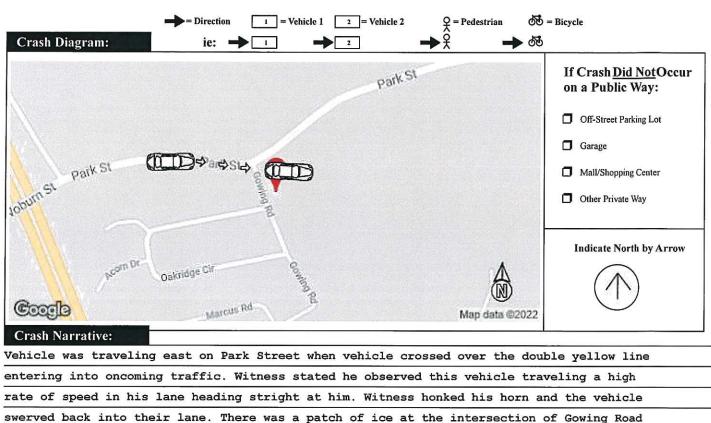
	Police Use Only	Comm	onwealth •	of Massacl	husetts	}	R	MV Docun	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it 35	State Police Local Police MBTA Police Campus Police	
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	Route# Direction GOWING F	of Intersecting Roadway	/Street			Mile M	arker		Exit Number	11
		Also at Intersection with		Feet NS	E W of	Route#	Total		oadway/Street	1
2				Feet N S	E W of	Route#	111(5)	seemig ice	adway/Sifeet	
<sup>2</sup> 1	Route# Direction Name	e of Intersecting Roadway	/Street				1	andmark		_
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3	or the Politiking.									4
	License # <b>S33961996</b> St <b>M</b>	DOB/Age		5964FD					21	7 12
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	City <b>TOWNSEND</b> State	MA Zip 01469-	1048 City	TOWNSEND		Sta	ate MA	Zip <b>01</b>	469-1048	
	Insurance Company AMICA MUTU	AL INSURANC	E CO Vehic	le Action Prior to Cras	հ 1	<b>22</b> D	amaged Are	ea Code: 8	27 27 27	
	Vehicle Travel Direction: N S W	Responding to Emergen		Sequence 40 23		23 T	est Status:	1	28	
5	Citation # (If Issued) 294012AB			Harmful Event 21		T	ype of Test:		29	
						2.5	AC Test Re		30	<b>21</b> <sup>13</sup>
	Viol. 1: Ch/Sec/Sub 90 24 V			r Contributing Code	10 <sup>25</sup> 7		usp. Alcoho		Susp. Drug: 2 32	21
<sup>6</sup> 4	Viol. 3: Ch/Sec/SubV			r Distracted by			owed from		33	_
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ļ	Viol. 3; Ch/Sec/SubV			r Distracted by	34 35	36 37	owed from s			4
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Ì	Operator/Non-Motorist	See A	Above	X	1					
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}		-			<del>                                     </del>		+	+		-
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Vehicle was traveling east on Park Street when vehicle crossed over the double yellow line entering into oncoming traffic. Witness stated he observed this vehicle traveling a high rate of speed in his lane heading stright at him. Witness honked his horn and the vehicle swerved back into their lane. There was a patch of ice at the intersection of Gowing Road and Park Street. The vehicle continued stright into the woods colliding with a tree. No airbags were deployed. Operator was unable to articulate what caused the crash or actions prior to crash. Operator had a visible bloody nose and was transported to Lahey Hospital by the Wilmington Fire Department. The vehicle was towed by Cains Towing.

Witnesses:								
Name (Last, First, Middle)		Address			Ph	one#		Statement
CURTIS MICHAEL HALLEY		25 TOWPATH	DR WILMINGT	ON MA 018	387			
		(						
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descript	ion of Damage	ed Property	
Truck and Bus Information:  Carrier Name  Address			(From Ve	hicle Section)		_ St	Bus Use	42
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:			
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———— Trai	iler Length	40		
Hazmat Information:  47 Placard Material 1 digit #	48 Material Name	·		Material 4 dig	git #		—Release code	49

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

02/13/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

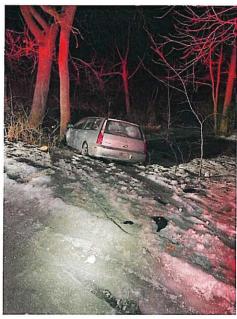
Department Precinct/Barracks

Date

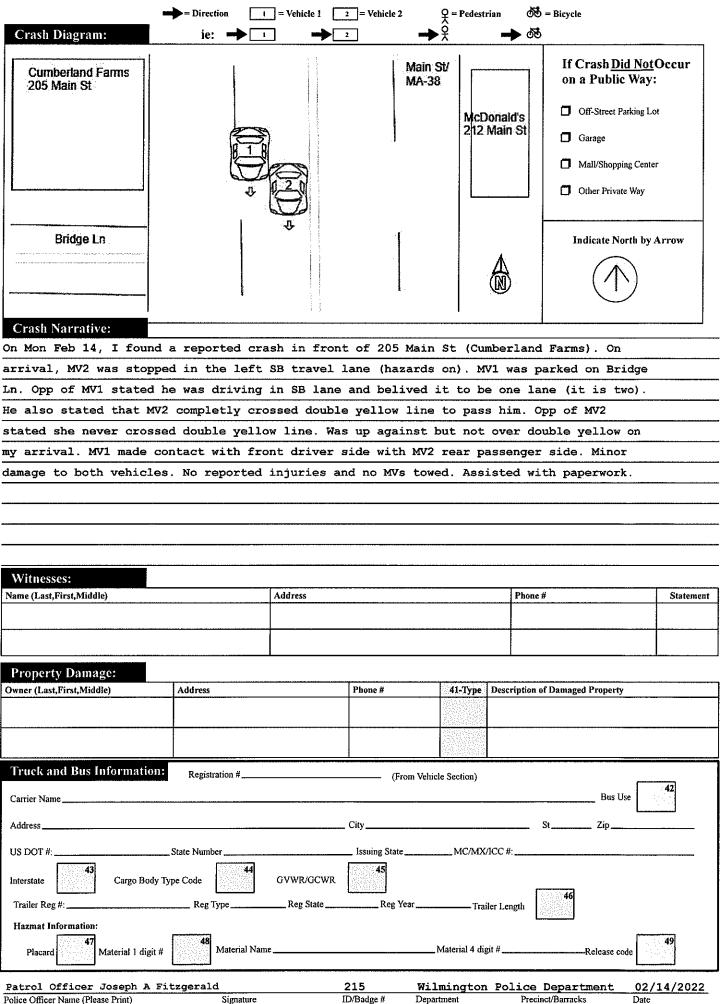
## Wilmington Police Department Images Associated with 22-59-AC



