| | Police Use Only | Comm | mmonwealth of Massachusetts | | ; | RMV Document Number | | | | |
|-----------------|------------------------------------------------------|---------------------------------------------------|-----------------------------|--------------------------|----------------------|--------------------------------------------------|------------------------------|------------------|-----------------------------------------------------|------------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | | Speed Limit | | State Police Local Police MBTA Police Campus Police | |
| | I I | mington | Police | Report | 1 | Injured O | Latitude Longitude | | MBTA Police Campus Police Other: | |
| | 24HR AT INTERSECT | ION: | < LOCA | | - | <u> </u> | INTER | | | 1 |
| | ATRITERSECT | ION. | · EOCA | | | HOTA | INTER | OEC 110 | J111 | 10 |
| | | | | | 73 | BURI | INGTO | N AVE | C | 2 |
| 1 | Route# Direction | Name of Roadway/Stree | t | Route# Direction | Address # | | | Roadway/S | | |
| 1 | | At | | Feet N S | TEN .c | | _ • _ | 25 | | |
| | Route# Direction Na | ne of Intersecting Roadway | /Street | reet [14] | i l n M or | Mile Ma | | | Exit Number | |
| | Router Direction Na | Also at Intersection with | | Feet N S | E W of | | | | | 9911 |
| | | | | Feet N S | E W of | Route# | Interse | cting Road | lway/Street | |
| ² 1 | Route# Direction Name | ne of Intersecting Roadway | /Street | | | | I a | ndmark | | |
| | Please Select One Vivia 1 | "O | Ir-s | | 0.0 | 4 17 | | | | 1 |
| ³ 99 | of the Following: | _#Occupants Hit/Ru | n Moped | Crash Repo | t ID# Z Z | - T / | 6-AC | | | |
| | License # S21166787 St M | A DOB/Age | Regi | 9794GZ | | Reg Typ | PC | Reg St | tate MA | 12 |
| | 10 10 | Restrictions 97 20 CDL | . Veh ' | Year 2004 | Veh Make C | HEVRO | LET | Veh Con | ıfig. 1 | 1 " |
| | Operator COLE, DUSTIN | Ende | orsement | er FISHER, | | | | | | |
| ⁴ 1 | | First A | √liddle | Last | | First | | MiJdle | | |
| Τ | Address 4 ROLLINS RD | | | ess 4 ROLLIN | | | | | | |
| | City WILMINGTON Stat | e MA Zip 01887 - | -3120 City | WILMINGTO | N | | | | 87-3120 | |
| | Insurance Company SAFETY IN | SURANCE COM | PANY Vehic | cle Action Prior to Cras | h 1 | | amaged Area | | 27 8 27 2 27 | |
| - | Vehicle Travel Direction: NSE | Responding to Emergen | ncy? 2 Even | t Sequence 35 23 | 23 23 | 47 | est Status: | 1 | 28 | |
| ⁵ 2 | Citation # (If Issued) T2447098 | | | Harmful Event 35 | 24 | | pe of Test: | ļ., | 29 30 | |
| | Viol. 1: Ch/Sec/Sub 90 23 | | 24 Drive | er Contributing Code | 19 25 | 25 | AC Test Resu sp. Alcohol: | 1 | Isp. Drug: 2 32 | 30 ¹³ |
| | | | | er Distracted by | 26 | | owed from so | | 33 Sp. Drug. 2 | |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | viol. 4: Cli/Sec/Subator and all occupants invol- | | Distracted by U | 34 35 | 36 37 | 38 39 | ene? 2 | | 4 |
| | Please 1111 Out 101 Open Name (Last First Middle) | • | idress | DOB/Age Sex | Seat Safety | Airbag Eject | Trap Injury Code Status | Transp. Code | Medical Facility |] |
| | Operator | See A | Above | >< | 1 1 | 4 0 | 0 10 | 1 | | |
| | | | | T | | | | | | 1 |
| | | | | | | | | | | 1 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Please Select One Vehicle 2 | #Occupants Non-M | lotorist A Type | 15 Action 16 | Location | 17 Condi | 18 | LT:e/C | Run Moped | 1 |
| ⁷ 3 | of the Following: | | loidrist A Type | Action | Location | Condi | | I IIII | Xuii Viopeu | 4 |
| | | DOB/Age | Reg # | # | | Reg Typ | ÷ | Reg St | tate | |
| | Sex Lic. Class 19 19 Lic. I | Restrictions 20 CDL | Veh Y | Year | Veh Make | | | _ Veh Con | | |
| | Operator | | orsement Own- | erLost | | | | | | |
| ⁸ 1 | Last Address | First A | | East CSS | | First | | Middle | | |
| | CityState | a 7in | City | | | Ste | te Z | in | | 1 14 |
| | | • | _ | | | | amaged Area | _ | 27 27 27 | |
| | Insurance Company | | | cle Action Prior to Cras | 23 23 | | est Status: | | 28 | |
| | Vehicle Travel Direction: NSEW | Responding to Emergen | icy? Even | t Sequence | | | pe of Test: | 7 | 29 | |
| ⁹ 2 | Citation # (If Issued) | | Most | Hannful Event | 24 | | AC Test Resu | ılt: | 30 | |
| 4 | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 25 | 25 Si | isp. Alcohol: | 31 Su | sp. Drug: 32 | |
| | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | er Distracted by | 26 | To | wed from sc | ene? | 33 | 1 |
| | Please fill out for operator/no | n-motorist and all occupants | s involved | | 34 35 Seat Safety | | 38 39 Trop Injury | 40 Transp. | | 1 |
| | Name (Last First Middle) | | dress | DOB/Age Sex | Pos. System | | Code Status | Code | Medical Facility | 1 |
| | Operator/Non-Motoris | See / | Above | | 1 | | | | | 4 |
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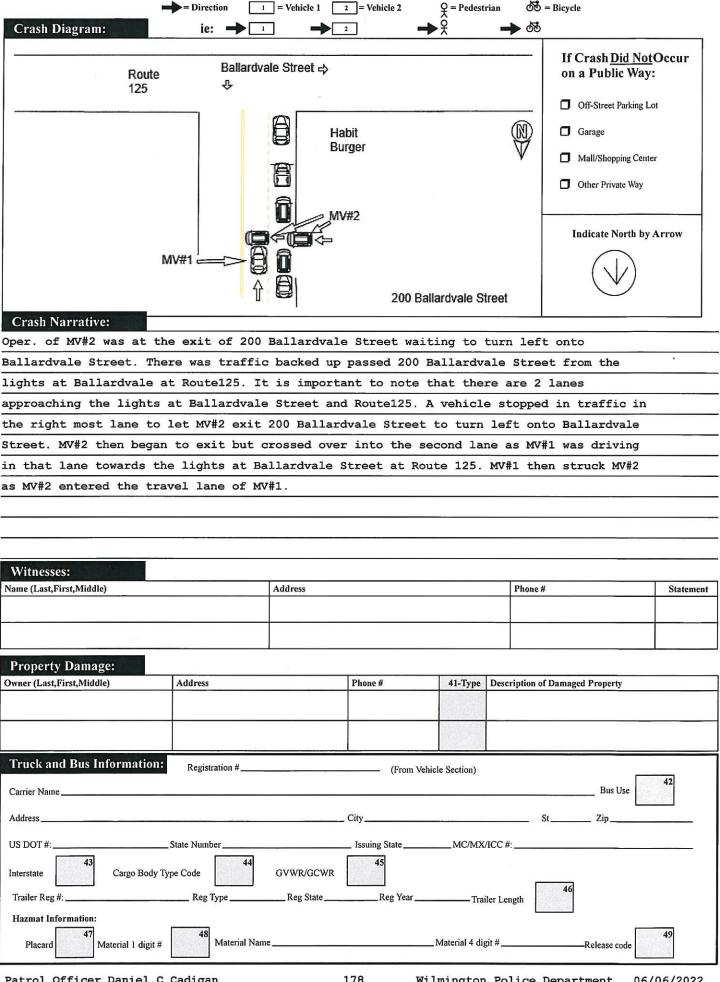
| - | = Direction | | = Vehicle 1 2 | = Vehicle 2 | 옷 = Pedesti | rian රාජ | = Bicycle | |
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| Crash Diagram: | ie: - | → [i |] -> 2 | · - | Ŷ | → % | | |
| 76 Burlingto | | - | - F L | | | | If Crash <u>Did Not</u> | |
| , o builings | ni Ave | | 1 | | | | on a Public Way | : |
| | | | | | | | Off-Street Parking Lo | ot |
| | | | | | | | ☐ Garage | |
| | | ~~~ | Rock wall | | | | ☐ Mall/Shopping Cente | er . |
| Burlingto | ın Ave | Sept. | (20 | | | | Other Private Way | |
| | | | MV 1 | | | | | |
| | | | | | | | Indicate North by | Arrow |
| | | ٠ | ⊖ | | 6 | A | | |
| | | | Harris St | | , | | | |
| Crash Narrative: | | | | | | | | |
| The operator of MV 1 wa | s at the | inter | section of | Harris and B | urlingt | on Ave. | He drove | |
| through the intersection | | | | | | | | |
| then preceeded to leave | | | | | | | | |
| | | | F F 2 | | | | | <u> </u> |
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| | | | | | | | | |
| Witnesses: | | | | | | | • | |
| Name (Last, First, Middle) | | | Address | | | Phone | # | Statement |
| BUMPUS MACKENZIE | | | 8 FLORADALE | AVE WILMINGTO | ON MA 01 | 887 | | |
| FALLON EVAN JAMES | | | 11 CHURCH S | T WOBURN MA | 01801-00 | 000 | | |
| Property Damage: | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Owner (Last, First, Middle) | Address | | | Phone # | | Description of | f Damaged Property | |
| WILMINGTON DPW | 76 BURLINGTO | ON AVE W | ILMINGTON MA 01 | | 3 | ROCK V | /ALL | |
| - Commence of the Commence of | | | | | | | | |
| Truck and Bus Information: | Registration | n# | | (From Vehic | cle Section) | | | 42 |
| Carrier Name | | | | | | | Bus Use | |
| Address | | | | City | | | St Zip | |
| US DOT #: | State Number | | | Issuing State | MC/MX | /ICC #: | | |
| Interstate Cargo Body Ty | pe Code | 44 | GVWR/GCWR | 45 | | _ | | |
| Trailer Reg #: | Reg Type | | Reg State | Reg Year | ———Tra | iler Length | 46 | |
| Hazmat Information: | | | | | | L | | |
| Placard Material 1 digit # | 48 Mate | erial Nam | 9 | | Material 4 di | git # | Release code | 49 |
| Patrol Officer Shane A | Folev | | | 211 Wil | lmington | Police | Department 06 | /05/2022 |

| | Police Use Only | Comr | nonwealth (| of Massa | chus | etts | } | | RMV | Docu | ment Number | |
|-----------------------|-------------------------------------|------------------------------------------------------|------------------|----------------------|--------------|--------------------|-----------------------------|-------------------|----------|-----------------|----------------------------------|-------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Cras | sh 📑 | Number Vehicles | | | Limit_ | 35 | — Local Police | 1 |
| | 06/06/2022 1020 Wili | mington | Police 1 | Report | 2 | | 0 | Latitud Longit | | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | ION: | < LOCA | | | | NOT A | | | ECT | | 1 |
| | | | | | | | | | | | | 2 10 |
| | | | | | 38 | | MIDI | | | | | |
| ¹ 1 | Route# Direction | Name of Roadway/Str | reet | Route# Direction | on Ad- | dress # | | Na | me of R | .oadwa | ny/Street | - |
| T | | Al | | Feet N | N S E V | v of | | | | or | | |
| | Route# Direction Nac | ne of Intersecting Roadw | /ay/Street | | | | Mile M | arker | | | Exit Number | 1 11 |
| | | Also at Intersection w | ith | Feet N | N S E V | V of | Route# | | Intersec | tine Re | oadway/Street | |
| 2 | Route# Direction Nar | ne of Intersecting Roadw | unu/Struct | Feet N | SEV | v of | 200000 | | | | **** | |
| ² 1 | Rone# Direction (vai | ne of intersecting Roadw | /ay/Siteet | | | | | | Lanc | dmark | | 1 |
| 3 | Please Select One of the Following: | _#Occupants | Run Moped | Crash Re | port ID# | 22 | -17 | 7- | AC | | | |
| , | or the Ponowing. | | | | | | | | | | . \63 | - |
| **** | License # NHL11031921 St N | 20 | | M70989 | | | | | | | 21 | 1 12 |
| | Sex M Lic, Class D Lic. I | E1 | ndorsement | _{(ear} 2014 | | | | | | | | |
| 4 | Operator ELLIOTT, DAVI | D S First | Owne | er WILMING | TON | TOW | N OF | TOV | VN H | IAL. | L | |
| ⁴ 1 | Address | | Addre | ess 121 GL I | EN R | D | | | | | | |
| | Ci State | eZip | City | WILMINGT | ON_ | | St | ate <u>M</u> Z | Zip | <u>01</u> | 887-3500 | |
| | Insurance Company SELF INSU | RED | Vehic | le Action Prior to C | Crash | 2 | 22 | amageo | l Area C | Code: 6 | · | |
| | Vehicle Travel Direction: NXEW | Responding to Emerg | gency? 2 Event | Sequence 1 23 | 3 23 | 23 | 23 T | est Stat | us: | | 28 | |
| ⁵ 2 | Citation # (If Issued) | | Most | Harmful Event | 1 24 | | | ype of T | | | 30 | |
| | Viol. I: Ch/Sec/Sub | | | r Contributing Code | _ 1 | 25 | 25 | | t Result | | | 1 13 |
| | | | | Ţ | 0 26 | [| | usp. Ale | onoi: | | Susp. Drug: 32 | |
| ⁶ 1 | Viol. 3; Ch/Sec/Sub | viol, 4; Ch/Sec/Sub —— ator and all occupants inv | | 1 Distracted by | 34 | 35 | 36 37 | 38 | 39 | 10 | <u>?</u> | 4 |
| | Name (Last First Middle) | ator and an occupants in | Address | DOB/Age | Sex Pos | Safety | Airbag Eject | Trap | Injury T | liaasp. Code | Medical Facility | |
| | Operator | Se | e Above | | $X _1$ | 1 | 4 0 | 0 | 10 1 | L | | |
| | | | | | | | | | | | | |
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| | | | | | - | - | | | - | | | - |
| | | | | | | <u> </u> | | | | | | _ |
| ⁷ 1 | Please Select One of the Following: | #Occupants Non- | Motorist A Type | 15 Action | 16 Locat | ion | 17 Cond | tion | 18 | П н | lit/Run 🔲 Moped | |
| Т | | 7 2024 | | BDGGDV | | <u> </u> | | . PC | | D | g State MA | 1 |
| | 10 10 | A DOB/Age | • | BR96RY | | | | | | | 21 | |
| | <u> </u> | En | dorsement | ear 2014 | | | | | | . Veh (| Config. 1 | |
| 8 1 | Operator GRANT , SANDRA | First | Middle | r GRANT , | al | | First | | | Midd | | |
| | Address 3123 EVERGREEN | | | ess 3123 EV | | REE | | | r 2: | | | _ 14 |
| | City WILMINGTON State | MA Zip 01887 | -1176 City] | WILMINGT | ON | | | | - | | 887-1176 | 1 |
| | Insurance Company THE COMME! | RCE INSURAN | ICE CO Vehic | le Action Prior to C | Crash | 1 | | | Агеа С | ode: 3 | | |
| | Vehicle Travel Direction: NXEW | Responding to Emerg | ency? 2 Event | Sequence 1 23 | 3 23 | 23 | *** | est Stati | | - | 28 | |
|) . | Citation # (If Issued) | | Most | Hannful Event | 1 24 | | | ype of T | t Result | | 30 | |
| 2 | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Code | e 1 9 | 25 | 25 | usp. Alc | | | Susp. Drug 32 | |
| | | Viol, 4: Ch/Sec/Sub — | | r Distracted by | 0 26 | | | - | om scen | | 33 | |
| | Please fill out for operator/nor | | | | 34 | 35 Sufatu | 36 37 | 38 | 39 | 40 | | - |
| | Name (Last First Middle) | | Address | DOB/Age | Sex Pos. | | Airbag Eject Status Code | Trap Code | | fransp. Code | Medical Facility | - |
| | Operator/Non-Motorist | . Se | e Above | | X 1 | 1 | 4 0 | 0 | 10 1 | L | | |
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| | | | | | | +- | | | \vdash | \dashv | | 1 |
| | | 1 | | 1 | | | 1 1 | 1 1 | | | | 1 |

