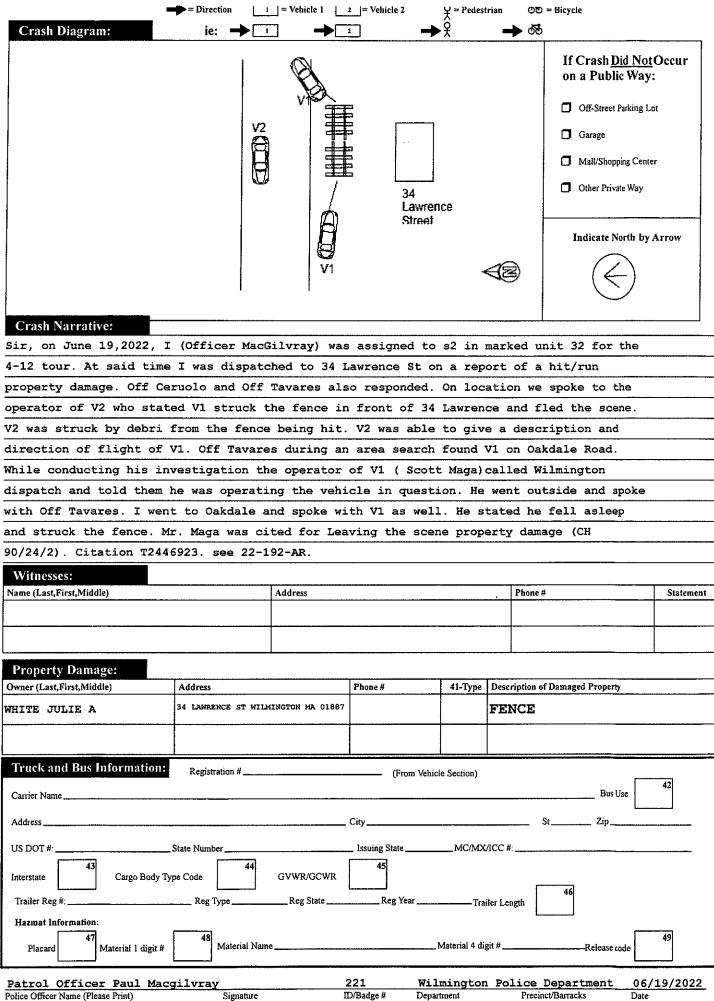
Г	Police Use Only	Co	mmonwealth (of Massach	usetts	RMV Document	
-	Date of Crash Time of Crash		Motor Veh		Number Number Vehicles Injured	Speed Limit Loc	ral Police
	06/19/2022 1803	Wilmington	Police 1	Report	2 0	LongitudeOth	mpus Police ier:
	24H		< LOCA		NOT A	T INTERSECTION	N: 10
	ATINTE	RSECTION:					2 10
				- " Bi - ti-	34 LAW	RENCE ST Name of Roadway/Str	eet
	Route# Direction	Name of Roady	vay/Street	Route# Direction	Address		
1		At		Feet N S	EW of —	Marker E	xit Number 11
	Route# Direction	Name of Intersecting	Roadway/Street	[vile			1
	Routes	Also at Intersec	ction with	Feet N S	Route#	Intersecting Roadw	/ay/Street
		Name of Intersecting	Roadway/Street	Feet N S	E W of	Landmark	
² 1	Route# Direction	idaille of futersecting	Roberts	<u> </u>			
	Please Select One Vel	nicle 1_1#Occupants	Hit/Run Moped	1	t ID# 22-19		
³ 2	of the Following:	3 St MA DOB/Age _	Reg	#8GX758	Reg 7	ype PC Reg Sta	ate MA 12
	License # <u>\$7137697</u>	10	20	Year 2007	Veh Make DODGI	Veh Conf	ig. [1 21]
	Sex M Lic. Class D	Lic. Restrictions 1		ner MAGA, MI		Middle	
<u> </u>	Operator MAGA, SC		h at d d b .	iress 32 CHAMI		Middle	
⁴ 1	Address 41 OAKDAI	E RD		BILLERICA		State MA Zip 0182	21-2915
	City WILMINGTON	State MA Zip U.	· · · · · · · · · · · · · · · · · · ·		2.2	Damaged Area Code: 2	
	Insurance Company SAFE			nicle Action Prior to Cra		rest Status.	28
<u> </u>	Vehicle Travel Direction:	N S W Responding t	to Emergency.	ent Sequence 30 23		Type of rest.	29
⁵ 2	Citation # (If Issued) T24	46923		ost Harmful Event 3	75	BAC lest Kesmi: 1	30 30 30 30 30 30 30 30 30 30 30 30 30 3
	Viol. 1: Ch/Sec/Sub 90	24 Viol. 2: Ch/Sec/	340	iver Contributing Code	21		asp. Drug. 2 32 30 33
		Viol. 4: Ch/Sec/	_	iver Distracted by	<u> </u>	17 38 39 40	
⁶ 1	Please fil	l out for operator and all occu	pants involved	DOB/Age S	Scat Safety Airbag Pos. System Status	Eject Trap Injury Transp. Code Code Status Code	Medical Facility
L	Name (Last First Middle)		See Above		1 99 4	0 0 10 1	
	Operator				1		
					_	18	
	Please Select One	ehicle 2.1 #Occupants	Non-Motorist A Type	15 Action 1	6 Location 17	Condition 10 Hit	/Run Moped
71	of the Following:			eg # 7YER60	Re	g Type PC Reg	State MA
L	License # S151123	1 10	20	. v 2018		OTA Veh Co	onfig. 21
	Sex F Lic. Class D	Lic. Restrictions 1	l — 1 "	owner DUNN K			
10	Operator DUNN, K	ALEIGH E	N.C.L.B.	wner DONN / Las Address 14 WORG	,	irst Middle	
81	Address 14 WORCE	STER ST				State MA Zip 018	332-5128 1 ¹⁴
<u></u>	City HAVERHILL	State MA Zip		ity HAVERHIL	22	Damaged Area Code: 8	
	Insurance Company CIT	IZENS INSURA		Vehicle Action Prior to C		Test Status: 1	28
	Vehicle Travel Direction:	N S E Respondin	ig to Emergency? 2		10 71	Type of Test:	29
٦	Citation # (If Issued)			f.	25 2	BAC Test Result: 1	Sura Drug a 32
92	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Se	ec/Sub	Driver Contributing Cod	e 1 23 =	Susp. Alcohol: 2	33 21 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
		Viol. 4: Cli/Se		Driver Distracted by	U J	Towed from scene? 2	
	Please fill out	for operator/non-motorist and	d all occupants involved	DOB/Age	Sex Pos. System Statu	g Ejeci Trap Injury Transp.	Medical Facility
	Name (Lust First Middle)	Motorist	See Above		1 1 4	0 0 10 1	
	Operator/Nor	I-MOIOLISI	530,100.0				
						+ + + + + +	
							



	Pol	ice Use Only		Co	mmony	wealth	of M	assa	ch u	sett	S			RM	IV Doc	cument	Number	
	Date of Crash	Time of Crash		City/Town	Mo	tor Vel	icle (Cras	h [Numbe Vehicle		mber	Spee	d Limi	t <u>3</u>	<u>~</u> - ∟≪	te Police	
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		AT III III	JEC 11	.011.		LOCA			—		110	I A.	1 114	1 E	SEC	.110!		_ 10
		HIGH	ST															2
1	Route# Direc	ction	-	Name of Roadw	ay/Street		Route#	Directio	n Ac	ldress#			N	ame of	Road	way/Stre	eet	
4				At				Feet N	IS E	w .c		<u> </u>	-	_				
	Route# Direc			EX AVE e of Intersecting F	Roadway/Street			_ reet [1	ISIEI	· · · · · · · · · · · · · · · · · · ·		lile Ma			or .	Ex	it Number	111
				Also at Intersect			<u> </u>	Feet N	SE	w of								3
								Feet N		_	Rou	te#		Inters	ecting	Roadwa	y/Street	
² 1	Route# Direc	etion	Nam	e of Intersecting R	Roadway/Street									1 .	indmar	ı		_
	Please Select O	ne 🔽	. 1	#Occupants		<u></u>				00	٠ ،		_			Α		_
3	of the Followin		1 1	#Occupants	Hit/Run	Moped	C	rash Rep	ort ID#	22		. 9	/-	AC	<u>.</u>			
		540659	_ St M	DOB/Age		Reg	3APY	(55			Re	д Туре	PC		R	leg State		- 12
	Sex M Lic. C	Class 99 19	Lic. Re	estrictions 99 2	CDL	Veh	Year 19	98	Veh l	Make Z	ACUI	RA			Vel	s Config	1 21	1 "
		ITH, CAR	ı LAN	THONY	→ Endorsemen		er <u>SMI</u> '	TH.	CAR	L A	VTH(ONY	•					
⁴ 3	7 '	East SWANTON		First	Middle		ess 200	Last			F	irst		22	М	liddle		- .
										<u> 14 </u>	<u>+</u>							-
	!	ESTER		•		-	WINC	EST	SK		22					1890		-
	Insurance Compa	my THE CO	MMER	CE INSU	RANCE C	O Vehic	le Action F	rior to Cr		4	22				Code	8 27	27 27	
5 .	Vehicle Travel Di	irection: N	E W	Responding to E	Emergency? 2	Even	Sequence	1 23	23	23	23		st Stat			29		
1	Citation # (If Issu	ied)		_		Most	Harmful E	vent 1	24			•	pe of '	rest: st Rest	,1e.	30		
	Viol. 1: Ch/Sec/Si	ub ———	V	iol. 2: Ch/Sec/Sub	·	Drive	r Contribut	ing Code	4	25	25	:		cohol:		Sust	Drug 2 32	1 13
	Viol. 3: Ch/Sec/Si	ub	V	iol. 4: Ch/Sec/Sub)	Drive	r Distracte	d by	26					rom sc		1 33		
1				or and all occupan			1		34	35	36	37	38	39	40	<u> </u>		
	Name (Last First Mid	ldle)			Address		DOB/	Age S	Ses Pos			Eject Code	Trap Code	Injury Status	Transp. Code	М	ledical Facility	
	Operato	r			See Above			$\langle \rangle$	$\sqrt{1}$	99	1	0	0	10	1			
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									_	-				<u> </u>				
										<u></u>								_
^	Please Select Or of the Following		2 1 #	Occupants	Non-Motorist A	А Туре	15 Actio	n 1	Locat	ion	17	Conditi	ion	18		Hit/Run	Морес	
2	License #_S77		o M2	DOD/1	· · · · · · · · · · · · · · · · · · ·		2 DX7C	<u> </u>					DC.		<u> </u>		163	-
		19 19		DOB/Age	5	_	2PVG					у Туре				eg State	21	-
	Sex M Lic. Cl			strictions 1	CDL Endorsement		ear <u>202</u>							<u>: </u>	Veh	Config.	1	
	Operator SMI	TH, ROBI	ERT F	FRANCIS	Middle		r SMI	Last			Fi	NC	IS		Mi	ddle		-
1	Address 3 F.A	AIRFIELD	RD			Addre	ss <u>3</u> F	AIRF	IEL) RI								- 141
	City WILMII	NGTON	_ State <u>1</u>	MA Zip 018	87-1707	City 1	VILMI	NGTO	N_			_ Stat	e M	<u>. </u>	ip 0 1	L887	7-1707	_ 1 14
	Insurance Compan	y THE STA	ANDAI	RD FIRE	INSURA	N Vehic	e Action P	rior to Cra	ish	1	22	Da	mageo	l Area	Code:	6 27	27 27	
	Vehicle Travel Dir	ection: XSI	E W	Responding to E	mergency? 2	Event	Sequence	1 23	23	23	23	Tes	st Stati	us:		1 28		
	Citation # (If Issue	ed)					Harmful Ev	ent 1	24			Туţ	pe of 1	l'est:		29		
2	·	•					Contributi	_	1	25	25			t Resu		1 30		
	Viol. 1: Ch/Sec/Su							Ť 🕝		L				ohol:		22	Drug: 2 32	
	Viol. 3: Ch/Sec/Su			ol. 4: Ch/Sec/Sub			Distracted	1 Бу 0		7.5	74 1			om sc	ene?	2 33		_
	Pleas Name (Last First Midd	se fill out for opera	uor/non-n	notorist and all oc	cupants involve	:a 	DOB/A	Age S	34 Seat Pos.	35 Safety System	36 Airbeg Status	37 Eject Code	38 Trap Code	39 Injury Status	Transp. Code	Mc	edical Facility	
	Operator	r/Non-Mote	orist		See Above		\searrow		1	0	4	0	0	10	1			
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Crash Diagram: ie:	1 = Vehicle 1 2 = Vehicle 2	♀ Pedestrian Ø®	= Bicycle	
Route 62	High St.		If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way	ot r
Crash Narrative:			Indicate North by A	Arrow
MV 1 was travelling south bound from				
travelling north bound on high St. or		2 was crossing	over Route 62	
MV 1 turned left and collided into MV	7 2.			
Witnesses:				
Name (Last,First,Middle)	Address	Phone #		Statement
TOWNSEND THOMAS FITZPATRICK	430 MIDDLESEX AVE WILMINGTON	MA 01887-4110		2
	<u> </u>			
Property Damage: Owner (Last,First,Middle) Address	Phone #	41-Type Description of	Damaged Property	
Owner (Edsign in squared in)	1 aone r	41-1ype Description of	Damaged Froperty	<u></u>
Truck and Bus Information: Registration #	(From Vehi	cle Section)		
Carrier Name	(rom om	ore deciron,	Bus Use	42
Address	City		Ct Zip	
US DOT #:State Number	Issuing State	MC/MX/ICC #:		· · · · · · · · · · · · · · · · · · ·
Interstate Cargo Body Type Code 44	GVWR/GCWR 45	r		
Trailer Reg #: Reg Type	Reg State Reg Year	Trailer Length	46	j
Hazmat Information:		£	·	
Placard Material I digit # Material Nam	ne	Material 4 digit #	Release code	49
n	206			

