Latitude _ Longitud		MBTA Police Campus Police Other:	片
	AT INTERSECTION	STREET, STREET	LOCA		>		NOT A				\neg
						0		ORD			2 10
¹ 1	Route# Direction	Name of Roadway/Street		Route# Direct	ion A	ddress #		Name	of Roadw	ay/Street	
1	Route# Direction Name	At of Intersecting Roadway/Street	-	Feet [N S E	w of	— — Mile M	— • - arker	— or _	Exit Number	
		Also at Intersection with		Feet	N S E	w of					3
				Feet	N S E	w of	Route#	Int	ersecting R	Roadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Street							Landmark		-
3	Please Select One of the Following:	#Occupants Hit/Run	Moped				-4-	AC			
		DOB/Age	Reg	<u>W20304</u>			Reg Typ	e <u>CO</u>	Re		- 12
		strictions 20 CDL_ Endorsement		Year <u>2008</u>					Veh	Config. 21	
4	Operator MALDONADO, JES	SE irst Middle		er ABOVE	ast		LLC First		Mic	ddle	-
⁴ 3	Address 30 MAPLE ST FL	APT 3RD	Addr	ess 30 MAP	LE S	ST					-
	City LAWRENCE State	MA Zip 01841-3812	City_	LAWRENCE	<u> </u>					L841-3812	- I
	Insurance Company PROGRESSIV	E CASUALTY INST	<u>U</u> Vehic	cle Action Prior to	Crash	4			rea Code:]
5	Vehicle Travel Direction:	Responding to Emergency? 2	Even	t Sequence 1	23 23	23	23	est Status:	ł	1 28 29	1
⁵ 2	Citation # (If Issued)		Most	Harmful Event	1 24	4		ype of Tes AC Test R	ł	30	
	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de 9	9 25	25		ol: 2 31	Susp. Drug: 2 32	1 13
,	Viol. 3; Ch/Sec/Sub ———— Vi	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 20	6		owed from	-	1 33	'
⁶ 1	Please fill out for operato	or and all occupants involved				34 35 eat Safety	36 37 Airbag Eject		39 40 jury Transp.		
	Name (Last First Middle)	Address		DOB/Age		os. System	Status Code		atus Code	Medical Facility	
	Operator	See Above			Δ,	[0	4 0	0 10	0 1		
⁷ 3	Please Select One of the Following:	Occupants Non-Motorist A	A Type	15 Action	16 Loca	ation	17 Condi	tion	18 D 1	Hit/Run Mope	ed
3	ALM CONTRACTOR OF THE CONTRACT	2024		<u>v977</u>		1000	Reg Typ	. PC	n.	eg State MA	-
	19 19	DOB/Age 20		rear 2021						_ 21	-
	D COLOR STATE	strictions 1 CDL_ Endorsement						TET	ven	Config. 1	(44)
⁸ 1	Operator DICENSO, FERNA	irst Middle		er DICENS	ast		First	-	Mic	ddle	-
	Address 4 WALLEN WAY	- 01040 1015	-	ess 4 WALL		VAY			0.1	040 1015	14
		MA Zip 01949-1315		MIDDLETO	N	2/10/5			_ Zip <u>U J</u> rea Code:	1949-1315 27 27 27 27	- L
	Insurance Company THE COMMERO	CE INSURANCE CO	O Vehic	le Action Prior to		_		amaged A est Status:	ŀ	8 27 27 27	J
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 1	23 27 23		23	ype of Tes	1	29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 24			AC Test R	}	30	
2	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de 9	9 25	25 S	usp. Alcoh	ol: 2 31	Susp. Drug: 2 32]
	Viol. 3: Ch/Sec/Sub ————Vi	ol. 4: Ch/Sec/Sub ————	Drive	er Distracted by	99 20	6	T	owed from	scene?	1 33	eox 0
		motorist and all occupants involve	ed	DORA	Se	34 35 eat Safety	36 37 Airbag Eject	Trap In	jury Transp.	Medical Facility	7
	Name (Last First Middle) Operator/Non-Motorist	Address See Above		DOB/Age		os. System	Status Code	0 10	o 1	Producti Pacific	
	Operator/Non-Motorist	See Above			$\langle \lambda \rangle$				-		\dashv
											4



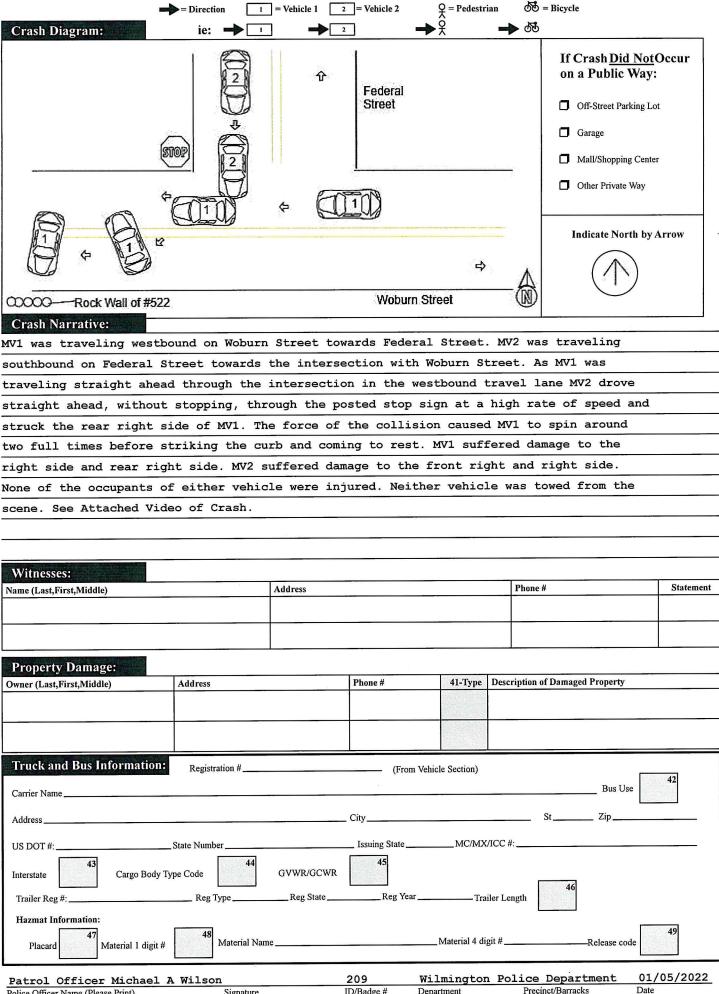
CDP1 11-24-00

Wilmington Police Department Images Associated with 22-4-AC



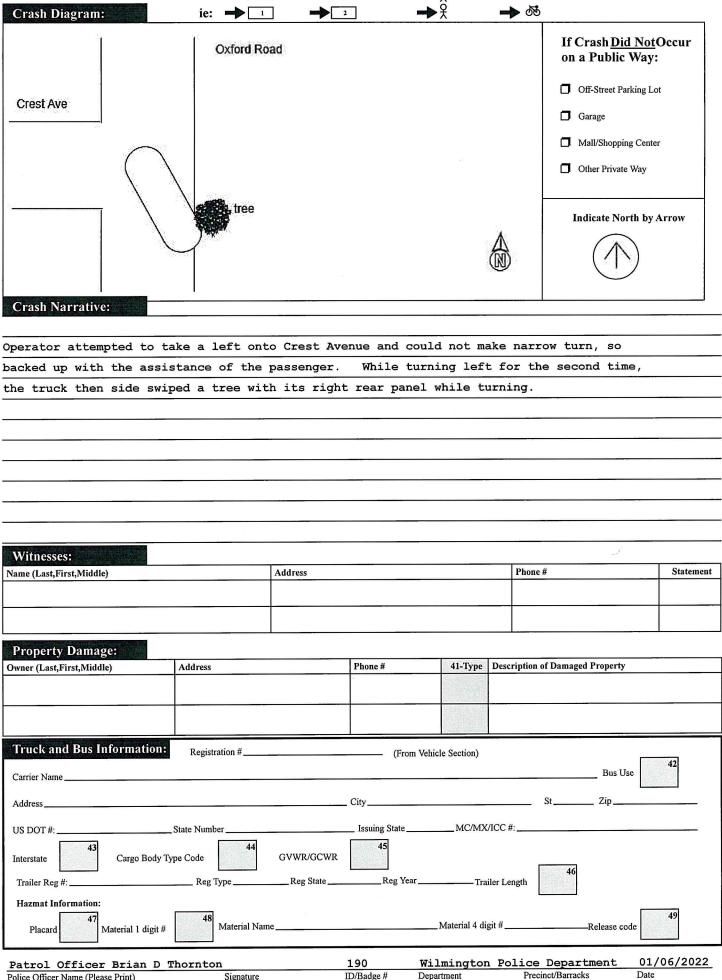


	Police Use Only	Com	monwealth	of Massac	hus	etts			RMV	/ Docur	ment Number	W 1107
	1 -510,000,000 50,000,000,000,000,000,000,000	City/Town	Motor Ve	hicle Cras	\mathbf{n}	Number Vehicles	Number Injured		Limit_	25	State Police Local Police MBTA Police Campus Police	1
	01/05/2022 1707 Wilm 24HR	ington	Police	Report	2		0	Latitud			MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	The second secon	ATION >			NOT A			SECT		1
	M M IM I I I I I I I I I I I I I I I I				52	22	WOB	JRN	ST			2 10
¹ 4	Route# Direction	Name of Roadway/S	treet	Route# Direction	ı Ad	dress #		Na	me of l	Roadwa	ny/Street	=
4	Route# Direction Name	At of Intersecting Road	way/Street	Feet N			Mile M		-	or _	Exit Number	3 11
		Also at Intersection	with	Feet N	SE	W of	Route#	_	Interce	eting R	oadway/Street	
2		CY D	10:	Feet N	SE	W of	Routen		micisc	oung re	saaway/sireet	
² 2	Route# Direction Name	of Intersecting Road	way/Sireet	<u> </u>					Lar	ndmark		1
³ 3	Please Select One of the Following:											
	10 10	DOB/Age		g # 143WZD							21	1 12
	Sex M Lic. Class D Lic. Re	strictions	CDL Ve Endorsement	h Year 2014	_ Veh	Make <u>H</u>	YUND	/I_		_ Veh (Config. 1	
	Operator BEAUDOIN, EDWA	RD A	Ov	vner BEAUDOI	N, 1	EDWA	RD A			Mide	dle	8
⁴ 2	Address 8 WEST ST	- Lat		dress 8 WEST	ST		1 1131					1
	City WILMINGTON State	MA Zip 0188	7-3008 Cir	y WILMINGTO	ON		Si	ate MZ	A z	ip 01	887-3008	í
	Insurance Company THE STANDA			hicle Action Prior to Ci	ash	1	22 I	Damage	d Area	Code:	3 27 4 27 27	
	Vehicle Travel Direction: N S E	Responding to Eme		ent Sequence 23	23	23	23	est Stat	tus:	(5) (A) (A)	28	
⁵ 1			•	ost Harmful Event	24			ype of	Test:		29	
	Citation # (If Issued)					25	25	BAC Tes	_	-	30	13
	Viol. 1: Ch/Sec/Sub ———— V			iver Contributing Code	26	ESIM N		Susp. Al		-	Susp. Drug: 2 32	1
⁶ 2	Viol. 3: Ch/Sec/Sub — V	iol. 4: Ch/Sec/Sub —	Dr	iver Distracted by				owed fi		ے ۔	2 33	_
2	Please fill out for operate Name (Last First Middle)	or and all occupants i	nvolved Address	DOB/Age	Sex Pos	nt Safety	36 37 Airbag Ejec Status Cod	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator		See Above	2027/18	1		4 0	0		1	,	1
	Орегию	<u>'</u>			\							-
					_							4
	Ą											
⁷ 3	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action 1	6 Loca	ition	17 Cond	ition	18	П	lit/Run Moped	
	License # S84117892 St M	DOB/Age	Re	g#4905949			Reg Ty	e PC		Re	g State NH	
	Sex M Lic. Class D 19 Lic. Re	strictions 20		h Year <u>2009</u>	Veh :	Make <u>F</u>	ORD			_ Veh (Config. 21	
	Operator FLORES, GENE D		Endorsement Ov	vner FLORES,	MI	CHAE	L D					
⁸ 2	Address 3 HATHAWAY RD	First	Middle Ac	Idress 59 MILI	RD		First			Mid	dle	
	City WILMINGTON State	MA 7in 0188	7-1410 Ci	y KINGSTON			S	ate NI	H _ z	ip <u>03</u>	848	4 14
	Insurance Company STATE FARM			hicle Action Prior to C		1				Code:		
				ent Sequence 23		23	23	Test Stat	tus:		28	
	Vehicle Travel Direction: NEW	Responding to Eme		ent sequence 1	24			Type of	Test:		29	
⁹ 2	Citation # (If Issued) T2446851	-		ost Harmful Event				BAC Te	st Resu		30	
_	Viol. 1: Ch/Sec/Sub <u>89 9</u> V	iol. 2: Ch/Sec/Sub —	Dr	iver Contributing Code	14007		9 25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	iol. 4: Ch/Sec/Sub _	Dr	iver Distracted by	9 26	2		Towed f		12	2 33	١
	Please fill out for operator/non-	motorist and all occu		DOB/Age	Sex Po	at Safety	36 37 Airbag Ejec Status Cod	1 Trap c Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle) Operator/Non-Motorist		Address See Above	DOBINGE	1	. System	4 0	0	10	1		
	CHRISTINE FLORES	3 HATHAWAY RD WILMINGTON, MA	01887-1410	F	3	1	4 0	0	10	1		
					\top			1				1
					+		\vdash	+	-	\vdash		-
												_