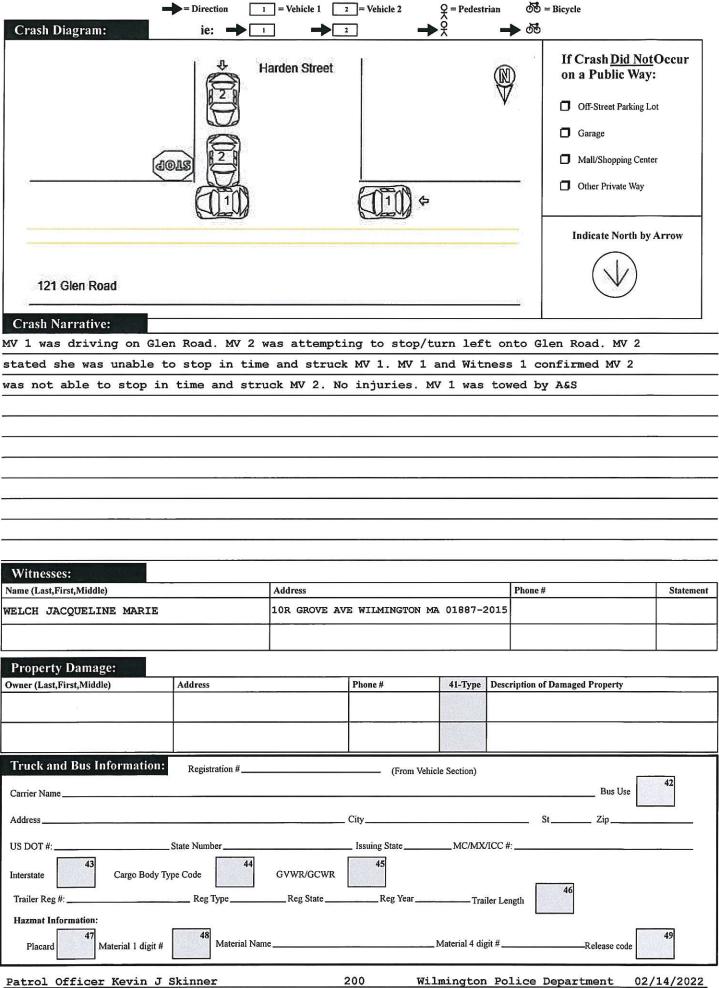




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	Date of Crash 02/14/2022	Time of Crash		City/Town ington	Motor V	eh	icle Cras	sh		nber icles	Num Injur	7 P	ed Limi	t <u>3</u>	Local	Police  I Police  A Police	
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<del>4</del>				<u> </u>		<u> </u>								andmar	k		-
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	City ANDOX	/ER	State_	MA Zip 0181	0-4044	City 🔏	ANDOVER					State N	A_:	Zip <b>O</b>	1810	-4044	
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,	Citation # (If Iss	ued)		•	1	Most I	Harmful Event	1	24			Type o			30		
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	Diama Calanté					<u> </u>						Landn	nark		4
3	Please Select C of the Followi	ng: Vehicl	e 1 <u>3</u>	#Occupants Hit/	Run Moped	Crash Re	eport ID	# 22	2 – 6	51-	-A(	3			
	License # S5		<del></del>	DOB/Age.	Reg	# <u>9NX894</u>			Re	д Туре	PC		Reg S		- 12
	Sex <b>F</b> Lic.		Lic. Re	E	DL Veh	Year <b>2014</b>	Veh	Make 👤	BUI	CKS			Veh Co	nfig. <b>1</b> 21	1
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<sup>4</sup> 2		GLEN R				ress 137 GL	en i	RD	r	irst	<del></del>		Middle		-
	City WILM	INGTON	State	<b>MA</b> Zip <b>0188</b> 7	7-3535 City	WILMINGT	ON			Stat	e <b>MA</b>	Zip_	018	87-3535	_
	Insurance Comp	any PROGRE	SSIV	E DIRECT 1	INSURA Veh	icle Action Prior to C	Crash	4	22	Da	maged.	Area Co	<u> </u>	27 27 27	
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6 1	Viol. 3: Ch/Sec/S	Sub	Vi	iol. 4; Ch/Sec/Sub	Driv	er Distracted by	0 20	3		To	wed fro	m scene?		33	
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	City <b>WILMI</b>	NGTON	State _	MA Zip 01887	<b>-4403</b> City	WILMINGT	ON			_ State	<u>MA</u>	Zip_ <b>_</b>	)18	87- <b>44</b> 03	<b>1</b> 14
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	Plea Nome (Last First Mic	-	rator/non-n	notorist and all occupa	nts involved Address	DOB/Age	Sex Po	at Safety	36 Airbag Status	37 Eject Code	Trop !	39 40 njury Trans tatus Cod	sp.	Medical Facility	
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	Date of Crash Time of 02/14/2022 1437	1	City/Town	Motor	r Veh	icle Cra	sh	Number Vehicle		and Jope.	ed Limit	30	State Police Local Police MBTA Police		
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3	of the Following.			*******											
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<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	V	iol. 4: Ch/Sec/Sub —		_ Drive	Distracted by	0	26		Towed	from sc	ene?	2 33		
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<sup>7</sup> 6	Please Select One of the Following:	Vehicle 2.1	#Occupants No	n-Motorist A	Type	15 Action	16 Lo	cation	17 C	ondition	18	l l	Hit/Run 🔲 M	oped	
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	Sex <b>F</b> Lic. Class D	19 19	20	CDL		ear 2017	Ve	h Make N	_				_	21	
	Operator APOSTO		·	CDL Endorsement		APOSTO							<i>-</i>		
81	Address 342 CRE	1	First	Middle		ss 342 CR	ast		Fire		2	Mic	ddle		
	City WALTHAM	State	MA Zip 0245	3-3876	City <b>J</b>	VALTHAM				State M	<b>A</b> 2	ip <b>02</b>	2453-38	76	<b>1</b> 14
	Insurance Company GOV		•		Vehicl	e Action Prior to (	Crash	1	22	Damag				27	
	Vehicle Travel Direction:	X S E W	Responding to Eme	rgency? 2	Event	Sequence 2	3 2	3 23	23	Test Sta	itus:		1 28		
	Citation # (If Issued)	<u> </u>	_	- /	Most I	dannful Event	1	24		Type of			29		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	v	iol 2: Ch/Sec/Sub —		_ Driver	Contributing Cod	ie <b>1</b>	.9 <sup>25</sup>	25	BAC To Susp. A	est Resu		Susp. Drug:	32	
	Viol. 3: Ch/Sec/Sub ———		iol. 4: Ch/Sec/Sub —			Distracted by	0 2	26			from se		33 33	╜╽	
			motorist and all occup	pants involved			T	34 35 Sent Safety	36 Airbag	37 38 Eject Trap	39	40 Transp.			l
	Name (Last First Middle)	3.5		Address		DOB/Age	Sex	Pos. System	Status	Code Code	Stotus	Code	Medical Facility	<u>y</u>	
	Operator/Nor	1-1/10torist	\$	See Above			$\Delta$	1 1	4 (	0	10	1			
													· · · · · · · · · · · · · · · · · · ·		

= Direction	1 = Vehicle 1	2 = Vehicle 2	우 = Pedestr	nair 🕳 =	Bicycle	
Crash Diagram: ie: ->[	<u> </u>	2	₽Ŷ	→ ൽ		
Lowell Street/	Route 129			·	If Crash <u>Did N</u> on a Public Wa	
		3			Off-Street Parking	; Lot
		<u> </u>	and the agency beautiful and the season	NAVOUR PROPERTY.	☐ Garage	
	M22	7			Mall/Shopping Ce	nter
(					Other Private Way	
			شسين		□ Other Frivate way	
	To the second			_	Indicate North I	ov Arrow
		[ 2	<b>(</b> (			
<b>3</b>	I-93 Off Rai	пр			$( \rightarrow )$	
Crash Narrative:	-FF	<u> </u>	A	- L L - T	11	
MV 1 and MV 2 were exiting the $I-93$ Street/Route 129. MV 1 and MV 2 sta						
Lowell Street. No injuries. No Tow.	ceu mv z lea	I-ended My I	as chey	Mere corr	ing onco	
Witnesses:						
Name (Last,First,Middle)	Address			Phone #		Statement
Property Damage:						
Owner (Last,First,Middle) Address		Phone #	41-Type	Description of I	amaged Property	
Truck and Bus Information: Registration #		(From Vel	hicle Section)			
Carrier Name					Bus Use	42
Address	<del>" " " " " " " " " " " " " " " " " " " </del>	_ City		St.	Zip	
US DOT #:State Number		Issuing State	MC/MX/	ICC #:		
Interstate Cargo Body Type Code 44	GVWR/GCWR	45				
Trailer Reg #: Reg Type		Reg Year	T:1		46	
Hazmat Information:	rog state		Irail	er Length		
Constitute Constitute	amė		_Material 4 digi	it#	Release code	49
Patrol Officer Kevin J Skinner Police Officer Name (Please Print) Signature			lmington partment	Police De	epartment 02 Barracks Dai	2/14/2022