Patrol Officer Brian Tavares
Police Officer Name (Please Print)

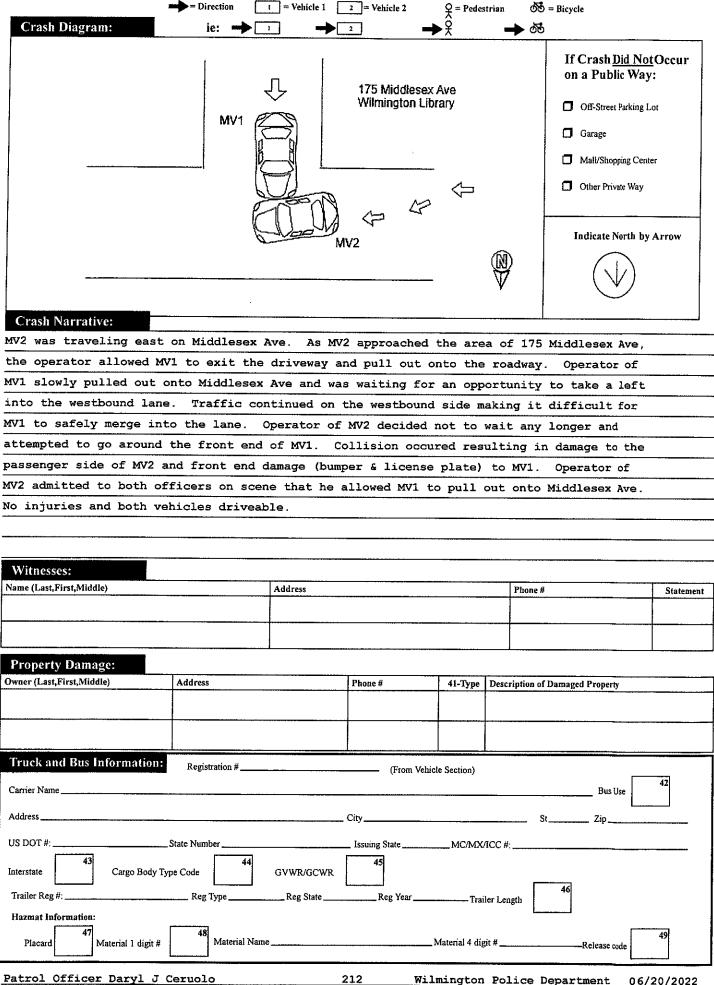
Wilmington Police Department
Department Precinct/Barracks Department

06/19/2022

	Police Use Only	Comr	nonwealth (of Massa	chus	etts	;		RM	IV Doc	ument Nu	mber	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h [lumber ehicles		, Jopes	d Limi	ı <u>3</u> .	5 State Po Local P	olice 🔀	1
	06/20/2022 0515 Wil 24HR	mington	Police 1	Report	2		0	Lam	tude gitude _		MBTA Campu Other:	Police s Police	
	AT INTERSECT	ION:	< LOCA				NOT				TION:		1
													10
					19		SH	WSH					
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	on Ado	lress #		N	lame of	Roady	way/Street		-
Т		Ai		Feet N	SEW	of				or .			
	Route# Direction Na	me of Intersecting Roadw	ay/Street				Mile	Marker			Exit N	lumber	6 11
		Also at Intersection wi	ith	Feet N	SEW	of	Route#		Intorc	anting	Roadway/S	Street	
2		C. L.		Feet N	SEW	of	Routen		пистэ	ccuig	icoauwayic	nicei	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street						La	andmar	k		_
3	Please Select One Vehicle 11	_#Occupants Hit/F	Run Moped	Crash Rep	ort ID#	22	-19) R	- A (•		- 1.1	
3	of the Following.	<u> </u>											4
		A DOB/Ag.		2FHP68							ſ	21	1 12
	Sex M Lic. Class D 19 19 Lic.	Restrictions 99 CE	DL Veh Y dorsement	ear <u>2022</u>	Veh N	íake <u>L</u>	INCO	LN		Vel	Config.	1 "	لــــــــا
	Operator LACROIX, JOSE			TRAVERS		LIZ		H A	NN		liddle		
⁴ 1	Address 24 RUSSET RD	rust		ss 22 PARS		HII	First L R)		М	liddie		
	City BILLERICA Stat	e MA Zip 01821	City.	WENHAM				State M	A _2	Zip 0	1984-	1827	
	Insurance Company FARMERS P			e Action Prior to C		1	22	Damage				27 27	
						23	23	Test Sta			1 28		
⁵ 2	Vehicle Travel Direction: NS W	Responding to Emerge	,	Sequence 1				Type of	Test:		29		
	Citation # (If Issued)			Harmful Event	. 2			BAC Te	est Res	ult:	1 30		13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Driver	Contributing Code		25	25	Susp. A	lcohol:	2 31	Susp. Dr	ug 2 32	1 '
5	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by) 26			Towed 1	from sc	ene?	1 33		
1		ntor and all occupants invo			J4 Seat	35 Safety	36 3 Airbag Ej	sci Tran	39 Injury	40 Transp.			•
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System 1	Status Co	de Code	Status 10	Code	Medic	al Facility	
	Operator	566	Above		$\frac{1}{1}$	-	3 0	- -	110	1			
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					\top			+	 				1
		<u> </u>		15 1	<u> </u>		17	 _	10	 	l		1
1	Please Select One of the Following:	_#Occupants Non-N	Motorist A Type	Action	Location	on	Con	dition	18		Hit/Run	Moped	
	License # SA6090620 St M	A_ DOB/Ag/	Reg#	94BF44			Reg T	ре РС	,	R	eg State M	IA.	1
	. 19 19	estrictions 99 20 CD	_	ar 2012	Val. M	اتجا ماه					Config.	1 21	
			Incoment	RIVERA				다 다 다		ARI	· L		
1	Operato: Last	l'wos		Lost			First	THE T.	<u> </u>		iddle		
_	Addres			ss 16 WHIP		KU							_ 14
ļ	City State	•	•	BILLERIC!	A		_						1
	Insurance Company THE COMME	RCE INSURAN	CE CO Vehicle	e Action Prior to Cr	ash	1				Code:		27 ₈ 27	
	Vehicle Travel Direction: NSE	Responding to Emerge	ency? 2 Event	Sequence 1 23	23	23	-1	Test Sta			1 ²⁸		
	Citation # (If Issued)	_	Most F	larmful Event 1	24			Type of BAC Te		ılt.	30		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Driver	Contributing Code	9	²⁵ 9	25	Susp. Al			Susp. Dr	32	
	Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub ——	Driver	Distracted by	9 26			Towed f	•	-	1 33		
-	Please fill out for operator/nor				34	35	36 3	38	39	40			1
	Name (Last First Middle)	^	Address	DOB/Age S	Sent Pos.		Airbog Eje Status Co	et Trap te Code	Injusy Status	Transp. Code	Medica	al Facility	}
	Operator/Non-Motorist	See	Above	$>\!\!<\!\!\!>$	$\sqrt{1}$	1	3 0	0	10	1			
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F							-	+	†				
-							_	+	+-	\vdash			-
				1	1			1					1

Crash Diagram: ie: ie: iiiiiiiiiiiiiiiiiiiiiiiii	
If Crash Did Not Occuon a Public Way: Off-Street Parking Lot Garage MAII/Shopping Center Other Private Way Indicate North by Arrow Crash Narrative: 06/20/2022 head on collision. MV1, while traveling east on Shawsheen ave, reported that	
Garage Mall/Shopping Center Mall/Shopping Center Other Private Way Indicate North by Arrow MV1 Indicate North by Arrow Crash Narrative: O6/20/2022 head on collision. MV1, while traveling east on Shawsheen ave, reported that	v
MV2 Mall/Shopping Center Other Private Way Indicate North by Arrow MV1	v
MV2 MV1 Indicate North by Arrow MV1 Crash Narrative: 06/20/2022 head on collision. MV1, while traveling east on Shawsheen ave, reported that	v
Blanchard Rd 196 Shawsheen Ave Crash Narrative: 06/20/2022 head on collision. MV1, while traveling east on Shawsheen ave, reported that	v
Blanchard Rd 196 Shawsheen Ave Crash Narrative: 06/20/2022 head on collision. MV1, while traveling east on Shawsheen ave, reported that	v
Crash Narrative: 06/20/2022 head on collision. MV1, while traveling east on Shawsheen ave, reported that	
Crash Narrative: 06/20/2022 head on collision. MV1, while traveling east on Shawsheen ave, reported that	
MV2 crossed over the double yellow lines, in the area of Shawsheen and Blanchard. and	
struck his vehicle head on. Significant damage to the front end causing all front air bags	
to deploy but no injuries were observed or reported. MV2 reported that he was traveling	
west on Shawsheen ave when his vehicle appeared to have "steering issues" just before the	
bend in the road ultimately crossing over the double yellow and crashing into MV1.	
Significant damage to MV2 also causing all front end air bags to deploy but no injuries	
were observed or reported. Both vehicles were towed by Cains. Information was exchanged.	
Witnesses:	
Name (Last,First,Middle) Address Phone # Sta	4
	tement
	rement
	Remeat
Property Demage:	Remeat
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property	itement
	lement
	itement
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	itement
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information	itement
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) 42	itement .
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Bus Use 42	itement .
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	itement
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	itement .
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	itement .
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	itement .

	Police Use Only	Com	monwealth	of Massach	usett	S	R	MV Doc	cument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	iicle Crash	Numbe Vehicle		Opeca Di	nit3.	Local Police	1
	24HR	mington	Police	Report	2	0	Latitude_ Longitude		MBTA Police Campus Police Other:	i
	AT INTERSECT	TION:	< LOCA	TION >		NOT A	TINTE	RSEC	CTION:	7
			****							2 10
,	Route# Direction	Name of Roadway/St	reet	Route# Direction	175 Address #	MID	DLESE Name		/E way/Street	
1		At						0. 1.044		-
L				Feet N S	E W of	Mile M	— • – Iarker	— or .	Exit Number	-
	Route# Direction Na	me of Intersecting Roady Also at Intersection w		Feet N S	E W of					3 11
				Feet N S		Route#	Inte	rsecting l	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	/ay/Street		ш., «		1	Landmar	ъ	_
	Please Select One Vehicle 1 1	#Occupants Hit/	Run Moped	Crash Report	ID# 2 2	_10				1
3	or are ronowing.									_
		A DOB/Age_		21BF01					31	12
	Sex F Lic. Class D 19 19 Lic. I	Restrictions 1 CI	DL Veh Nadorsement	(ear <u>2017</u> v	Veh Make <u>"I</u>	TOYO!	<i>1</i>	Veh	Config. 21	
4	Operator CAHILL, JANET			er <u>CAHILL, C</u>	JANET	M Füri		16	iddle	.
⁴ 1	Address 64 AGOSTINO DE	<u> </u>	Addre	ss 64 AGOST	INO D			IVII	indie	
	City WILMINGTON State	MA Zip 01887	-2324 City 1	WILMINGTON		St	ate MA	Zip O	1887-2324	.
	Insurance Company THE STAND	ARD FIRE IN	ISURAN Vehic	le Action Prior to Crash	4	22	amaged Are	a Code:	1 27 27 27	
5	Vehicle Travel Direction: NSE	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	20	est Status:		1 28	
2	Citation # (If Issued)	_	Most	Harmful Event 1	24		ype of Test:		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	1 25	25	AC Test Re usp. Alcoho			1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		owed from s		2 33	
1		tor and all occupants inv			34 35 Seat Safety	36 37 Airbog Eject	38 39 Trap Injur	40		4
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Statu	n Code	Medical Facility	-
	Operator	Sei	e Above		1 1	4 0	0 10	1		4
]
	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16 L	ocation	17 Condi	tion 18		Hit/Run Moped	1
1	of the rollowing:	\ <u>-</u>	,					11		┦
	19 19	A DOB/Ag	_	3VCS64		Reg Type		Re	eg State MA 21	
	<u>- </u>		forsement		eh Make <u>T</u>			Veh	Config. 1	
1	Last	IEL PAUL First	Middle	FRIZZELL,		First	UL	Mid	idle	
	Address 8R PERSHING ST			ss 8R PERSHI	NG ST		100	_ 01	007	14
		MA Zip 01887		VILMINGTON			te <u>MA</u> amaged Are			
	Insurance Company PREFERRED		_	e Action Prior to Crash	23 23		est Status:	a Couc.	1 28	
	Vehicle Travel Direction: NSWW	Responding to Emerge	•	Sequence 1	24		pe of Test:	f	29	
2	Citation # (If Issued)			Iammur Evens 1		25 B	AC Test Res	ult:	30	
_	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub			19 ²⁵	St	ısp. Alcohol	-	Susp. Drug 2 32	
Ļ		/iol. 4: Ch/Sec/Sub		Distracted by 0			wed from s	٤	2 33]
	Please fill out for operator/non- Name (Last First Middle)	•	its involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	36 39 Trup Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See	Above	$\searrow X$	1 1	4 0	0 10	1		
										1
}			· · · · · · · · · · · · · · · · · · ·							-
ŀ					-					1
L										1