Attachments for 22-5-AC	
Description	Туре
NEST VIDEO FROM 522 WOBURN STREET OF CAR CRASH	HTML
Attachment#: 39C67579AD7D41FF93ACE5EC9522DD61	

	Police Use Only	Comr	nmonwealth of Massachusetts RMV Document Number									
	9	City/Town	Motor Veh		sh	Number Vehicles	Number Injured	Speed	Limit_	10	State Police Local Police MBTA Police Campus Police	
	24HR		A CONTRACTOR OF THE PARTY OF TH	Report		1	0	Longi			Campus Police Other:	_
	AT INTERSECTION	ON:	< LOCA	TION	>		NOT A	T IN	TERS	SECT	TION:	
	Route# Direction	Name of Roadway/Str	reet	Route# Direc	tion A	ddress#	OXF			Roadwa	ny/Street	2
¹ 1		At										1
	Route# Direction Name	e of Intersecting Roadw	vay/Street		N S E		Mile N	• Iarker	_	or _	Exit Number	4
		Also at Intersection w	rith		N S E		Route#	-	Interse	cting R	oadway/Street	-
² 1	Route# Direction Name	e of Intersecting Roadw	vay/Street	Feet	N S E	W of		_	Lar	ndmark		-
3	of the Following:	#Occupants Hit/					-6-					
		A DOB/Age	Reg	# <u>MF86T</u>			Reg Ty	ре РС		Re	g State MA	3
	Sex M Lic. Class D 19 19 Lic. Re Operator KELLY, KEITH E	estrictions 1 Cl Er	ndorsement	Year <u>2010</u> ner <u>TOWN</u> O						_ Veh	Config. 13 21	3
⁴ 1	Last	First	Middle	ress 121 GI	Last		First			Mid	dle	
_	Address		cast challen 4.5%	. (************************************		ш		3.67	۸	. 01	007	ŀ
	City State			WILMING'		h is the same of		tate M Damage		_		
	Insurance Company SELF INSUF	<u>RED</u>	Vehi	cle Action Prior to	10-00-MINISTER	4		Damage Test Stat		Code:	28	
5	Vehicle Travel Direction:	Responding to Emerg	gency? 2 Ever	nt Sequence 21		23	23	Type of			29	
⁵ 1	Citation # (If Issued)	_	Mos	t Harmful Event	21 24	1		BAC Tes		lt:	30	
	Viol. 1: Ch/Sec/Sub — V	/iol. 2: Ch/Sec/Sub —	Driv	er Contributing Co	de 1	25	25	Susp. Al		31	Susp. Drug: 32	21
	Viol. 3: Ch/Sec/Sub — V	/iol. 4: Ch/Sec/Sub —	Driv	er Distracted by	0 26	<u> </u>		Towed fi	rom sce	ene?	2 33	
⁶ 1	Please fill out for operate		The second secon		3	4 35 eat Safety	36 37 Airbag Eje	38 et Trop	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age	Sex Po				Status	Code	Medical Facility	-
	Operator	Se	ee Above	\sim	X^1	1	4 0	0	10	1		
	MEGAN SULLIVAN	1 ADELAIDE ST WILMINGTON, MA 0	1887-3527	10/22/1981	F 3	1	4 0	o	10	1		
			-									1
			19			+		-				1
												╽.
⁷ 3	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	Action Action		ation		lition	18		lit/Run 🔲 Moped	
	License # St St	DOB/Age	Reg	#			Reg Ty	pe		Re	g State	1
	Sex Lic. Class Lic. Re	estrictions Cl	ndorsement	Year	Veh	Make	First			_ Veh (
81	Address	Lingt		ress			rirst			Mid		
	- City State _	7in	City				S	tate	Zi	ip		1
				cle Action Prior to				Damage			27 27 27	
	Insurance Company			F	23 23	23	23	Test Stat	tus:		28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	,	it Sequence	24			Type of	Test:		29	
⁹ 2	Citation # (If Issued)	_	Mos	t Harmful Event				BAC Te	st Resu	lt:	30	
	Viol. 1: Ch/Sec/Sub ————V	/iol. 2: Ch/Sec/Sub	Driv	er Contributing Co	de	25	25	Susp. Al	cohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ———— V	/iol. 4: Ch/Sec/Sub —	Driv	er Distracted by	20	5		Towed f	rom sce	ene?	33	
	Please fill out for operator/non-	-motorist and all occup	ants involved	DOB/Age	S	4 35 eat Safety os. System		et Trap	39 Injury Status	40 Transp. Code	Medical Facility	Ī
	Operator/Non-Motorist	Se	ee Above	> >				-332				
										\vdash		
								+-		\vdash		-
	1											



= Vehicle 1 2 = Vehicle 2

ණී = Bicycle

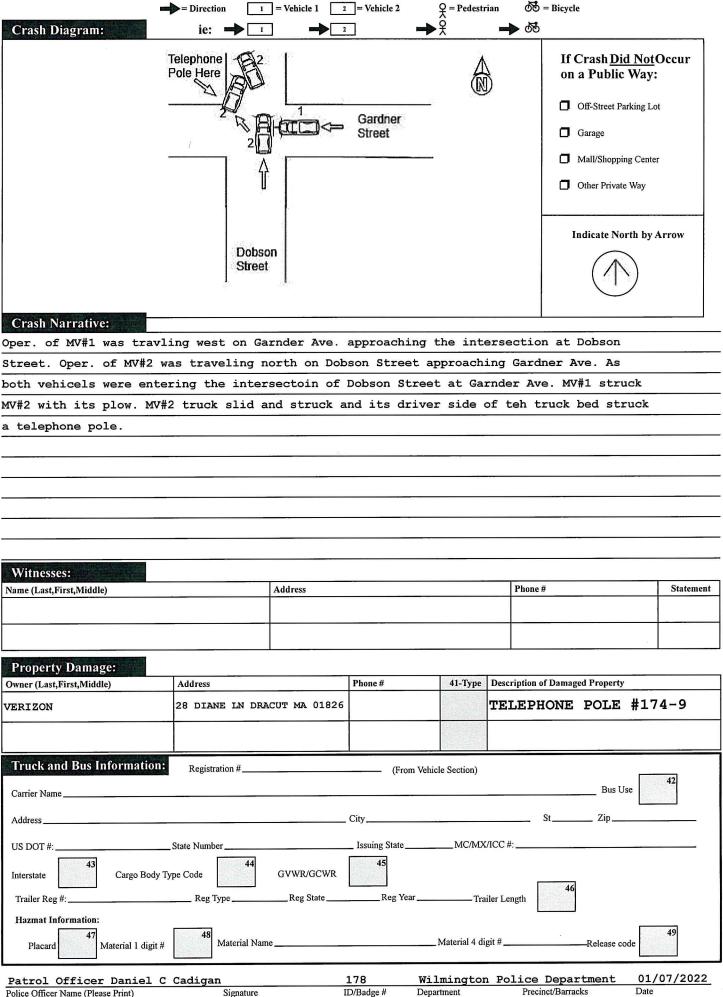
♀ = Pedestrian

Wilmington Police Department Images Associated with 22-6-AC





	Police Use Only	Comm	onwealth	of Massach	usetts		RM	V Docun	nent Number	
	Date of Crash Time of Crash		Motor Veh	icle Crash	Number Vehicles	Iniumed	Speed Limit	25	State Police Local Police MBTA Police Campus Police	
	01/07/2022 0923 Wilm	nington	Police :	Report	2	111jured 1	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:		TION >		NOT AT	INTER	SECT		1
										2 10
	D	N CD 1 'C		Deuts# Di	A J.1	DOBS	ON ST		-/Street	
¹ 1	Route# Direction	Name of Roadway/Stree	et	Route# Direction	Address #		Name of	Roadwa	y/Street	-
_		, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>		Feet NS	E W of		<u> </u>	or	Exit Number	
	Route# Direction Nam	e of Intersecting Roadway		- India		Mile Ma	rker		Exit Number	3 11
		Also at Intersection with	h	Feet N S		Route#	Interse	ecting Ro	oadway/Street	-
² 4	Route# Direction Nam	e of Intersecting Roadway	y/Street	Feet N S	E W of					_
4				Ц				ındmark		-
3	Please Select One of the Following: Vehicle 11	_#Occupants Hit/Ru	un Moped	Crash Report	1D# 22	-7 <i>-</i> 2	AC			-
	License # S21035864 St M	A_ DOB/A	. Reg	# <u>M3973A</u>		Reg Type	CI	Reg	State MA	1
	19 19	estrictions 20 CDI		Year 2020					21	1 12
		End	orsement	er WILMINGTO						
⁴ 1	Operator <u>BROTHERS</u> , <u>BREI</u> Last Address <u>59 SALEM RD</u>	First	Middle	ess 121 GLEN		First	- 6	Midd	lle	
-	City BILLERICA State	MA 7:- 01821-		WILMINGTON		C4-	te MA	_{7in} 01	887-3500	
					1966 157 (198		amaged Area			
	Insurance Company SELF INSU			cle Action Prior to Crash	23 23		est Status:	0	28	
⁵ 2	Vehicle Travel Direction: N S E	Responding to Emerger		t Sequence 1 23		23	pe of Test:		29	
	Citation # (If Issued)	_	Mos	t Harmful Event	24		AC Test Res	ult:	30	11
	Viol. 1: Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99 25	25	sp. Alcohol:	31	Susp. Drug: 32	2 '
6_	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	wed from sc		33	
⁶ 3	Secretary and the control of the secretary	tor and all occupants invo	lved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle) Operator		Above	DODINGE Sex	1 99	4 0	0 10	1	recordar racility	1
	- Operator	-	2002 000 000 000 000 000 000 000 000 00					++		+
								\vdash		-
7	Please Select One Vehicle 21	#Occupants Non-N	Motorist A Type	15 Action 16	Location	17 Condi	ion 18	Пн	it/Run Moped	1
⁷ 2	of the Following:									-
		A DOB/Age,	-	# 1TER49			PC		21	
	Sex _ Lic. Class D 19 Lic. R	estrictions CDI	orsement	Year 2011				Veh C	Config. 2	
8	Operator			er WARFORD ,	JOHN	J JR First		Midd	lle	
⁸ 1	Addres:			ess 40 LAKE	ST					1
	City State	_ Zip	. City	WILMINGTON	1	Sta	te MA 2	Zip <u>01</u>	887-3708	4
	Insurance Company GOVERNMENT	EMPLOYEES	INSU Vehi	cle Action Prior to Crast	1	22 D	amaged Area	Code: 7	SPENDED TO STREET STREET, STRE	
	Vehicle Travel Direction:	Responding to Emerge		at Sequence 23	23 23	23	est Status:		28	
0	Citation # (If Issued)	_	•	t Harmful Event 1	24		pe of Test:		30	
⁹ 2	Viol. 1: Ch/Sec/Sub ————	Wiol 2: Ch/See/Sub		er Contributing Code	99 25	25	AC Test Res	- 01	Susp. Drug: 32	
	Transportation to the Control of the			er Distracted by	26		usp. Alcohol: owed from so	ENGINEER PROPERTY.	33 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			o. Distracted by	34 35	36 37	38 39	40		1
	Please fill out for operator/nor Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Code	Medical Facility	_
	Operator/Non-Motorist	See	Above	\times X	1 99	2 0	0 8	2	ahey Clinic	
			· ·							
	4							+ +		
								\vdash		-