CDP1 11-24-00

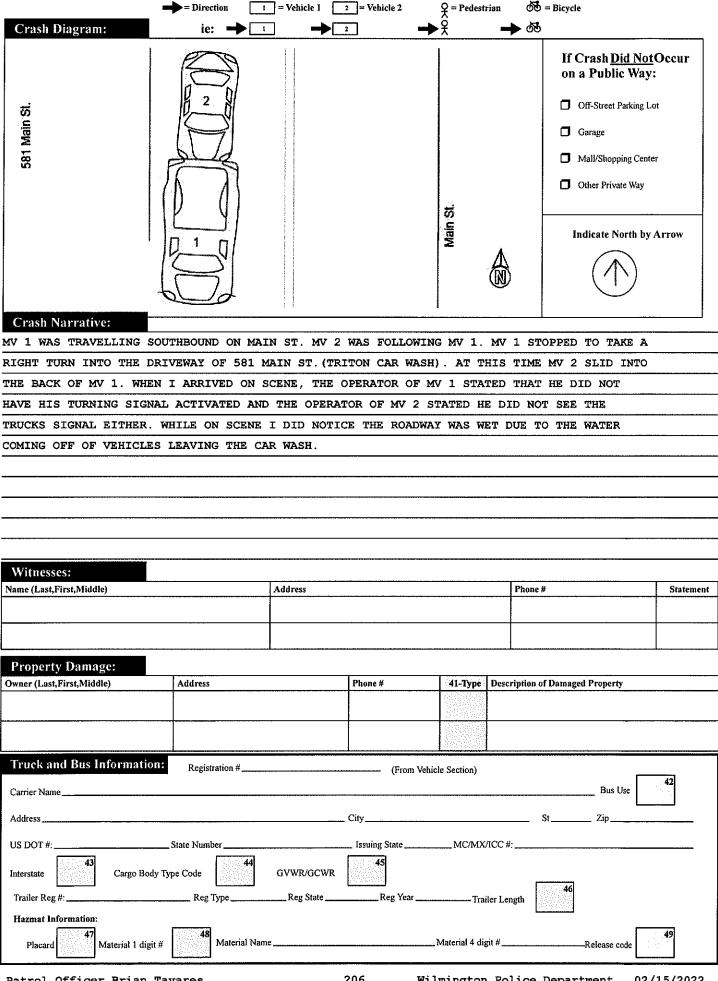
Does of Cash   Trace of Creab   Cash   Trace of Creab   Cash   Trace of Cash   Cash   Trace   Cash   Cash   Trace   Cash   Cas	Police Use Only	<b>Commonwealth</b>	of Massach	usetts		RM	IV Docum	ient Number	
AT INTERSECTION:	1 1 1	aton Midtol VC					t10_	State Police Local Police MBTA Police	080
Routed Direction Name of Roadway/Street    Routed Direction   Name of Roadway/Street   Name of Roadway/Street	· • • • • • • • • • • • • • • • • • • •	Police		2 0	)			Campus Police Other:	ā
Routed   Direction   Name of Readways/Street   Routed   Direction   Name of Intersecting Readways/Street   Name of Intersecting Readw	AT INTERSECTION:	< LOC.	ATION >	N	OT A	Γ INTEF	RSECT	ION:	
Routed Direction Name of Roadway/Street    Routed Direction   Name of Roadway/Street   Roadway/Street   Roadway/Street   Roadway/Street   Roadway/Street   Roadway/Street   Roadway/Street   Pear   NS E   W of Roadway/Street   Landmark   Landm				25	T OM		-		
Foot   Size   W   O	Route# Direction Name	e of Roadway/Street		<del></del>	TOME			/Street	
Routed   Direction   Name of Intersecting Roadway/Street   Feet   N   E   W   of   Routed   Intersecting Roadway/Street		At	F., NET	EW c					
Also at Intersecting Nonley Direction  Name of Intersecting Roadway/Street    Feet   NS   E   N	Route# Direction Name of In	stersecting Roadway/Street	reet [11]5]				- or	Exit Number	
Reside Direction  Name of Intersecting Realways/Street  Feet N S E IV of  Liandmark  Crash Report 1D# 22 - 63 - AC  License # S		·····	Feet N S					. 1 /54 4	_
Pieses Silvert One	The state of the s	Asserting Design (G)	Feet NS	EW of	oute#	inters	ecung Ko	adway/Sireet	
License # State   Stat	Route# Direction Name of In	tersecting Koadway/Street				L	andmark		
License # Si   DOB/Age   Reg Substance   College   Col		upants Hit/Run Moped	Crash Report l	D# <b>22</b> -	63	-AC			
Sex		OR/Age Rec	# unknown		Rea Tyme	<u> </u>	Rea	State	
Operator Link DOWN Address City Sinte Zip City Sinte Xiz Condition City Sinte Zip City Sinte Xiz Condition City City City Condition City City City Condition City City City Condition City City City City Condition City City City City City City Condition City City City City City City City City		20						21	┰╽
Last   First   Models	<u> </u>	Endorsement		en iviake			Vell Ci	oning.	╏
City State Zip City State Zip City State Zip Damaged Area Code 27 27 27 27 27 27 27 27 27 28 22 27 28 22 27 28 28 29 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29	Last First	Middle	Last		First	• • • • • • • • • • • • • • • • • • • •	Middle	e	-
Insurance Company  Vehicle Action Frior to Crash  Vehicle Action Frior to Crash  Vehicle Travel Direction: NSEW  Responding to Emergency?  Event Sequence  23 23 23 23 23 23 23 23 23 23 23 23 23 2			•		<u>.</u>	4-	~:_		-
Vehicle Travel Direction:   N   E   W   Responding to Emergency?   Event Sequence   23   23   23   23   23   23   24   25   25   26   26   26   26   26   26					ı			27 27 2	<u>-</u>
Event Sequence   For   24   Type of Test:   29   BAC Test Result:   30   Viol. 1: Ch/Sec/Sub   Viol. 2: Ch/Sec/Sub   Driver Contributing Code   ZeS   ZeS   Susp. Alcoholt:   31   Susp. Drug.   32   Viol. 3: Ch/Sec/Sub   Viol. 4: Ch/Sec/Sub   Driver Distracted by   ZeS					_ ~``	•	. Coue:		<b>-</b>
Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code	-		\$ 59. [ 1355   1359	<u> </u>	1		<u> </u>	29	
Viol. 3: Ch/Sec/Sub	Citation # (If Issued)	Mos	t Harmful Event			AC Test Res	ult:	30	_
Please fill out for operator and all occupants involved Address  Operator  Please fill out for operator and all occupants involved Address  Operator  See Above  Please fill out for operator and all occupants involved Address  Operator  See Above  Please fill out for operator and all occupants involved Address  Operator  See Above  Please fill out for operator and all occupants involved Address  Operator  Please Sill out for operator and all occupants involved Address  Operator  See Above  Please fill out for operator/non-motorist and all occupants involved Address  Please fill out for operator/non-motorist and all occupants involved Dolk/age  Please fill out for operator/non-motorist and all occupants involved Address  Please fill out for operator/non-motorist and all occupants involved Address  Please fill out for operator/non-motorist and all occupants involved Address  Address  Operator  Op	Viol. 1: Ch/Sec/Sub — Viol. 2:	Ch/Sec/Sub Driv			Z3 Su	sp. Alcohol	31 5	3006: 27.38:	2
Please Solect One of the Followings   See   Se	Viol. 3: Ch/Sec/Sub — Viol. 4:	Ch/Sec/Sub Driv	er Distracted by	142	To	wed from so	cene?	33	
Please Solvet One of the Following: Vehicle 20 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Ht/Run Moped License # St DOB/Age Reg # 6ZY297 Reg Type PC Reg State MA  License # St DOB/Age Reg # 6ZY297 Reg Type PC Reg State MA  Sex Lie. Class 19 19 19 Lie. Restrictions 20 CDL Endorsement Owner LIN, HAO  Operator Driverless M. V.  Operator Driverless M. V.  City State Zip City State Zip City READING State MA Zip 01867—3365 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 11 22 Darmaged Area Code 27 27 27 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 11 22 Darmaged Area Code 27 27 27 Test Status:  Viol. 1: Cit/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug 2 32 Towed from scene? 2 33 Noted Susp. Alcohol: 2 31 Susp. Drug 2 32 Towed from scene? 2 33 Noted Susp. Alcohol: 2 31 Susp. Drug 2 32 Noted Susp. Alcohol: 2 31 Susp. Drug 2 32 Noted Susp. Alcohol: 2 31 Susp. Drug 2 32 Noted Susp. Alcohol: 2 31 Susp. Drug 2 32 Noted Susp. Alcohol: 2 31 Susp. Drug 2 32 Noted Susp. Alcohol: 2 31 Susp. Drug 3 Noted Susp. Alcohol: 2 31 Susp. Drug 3 Noted Susp. Alcohol: 2 31 Susp. Drug 3 Noted Susp. Code Susp. Alcohol: 2 31 Susp. Modeled Feelility Noted Susp. Susp. Noted Susp. Code Susp. Susp. Noted Susp. Code Susp. Susp. Noted Susp. Code	-	•	DOB/Age Sex	Seat Safety Airl	bag Eject	38 39 Trap Injury Code Status	Trensp.	Medical Facility	
