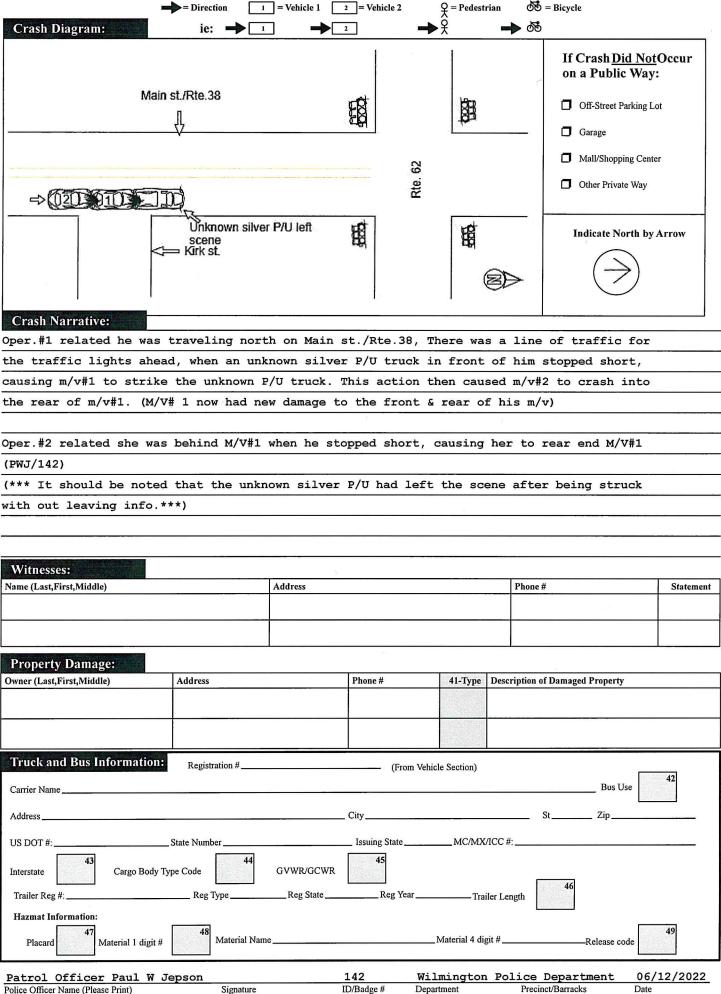
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² 2	Route# Direction Name	of Intersecting Roadway	/Street			1		L	andmark		-		
3	Please Select One Vehicle 12 #	Occupants Hit/Ru	n Moped	Crash Rep	ort ID#	22-1	191	-A	7.		1		
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	Sex M Lic. Class D Lic. Res	strictions CDL Endo	orsement	Year 2011						Config. 1			
4	Operator OLIVAR, CHRIST	irst M	∕iiddle	er <u>OLIVAR</u> ,		I	First		S Mid	ldle	*		
⁴ 1	Address 16 DARTMOUTH ST			ess 16 DART	MOUT	H ST		T 1					
		MA Zip 02149-		EVERETT		1				149-5159			
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5	Vehicle Travel Direction: SEW	Responding to Emergen	cy? 2 Even	t Sequence 23	23	23 23		st Status:		29			
J	Citation # (If Issued)	,	Most	Harmful Event 1	. 24			oe of Test: C Test Re	sult:	30			
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	Viol, 3: Ch/Sec/Sub ————Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	9 26		Tov	wed from s	cene?	2 33	-		
⁶ 1	Please fill out for operator				34 Seat	35 36 Safety Airbag	37 Eject	38 39 Trap Injur	40 y Transp.		1		
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	Operator	See A	Above		1	1 4	0	0 10	1		_		
	and the second s			м	3	1 4	0	0 10	1				
	Please Select One XI vahiala 22 #			15 1	 6]	17		18			1		
⁷ 1	of the Following: Vehicle 22 #	Occupants Non-M	otorist A Type	Action	Location	n	Condition	on] H	lit/Run Moped			
	License # S79116055 St MA	DOB/Age_	Reg #	3GPZ10		Re	g Type	PC	Re	g State MA			
	Sex F Lic. Class D 19 Lic. Res	strictions 20 CDL	Veh \	/ear 2012	_ Veh Ma	ke MAZI	DA_		Veh (Config. 21	1		
0	Operator DEVENNE, DANIE	LLE M		er DEVENNE	, DAI				Mide		1		
⁸ 1	Address 753A WOBURN ST	rst M		ess <u>753A WO</u>	BURN		irst		Mide	die			
	City WILMINGTON State M	<u>4A</u> Zip 01887-	3426 City	WILMINGTO	ON		State	<u>MA</u>	Zip 01	887-3426	1 14		
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		Responding to Emergen		Sequence 23		23 23	Tes	t Status:	1	28			
_	Citation # (If Issued)			Harmful Event 1	24	Series Series		e of Test:		29			
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	Viol. 3: Ch/Sec/Sub — Vio			. Districted by	34	35 36	37	38 39	40		1		
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					S E W of	Route#	Inter	secting Re	oadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway	/Street			9	т	andmark		-
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3	of the Following: Vehicle 11	Occupants Hit/Ru	n Moped	Crash Repo	rt ID# 22	-19	2-A	ز		
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	Sex_ F Lic. Class D 19 Lic. Res	strictions 1 20 CDL	Veh 3	Tear 2005	Veh Make H	ONDA		Veh (Config. 1	1