06/20/2022

Department

	Police Use Only	Com	monwealth	of Massac	husetts		RI	MV Docui	ment Number	
	Date of Crash Time of Crash 06/21/2022 1103 W:	City/Town	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Lin	it 5	State Police Local Police MBTA Police Campus Police	9
	24HR	Liming Con		Report	2	0	Latitude _ Longitude		Campus Police Other:	1
	AT INTERSE	CTION:	< LOCA	ATION >		NOT AT	[INTE	RSECT	ION:	
					316	T.OWE	LL S	71		2 10
¹ 1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	LONE		f Roadwa	y/Street	_
1	_	At		Feet N	SEW of -		- • -	- or		_
	Route# Direction	Name of Intersecting Road				Mile Ma	rker		Exit Number	8 11
		Also at Intersection v	vith		SEW of	Route#	Inter	secting Ro	oadway/Street	
² 1	Route# Direction	Name of Intersecting Roads	way/Street	Feet N	SEW of					_
	Please Select One Vahiela 1	#Occupants Hit	Run Moped	6 . 5		200	-	andmark	·	-
3	of the Following.				rt ID# 22 -					_
L	License # S36865716 s	MA DOB/Ag		# <u>3212485</u>					21	12
		E	ndorsement	Year <u>2022</u>				. <u>1</u> Veh C	Config. 6	
⁴ 1	Operator ANTONELLIS,	First	Middle	er RYDER TR		First	LLC	Middl	le	-
	Address 11 JENISON S			ess <u>11690 NW</u>	v 105TH					-
	City NEWTON S	tate VIA Zip UZ460	•	MIAMI	102		e FL maged Are	_		·
	Insurance Company Vehicle Travel Direction: N S	V Responding to Emer		le Action Prior to Cras	n 10		inaged Ale st Status:	4 Code: 6	28	
5	Citation # (If Issued)	Kesponding to Emer	•	bequeince [2]	24	1	pe of Test:		29	
	Viol. 1: Ch/Sec/Sub	Vial 2: Ch/Sas/Bub		Harmful Event 2 r Contributing Code	99 ²⁵	25	C Test Res		30	13
	Viol. 3: Ch/Sec/Sub			r Distracted by	22		sp. Alcohol wed from se	$\overline{}$	Susp. Drug: 2 32	2
⁶ 1		erator and all occupants inv		. 2.5.11.0.00, 5	34 35	36 37	38 39	40		4
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System S	irbag Eject tatur Code	Trap Injury Code Status	Transp. Code	Medical Facility	4
	Operator	Se	e Above		1 99 4	0	0 10	2 -		_
						_		ļļ.		4
, 1	Please Select One of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16	Location 1	Conditio	18	Hit	/Run Moped]
	License # S54069768 St.	MA_DOB/Age	Reg#	3222448		Reg Type	AP	Reg	State IN	1
- 1	19 19	. Restrictions 1 20 CE			Veh Make In				21	
Ì	Operator CUC, COSMIN	En	dorsement Owne	RYDER TRU						
^~~!	Address 45 RANTOUL ST	First	Middle Addre	ss 11690 NW	105TH	First ST		Middle		.
	City BEVERLY St	ate MA Zip 01915	-7316 City 1	IMAIN		State	FL 2	ip <u>331</u>	.78	1 14
	Insurance Company		Vehicle	e Action Prior to Crash	11 22	Dan	naged Area	Code: 8	27 27 27	
	Vehicle Travel Direction: N S X W	Responding to Emerge	ency? 2 Event	Sequence 23	23 23 2	1	Status:	1_	28	
2	Citation # (If Issued)		Most I	Harmful Event 1	24		e of Test: C Test Resi		30	
_	Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	1 25	25	p. Alcohol:		usp. Drug 2 32	
L	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	26	Tow	ed from sc	ene? 2	33	
	Please fill out for operator/i Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	Seat Safety Air	bog Eject	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	1
	Operator/Non-Motori		Above	\searrow	1 99 4	0 0		1		1
T										1
						+++		\vdash		-
-						+				1
L	Form No. 10364 CRA-65 09/18								-]

Cyceh Diagram		1 = Vehicle 1	2 = Vehicle 2	Q = Pedestr		Bicycle	
Crash Diagram:	ie: 🖚	<u> </u>	2]	→ ₹	→ %	ICC INC.	
	Parking lot of 316	Lowell street				If Crash <u>Did No</u> on a Public Wa	
	Mobile Gas Statio	n				Off-Street Parking	Lot
			7)			☐ Garage	
	parked		<i>א</i> נ			Mall/Shopping Cer	iter
	pancou	backing up				Other Private Way	
					-		
						Indicate North b	y Arrow
				(
					Ψ [V	
Crash Narrative:							
Video Camera Showed	Vehicle #1 Backe	d up severa	l Feet into	Vehicle #	2		
		<u></u>					
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
						-	
Property Damage:					L		
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Da	maged Property	
Truck and Bus Informat	ion: Registration #		(From Vel	nicle Section)			
Carrier Name			`			Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	МС/МХЛО	CC #:		
Interstate Cargo B	ody Type Code	GVWR/GCWR	45				
Trailer Reg #:				Traile	r Length	46	
Hazmat Information:				/ riuit.	L		
Placard Material 1 di	git # 48 Material Nam	ıe		_Material 4 digit	#	Release code	49
Patrol Officer Antho Police Officer Name (Please Print)	ny Fiore Signature			1mington	Police Dep Precinct/B		/21/2022

	Police Use Only	Comi	monwealth	of Massac	husett	S		RMV Do	ocument Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Numbe Vehicle		Opeca D		State Police Local Police MBTA Police	
	06/21/2022 1555 Wil	mington	Police	Report	2	0	Latitude Longitud		MBTA Police Campus Police Other:	i
	AT INTERSECT	ION:		TION >			<u> </u>		CTION:	┪
						11011			J. 10111	10
	GLEN RD									2
11	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Nam	e of Road	iway/Street	_
	LAWRENC			Feet N	S E W of			— ог		_
		ne of Intersecting Roadw	/ay/Street			Mile N	larker		Exit Number	2 11
		Also at Intersection w	ith	Feet N	S E W of	Route#	Troi	tercection	Roadway/Street	
² 1	Route# Direction Nan	ne of Intersecting Roadw	unu/Straat	Feet N 5	S E W of	Routen	111	terseeinig	, Ruzuway/Street	
1	Routes Direction (Val	ie of lifersecting Roadw	ay/Succi					Landma	иk	_]
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Repo	rt ID# 2 2	2-20	1-A	/C		
		3								-
	10 10	A DOB/Age		#3769LG					71	1 12
	<u> </u>	En	dorsement	Year 2013				Ve	h Config. 1	<u> </u>
4	Operator PROTOPAPAS, G.	AIL ANNE	Middle Own	er PROTOPAP Last	AS, G	AIL A	NNE		Middle	
⁴ 1	Address 10 PILLING RD		Addr	ess 10 PILLI	ING RD					.
	City WILMINGTON State	MA Zip 01887	-1446 City	WILMINGTO	И	St	ate MA	_ Zip _Q	1887-1446	
	Insurance Company USAA GENEF	RAL INDEMNI	TY CO Vehic	le Action Prior to Cras	h 2	22	amaged A	rea Code	27 3 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emerg-	ency? 2 Eveni	Sequence 1 23	23 23	23 T	est Status:	;	1 28	İ
)	Citation # (If Issued)	_	Most	Harmful Event 1	24		ype of Tes		29	
	Viol. 1: Ch/Sec/Sub\	Jiol 2: Ch/Sec/Sub		r Contributing Code	1 25	25	IAC Test R		30	1 13
		/iol. 4: Ch/Sec/Sub ——		r Distracted by	26		usp. Alcoh		1 Susp. Drug 2 32	
⁵ 1	Please fill out for operat			1 Distracted by	34 35	36 37	38	39 40	[2 1]	_}
	Name (Last First Middle)	-	Address	DOB/Age Sex	Seat Safety Pos. System		Trap Inj Code Si	jury Transp atus Code		
	Operator	See	e Above	\times	1 1	4 0	0 10	0 1		
										1
							1			1
								-	1	-
	· · · · · · · · · · · · · · · · · · ·				<u> </u>					_
3	Please Select One of the Following:	#Occupants Non-N	Motorist A Type	15 Action 16	Location	17 Condi	tion	18	Hit/Run Moped	
	License # SA3050340 St MZ	DOB/Age	Pec #	1VCL12		Reg Type	. PC		Reg State MA	1
ļ	19 19	20		ear 2006			°		21	
ſ			forsement					Vel	h Config. 1	
- I	Operator SANBORN , BRAYD	First	Middle	r SANBORN ,		First		М	lidale	
i	Address 10 3RD ST	01004		ss 169 ANDO	VER R					_ 14
		MA Zip 01824-		BILLERICA	<u> </u>			-	1821-1946	1
	Insurance Company SAFETY INS	URANCE CON	IPANY Vehicl	e Action Prior to Crash			amaged Aı	rea Code:	7 27 8 27 27	
1	Vehicle Travel Direction: NSWW	Responding to Emerge	ncy? 2 Event	Sequence 23	23 23	~1	est Status: pe of Test		29	
	Citation # (If Issued)	_	Most l	Harmful Event 1	24	-	AC Test R		30	
2	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	19 ²⁵ 5	25	isp. Alcoh		Susp. Drug 2 32	
	Viol, 3: Ch/Sec/Sub ———— V	iol. 4: Ch/Sec/Sub	Driver	Distracted by 99	26		wed from		2 33	-
<u> </u>	Please fill out for operator/non-	motorist and all occupan	ts involved		34 35 Scat Safety	36 37 Airbag Eject	38 3 Trap Inji			4
-	Name (Last First Middle)		ddress	DOB/Age Sex	Pos. System	Status Code	Code Sta	tus Code	Medical Facility	-
	Operator/Non-Motorist		Above		1 1	4 0	0 10) 1		_
I	emma green	169 ANDOVER RD BILLERICA, MA 0182	21	F	3 1	4 0	0 10) 1		
										1
										1
L							<u> </u>			

	Address Phone # Statement roperty Damage: her (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property rock and Bus Information: her Name								
Crash Diagram	:	ie	1	→ [2	→Ŷ	→ ∞		
					#3	7 Glen Rd	M	on a Public Wa	y: Lot
		_			<u> </u>		_	Other Private Way	
			D _{MV1}	<i>ጉ</i>	Glen	Rd	-	Indicate North by	y Arrow
				 					
	•••								
		both	vehicle	s drivable	⊋.				
-									
								,	
Witnesses:									
Name (Last,First,Middle)			Address			Phone	#	Statement
		•							
Buonauty Damas							_		
Owner (Last, First, Middl		Address			Phone #	41-Type	Description of	of Damaged Property	
	_	Registi	ration #		(Fro	n Vehicle Section)		Bus Use	42
Address	,				City			StZip	
US DOT #:	S	tate Numb	er		Issuing State_	MC/MX	/ICC #:		
43				Oldim/Oour					
Interstate							Г	46	
		Reg ?	Гуре	Reg State	Reg Yes	ar Tra	iler Length		
Hazmat Information:	ſ	48						Γ-	49
	Naterial 1 digit#		Material Name	e <u></u>		Material 4 di	git #	Release code	
Patrol Officer	Darrel To	arval.	3		212	Wilmington	Police	Department 06	/21/2022
Police Officer Name (Pleas			Signature		ID/Badge #	Department		nct/Barracks Date	