Please Select One of the Following: Vehicle 20 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Htt/Run Moped License # St DOB/Age Reg # 6ZY297 Reg Type PC Reg State MA  License # St DOB/Age Reg # 6ZY297 Reg Type PC Reg State MA  Sex Lic. Class 19 19 19 Lic. Restrictions 20 CDL Veh Wake ACURA Veh Config. 1 21  Operator Driverless M. V. Owner LIN HAO  Address Address 22 WESCROFT RD  City READING State MA Zip 01867-3365 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 11 22  Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 Test Status: Type of Test:  Most Harmful Event 1 24 BAC Test Result: 30  World 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last May 15 15 15 15 15 15 15 15 15 15 15 15 15	Operator	See Above		1					
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Operator Driverless M.V.  City State Zip City READING  City State Discrepancy ARBELLA MUTUAL INSURANCE  Vehicle Action Prior to Crash  Under the Sequence Triverles to Company ARBELLA MUTUAL INSURANCE  Vehicle Travel Direction: NSEW Responding to Emergency? 2  Event Sequence Triver Status: 1 28  Whidle Sequence Triver Status: 1 28  Whidle Sequence Triver Status: 1 28  Whidle Sequence Triver Status: 1 28  Which I saved Direction: NSEW Responding to Emergency? 2  Diriver Contributing Code Triver Status: 1 28  Who Harmful Event Triver Status: 1 28  Type of Test: 29  BAC Test Result: 30  Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Tower from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Address Status Results Status: Towed from scene? 2 33  Non-Motorist A Type Action Prior to Crash Triver Distracted by Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Address Status Results Status Results Status Results Susp. Alcohol: 2 31 Susp. Drug 2 32  Please fill out for operator/non-motorist and all occupants involved Address South Status Results Status Results Status Results Resu							++		-
of the Following:    Non-Motorist A   Type   Action   Location   Condition   Hit/Run   Moped		<u> </u>							_
Operator Driverless M.V.  City State Zip City READING  City READING  City Responding to Emergency? 2  Citation # (If Issued)  Vehicle Travel Direction: N S E W Responding to Emergency? 2  Vehicle Travel Direction: N S E W Responding to Emergency? 2  Vehicle Travel Direction: N S E W Responding to Emergency? 2  Vehicle Address Driver Contributing Code Driver Contributing Code Driver Contributing Code Driver Contributing Code Driver Distracted by  Please fill out for operator/non-motorist and alli occupants involved Address Sature Models Pour									
Cicense # St   DOB/Age   Reg # 6ZY297   Reg Type PC   Reg State MA		pants Non-Motorist A Type	15 Action 16 Lo	ocation 17	7 Condit	ion 18	Hit	/Run Mope	ed
Veh Year 2016   Veh Make ACURA   Veh Config.   1   21		OB/Aga Pag	# 62Y297		Pag Tuno	PC	Page	State MA	-
Operator Driverless M. V.  Address 22 WESCROFT RD  City State Zip City READING  City Reading Area Code: 8 27 27 27 27 27 27 27 27 27 27 27 27 27	19 19	20					-	_ 21	<u> </u>
Address 22 WESCROFT RD  City State Zip City READING State MA Zip 01867-3365  Insurance Company ARBELLA MUTUAL INSURANCE Wehicle Action Prior to Crash Vehicle Action Prior to Crash Vehicle Travel Direction: N S E W Responding to Emergency? 2  Event Sequence 1 23 23 23 23 23		Endorsement		m iviake 🙃 🕓	Z.1.VE3		ven Co	жиц. 🚣	'
City READING State Zip City READING State MA Zip 01867-3365  Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash	Last First	Middle	Last	מפיקה	First		Middle	:	-
risurance Company ARBELLA MUTUAL INSURANCE  Vehicle Travel Direction:  N S E W Responding to Emergency? 2  Event Sequence  Most Harmful Event  Darriaged Area Code:  8 27 27 27  Test Status:  Type of Test:  BAC Test Result:  30  Susp. Alcohol:  2 31  Susp. Drug:  3 23  Viol. 3: Ch/Sec/Sub  Driver Contributing Code  Driver Distracted by  Driver Distrac				HI RU	Д.	. M2		267_226	_
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 123 23 23 23 Test Status: Type of Test: Type of Test: 29  Most Harmful Event 1 24 BAC Test Result: 30  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Sex DOB/Age Sex Post Status Code Code Status Code Medical Facility	•	•		22					- I
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence Type of Test:    Most Harmful Event   1   24	<u> </u>	_			1 To		8		1
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Note I: Cth/Sec/Sub  Driver Contributing Code  Driver Contributing Code  1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Address  DOB/Age  Sex  Driver Distracted by	-		r Beduence 1	<u> </u>			1	29	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Sex DOB/Age Sex System System Susp. Alcohol: 2 31 Susp. Drug: 2 32 Susp. Drug: 2 33 Susp. Drug: 2 32 Susp. Drug: 2 32 Susp. Drug: 2 33 Susp. Drug: 2 32 Susp. Drug: 2 33 Susp. Drug: 2 32 Susp. Drug: 2 32 Susp. Drug: 2 33 Susp. Drug: 2 33 Susp. Drug: 2 32 Susp. Drug: 2 32 Susp. Drug: 2 33 Susp. Drug: 2 33 Susp. Drug: 2 32 Susp. Drug: 2 33 Susp. Drug: 2 34 Susp. Drug: 2 35 Susp. Drug:	,		Trainital Event	adl		C Test Res	ult:	30	
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)	Viol. 1: Ch/Sec/Sub — Viol. 2: 0	Ch/Sec/Sub Drive			Su	sp. Alcohol:	<u> </u>	<del></del> ,	2
Name (Lest First Middle)  Address  DOB/Age  Sex  DOB/Age  Sex  Sett Safety Airbag  System Status  Code Code Status  Code Medical Facility	Viol. 3: Ch/Sec/Sub — Viol. 4: 6	Ch/Sec/Sub Drive	er Distracted by	149	To	wed from so	ene? 2	33	
	•	•	DOB/Age Sex	Seat Safety Airb	ag Ejeer	Trap Injury	Transp.	Modical Facility	
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	4		<del>                                     </del>						$\dashv$
									$\dashv$
								***************************************	