	Operator DE LOS SANTOS,	Endo KIDIA MARGA	rsement	er DE LOS S						
⁴ 1	Address 21 WOODLAND CT	irst M	fiddle	Last Ess 21 WOOD		First	т 2	Mide	dle	
_		2		5)	LIMID C.			01	041 0216	-
	City LAWRENCE State 1	-		LAWRENCE				_	841-2316 27 27 27 27	-
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⁶ 1	Please fill out for operato			5,405	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	(IIII)	┥
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⁷ 1	Please Select One of the Following:	Occupants Non-Me	otorist A Type	15 Action 16	Location	17 Condit	tion 18	П	it/Run 🔲 Moped	1
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	De las rates	Endo	rsement	ear 2016				Veh C	Config.	
81	Operator HARRIS, LINDSE	YE.	iddle	r JOHNSON ,		First	7	Midd	lle	•
1	Address 23 HAZEL ST		Addre	ess <u>151 HARF</u>	RINGTO					- 14
	City HAVERHILL State 1	IA Zip 01830	City _	ATHOL					331-3112	. 1 '
	Insurance Company THE COMMERC	CE INSURANC	E CO Vehic	le Action Prior to Cras	sh 1	SEA	amaged Area	Code: 1	The state of the s	
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⁹ 2	Viol. 1: Ch/Sec/Sub — Vi	ol 2: Ch/Soo/Sub		r Contributing Code	5 25	25	AC Test Res	38		1
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	Viol. 3: Ch/Sec/Sub Vio			Distracted by	34 35	36 37	38 39	40		4
	Please fill out for operator/non-n Name (Last First Middle)	notorist and all occupants		DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	_
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Cuash Diagu			1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	→ ØØ = Bicycle	
Crash Diagr	Jewel Drive	ie: →		Eames St			
		MV1		MV2	\	☐ Mall/Shop	
						Indicate N	North by Arrow
Crash Narra		aveling west on F	Cames Stree	t. MV1 red	uced their sp	eed just prior	to
		struck from behi					
		e gas and brake p			577 005		
		avy rear end dama				T70	
		cal refusals with	the Wilmi	ngton Fire I	Department.	Both vehicles we	ere
cowed by Ca	ins Town	ng.					
					65		
Witnesses: Name (Last, First, M	iddle)		Address			Phone #	Statement
tame (Last, First, W	idule)		Address			1 Holle #	Statement
Property Dai	mage:	10 20					
Owner (Last,First,M		Address		Phone #	41-Type Des	cription of Damaged Proper	ty
	-		<u> </u>				
Truck and Bu	is Informa	tion: Registration #		(From	Vehicle Section)		
Carrier Name						Bus	Use 42
A ddress				City		St Zin	AN EDWINDS BARN
US DOT #:	43	State Number		Issuing State	MC/MX/ICC	#:	
Interstate		Body Type Code	GVWR/GCWR			46	
Trailer Reg #:		Reg Type	Reg State	Reg Year	Trailer L	ength 46	
Hazmat Informat							
Placard	Material 1	digit # Material Na	ume		Material 4 digit #	Release	code 49
Patrol Offi	cer Darv	l J Ceruolo		212	Wilmington Po	olice Department	06/13/2022