Wilmington Police Department Images Associated with 22-7-AC





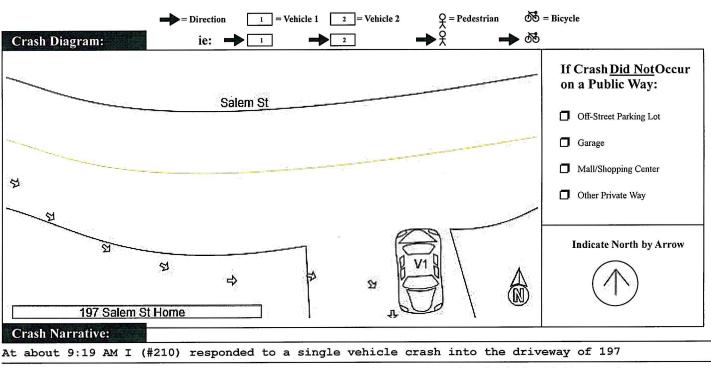
Wilmington Police Department Images Associated with 22-7-AC





Attachments for 22-8-AC	
Description	Туре
TOW INVENTORY	PDF
Attachmont# · //R/7RD/8CDC/503853339RD1526958A	

Date of Crash 01/07/2022	Time of Crash								Manager Sentences, which was a constraint of the
01/01/2022	0919 Wi	City/Town lmington		nicle Crash	Number Vehicles	Number Injured	Speed Limi Latitude	t <u>30</u>	State Police Local Police MBTA Police Campus Police
	24HR		Police	Report	1	0	Longitude_	1	Campus Police Other:
	AT INTERSEC	CTION:	< LOCA	ATION >		NOT A	INTER	RSECT	TION:
Route# Dire	ection	Name of Roadway	/Street	Route# Direction	197 Address #	SALE	M ST Name o	f Roadwa	ny/Street
Route# Dire	ection	At Name of Intersecting Roa	adway/Street	Feet N S	E W of	— — - Mile Ma	• arker	- or	Exit Number
Router Bite	otton ,	Also at Intersection		Feet N S	14	Route#	Inters	secting Ro	oadway/Street
Route# Dire	ection	Name of Intersecting Roa	adway/Street	Teet 11/2	<u>1-1</u> 01		L	andmark	
Please Select of the Followi	One Vehicle 11	#Occupants #	Hit/Run Moped	Crash Repor	t ID# 22	-8-2	AC		
	10 10	t ΜΑ DOB/Agε	_	# <u>9PL991</u>					2.1
Sex M Lic.	Class D Li	ic. Restrictions B	CDL Veh Endorsement	Year 2014				Veh (Config. 1
	ATEL, HEMAI Last HILL ST	First	Middle	ner <u>PATEL, H</u> Iress <u>20 HILL</u>		First		Mide	dle
		State MA Zip 018		TEWKSBURY		Sta	nte MA	Zip 01	876-3025
		INSURANCE		icle Action Prior to Cras	1000		amaged Are	_	
1	Direction: NS	<u></u>		nt Sequence 23	23 23	23 Te	est Status:	1	28
	sued)) 24		ype of Test: AC Test Res	le:	30
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Viol. 3: Ch/Sec	/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	To	owed from s	cene? 1	L 33
Name (Last First N		perator and all occupants	s involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Statu	40 Transp. s Code	Medical Facility
Operat			See Above	X	1 1	4 0	0 10	1	,
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-								+	67 - (80.5)
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		I				1			
	**************************************		60		- Proper	1	Casa Control of C		
Please Select of the Followi		#Occupants	Non-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Н	lit/Run Moped
	ing: Venicle 2 St	#Occupants DOB/Age ic. Restrictions 20	Reg	15 Action 16 #	\$ 10 h	Condi	tion e	H Rep	g State21
of the Followi	St Class 19 19 Li	tDOB/Ageic. Restrictions 20	Reg CDL Veh Endorsement	#Year	\$ 10 h	Condi	tion e	H Rep	g State
License # Lic.	St Class 19 19 Li	t DOB/Age	CDL Veh Endorsement Own	#Year	\$ 10 h	Condi	tion e	Rep	g State
License # Lic. Operator Address	Class 19 19 Li	tDOB/Ageic. Restrictions 20	Reg CDL Veh Endorsement Middle Add	#	Veh Make	Condi Reg Typ	eate	Rep Weh (g State
License # Sex Lic. Operator Address City Insurance Comp	St Class 19 19 Li Last Spany	t DOB/Age ic. Restrictions	Reg CDL Veh Endorsement Own Middle Add City	#	Veh Make	Condi Reg Type First Sta 22	eateamaged Are	Rep Weh (g State
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of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Is Viol. 1: Ch/Sec. Viol. 3: Ch/Sec. Pl Name (Lost First I)	Class 19 19 Li Last Spany Direction: N S E N SSUB C/Sub C/Sub C/Sub C/Sub C/Sub	tDOB/Age ic. Restrictions	Reg CDL	#	Veh Make	Condi	e amaged Are est Status: ype of Test: AC Test Re: usp. Alcoholowed from s	Rep. Veh (Midd Zip a Code: sult: 1: 31 1: 1: 1: 1: 1: 1: 1:	g State



At about 9:19 AM I (#210) responded to a single vehicle crash into the driveway of 197

Salem St. V1 came around the curve on Salem St, headed eastbound. V1 slid off the road.

Road conditions were poor due to snow. V1 slid across the lawn at 197 Salem St and spun into the driveway. V1 did not strike any ojbects on the 197 Salem St property. There may me some minor damage to the lawn, but due to the snow it was unclear at this time. V1 appeared to have damage to the rear passenger tire. The tire was out of alignment and needed to be towed because of it. It also appeared to be leaking a fluid, but it was unclear because of the snow level. V1 was towed by Forrest Towing. There was no injuries or airbag deployment. The operator went with the tow driver.

Witnesses:							
Name (Last,First,Middle)	Address		25	Pho	ne#		Statement
Property Damage:							
Owner (Last,First,Middle) Address		Phone #	41-Type	Description	on of Damaged	Property	- Charles
KIESINGER MARY FRANCES 197 SALEM ST WILMI	NGTON MA 01887-4			LAWN	DAMAG	E	
Carrier Name						Bus Use	42
Address	-	City			St	Zıp	
US DOT #: State Number		Issuing State	MC/MX	X/ICC #:			
Interstate Cargo Body Type Code 44	GVWR/GCWR	45			46		
Trailer Reg #: Reg Type	Reg State	Reg Year	———Tra	iler Length			
Hazmat Information: 47 Placard Material 1 digit # Material Naterial Nat	me		Material 4 di	git #		-Release code	49