	•	= Direction	i = Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian 👧	= Bicycle		
Crash Dia	gram:	ie: 👈	1 -	2	<b>→</b> રે	<b>→</b> ‱			
		Colonial Park M Lin Garde			colonial Park L	lquors	on a	rash <u>Did Not</u> Public Way	:
		2	Û				<b> </b>	arage all/Shopping Cente ther Private Way	er .
						M)	Ind	licate North by	Arrow
Crash Nar	rative:						<u> </u>		<u></u>
On Monday,	Feb 14 @ 2:	49pm,I was di:	spatched to	parking lot	of Coloni	al Park	Mall	(35	
Lowell St)	for a report	t of a hit and	d run. On ar	rival, I sp	ooke with F	O of MV	2 who	stated he	
back into	a parking spa	ace in front o	of Lin Garde	n Restaruar	nt (employe	e) at a	pproxi	nately	
2:15pm. Wh	ile inside, 1	MV1 attmepted	to pull int	o parking s	space next	to MV2	and st	ruck	
front righ	t side of MV	2, leaving a	dent and pai	nt scrape	(see images	). MV1	left so	cene. I	
did not se	e any MVs wit	th matching da	amage. I ask	ed multiple	businesse	s if th	ey had	lot	
facing cam	eras, they d	id not. MV2 d	id not need	to be towed	. RO of MV	72 was a	dvised	that a	
report wou	ld be on file	∍.							
Witnesses:									
Name (Last,First	,Middle)		Address			Phone	#		Statement
b / D					·				
Property D Owner (Last, Firs		Address		Phone #	41-Type	Description of	of Damaged	Property	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Truck and	Bus Information:	Registration #		(From	Vehicle Section)		<u> </u>		
		regionation //		(Floin	venicle section)			Bus Use	42
Carrier Name								nus ose	
Address				_ City			St	_ Zip	<del></del>
US DOT #:		_State Number		Issuing State	MC/MX/	ICC #:		······································	
Interstate	43 Cargo Body T	# Williams	GVWR/GCWR	45		Γ	<i>-</i> - 46		
Trailer Reg #:		Reg Type	Reg State	Reg Year	Trail	er Length			
Hazmat Inform	nation:	(Suite to ap)						<b></b>	40
Placard	Material 1 digit #	Material N	ame		Material 4 dig	it #	F	Release code	. 49
Patrol Offi	.cer Joseph A F	itzgerald		215	Wilmington	Police	Depart	ment 02/	/14/2022

## Wilmington Police Department Images Associated with 22-63-AC



	Police Use Only	Comi	monwealth (	of Massa	ichus	etts	}		RM	V Doci	ument Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cra	sh [	Number /ehicles		PPTT	d Limit	35	— Local Ponce	0080	
	02/15/2022   <b>1146</b>   <b>Wi</b>	lmington	Police 1	Report	2		0	Laure	ude itude _		MBTA Police Campus Police Other:		
	AT INTERSEC	TION:	< LOCA		>		NOT A			SEC			
			-									-	<b>2</b> 10
	Route# Direction	Name of Deadway/St		129 <u>E</u>	<u>58</u>		MAI			n d	vay/Street		
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direct	ion Ad	iress#		IN	aine or	Koadw	/ay/Street		
	-			Feet [	N S E V	V of		/	•	or _	Exit Numbe		
	Route# Direction N	lame of Intersecting Roady			NGEN	7.	IVIIIe I	лагкет			EXII Numbe		2 11
		Also at Intersection w	oth .		N S E V	_	Route#		Inters	ecting F	Roadway/Street		
<sup>2</sup> 1	Route# Direction	Jame of Intersecting Roady	vay/Street	Feet [	N S E V	V] of							
	Please Select One Vivania . 1			1						ındınarl	k .		
3	of the Following:	#Occupants Hit/	Run Moped	Crash R	eport ID#	22	-64	-A	7C				
		NY DOB/Age	Reg #	2NEM31			Reg Ty	ре <b>РС</b>		R	eg State MA		_ 12
	Sex M Lic. Class D D Lic	Restrictions 1 C	DL Veh Y	ear <b>2012</b>	Veh N	1ake <u>T</u>	TOYO	<u> </u>		Veli	Config. 1	21	1
	Operator MONZONSOTO,		ndorsement Owne	DUBON	CALDE	RON	L, KA	RLA	<u> </u>				
<sup>4</sup> 1	Address 3222 74TH ST	First	Middle	ess 75 PLE	ast		First	T 1		Mi	iddle		
	City EAST ELMHURST St	ate <b>NY</b> Zip <b>1137</b>	O City 1	WOBURN				tate <b>M</b>	<b>A</b> 2	Zip <b>0</b> 1	1801-41	36	
	Insurance Company OCCIDENT			le Action Prior to	Crash	3		Damage				27	
	Vehicle Travel Direction: NXEW			Sequence 1	23 23	23	3.5	Test Sta			1 28	_	
5	Citation # (If Issued) 296112AF	_	-	(=)	1 24	<u> </u>	1,119	Type of	Test:		29		
******	Viol. 1: Ch/Sec/Sub 90 14B			r Contributing Cod		25	25	BAC Te			1 30		13
					99 26			Susp. A			23		1
<sup>6</sup> 2	Viol. 3; Clr/Sec/Sub	Viol, 4: Ch/Sec/Sub — erator and all occupants invested invested in the companies in t		r Distracted by	34	35	36 3	Towed 1	170m SC	40	2 33		
	Name (Last First Middle)	erator and an occupants in	Address	DOB/Age	Sex Pos.	Sofety	Airbag Eje Status Co	t Trap	Injury		Medical Facili	ty.	
	Operator	Se	ee Above	$\sim$	X	99	4 0	0	10	1			
									<del> </del>				
								-	<del> </del>				
				151		<u> </u>	15		tol				
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	Action Action	Locat	ion	17 Con	lition	18	<b> </b>	Hit/Run 🔲 M	loped	
	License # <b>S22642515</b> St	MA DOB/Age	Reg #	1MJZ87			Reg Ty	ре <u>РС</u>	;	Re	eg State <b>MA</b>		
	Sex M Lic. Class D D Lic	Restrictions B 20 CI		ear <b>2014</b>	Veh N	1ake <u>T</u>	OYOT	A		_ Veh	Config. 1	21	
	Operator SPLAINE, DER		idorsement  N Owne	r GAMEZ,	NICC	LE	ASHL	EY				_	
<b>1</b>	Address 34A EUGENE RD	First	Middle	ss 34A EU	asi		First			Mic	ddle		
	City <b>BURLINGTON</b> St	ate <b>MA</b> Zip 01803	-5122 City 1	BURLING	ON		S	tate M	<b>A</b> z	ip <b>01</b>	L803-51	22	<b>4</b> 14
	Insurance Company THE COMM	•		e Action Prior to	Crash	1	22	Damage	d Area	Code:	1 27 27	27	
	Vehicle Travel Direction: NXEW				23	23	23	Fest Sta	tus:		1 28		
	Citation # (If Issued)	]		Harmful Event	1 24		<u>.</u>	Гуре of	Test:		29		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Saa/Sub		Contributing Cod	ie 99	25	25	BAC Te		4.	1 30 _	32	
		— Viol. 2: Ch/Sec/Sub —— — Viol. 4: Ch/Sec/Sub ——			99 26	ــالـــ		Susp. Al Fowed f	L	2	Susp. Drug: 2	ٿ	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			Distracted by	34	35	36 37	38	39	40	1		
	Name (Last First Middle)	an occupa	Address	DOB/Age	Sex Pas.	Safety System	Airbag Ejor Status Coc		Injury Status	Transp. Code	Medical Facili	).	
	Operator/Non-Motori	St Se	e Above		X 1	99	1 0	0	10	1			
								1					
				1	_				<del> </del>				
		•		1 1				1	1				