	Police Use Only	Comm	imonwealth of Massachusetts RMV Document Num						Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cra	sh	Numb Vehic		wend	Speed L		Lo	te Police cal Police BTA Police mpus Police	
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	AT INTERSECTI	ON:	< LOCA	TION	>		NO	ТАТ	INT	ERSE	CTIO	N:	
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				Feet	N S	E W of		— – lile Ma		— or		kit Number	111
	Route# Direction Nam	e of Intersecting Roadway Also at Intersection with		Feet	N S	E W of							3 11
						E W of	Rou					ay/Street	
² 1	Route# Direction Nam	e of Intersecting Roadway	y/Street				<u>WI</u>	LMI	NGT	ON C		SING	
	Please Select One Vehicle 12	#Occupants Hit/Ri	ın Moped	Crash R	Renort 1	ID# 2	2-1	91	3 – Z				
3	of the Following:												4
	License # S01034856 St M 2	20		# 11MS82								21	1 12
	Sex E Lic. Class D Lic. R	estrictions B CDI End	awaamant	Year <u>2007</u>						V	eh Confi	g. 1	
4_	Operator WILKES, CYNTH:	First I		er WILKES				JEA First	N		Middle		
⁴ 3	Address 35 DEMING WAY			ess <u>35 DEM</u>			Y			-			
	City WILMINGTON State		~ .	WILMING'	TON	Destro	22					7-3649	
	Insurance Company GEICO GENE	RAL INSURAN	ICE C Vehic	cle Action Prior to		_ 1	22			Area Cod	e: 3 27	o 27 27	
⁵ 1	Vehicle Travel Direction: N S W	Responding to Emerger	ncy? 2 Even	t Sequence 1	23	23 23	23		st Status: pe of Tes		29		
1	Citation # (If Issued)	_	Most	Harmful Event	1	24		BA	AC Test I		30		
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6 .	Viol. 3: Ch/Sec/Sub — \	/iol. 4: Ch/Sec/Sub	Drive	er Distracted by	0	26		To	wed fron	n scene?	2 33	41	
⁶ 1	Please fill out for operat	or and all occupants invol	ved	DOB/Age	Sex	34 3 Seat Saf Pos. Sys	ety Airbag	37 Eject Code	Trap Ir	39 40 njury Trans tatus Code	р.	Medical Facility	
	Operator		Above	DOBINGE	V	1 1	4		0 1		-	vicular Facility	
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⁷ 2	Please Select One of the Following:	#Occupants Non-M	Iotorist A Type	15 Action	16 L	ocation	17	Conditi	ion	18	Hit/Ru	n Moped	
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⁸ 1	Address 9 LONGVIEW RD	First 1	Middle	ess 9 LONG	Last		F	ïrst		1	Middle		
	City WILMINGTON State	MA Zin 01887-	3	WILMING:				Stat	e MA	Zip O	188	7-1427	1 14
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⁹ 2	Viol. 1: Ch/Sec/Sub ————V	iol 2: Ch/Sog/Sub		r Contributing Co	- 1992(1)	19 ²⁵	25	:	C Test F		30		
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Form No. 10364 CRA-65 09/18