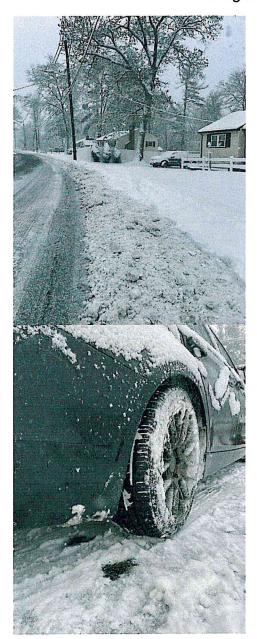
Patrol Officer Emily L Stebbins

210

Wilmington Police Department

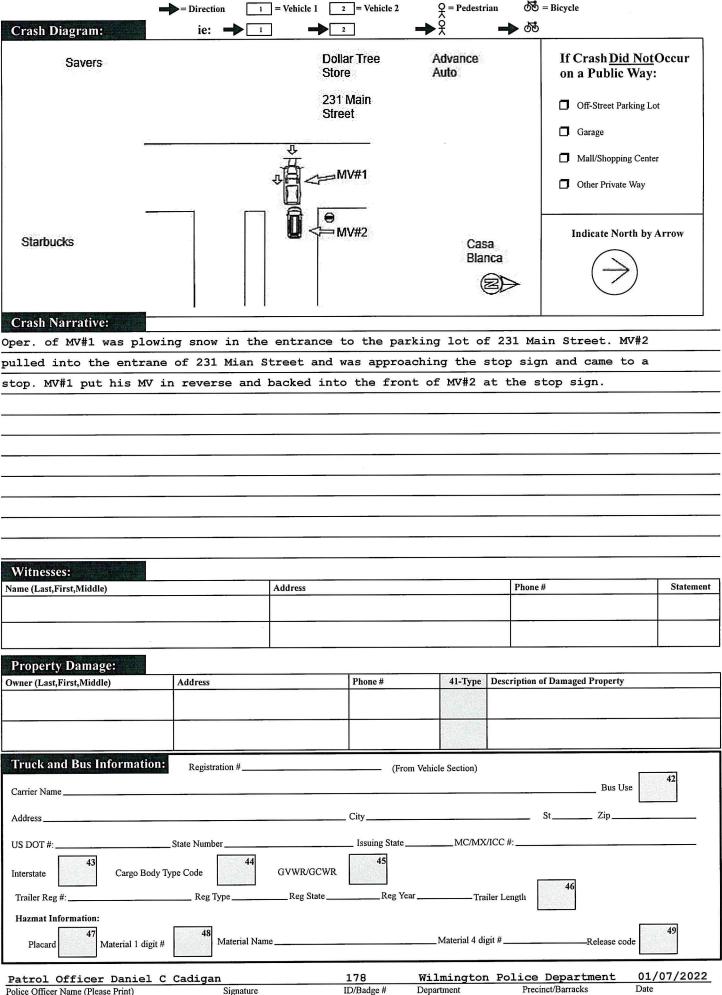
01/07/2022

Wilmington Police Department Images Associated with 22-8-AC

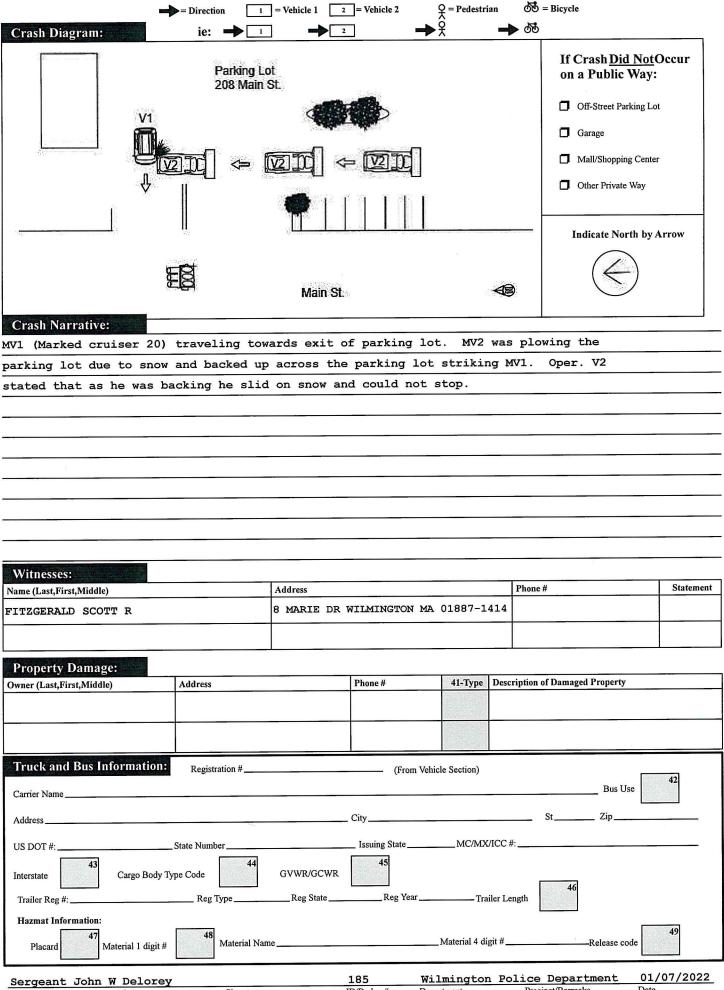




	Police Use Only	Comr	nonwealth		_	etts				A56.97	ment Number	
		ity/Town Ington	Motor Veh	icle Cras	sh N	lumber ehicles	Number Injured	Speed Latitud		15	State Police Local Police MBTA Police Campus Police	
	24HR	ington	Police :	Report	2		0	Lanuit			Campus Police Other:	
	AT INTERSECTIO	N:	< LOCA	TION >			NOT A	ΓINΊ	ERS	SEC.	ΓΙΟΝ:	
						_	(*)					2 10
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	on Add	5 ress #	MAII			Roadw	ay/Street	
¹ 1		At			1-1-1	1						
			10	Feet [N	N S E V	of	— — Mile M		_	or _	Exit Number	11
	Management Was an order	of Intersecting Roadw Also at Intersection w		Feet N	SEV	of						2 "
	,			_	N S E V	_	Route#		Interse	cting R	Roadway/Street	
² 4	Route# Direction Name	of Intersecting Roadw	vay/Street						Lar	ndmark	:	-
	Please Select One	Occupants Litt	Run Moped	Crash Po	nort ID#	22	-9-	a C				1
3	of the Following:	HIU										4
		_ DOB/Age		# <u>W45538</u>							21	1 12
	Sex M Lic, Class D M Lic. Res	trictions C	dorsement	Year <u>2022</u>							Config. 6	_
	Operator DEFLUMERI, PAU:	L M	Own	er LANGONE	BRC	THE	RS L	MDS	CA	PIN Mic	G LLC	
⁴ 2	Address 22 ELLINGWOOD A	VE	Add	ess 38 NAS	SAU	AVE				2 10		
	City BILLERICA State 1	/A Zip 01821	5940 City	WILMINGT	ON		St	ate M7	z	ip <u>01</u>	<u> 1887-2683</u>	
	Insurance Company EMPLOYERS N	MUTUAL CAS	SUALTY Vehi	cle Action Prior to C	Crash	10	22	amageo	l Area	Code:	A STOCK STATISTICS SECURES	
_	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Ever	t Sequence 1	3 23	23	23	est Stat			28	
⁵ 2	Citation # (If Issued)		Mos	t Harmful Event	1 24			ype of		.	30	
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub —	Driv	er Contributing Cod	e 19	25	25	AC Tes usp. Ale	Г	31	Susp. Drug: 32	1 13
	Viol. 3: Ch/Sec/Sub — Viol.			er Distracted by	0 26	10/10/1		owed fi	L		2 33	
⁶ 3	Please fill out for operator				34	35	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)	Secretary appears and appearance of the second	Address	DOB/Age	Sex Pos.	Safety System	Status Code	Code	Status	Code	Medical Facility	-
	Operator	Se	ee Above		X^1	99	4 0	0	10	1		1
]
												1
	Please Select One Value 22 #			15	16		17		18		[7]	
⁷ 3	of the Following: Vehicle 22#	Occupants Non	-Motorist A Type	Action	Locat	ion	Cond	tion		'	Hit/Run Moped	
	License # <u>S20586105</u> St <u>MA</u>	_ DOB/Age	Reg	# <u>3HPD24</u>			Reg Typ	e PC		Re	eg State MA	
	Sex M Lic. Class D 19 Lic. Res		DL Veh	Year 2021	Veh N	Iake <u>T</u>	OYOTA			_ Veh	Config. 1	
0	Operator CAPONE, MICHAE			er SHEEHAN	1, TI	OMA	S PA	JL_		Mi	ddle	
⁸ 1	Address 17 RYAN PL	rst		ress 44 CUN	NING	HAM				IVII	udie .	
	City SWAMPSCOTT State 1	<u>(IA</u> Zip 01907	7-1222 City	WILMINGT	ON_		St	ate M7	4 _ z	ip <u>01</u>	L887-1365	1 14
	Insurance Company GOVERNMENT	EMPLOYEES	S INSU Vehi	cle Action Prior to C	Crash	2	22)amage	d Area	Code:	ABOUT STATE OF STATE OF	Г
		Responding to Emer		nt Sequence 1 2	3 23	23	00	est Stat			28	
	Citation # (If Issued)		Mos	t Harmful Event	1 24			ype of		10.	30	
⁹ 2	Viol. 1: Ch/Sec/Sub ———— Vio	ol 2: Ch/Sec/Sub	Driv	ı er Contributing Cod	le 1	25	25	AC Tes	Г	31	Susp. Drug: 32	
	CONTRACTOR OF THE CONTRACTOR O			1	0 26	3000		owed fi	L	HENRY	33 Stag.	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————				34	35	36 37	38	39	40	- w625065	1
	Name (Last First Middle)	T T T T T T T T T T T T T T T T T T T	Address	DOB/Age	Sex Pos			Trap Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Non-Motorist	S	ee Above	\sim	X_1	1	4 0	0	10	1		
	JACKSON SHEEHAN	44 CUNNINGHAM WILMINGTON, MA C	1887	01/07/2019	м 4	4	4 0	0	10	1		
						-			-	7.		



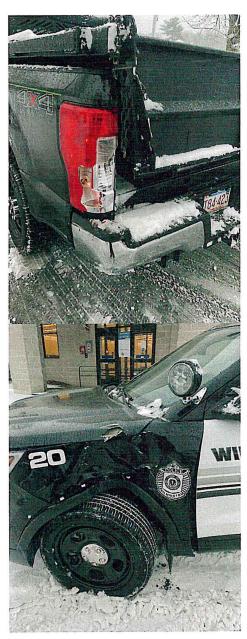
	Police Use Only	Commonv	vealth (of Massa	chuse	etts	000000	RM	V Docu	ment Number	The state of the s
		ington	-	icle Cras	sh Ni		bornin	Speed Limit	15	MBTA Police	
	24HR		World Control of Control	Report	2	0		ongitude_		Other:	4
	AT INTERSECTION	ON:	LOCA	TION >		NO	OT AT	INTER	SEC	ΓΙΟΝ:	10
	Route# Direction	Name of Roadway/Street		Route# Directi	on Addr		<u>IAIN</u>		Roadw	ay/Street	2 10
¹ 1		At		- 5	ulalala						1
	to see a second to the second	of Intersecting Roadway/Street			N S E W	1	Mile Mar	ker	or _	Exit Number	1011
		Also at Intersection with			N S E W	Ro	ute#	Inters	ecting F	Roadway/Street	
4	Route# Direction Name	of Intersecting Roadway/Street						La	ndmark		1
3	of the Following:	#Occupants Hit/Run	Moped		eport ID#					- 2-	
		DOB/Ag(20		MPE570						21	1 12
	Depted South	strictions CDL Endorsemen	t	Year <u>2019</u> er WILMIN (Config. 1	
⁴ 1	Operator <u>CADIGAN</u> , <u>DANIE</u>	First Middle		er WILMING ess 1 ADEL	nst		First	DHEI	Mi	ddle	
	Address 1 ADELAIDE ST	01007 300				51		107	0.1		
	City WILMINGTON State 1	MA Zip 01887-380	City_	WILMINGT	9	22		maged Area		L887-2719	
	Insurance Company MIIA		Vehic	cle Action Prior to		2		maged Area st Status:	Code:	28	1
5	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 1 2	3 23	23 23	100-125-004	ne of Test:		29	1
⁵ 1	Citation # (If Issued)	-	Most	Harmful Event	1 24			C Test Res	ult:	30	L.
	Viol. 1: Ch/Sec/Sub ————Vi	iol. 2: Ch/Sec/Sub	Drive	er Contributing Coo	le 1	25		sp. Alcohol:	CU140590	Susp. Drug: 32	1 13
ِ هٔ	Viol. 3: Ch/Sec/Sub ———— Vi	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	U			wed from so		2 33	_
3	Please fill out for operato	or and all occupants involved		DOB/Age	Sex Pos.	35 36 Safety Airb System State	ag Eject	38 39 Trap Injury Code Status	Transp.	Medical Facility	ľ
	Operator	See Above	7		$\sqrt{1}$	1 4		0 10	1		1
	Орегиног	Annabassa saata kannas					+				1
						-	-		- 1		-
		-									_
						,					
⁷ 9	Please Select One of the Following:	#Occupants Non-Motorist	A Type	15 Action	16 Location	on 17	Conditi	on 18	u,	Hit/Run Moped	
	[according to the control of the con	DOB/Age	Reg	# <u>T84423</u>		F	Reg Type	CO	R	eg State MA	
		strictions 20 CDLEndorsemen	ıt	Year <u>2019</u>					Veh	Config. 1	
⁸ 1	Operator RICHARDS, BRIA	First Middle		er MARTYS	ast	SCAP:	First	INC	Mi	ddle	
	Address 237 MAMMOTH RD			ess BX 414						1004 0041	4 14
		MA Zip 01854-223		S CHELMS		10 22		e MA maged Are		1824-0841 - 27 27 27	4
	Insurance Company SAFETY INS			cle Action Prior to	The second section	23 23	1 T-	st Status:	2 COUC.	28	
	Vehicle Travel Direction: S E W	Responding to Emergency? 2	Even	t Sequence 1		23 23		pe of Test:		29	
⁹ 2	Citation # (If Issued)	_	Most	t Harmful Event	1 24			C Test Res	sult:	30	
	Viol. 1: Ch/Sec/Sub ———V	iol. 2: Ch/Sec/Sub	Drive	er Contributing Co	Specificants.	25	25 Su	sp. Alcohol	31	Dusp. 2148	
	Viol. 3: Ch/Sec/Sub — V	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²⁶		To	wed from s	cene?	2 33	
	Please fill out for operator/non-	motorist and all occupants involv	ved	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airt System Stat	ag Eject	38 39 Trap Injury Code Statu	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Above			1	1 4	0	0 10	1		
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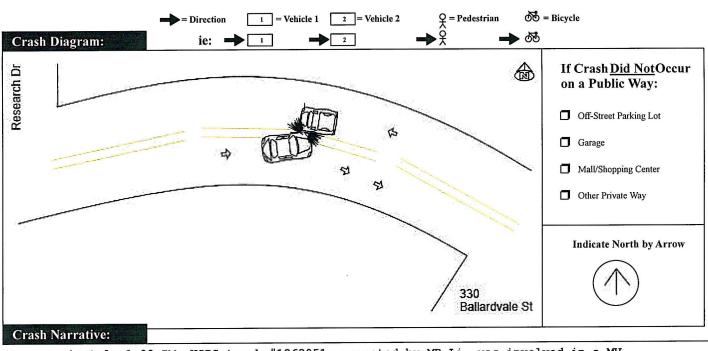
Wilmington Police Department Images Associated with 22-10-AC