Wilmington Police Department Images Associated with 22-201-AC



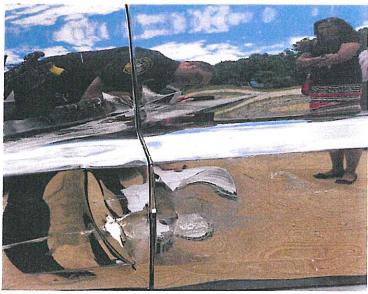


	Police Use Only	Com	monwealth	of Massac	husett	S	RM	IV Doci	ument Number]
	Date of Crash Time of Crash Wilr	City/Town nington	Motor Vel	nicle Crasl	h Numbe Vehicle		Speed Lim	t40	State Police Local Police MBTA Police	1
	24HR	aington	Police	Report	2	0	Latitude Longitude		Campus Police	
	AT INTERSECTI	ON:	< LOC/	ATION >		NOT A	T INTE	RSEC	TION:	
					300	T.OWI	ELL ST	n		2 10
¹ 1	Route# Direction	Name of Roadway/Si	treet	Route# Direction					/ay/Street	_
	4	At		Feet N	S E W of		_ • _	- ог _		
	Route# Direction Nam	ne of Intersecting Roads		[Mile M	arker		Exit Number	3 11
		Also at Intersection v	vith	_	S E W of	Route#	Inter	secting F	Roadway/Street	
² 2	Route# Direction Nam	e of Intersecting Roads	way/Street	Feet [14]	S E W OI			andmark		
	Please Select One Vehicle 11	#Occupants Hit/	/Run Moped	Crash Rand	ort ID# 22	2-20			<u> </u>	1
3	of the konowing:								1.24	4
	10 10	A DOB/Age		# 6HL325 Year 2015					21	1 12
	Sex M Lic. Class D Lic. R Operator ASKENBURG, WI	E	ndorsement	year		_			Config.	
⁴ 1	Address 185 WESTFORD S	First	Middle	er ASKENBOI Last Yess 185 WES	-	First	<u>. 40 4- 4- 4</u>	Мія	ddie	
	City CHELMSFORD State			CHELMSFOR			ate MA	Zip 0 1	1824-2038	
	Insurance Company STATE FARM	•	•	cle Action Prior to Cra			amaged Are			
•	Vehicle Travel Direction: NSE	Responding to Emer	gency?_2Even	t Sequence 1 23	23 23	23	est Status:		1 28	ĺ
5	Citation # (If Issued)	_	Most	Harmful Event 1	24	,	ype of Test: AC Test Res	ule:	30	
•	Viol, 1; Ch/Sec/Sub	/iol, 2; Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	usp. Alcohol		<u> </u>	1 13
⁶ 1	Viol, 3: Cli/Sec/Sub ————————————————————————————————————	/iol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from s		2 33	
1	Please fill out for operat	or and all occupants in	volved Address	DOB/Age Se	34 35 Seat Safety x Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	Se	ee Above		1 1	4 0	0 10	1		
										-
										1
								T		1
	Please Select One Standard 21	#Occupants Non-	Managara Tuan	15 Action 16	Location	17 Condi	18		Iit/Run Moped	1
⁷ 1	of the 1 moving.				Location					-
	19 19	DOB/Ag 20	_	8FF175		Reg Type	PC		g State MA	
			ndorsement	/ear <u>2018</u> er KIM, AM Y		IEXUS		Veh	Config. 1	
§1	Operator KIM, AMY S Last Address 52 REDGATE RD	First	Middle	er <u>KIM, AMI</u> Last ess 52 REDG2		First		Mid	ddie	
		MA Zip 01826		DRACUT		Sta	te MA	Zip 01	826-1900	1 14
	Insurance Company PLYMOUTH R	•		le Action Prior to Cra	sh 3	_	amaged Area			\vdash
	Vehicle Travel Direction: N K E W	Responding to Emerg	gency? 2 Event	Sequence 1 23	23 23	2 3	st Status:	[1 28	
) ₂	Citation # (If Issued)	_	Most	Harmful Event 1	24	•	rpe of Test: AC Test Res	ult:	30	
2	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	4 25	25	sp. Alcohol:	البيس	Susp. Drug 2 32	
	Viol. 3: Ch/Sec/Sub — V	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		wed from so		2 33	
Ī	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupa	nnts involved Address	DOB/Age Se	34 35 Seat Safety x Pos. System		18 39 Trap Injury Code Status		Medical Facility	
Ī	Operator/Non-Motorist	Se	e Above		1 1	4 0	0 10	1		
ľ										1
										1
ŀ										•

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestri	n og	= Bicycle	
Crash Diagram:	ie: 🛶	□ →	2	→ĝ	→ ॐ		
			Vacaness of the state of the st			If Crash <u>Did No</u> on a Public Way	<i>7</i> :
	Lowell St/ Ma F	Rt 129- Wilmir	ngton			☐ Garage	
↔	→ 1					☐ Mall/Shopping Cent ☐ Other Private Way	er
Drivewa 300 Lov)		Drivew 280 Lo		Indicate North by	Arrow
Crash Narrative:							
ON 06/23/22, I RESPOND	ED TO A TWO VE	HICLE CRAS	H IN FRONT	F 300 LOWE	LL ST.	THERE WAS NO	
INJURIES OR AIRBAG DEP	LOYMENT. IT WAS	S REPORTED	BY VEH 1 TH	AT HE TURNI	ED LEFT	ONTO LOWELL ST	
FROM WEST ST. HE STATE	D HIS LEFT DIR	ECTIONAL D	ID NOT TURN	OFF. HE AT	EMPTED	TO TURN OFF	
DIRECTIONAL BUT MUST H	AVE ACTIVATED I	RIGHT BLIN	KER THOUGH E	E WAS TRAVE	LING ST	RAIGHT. HIS	-
VEH WAS STRUCK BY VEH	2 STARTING AT I	Passenger'	S FRONT DOOF	. VEH 2 OPE	ERATOR S	STATED SHE SAW	
THE DIRECTIONAL AND TH	OUGHT VEH 1 WAS	GOING TO	TURN RIGHT.	SHE PULLEI	OUT ST	RIKING VEH 1.	
VEH 1 HAD DAMANGE TO B	OTH PASSENGER I	DOORS AND	REAR PASSENG	ER QUARTER	VEH 2	HAD DAMAGE TO	
DRIVERS SIDE BUMPER AN	D FRONT QUARTER	R PANEL. N	O TOW WAS RE	QUIRED. ALI	PARTIE	S WERE WEARING	
Witnesses:					·		
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of	Damaged Property	
			-				
Truck and Bus Information:	Registration #		(From	Vehicle Section)		Bus Use	42
Address			City		S	t t Zip	
	State Number		Issuing State				_
Interstate` Cargo Body	Type Code	GVWR/GCWR	45		_ _	46	
	Reg Type	Keg State	Keg Year_	Trailer	Length		
Hazmat Information: 47 Placard Material I digit #	48 Material Nam	ne		Material 4 digit	#	Release code	49
			100	w2 5 _ 2 · · ·	n_1 : -		· · · · · · · · · · · · · · · · · · ·
Patrol Officer Daniel P	Furbush Signature			Wilmington : Department		Department 06/ UBarracks Date	23/2022

Wilmington Police Department Images Associated with 22-202-AC









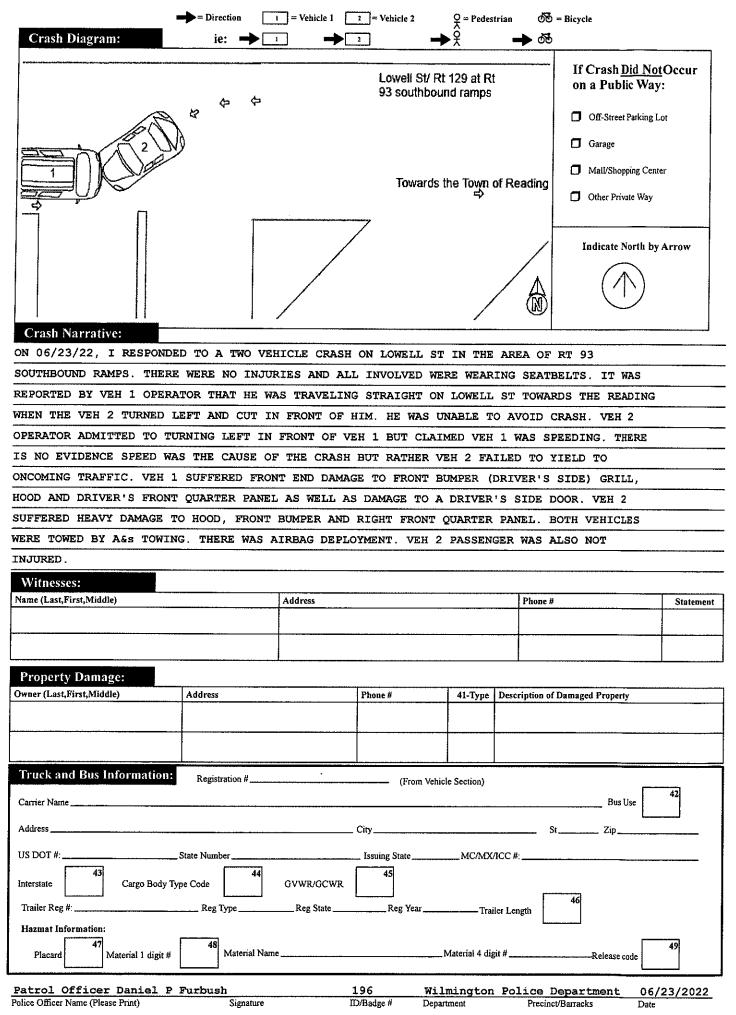




Wilmington Police Department Images Associated with 22-202-AC



Pe	lice Use Only		Com	monwealth	of Massa	achu	setts	S		RM	V Docu	ment Number	
Date of Crash 06/23/2022		tai 1 w	City/Town	Motor Vel	hicle Cra	sh [Number Vehicles		DPC01	d Limit.	40	State Police Local Police MBTA Police	0800
00,23,2022	24HR	11111	iring com	Police	Report		2	0	- 1	itude		Campus Police Other:	
	AT INTER	SECTI	ON:	< LOC	ATION	>		NOT	AT IN	TER	SECT	TION:	_
						3	31	T.O	WELL	СШ			2
Route# Dir	ection		Name of Roadway/S	treet	Route# Direc		ddress #				Roadwa	ay/Street	
			At		Feet	NSE	w of		- — .	• —	ог		
Route# Dire	ection	Nam	e of Intersecting Road	way/Street					Marker			Exit Number	
			Also at Intersection	with		NSE	_	Route#	<u></u>	Interse	cting R	oadway/Street	- F
Route# Dire	ection	Nam	e of Intersecting Road	way/Street	Feet	NSE	W of						
Please Select	O				<u>i </u>						ndmark		\dashv
of the Follow		e 1 <u>1</u>	#Occupants Hit	/Run Moped	Crash R	eport ID	# 22	-20	J3-	AC			
— License # S4	3439230	_		Reg	# <u>862YS7</u>			Reg 1	Гуре РС	• •	Re		
Sex M Lic.	Class D	Lic. Re		CDL Veh	Year <u>2007</u>	Veh	Make <u>C</u>	HEVI	ROLE:	ľ	Veh	Config. 1	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
Operator L.I	NNANE,	JOHN	P First	Ow.	ser <u>LINNAN</u>	E, J	OHN	P			Mid	ldle	
	CRESCEN				ress 18 CRE		IT S'						
1			MA Zip 0190		LYNN						_	902-191	I
Insurance Comp	pany THE HA	MOVE	R INSURAN	CE COM Veh	icle Action Prior to		1	22	Damage Test Stat		Code: 1	1 ²⁷ 8 ²⁷	27
Vehicle Travel I	Direction: N S	Xw	Responding to Eme	rgency? 2 Eve	nt Sequence 1	23 23		23	Type of			29	
Citation # (If Is	sued)			Mos	t Harmful Event	1 24	<u>i</u>	25	BAC Te	st Resu		30	_
Viol. 1; Ch/Sec	Sub	V	iol. 2: Ch/Sec/Sub —	Driv	er Contributing Co		25	25	Susp. Al	_			32 [1
Viol. 3; Ch/Sec/			riol, 4; Ch/Sec/Sub —		er Distracted by	0 26		36	Towed f	rom sca	ne?]	1 33	
Name (Last First)		for operate	or and all occupants in	volved Address	DOB/Age	Sex Po	nt Safery	Airbag E	37 38 jeet Trap ode Code	Injury	Transp. Code	Medical Facility	
Operat	or		S	ee Above	\sim	X 1	1.	1 0	0	10	1		
							- 						
Please Select	One Divisio	-2	#Occupants No	n-Motorist A Type	15 Action	16 Loca		17 00	ndition	18		lit/Run Mo	
of the Followi	ng:					1.00.							peu
	10 1	9	DOB/Ag/		# 88006			_					1
Sex F Lic.	<u> </u>		strictions C	ndorsement	Year 2001)LIN		_ Veh (Config. 1	_
1 .	LLEY, EF	J	First	Middle	er KELLEY	a st		Fürst	······································		Mid	dle	-
⊣	ARTIN LO				ress 6 MART					λ ₇ :	- 02	180-423	- 2 1
City STONI			<u>MA</u> Zip 02180 CE INSURAL	_	STONEHAN			22			· -		27]
				_	cle Action Prior to	Crash 3 23	23	23	Test Stat		1	28	┙╽
Vehicle Travel I		[E W]	Responding to Emer	•	nt Sequence 1 1	24	<u></u>		Type of	Test:		29	
	ued)		-		er Contributing Co	4. 4	9 ²⁵ 4	25	BAC Te	-		<u>. 30</u>	<u>.</u>
			iol. 2: Ch/Sec/Sub		~	99 26			Susp. Al			Susp. Drug: 2	2
Viol. 3: Ch/Sec/	·		iol. 4: Ch/Sec/Sub — motorist and all occup		Ci Distracted by	3			37 38	39	40	<u> </u>	_
Name (Last First M	iddle)			Address	DOB/Age	Sex Po			jest Trap ode Code	Status	Transp. Code	Medical Facility	
Operate	or/Non-Mo	torist		ee Above	\nearrow	X^1	. 1	1 0	0	10	1		
ASHLEIGH KI	LLEY		6 MARTIN LOUIS 1 STONEHAM, MA 02			F 3	1	1 0	0	10	1		
							1	<u> </u>	L				