| 381 Middlesex AVE. MV#2 Garage Mull/Shopping Center Other Private Way Indicate North by Arrov Witnesses: on a Public Way: On All Stopping Center Other Private Way Indicate North by Arrov Indica | |
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| Orash Narrative: Off-Street Parking Lot | |
| per. of MV#1 and MV#2 were both heading west on route 62. MV#1 stopped in traffic in cont of 381 Middlsex Ave, because the railroad gate was down due to a train. As MV#1 was copped in traffic MV#2 drove up the left of MV#1 and struck the rear of MV#1. MV#2 was bring to take a left into Elaise Counrty Store. Witnesses: anne (Last,First,Middle) Address Phone # St. Property Damage: where (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Fruck and Bus Information: Registration # (From Vehicle Section) | |
| er. of MV#1 and MV#2 were both heading west on route 62. MV#1 stopped in traffic in ont of 381 Middlsex Ave. because the railroad gate was down due to a train. As MV#1 was opped in traffic MV#2 drove up the left of MV#1 and struck the rear of MV#1. MV#2 was ing to take a left into Elaise Counrty Store. Vitnesses: me (Last,First,Middle) Address Phone # St. Property Damage: mer (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Pruck and Bus Information: Registration # | |
| witnesses: me (Last,First,Middle) Address Phone # Stopperty Damage: wher (Last,First,Middle) Address Phone # Address Address Pho | |
| Address Phone # Sh Property Damage: wher (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Property Damage: Address Registration # (From Vehicle Section) | |
| Witnesses: me (Last, First, Middle) Address Phone # St. Property Damage: vner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Fruck and Bus Information: Registration # | |
| Witnesses: Ime (Last,First,Middle) Phone # State | |
| Phone # State State | |
| ruck and Bus Information: Address Phone # State Phone # 41-Type Description of Damaged Property Pruck and Bus Information: Registration # (From Vehicle Section) | |
| Elsis Countly Store 381 MiddleseX AVE. If Crash Did on a Public | |
| Property Damage: where (Last, First, Middle) Address Phone # State | |
| Crash Diagram: | |
| Crash Dingram: Elias County Store | |
| Property Damage: where (Last,First,Middle) Address Phone # State | |
| Phone # State State | |
| Property Damage: wher (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Pruck and Bus Information: Registration # | |
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| (From Venicle Section) | |
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| ddress City St Zin | |
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| aterstate Cargo Body Type Code GVWR/GCWR 45 | |
| 46 | |
| Frailer Reg #: Reg Type Reg State Reg Year Trailer I enoth | |
| Trailer Reg #: Reg Type Reg State Reg Year Trailer Length | |
| Trailer Reg #: | |

Police Officer Name (Please Print)

| | Pol | lice Use Only | | Com | Commonwealth of Massachusetts RMV Document Number | | | | | | | | | | | | | |
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| | Date of Crash | Time of Crash | | City/Town | Motor | Veh | icle Cra | sh | | umber chicles | Nun Inju | | • | Limit | 25 | State Police Local Police MBTA Police | | |
| | 06/06/2022 | 1538 24HR | WIII. | ington | Pol | lice] | Report | | 2 | | 0 | ſ | Latitud Longit | | | Campus Police | _ 5 | |
| | | AT INTER | SECTIO | ON: | < | LOCA | TION | > | | | NO. | ГАТ | `INT | ΓER | SEC' | TION: | | |
| | | | | | | | | | | | | | | | | | | 2 10 |
| | Route# Dire | ection | | Name of Roadway/S | Street | | Route# Direc | tion | 20 Add | ess# | BA | LL | | | LE Roadw | ST ray/Street | | |
| ¹ 1 | TOUCH DIE | 5000 | | At | | | Trouten Direct | | | | | | | | | аулончч | | |
| | | | | | | | Feet | NS | EW | of | — - | e Ma | — • rker | | or _ | Exit Number | | L., |
| | Route# Dire | ction | | of Intersecting Road | | | Feet | N C | EW | ء۔ ا | 1441 | 1410 | I K.C. | | | | | 3 11 |
| | | | | Also at Intersection | WIII | | | | | | Route | | | Interse | cting R | Roadway/Street | _ | \vdash |
| ² 1 | Route# Dire | ction | Name | of Intersecting Road | Iway/Street | | Feet | N S | EW | of | | | | | | | | |
| <u>.</u> | Di Cal | | | | | | | | | | | | | | ndmark | (| | |
| 3 | Please Select t of the Followi | ng: Vehicl | le 1 <u>1</u> | Occupants Hi | t/Run L | Moped | Crash R | leport | ID# | 22 | -1 | .78 | 3 –. | AC | | | | |
| | License # S1 | 1888765 | St MA | DOB/Age | | Reg # | 719XH9 | | | | Reg | ; Туре | PC | | Re | eg State MA | | 12 |
| | Sex M Lic. | 10 | 19 | strictions 1 20 | CDL | | (ear 2014 | | | | | | | | | | 21 | 1 '- |
| | | <u>- </u> | | | Endorsement | | er FITZPA | | | | | | | | _ | <u> </u> | | |
| ⁴ 1 | 1 | Last CHARLES | F | irst | Middle | | | Last | | - | | rst | | | Mi | ddie | | |
| | J | | | | 1-3023 | | | | | · <u>4</u> | *** ** <u></u> | | N/7 | <u> </u> | - 01 | L915-21 | 30 | |
| | I - | | | MA Zip 0180 | | - | BEVERLY | | | | 22 | | | | np <u>v </u> | | 27 | |
| | 1 | | | TUAL PERS | | | le Action Prior to | | | 23 | | | st Stat | | Couc. | 28 | | |
| ⁵ 2 | Vehicle Travel I | Direction: N | EW | Responding to Eme | ergency? 2 | Event | Sequence 1 | 23 | 23 | 23 | 23 | | pe of T | | | 29 | | |
| 2 | Citation # (If Iss | sued) | | - | | Most | Harmful Event | 1 | 24 | | | _ | • | st Resu | lt: | 30 | | L |
| | Viol. 1: Ch/Sec/ | 'Sub | Vi | ol. 2: Ch/Sec/Sub — | | Drive | r Contributing Co | de | 1 | 25 | 25 | Su | sp. Ale | cohol: | 31 | Susp. Drug: | 32 | 1 13 |
| 6 | Viol. 3: Ch/Sec/ | Sub | Vi | iol. 4: Ch/Sec/Sub — | | Drive | r Distracted by | 0 | 26 | | | То | wed fr | om se | ene? | 1 33 | | |
| ⁶ 1 | | | for operato | r and all occupants i | | | | | 34 Seat | 35 Safety | 36 Airbag | 37 Eject | 18 Trap | 39 Injury | 40 Transp. | | | |
| - | Operate | | | | Address See Above | | DOB/Age | Sex | Pos. | System 1 | | Code 0 | Code | Status 10 | Code 1 | Medical Facility | 5 | |
| | Operan | OI . | | ' | | | | | - | - | | | | | _ | · · · · · · · · · · · · · · · · · · · | | |
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| | Please Select C | One Viverial | 2 # | Occupants No | _ 84-4 | D | 15 Action | 16 | Locatio | | 17 | Conditi | <u> </u> | 18 | | lit/Run M | | 1 |
| ⁷ 1 | of the Followi | ng: Venici | e 4 <u>4 </u> | 140 | n-iviotorist A | Гуре | Action | | Locaire | 311 | | | | | | | opeu | |
| | License # SA | 3710922 | | DOB/Age | | Reg# | BC17AR | | | | Reg | ; Туре | PC | | Re | eg State MA | 21 | |
| | Sex M Lic. | Class D | Lic. Res | | CDL Endorsement | Veh Y | 'ear 2012 | | Veh M | ake <u>V</u> | OLV | O. | | | _ Veh | Config. 2 | | |
| Q | Operator <u>LA</u> | VIGNE, A | ANDRE | W NORBER | | Own | LAVIGN | Ε, | AN | DRE | W N | IOR | BEF | RT. | Mi | ddle | | |
| ⁸ 1 | Address 149 | CHESTN | UT ST | 1 | (14/14/14 | Addro | ss 149 CH | ES | TNU | T S | ST . | | | | | adie . | | |
| | City WILM | INGTON | State <u>1</u> | MA Zip 0188 | <u>7-3306</u> | City 1 | WILMING: | <u>ron</u> | Ī | | | _ Stat | e M | <u>Z</u> Z | ip 01 | L887-33 | 06 | 2 14 |
| | Insurance Comp | any FARME | RS PRO | OPERTY & | CASUAL | Vehic | le Action Prior to | Crash | | 6 | 22 | Da | mageo | d Area | Code: | 7 27 27 | 27 | |
| | Vehicle Travel D | Direction: N S | X w | Responding to Eme | ergency? 2 | Event | Sequence 1 | 23 | 23 | 23 | 23 | | st Stati | | | 28 | | |
| 0 | Citation # (If Iss | sued) | | | | Most | Hannful Event | ī | 24 | <u>-</u> | لسب | - | pe of T | | | 29 | | |
| ⁹ 2 | , | , | 1/2 | ol. 2: Ch/Sec/Sub — | | | r Contributing Co | ш | 4 | 25 | 25 | | | t Resu | it: 31 | Susp. Drug | 32 | |
| |] | | | | | | ŭ | 99 | 26 | _ | | | sp. Ald wed fr | om sci | | 33 Susp. Drug. | | |
| | Viol, 3: Ch/Sec/ | | | ol. 4: Ch/Sec/Sub — notorist and all occu | pants involved | <i>D</i> 1110 | - Disducted by | | 34 | 35 | 36 | 37 | 38 | 39 | 40 | <u> </u> | | 1 |
| | Name (Lost First M | • | | The same and the s | Address | | DOB/Age | Sex | Seat Pos. | Safety System | Airbag Status | Eject Code | Trap Code | Injury Status | Transp. Code | Medical Facility | y | |
| | Operate | or/Non-Ma | otorist | | See Above | | | X | 1 | 1 | 2 | 0 | 0 | 10 | 1 | | | |
| | JACK FARREI | LI | | 81 MARION ST EX WILMINGTON, MA | | | 1 | м | 3 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
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Patrol Officer Daniel C Cadigan

178

Wilmington Police Department

06/06/2022

Wilmington Police Department Images Associated with 22-178-AC













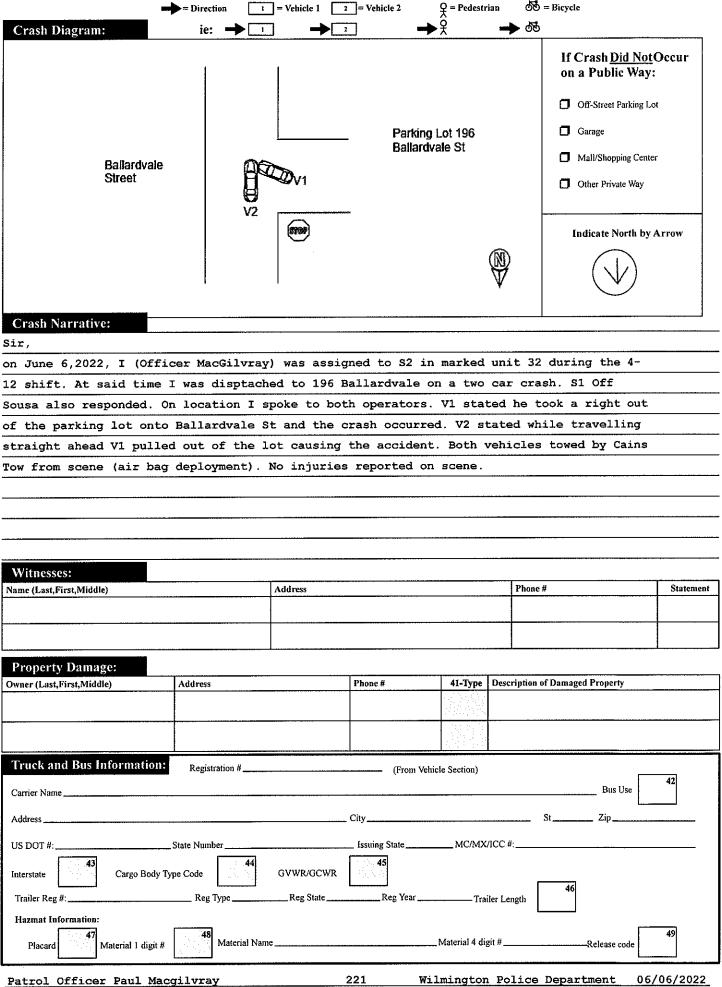
Wilmington Police Department Images Associated with 22-178-AC