	Police Use Only	Common	wealth	of Massa	chu	setts			RMV	Docun	nent Number	
		City/Town Mo		icle Cra	sh	Number Vehicles	Number Injured	Speed Latitud		25	State Police Local Police MBTA Police Campus Police	
	24HR	ing con	Police 1	Report		2	0	Longite			Campus Police Other:	
	AT INTERSECTIO	N: <	LOCA	TION :	>		NOT A	T INT	ERS	SECT	ION:	
	Route# Direction 1	Name of Roadway/Street		Route# Direct		30 ddress #	BAL				ST y/Street	2 10
¹ 1	Routen Direction 1	At		4-3-001100000							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
	Route# Direction Name of	of Intersecting Roadway/Stree	et	Feet			Mile M		=	or	Exit Number	3 ¹¹
	1	Also at Intersection with	-	Feet [_	Route#	I	Intersec	ting Ro	oadway/Street	
² 4	Route# Direction Name of	of Intersecting Roadway/Stree	et	Feet	N S E	W of			Lan	dmark	1	_
3	Please Select One of the Following: Vehicle 1 #	Occupants Hit/Run	Moped Moped	Crash R	eport ID	# 22	-11	-A	C			
		_ DOB/Age	Reg	unknown	L		Reg Typ	e		Reg		12
	Sex Lic. Class 19 19 Lic. Res	ctrictions CDL Endorsem	ent	Year						_ Veh C	Config.	1
⁴ 1		irst Middle		er	ast		First			Midd	lle	
T	Address			ess					Table 1			
	City State						St	ate Damaged		_	27 27 27	
	Insurance Company		Vehic	cle Action Prior to	100000000000000000000000000000000000000			est Stati		code:	28	
⁵ 2	Vehicle Travel Direction: NSEW	Responding to Emergency?_	Even	t Sequence	23 23		23	ype of T			29	
2	Citation # (If Issued)		Most	Harmful Event	24		E	BAC Tes		t:	30	12
	Viol. 1: Ch/Sec/Sub ———— Viol	ol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de	25	25	usp. Alc	ohol:	31	Susp. Drug: 32	1 13
6	Viol. 3: Ch/Sec/Sub —————————Vio	ol. 4: Ch/Sec/Sub ———	Drive	er Distracted by	20	6	7	owed fr	om sce	ne? 2	33	
⁶ 3	144	r and all occupants involved			S	34 35 eat Safety	36 37 Airbag Ejec	38 Trap		40 Transp.	M. EI PSin	
	Name (Last First Middle)	Address See Abov	•	DOB/Age		System 1	Status Code		Status 10	Code 1	Medical Facility	1
	Operator	See Addiv	е		<u> </u>	-	- 0	+		_	No.	-
	500					_		1				4
	T.											
⁷ 1	Please Select One of the Following:	Occupants Non-Motor	ist A Type	15 Action	16 Loc	ation	17 Cond	ition	18	Пн	it/Run Moped	
	License # <u>\$60248287</u> St <u>MA</u>	_ DOB/Age	Reg	# <u>1263051</u>	•		Reg Ty	e PO		Reg	State MA	
	Sex M Lic. Class D 19 Lic. Res	strictions 1 20 CDL		Year 1992	Veh	Make <u>C</u>	HEVRO	LET	1	_ Veh C	Config. 97 21	
	Operator ZHANG, LI	Endorsem	Own	er <u>UNITED</u>	STA	TES	POST	AL S	ER	VICE	<u> </u>	
⁸ 1	Address	irst Middle	Addı	ress 51 WII	LOW	ST	First			Midd	ne	
	City State.	. Zip	City	LYNN			Si	ate MA	Zi	p		4 14
	Insurance Company SELF INSUR			cle Action Prior to	Crash	1	22 I	Damaged	l Area	Code: 6	27 7 27 27	
		Responding to Emergency?			23 23	23	23	est Stati	us:	1	28	
		responding to Emergency .			1 2	4		Type of T			29	
⁹ 2	Citation # (If Issued)			er Contributing Co	IN THE PARTY OF TH	25	25	BAC Tes	_		30	
	Viol. 1: Ch/Sec/Sub ————Vio			7000 TOTAL SERVICE SER		Elegan El		Susp. Ald Towed fr		-	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/SubVio			er Distracted by	U	34 35	36 37	owed fr	39	40		-
	Please fill out for operator/non-n	notorist and all occupants inv Address	oived	DOB/Age	S	Seat Safety Pos. System	Airbag Ejec	t Trap	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	See Abov	re	> <	X	1 1	4 0	o	10	1		
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	1	1					2:	1				



At approximately 1:00 PM, USPS truck #1263051, operated by MR Li, was involved in a MV accident in the area of #330 Ballardvale Street. On this day, at this time, it was actively snowing and the roads were covered with snow and slush. Mr. Li stated as he entered the bend on Ballardvale, a light brown or tan sedan (possibly a Taurus or the like) while traveling in the opposite direction, slide into his lane and struck the front drivers side area of the truck. Mr. Li stated that he told the driver, a caucasian male in his 30s, to pull into the drive way of #330 Ballardvale St (Monogram Foods) so they could exchange information. Mr. Li stated that he turned around on Research Drive and returned to #330, but when he arrived the vehicle had left the area. Mr. Li stated that the vehicle should have front end drivers side damage. No injuries were observed or reported. The USPS truck sustained moderate damage to the front drivers side but remained operational.

Witnesses:							
Name (Last,First,Middle)	Address			Phone #		Statement	
Property Damage:			(E)				
Owner (Last, First, Middle)	Address	-	Phone #	41-Type	Description of Damag	ged Property	
	William Control and						
			14				
						- W	
Truck and Bus Information	Registration #		(From Veh	icle Section)	1		
						Bus Use	42
Carrier Name							
Address			_ City		St	Zip	
			T	MONEY	7.7.00 #-		
US DOT #:				INC/INX	/ICC #:		
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45				
to convenience and the second					46	1	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:					3		
47	48	_		Material 4 di	git #	Dalassa sada	49
Placard Material 1 digit #	Material Name	·		_1414101141 4 01	Bit !!	-Release code	

Patrol Officer Scott Dunnett

202

Wilmington Police Department

01/07/2022

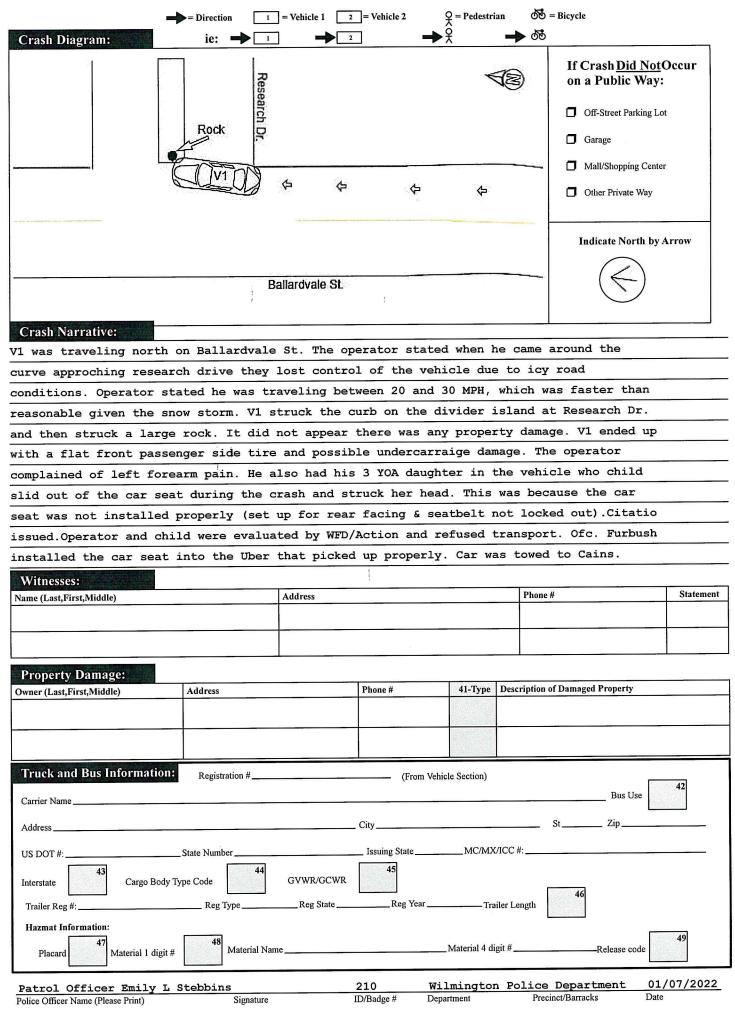
Department

Wilmington Police Department Images Associated with 22-11-AC





	Police Use Only	Commonwealth	of Massach	usetts		RMV Documen		
	Date of Crash Time of Crash City/T 01/07/2022 1259 Wilming	ton	hicle Crash	Number Vehicles	Number Speed Injured Latitud	Limit 30	State Police Local Police MBTA Police Campus Police	
	24HR	Police	Report	1	0 Longit	ude	Campus Police Other:	727
	AT INTERSECTION:	< LOC	ATION >		NOT AT IN	TERSECTION	ON:	10
	Route# Direction Name	of Roadway/Street	Route# Direction	300 Address #	BALLARI Na	VALE ST		2 10
1		At	- Fulls					
w.y	Route# Direction Name of Int	ersecting Roadway/Street	Feet N S	E W of	Mile Marker	— or	Exit Number	111
	The second secon	at Intersection with	Feet NS	E W of	Route#	Intersecting Road	dway/Street	_
² 4	Route# Direction Name of Int	ersecting Roadway/Street	Feet N S	E W of				
4						Landmark		┨
3	Please Select One of the Following: Vehicle 1#Occu	pants Hit/Run Moped	Crash Report	ID# 22	-12-A	<u> </u>		
	License # S47025484 St MA DO		g#4EM893		Reg Type PC	Reg S	State MA 21	4 12
	Sex M Lic. Class D 19 19 Lic. Restriction	ons 20 CDL Vel	Year 2011	Veh Make <u>R</u>	OVER	Veh Cor	nfig. 1	
	Operator SHAHZAD , KHALID	Ow	vner SHAHZAD ,	KHALI	D First	Middle		
⁴ 1	Address 439R MIDDLESEX AV	E Ad	dress 439R MID	DLESEX	AVE	3-70.1		
	City WILMINGTON State MA	Zip 01887-1105 Cit	y WILMINGTON	1			87-1105	
	Insurance Company ARBELLA MUTUZ	AL INSURANCE Ve	hicle Action Prior to Crash	1	194	2	27 27 27	
5	Vehicle Travel Direction: SEW Resp	oonding to Emergency? 2 Even	ent Sequence 20 23 35	3 23 23	Test Stat	us. <u>1</u>	28	
)	Citation # (If Issued) 252416AB		ost Harmful Event 35	24		rest.	30	
	Viol. 1: Ch/Sec/Sub <u>90</u> 7AA Viol. 2:	Ch/Sec/Sub Dri	iver Contributing Code	7 25	25	cohol: 2 31 Si		30 ¹³
⁶ 3	Viol. 3: Ch/Sec/Sub — Viol. 4:	Ch/Sec/Sub Dr	iver Distracted by 99	SDK175YN		om scene: 1	33	
3	Please fill out for operator and	all occupants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 38 Airbag Eject Trap Status Code Code	39 40 Injury Transp. Status Code	Medical Facility	
	Name (Last First Middle) Operator	See Above	DODINGE SKA		1 0 0	10 1		1
	Operator							1
								-
								4
⁷ 3	Please Select One of the Following:	pants Non-Motorist A Type	15 Action 16	Location	17 Condition	18 Hit/	/Run Moped	
	License # St Do	OB/Age Re	g#		Reg Type	Reg S	State	1
	Sex Lic. Class 19 19 Lic. Restricti	20	h Year				21	
Q	Operator		vnerLast		First	Middle		
⁸ 1	Address	Ad	ldress					_ 14
	City State	_ Zip Ci	ty		TO/O	Zip	27 27 27	4
	Insurance Company	Ve	hicle Action Prior to Cras	h	T4 C4-	d Area Code:	27 27 27 28	
	Vehicle Travel Direction: NSEW Res	ponding to Emergency? Ev	vent Sequence 23	23 23	Test Sta	77.3	29	i
9	Citation # (If Issued)	M	ost Harmful Event	24		st Result:	30	
⁹ 2	Viol. 1: Ch/Sec/Sub — Viol. 2:	Ch/Sec/Sub Dr	river Contributing Code	25	25 Susp. A	cohol: 31 S	Susp. Drug: 32	
	Viol, 3: Ch/Sec/Sub — Viol, 4:	Ch/Sec/Sub Dr	river Distracted by	26	Towed t	rom scene?	33	
	Please fill out for operator/non-motor	rist and all occupants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 38 Airbag Eject Trap Status Code Code	39 40 Injury Transp. Status Code	Medical Facility	
	Operator/Non-Motorist	See Above	X	1				
								1
								1
						+ + -		-