	= Direction	= Vehicle 1	2 = Vehicle 2	오 = Pedestri	an 📆 =	Bicycle	
Crash Diagram:	ie: 🖚 🗔	→ □	2		→ ₩		
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253	8 Main St	2	53 Main St			(\leftarrow)	
Crash Narrative:	<u> </u>	nt=		·			
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Property Damage: Owner (Last, First, Middle)	Address		Phone #	41 Tyme	Description of)	Damaged Property	
Owner (Last,Frist,Fridule)	riduress	× •	Thone ii	41 хурс	Description of a	- Toperty	
°s							
Truck and Bus Informati	on: Registration #		(From Vehi	cle Section)		To a control of the c	
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
43	ody Type Code	GVWR/GCWR	45				
	Reg Type		Reg Year	———Traile	er Length	46	
Hazmat Information:					, West	New York	
Placard 47 Material 1 di	git # 48 Material Nan	ne		_Material 4 digi	t#	Release code	49
Patrol Officer Picha	rd DiBorri		173 Wi	lminaton	Police D	epartment 06/	15/2022

Wilmington Police Department

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 22-193-AC

Entered: 06/15/2022 @ 0917

Entry ID: 173 Modified ID: 173 Page: 1

Modified: 06/15/2022 @ 0941 Approved: 06/18/2022 @ 0553

Approval ID: 175

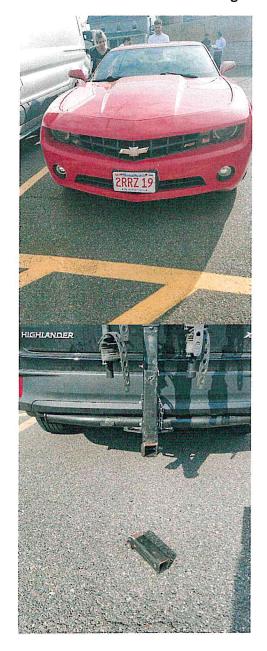
Crash Narrative:

V1 (Wilkes) was stopped at red light & then proceeded to go with green light to cross intersection into Wilmington Plaza. Opr C. Wilkes and Pass J. Wilkes stated that after proceeding they were suddenly hit on the drivers's side by V2. Opr Wilkes stated she had green light & all Main Street traffic was stopped or slowing to stop except for V2. They indicated no other cars in intersection, suggesting V2 ran red light. V2 (Nicholas), initially claimed he was stopped in left turning lane (Rt.38S) to to enter Wilmington Plaza, & V1 ran red light hitting him. However, Opr. Nicholas subsequently told a second officer on scene that he was hit while going straight. I then spoke to Opr. Nicholas for clarification, and he re-stated he was turning left. I told him I did not think this was consistant with the damages. I also told him that debris from crash was in the lane going straight near his vehicle upwards of 15 feet away from the turning lane. Additionally Mr. Nicholas's vehicle was stopped with broken right wheel assembly in right (straight) portion of split lane. He stated he moved after the crash. However, all debris was in straight lane further away from the turn lane w/ no indication V2 moved (lack of tire marks). I believe this is more supportive for V1 opr/pass explanation indicating V2 in fact ran the red light. Mr. Nicholas then waivered on his story, and stated he may have been in the lane going straight. No injuries observed or reported. V2 towed by Cain's Towing.

	Pol	lice Use Only		C	ommony	vealth	of Ma	ssacl	ius	etts		SOSSON		RM	V Docı	ıment Nı		
	Date of Crash	Time of Crash		City/Town	Mo	tor Vel	icle C	Crash	N V	lumber ehicles			Speed		35	Local .		
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² 1	Route# Dire	ction	Name	of Intersectin	g Roadway/Street		1	Feet N S	EW	of					ndmark			_
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⁴ 1	Address 10	BOND ST	rı	ırsı	Middle	Add	ess 10 1	BOND	ST		Fir	st ———			Mi	ddle		-
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	Insurance Comp	pany GOVERN	MENT	EMPLO	YEES INS	Vehi	cle Action Pr	ior to Cras		2	22				Code:	5 27 28	27 27	
⁵ 2	Vehicle Travel I	Direction: N	EW	Responding	to Emergency? 2	Even	t Sequence	1 23	23	23	23		t Statu e of T			29		
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⁶ 1	Viol. 3: Ch/Sec/	/Sub				Drive	er Distracted	by O	34	35	36	Tov 37	wed fro	om sce	ene?	2 33	-	4
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	Sex_F Lic.	Class 99 ARAUJO,		trictions 97	CDL Endorsemen	t	Year <u>201</u> er DEAR	9							_ Veh	Config.	_	-
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		INGTON				50 110000115	WILMI					State	MA	Z	ip 01	887		14
		oany PERMAN					cle Action Pr			2	22				Code:	the same of the same	27 27	
	Vehicle Travel I				to Emergency? 99		t Sequence	1 23	23	23	23		t Statu			28		
)	Citation # (If Iss	sued) T1683	729			Most	Harmful Ev	ent 1	24				e of T C Test		lt:	30		
2	Viol. 1: Ch/Sec/	Sub 90	10 Vic	ol. 2: Ch/Sec/	Sub	Drive	er Contributii	ng Code	19	25	25		p. Alc	Г	31	Susp. D	rug: 32	
	Viol. 3: Ch/Sec/	Sub	Vio	ol. 4: Ch/Sec/	Sub	Drive	er Distracted	by 99	26			Tov	ved fro	om sce	ene?	2 33		
	Ple Name (Last First N	ease fill out for ope	rator/non-m	notorist and a	ll occupants involv	ed ed	DOB/A	ge Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	ical Facility	
		or/Non-Mo	torist		See Above		>		1	1					1			
													,					