| | Police Use Only | Com | monwealth | of Massacl | husetts | \$ | RM | IV Document Numb | I . | |
|-----------------|-------------------------------------|-----------------------------|---------------------------------------|--------------------------|----------------------|-----------------------|-------------------------------------|-----------------------------------------------|------------|-----|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | | Speed Limi | LOCAL FORCE | : 2 | |
| | 06/06/2022 1709 Wil | mington | Police | Report | 2 | Injured 2 | Latitude Longitude _ | MBTA Poli Campus Po | ice 🔲 | |
| | AT INTERSECT | ION: | | TION > | | | | SECTION: | | |
| | | | | | | | | | | 10 |
| | | | | | 196 | BALI | | LE ST | 2 | |
| ¹ 1 | Route# Direction | Name of Roadway/S | treet | Route# Direction | Address # | | Name of | Roadway/Street | | |
| <u></u> | | | | Feet N S | E W of | | • | | | |
| | Route# Direction Na | me of Intersecting Road | <u>-</u> | | | Mile M | arker | Exit Nun | nber 3 | 11 |
| | | Also at Intersection v | vith | Feet N S | | Route# | Inters | ecting Roadway/Stre | et | |
| ² 1 | Route# Direction Na | me of Intersecting Road | way/Street | Feet N S | E W of | | | | | |
| 1 | | | · · · · · · · · · · · · · · · · · · · | | | | La | andmark | | |
| ³ 97 | Please Select One of the Following: | #Occupants | /Run Moped | Crash Repor | rt 1D# 22 | -17 | 9-A(| 3 | | |
| 91 | License # 039435877 St C | T DOB/Age | Reg | # 874JZX | | Reg Tvo | e PC | Reg State CT | | |
| | 10 10 | 20 | | Year 2017 | | | | | 21 1 | 12 |
| | Operator ZUPKUS, TIMOT | | Indorsement | | | | | ven conng | | |
| ⁴ 1. | Address 190 BRONSON DE | First | Middle | er ZUPKUS, | | First | | Middle | | |
| <u> </u> | | | | ess 190 BRON | | | OP. | | | |
| | City MIDDLEBURY Stat | | | MIDDLEBUR | | _ | | Zip 06762 a Code: 8 27 1 27 | 7 27 | |
| | Insurance Company Plymouth | | | ele Action Prior to Cras | | | amageo Arei est Status: | 28 | <u> </u> | |
| ⁵ 2 | Vehicle Travel Direction: NSWW | Responding to Emer | gency? 2 Even | t Sequence 1 23 1 | | 23 | ype of Test: | 29 | | |
| | Citation # (If Issued) | _ | Most | Harmful Event 1 | 24 | | AC Test Res | ult: 1 30 | \vdash | 12 |
| | Viol. 1: Clı/Sec/Sub | Viol. 2: Ch/Sec/Sub — | Drive | er Contributing Code | 99 25 | 25 S | usp. Alcohol: | 2 31 Susp. Drug | 2 32 1 | 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | Viol. 4; Ch/Sec/Sub | Drive | er Distracted by 99 | 26 | Te | owed from so | ene? 1 33 | | |
| 1 | · | ator and all occupants in | volved Addresa | DOB/Age Sex | 34 35 Seat Safety | | 38 39 Trap Injury Code Status | 40 Transp. Code Medical F. | | |
| | Name (Last First Middle) Operator | | ee Above | DOB/Age Sex | Pos. System | Status Code | 0 8 | Code Medical F. | actity | |
| | Operation | | | | 1 - | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 7 | Please Select One Vehicle 21 | #Occupants Nor | -Motorist A Type | 15 Action 16 | Location | 17 Condi | 18 | Hit/Run | Moned | |
| ′ 3 | of the Pollowing: | | <u> </u> | | Location | | | | | |
| | | A DOB/Ag | _ | 2ATY15 | | | | Reg State MA | 21 | |
| | Sex M Lic. Class D 19 Lic. I | | DL Veh V | Year <u>2020</u> | Veh Make | <u>eep</u> | | Veh Config. 1 | | |
| | Operator CHESBROUGH, S | AMUEL REGI | NALD Own | er CHESBROU | GH, SA | MUEL First | REGIN | ALD Middle | | |
| 1 | Address 33 MARCUS RD | | Addr | ess 33 MARCU | S RD | | | | | -14 |
| | City WILMINGTON State | e <u>MA</u> Zip <u>0188</u> | 7-1508 City | WILMINGTO | <u></u> | | | Zip <u>01887–1</u> | | 14 |
| | Insurance Company GARRISON | PROPERTY & | CASUA Vehic | le Action Prior to Cras | h 1 | 22 D | amaged Area | Code: 3 27 2 27 | 1 27 | |
| | Vehicle Travel Direction: NXEW | Responding to Emer | gency? 2 Event | Sequence 1 23 1 | 23 23 1 | ~~ | est Status: | 1 28 | | |
|) | Citation # (If Issued) | _ | Most | Harmful Event 1 | 24 | _ | pe of Test: | 29 30 | | |
| 2 | Viol. I: Ch/Sec/Sub | Viol 2: Ch/Sec/Sub | Drive | r Contributing Code | 99 25 | 25 | AC Test Resulsp. Alcohol: | <u>,,,, , , , , , , , , , , , , , , , , ,</u> | 32 | |
| | | Viol. 4: Ch/Sec/Sub — | | T Distracted by | 26 | | wed from so | | | |
| | Please fill out for operator/no | | ants involved | | 34 35 Seat Safety | 36 37 Airbag Eject | 38 39 Trup Injury | 40 Transp. | | |
| | Name (Last First Middle) | | Address | DOB/Age Sex | Pos. System | Status Code | Code Status | Code Medical Fa | acility | |
| | Operator/Non-Motorist | t s | ee Above | | 1 99 | 3 0 | 0 8 | 1 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | I . | | , , | 1 I | 1 1 | 1 I | 1 1 | ı | |



| | Police Use Only | nonwealth : | wealth of Massachusetts | | | | RMV Document Number | | | |
|-----------------------|---------------------------------------------------|------------------------------|-------------------------|---------------------------|-------------------------------------|--------------|--------------------------------------------------|-----------------------|-----------------------------------------------------|------------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | 1 | Speed Limit | | State Police Local Police MBTA Police Campus Police |] |
| | 06/06/2022 1904 Wil | mington | Police | Report | 1 | , | Latitude Longitude _ | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | ION: | < LOCA | | r | | INTER | | | 1 |
| | | | | | I | | | | | 2 10 |
| | | | | | 107 | WEST | ST | | | 2 |
| 1 | Route# Direction | Name of Roadway/Stre | eet | Route# Direction | Address # | | Name of | Roadway/S | itreet | - |
| Τ. | | 74 | | Feet NS | E W of | | _ • — | | | İ |
| | Route# Direction Na | me of Intersecting Roadwa | ıy/Street | | | Mile Ma | rker | I | Exit Number | 1 11 |
| | | Also at Intersection wi | th | Feet N S | | Route# | Interse | ecting Road | way/Street | |
| 2 | Route# Direction Na | me of Intersecting Roadwa | vy/Street | Feet N S | E W of | | | | | |
| ² 1 | Route# Direction iva | me of finersecting Roadwa | iy/street | | | | La | ındmark | | 1 |
| 3 | Please Select One of the Following: | _#Occupants Hit/R | tun Moped | Crash Repor | HD# 22 | -180 | O-AC | * | | |
| , | | <u> </u> | <u>l</u> | | | | | | 1/2 | 1 |
| | 10 10 | DOB/Age | _ | # 1NPP51 | | | | | 21 | 3 12 |
| | Sex M Lic. Class D Lic. | Restrictions CD | dorsement | Year 2006 | | | | Veh Con | ıfig. 1 | H |
| 4 | Operator OCONNELL, CHE | ISTOPHER RO | OBERT Own | er MALLINSO | N, NIC | OLE A | NNE | Middle | | |
| ⁴ 1 | Address 76 LOWELL ST | | Addr | ess 20 WESTD | ALE A | VE | | | | |
| | City WILMINGTON Star | e MA Zip 01887 | -2911 City | WILMINGTON | 1 | Sta | te MA 2 | zip 018 [| 87-3044 | |
| | Insurance Company ARBELLA N | UTUAL INSU | RANCE Vehic | ele Action Prior to Crasl | ı 1 | 22 Da | amaged Area | Code: 1 | 27 27 27 | |
| | Vehicle Travel Direction: XSEW | Responding to Emerge | | t Sequence 31 23 | 23 23 | 23 Te | est Status: | 1 2 | 28 | |
| 5 | Citation # (If Issued) | | | Harmful Event 22 | | <u></u> ту | pe of Test: | | 29 | |
| | | | • | L | | 25 | AC Test Resi | 1 | 30 | 22 ¹³ |
| | Viol. 1; Ch/Sec/Sub ————— | | | er Contributing Code | 20 25 | Su | isp. Alcohol: | | | 22 |
| ⁶ 1 | Viol, 3: Ch/Sec/Sub | | | er Distracted by | | | wed from sc | , chic. | 33 |] |
| т | Please fill out for oper Name (Last First Middle) | ator and all occupants invo | olved Address | DOB/Age Sex | 34 35 Seat Safety Pos. System | | 38 39 Trap Injury Code Status | 40 Transp, Code | Medical Facility | |
| | Operator | See | : Above | X | 1 99 | 1 0 | 0 8 | 2 Lahe | ey Clinic | 1 |
| | - F | | | | \ | | | | | 1 |
| | | | | | | | | | | - |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ~ | Please Select One Vehicle 2 | #Occupants Non- | Motorist A Type | 15 Action 16 | Location | 17 Condit | 18 | ☐ Hit/R | Run Moped | 1 |
| ⁷ 1 | of the Following: | 14011-1 | viotorist A type | Action | Location | Condi | 1011 | THUR. | vioped Noped | 1 |
| | | DOB/Age | Reg | <i>t</i> | | Reg Type | · | Reg St | | į |
| | Sex Lic. Class 19 19 Lic. | Restrictions 20 CD | L Veh ' | Year | Veh Make | | | Veli Con | 21 nfig. | |
| | Operator | | | erLast | | First | | Middle | | |
| ⁸ 1 | Address | rusi | | ess | | lend | | Middle | | |
| | City Stat | e Zip | City_ | | | Sta | te 2 | Zip | | 1 14 |
| | Insurance Company | | Vehic | ele Action Prior to Crasl | , [| 22 Da | amaged Area | Code: 2 | 27 27 27 | |
| | Vehicle Travel Direction: N S E W | Responding to Emerge | | Sequence 23 | 23 23 | Te | st Status: | 2 | 28 | |
| | | , , , | • | · | 24 | <u> </u> | pe of Test: | 2 | 29 | |
| ⁹ 2 | Citation # (If Issued) | | | Harmful Event | 25 | 25 BA | AC Test Resi | | 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | er Contributing Code | <u> </u> | Su | sp. Alcohol: | <u> </u> | sp. Drug: 32 | |
| | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by | 26 | | wed from sc | CILC: | 33 | ļ |
| | Please fill out for operator/no | • | nts involved Nddress | DOB/Age Sex | Seat Safety Pos. System | | 38 39 Trap Injury Code Status | 40 Transp. Code | Medical Facility | |
| | Operator/Non-Motoris | | : Above | | 1 | | | | | 1 |
| | operatori tore more | | | | \ <u>-</u> | | | | | 1 |
| | | | | | <u> </u> | | | | | 1 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | 1 1 | | <u></u> | | j |

| | = Direction | 1 = Vehicle 1 2 | = Vehicle 2 | Y = Pedestri | | ycie | |
|----------------------------------|----------------------------------------|------------------|----------------------------------------------|-----------------------------------------|--------------------|-------------------------------------------|-------------|
| Crash Diagram: | ie: → | | <u>. </u> | → X | <u>→ 86</u> | | |
| | <u> </u> | MEN | <i>D</i> | 106 W | AA 1 1 | f Crash <u>Did Not</u> on a Public Way | |
| | | Z Z | y | | c | Off-Street Parking L | ot |
| | | OV | 7 | | c |] Garage | |
| | | | | | c | Mall/Shopping Center | er er |
| | | | | | ٠ | Other Private Way | |
| | | | | | | Indicate North by | Arrow |
| | | | | | € 2 | | |
| | | | | | | | |
| Crash Narrative: | | | | | | | |
| /1 was driving NB | on West St. The o | perator stat | ed he was | distracted | by a phon | e call he | |
| eceived and looked | down at his phor | ne that was p | laced in | the cup hol | der prior | to hitting | |
| ne mailbox in from | t of 106 and 108 | West St. Add | litionally | there was | damage to | utility pole | |
| ımber 50. Cain's I | owing towed the v | rehicle and t | he operat | or was tran | sported to | Lahey | |
| linic. | | | | | | | |
| | | | | | | | |
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| | | | | • • • • • • • • • • • • • • • • • • • • | | | |
| Witnesses: | | A 33 | | | Phone # | | Statement |
| ame (Last,First,Middle) | | Address | | | r Bone # | | Statement |
| | | | | | | | , |
| Property Damage: | | | | | | | |
| wner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of Dan | naged Property | |
| ERIZON | 28 DIANA LN | DRACUT MA | | | TELEPHON | E POLE | |
| ENTRE ANDREW | 106 WEST ST WILL | MINGTON MA 01887 | | | MAILBOX | | |
| Fruck and Bus Informa | tion: Registration # | | (From | Vehicle Section) | | | 42 |
| Carrier Name | | | | | | Bus Use | |
| Address | ······································ | | City | | St | Zip | |
| JS DOT #: | | | Issuing State | MC/MX/ | ICC #: | | |
| nterstate 43 Cargo | Body Type Code | GVWR/GCWR | 45 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Trail | er Length | 46 | |
| Hazmat Information: | 48 | | | | | Γ | 49 |
| Placard Material 1 | | me | | Material 4 dig | it # | Release code | |
| atrol Officer Megh | | | 214 | Wilmington | Police Dep | | /06/2022 |
| lice Officer Name (Please Print) | Signature | | D/Badge # | Department | Precinct/Ba | rracks Date | |

Police Officer Name (Please Print)