Wilmington Police Department Images Associated with 22-203-AC













Wilmington Police Department Images Associated with 22-203-AC

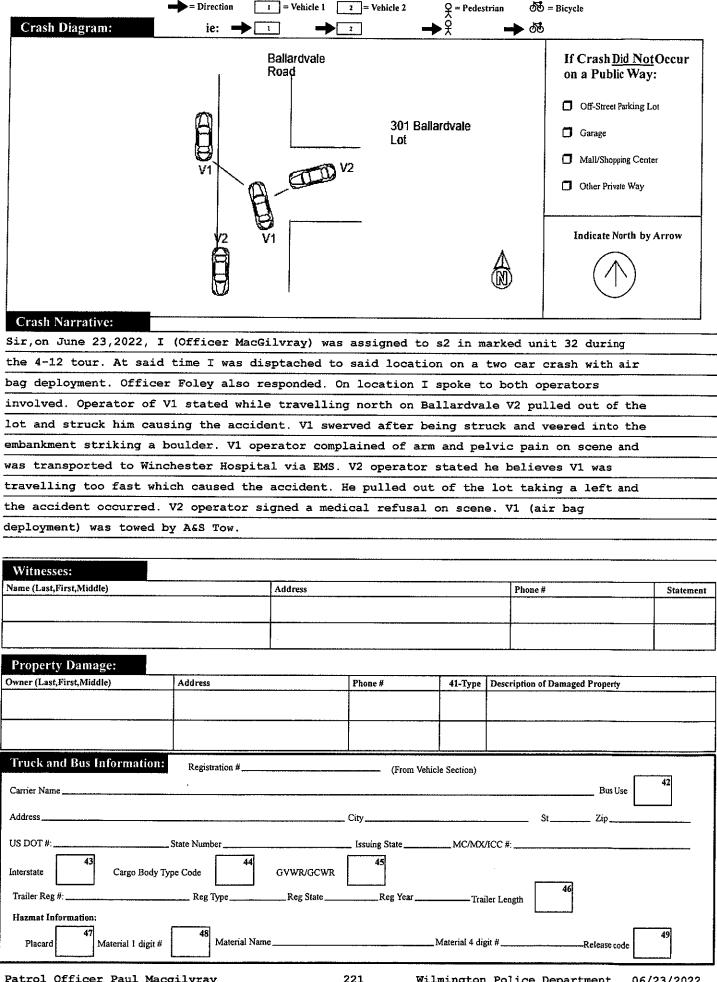








	Police Use Only	Comm	onwealth o	of Massa	achus	etts		R	MV Doc	ument Number]
	Date of Crash Time of Crash 06/23/2022 1552 Wilm		Motor Veh	icle Cra	sh [Number /ehicles	Number Injured	Speed Lin	uit3(O State Police Local Police MBTA Police	1
	06/23/2022 1532 WIIII	ington	Police 1	Report	2		1	Latitude _ Longitude		Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA	TION :	>	1	TOY	INTE	RSEC	TION:	101
					30	1	BALL	ARDV.	ALE	ST	2 10
^l 1 .	Route# Direction	Name of Roadway/Street At		Route# Direct		lress #				way/Street	-
		Al		Feet [NSEV	v of -		. •	— or .	Exit Number	
	Route# Direction Name	e of Intersecting Roadway/	/Street	Foot [N S E V		Mile Ma	rker		Exit Mundet	6 11
		Also at intersection with		_	N S E V		Route#	Inte	rsecting	Roadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/	/Street						Landmar	k	_
3	Please Select One of the Following:	#Occupants Hit/Ru	n Moped	Crash R	eport ID#	22-	-20!	5-A	С		
³ 97	License # <u>\$89227580</u> St M	DOB/Age	Reg#	REFUSE			Reg Type	PC	R	teg State MA	
	19 19	estrictions 1 20 CDL.	_	ear 2018						71	1 12
	Operator NEOGY , HONORIU	Endoi	rsement ———— Owne	· NEOGY ,							
⁴ 1	Address 7 WAINRIGHT RD	APT 20	Addre	ss 7 WAIN	WRIG	HT R	D AI	PT 20		idelle	
	City WINCHESTER State	MA Zip 01890-2	2372 City 1	VINCHEST	'ER		_			1890-2372	
	Insurance Company THE COMMER	CE INSURANC	E CO Vehicl	e Action Prior to		1 2		amaged Ar	ea Code:	3 27 8 27 2 27	
⁵ 2	Vehicle Travel Direction: X S E W	Responding to Emergence	cy? 2 Event	Sequence 2	23 23 3	5 23 2	43	st Status: pe of Test:		29	
2	Citation # (If Issued)	-	Most !	Harmful Event	1 24	35	ВА	AC Test Re		1 30	13
	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub		Contributing Coc		25		sp. Alcoho		Susp. Drug 2 32	1
⁶ 1		iol. 4: Ch/Sec/Sub or and all occupants involv		Distracted by	99 26	35	36 37	wed from	40	1 33	-
	Name (Last First Middle)	Add		DOB/Age	Sex Pos.	System S	sirbag Ejeut Status Code	Trap Inju Code Stat	as Code	Medical Facility Winchester	-
	Operator	See A	bove		X^1	99 3	0	0 8	2	Hospital	
									-		
	,					<u> </u>			<u> </u>		1
			·····								1
⁷ 3	Please Select One of the Following:	Occupants Non-Mo	otorist A Type	15 Action	Locat	on	Conditi	ion		Hit/Run Moped	
		DOB/Aį	Reg#	1177831			Reg Type	PC	R	eg State MA 21	
	<u>-</u>		sement	ear 2012						Config. 1	
⁸ 1	Last F	RAYDON LEE	ddle	MARTELI	ast	, BF	First	N LE	Е	iddle	
	Address 24 HALE ST	MA Zip 01843-1		ss <u>24 HAL</u> LAWRENCE			a	. M2	7ia N°	1843-1930	1 14
	City LAWRENCE State I Insurance Company ARBELLA MU	•		e Action Prior to (4 2				2 27 8 27 1 27	
	Vehicle Travel Direction: NSE	Responding to Emergenc		Sequence 2	3 23		J	st Status:		1 28	
, 	Citation # (If Issued)		•	Harmful Event	1 24	1	-	pe of Test: AC Test Re		29 - 30	
⁹ 2	Viol. 1; Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub	Driver	Contributing Cod	ie 99	25	25	sp. Alcoho			
	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Driver	Distracted by	99 ²⁶			wed from		2 33	
Ī	Please fill out for operator/non-i	motorist and all occupants		DOB/Age	34 Seat Sex Pos.	Safety A	36 37 úrbag Eject Status Code	38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	
	Operator/Non-Motorist	See A	bove	><	1	99 4	o	0 10	1		
Ì											
Ì											1
ŀ									1		1



Patrol Officer Paul Macgilvray

Wilmington Police Department

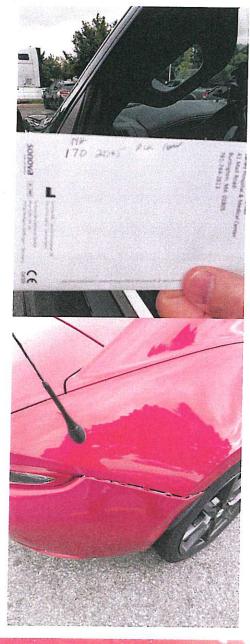
06/23/2022

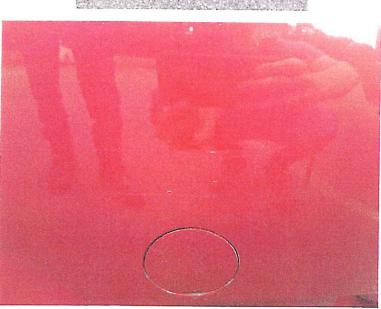
Department

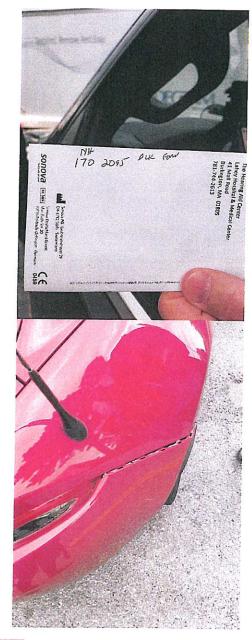
	Police Use Only	Com	nonwealth	of Massach	ıusetts		RMV D	ocument Number	
		City/Town mington		nicle Crash	Vehicles	Injured La	eed Limit	5 State Police Local Police MBTA Police Campus Police	
	24HR AT INTERSECT	TON-		Report >	2 0	120	ngitude	Other:	<u>*</u>
	AT INTERSECT	1011.	LOC/	ATION >	N	OLATI	NTERSE	CTION:	_ 10
	Route# Direction	N 65 1 6			66 (CONCO	RD ST		_ 2
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of Roa	dway/Street	-
				Feet N S			• — or		-
	Route# Direction Na	me of Intersecting Roadw Also at Intersection w		Feet N S		Mile Marke	Г	Exit Number	2 11
		Auso at Intersection wi	illes	Feet N S	Ro	oute#	Intersectin	g Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	Peet 143	E W OT		V .	•	
	Please Select One Vehicle 1 1	#Occupants Hit/F	Run Moped			206	Landm	ark	┨
3	of the Companing.				1D# 22-				
	License # St	DOB/Age	Regi	# <u>4731923</u>	F	Reg Type 🗜	<u>C</u>		- 12
	Sex Lic. Class Lic. I	End	OL Veh Y	Year <u>2017</u>	Veh Make <u>MA 2</u>	ZDA	ν	eh Config. 21	1
4	Operator Driverless M.	V. First	Own	er HARRINGTO	ON, DEVE	EN S		Middle	.
⁴ 1	Address		Addr	ess 40 TALLA	NT RD			inaute	.
	City State	Zip	City_	PELHAM		State 1	NH Zip C	3076	.
	Insurance Company TRAVELERS		Vehic	le Action Prior to Crash	11 22	Damag	ged Area Cod	e: 5 27 6 27 4 27	
5	Vehicle Travel Direction: N S E W	Responding to Emerge	ency? 2 Event	Sequence 23	23 23 23	Test S		1 28	
-	Citation # (If Issued)		Most	Harmful Event 1	24		of Test: Fest Result:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25 2	25		1 Susp. Drug: 32	2 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		from scene?		
1	Please fill out for opera	for and all occupants invo			34 35 36 Seat Safety Airba	g Eject Tra	p Injury Trans		-
	Operator		Above	DOB/Age Sex	Pos System Statu	is Code Cod	le Status Code	Medical Facility	-
					-				-
								<u> </u>	_
									_
1	Please Select One of the Following:	#Occupants Non-M	Iotorist A Type	15 Action 16 L	ocation 17	Condition	18	Hit/Run Moped]
	License #St	DOB/Age	Reg#	unknown	Re	eg Type PC		Reg State MA	1
	19 19	estrictions 20 CDI	Veh Ye	ear V				21	
	Operator unknown		Orsement	r					
99	Address	First	Middle Addre	Last		First	N	Aiddle	
	City State	Zip	City_			State	Zip		1 14
	Insurance Company		Vehicle	e Action Prior to Crash	10 22	Damag	ed Area Code	99 27 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emergen	ncy?_2 Event	Sequence 2 23 2	23 23	Test Sta	atus:	1 28	
	Citation # (If Issued)	_	Most F	Harmful Event 2	24	Type of		30	ĺ
2	Viol. 1; Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	99 25 25		est Result:	 	
Į	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Driver	Distracted by 99	26	-	from scene?	33	
	Please fill out for operator/non-	•			34 35 36 Seat Safety Airbag	37 38 Eject Trap	39 40 Injury Transp		1
ł	Notice (Last First Middle) Operator/Non-Motorist		Above		Pos. System Status	Code Code	Status Code	Medical Facility	
}	Operator/1900-1910torist	366 /	700Y6		1 99 4		10 1		-
			····						