The state of the s	= Direction 1 = Vehic	cle 1 2 = Vehicle 2	<u>^</u>	か = Bicycle	
Crash Diagram:	ie: 👈 🗓	2	→ X →	<u> </u>	
374 Main Street				If Crash <u>D</u> on a Public	id NotOccur c Way:
		Market Market Control of the Control	3	Off-Street I	Parking Lot
				☐ Garage	
		MV#1		☐ Mall/Shopp	sing Contor
		Stopped in traffic			
		у паши.		Other Priva	te Way
	Rem Tom			Indicate N	orth by Arrow
	1V#2 MV#1			(4	_)
		on Paring lot		- 0	
Crash Narrative:		Part of the Control o			
V#1 and MV#2 were both	n traveling south on	route 38 Main S	treet approachi	ng the	
ntersection of Main an	nd Church Street. MV	#1 and MV#2 were	stopped in tra	ffic. MV#2 th	en
ear ended MV#1.					
			-		211.0
					٥
				1 P	
Witnesses:					
Name (Last,First,Middle)	Address	8	Ph	one #	Statement
Property Damage:					
Owner (Last,First,Middle)	Address	Phone #	41-Type Descripti	on of Damaged Propert	у
	9				
Truck and Bus Information	Registration #	(From V	/ehicle Section)	100 m	42
Carrier Name				Bus U	Use
Address		City		StZip	
US DOT #:	_State Number	Issuing State	MC/MX/ICC #:		
Interstate 43 Cargo Body	Time Code GVWR	UGCWR 45			
				46	
Trailer Reg #:	Keg 1ypeReg	StateKeg Year_	Trailer Length		
Hazmat Information: 47	48				49
Placard Material 1 digit #			Material 4 digit #	Release o	code
Patrol Officer Daniel O	Cadigar	178	Wilmington Polic	re Department	06/16/2022
Patrol Officer Daniel Colice Officer Name (Please Print)	Signature			recinct/Barracks	Date