Signature

Wilmington Police Department Images Associated with 22-180-AC





| | Police | e Use Only | Com | monwealt | h o | f Massa | ıch | use | tts | | | RM | V Docu | ment Number | |
|----------------|--------------------------------------|-----------------------------|-----------------------------|--------------------|----------------|------------------|----------|--------------|--------------------|---------------------|------------------|----------------------|-----------------|----------------------------------|------|
| | 1 | Time of Crash | City/Town | Motor V | ehi | cle Cras | sh | | mber nicles | Numb | ı ' ' | d Limit | 25 | - Local Police | |
| | 06/07/2022 |)657 Wil: | mington | Polic | e R | Report | | 2 | | 1 | Lätti | ude gitude | | MBTA Police Campus Police Other: | |
| | | AT INTERSECT | ION: | <u> </u> | | _ | > | I | | NOT | | | SEC | rion: | 1 |
| | | | | | | | | | | | | | | | 2 10 |
| | | | | | _ | | | 380 | | MII | DLE | | | | |
| ¹ 1 | Route# Direction | on | Name of Roadway/S | treet | | Route# Direct | ion | Addre | ess# | | N | lame of | Roadw | ay/Street | - |
| 1 | | | At | | | Feet [| N S | E W | of · | | | • — | or | | |
| | Route# Direction | on Na | me of Intersecting Road | way/Street | -[- | | | | | Mile | Marker | | | Exit Number | 2 11 |
| | | | Also at Intersection | with | _ - | Feet | N S | E W | of . | Route# | - | Interce | nting D | loadway/Street | |
| | | | | | _ - | Feet [| N S | E W | of | Koute# | | HRCIST | cung iv | Coactway/Sirect | |
| ² 1 | Route# Direction | on Na | me of Intersecting Road | way/Street | | | | | • | | | La | ndmark | | _ |
| | Please Select On | | #Occupants Hit | /Run Mop | ed | Crash R | enort | ID# 🕽 | 22 | <u> </u> | ₹1 - | - A C | • | | 1 |
| 3 | of the Following | | | | | 1 | | | | | | | | ****** | 4 |
| | License # S20 | | IA DOB/Ag | 1 | Reg# | 2RYZ17 | | | | Reg T | уре <u>Р</u> (| | Re | eg State MA 21 | 1 12 |
| | Sex M Lic. Cl | ass D M Lic. | Restrictions 1 20 | CDL | Veh Yea | ar 2021 | \ | √eh Ma | ke <u>T</u> | COYO | 'A | | Veh | Config. 1 | |
| | Operator HOL | USHA, PAUL | | | Owner | HOLUSH | Α, | PA | JL | KEV: | N | | Mic | 16 | |
| ⁴ 1 | 1 | ELDSTONE V | First | | Addres | s 4 FIEL | DS! | TON | E W | First 7AY | | | Mic | acte | |
| | | READING Stat | | | | ORTH R | | | | | State M | A 7 | ip_ 01 | 864-2432 | |
| | 1 | y AMICA MUT | | | | Action Prior to | | Г | | 22 | Damag | | r | | |
| | | | | | | · · · · · · | | <u>_</u> | 23 | 23 | Test St | | ĺ | 1 28 | 1 |
| 5 | l | ection: NSE | Responding to Eme | rgency? 2 1 | Event S | sequence 1 | | | | | Type of | f Test: | | 29 | 1 |
| | Citation # (If Issue | ed) | | 1 | Most H | lannful Event | 1 | 24 | 10 | | BAC T | est Resi | ult: | 30 | 12 |
| | Viol. 1: Ch/Sec/Su | b | Viol. 2: Ch/Sec/Sub — | I | Driver (| Contributing Co | de | <u>L</u> | 25 | 25 | Susp. A | dcohol: | 2 31 | Susp. Drug 2 32 | 1 13 |
| 6 | Viol, 3; Ch/Sec/Su | b | -Viol. 4: Ch/Sec/Sub | | Driver I | Distracted by | 0 | 26 | | | Towed | from se | ene? | 2 33 | |
| ⁶ 1 | | Please fill out for oper | ator and all occupants in | ıvolved | | | | 34 Seat | 35 Safety | Airbag E | 7 38 oct Trat | Injury | 40 Transp. | | 1 |
| | Name (Last First Midd | | | Address | | DOB/Age | Sex | Pos. | System | Status C | ode Cod | | Code | Medical Facility | - |
| | Operator | | S | See Above | | | Δ | 1 | 1 | 4 0 | ٥ | 10 | 1 | | _ |
| | | | | | | | | | | 1 | | | | | |
| | | | | | | | | | | | | | | | 1 |
| | | | | | | | | | | _ | | | | | - |
| | | | | | | | | | | | | | \sqcup | | 4 |
| ⁷ 1 | Please Select On of the Following | | _#Occupants No | n-Motorist A Type | 2 | Action | .16 L | ocatio | n · · · | 17 Co | dition | 18 | | lit/Run 🔲 Moped | |
| | License # S22 | | IA DOB/Age, | F | 0 0 | 2LHC14 | | | | Dec 1 | уре <u>Р</u> (| | D_ | eg State MA | = |
| | | 19 19 | 20 | | - | | | | . m | | | | | _ 21 | |
| | Sex F Lic. Cla | | <u></u> | Endorseinent | | ar 2016 | | | | | | | | Config. 1 | |
| 81 | | SEY-CHORLT | First | Middle | | MASSEY | ಎಚ | | | First | MET. | цA | ANN Mic | P. ddle | |
| <u>T</u> | Address 312 | LEXINGTON | ST | / | Addres | s 312 LE | XII | NGT | ON_ | | | | | | _ 14 |
| | City WOBUR | N Stat | e MA Zip 0180 | 1 (| City_ W | OBURN | | | | _ | State <u>M</u> | | | | 1 |
| | Insurance Compan | y GEICO GEN | ERAL INSUR | ANCE C | Vehicle | Action Prior to | Crash | | 1 | 22 | _ | ed Area | Code: | | |
| | Vehicle Travel Dire | ection: NSE | Responding to Eme | rgency? <u>2</u> 1 | Event S | Sequence 1 | 23 | 23 | 23 | 23 | Test St | | | 1 28 | |
| 0 | Citation # (If Issue | ·d) | - | 1 | Most H | Iarmful Event | 1 | 24 | | _ | Type of | | , | 30 | |
| ⁹ 2 | , | b | Viol 2, Cl. (Ca. (C.) | | | Contributing Cod | <u> </u> | 99 | 25 | 25 | | est Resu Alcehol: | | | |
| | | | | | | _ | 99 | 26 | | | | from sc | | Susp. Drug: 2 32 | |
| | Viol, 3: Ch/Sec/Su | - | Viol. 4: Ch/Sec/Sub — | | DITAGE] | Distracted by | 23 | 34 | 35 | 36 | 10Wea | 19 19 | 40 | 1 | 4 |
| | Pleas Name (Last First Midd | se fill out for operator/no | u-motorist and all occup | Address | | DOB/Age | Sex | Seat Pos. | Safety System | Airbag E | iect Trap | lnjury e Status | Transp. Code | Medical Facility | |
| | Operator | r/Non-Motoris | t | See Above | | \rightarrow | X | 1 | 1 | 3 0 | 0 | 8 | 2 | Lahey Clinic | |
| | - | | | | | | | | | | + | - | | | 7 |
| | | | | | | | | | | | +- | - | | | 4 |
| | | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | |

| | = Direction [1] | = Vehicle 1 | z = Vehicle 2 | Pedesti | rian 🚳 = Bicycle | |
|---------------------------|----------------------|-------------------------|----------------|----------------|-------------------------------------|------------|
| Crash Diagram: | ie: 🖚 🗆 | → [| 2 | <u>₹</u> | → ₩ | |
| Jefferson Road | | 380 Middlese) Ave | (| | If Crash <u>Did N</u> on a Public W | ay: |
| | 1 | 1 1 | | | Off-Street Parkin | g rot |
| | · | | | 200 | ☐ Garage | |
| | | | | | ☐ Mall/Shopping C | enter |
| | | | | | Other Private Wa | у |
| | Cro | ssWalk | | | Indicate North | by Arrow |
| | | | | | | |
| Crash Narrative: | | | | | | |
| Vehicle 1 was travel | | | | | e pedestrian. Vehicle | 2 |
| | | | | | d damage to the rear | |
| bumper. Vehicle 1's | | | | | | |
| | | | | | Vehicle 2's operator | |
| | | | | | ne by Cains Towing due | , |
| to the damage. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Witnesses: | | | | | | |
| Name (Last,First,Middle) | | Address | | | Phone # | Statement |
| ROBINSON RYLEY A | | 1214 EVERGR | EEN DR WILMING | TON MA 01 | L887 | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of Damaged Property | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Informat | ion: Registration # | | (From Vehi | cle Section) | 1 | 42 |
| Carrier Name | | | | | Bus Use | 72 |
| Address | | | City | | St Zip | |
| US DOT #: | State Number | | Issuing State | MC/MX | ЛСС #: | |
| 43 | ody Type Code | GVWR/GCWR | 45 | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Тга | iler Length | |
| Hazmat Information: | · | | | | • | |
| Placard Material 1 d | ligit # Material Nam | e | | _Material 4 di | git #Release code | 49 |
| noticed officer Michael | P Dilorenzo | | 217 1741 | lminator | Police Department | 16/07/2022 |

06/07/2022 Date

Wilmington Police Department Images Associated with 22-181-AC





| | Police Use Only | Com | monwealth | of Massach | usetts | | RM | V Docume | ent Number | |
|----------------|-------------------------------------------------------|---------------------------------|--------------------|-------------------------------|------------------------|--------------------------------------|-------------------------------------|-----------------------|-----------------------------------------------------|-------------|
| | Date of Crash Time of Crash 06/07/2022 1738 W | City/Town /ilmington | Motor Veh | icle Crash | Number Vehicles | Testamorel | Speed Limit | 25 | State Police Local Police MBTA Police Campus Police | |
| | 24HR | TIMING CON | Police | Report | 2 | _ | Latitude Longitude _ | | Campus Police Other: | |
| | AT INTERSE | ECTION: | < LOCA | TION > | | NOT AT | INTER | SECTI | ON: | |
| | | | | | | | | | | 2 10 |
| | Route# Direction | Name of Roadway/S | treet | Route# Direction | 196 Address # | BALL | ARDVA Name of | LE S' Roadway/ | | \vdash |
| 1 | | At | | [[-] | | | | | | 1 |
| | Route# Direction | Name of Intersecting Road | | Feet NS | EW of - | Mile Ma | rker | or | Exit Number | 11 |
| | Routes Direction | Also at Intersection v | - | Feet NS | | | | | | 2 |
| | | | | Feet NS | E W of | Route# | Inters | ecting Roa | dway/Street | |
| ² 1 | Route# Direction | Name of Intersecting Road | way/Street | | | | La | ndmark | | |
| 3 | Please Select One Vehicle | 1 #Occupants Hit | /Run Moped | Crash Report | ID# 22- | -182 | 2-AC | 7 | |] |
| 3 | of the Landwing. | | | | | | | | | ┨ |
| | | St MA DOB/Age 20 | | 761AK7 | | | | | 21 | 1 12 |
| | <u> </u> | B | Endorsement | /ear <u>2009</u> \ | | | | Veli Co | nfig. 1 | ļJ |
| ⁴ 1 | Operator BEEK, SPENC | First | Middle | er BEEK, BRI | | First | | Middle | | |
| т | Address 22 NISSITIS: | | | ess 22 NISSI | | | | | | |
| | City PEPPERELL | • | • | PEPPERELL | 7 | | | | 63-1448 | |
| | Insurance Company INTEGON | | | le Action Prior to Crash | | ᆚ | imaged Area st Status: | | 27 8 27 2 27 28 | |
| 5 | Vehicle Travel Direction: N E | W Responding to Emer | rgency? 2 Even | Sequence 1 23 | <u> </u> | | pe of Test: | - | 29 | |
| | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | | AC Test Res | ult: | 30 | _ 13 |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 97 25 | 25 Su | sp. Alcohol: | | usp. Drug: 2 32 | 1 '3 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | | | r Distracted by 0 | 26 | | wed from so | 2 | 33 | |
| | Please fill out for Name (Last First Middle) | operator and all occupants in | avolved Address | DOB/Age Sex | | 36 37 Airbag Eject Status Code | 38 39 Trap Injury Code Status | 40 Transp. Code | Medical Facility | |
| | Operator | S | See Above | | 1 1 4 | 5 0 | 0 10 | 1 | · | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | 1 | 4 |
| ⁷ 1 | Please Select One of the Following: | 1 #Occupants Non | 1-Motorist A Type | 15 Action 16 L | ocation | Conditi | ion 18 | Hit/ | Run Moped | |
| | License # SA8360777 | St NY DOB/Age. | Reg # | FWT263 | | Reg Type | PC | Reg S | tate NY | |
| | Sex M Lic. Class D M | | DL Veh Y | _{'ear} 2015 v | elı Make J∈ | ер | | Veh Co | afig. 1 | |
| | Operator TESORIERO, | ANTHONY L | indorsement Owne | TESORIERO | ANTI | IONY | L | | | |
| ⁸ 1 | Address 87 LINCOLN E | First First | Middle Addro | ess 87 LINCOI | N RD | First | | Middle | | |
| - | City PLAINVIEW | State NY Zíp 1180 | 3 City | PLAINVIEW | | Stat | e NY Z | ip 118 | 03 | 1 14 |
| | Insurance Company Allstat | e Insurance | Co. Vehic | le Action Prior to Crash | 2 2 | 2 Da | maged Area | Code: 5 | 27 27 27 | |
| | Vehicle Travel Direction: N E | W Responding to Emer | gency? 2 Event | Sequence 23 | 23 23 : | | st Status: | <u> </u> | 28 | |
| | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | | pe of Test: .C Test Rest | _ | 29 30 | |
| 2 | Viol, 1; Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 1 25 | 25 | sp. Alcohol: | | isp. Drug 2 32 | |
| | Viol, 3; Clt/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by | 26 | | wed from sc | | 33 | |
| | • | or/non-motorist and all occup | | | 34 35 Sent Sufety A | 36 37 Lirbag Eject | 38 39 Trap Injury | 40 Transp. | | |
| | Name (Last First Middle) Operator/Non-Moto | riet | ee Above | DOB/Age Sex | Pos. System 5 | Status Code | Code Status 0 10 | Code 1 | Medical Facility | |
| | Operator/Ivon-moto | 201 | CC AUUYC | | 1 4 | . | 10 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | = Direction | ı = Vehicle 1 | 2 = Vehicle 2 | 오 = Pedestri | an OO | = Bicycle | |
|-------------------------------------|--------------------------|--------------------------------|------------------|--------------------|--------------------------------------------------|---------------------------------------------|-----------|
| Crash Diagram: | ie: →[| → [| 2 | →Ŷ | → ॐ | | |
| | | | | , , , | | If Crash <u>Did Not</u> on a Public Way: | |
| | | | | | | Off-Street Parking Lo | ot |
| | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ☐ Garage | |
| | | | | | | <u>-</u> | |
| | | | | | | ☐ Mall/Shopping Cente | r |
| | | | | | | Other Private Way | |
| | | | | | | | |
| , | V1 V2 | | | | | Indicate North by | Arrow |
| | | 96 Ballardvale S Vilmington | Street (Habit Bu | ırger) 🚤 | (2) | $\left\langle \cdot \right\rangle$ | |
| Crash Narrative: | | | | | | | |
| /1 and V2 were trave | lling south on | Ballardvale | Street tow | ards Route | 125. In | the vicinity | |
| of Habit Burger, 196 | | | | | | | |
| stopped in a line of | | | | | | | |
| njuries were observ | | | | | | | |
| coad to await a priv | | t the scene | . Moderate | damage to V | 1 and m | inor damage to | |
| 72. See attached ima | ges. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | M-1111 | | | · |
| | | | | | | | |
| Witnesses: Name (Last,First,Middle) | | Address | | | Phone | # | Statement |
| rame (Dass, Frist, France) | | 1100100 | | | 1 | <u></u> | |
| | | | | | | | |
| | | | | | | | <u> </u> |
| Property Damage: | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description (| of Damaged Property | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Informat | On: Registration # | | (Fron | n Vehicle Section) | | | 42 |
| Carrier Name | | | | | | Bus Use | |
| Address | 1 1 1 2 2 11 11 11 11 11 | | City | | | StZip | |
| US DOT#: | State Number | | Issuing State_ | MC/MX/ | CC #: | | |
| Interstate 43 Cargo B | ody Type Code | GVWR/GCWR | 45 | | ٦ | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Yea | rTrail | er Length | 46 | |
| Hazmat Information: | | | | | | | |
| Placard 47 Material 1 d | igit # 48 Material | Name | | Material 4 digi | t # | Release code | 49 |
| Patrol Officer Kathry | n C Goodwin | | 216 | Wilmington | Police | Department 06/ | /07/2022 |

Police Officer Name (Please Print)