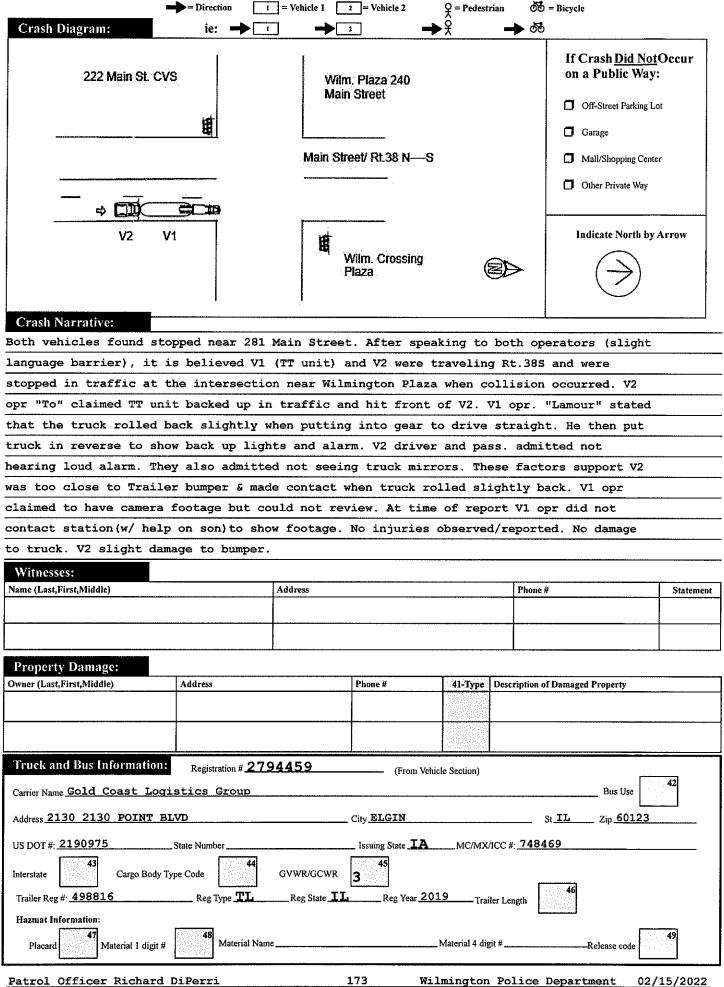
Patrol Officer Brian Tavares

206

Wilmington Police Department

02/15/2022

	Police Use Only	Comm	ionwealth (	of Massac	huset	ts	RM	MV Doc	ument Number		
	I I	City/Town	<b>Motor Veh</b>	icle Crasl	Numb Vehicl			it <u>35</u>	Local Police	0800	
	02/13/2022   <b>1441</b>   Wilm 24HR	ington	Police 1	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	8	
	AT INTERSECTION	ON:	< LOCA			NOT A	T INTE				
										2 10	ō
	Route# Direction	Name of Roadway/Stree	A.	38 S Route# Direction	222 Address		N ST	en d .	vay/Street		_
1	Koner Director	At		Koule# Direction	Address	<u>#</u>	Name C	or Koadw	/ay/Street	_	
				Feet N	S E W of	Mile M	•	– or _	Exit Number		
	Route# Direction Name	of Intersecting Roadwa	-	E [N]	S E W of	Wille IV	iaikei	-	Ext Rumoer	2 1	1
		Also at intersection will	11		SEW of	Route#	Inter	secting F	Roadway/Street	_	ل
<sup>2</sup> <b>4</b>	Route# Direction Name	of Intersecting Roadwa	y/Street	Feet [N]	of FIM of	PLAZ			ECTION (S	_	
	Please Select One Vivor 1	"O				) (F		andmark			
3	of the Following:	#Occupants Hit/Re	un Moped	Crash Repo	ort ID# Z	2-65	-AC				
	·	DOB/Age	Reg #	2794459		Reg Ty	ne <u>AP</u>	R		12	2
	Sex M Lic. Class A Lic. Re	strictions 20 CDI	L Veh Y	/ear_ <b>2019</b>	_ Veh Make	Intern	ationa	1 Veh	Config. <b>10</b> 21		
	Operator LAMOUR, ALLAND	)		RYDER TE	RUCK F		INC		iddie	_	
<sup>4</sup> 3	Address 778 REMSEN AVE			ess <b>11690 N</b>	W 105	First FH ST		Mi	ddle		
	City <b>BROOKLYN</b> State ]	NY Zip 11236	City ]	IMAIM		S	ate <b>FL</b>	Zip <b>33</b>	3178		
	Insurance Company PEOPLES IN	S. AGENCY	Vehic	le Action Prior to Cra	ısh 1	<b>22</b> I	Damaged Are	a Code:	0 27 27 2	7	
	Vehicle Travel Direction: N K E W	Responding to Emerger	ncy? 2 Event	Sequence 1 23	23 23	23	est Status:		1 28	_	
<b>1</b>	Citation # (If Issued)			Harmful Event 1	24		Type of Test:	- 1	29		
	Viol. 1: Ch/Sec/Sub — Vi			r Contributing Code	1 25	3.6	BAC Test Re		30		3
	Viol. 3: Cli/Sec/Sub — Vi			r Distracted by	26		lusp. Alcohol lowed from s		Susp. Drug: 2 3	] <u> -</u>	
<sup>6</sup> 2	Please fill out for operato			Distributed by U	34 35	36 37	38 39	10	2		
	Name (Last First Middle)	•	ddress	DOB/Age Se	Seat Safe Pos. Syst	rty Airbag Ejec em Status Cod	Trap Injur Code Statu	y Transp. is Code	Medical Facility		
	Operator	See	Above	>>>	1 1	4 0	0 10	1			
										_	
	Please Select One Vehicle 21 #	Occupants Non-M		15 16	<u> </u>	17	18	1 - 1		_	
2	of the Following:	Occupants Non-M	Iotorist A Type	Action	Location	Cond	ition	<u></u>	Hit/Run Mop	eci	
		DOB/Age	Reg #	3BT594		Reg Typ	e PC	Re	eg State MA 21	-	
	Sex M Lic. Class D 19 Lic. Res	etrictions 20 CDL Endo	Veh Y	ear <u>2016</u>	Veh Make	Jeep		Veh	Config. 1	]	
	Operator TO, LE TOMMY			r <b>TO, LE T</b>	YMMO	First		Mid	ddle	-	
1	Address 60 INDIAN RD			ss 60 INDI2	AN RD					14	П
	City WALTHAM State 1	<b>17A</b> Zip 02451-	-3239 City T	VALTHAM					2451-323	9 1	1
	Insurance Company PROGRESSIVE	E CASUALTY	INSU Vehicl	e Action Prior to Cra	sh <b>1</b>		amaged Are	a Code:		7	_
	Vehicle Travel Direction: NEW	Responding to Emergen	ncy? 2 Event	Sequence 1 23	23 23	***	est Status: ype of Test:	ŀ	28 29		
_	Citation # (If Issued)		Most 1	Hannful Event 1	24		AC Test Res	ult:	. 30		
2	Viol. 1: Ch/Sec/Sub	ol. 2; Ch/Sec/Sub ——	Driver	Contributing Code	5 <sup>25</sup>	25	usp. Alcohol		Susp. Drug: 2 3	2	
	Viol. 3: Clt/Sec/Sub ———— Vio	ol. 4; Ch/Sec/Sub	Driver	Distracted by	26		owed from s		2 33	<b>-</b>	
	Please fill out for operator/non-n	•		Pople -	34 35 Seat Safe	ty Airbag Eject	38 39 Trup Injury Code Status				
ŀ	Name (Last First Middle)  Operator/Non-Motorist		Above	DOB/Age Ser	Pos. Syste	m Status Code	Code Status	Code 1	Medical Facility		
}	Speciments to in the state of the	3007			\	-	<del>                                     </del>	-		_	
ļ						+		$\perp$			
					<u> </u>						
							-				