Wilmington Police Department Images Associated with 22-194-AC





	Police Use Only	Comr	nonwealth	of Massac	chus	etts			RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles	Number Injured		l Limit	35	Local Police	
	06/17/2022 0938 Wilm	nington	Police 1	Report	2		2	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECTI	< LOCA	TION >		NOT AT INTERSECTION:						1	
												2 10
	D. II Division	N CD 1 /0/		B	22		MAI			n 1	10	_
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Directio	n Add	ress #		Na	ame of	Roadw	vay/Street	-
	-			Feet N	SEW	of			. —	or _	7 (2)	
	Route# Direction Nam	e of Intersecting Roadw			lalalı		Mile M	arker			Exit Number	3 11
		Also at Intersection w	ith	Feet N		_	Route#	-	Interse	ecting I	Roadway/Street	
² 1	Route# Direction Nam	e of Intersecting Roadw	ray/Street	Feet N	SEW	of of						_
			<u> </u>							ndmarl	ζ	-
3	Please Select One of the Following:	_#Occupants Hit/l	Run Moped	Crash Rep	ort ID#	22	-19	5-	AC	•		
	License # S02898966 St M	A_ DOB/Age_(Reg	# <u>VT362W</u>			Reg Typ	e PC		R	eg State MA	12
	19 19	20		Year 2016							21	1 12
	D	Er	dorsement									
⁴ 1	Operator MAROTTA, ALBEI Last Address 13 GRACE DR	First		er <u>MAROTTA</u> Last ess <u>13 GRAC</u>			First			Mi	ddle	
-		M7 ~ 01007		WILMINGTO		•	~	N /7	Δ ~	O1	1887-1618	
	City WILMINGTON State						_	ate <u>IVII</u> Damage				
	Insurance Company THE STANDA			cle Action Prior to Cr		23	65(1)(1)	est Stat		Couc.	3 7	
5	Vehicle Travel Direction: S E W	Responding to Emerg	gency? 2 Even	t Sequence 1 23		43	23	ype of			29	
	Citation # (If Issued)	_	Most	Harmful Event 1	- 24			AC Tes	st Resu	ılt:	1 30	13
	Viol. 1: Ch/Sec/Sub ———— \	viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	11.500	25	25	usp. Al	cohol:	2 31	Susp. Drug: 2 32	1 13
, 1	Viol. 3: Ch/Sec/Sub \	viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		Γ	owed fi	rom sc	епе?	1 33	
1	Please fill out for operat	tor and all occupants inv	rolved Address	DOB/Age	34 Seat Sex Pos.	35 Safety	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle) Operator	Se	e Above	DOB/Age	1	System 1	3 0	1	9		Lahey Clinic	1
	Орегию				1							-
				-	_			-				4
												_
7	Please Select One Vehicle 22	#Occupants Non-	Motorist A Type	15 Action 1	6 Locati	on	17 Cond	tion	18	П	Hit/Run Moped	1
1	of the Following:				Docum							4
		A DOB/Age 20		482VR5							eg State MA	
	Sex F Lic. Class D 19 Lic. Re	estrictions CI	DL Veh '	Year <u>2012</u>	Veh M	lake <u>H</u>	ONDA			_ Veh	Config. 1	
	Operator DEANE, MELISSA			er DEANE , I ast	MELI	SSA	A First		1	Mie	ddle	
³ 1	Address 9 CHARLOTTE DR			ess 9 CHARL	OTTE	DF			-			<u> </u>
	City ANDOVER State	MA Zip 01810	-6001 City	ANDOVER			St	ate M	A _ z	ip 0 1	L810-6001	1 14
	Insurance Company SAFETY INS	SURANCE CO	MPANY Vehic	ele Action Prior to Cr	ash	4	22	amageo	d Area	Code:	1 27 27 27	-
	Vehicle Travel Direction: NSE	Responding to Emerg	ency? 2 Even	Sequence 1 23	23	23	23 T	est Stat	us:		1 28	
	Citation # (If Issued)		Most	Harmful Event 1	24	essere sur		ype of			29 - 30	
2	Viol. 1: Ch/Sec/Sub — \	Fal 2: Ch/Sag/Sub		er Contributing Code	18	²⁵ 4	25	AC Tes		The state of the state of	1966	9
	September 1 - Common Co		-	er Distracted by	26			usp. Ale owed fr	L	2	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub — \\ Please fill out for operator/non	/iol. 4: Ch/Sec/Sub		I Distracted by	34	35	36 37	38	39	40	1	-
	Please fill out for operator/non Name (Last First Middle)	-motorist and an occupa	Address	DOB/Age :	Sex Pos.	Safety System	Airbag Eject Status Code	Trap	Injury Status	Transp. Code	Medical Facility	4
	Operator/Non-Motorist	Se	e Above	$\langle \rangle \langle \rangle$	1	1	4 0	0	10		Winchester Hospital	
		32		F	1	4	4 0	0	8		Winchester Hospital	1
						\vdash					Name of the state	1
						-					la l	-



Signature

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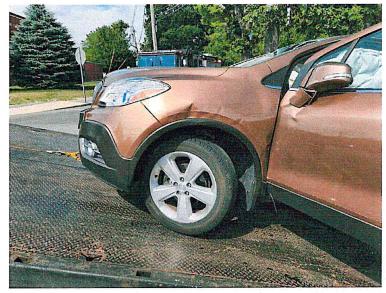












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