CDP1 11-24-00

Wilmington Police Department Images Associated with 22-12-AC





	Police Use Only	Common	wealth (of Massac	husetts		RMV	Document Num		
	Date of Crash Time of Crash 01/07/2022 1738 Will	lminaton	tor Veh Police	icle Crasl	Vehicles	Injured	Speed Limit_ 	30 State Polic Local Poli MBTA Po Campus P	lice 🔼	
	24HR	Branch Co.	CASWOOD STORY AND STORY		1		ongitude	Other:		
	AT INTERSEC	TION:	LOCA	TION >		NOTAT	INTERS	ECTION:	-+	10
	Route# Direction	Name of Roadway/Street		Route# Direction	99 Address #	FORD	HAM RI Name of R	oadway/Street	2	
¹ 4		At								
	Route# Direction N	Name of Intersecting Roadway/Street	t		S E W of	Mile Mar	ker	orExit Nu	mber 1	11
		Also at Intersection with			S E W of	Route#	Intersec	ting Roadway/Str	eet	
² 1	Route# Direction N	Name of Intersecting Roadway/Street	t	Feet NSEW of Landmark						
³ 4	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped		ort ID# 22					
	License # SA4900528 St		Reg	3AVR29		Reg Type	PC	Reg State M	21 1	12
	Sex Lic. Class D 19 Lic	c. Restrictions I CDL		Year 2012	_ Veh Make <u>C</u>	CHEVRO	LET	Veh Config. 1		
	Operate	rirst Middle	Own	er GUEVARA	, AQUI	LINO First		Middle		
⁴ 1	Address	. rust ividue	Addr	ess 2 UNIVE	RSITY			Made		
	City St	tate Zi	City_	WILMINGTO	ON	Stat	e MA Zi	01887-	2268	
	Insurance Company GEICO GEI	NERAL INSURANCE	C_ Vehic	ele Action Prior to Cr	ash 1	22 Da	maged Area (Code: 8 27 2	27 27	
	Vehicle Travel Direction: N E W	_		t Sequence 23	4000000	23 Tes	st Status:	1 28		
5					2 24	Туг	pe of Test:	29		
	Citation # (If Issued)			-	26	25	C Test Resul	N	22 25	2 ¹³
	Viol. 1: Ch/Sec/Sub			er Contributing Code	20		sp. Alcohol: 2	100000000000000000000000000000000000000	g: ₂ 32	
⁶ 3	Viol. 3: Ch/Sec/Sub —		Drive	er Distracted by	34 35	10v	wed from sce	ne? 1 33		
3	Please fill out for op Name (Last First Middle)	perator and all occupants involved		DOB/Age S	Seat Safety Sex Pos. System	Airbag Eject	Trap Injury Code Status	Transp. Code Medical	. Facility	
	Operator	See Above	;		1 1	4 0	0 10	1		
	NICHOLAS CELLA	10 MARCUS RD		10/31/2003 M	3 1	4 0	0 10	1		
	WICHOLAS CELLA	WILMINGTON, MA 01887								
						41				
⁷ 1	Please Select One of the Following:	#Occupants Non-Motoris	st A Type	15 Action 1	6 Location	17 Conditi	on 18	Hit/Run	Moped	
		DOB/Age	Reg	#		Reg Type		Reg State	21	
		c. Restrictions CDL Endorseme	ent	Yearer	_ Veh Make_			Veh Config.	21	
⁸ 1	Operator	First Middle		Last		First		Middle		
	Address			ess		Stat	7	-	4	14
	CityS	tate Zip			26,674		maged Area	There are broken	27 27	
	Insurance Company			cle Action Prior to Cr	MEAN		st Status:	28		
	Vehicle Travel Direction: N S E V	N Responding to Emergency?	Even	t Sequence			pe of Test:	29		
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	24		AC Test Resul	t: 30		
	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	ADERESCENTS N	25 Su	sp. Alcohol:	31 Susp. Dru	1g: 32	
	Viol. 3: Ch/Sec/Sub	Driv	er Distracted by	26	То	wed from sce	ene? 33			
	37	/non-motorist and all occupants invo	olved	pon//	34 35 Seat Safet	y Airbag Eject	38 39 Trap Injury Code Status	40 Transp. Code Medica	l Facility	
	Name (Last First Middle)	Address ist See Above		DOB/Age	Sex Pos. Syste	III Suitus Code	coo suitus	- sac intedica		
	Operator/Non-Motor	ist See Above			\	+				
						1				

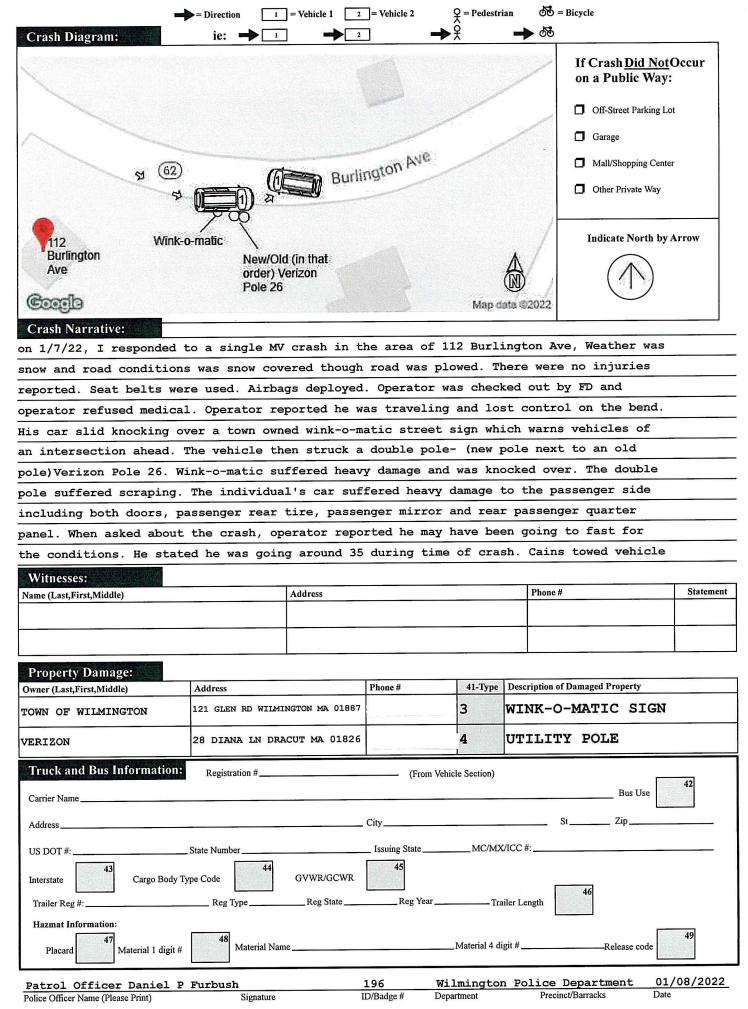
Crash Diagram: ie: 1	
ie: → 1 → 2 → % 350 Fordham Rd Wilmington MA	If Crash Did NotOccur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow
Crash Narrative: Vehicle was traveling on Fordham Rd from the vicinity of the Shriner's Audit	orium toward
Concord Street. Opr stated the vehicle slipped on snow and he slid into the	
injuries reported or observed in opr or passenger. No airbag deployment. Veh	
damage to the front driver's side, including the wheel. Vehicle towed back t	
residence by Cain's towing.	
Witnesses:	1 01
Name (Last, First, Middle) Address Phone #	Statement
Property Damage:	
WELL-TOP A CANON AND A CANON A	Damaged Property
Truck and Bus Information: Registration # (From Vehicle Section)	
	42
Carrier Name	Bus Use 42
	Bus Use
Carrier Name	Bus Use
Carrier Name	Bus Use
Carrier Name	Bus Use
Carrier Name City S US DOT #: State Number Issuing State MC/MX/ICC #: Interstate	Bus Use
Carrier Name	Bus Use

Wilmington Police Department Images Associated with 22-14-AC





	Police Use Only Commonwealth of Wassachusetts RMV Document Number										
	Date of Crash Time of Co 01/07/2022 1254		City/Town		icle Crash	Number Vehicles	Number Injured	Speed Limit Latitude	Local MBT	Police Po	
	2.	4HR			Report	1	0	Longitude_	Other		
	AT INT	< LOCA	< LOCATION >			NOT AT INTERSECTION:					
			CD 1 (0		Route# Direction	112 Address #	BURL	INGTO	N AVE Roadway/Stree		2 10
¹ 1	Route# Direction	1	Name of Roadway/S At	treet				Name of	Roadway/Siree	ı	
_	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S		— — — Mile Ma	Number	1 11		
					Feet N S		Route# Intersecting Roadway/Street				
² 4	Route# Direction Name of Intersecting Roadway/Street				Feet N S	E W of		La	ndmark		
3	Please Select One of the Following:	ehicle 1 <u>1</u> #	Occupants Hi	t/Run Moped	Crash Repor	t ID# 22	-15	-AC			
	License # <u>\$532176</u>	16 St MA	_ DOB/Age	Reg	# 7SH759		Reg Type	PC	Reg State		12
	Sex M Lic. Class D	Lic. Res	trictions 20	CDL Veh	Year 2016	Veh Make E	ORD		Veh Config.	1 21	3
	Operator HARTLIN	G, CHRI		Endorsement UL Own Middle	ner HARTLING	, CHR	STOPH	ER ED	WARD Middle		
⁴ 1	Address 1 COLLEE	N CIR	uat		ress 1 COLLEE	N CIR	rust		Mindig		
	City BURLINGTO	State N	<u>/A</u> Zip 0180	3-3720 City	BURLINGTO	N	Sta	te MA Z	zip <u>01803</u>	-3720	
	Insurance Company PLY	MOUTH RO	OCK ASSUR	ANCE C Veh	cle Action Prior to Cras	h 1	22 D	amaged Area	- No. 15410, 100	27 27	
(Cont.	Vehicle Travel Direction:	N S XW	Responding to Eme	ergency? 2 Eve	nt Sequence 40 23	8 23 23	23	est Status:	1 28		
5	Citation # (If Issued)			Mos	t Harmful Event 22	and the same		/pe of Test: AC Test Resi	29		
	Viol. 1: Ch/Sec/Sub ———	Vio	ol, 2: Ch/Sec/Sub —	Driv	er Contributing Code	7 25	25	sp. Alcohol:	- 1 N S S S S S S S S S S S S S S S S S S	Drug: 2 32	22 ¹³
-	Viol. 3: Ch/Sec/Sub	Vio	ol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26		owed from sc	Control of		
⁶ 3			r and all occupants i			34 35 Seat Safety		38 39 Trap Injury Code Status	40 Transp.		
	Name (Last First Middle)			Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Me	dieal Facility	
	Operator		ļ	See Above		1 1			-		
									<u> </u>		
				2							
⁷ 1	Please Select One of the Following:	/ehicle 2#	Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hit/Run	Moped Moped	
	License #		DOB/Age	Reg	#		Reg Type	·	Reg State	21	
	Sex Lic. Class	Lic. Res	strictions 20	Endorsement	Year	Veh Make			Veh Config.	21	
⁸ 1	Operator	Fi	irst	Middle	Last ress		First		Middle		
	City	State	7in				Sta	ite 2	Zip		4 14
7	Insurance Company		<i>Z</i> .ip		icle Action Prior to Cras	17.5		amaged Area	Torona - Fr	27 27	
	• •	NSEW	Responding to Eme		nt Sequence 23	23 23	23 Te	est Status:	28		
			Responding to Enic	, <u> </u>	et Harmful Event	24	T	ype of Test:	29		
⁹ 2	Citation # (If Issued)				ESSENT TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAM	25	25	AC Test Res	SALESAST.	Drug 32	
	Viol. 1: Ch/Sec/Sub ———	Susp. Alcohol: Susp. Drug:									
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driv Please fill out for operator/non-motorist and all occupants involved				ver Distracted by	34 35	36 37	38 39	40		1
	Name (Last First Middle)			Address	DOB/Age Ser	/		Trap Injury Code Status	Transp. Code Mo	edical Facility	
	Operator/Non-	-Motorist		See Above	$\nearrow \nearrow$	1					1