Signature

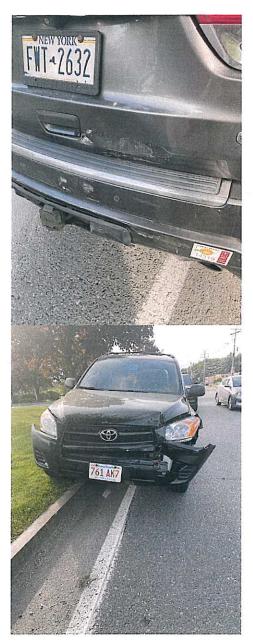
ID/Badge#

Department Precinct/Barracks

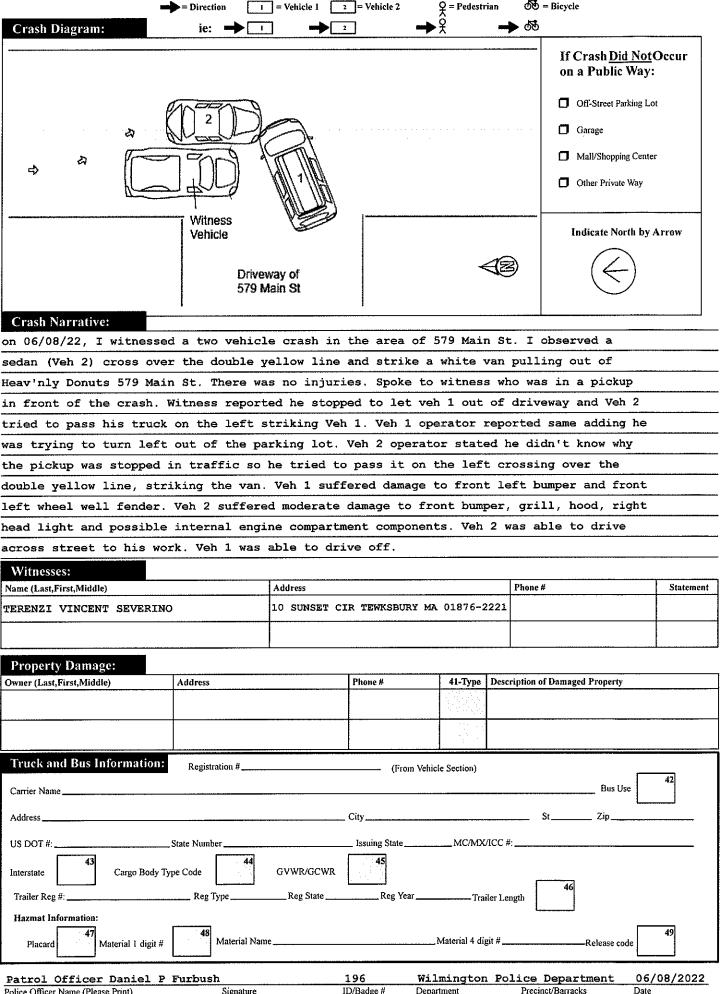
Date

Wilmington Police Department Images Associated with 22-182-AC





| | Police Use Only | Comn | nonwealth | of Massacl | ıusetts | | RM | V Docui | ment Number | |
|-----------------------|--------------------------------------------|------------------------------|------------------|----------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-----------------------|-----------------------------------------------------|------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | | Speed Limit | 35 | State Police Local Police MBTA Police Campus Police | 1 |
| | 06/08/2022 0717 Wil 24HR | mington | Police | Report | 2 | 0 | Latitude Longitude | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | ION: | < LOCA | TION > | | NOT A | rinter | SECT | | 1 |
| | | | | | | | | | | 2 10 |
| | | 21 CD 1 (G) | | | 579 | MAIN | ST Name of | D 4 | | |
| 1 | Route# Direction | Name of Roadway/Str | eei | Route# Direction | Address # | | Name of | Roadwa | ly/Sireer | - |
| <u> </u> | | | | Feet N S | E W of | | . • – | or _ | Exit Number | |
| | Route# Direction Na | me of Intersecting Roadw | | Filts | Talial | Mile Ma | irker | | Exit Number | 3 11 |
| | | Also at Intersection w | ith | Feet NS | | Route# | Interse | ecting Ro | oadway/Street | |
| ² 2 | Route# Direction Na | me of Intersecting Roadw | ray/Street | Feet N S | E W of | | | | | |
| | | | | L | | | | ndmark | | 4 |
| 3 | Please Select One of the Following: | #Occupants Hit/I | Run Moped | Crash Repor | t ID# 22 | -18 | 3-AC | - | | |
| | License # S50010533 St N | IA_ DOB/Age | Reg | # <u>T26770</u> | | Reg Typ | . CO | Rej | g State MA | 12 |
| | 19 19 | 20 | _ | Year 2016 | | | | | 21 | 1 '2 |
| | Operator LOMBARDI, DEN | En | dorsement | er ALL CLEA | | | | | | |
| ⁴ 1 | Address 50 MEDFORD ST | First | Middle | ess 12 WILMI | | Pirst | | Mid | lie | |
| <u></u> | | M2 ~ 02149 | | BURLINGTON | | | . M20 - c | n1 | 803-1729 | |
| | City MALDEN State | | | | | | amaged Area | _ | | |
| | Insurance Company SAFETY NA | | | cle Action Prior to Crasi | 1 4 4 23 23 | | est Status: | 1 | 28 | |
| 5 | Vehicle Travel Direction: NSWW | Responding to Emerg | gency? 2 Ever | t Sequence 1 23 | L | - 1 | pe of Test: | = | 29 | |
| | Citation # (If Issued) | <u> </u> | Mos | t Harmful Event 1 | 24 | | AC Test Resi | .dt: 1 | 30 | _ 13 |
| | Viol. 1: Ch/Sec/Sub | -Viol. 2: Ch/Sec/Sub | Driv | er Contributing Code | 1 25 | 25 Si | usp. Alcohol: | 2 31 | Susp. Drug: 2 32 | 1 13 |
| 6_ | Viol. 3: Ch/Sec/Sub | -Viol. 4: Ch/Sec/Sub | Driv | er Distracted by | 26 | To | owed from so | ene? 2 | 33 | |
| ⁶ 2 | · · | ator and all occupants inv | olved Address | DOB/Age Sex | 34 35 Seat Safety Pos. System | 36 37 Airbug Eject Status Code | 38 39 Trap Injury Code Status | 40 Transp. Code | Medical Facility | Ī |
| | Name (Last First Middle) Operator | | e Above | LOOB/Age Sex | 1 1 | 4 0 | 0 10 | 1 | Medical Facility | 1 |
| | Орегины | 00 | | | \ \ \ \ | 1 | | | | 1 |
| | | | | | | | | | | 4 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 | Please Select One Vehicle 21 | #Occupants Non- | Motorist A Type | 15 Action 16 | Location | 17 Condi | 18 | | it/Run Moped | 1 |
| ⁷ 1 | of the Following: | | | | | | ليساب | | 7710/20 | 4 |
| | License # S57205487 St M | A DOB/Age | | # 4WL671 | | | PC | Reg | g State MA 21 | |
| | Sex M Lic. Class D Lic. | Restrictions CI | dorsement | Year <u>2000</u> | | | | Veli (| Config. 1 | |
| 8 | Operator LAMONTAGNE, S | First | Middle Own | er LAMONTAG Last | NE, SI | EVEN First | D | Midd | lle | |
| ⁸ 1 | Address 38 SAWYER AVE | | Addı | ess 38 SAWYE | R AVE | · | | | | 141 |
| | City DRACUT Stat | e MA Zip 01826 | -4047 City | DRACUT | | Sta | ite MA Z | ip 01 | 826-4047 | 1 14 |
| | Insurance Company ARBELLA M | UTUAL INSU | RANCE Vehic | cle Action Prior to Crast | h 1 | 22 D | amaged Area | Code: 2 | | |
| | Vehicle Travel Direction: N E W | Responding to Emerg | ency? 2 Even | t Sequence 42 1 | 23 23 | 23 | est Status: | 1 | 28 | |
| 0 | Citation # (If Issued) 464715AB | | Most | Harmful Event 1 | 24 | | /pe of Test: | .10. | 30 | |
| ⁹ 2 | | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 9 25 1 | - 25 | AC Test Resu sp. Alcohol: | | Susp. Drug: 2 32 | |
| | | Viol. 4: Ch/Sec/Sub | | er Distracted by | 26 | | wed from sc | | 32 | |
| | Please fill out for operator/no | | | | 34 35 Seat Safety | 36 37 Airbag Eject | 38 39 | 40 Transp. | | † |
| | Name (Last First Middle) | · | Address | DOB/Age Sex | Pos. System | Status Code | Code Status | Code | Medical Facility | - |
| | Operator/Non-Motoris | t Se | e Above | \times X | 1 1 | 4 0 | 0 10 | 1 | | |
| | | | | | | | | | | |
| | | | | | | | | | | 1 |
| | | | | | 1 | | | \vdash | <u></u> | 1 |
| | | 1 | | 1 1 | 1 I | 1 1 | 1 1 | t I | | I |



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

Wilmington Police Department Images Associated with 22-183-AC













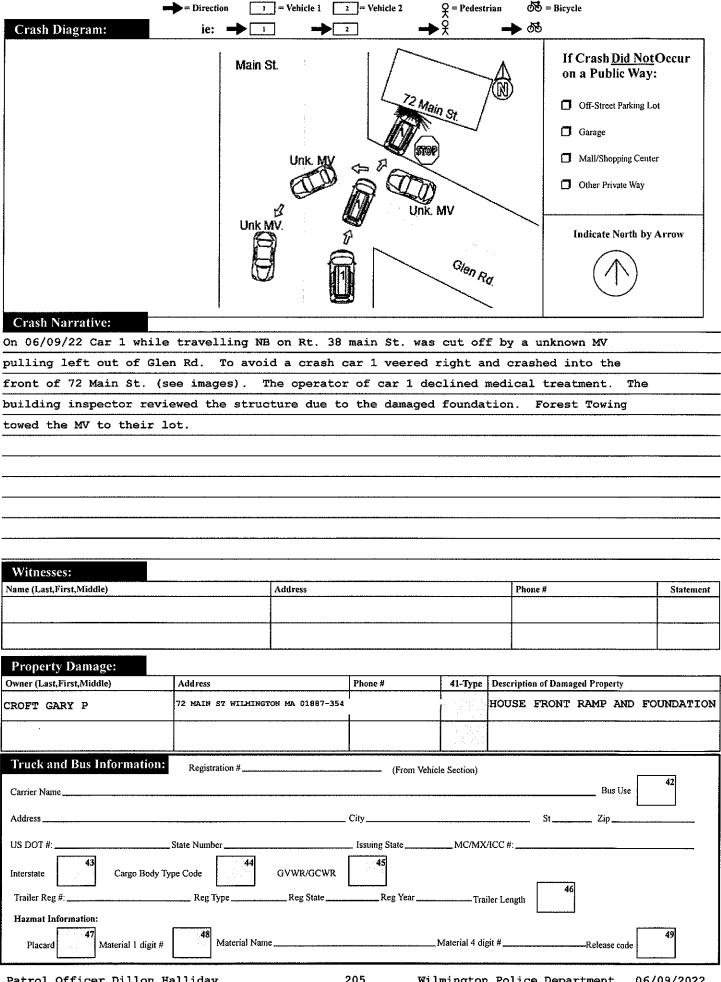
Wilmington Police Department Images Associated with 22-183-AC







| | Pol | ice Use Only | Com | monwealth | of Massach | ıusetts | } | RM | (V Doci | ument Number | |
|----------------|-----------------------------------------|----------------|----------------------------------------------------|--------------------------|---------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| | Date of Crash | Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | | Speed Limi | 40 | State Police Local Police MBTA Police Campus Police | Ŋ |
| | 06/09/2022 | 0706 Wi | lmington | Police | Report | 1 | 0 | Latitude Longitude _ | | Campus Police | i |
| | *************************************** | AT INTERSEC | TION: | < LOCA | TION > | | NOT A | r inter | SEC | TION: | 7 |
| | | | | | | | | | | Mana 2000 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 - 1100 | 2 10 |
| | Route# Direc | ction | Name of Roadway/St | reet | Route# Direction | 72 Address # | MAIN | | Roadw | vay/Street | _ |
| ¹ 1 | Touten Die | | At | | | | | 11,000 | | | - |
| | <u> </u> | | | | Feet N S | E W of | Mile Mi | • | - or _ | Exit Number | |
| | Route# Direc | ction | Name of Intersecting Roads Also at Intersection v | | Feet NS | E W of | | | | | 1 " |
| | | | 1 200 at investment | | Feet N S | | Route# | Inters | ecting I | Roadway/Street | |
| ² 3 | Route# Direc | ction | Name of Intersecting Roads | way/Street | reet [11] | 121.1101 | | T. | andmarl | · | _ |
| | Please Select (| One Myakan 1 | #Occupants Hit | 'Run Moped | Crash Report | 22 | _10 | | | | ┨ |
| 3 | of the Followi | ng: Venicie La | "Occupants I Hit | | | | | | | | _ |
| | | 6983683 st | MA_DOB/Age_ | Reg | # <u>358YD2</u> | | Reg Typ | e <u>PC</u> | R | eg State MA | - 12 |
| | Sex M Lic. | Class D Li | | ndorsement | Year 2010 | | _ | | Veh | Config. 2 | |
| 4 | Operator HA | YNES, NICE | OLAS JOSEPH | Middle Own | er HAYNES , 1 | NICHOI | AS JO | SEPH | M | iddle | - |
| ⁴ 2 | | SALEM ST | | Addı | ess 60 SALEM | ST | | | | - | - |
| | City WOBU | RN s | tate MA Zip 0180 | L-3008 City | WOBURN | | | | | 1801-3008 | - |
| | Insurance Comp | any GOVERNME | NT EMPLOYEE: | S INSU Vehic | cle Action Prior to Crasl | 1 | | | 1 Code: | 1 27 11 27 27 | |
| 5 | Vehicle Travel D | Direction: SEV | V Responding to Emer | gency? 2 Even | t Sequence 97 23 | 23 23 | 23 | est Status: | | 28 | |
| ⁵ 1 | Citation # (If Iss | ned) | | Most | Harmful Event 97 | 24 | • | pe of Test: AC Test Res | ult. | 30 | |
| | Viol. 1: Ch/Sec/ | Sub | Viol. 2: Ch/Sec/Sub | Drive | er Contributing Code | 11 25 | 25 | usp. Alcohel | | Susp. Drug: 32 | 97 ¹³ |
| c | Viol. 3: Ch/Sec/ | Sub | Viol. 4: Ch/Sec/Sub | Drive | er Distracted by | 26 | | owed from s | \vdash | 1 33 | |
| ⁶ 2 | | | perator and all occupants in | | | 34 35 Sent Safety | | 38 39 Trap Injury Code Status | 40 Transp. | | 7 |
| | Name (Last First M Operate | | | Address ee Above | DOB/Age Sex | Pos. System | Status Code | Code Status | Code 1 | Medical Facility | - |
| | Operate | | | ec Above | | + | | | - | | - |
| | | | | | | | | | | | 4 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | Please Select C | | #Occupants Non | -Motorist A Type | 15 Action 16 | Location | 17 Condit | 18 | | Hit/Run Moped | , |
| 4 | of the Followin | ng: | _ | | | | | | | | 4 |
| | License # | 19 19 | DOB/Age | - | | | | | | 21 | • |
| | SexLic. (| Class | c. Restrictions C | DL Veh ' | Year | Veh Make | | | Veh | Config. | |
| ⁸ 1 | Operator | Lasi | First | Middle Own | erlast | | First | | Mis | ddle | • |
| _ | Address | · | | | ess | | | | | | - 14 |
| | City | S | tateZip | | | | | te | | 27 27 27 | . 2 |
| | · | | | Vehic | tle Action Prior to Crash | | | amaged Area est Status: | Code: | 28 | |
| | Vehicle Travel D | irection: NSEV | Responding to Emer | gency? Even | t Sequence 23 | 23 23 | ** | pe of Test: | | 29 | |
| ⁹ 2 | Citation # (If Iss | ued) | | Most | Harmful Event | 24 | | AC Test Res | ult: | 30 | |
| | Viol. 1: Ch/Sec/S | Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 25 | 25 Տւ | sp. Alcohol: | 31 | 5.00p. 5.10g. | |
| | | | Viol. 4: Cl/Sec/Sub | | r Distracted by | 26 | | wed from so | L | 33 | _ |
| | Ple Name (Last First Mi | • | non-motorist and all occup | ants involved Address | 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 | |
| | Operate | or/Non-Motor | ist S | ee Above | XX | 1 | | | | | |
| | - | | | | | | | | \Box | | 1 |
| | | | | | | | | | | | - |
| | | | | | | | | | | | _ |
| | | | | | | | | | | | |