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

	Police Use Only	Commonwealth of Massachusetts RMV Document Number											
	Date of Crash   Time of Crash   02/16/2022   0026   Wilr	City/Town	Motor Veh	icle Cra	sh	Number		Popos	Limit	25	State Police Local Police MBTA Police	080	
	24HR	aring con	Police 1	Report		1	0	Latitu Longi			Campus Police Other:		
	AT INTERSECT	ON:	< LOCA	TION >	>		NOT A	T IN	TER:	SECT	TION:		
	HOPKINS	ST.										ŀ	2 10
14	Route# Direction	Name of Roadway/Stree	et	Route# Direct	ion /	Address #		Na	une of	Roadwa	ay/Street		
4	MINKRUN	At RD		Feet	N S E	EW of		•		or _			
		e of Intersecting Roadwa	·		Nele		Mile N	farker			Exit Number		<b>1</b>
		Also at Intersection with	li	_		W of	Route#		Interse	cting Re	oadway/Street	-	
<sup>2</sup> 1	Route# Direction Nam	e of Intersecting Roadwa	y/Street	reet [	11/3/2	.[11] OI			Lai	ndmark			
	Please Select One Vehicle 11	#Occupants Hit/R	un Moped	Crash R	eport II	D# 22	-66	<b>– 2</b>					
3	of the Following:										- W2	$\dashv$	
	_ 19 19	A DOB/Age		249MS2 (ear_2013							g State MA	<u> </u>	<b>3</b> 12
	Operator MERCER, KAELE		orsement	er MERCER						_ ven (	Config. 1	╛┠	
<sup>4</sup> 1	Address 2 CONNOLLY RD	Firal	Middle	es 2 CONN	ast		First	V # /		Mide	dle	_	
	City <b>BILLERICA</b> State	MA Zip 01821-		BILLERIC			S	tate MZ	A z	io 01	821-503	6	
	Insurance Company SAFETY IN	-		le Action Prior to		1				_		27	
	Vehicle Travel Direction: NSE	Responding to Emerge		Sequence 31	23 2.	3 23	23	est Stat	tus:	1	L <sup>28</sup>		
5	Citation # (If Issued) <b>T2447121</b>		Most	Harmful Event		24		Type of ' BAC Tes		<u>.</u> .	30	i	
	Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub 90		r Contributing Cod		20 25	25	Susp. Al		—-		32]	30 <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Clı/Sec/Sub	Drive	r Distracted by	4	26		fowed fi			33	'  -	
<sup>6</sup> 1	Please fill out for opera	tor and all occupants invo	lved udress	DOB/Age		34 35 Seat Safety Pos. System		1 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator		Above			1 99	4 0	0	10	1	ARCON F HORNY	$\exists$	
								1					
								-					
												$\dashv$	
	Please Select One			15	16		17	<u> </u>	18			$\dashv$	
<sup>7</sup> 1	of the Following:	#Occupants Non-N	fotorist A Type	Action	Lo	cation	Conc	itìon		н	it/Run 🔲 Moj	ed	
	License # St	DOB/Age	Reg #				Reg Ty	e		Reg	State	_	
	Sex Lic. Class Lic. R	estrictions   CDI	Veh Y	ear	Vei	h Make				_ Veh C	Config.	]	
<sup>8</sup> 1	••	Pirst	Middle	2.	est		First			Midd	lie		
_	Address State	<i>a</i> :		PSS			S	-4-	7	٠.		.	14
	Insurance Company State		•	le Action Prior to 0				ate Damageo			27 27 2	可卜	
	Vehicle Travel Direction: NSEW	Responding to Emerger		Sequence 2		3 23	23	est Stat	us:		28	-	
	Citation # (If Issued)		•	Harmful Event	2	<u>                                     </u>		ype of l			29	ı	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub —————V		Driver	L Contributing Cod	le	25	25	AC Tes usp. Ald			Susp. Drug:	32	
	Viol. 3: Ch/Sec/Sub			Distracted by	2	26		owed fr	L		33	-	
	Please fill out for operator/non	-		DOB/Age	1 5	34 35 Seat Safety	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.		$\dashv$	
	Name (Last First Middle)  Operator/Non-Motorist		Above	DOB/Age		Pos. System	Status Cod	Code	Status	Code	Medical Facility	_	
}	*				+	-		+	-			$\dashv$	
}								-					
}			<del></del>						$\vdash$			_	
				1			l Í		i				

	= Direction 1	= Vehicle 1 2	= Vehicle 2	오 = Pedestrian		Bicycle	
Crash Diagram:	ie: -> 1		<b>-</b>	<u>X</u>	<u>→ ∞</u>		
1 1 1	Mink Run Road			22 Hopkir Street	ns	If Crash Did Note on a Public Way:  Off-Street Parking Lo Garage	
Hopkins					1ailbox	Mall/Shopping Center	r
Street			The second se		failbox Stone	Other Private Way	
				É		Indicate North by A	Arrow
Crash Narrative:		<del></del>					
Vehicle was tra	veling west on Hopkins	Street whe	n it approach	ed the a	rea of	22. The	
operator stated	that she briefly look	ed away fro	m the road at	her pho	ne and	this is when	
the vehicle vee:	red to the right side	of the road	, striking a	mailbox	and sto	ne in front of	
22 Hopkins Stree	ets. The vehicle conti	nued down t	he road until	stopped	as it	became	
disabled to due	a flat tire. No airba	ıgs were dep	loyed. Vehicl	e was to	wed fro	m the scene by	
Forest Towing.							
Witnesses:							
Name (Last, First, Middle)		Address			Phone #	"	Statement
Property Damage		1			1		<u> </u>
Owner (Last, First, Middle)	Address		Phone #	41-Type Do	escription of	Damaged Property	
GILLIS MURDOCK I		INGTON MA 01887-		. 45044444		K W/WOODEN P	OST
						1 11, 11000011 1	
Truck and Bus Info	Ormation: Registration#		(From Vehicl	e Section)			
Carrier Name			(			Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/IC	C#:		
43	Cargo Body Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	74.4 <b>46</b> 35.54 35.54	
Hazmat Information:	F				سبنسا		
Placard Mai	nerial 1 digit # 48 Material Nam	e		Material 4 digit #	#	Release code	49
Patrol Officer Mi							16/2022
Police Officer Name (Please I	Print) Signature	11	D/Badge # Depart	micht.	riecinc	/Barracks Date	