CDP1 11-24-00

Wilmington Police Department Images Associated with 22-15-AC







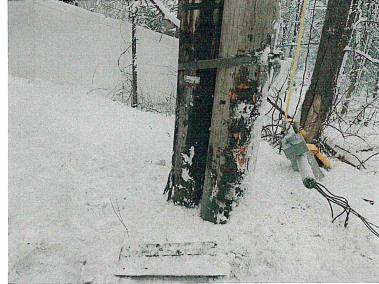






Wilmington Police Department Images Associated with 22-15-AC













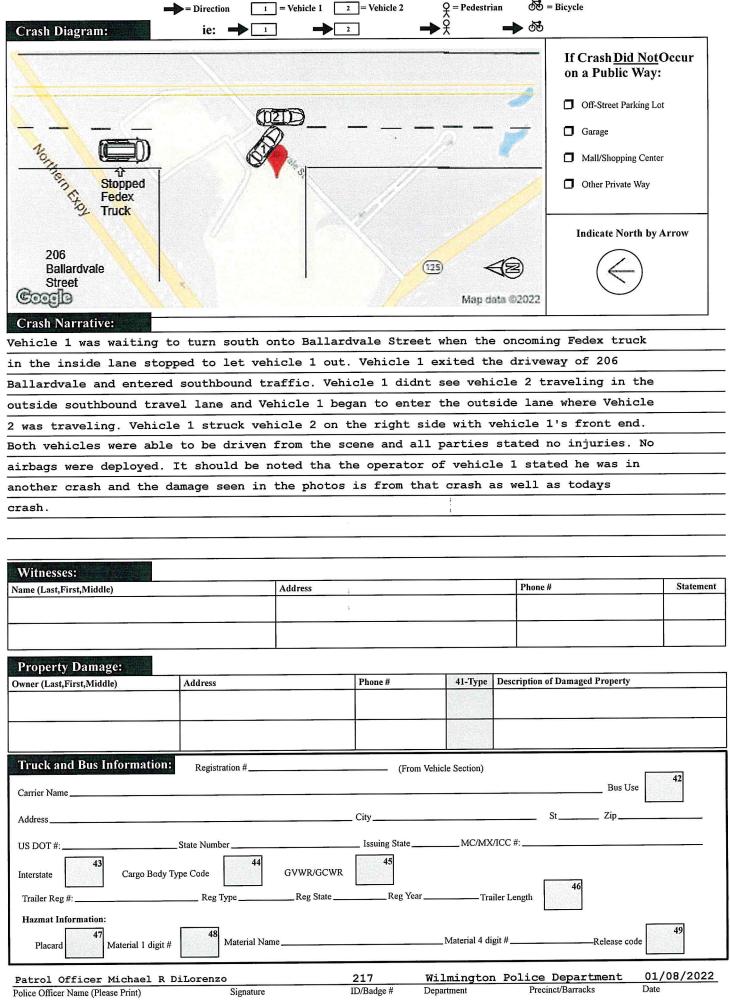
Wilmington Police Department Images Associated with 22-15-AC







	Police Use Only	chus	1Setts RMV Document Number									
	Date of Crash Time of Crash City/To 01/08/2022 1042 Wilming	ton		icle Cras	sh [Number Vehicles	Number Injured	Speed L Latitude		MBTA Police		
	24HR	_	Police Report				2 0 Campus Pol Other:					
	AT INTERSECTION:	< 1	LOCA	TION >			NOT A	T INT	ERSEC	CTION:	_	10
	Route# Direction Name	of Roadway/Street		Route# Directi		0 6 Idress #	BAL		VALE ne of Roady		2	
1		At		r [N S E	w _ c						
		ersecting Roadway/Street			N S E		Mile M	Iarker	— or .	Exit Number	3	11
1		ersecting Roadway/Street		_	N S E	_	Route#	Ir		Roadway/Street		_
_									Landmar	·k		
į	Please Select One of the Following: Vehicle 12 #Occup	pants Hit/Run	Moped	z	A-041		-16					
	License # S64415655 St MA DO			<u>5NE323</u>						10000000	21 1	12
	Sex M Lic. Class D 19 19 Lic. Restriction	Endorsement	t	_{Year} <u>2020</u> er <u>CAPPOT'</u>					Vel	h Config. 1		لــ
1	Operator CAPPOTTO, TYLER V	Middle		L	ast		First	616	N	4iddle	_	
1	1144.400	616		ess 50 WAR	REN	ST	APT			1060 401	_	
	City PEABODY State MA			PEABODY		227				1960-425	27	
	Insurance Company GEICO GENERAL	INSURANCE	C Vehi	cle Action Prior to	Crash	ь		-	Area Code	27 2 27		
	Vehicle Travel Direction: NEW Resp	onding to Emergency? 2	Even	t Sequence 1 2	23	23	43	Test Statu Type of Te		29		
•	Citation # (If Issued)		Mos	Harmful Event	1 24			BAC Test		30		
	Viol. 1: Ch/Sec/Sub ————Viol. 2: Ch/Sec/Sub	Ch/Sec/Sub	Drive	er Contributing Co	P175500	1000E4E3H 1000	25		ohol: 2	Susp. Drug: 2	32 1	13
·	Viol. 3: Ch/Sec/Sub Viol. 4: 0	Ch/Sec/Sub	Drive	er Distracted by	0 26		1	Towed fro	om scene?	2 33		
2	Please fill out for operator and a	and the second s		DOB/Age	Sex Po	at Safety	36 37 Airbag Ejec Status Cod	t Trap	39 40 Injury Transp Status Code	Medical Facility	,	
	Name (Last First Middle) Operator	Address See Above		DOB/Age	X 1		4 0		10 1	ivicated i dentity		
	110	CHESTER ST		10/00/1000			4	0	10 1			
	CELINE DOAN ALLS	STON, MA 02134-2274		12/03/1999	F 3	1	4 0		10 1	,		
⁷ 3	Please Select One of the Following: Vehicle 2 1 #Occup	pants Non-Motorist	A Type	15 Action	16 Loca	ation	17 Cond	lition	18	Hit/Run Mo	oped	
	License # S71315514 St MA DO	DB/Age	Reg	# <u>166K10</u>			Reg Ty	pe PC	F	Reg State MA	_	
	Sex M Lic. Class D 19 Lic. Restriction	ons CDL_ Endorsemen								21		
	Operator FIGUEROA, DANIEL			er FIGUER	OA,	DANI	EL E	NRIQ		Aiddle		
³ 1	Address 95 ARLINGTON ST	Middle	Add	ress <u>95 ARI</u>	INGI	ON S				madic		3 0
	City HAVERHILL State MA	Zip 01830-592	3 City	HAVERHII	LL		s	tate MA	Zip O	1830-592	23 1	14
	Insurance Company PROGRESSIVE C	ASUALTY INS	U Vehi	cle Action Prior to	Crash	1	22	Damaged	Area Code	3 27 27	27	_
		onding to Emergency? 2		nt Sequence	23 23	23	23	Test Statu	ıs:	1 28		
		onaing to 2mergency .		t Harmful Event	1 24	1		Type of T		29		
2	Citation # (If Issued)				EAST	25	25	BAC Test		30	32	
	Viol. 1: Ch/Sec/Sub — Viol. 2:		2500				Susp. Alcohol: 2 31 Susp. Drug: 2 3					
	Viol. 3: Ch/Sec/SubViol. 4:					Towed from scene? 2 3					_	
	Please fill out for operator/non-motori	ist and all occupants involv	red	DOB/Age	S	eat Safety os. System	Airbag Eje	et Trap le Code	Injury Transp Status Code	Medical Facility	у	
	Operator/Non-Motorist	See Above		\times	X^1	1	4 0	0	10 1			
										1		
				1								



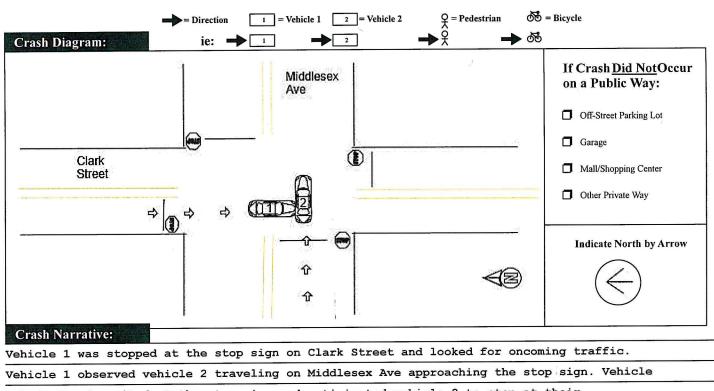
CDP1 11-24-00

Wilmington Police Department Images Associated with 22-16-AC





	Police Use C		Com		of Massa		,000					nent Numb		
	of Crash Time of 8/2022 1140		City/Town	Motor Ve			Number Vehicles	Numbe Injured	PP	l Limit_ de	25	State Police Local Police MBTA Pol Campus Po	ice 🔲	
\vdash	ATLI	24HR TERSECTION	ON.	THE RESERVE OF THE PARTY OF THE	Report		2	O NOT A	Longi		FCT	Other:		
_	AIII	AHON			NOT	X1 11N	LEN	SEC I	ION.		_			
Route		MIDDLESE	X AVE Name of Roadway/S	Street	Route# Direction	on Ac	ldress #		Na	ame of I	Roadwa	y/Street		2
			At			اعامان	w a		ica					
Route		CLARK SI Name	e of Intersecting Road	lway/Street	·	N S E		Mile I	— ∙ ∕Iarker		or	Exit Nun	nber	3
			Also at Intersection	with	_	NSE NSE	_	Route#	8	Interse	cting Ro	oadway/Stre	eet	
Route	e# Direction	Name	e of Intersecting Road	Iway/Street						Lar	ndmark			
	ise Select One he Following:	Vehicle 11	#Occupants Hi	t/Run Moped	Crash Re	port ID#	22	-17	-A	.C				
Licens	se # <u>\$6181</u> 4		A DOB/Age	Re	g# <u>95PT31</u>			Reg Ty	pe PC	;	Reg	State MA	21	1
Sex_ F	E Lic. Class D	19 19 Lic. Re	estrictions B 20	Endorsement	n Year <u>2015</u>						_ Veh C	Config. 1	21	_
Opera	rator STRICE	LER, JUI	First	Ow	vner STRICKI	LER,	PET	ER G			Midd	lle		
Addre	ess 71 SES	AME ST		Ad	dress 71 SES	AME	ST							
			MA Zip 0187		y TEWKSBUR	Υ	16.000/00/00				Tec.	876-2	_	
Insura	ance Company <u>LM</u>	GENERAL	INSURANC	E COMP Vel	nicle Action Prior to C		2		Damage Test Sta		Code: 1	27 27	7 27	
Vehicl	ele Travel Direction:	N E W	Responding to Eme	ergency? 2 Eve	ent Sequence 2		23	23	Type of		1	29		
Citatio	ion # (If Issued)		-	Mo	st Harmful Event	1 24			BAC Te		lt:	30		_
Viol. 1	1: Ch/Sec/Sub —	V	/iol. 2: Ch/Sec/Sub —	Dri	ver Contributing Cod	311,557	25	25	Susp. Al	cohol:	2 31	Susp. Drug	2 32	1
Viol. 3			/iol. 4: Ch/Sec/Sub		ver Distracted by	0 26			Towed f	rom sce		33		
		se fill out for operat	or and all occupants in	nvolved Address	DOB/Age	Sex Po	at Safety	36 3 Airbag Ejo Status Co	7 38 et Trap de Code	Injury Status	40 Transp. Code	Medical F	Facility	
Nam	me (Last First Middle)				Dopure	370,765								
	Operator			See Above		X 1		4 0	0	10	1			
				See Above	Doulling			4 0	0	10	1			
				See Above	Downige			4 0	0	10	1			
				See Above	2001/95			4 0	0	10	1			
	Operator	7. 1			15	16	1	17		18				
Pleas	Operator	Vehicle 21		on-Motorist A Type	15 Action	1	1	17 Con	dition	18	Н	it/Run		
Pleas of th	Operator	646 St M7	#Occupants No	on-Motorist A Type	15 Action g# 86LE06	16 Loca	1 ation	17 Con	dition PC	18	Н	it/Run		
Pleas of th	Departor Ise Select One the Following: Ise # \$42920 F' Lic. Class D	19 19 Lic. Re	#Occupants No A DOB/Age 20 estrictions 1	on-Motorist A Type Re CDL Vel	15 Action g#86LE06 h Year_2009	16 Loca	ation Make H	17 Con Reg T	dition PC	18	Hi Reg			
Pleas of the Licens Sex F	Departor Ise Select One he Following: Ise # S42920 E' Lic. Class D Tator CYBULK Last	646 St M2 19 19 Lic. Re KO, BARBA	#Occupants No A DOB/Age 20 estrictions 1	n-Motorist A Type Re CDL Vel Endorsement Middle Ov	15 Action g#86LE06 h Year 2009 wher CYBULKC	16 Loca Veh	ation Make H	17 Con Reg T	dition PC	18	Hi Reg	g State MP.		
Pleas of the Licens Sex F	Departor See Select Once the Following: See # S42920 F Lic. Class Departor CYBULK Last Last Ess 33 ASH	646 St M2 19 19 Lic. Re KO, BARBA WOOD AVE	#Occupants No A DOB/Age 20 ARA First	on-Motorist A Type Record Velendorsement Middle Ad	15 Action g # 86LE06 h Year 2009 where CYBULKO	Veh	ation Make H	17 Con Reg Ty ONDA	dition Propered PC	18	Hi Reg Veh C	g State MP Config. 1	21	4
Pleas of the Licens Sex F Opera Addre	Departor See Select One the Following: See # S42920 F Lic. Class D Tator CYBULK Last ESS 33 ASHI WILMINGT	646 St M2 19 19 Lic. Re KO, BARBA NOOD AVE ON State	#Occupants No A DOB/Age estrictions 1 20 ARA First MA Zip 0188	Recurrence of the control of the con	at a second seco	Veh	1 Make H OSEF	Ton Reg To ONDA	dition Properation	18 E	Hi Reg Veh C	g State <u>MP</u> Config. 1	21	1
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Vehicle 1 was stopped at the stop sign on Clark Street and looked for oncoming traffic.