Patrol Officer Dillon Halliday

205

Wilmington Police Department

06/09/2022

Wilmington Police Department Images Associated with 22-184-AC





| | Police Use Only | Comr | nonwealth (| of Massac | husetts | S | RM | IV Doc | ument Number | |
|----------------|-------------------------------------------------------------|---------------------------------------------------|----------------------|---------------------------|---------------------------------------|--------------|-------------------------------------|-----------------------|-----------------------------------------------------|-------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crasl | Number Vehicles | | Speed Limi | . 3! | State Police Local Police MBTA Police Campus Police | |
| | 06/09/2022 0823 Wil: | mington | Police 1 | Report | 2 | o o | Latitude Longitude _ | | Campus Police | |
| | AT INTERSECT | ION: | < LOCA | TION > | | NOT A | r inter | RSEC | TION: | |
| | | | | | 390 | MAIN | र दुनः | | | 2 10 |
| 1 | Route# Direction | Name of Roadway/Str | eet | Route# Direction | | PIFLE | | f Roadv | vay/Street | _ |
| '1 | | At | | Feet N | S E W of | | | - or _ | | |
| | Route# Direction Na | me of Intersecting Roadw | /ay/Street | | | Mile Ma | arker | | Exit Number | 3 11 |
| | | Also at Intersection w | ìth | | S E W of | Route# | Inters | ecting l | Roadway/Street | |
| ² 2 | Route# Direction Na | me of Intersecting Roadw | ay/Street | Feet N | S E W of | | | | | _ |
| | Please Select One Valuate 1 1 | #0 | | | 2.2 | 10 | | andmar | <u>K</u> | 1 |
| ³ 3 | of the Following: | #Occupants Hit/I | Run Moped | Crash Repo | ert ID# 22 | _ТО: | O-A | _ | ····· | 4 |
| | License # S49284565 St M | 1A DOB/Age 20 | _ | 2TXG70 | | | | | eg State MA 21 | 1 12 |
| | | Restrictions CI | dorsement | Year <u>2012</u> | | | · | Vel: | Config. 1 | |
| ⁴ 1 | Operator RANA ANILKUM | First | Middle | er RANA , AN | | AR M | <u></u> | М | iddle | |
| 1 | Address 15 PROUTY RD | | | ess 15 PROU | | | | | | |
| | City BURLINGTON Stat | • | • | BURLINGTO | | _ | ite MA amaged Are | | $\frac{1803 - 1319}{2^{27} 1^{27} 27}$ | |
| | Insurance Company SAFETY IN | | | le Action Prior to Cra | sh 1 23 23 | | est Status: | a Couc. | 2 1 1 | |
| 5 | Vehicle Travel Direction: N E W | Responding to Emerg | • | a sequence 1 | 24 | | pe of Test: | | 29 | |
| | Citation # (If Issued) | | | Harmful Event 1 | 1 25 | 25 | AC Test Res | | 1 30 | 1 13 |
| | Viol. 1: Ch/Sec/Sub | | | r Distracted by | 26 | Sı | isp. Alcohol owed from s | | Susp. Drug: 2 32 | |
| ⁵ 2 | | Viol. 4: Ch/Sec/Sub ator and all occupants inv | | I Distracted by | 34 35 | 36 37 | 38 39 | 40 | 1 | 4 |
| | Name (Less First Middle) | <u> </u> | Address | DOB/Age Se | 7 | Status Code | Trap Injury Code Statu | Code | Medical Facility | - |
| | Operator | Se | e Above | | 1 1 | 4 0 | 0 10 | 1 | | _ |
| | | | | | | | | | | _ |
| | | | | | | | | | | _ |
| | | | | | | | | | | |
| ⁷ 1 | Please Select One of the Following: | #Occupants Non- | Motorist A Type | 15 Action 16 | Location | 17 Condit | tion I8 | | Hit/Run 🔲 Moped | |
| <u> </u> | | A_ DOB/Age, | Reg # | 3LGC31 | | Reg Type | PC | R | eg State MA | |
| | | 20 | _ | ear 2017 | | | | | Config. 1 | |
| | Operator SPRY, SUSAN S | | dorsement Owne | r SPRY, JE | FFREY | P | | | - | |
| ³ 1 | Address 46 GROVE AVE | First | Middle Addre | ess 46 GROV | E AVE | First | | М | iddle | |
| | City WILMINGTON State | e MA Zip 01887 | -2082 City | WILMINGTO | N | Sta | te MA | Zip Q | 1887-2082 | 1 14 |
| | insurance Company SAFETY IN | SURANCE CO | MPANY Vehic | le Action Prior to Cra | sh 5 | | amaged Are | a Code: | | |
| | Vehicle Travel Direction: NXEW | Responding to Emerg | ency? 2 Event | Sequence 1 23 | 23 23 | #3 | est Status: /pe of Test: | | 1 28 29 | |
| 2 | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | B | AC Test Res | ult: | 1 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol, 2; Ch/Sec/Sub | Drive | r Contributing Code | 19 ²⁵ 4 | 25 St | isp. Alcohol | 2 31 | Susp. Drug: 2 32 | |
| | | Viol. 4: Ch/Sec/Sub | | r Distracted by 9 | | | wed from s | | 2 33 | _ |
| | Please fill out for operator/no Name (Last First Middle) | • | nts involved Address | DOB/Age Se | 34 35 Seat Safety x Pos. System | | 38 39 Trap Injury Code Status | 40 Transp. Code | Medical Facility | |
| | Operator/Non-Motoris | t Se | e Above | $\rightarrow \rightarrow$ | 1 1 | 4 0 | 0 10 | 1 | | |
| | | | | | | | | | | |
| | | | | | | | | | | 1 |
| | | | | | | | | | | 1 |

| = Direction | = Vehicle 1 | = Vehicle 2 | Q = Pedestr | ian 📆 = | Bicycle | |
|--------------------------------------------------------------------------------|----------------|-----------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|-----------|
| Crash Diagram: ie: 👈 | → □ | 2 | · 웃 | → ॐ | | |
| 390 Main St | | € | an-markanan-markanan makanan m | | If Crash <u>Did No</u> t on a Public Way | • |
| Main St/ Rt 3 | 3 Wilmington | | | 1 | Off-Street Parking L | |
| | - - | | | | ☐ Garage | |
| | | | | | | |
| → 0100 | | applications. | | *************************************** | Mall/Shopping Cent Other Private Way | er |
| ⇒ ⇒ | My Cruis | Т | ow Truck | | Indicate North by | Arrow |
| 411 Main : | ∃t . | | | | | |
| Crash Narrative: | | | | | | |
| On 6/9/22, I responded to a two vehic | cle crash. I | [was in a lir | ne of ti | affic bel | ind a tow | |
| truck waiting for the red light at the | | | | | | |
| moved up behind me. The left SB lane | | | | | | |
| Veh 2 had tried to change lanes and | | | | | | |
| injuries. Veh 2 had no visible damage Operator of Veh 1 stated he was trave | | | | | | |
| nis car. Veh 2 operator did not have | | | | | | |
| is car. ven z operator did not have | any couring it | ircher co add. | AGII T | was cowed | · Dy AAA. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Witnesses: | | | | | | |
| Name (Last,First,Middle) | Address | | | Phone # | | Statement |
| | | | | | | |
| | | | | | | |
| Dyonouty: Domogra | _1 | | | 1 | | |
| Property Damage: Owner (Last, First, Middle) Address | | Phone # | 41-Type | Description of I | Damaged Property | |
| | | | | | | |
| | <u>,, </u> | | | | | |
| | | | | | | |
| Truck and Bus Information: Registration # | | (From Vehic | le Section) | | | |
| Carrier Name | | | | | Bus Use | 42 |
| Address | | . 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 State | Reg Year | Trai | er Length | 46 | |
| Hazmat Information: | | | | L | <u> </u> | 49 |
| Placard Material I digit # Material Nan | 1e | 1 | Material 4 dig | it # | Release code | |
| Patrol Officer Daniel P Furbush | | | | Police D | | 09/2022 |
| Police Officer Name (Please Print) Signature | I | D/Badge # Depar | tment | Precinct | Barracks Date | |

Wilmington Police Department Images Associated with 22-185-AC













| | Police Use Only | Com | monwealth | of Massac | husetts | 5 | RM | IV Docur | ment Number | |
|----------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-----------------------|---------------------------------------|-------|
| | Date of Crash Time of Crash 06/08/2022 0853 Wil: | City/Town | Motor Veh | icle Crash | Number Vehicles | | Speed Limi | 1_25 | State Police Local Police MBTA Police | 1 |
| | 24HR | mington | Police | Report | 2 | 0 | Latitude Longitude _ | | Campus Police Other: | |
| | AT INTERSECT | ION: | < LOCA | TION > | | NOT A | r inter | RSECT | TION: | |
| | | | | | | | | _ | | 2 10 |
| | Route# Direction | Name of Roadway/S | treet | Route# Direction | 160 Address # | GROV | E AVE Name of | f Roadwa | sy/Street | + |
| ¹ 1 | | At | | r N | e E w s | | | | | 1 |
| | Route# Direction Nat | ne of Intersecting Road | way/Street | Feet [N] | S E W of | Mile Ma | rker | - or | Exit Number | 11 |
| | | Also at Intersection v | | Feet N | S E W of | | | | 5 /0: |]3 |
| 2 | Probable Private N | CL C D 1 | 10. | Feet N | S E W of | Route# | Inters | secting Ko | oadway/Street | |
| ² 2 | Route# Direction Nar | ne of Intersecting Road | way/Street | | | | L | andmark | | _ |
| 3 | Please Select One of the Following: | _#Occupants | /Run Moped | Crash Repo | rt ID# 22 | -18 | 6-A | 3 | | |
| | | A DOB/Age | I | # <u>865KP4</u> | | Pea Tuni | , PC | Dac | v Chala MA | |
| | | 20 | - | Year 2013 | | | | | 21 | 1 12 |
| | Operator GRANESE, STAC | <u> </u> | Indorsement | er SAULNIEF | | | | ven c | Colarg. | |
| ⁴ 2 | Address 115 MYSTIC AVE | First | Middle | ess 40 NAVI | • | First | | Midd | lle | |
| | City TEWKSBURY State | | | TEWKSBURY | | | ΜΔ | 7in 01 | 876-2540 | |
| | Insurance Company GOVERNMEN | | | ele Action Prior to Cra | | | amaged Area | | | |
| | Vehicle Travel Direction: XSEW | Responding to Emer | | t Sequence 23 | 23 23 | | est Status: | 1 | 28 | |
| ⁵ 1 | | Responding to Emer | • | 1 Sequence 1 | 24 | ту | pe of Test: | | 29 | |
| | Citation # (If Issued) | | | = | 99 ²⁵ | 20 | AC Test Res | | 30 | 13 |
| | Viol. 1: Ch/Sec/Sub | | | er Contributing Code er Distracted by | 26 | St | sp. Alcohol: | $\overline{}$ | Susp. Drug: 2 32 | |
| ⁶ 1 | | Viol. 4: Ch/Sec/Sub — ator and all occupants in | | ar Distracted by | 34 35 | 36 37 | wed from so | 10 | | 4 |
| | Name (Last First Middle) | - I | Address | DOB/Age Sex | Seat Safety | Airbag Eject | Trup Injury Code Status | | Medical Facility | _ |
| | Operator | S | ee Above | >>> | 1 99 | 4 0 | 0 10 | 1 | | |
| | | | | | | | | | | |
| | | | | | | | | | | 1 |
| | | | | | | | | | | |
| | Please Select One | #Ogoupanta 🗖 N | | 15 16 | | 17 | . 18 | <u> </u> | | 1 |
| ⁷ 3 | of the Following: | _#Occupants Non | -Motorist A Type | Action | Location | Condit | 1011 | H | it/Run Moped | 1 |
| | License # <u>\$53387880</u> St <u>M</u> | A DOB/Age | Reg f | 45XW81 | | Reg Type | PC | Reg | State MA 21 | |
| | Sex F Lic, Class D Lic, R | testrictions 1 C | DL Veh \ | /ear <u>2005</u> | . Veli Make 🔏 | CURA | | Veh C | | |
| ⁸ 2 | Operator NAYAK, RADHIK | A First | Middle Own | er RAO, PRA | SHANTI | First | | Midd | le | |
| | Address 98 PARK AVE | | | ess 98 PARK | AVE | | | | | _ [4] |
| | - | MA Zip 0188 | - | WILMINGTO | <u></u> | | | | 887-3754 | 1 |
| | Insurance Company PROGRESSIV | /E DIRECT | INSURA Vehic | le Action Prior to Cras | <u></u> | ᅼ | unaged Area st Status: | Code: 7 | 27 8 27 27 28 | |
| | Vehicle Travel Direction: N E W | Responding to Emer | gency? 2 Event | Sequence 1 23 | 23 23 | *** | pe of Test: | 1 | 29 | |
| 2 | Citation # (If Issued) | THE THE STATE OF T | Most | Harmful Event 1 | 24 | ВА | AC Test Res | ult: 1 | 30 | |
| - | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub — | Drive | r Contributing Code | 1 25 | 25 Su | sp. Alcohol: | 2 31 | Susp. Drug: 2 32 | |
| | Viol. 3: Cli/Sec/Sub | Viol. 4: Ch/Sec/Sub — | Drive | r Distracted by | 26 | | wed from so | <u>خا</u> | 33 |] |
| | Please fill out for operator/nor. Name (Last First Middle) | -motorist and all occup | ants involved | DOB/Age Sex | 34 35 Sent Safety Pos. System | 36 37 Airbag Eject Status Code | 38 39 Trap Injury Code Status | 40 Transp. Code | Medical Facility | |
| | Operator/Non-Motorist | Se | ee Above | X | 1 99 | 4 0 | 0 10 | 1 | | |
| | | | | | | | | | | 1 |
| | | | | | | | | | | 1 |
| | | | | | | | | | <u>,</u> | 1 |
| | | | | | | | | | | 1 |

| | = Direction 1 | = Vehicle 1 | 2 = Vehicle 2 | 웃 = Pedestri | an 📆 = I | licycle | |
|------------------------------------|----------------------|-------------|-----------------|-----------------|------------------|-------------------------------------------------------------------------------------------------------------------------|-----------|
| Crash Diagram: | ie: 👈 🗔 | → □ | <u>→</u> | Ŷ | → % | | |
| | | | | | | If Crash Did Not on a Public Way Off-Street Parking Lo Garage Mall/Shopping Cente Other Private Way Indicate North by | ot er |
| | | | | 1 | W) | | |
| Crash Narrative: | | | | | | | |
| Vehicle #1 was travel | ing straight and | d had turne | d her direction | onal on | to turn 1 | eft then | |
| decided to go straigh | ıt. Vehicle # 2 | 2 saw that | vehicle # 1 ha | ad its d | irectiona | l on and | |
| tried to turn left. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Witnesses: | | 1 | | | I w | | T 0 |
| Name (Last,First,Middle) | | Address | | | Phone # | | Statement |
| | | <u> </u> | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of D | amaged Property | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information | Registration # | | (From Vehic | le Section) | | | |
| Carrier Name | | | (110m vone | | | Bus Use | 42 |
| Address | | | City | | St | ـــــــــــــــــــــــــــــــــــــ | |
| | | | | | | | |
| US DOT #: | State Number | | Issuing State | MC/M.X/I | CC #: | | |
| | dy Type Code | GVWR/GCWR | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Traile | er Length | 46 | |
| Hazmat Information: | | | | | I | · | |
| Placard Material 1 dig | it # 48 Material Nam | ne | | Material 4 digi | t # | Release code | 49 |
| Patrol Officer Anthor | v Fiore | | 164 Wil | minator | Police De | partment 06 | 09/2022 |
| Police Officer Name (Please Print) | Signature | | | tment | Precinct/ | | , avaa |