Crash Diagram:				र् = Pedestria।	n 🕭 = Bicycle	
	ie: →	→	2	₽Ŝ	→ №	
The state of the s	ncord St n Donuts				If Crash <u>Did Not</u> on a Public Way	
	HP HP		······································		Off-Street Parking Le	ot
	1 1001			· · · · · · · · · · · · · · · · · · ·	Garage	
		i i i i i i i i i i i i i i i i i i i			☐ Mall/Shopping Cente	ır
Million from the second and accordance of the second accordance of the					Other Private Way	
(C)				\E	Indicate North by	Arrow
Crash Narrative:						
On 6/24 @ appx 5:50a,						
hit and run crash in						
Harrington, stated the drove away. Opp1 state	···					
description of MV2. N						
in Amazon lot, unable						
					(#)	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damaged Property	
						-
Truck and Bus Information	Registration #		(From Vel	icle Section)	_	
Truck and Bus Information	Registration #		(From Vel	icle Section)	Bus Use	42
			(From Vel			42
Carrier Name			_ City			
Carrier NameAddressUS DOT #:43			_ City Issuing State		St Zip	
Carrier NameAddressUS DOT #:43	State Number44	GVWR/GCWR	_ City Issuing State	мс/мхлсс	St Zip	
Carrier Name Address US DOT #: Interstate 43 Cargo Body Trailer Reg #: Hazmat Information:	State Number Type Code Reg Type	GVWR/GCWR Reg State	_ City Issuing State 45 Reg Year	MC/MX/ICC	St Zip	
Carrier Name Address US DOT #: Interstate Cargo Body Trailer Reg #:	State Number Type Code Reg Type	GVWR/GCWR Reg State	_ City Issuing State 45 Reg Year	MC/MX/ICC	St Zip	

Wilmington Police Department Images Associated with 22-206-AC









Wilmington Police Department Images Associated with 22-206-AC





	Pol	ice Use Only		Com	monwea	lth	of Mass	achı	ısetı	ts			RM	V Doc	ument Number	
	Date of Crash 06/24/2022	Time of Crash	l	ity/Town	Motor	Vel	icle Cra	sh	Numb		ımber jured	Speed		30	State Police Local Police MBTA Police	
	06/24/2022	24HR	MITHT	ngton	Pol	ice	Report		2	0	,	Latitue Longit			Campus Police Other:	_법
		AT INTER	SECTIO	N:	< [LOCA	TION	>		NC	TAT	r IN	ΓER	SEC	TION:	
		CIDD	*******	NE COM												2 10
ī	Route# Direc		IINGHA	IM ST Jame of Roadway/St	reet		Route# Direc	tion	Address	#		Na	me of	Roady	vay/Street	
11				At			Faat	NSI	wor					or		
	Route# Direc		DBS ST Name o	f Intersecting Roady	vay/Street		reet	., 5 ,	.T or	V	/lile Ma	rker		OI _	Exit Number	9 11
			А	dso at Intersection w	vith		Feet	N S I	w of	Rou	tell.		Interce	acting I	Roadway/Street	_
2	Route# Direc	tion	Name o	f Intersecting Roady	vav/Street		Feet	N S F	w of	100	item	,	inter se	-cuig i	conumaj/Bitcet	
1			1 value 0	I Intersecting Road.	ray/outco								La	ndmari	×	
3	Please Select C of the Followir		1 1 _#C	Occupants Hit/	Run D	loped	Crash R	leport II	D# 2 2	2-2	20	7 – .	AC	;		
	License # S33			DOB/Age		Reg	# <u>5XN460</u>			R	eg Type	PC		R		12
	Sex_F_ Lic. C	Class D 19 1	Lic. Restr		DL	Veh 1	Year 2019	Ve	h Make	TOY	OTA			Veh	Config. 2] [
	Operator <u>LO</u> I	RING, KA	THLEE	N OBRIEN		Own	er LORING	, J(OHN		IS First			Mi	ddle	
⁴ 1	Address 14	MCGRANE	RD		· · · · · · · · · · · · · · · · · · ·	Addr	ess 14 MCG	RAN	<u>e ri</u>							
L	City N WII	MINGTON	State M	A Zip 01887	-3838	City	WILMING'	TON			Stat	e M Z	z	ip 0]	L887-383	<u>8</u>
	Insurance Compa	my LM GEN	ERAL :	INSURANCE	COMP	Vehic	le Action Prior to	Crash	1	22				Code:	5	27
5	Vehicle Travel Di	irection: NX	E W R	Responding to Emer	gency? 2	Even	t Sequence 1	23 2	3 23	23		st Statu			1 ²⁸ 29	ļ
	Citation # (If Issu	ied)				Most	Harmful Event	1	4			pe of T AC Tes		ılt.	30	
	Viol. 1; Ch/Sec/S	ub ————	Viol.	. 2; Ch/Sec/Sub		Drive	er Contributing Co	de 1	25	2	5	sp. Alc	r		Susp. Drug 2	32 1 13
6	Viol. 3: Ch/Sec/S	ub	Viol.	. 4: Ch/Sec/Sub ——		Drive	r Distracted by	0 2	6		To	wed fr	om sce	ene?	2 33	
⁶ 1			or operator a	and all occupants inv		•		[]	34 35 Seat Safe	ty Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		
	Operato			Se	Address e Above		DOB/Age		Pos. Syste	m Status		Code 0	Տայա 10	Code 1	Medical Facility	
	op	<u>-</u>							_							
										_						
									_	-						
									┙,	<u> </u>						
⁷ 2	Please Select Or of the Following		2 2 #0	ccupants Non-	Motorist A Ty	уре	15 Action	16 Lo	cation	17	Conditi	on	18	– I	Hit/Run 🔲 Mop	ed
	License # SA5	540681	St MA	DOB/Ag		Reg#	2GEH89			Re	g Type	PC		Re	g State MA	
	Se) Lic. Ci	19 19	Lic. Restri	ictions B 20 CI	DL		ear 2011		ı Make 🕽						2:	1
	Operato	<u> </u>		En	dorsement	Owne	LEACH,	MIC	HEL	LE :	L				L	_
81	Addre.	Last	t nar		IVERSE	Addre	ess 20 ANT	HON'	Y RI)	Tirst			Mic	ddle	
	City		₹tate	, Zip		City_	N READII	1Ģ			State	e MA	z	ip 01	<u> 1864–141</u>	<u>o</u> 1 14
	Insurance Compar	ny SAFETY	INSU	RANCE CO	MPANY	Vehic	le Action Prior to	Crash	1	22	Da	maged	Area	Code:	2 27 27 2	27
	Vehicle Travel Dir	rection: NS	E R	esponding to Emerg	ency? 2	Event	Sequence 1	23 23	23	23		t Statu			1 28	
9	Citation # (If Issue	ed) 489201	AB			Most	Harmful Event	1 2	4			oe of T C Test		10.	30	
⁹ 2	Viol. 1: Ch/Sec/Su	_{ıb} 89 8	3Viol.	2: Ch/Sec/Sub		Drive	r Contributing Coo	ie 4	25	25	3			2 31		12
	Viol. 3; Ch/Sec/St	ıb	Viol.	4: Ch/Sec/Sub		Drive	TDistracted by	0 2	6			wed fro			2 33	7
		•	ator/non-mol	torist and all occupa				!	34 35 Seut Sofe	y Airbag		38 Trap	39 Injury	40 Transp.		
	Name (Last First Mide	_{r/Non-Mot}	orist		Address e Above		DOB/Age		os. Syste	m Status	Code		Status 10	Code 1	Medical Facility	
	<i>Орегию</i>	71 1011-1VIUI	Vi ist		- 1 10076			- 	_	+-	-					
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	n	200.12 d					· · · · · · · · · · · · · · · · · · ·									

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian 🚳	= Bicycle	
Crash Diagram:	ie: 👈	- ▶□	2	₽ ĝ	→ 55		
Faulthon Ave	Jacobs St	J				If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way	ot .
© Crash Narrative:	Cummingham St	a .		 Map da	M) ata ©2022	Indicate North by A	Arrow
THE THE PERSON NAMED IN THE PERSON NAMED IN	ng couth on Cun	ningham Chu	not Vehicle	2	11:	ta Currianham	
Street from Tacobs St		NVO					
Street from Jacobs St							
Vehicle 1 sustained d					- 28		
right. No airbags wer		all involve	d parties dec	lined me	dical at	tention. Both	
vehicles were driven	from the scene.					V	
n 2 10							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
			MATERIAL MAT				-
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Informatio	Registration #		(From Vehic	ele Section)		Post Har	42
Carrier Name						Bus Use	
Address			City		S	t Zip	 -
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	er Length	46	
Hazmat Information:					عظام		
Placard Material 1 digi	t # 48 Material Nar	ne		Material 4 digit	t#	Release code	49
Patrol Officer Michael F	Dilorenzo		217 Wil	minator	Police 1	Department 06/	24/2022
Police Officer Name (Please Print)	Signature			timent		t/Barracks Date	24/2022