Vehicle 1 observed vehicle 2 traveling on Middlesex Ave approaching the stop sign. Vehicle

1 had already waited at the stop sign and anticipated vehicle 2 to stop at their

respective stop sign. Vehicle 1 began to enter the intersection and vehicle 2 never

stopped and continued through the intersection. Vehicle 1 collided with the left side of

vehicle 2. Vehicle 1 sustained front end damage and the dont bumper was ripped from the

vehicle. vehicle 2 sustained left side damage and was unable to open drivers side door. No

airbags deployed and all parties declined medical attention. Operator of vehicle 2 was

issued a citation for failure to stop for a stop sign. Witness confirmed vehicle 2 never

stopped at the stop sign. Vehicle 1 was driven from the scene and vehicle 2 was towed.

Witnesses:		T T	i				7.	
Name (Last,First,Middle)		Address			Pho	one #		Statement
GODIN DAVID E		7 LINDA RD	WILMINGTON MA	A 01887-1	441			
Property Damage:			24					
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descripti	on of Damage	d Property	
Truck and Bus Information:	3		(From Vel	hicle Section)			Bus Use	42
Address			City			St	Zip	
US DOT #:	_State Number	-	Issuing State	MC/MX	//ICC #:			
Interstate 43 Cargo Body 7	Type Code 44	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	40		
Hazmat Information:								
Placard 47 Material 1 digit #	48 Material Nan	ne		Material 4 di	igit #		-Release code	49

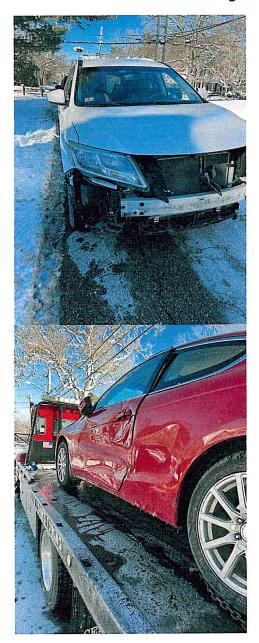
Patrol Officer Michael R DiLorenzo

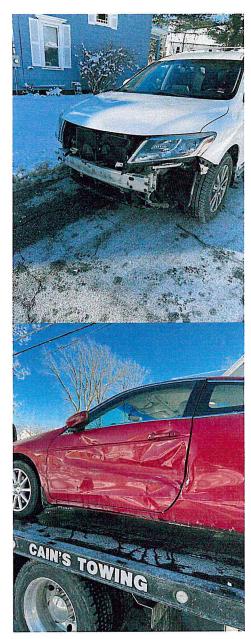
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Wilmington Police Department

01/08/2022

Wilmington Police Department Images Associated with 22-17-AC





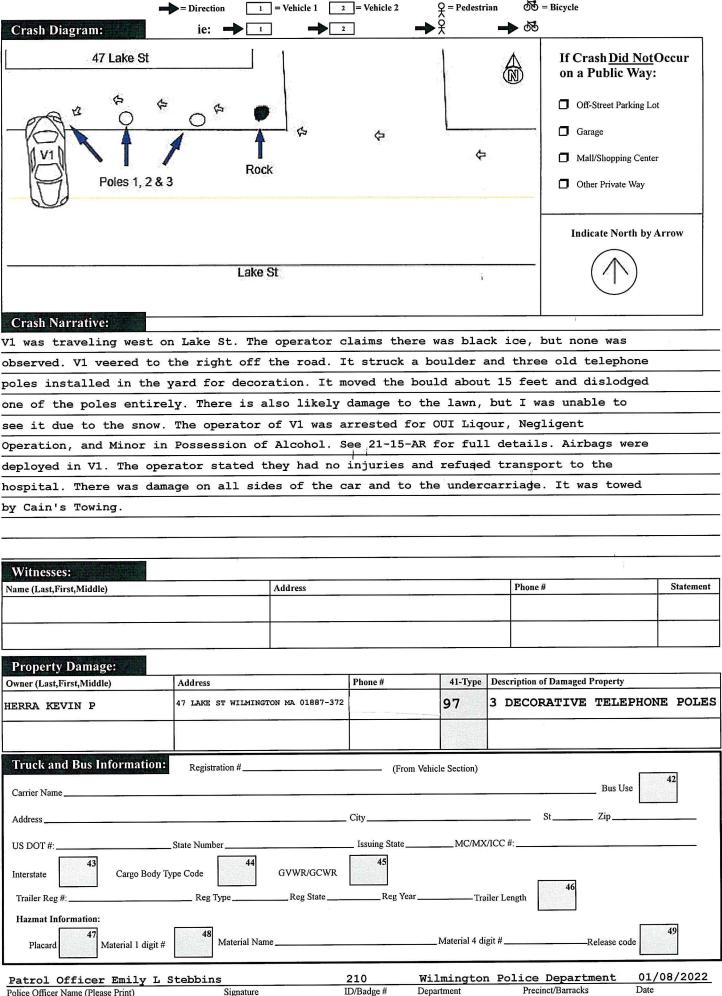
Requests for Wilmington Police Department Crash Report 22-18-AC

DATE: 1-8-22

LOCATION: Lowell Street @ Woburn Street

May be made via the department Public Records Request Email: publicrecords@wpd.org

	Police Use Only Commonwealth of Wassachusetts RMV Document Number									
		City/Town ington	Motor Vel		Vehicles	Injured L	peed Limitatitude	20 State Polic Local Polic MBTA Pol Campus P	ce 🔯 lice 🔲	
	24HR	William Annual Control of the Control	Report	1	LongitudeOther:					
	AT INTERSECTION	< LOCA	ATION >		NOTAT	INTERS	ECTION:		_ 10	
	Route# Direction	Name of Roadway/S	treet	Route# Direction	47 Address #	LAKE		oadway/Street		2
¹ 5		At		Fact N	S E W of		- • —			
	Route# Direction Name	of Intersecting Road	way/Street			Mile Mar	ker	Exit Nur	nber	1 11
		Also at Intersection	with		S E W of	Route#	Intersec	ting Roadway/Str	eet	
² 1	Route# Direction Name	way/Street	<u> </u>		Land	dmark				
3	Please Select One of the Following:	#Occupants Hit	t/Run	Crash Repo	rt ID# 22	-19-	-AC			
	License # SA2670130 St M			# <u>9SW691</u>				2816	21	3 12
	Sex M Lic. Class D 19 Lic. Re	estrictions 1 20	CDL Veh Endorsement	Year <u>2005</u>	_ Veh Make _	HONDA		Veh Config. 1		
4	Operator FROST, NICHOLA			ner FROST , C	ARY A	First		Middle		
⁴ 1	Address 59 GLEN RD		Add	ress 59 GLEN	RD					
	City WILMINGTON State	MA Zip 0188	7-1819 City	WILMINGTO	N			01887-1		
	Insurance Company AMICA MUTU	AL INSURA	NCE CO Veh	icle Action Prior to Cra	sh 1		naged Area (Code: 1 27 2	27	
5	Vehicle Travel Direction: NSE	Responding to Eme	rgency? 2 Eve	nt Sequence 35 23	35 ²³ 35 ²³	23	t Status: ne of Test:	29		
,	Citation # (If Issued) 253379AB	_	Mos	st Harmful Event 3	5 ²⁴		C Test Resul	20		
	Viol. 1: Ch/Sec/Sub 90 24 V	iol. 2: Ch/Sec/Sub 9	0 24 Driv	ver Contributing Code	10 25	Sus	p. Alcohol:	And the last of th	g:2 32	30 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Towed from scene? 1 33									
1	Please fill out for operate Name (Last First Middle)	DOB/Age S	34 35 Seat Safet x Pos. System		38 39 Trap Injury Code Status	40 Transp. Code Medical	Facility			
	Operator		Address See Above		1 1	1 0	0 10	1		
	1									
							+			1
⁷ 1	Please Select One of the Following:	#Occupants No	6	Action 16	Location	Condition Condition	on 18	Hit/Run	Moped	
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	Sex Lic. Class Lic. Re	estrictions	Endorsement	Year	_ Veh Make _			_ Veh Config.		
⁸ 1	Operator	First	Middle	Last		First		Middle		
	CityState	Zip				State	e Zi	p		1 14
	Insurance Company	/ehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27								
	Vehicle Travel Direction: NSEW	vent Sequence 23 23 23 23 Test Status: 28								
	Citation # (If Issued)	Responding to Eme		st Harmful Event	24		oe of Test:	30		
⁹ 2	Viol. 1: Ch/Sec/Sub — \		Dri	ver Contributing Code	25	25	C Test Resul		32	
		iver Contributing Code Susp. Alcohol: 31 Susp. Drug: 32 Susp. Drug: 32 Towed from scene? 33								
	Viol. 3: Ch/Sec/Sub — \ Please fill out for operator/non				34 35 Scat Safe	36 37	38 39	40 Tronsp.		1
	Name (Last First Middle)		Address	DOB/Age S	ex Pos. Syste		Code Status	Code Medical	Facility	1
	Operator/Non-Motorist		See Above		1					-
		I								J

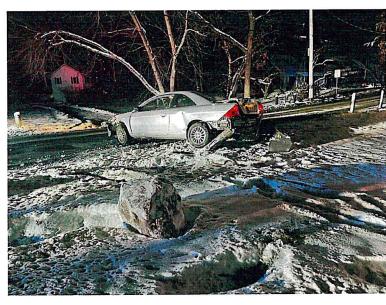


Wilmington Police Department Images Associated with 22-19-AC











Wilmington Police Department Images Associated with 22-19-AC