| | Pol | ice Use Only | | Con | nmonw | ealth (| of Massa | ach | use | etts | | | | RM | V Doc | ument N | | |
|----------------|---------------------|------------------|--------------|-----------------------------------------------|----------------------|--------------|--------------------|---------|------------|-----------------|--------------|-------------|-------------------|--------------|---------------|------------------|-----------------|------------|
| | Date of Crash | Time of Crash | | City/Town | Mot | or Veh | icle Cra | sh | | umber hicles | Nun | | peed atitud | Limit | | Loca | Police | |
| | 06/09/2022 | 1742 24HR | WIIM. | ington |] | Police : | Report | | 2 | | 0 | | atitud .ongit | | | | pus Police 🔲 | |
| | | AT INTERS | SECTIO | ON: | < | LOCA | TION | > | | | NOT | ГΑТ | IN7 | TER | SEC | TION | : | |
| | | | | | | | | | _ | | | | | | | | | 2 10 |
| | Route# Direc | | | Name of Roadway | /Street | | Route# Direct | tion | 2 Addr | ess # | LC | WE. | | | | vay/Stree | | . |
| 1 | | | | At | | | | | | | | | | | | - | | 1 |
| | <u> </u> | <u></u> | | CY 12 | . 1 . 10. | | Feet | NS | EW | of | — — Mi | le Mari | • keг | | or _ | Exit | Number | 11 |
| | Route# Direc | 2000 | | of Intersecting Roads Also at Intersection | | | Feet | N S | E W | of | | | | | | | |] 3 |
| | <u></u> | | | | | | Feet | | | | Route | # | | Interse | ecting l | Roadway | y/Street | |
| ² 1 | Route# Direc | ction | Name | of Intersecting Roa | adway/Street | | | t | | ı | | | | La | ndınarl | k | | |
| | Please Select (| | e 1 1 # | Occupants | lit/Run | Moped | Crash R | lenort | ID# S | 22 | -1 | 87 | , | ΔΛ | • | | | 1 |
| 3 | of the Followi | ng: | | | | | | | | | | | | | | | | 4 |
| | License # | 19 1 | | DOB/Age | | | RS244M | | | | | | | | | | 21 | 1 12 |
| | Sex Lic. | Class | Lic. Res | strictions | CDL Endorsement | | /ear <u>2011</u> | | | | | nit | <u>Y</u> | | Veh | Config. | 1 | |
| 4 | Operator Dr | iverless | <u> </u> | iral | Middle | | | Tust | | | Fii | | | | М | iddle | | |
| ⁴ 1 | Address | | | ······································ | | Addr | ess 6 PUNC | CHAI | RD | AVE | E . | | | | | | | |
| | City | | State_ | Zip | | City_ | ANDOVER | | | | | | | | - | | -3833 | |
| | Insurance Comp | any THE CC | MMER(| CE INSUR | ANCE C | O Vehic | le Action Prior to | Crash | | 11 | 22 | | | | Code: | 4 27 | 27 27 | |
| 5 | Vehicle Travel D | irection: N | EW | Responding to En | nergency? <u>2</u> | Еvеп | Sequence 2 | 23 | 23 | 23 | 23 | | t Stati e of T | | | 29 | | |
| | Citation # (If Iss | ued) | | | | Most | Harmful Event | 2 | 24 | | | • • • | | it Resi | dt: | 30 | | |
| | Viol, 1: Ch/Sec/ | Sub | Vie | ol. 2: Cli/Sec/Sub | | Drive | r Contributing Co | de | 1 | 25 | 25 | | | | 2 31 | Susp. | Drug: 2 32 | 2 13 |
| 6 | Viol, 3; Ch/Sec/S | Sub | Vie | ol. 4: Ch/Sec/Sub - | | Drive | r Distracted by | 0 | 26 | | | | | om sc | | 2 33 | <u></u> | |
| ⁶ 1 | | | for operator | r and all occupants | | | NODA | | 34 Seat | 35 Safety | 36 Airbag | 37 Eject | 38 Trap | 39 Injury | 40 Transp. | ,, | | 1 |
| | Operate | | | | Address See Above | | DOB/Age | Sex | Pos. | System | Status | Code | Code | Status | Code | Me | edical Facility | 1 |
| | Operate | | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | | | | |
| ⁷ 1 | Please Select C | | 2 <u>1</u> # | Occupants N | lon-Motorist A | Туре | Action | 16 L | ocatio | n | 17 C | onditio | n | 18 | | Hit/Run | Moped Moped | |
| Τ | License # S34 | | Sr MA | DOB/Age. | | Rea t | 2BCF86 | | | | Reo | Туре | PC | | R | eg State | MA | 1 |
| | Sex M Lic. C | 19 1 | _ | 20 | CDL | _ | | | /eh Ms | ke F | ORD | | | | | Config. | _ 21 | |
| | | LAUGHLIN | | | Endorsement | | MCLAUG | | | | | | | | | ounig. | | |
| ⁸ 1 | | Last ELLEN RI | Fi | u) | Middle | | ss 19 ELI | ast | • | | Fir | | | | Mi | iddle | | |
| | City BURLI | | | 1A Zip 0180 | 03-1323 | | BURLING: | | | | | State | MA | \ Z | in 0 : | 1803 | -1323 | 1 14 |
| | , . | | | E INSUR | | | le Action Prior to | | ſ | 10 | 22 | | | | | 99 ²⁷ | 27 27 | |
| | Vehicle Travel D | | | Responding to En | | | Sequence 2 | 23 | 23 | 23 | 23 | Test | Stati | us: | | 1 28 | | |
| | Citation # (If Issa | <u> </u> | 1 | | 5 , | | · E | 2 | 24 | | J | • • • | e of T | | | 29 | | |
| ⁹ 2 | , | , | Vic | ol, 2: Ch/Sec/Sub - | | | r Contributing Co | | 99 | 25 | 25 | | | t Resu | | 30 | Drug 2 32 | |
| | Viol. 3: Ch/Sec/S | | | ol, 4: Ch/Sec/Sub = | | | r Distracted by | 99 | 26 | | | | | om sce | | 2 33 | Diug 2 | |
| | | | | notorist and all occ | | | | | 34 Seat | 35 Safety | 36 Airbug | 37 | 38 Trap | 39 Injury | 40 Transp. | | | 1 |
| | Name (Last First Mi | | , | | Address | | DOB/Age | Sex | Pos. | System | Status | Code | Code | Status | Code | Ме | dical Facility | |
| | Operato | or/Non-Mo | torist | | See Above | | | X | 1 | 1 | 4. | 0 (| J | 10 | 1 | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

| | → | = Direction | = Vehicle I | 2 = Vehicle 2 | Q = Pedestria | | Bicycle | |
|------------------------------------------------|-------------------|-------------------|--------------------|----------------|------------------|------------------|--------------------------------------------|---------------------------------------|
| Crash Diagram: | | ie: → | 1 - | 2 | <u>≯</u> X | → 68 | * · · · · · · · · · · · · · · · · · · · | |
| 2 Lowell St | Parking Lot (| Tremezzo Restu | ırant) | | | | If Crash <u>Did Not</u> on a Public Way | - , |
| | E | | | | | | Off-Street Parking L | ot |
| | ę | 7773 | ens | Por | | | Garage | |
| | Ø | | W. | | 1V1 (PARKEI | D) | Mall/Shopping Center | er |
| | | | | 7 | | i. | Other Private Way | |
| | | | | IV2 | | | Indicate North by | Arrow |
| 1 | | 1 1 | Q, | | | | | |
| | | | ŷ | | | | (\leftarrow) | |
| Crash Narrative: | | | | | | | | |
| MV2 backed out | | | | | | | | |
| Witness on scen and left the sc | | | | | | | | |
| | | | - | de wheel well | | | | |
| | - | | | | | | | |
| On 6-13-2022 I | spoke with | operator o | f MV2 regard | ding the inc | ident. Op | perator o | f MV2 claimed | |
| that he barely | touched th | ne vehicle a | nd didn't be | elieve that | there was | any dama | ge. I | |
| advised the ope | rator of N | 4V2 that the | re was mino | r damage to 1 | MV1 and th | nat he ne | eded to fill | · · · · · · · · · · · · · · · · · · · |
| out a crash rep | | | | dvised to lea | ave a note | e or call | the Police | |
| Department in t | he future | if this occ | urs again. | | | | | |
| 1377 | | | | | | | | |
| Witnesses: Name (Last,First,Middle) | | | Address | | | Phone # | | Statement |
| DUQUETTE ANDREW | С | | | RD BILLERICA N | 4A 01821-53 | | | 2 |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage Owner (Last, First, Middle) | | Address | | Phone # | 41-Type I | Description of D | amaged Property | |
| Owner (Last, First, Windne) | | Address | | 1 House # | 41-170- | resettphon of D | amaged 1 Toperty | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Inf | formation: | Registration # | | (From Vel | hicle Section) | | | |
| Carrier Name | | | | | | | Bus Use | 42 |
| Address | | | | City | | St_ | Zip | |
| US DOT #: | St | ate Number | | Issuing State | MC/MX/II | CC #• | | |
| 43 | | 44 | GVWR/GC Ŵ R | 45 | | - 2 | | |
| Interstate Trailer Reg #: | Cargo Body Type | | | Reg Year | Traile | r I ength | 46 | |
| Hazmat Information: | | | | | rialic | . 2000 | | |
| Placard 47 | nterial 1 digit # | 48 Material Na | ine | | Material 4 digit | # | Release code | 49 |
| Dotrol Officer | Darmel T Co | | | 212 174 | ilminator | Police Pa | anartment 06 | /00/2022 |

Wilmington Police Department Images Associated with 22-187-AC





| | Police Use Only | Comr | nonwealth | of Massac | chuset | ts | | RMV | Docun | ment Number | |
|----------------|-------------------------------------------------------|------------------------------|-------------------------|---------------------------|---------------------------------|-------------------|--------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | Date of Crash Time of Crash | City/Town mington | Motor Veh | icle Cras | h Num | | A 15/200 | 1 Limit_ | 20 | State Police Local Police MBTA Police | |
| | 24HR | iii I ii g con | Police : | Report | 2 | 0 | Lam | itude | | Campus Police | <u> </u> |
| | AT INTERSECT | ION: | < LOCA | TION > | | NOT | AT IN | TERS | ECT | ION: | |
| | | | | | 298 | CH | a rate u : | PEN | 70 5 7 5 | a | 2 10 |
| 1 | Route# Direction | Name of Roadway/Str | reet | Route# Direction | | | AWSH | ame of R | | | |
| ¹ 1 | | At | | Feet N | S E W of | · | - — . | | or | | İ |
| | Route# Direction Na | me of Intersecting Roadw | /ay/Street | 1000 | | | Marker | | V' | Exit Number | 4 11 |
| | | Also at Intersection w | ûth | | S E W of | Route | | Intersec | ting Ro | oadway/Street | - 💾 |
| ² 1 | Route# Direction Na | me of Intersecting Roadw | /ay/Street | Feet N | S E W of | , | | | | | |
| | D) - S - 4 O | | <u> </u> | | | | | | dınark | | |
| 3 | Please Select One of the Following: | #Occupants Hit/I | Run Moped | Crash Rep | ort ID# 2 | 2-1 | 88- | AC | | | |
| | License # S72199762 St M | A DOB/Age | Regi | 682RS6 | | Reg | Гуре РС | · | Reg | | 12 |
| | Sex F Lic. Class D 19 19 Lic. 1 | | DL Veh ' | /ear <u>2009</u> | Veh Make | HOND | <u> </u> | | . Veh C | Config. 1 | |
| | Operator WHITEMAN, KAI | | | er WHITEMA | N, KA | PHLEE | | ľA | Midd | Wa . | _ |
| ⁴ 3 | Address 512 SHAWSHEEN | AVE | | ess 512 SHA | WSHEE | | | | MRIG | | _ |
| | City WILMINGTON State | e MA Zip 01887 | 7-1640 City | WILMINGTO | | | | - | | 887-164 | 0 |
| | insurance Company VERMONT M | UTUAL INSU | RANCE Vehic | le Action Prior to Cr | ash 3 | 22 | Damage | | Code: 7 | | 7 |
| 5 | Vehicle Travel Direction: NEW | Responding to Emerg | gency? 2 Even | Sequence 23 | 23 23 | 23 | Test Sta | | 1 | 28 | |
| ⁵ 1 | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | | Type of BAC Te | | - - | 30 | |
| | Viol. 1; Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub —— | Drive | r Contributing Code | 99 ²⁵ | 25 | Susp. Al | _ | | Susp. Drug: 2 3 | 1 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by | 9 26 | | Towed f | rom scen | ne? 2 | 33 | - J |
| 1 | Please fill out for oper: Name (Last First Middle) | ator and all occupants inv | rolved Address | DOB/Age S | Seat Sa | fety Airbag 1 | 37 38 ject Trap ode Code | | 40 Fransp. Code | Medical Facility | |
| | Operator | | e Above | | 1 99 | | | 10 1 | | - Indiana in the initial in the initial in the initial in the initial in the initial initial in the initial initial in the initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial initial ini | |
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| | | | | | | | | | | | _ |
| | | | | | | | | | - | | |
| | | <u> </u> | | 18 | <u> </u> | 10 | | 10 | | | |
| ⁷ 2 | of the Following: Vehicle 21 | _#Occupants Non- | Motorist A Type | Action 10 | Location | 17 Co | ndition | 18 | ☐ Hi | it/Run 🔲 Mop | ed |
| | License # 8660129 St M | E DOB/Age ! | Reg # | AW981B | | Reg 7 | уре <u>СО</u> | | _ Reg | State NJ | |
| | Sex M Lic. Class A 19 19 Lic. F | Restrictions 1 CI | DL T Veh Y | ear 2020 | _ Veh Make | VOLV | | | Veh C | Config. 10 21 | |
| R | Operator DEWITT, RICKY | | | r BKG LEAS | SING (| CORP | | | Middl | le . | |
| 1 | Address POST OFFICE BC | X 366 | Addre | ss 55 CART | ER DR | STE | 200 | | | | |
| | City WATERBORO State | ME Zip 04087 | City. | EDISON | | | State N. | - | _ | | _ 1 14 |
| | Insurance Company | . | Vehic | le Action Prior to Cra | | 22 | Damage | | ode: 3 | |] |
| | Vehicle Travel Direction: NXEW | Responding to Emerg | ency? 2 Event | Sequence 1 23 | 23 23 | 23 | Test Stat | | 1 | 28 | |
| 2 | Citation # (If Issued) | | Most | Hannful Event 1 | 24 | | BAC Tes | | 1 | 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub —— | Drive | Contributing Code | 99 25 | 25 | Susp. Ale | coliol: 2 | 31 | Susp. Drug 2 3 | 2 |
| | | Viol. 4: Ch/Sec/Sub | | Distracted by 9 | | | Towed fi | | <u> </u> | 33 | |
| | Please fill out for operator/nor | • | nts involved Address | DOB/Age S | 34 3 Sent Sal ex Pos. Sys | ety Airbag E | 37 38 jeet Trap ode Code | Injury To | 40 ransp. Code | Medical Facility | |
| | Operator/Non-Motorist | Sei | e Above | $\rightarrow \rightarrow$ | 1 99 | 4 3 | o | 10 1 | | | |
| | | | | | | | | | | | |
| | | | | | | | 1 | | | | \dashv |
| | | 1 | | | | | + | | _ | | _ |
| | | | | | 1 1 | 1 1 | l l | | | | į. |