Wilmington Police Department Images Associated with 22-207-AC



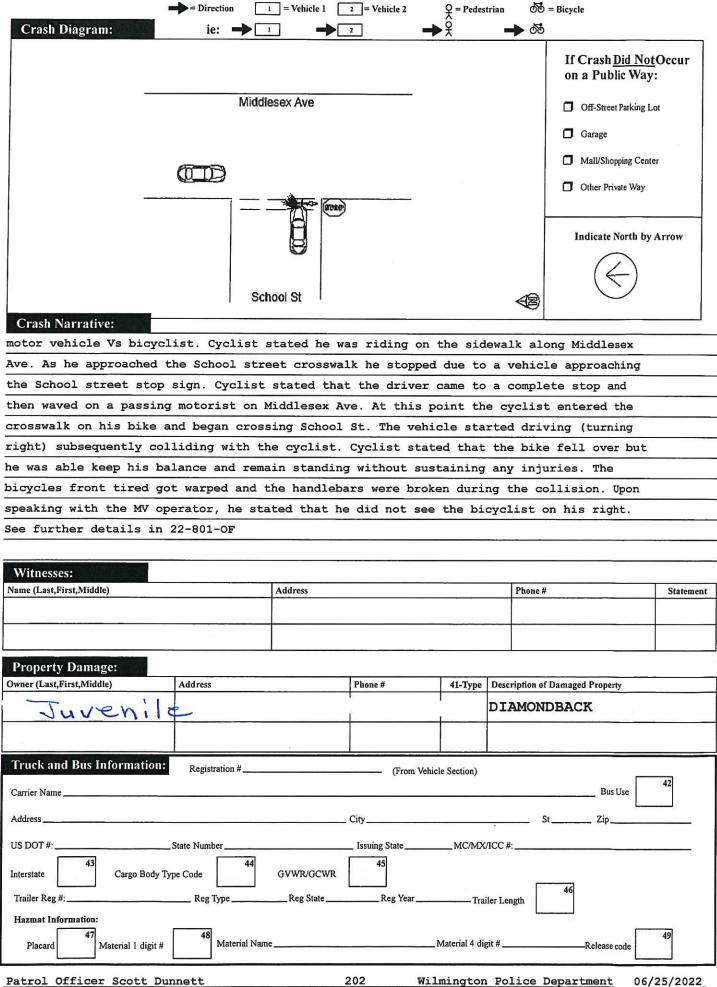


	Po	lice Use Only		Comi	monweal	lth	of Massacl	hus	etts	S	Γ	R	MV Do	cument Nun	nber	
	Date of Crash 06/25/2022	Time of Crash	Wilm	City/Town ington	Motor '	Veh	icle Crash		Yumber Vehicles			peed Li		5 State Pol Local Po MBTA P	olice 🔞	1
	00, 23, 0022	24HR		aring con	Poli	ice :	Report	2		0	ļ	atitude . ongitude		Campus Other:	Police	_
		AT INTER	SECTION	ON:	< L	O CA	TION >			NO	TAT	INTE	RSEC	CTION:		
		MTD	T.E.SE	X AVE												2 10
¹1	Route# Dire			Name of Roadway/St	reet		Route# Direction	Add	iress#			Name	of Road	way/Sireet		
l	_	GT.FI	N RD	At			Feet N 5	EV	of			- • -	or			İ
	Route# Direc			of Intersecting Roady			F. T.			М	ile Marl	rer		Exit Nu	ımber	2 11
	1			Also at Intersection w	rith		Feet NS		_	Rout	 e#	Inte	rsecting	Roadway/St	reet	-
² 1	Route# Direc	ction	Name	of Intersecting Roady	vay/Street	i	Feet N S	EV	of of				• •			.
	Please Select C)ne 🔀 Vehicl	1	#Occupants Hit/	Run Ma		Crash Repor	4 1154	22	2	- - -		Landma	гк		1
3	of the Followi	ligi —			Kun Mi	•									<u></u>	
		9814496	19	DOB/Age										Reg Slate M	A 21	1 12
	Sex F Lic.	ــــــــــــــــــــــــــــــــــــــ		E1	DL idorsement		Year 2009						Ve	h Config.		
⁴ 3	1	NTIAGO, Last BOEHM S	F	LLINA irst	Middle		er <u>RIVAS RE</u> ESS 20 BOEHN				MAN irst		N	1iddle	<u></u>	
ر	Address 20 City LAWRE			MA Zip 01841	-2008		LAWRENCE	. 5	L		C44-	M2	7in 0	1841-	2009	
				E DIRECT I			le Action Prior to Cras		2	22			ea Code		27 27	
	Vehicle Travel D		EM	Responding to Emerg			Sequence 23	23	23	23		Status:		1 28		
⁵ 2		ued)	<u> </u>	responding to Entere	, cnoy :		Harmful Event 1	24			• •	of Test		29		
	1			ol. 2: Ch/Sec/Sub			r Contributing Code	1	25	25	ŀ	Test Re		1 30 Susp. Dru	32	1 13
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub —			r Distracted by	26	!		•	ed from	2	2 33	8 2	F
⁶ 1		Please fill out		r and all occupants inv				34 Seat	35 Safety	36 Airbag		38 39 Trap Inju	ry Transp.			1
	Operato				e Above		DOB/Age Sex	Pos.	System 1		Code C	Code Stat	us Code	Medical	Facility .	1
	Operato							+	-	-		-	-			-
		···				<u> </u>		 					-	<u> </u>		-
								-						<u> </u>		-
				<u> </u>									31			
⁷ 3	Please Select O of the Followin		21_#	Occupants Non-	Motorist A Typ	oe .	15 Action 16	Locati	on	17	Condition	1		Hit/Run	Moped	
	License # <u>\$68</u>	870684	St MA	_ DOB/Age		Reg#	8218RB			Reg	туре 🕽	PC.	R	eg State MZ		
	Sex M Lic. C	lass D 1	Lic. Res	trictions 99 20 CI	DLdorsement	Veh Y	ear <u>2007</u>	Veh M	ake M	ERC	URY		Vei	n Config. 1		
3 1	Operator FL	HERTY,	WILL	IAM FRANC		Owne	r FLAHERTY	, E	LAI	NE Fi		,	м	liddle		
1	Address 6 K	ELLEY RI					ss 6 KELLEY		<u> </u>							_ 14
	City WILMI			1A Zip 01887		City 🛂	WILMINGTON	I	<u> </u>	22				1887-2		1
	•			CE INSURAN			e Action Prior to Crash		23	23		aged Are Status:	ea Code:	1 27 2 1 28	27 27	
	Vehicle Travel Di		EX	Responding to Emerg	ency? <u>2</u>		Sequence 1 23	23				of Test:		29		
2	Citation # (If Issu	-					Harmful Event 1		25	25		Test Re		1 30		
				ol. 2: Ch/Sec/Sub			Contributing Code Distracted by	26]		. Alcoho		22	g 2 32	
	Viol. 3: Ch/Sec/Si Plea			ol. 4: Ch/Sec/Sub —— notorist and all occupa		Diver	Distracted by 99	34	35	36	37	38 39	40	2 33	<u></u>	
	Name (Last First Mid	idle)			Address		DOB/Age Sex	Seat Pos.	Safety System		Code C	rap Inju lode State	us Code	Medical	Facility	
	Operato	r/Non-Mo	torist	Sei	e Above		XX	1	1	1	0 0	10	1			
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Address Witnesses: Intercept Damage: The (Last,First,Middle) Address Property Damage: The (Last,First,Middle) Address Property Damage: The (Last,First,Middle) Address Property Damage: The (Last,First,Middle) Address Property Damage: The (Last,First,Middle) Address Property Damage: The (Last,First,Middle) Address Property Damage: The (Last,First,Middle) Address Property Damage: The (Last,First,Middle) Address Property Damage: The (Last,First,Middle) Address		= Direction 1	= Vehicle 12]= Vehicle 2	Q = Pedest	rian 🐠 =	= Bicycle	
On a Public Way: On a Public Way: Of Stores Paking Lix Garage Mail/Stopping Center Other Private Way Indicate North by Arrow Indicate North	Crash Diagram:	ie: 👈 🛚 1	→ 2		→ X	→ 55		
Crash Narrative: Indicate North by Arrow Indicate North by Arrow And MV2 were stopped at the red light on Middlesex ave with Glen road on their right. O of MV2 stated that he saw the turn right only green arrow for Glen road activate and he abconsciously hit the gas not realizing that he still had a red light subsequently rear- Inding MV1. No injuries were observed or reported. Information was exchanged. Both shicles sustained minor damage and were able to drive away from the scene. Witnesses: Indicate North by Arrow Indicate Northa	Middlesex Ave	MV2 w MV1	© Q Q			on the same and an angelow	on a Public Wa	y:
Crash Narrative: 71 and MV2 were stopped at the red light on Middlesex ave with Glen road on their right. 92 of MV2 stated that he saw the turn right only green arrow for Glen road activate and he abconsciously hit the gas not realizing that he still had a red light subsequently rearriding MV1. No injuries were observed or reported. Information was exchanged. Both whicles sustained minor damage and were able to drive away from the scene. Vitnesses:		~~1	-	\$ <i>8</i>				ter
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Property Damage: Truck and Bus Information: Registration #	V1 and MV2 were stop	ped at the red l	ight on Mid	ilesex ave	with Gler	road on	their right.	
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Truck and Bus Information: Registration #	Property Damage:							
arrier Name	wner (Last,First,Middle)	Address		Phone #	41-Type	Description of I	Damaged Property	
arrier Name	·						***	
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arrier Name	ruck and Bus Information	1: Registration #		(T	1:-1-0:-)			
CityStZipSDOT #:State NumberIssuing StateMC/MX/ICC #: terstate		registration #		(From Ve	nicle Section)		Bus Use	42
S DOT #: Issuing State MC/MX/ICC #: terstate								
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trol Officer Scott Dunnett 202 Wilmington Police Department 06/25/202	trol Officer Scott I ce Officer Name (Please Print)	Junnett Signature			LIMINGTON partment			<u> 25/202</u>

Signature

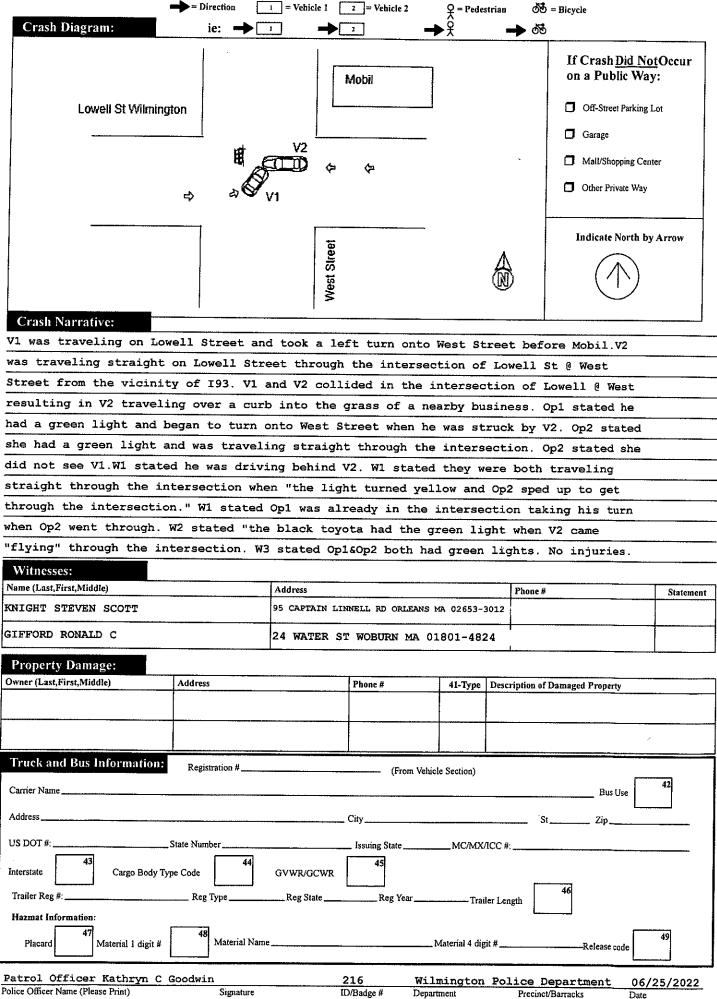
	Police Use Only	Com	monwealth	of Massach	neette	DWV Da	cument Number	٦
	Date of Crash Time of Crash	City/Town	■	nicle Crash	Number Numbe	90/1999/9990/9999		\exists
	CV CONTRACTOR	mington	STORESON STREET	Report	Vehicles Injured		5 State Police Local Police MBTA Police Campus Police	
	24HR	TON-	Control State of the Control of the		1 0	Longitude	Other:	4
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	MIDDLES	EX AVE						2
¹ 1	Route# Direction	Name of Roadway/Si	treet	Route# Direction	Address #	Name of Road	way/Street	
т_	SCHOOL	At		Feet N S	EW of — —	— • — or		1
		me of Intersecting Road	way/Street		Mile l	Marker	Exit Number	3 11
		Also at Intersection v	vith	Feet N S	Route#	Intersecting	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roads	way/Street	Feet N S	E W of		enter the second of the second of	
		-				Landmai	rk	-
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	ID# 22-20	9-AC		
L	License # S33815106 St M		17/1981 Reg	# 4342LY	Reg Ty	pe PC	Reg State MA	12
	Sex M Lic. Class D 19 19 Lic. I	Restrictions 99 20 C	DL Veh	Year 2002 \	Veh Make CHEVR	OLET Vel	n Config. 21	1
	Operator LONG, BRIAN J			er LONG, BRI	AN JOSEPH		fiddle	
⁴ 2	Address 67 LAWRENCE ST	1		ess 67 LAWREI	NCE ST	M	nout .	
	City WILMINGTON State	MA Zip 01887	7-1927 City	WILMINGTON	s	tate MA Zip 0	1887-1927	
	Insurance Company SAFETY IN	SURANCE CO	MPANY Vehic	le Action Prior to Crash	3 22	Damaged Area Code		1
5	Vehicle Travel Direction:	Responding to Emerg	gency? 2 Even	Sequence 4 23	23 23	Test Status:	1 28	
⁵ 2	Citation # (If Issued)	_	Most	Harmful Event 4	24	Type of Test:	29	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	- 25 25	BAC Test Result: Susp. Alcohol: 2 31	1	4 13
6	Viol. 3: Ch/Sec/Sub —	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26		2 33	
⁶ 1	STATE OF THE PROPERTY OF THE P	tor and all occupants inv			34 35 36 37 Seat Safety Airbag Ejec	t Trap Injury Transp.		1
	Name (Last First Middle) Operator	Se	Address te Above	DOB/Age Sex	Pos. System Status Coc	Code Status Code	Medical Facility	1
	- Operator		L AUUVE		1 1 1	0 10 1		-
-		_						-
				17				
⁷ 3	Please Select One of the Following:	#Occupants Non-	Motorist A Type 2	Action 1 L	ocation 17 Cond	ition 18	Hit/Run Moped	
	License #, St.	DOB/Age	Reg#		Reg Ty	ne R	eg State	1
	Sex Lic. Class D 19 19 Lic. R	estrictions 99 20 CI	DL Veh Y	ear V	eh Make	Veh	Config. 21	
3	Operator.	En	dorsement Owne	rLost				
2	Addres.		S 115	SS	First	Mi	ddle	
	City. State	, Ziį	City_		Si	ateZip		1 14
	Insurance Company		Vehicl	e Action Prior to Crash	0	Damaged Area Code:	_ 0	
	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Event	Sequence 23 2	2 2 2	est Status:	1 28 29	
	Citation # (If Issued)	-	Most l	Harmful Event 1	24	ype of Test: AC Test Result:	1 30	
2	Viol. 1: Ch/Sec/Sub ———— \	/iol. 2: Ch/Sec/Sub ——	Driver	Contributing Code	25 25	usp. Alcohol: 2 31	Susp. Drug: 2 32	
,	Viol. 3: Ch/Sec/Sub ———— \	/iol. 4: Ch/Sec/Sub ——	Driver	Distracted by	26	owed from scene?	1 33	
	Please fill out for operator/non- Name (Last First Middle)	S\$5.	nts involved	DOB/Age Sex	34 35 36 37 Seat Safety Airbag Ejec Pos. System Status Code	38 39 40 Trap Injury Transp. Code Status Code	Medical Facility	
	Operator/Non-Motorist		e Above		1 6	10 1	Medical Facility	
	- 100 TO							
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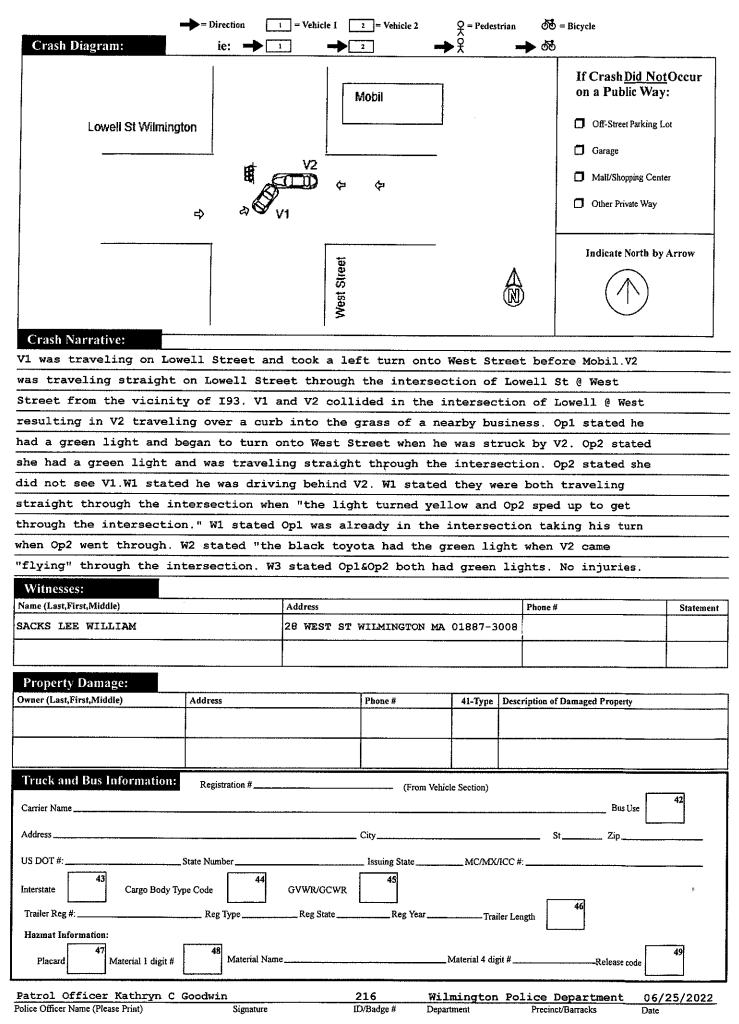