## Wilmington Police Department Images Associated with 22-66-AC





	Police Use Only Commonwealth of Massachusetts RMV Document Number																
	1 1	Time of Crash		City/Town	Mo	tor Veh	icle Cra	sh	Numb Vehicl		mber ured		l Limit	3!	Local	Police  I Police  A Police	1
	02/11/2022	2/17/2022 1632 Wilmington 24HR				Police Report 2			0	Canana Polica							
		AT INTERSECTION: < I						OCATION > NOT AT INTERSECTION:							:		
									220	м	AIN	. 6.	TI.				2 10
ī	Route# Direct	ion		Name of Roadw	ay/Street		Route# Direct		Address		STI			Roady	vay/Stree	:1	_
1				At			Feet	NS	E W of			•		οr			
	Route# Directi	on	Name	of Intersecting I	Roadway/Street					N	lile Ma	rker			Exit	Number	3 11
	Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										
<sup>2</sup> 1	Route# Directi	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of						_				
	Please Select Or	e <b>V</b> I	. 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>.</b>	<u> </u>	<u> </u>				- H	_		ndmar	k		┨
3	of the Following	Vehicle	1_4	Occupants	Hit/Run	Moped	Crash F	Report 1	D# <b>2</b> 2	2 – (	<b>5</b> / ·	-A	. <u>C</u>				_
	License # <u><b>S54</b></u>			_ DOB/Age	ត	. Reg	4SS597			Re	ед Туре	PC	l '	R	.eg State_		1 12
		Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21 Endorsement										1 2	<u> </u>				
4	Operator HUS	Last	ŀ	ARIE	Middle		er HUSE ,	Last			IE <sup>first</sup>			м	iddle		
<sup>4</sup> 1	Address 79 F						ess <u>79 AP</u>		WA								
	City <b>TEWKS</b>			-		•	TEWKSBU	RY_		22						27 27	
	Insurance Compar	·					le Action Prior to		1 3 23	23		amage st Stat	d Area	Code:	7 27		
5	Vehicle Travel Dir	F		Responding to	Emergency? 2		T_		24			pe of			29		
	Citation # (If Issue	•		•			Harmful Event	<u></u>		2:	-		st Resu		1 30		13
	Viol, 1: Ch/Sec/Su						r Contributing Co		1 <sup>25</sup>		] Su		cohol:		22	Drug 2 32	
<sup>6</sup> 6	Viol. 3: Ch/Sec/Su			ol. 4: Ch/Sec/Sul		Drive	r Distracted by	0	34 35	36	37	wed h	rom sci	40	2 33		_
	Nome (Last First Mide	Ble)	or operato	i und un occupia	Address		DOB/Age	Sex	Seat Safe Pos. Syste		Eject Code	Trap Code	Injury Status	Transp. Code	Mes	dical Facility	_
	Operator	<u> </u>			See Above	<del></del>	$\geq$	X	1 99	4	0	0	10	1			
<sup>7</sup> 1	Please Select On		2 <b>1</b> #	Occupants	Non-Motorist	A Type	15 Action	16 L	ocation	17	Conditi	ion	18		Hit/Run	Moped	1
1	License # SA5		c. MZ	_ DOB/Age		Boo #	7HL795		L		д Туре	PC			eg State ]	<u> </u>	4
	Sex Lic. Cla	19 19	Ì		O CDL	-	ear 2015	V	h Maka						eg state.	1 21	
	Operator	ass D	Lie. Res	Literions L	Endorsemen	t	r KHALIL							_ +	Comig.		
³ <b>1</b>	Address	Last	Fi	rst	Middle		ss 76A GI	Last			irst			Mi	ddle		
	City		_ Sta	_ Zij		City 1	WILMING'	TON			Stat	e <b>M</b> 7	<b>1</b> z	iр <b>О</b> :	1887	-1877	1 14
	Insurance Compan	y AMICA 1	<u> XUTU</u>	AL INSU	RANCE C	O Velvic	le Action Prior to	Crash	4	22	Da	maged	i Area	Code:	3 <sup>27</sup>	27 27	ļ
	Vehicle Travel Dire	ection: XS	E W	Responding to I	Emergency? 2	Event	Sequence 1	23 2	3 23	23		st Stati			1 28		
)	Citation # (If Issue	d)				Most	Harmful Event	1	24			pe of T	lest: it Resu	lt-	29		
2	Viol. 1: Clı/Sec/Sul	b	Vic	ol. 2; Ch/Sec/Sub	)	Drive	Contributing Co	de [	25	25	1		cohol:		Susp. D	Orug: 2 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Towed from scene? 2 33																
	Pleas Name (Last First Midd	e fill out for opera	ator/non-n	notorist and all o	ccupants involve	ed	DOB/Age	Sex	34 35 Seat Safet Pos. Syste		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	lical Facility	
	·	/Non-Mot	orist		See Above			X	1 99	4				1	.,,,,,		1
	-									<b>†</b>							1
								$\vdash \vdash$		+						<u> </u>	1
								$\vdash$									-

Crash Diagra	m:	= Direction [1]	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	ian 05 = 1 → 05	Bicycle				
<b>√</b> 3		If Crash Did NotOccur on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way  Indicate North by Arrow									
Crash Narrati	ive:										
V1 was trave	ling NB in	the inside lar	e of Main	St towards	The inters	ection of	Main St and				
Richmond St.	As V1 appr	oched the area	of the Go	lden Nozzle	Car Wash,	V2 turne	d right into				
the parking	lot from the	e outside lane	of of Mair	n St infron	t of V1. V	1 made co	ntact with				
422 572		2 with its dri									
	4-10-	lled into the					_				
ATIO WE HAVE		ported injury	ASS		reatment o	ffered to	them. Both				
vehicles were	able to d	rive away from	the scene	*							
Witnesses:	(45) SKS										
Name (Last,First,Mid	dle)		Address			Phone #	hone #				
Property Dam		I v vo		T=	Transport of the						
Owner (Last,First,Mic	idle)	Address	Phone # 41-Type Descript			Description of D	ion of Damaged Property				
					and the same						
Truck and Bus	Information:	Registration #		(From V	/ehicle Section)						
Carrier Name							Bus Use	42			
Address				City		St	7in	(200)			
***************************************											
US DOT #:	10	State Number		Issuing State	MC/MX/I	CC #:					
Interstate	Cargo Body Ty		GVWR/GCWR			3.40					
Trailer Reg #:	-VA	Reg Type	Reg State	Reg Year_	Trail	er Length	46				
Hazmat Information	1: 1					1000					
Placard 47	Material 1 digit #	Material Nam	e		Material 4 digi	t#	Release code	49			
Patrol Office	r Michael E	Johnson		199 V	Vilmington	Police De	partment 02/	17/2022			