| I | = Direction 1 | = Vehicle 1 | = Vehicle 2 | Pedestria | an 📆 = | Bicycle | |
|----------------------------|--------------------|--------------|---------------|------------------|----------------|--------------------------------------------------------------------------------------------------------------------------|-------------|
| Crash Diagram: | ie: → |] → □ | → | Š | → № | | |
| 2 | | | | | | If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Cent Other Private Way Indicate North by | ot |
| | | | | | ¥ | \bigvee | |
| Crash Narrative: | | | | | | | |
| Vehicle #1 was taking | a right hand T | urn from th | ne right hand | turn la | ne. | | |
| Vehicle #2 was making | | | | | | ed during | |
| turn. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Witnesses: | | Address | | | Phone # | | 1 64-4 |
| Name (Last, First, Middle) | | Audress | | | Thone w | | Statement |
| | | | | | | | |
| | | <u> </u> | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of | Damaged Property | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information | Peristration # | | (From Vehicle | | | | |
| | | | (From Venici | le Section) | | Bus Use | 42 |
| Carrier Name | | | | | | | |
| Address | | | . City | | Si | Zip | |
| US DOT #: | State Number | | Issuing State | MC/MX/I | CC #: | | |
| Interstate 43 Cargo Body | Type Code 44 | GVWR/GCWR | 45 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Traile | er Length | 46 | |
| Hazmat Information: | | | | | | | |
| Placard Material 1 digit # | 48 Material Nam | ie | t | Material 4 digit | t# | Release code | 49 |
| Patrol Officer Anthony | Fiore | | 164 Wil | mington | Police D | epartment 06 | /10/2022 |

| | Police Use Only | Comi | nonwealth | of Massa | ichu | setts | ; |] | RMV Doc | rument Number | |
|----------------|-----------------------------------------------|---------------------------------------|------------------------|----------------------------------------|----------------|----------------------|-----------------------|---------------------------|------------------------|----------------------------------|------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Cra | sh | Number Vehicles | | Speed L | | Local Police | 1 |
| | 06/11/2022 0743 Wili | mington | Police | Report | | 1 | 0 | Latitude Longitud | | MBTA Police Campus Police Other: | i |
| | AT INTERSECT | ION: | | _ | > | | NOT A | | _ | | ┪ . |
| | | | | | | | | | | | 10 |
| | | | | 62 E | | 00 | SALE | M ST | | | _ 2 |
| 11 | Route# Direction | Name of Roadway/Str | reet | Route# Direct | tion A | ddress # | | Name | of Roady | vay/Street | _ |
| 1 | | At | | Feet | N S E | w of | | | or | | |
| | Route# Direction Nar | ne of Intersecting Roadw | vay/Street | | | II *- | Mile M | arker | | Exit Number | 1 11 |
| | | Also at Intersection w | rith | Feet | N S E | w of | Route# | | | Roadway/Street | |
| ~ | | | | Feet | N S E | w of | Route# | 1131 | ersecting : | Roadway/Street | |
| ² 2 | Route# Direction Nam | ne of Intersecting Roadw | /ay/Street | | | | | | Landmar | k | - |
| | Please Select One Vehicle 11 | _#Occupants Hit/ | Run Moped | Crash R | enort ID | # 22 | -18 | 9-2 | ۱۲ | | |
| 3 | of the Following: | | | | | | | | | | _ |
| | | A DOB/Age | Reg | 5CS286 | | | Reg Typ | e PC | R | | 12 |
| | Sex M Lic. Class D 19 19 Lic. I | Restrictions 20 Cl | DL Veh | Year 2013 | Vel | ı Make <u>I</u> | EXUS | | Vel | n Config. 1 | 1 |
| | Operator HUI JAMIE | First | | er HUI , J | AMIE | 1 | | | | | _ |
| ⁴ 1 | Address 1400 GORHAM ST | | | ess 1400 G | ORHZ | AM S | First PAP | r 18 | | liddle | _ |
| | City LOWELL State | MA Zip 01852 | 2-5248 _{City} | LOWELL | | | St | ate MA | Zip O | 1852-5248 | |
| | Insurance Company THE COMME | - | - | cle Action Prior to | Crach | 1 | | | rea Code: | | ı i |
| | · · · · · · · . | | | . [| 23 23 | | | est Status: | | 28 | |
| 5 | Vehicle Travel Direction: N S W | Responding to Emerg | | 5 | | <u>Ļ</u> | | ype of Tes | st: | 29 | |
| | Citation # (If Issued) | _ | Most | Harmful Event | 5 2 | <u> </u> | | AC Test I | Result: | 30 | 13 |
| | Viol. 1: Ch/Sec/Sub | Viol, 2; Ch/Sec/Sub | Drive | er Contributing Co | | 25 | 25 S | usp. Alcol | hol: 31 | Susp. Drug: 32 | 5 |
| 6 | Viol. 3: Ch/Sec/Sub | Viol. 4: Cli/Sec/Sub | Drive | er Distracted by | 0 2 | 6 | T | owed from | n scene? | 2 33 | |
| ⁶ 1 | - | ntor and all occupants inv | | | s | 34 35 ient Safety | 36 37 Airbag Eject | Trap lr | 39 40 njury Transp. | | 7 |
| | Name (Last First Middle) | T . | Address | DOB/Age | | as. System | | | intus Code | Medical Facility | - |
| | Operator | 26 | ee Above | | | 1 1 | 4 0 | | 0 1 | | _ |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | _ |
| | | | | 15 | 16 | | 17 | | 18 | <u> </u> | _ |
| ⁷ 1 | Please Select One of the Following: Vehicle 2 | _#Occupants Non- | -Motorist A Type | Action | Loc | ation | Condi | tion . | | Hit/Run Moped | 1 |
| _ | License #St | DOB/Age | Reg # | | | | Reg Typ | e | R | eg State | |
| | 19 19 | 20 | | /ear | | | | | | 21 | |
| | | En | dorsement | | | | | | , , , , , | County. | |
| ⁸ 1 | Operator | First | Middle | _ | lre | | First | | М | liddle | - |
| | Address | | | ess | | | | | | | 14 |
| | City State | | | ······································ | | | 1 | ite | • | 27 27 27 | - - |
| | Insurance Company | | Vehic | le Action Prior to | | | | • | rea Code: | 28 | |
| | Vehicle Travel Direction: NSEW | Responding to Emerg | ency? Even | Sequence 2 | 23 23 | 23 | 23 | est Status: ope of Tes | | 29 | |
| ⁹ 2 | Citation # (If Issued) | | Most | Harmful Event | 2. | 4 | | AC Test F | | 30 | |
| 2 | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Cod | de | 25 | 25 | ısp. Alcol | | Susp. Drug: 32 | |
| | Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by | 20 | 6 | | wed from | <u></u> | 33 | |
| | Please fill out for operator/nor | | | | | 34 35 eat Safety | 36 37 Airbag Eject | 38 Trap In | 39 40 jusy Transp. | | 7 |
| | Name (Last First Middle) | F · · · · · · · · · · · · · · · · · · | Address | DOB/Age | Sex P | os. System | | | atus Code | Medical Facility | 4 |
| | Operator/Non-Motorist | Se | e Above | | X ¹ | 1 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | 7 |
| İ | | | | - | | | | | | | - |
| | | 1 | | | | | | 1 | | ł | |

| | = Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | ♀ Pedestri | an ⊘ 50 = 1 | licycle | |
|-------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------|--------------------|----------------------------------------------------------------------------------------------------|-------------|
| Crash Diagram: | ie: 🖚 | → | 2 | ₽Ŷ | → ॐ | | |
| | | Lynch n O salem st/Rte | naterial entrand | ce | | If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Cent Other Private Way | ot |
| | | | | | | T. II. as No. at L. | |
| Deer running across roadway. Struck by | s m/v1 | n 1999, Spri de Articulation (1999) (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), Alb charles (1994), | arter Dang Gaba (Alberta Minicide Lude) assista distinuturu susuad | Ć | A N | Indicate North by | Arrow |
| Crash Narrative: | | | | | | | |
| Oper.#1 related while | e he was traveli | ng on rte.6 | 2 a deer ca | ume out of | no where, | ran in front | |
| of his m/v and he was | s unable to stop | and struck | the deer. | (PWJ/142) | | | |
| | | | | | | | |
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| <u> </u> | | | | | | | |
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| | | | | | | | |
| 33 (*) | | | | | | | |
| Witnesses: Name (Last, First, Middle) | | Address | | | Phone # | | Statement |
| • • • • • | | | | | | | |
| | | <u> </u> | | | | | |
| | | | . | | | | |
| Property Damage: | | | | l 1 | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type | Description of D | amaged Property | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information | Registration # | | (From | Vehicle Section) | | | |
| Carrier Name | | | (110) | | | Bus Use | 42 |
| Address | | | City | | Çt. | Zio. | |
| | | | | | | | |
| US DOT#: | State Number | | Issuing State | MC/MX/I | CC #: | | |
| | dy Type Code | GVWR/GCWR | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Traile | er Length | 46 | |
| Hazmat Information: | [| | | | <u> </u> | | |
| Placard Material I dig | it # Material Na | me | | Material 4 digit | t# | Release code | 49 |
| Patrol Officer Paul V | Jepson | | 142 | Wilmington | Police De | partment 06 | /11/2022 |

| | Police Use Only | | | Commonwealth of Massachusetts RMV Document Number | | | | | | | | ber |] | | | | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|----------------------------------|---------------------------|------------------|------------------|-----------------------------------|-----------------|------------------|-----------------------------------------|-----------|---------------|-------------|--------|------|
| | Date of Crash Time of Crash City/Town Mo 06/11/2022 1822 Wilmington | | | | Motor Vehicle Crash | | | | Number Number Vehicles Injured | | | Speed Limit 25 State Local Latitude MBT | | | lice 🔞 | | |
| | 00/11/2022 | 24HR 24HR | | | Police Report | | | 2 | | 1 | | Latitude Campus Police Congitude Other: | | | | | 1 |
| | | AT INTER | < LOCA | ATION > NOT AT INTERSECTION: | | | | | | | | | | | L., | | |
| | 62 | SAT. | em st | ı | | | | | | | | | | | | 2 10 | |
| ſī. | | ection | reet | tion | Address # Name of Roadway/Street | | | | | | | | | | | | |
| 1 | | MOBI | JRN S | | Feet NSEW of - or | | | | | | | | | | | | |
| | Route# Dire | ction | vay/Street | Mile Marker Exit Nu | | | | | | | | | | mber | 3 11 | | |
| | | | vith | Feet NSEW of Route# Intersecting Roadway/Street | | | | | | | | | | | | | |
| ² 1 | Route# Dire | ction | way/Street | Feet NSEW of | | | | | | | | | | | | | |
| _ | Please Select | One 🔽 | | Crash Report ID# 22-190-AC | | | | | | | | | | | | | |
| 3 | | of all Contouring. | | | | | | | | | | | | | 1 | | |
| <u> </u> | License # SA | 3510792 | St M Z | DOB/Age | _ | # 2WVS25 | | | | | | | | | eg State M | 21 | 1 12 |
| | Sex F Lic. Class D 1 1 Lic. Restrictions 2 CDL Veh Year 2012 Veh Make FORD Veh Config. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | | | | | | | | | |
| 4_ | i ' | Last | ı | N KATHLEE | Middle | | Last | | | EN _F | P irst | | | М | iddle | | |
| ⁴ 3 | ** | MARCUS | | | | ess 38 MAI | | | <u>n</u> | | | | | | | | |
| | City WILMINGTON State MA Zip 01887-1547 City WILMINGTON State MA Zip 01887-154 | | | | | | | | | | | | | | | | |
| | Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash Damaged Area Code: 8 27 7 27 | | | | | | | | | | | | | | | | |
| ⁵ 1 | Vehicle Travel Direction: SEW Responding to Emergency? Event Sequence Type of Test: | | | | | | | | | | | | | | | | |
| | | sued) | | - | | Hannful Event | 1 | | 25 | 25 | 1 | | st Resu | | 30 | | 13 |
| | Viol. 1: Ch/Sec/ | er Contributing Co | | 26 | | | Su | | conol: | | 27 | g 2 32 | | | | | |
| ⁶ 1 | Viol. 3: Ch/Sec/ | | | ol. 4: Ch/Sec/Sub —— or and all occupants inv | | er Distracted by | 0 | 34 | 35 | 36 | 37 | 38 | rom sc | ene? 40 | 2 33 | | ļ |
| | Name (Last First N | Aiddle) | Address | DOB/Age | Sex | Scat Pos. | Safety System | Airbag Status | Eject Code | Trap Code | Injury Status | Transp. Code | Medical | Facility | | | |
| | Operate | or | | Se | ee Above | | X | 1 | 1 | 4 | 0 | 0 | 8 | 2 | 201107 022 | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 7 | | Please Select One Vehicle 22 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Mo | | | | | | | | | | Moned | | | | | |
| ⁷ 2 | of the Followi | ng: | | | | 620DD7 | | | | | | DC. | | | | | |
| | | 7769507 | 9 | _ DOB/Age | | # <u>628BR7</u> # 2010 | | 5.C. h.Z. | m | | | PC | | | eg State M2 | 21 | |
| | Sex M Lic. Class D 1 Lic. Restrictions CDL CDL Veh Year 2010 Veh Make TOYOTA Veh Config. 1 Operator RICUPERO, THOMAS ALVA Owner RICUPERO, PAMELA ANNE | | | | | | | | | | | | | · | | | |
| ⁸ 2 | • | Last CENTRAL | Middle | Last First Middle ddress 63 CENTRAL ST | | | | | | | | | | | | | |
| | City TOPS | | | MA Zip 01983 | | TOPSFIE | | | | | _ Stat | e M Z | Z | ip 0 1 | L983-: | 1825 | 1 14 |
| | • | any LIBER | • | shicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 | | | | | | | | | | | | | |
| | Vehicle Travel D | t Sequence 23 23 23 23 Test Status: 1 28 | | | | | | | | | | | | | | | |
| 9 | Citation # (If Iss | med) T2447 | Most | Most Harmful Event 1 24 Type of Test: 29 BAC Test Result: 30 | | | | | | | | | | | | | |
| ⁹ 2 | Viol. 1: Ch/Sec/S | _{Sub} 89 | Επίνε | er Contributing Co | de [| <u> </u> | 25 | 25 | | | cohol: | | Susp. Dru | g 32 | | | |
| | Viol. 3: Ch/Sec/S | Sub | Drive | er Distracted by | 7 | 26 | | | | | oni sce | | 2 33 | - 6 | | | |
| Ī | | ease fill out for ope | ants involved | DOB/Age | e | 34 Seat | 35 Safety | 36 Airbag | 37 Eject | 38 Trap | 39 Injury | 40 Transp. | | Facility | | | |
| | Operate | or/Non-Mo | torist | Se | ee Above | DORAGe | Sex | Pos. 1 | System 1 | 4 | Code 0 | Code O | | Code 1 | Medical | гасину | |
| } | PAMELA RICU | | | 63 CENTRAL ST TOPSFIELD, MA 01: | | / ∕ | | | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| ŀ | | | | TOPSETELD, PM 01: | | - | ļ | | | - | - | - | | _ | | | |
| } | | | | | | | | | | | | | | | | | |
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