Department

	Police Use Only Commonwealth of					of Mass	acl	hus	ett	S			RM	1V Do	coment Number		
	Date of Crash 06/25/2022	Time of Crash	Wiln	City/Town	Motor	Veh	iicle Cra	ash		Numbe Vehicle		umber ijured	1'	d Limi	it3	O State Police Local Police MBTA Police	
		24HR	1	in ing con	Pol	lice	Report		2	2	0	•	Latit Long	uae ;itude _		Campus Police Other:	ă
		AT INTER	SECTI	ON:	<	LOCA	TION	>			NC)T A	T IN	TEF	RSEC	CTION:	
		LOW	ELL S	ST													2 10
¹ 1	Route# Dire			Name of Roadway/Str	eet		Route# Dire	ction	Add	dress #			N	ame o	f Road	way/Street	
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	Route# Direc			e of Intersecting Roadw		···········					N	Aile M	arker			Exit Number	اا و
				Also at Intersection w	ith			N S		_	Rou	ıte#		Inters	ecting	Roadway/Street	-
² 1	Route# Direc	ction	Nam	e of Intersecting Roadw	ay/Street		Feet	N S	EV	of	<u></u>			1.	andınar	1.	_
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	Vehicle Travel D	*	EW	Responding to Emerge			F	23	23	23	23		est Sta			1 28	-
⁵ 1		red)		trosponome to zmvig.	<u></u>		Harmful Event	1	24			Ty	ype of	Test:		29	
	•	•		iol, 2: Ch/Sec/Sub ——			r Contributing Co	ode	1	25	2:	ج		st Resi		30 Sum David 3	1 13
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⁶ 1				or and all occupants invo					34 Seat	3 i Safety	36 Airbag	37 Eject	38 Trap	39 (лјшу	40 Transp.	<u>- </u>	-
	Operato				Address Above		DOB/Age	Sex	Pos.	System 1		Code	Trap Code	Status 10	Code 1	Medical Facility	-
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⁷ 2	Please Select Or of the Following		2 3 _	Occupants Non-N	Motorist A T	уре	15 Action	16	Locati	on _	17	Condit	ion	18		Hit/Run Mope	ed
	License # <u>S55</u>	018058	St MA	_ DOB/Age		Reg#	9RY735				Re	g Туре	PC		R	eg State MA	
ı	Sex F Lic. C	lass D 19 15	Lic. Res	strictions B 20 CD	orsement	Veh Y	ear 2018	\	Veh M	ake <u>C</u>	HE	VRO	LET	<u> </u>	_ Veh	Config. 21	
	Operator LIF	KWEG, S	ARAH	ELIZABETE	Middle	Owne	LIEKWE	G,	SA	RAH		LIZ	ABI	ETH	Mi	iddle	-
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l	City ANDOV			<u>//A</u> Zip <u>01810-</u>		City 🔏	ANDOVER				33					L810-0000	2 1
- 1	_			TUAL INSUF	RANCE	Vehicl	e Action Prior to			1	22		imaged st Stat		Code:	1 27 8 27 2 27 28	
	Vehicle Travel Dis		EX	Responding to Emerge	ncy? 2		Sequence 1		23	23	23		pe of ?		٠.	29	
2	Citation # (If Issue	•					Harmful Event	1		25	25	3		it Resu		30	.
				ol, 2; Ch/Sec/Sub			Contributing Co	F	26		<i></i>] Su			2 31	Susp. Drug: 2 32]
Ľ	Viol. 3: Ch/Sec/Su Plea:			ol, 4: Ch/Sec/Sub notorist and all occupan	ts involved	Puver	Distracted by	0	34	35	36	37	38	om sc	40	1 "	_
-	Name (Last First Mid-	dle)		•	ddress		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator	r/Non-Moi	torist	See	Above			X	1	1	3	0	0	10	1		
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ı L				,				<u>'</u>	99	4	3	0	0	10	1		
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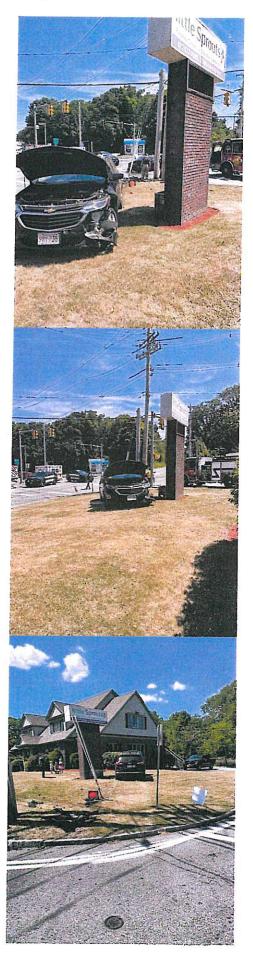
Form No. 10364 CRA-65 09/18





Wilmington Police Department Images Associated with 22-210-AC





Wilmington Police Department Images Associated with 22-210-AC





	Poli	ice Use Only		C	ommonw	ealth	of Mass	ach	uset	ts			RM	V Doc	ument N	umber	
	Date of Crash 06/25/2022	Time of Crash	Wiln	City/Town			iicle Cr	ash	Numb Vehic	es In	umber ijured	Spee	d Limit	25	Local MBT/	Police D Police D A Police D us Police D	
		24HR AT INTER	<u> </u>	ON:			Report	>	1	0	YT 42		itude_	SEC.	Other:		4
ļ		ALIMIE	OECII	O11.		LOCF	IIION			NC) I A	1 111	1 E K	SEC	TION:		2 1
	Route# Direc	tion		Name of Road	lway/Street		Route# Dire	ction	9 Address		DAN			Roadu	/av/Street		- -
¹ 1				. A							•				14,700.00		-
	Route# Direct	tion	Name	e of Intersection	g Roadway/Street		Feet	NS	E W of		 ∕Iile Ma		• —	or _	Exit	Number	
				Also at Inters	·		Feet	NS	E W of	Rou	to#		Interse	ecting E	Roadway/	Street	1
² 1	Route# Direct	tion	Name	e of Intersecting	Roadway/Street		Feet	N S	E W of	100			merse	oung r	Couumay,	Sircot	
	Please Select O	ne 52	1	<u></u>	- I		<u> </u>				74			ndmark			-
³ 97	of the Followin	g: Venic		#Occupants		Moped			1D# 2 2								_
	License # SA1	10	19	<u> </u>	20		<u>87K870</u>				•				-	21	1 12
- 1	Sex M Lic. C	lass D	Lic. Re	estrictions 1	CDL Endorsement		Year <u>2006</u>							_ Veh	Config.	1	<u> </u>
	Operator SMC			First	Middle		er <u>SMOLII</u> ess <u>20 BI</u>	Last	•		RET First			Мі	ddle		
	·			MA Zin O	1887		WILMING				Sta	te M	A 7	_{in} Ո1	L887-	-4001	
- 1				-	JRANCE CO	•	le Action Prior to		3	22			d Area			27 27	
	Vehicle Travel Dir				Emergency? 2		Sequence 22		23 23	23	Те	st Stat	tus:		1 28		
2	Citation # (If Issue	ed)		_			Harmful Event	22	24		•	η pe of `	Test: st Resu	<u>,.</u>	29		
	Viol. 1: Ch/Sec/Su	ıb	Vi	iol. 2: Ch/Sec/S	ub	Drive	r Contributing C	ode	12 ²⁵	2:	3		cohol:		1	nug 2 32	22 ¹¹
1	Viol. 3: Ch/Sec/Su	ıb	Vi	iol. 4: Ch/Sec/S	ub	Drive	r Distracted by	0	26				rom sce		2 33	I	
	Name (Last First Mide		for operato	or and all occup	ants involved		DOB/Age	Sex	34 35 Seat Safe Pos. Syste	y Airbag	17 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	cal Facility	1
	Operator	r			See Above		> <	X	1 1	1	o	0.	10	1		· · · · ·	1
															···		
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	Please Select On		2#	Occupants	Non-Motorist A	Type	15 Action	16 L	cation	17	Conditi	ion	18	Πн	lit/Run	Moped	1
2	of the Following			DOB/Age_	<u> </u>	L			<u> </u>	<u>l</u>							-
	Sex Lic. Cla	19 1	a l	_ DOB/Age_	20 CDL	•	ear		h Maka							21	
	Onerator	! .			Endorsement		r		II WAKE_					_ ven v	COILING.		
1 I	Address	Laxi	Fi	irst	Middle		ss	Last		F	กุลเ			Mid	dle		
C	City		State_	Zip	······································	City_					Stat	e	Zi	p			1
I	nsurance Compan	у				_ Vehicl	e Action Prior to	Crash		22		•	i Area (Code:	27	27 27	"-
V	ehicle Travel Dire	ection: NS	EW	Responding to	Emergency?	_ Event	Sequence		3 23	23		st Stati pe of T		}	28 29		
2	Citation # (If Issue	,					Harmful Event		24		ВА	•	t Resul	lt:	30		
 `					ab ————		Contributing Co		25 26	25	Su	sp. Alc	L	31	Susp. D	rug. 32	
Ľ					occupants involved		Distracted by		34 35	36	Tov	wed fr	om sce	ne?	33		1
-	Name (Last First Middl	e)		iotorist and an	Address		DOB/Age	Sex	Seat Safety Pos. System	Airbag	Eject Code	Trap Code	Injury 1	Trunsp. Code	Medic	al Facility	
	Operator	/Non-Mo	torist		See Above		$\geq \leq$	X	1								
⊢																	
										ļ							

	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestr	ian 📆 =	Bicycle	
Crash Diagram:	ie: →	-	2	Ŷ	→ ∞		
	Church Street Adams Street		Utility Pole - 7/30 V1 Adams Stree	et .		If Crash Did Noo on a Public Way Off-Street Parking I Garage Mall/Shopping Cent Other Private Way Indicate North by	ot er
	ī	ľ					
Crash Narrative:					1		
Sir, on June 25,202							
the 8-4 tour. On lo							
misjudged the right							
corner as a result.	(Pole #7/30). V1	was towed f	rom scene by	y a pers	onal Tri	ole a Tow. No	····
injury to operator.			-				
				······································			
					••		
				·····			
Witnesses:			•				
Name (Last,First,Middle)		Address			Phone #		Statement
B / B	1		······································				<u> </u>
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of I	Damaged Property	
					<u> </u>		
					· · · · · · · · · · · · · · · · · · ·		
Truck and Bus Informat	ion: Registration #		(From Vehic	le Section)			
Carrier Name						Bus Use	42
Address			City		St	Zip	
			•				······································
US DOT #:	State Number	<u></u>	_ Issuing State	MC/MX/I	CC #:		 :
	Body Type Code	GVWR/GCWR			,		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	46	
Hazmat Information:					<u> </u>		
Placard Material 1 c	ligit # 48 Material Nan	ne	1	Material 4 digit	#	Release code	49
Patrol Officer Paul	Maggi luray	•))† tari-1	minator	Police P	nartment 06/	/2E /2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

06/25/2022 Date