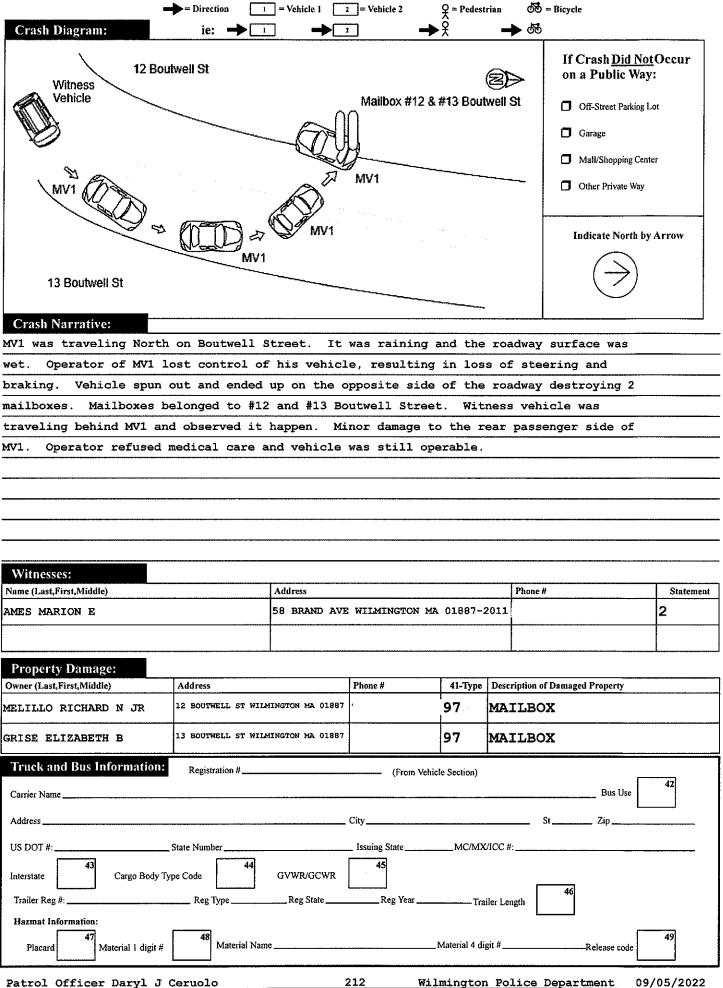
	Police Use Only	of Massacl	husetts	5	RM					
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	IL	tate Police ocal Police MBTA Police oanpus Police	1
	09/05/2022 1852 Wil:	mington	Police 1	Report	1	o	Latitude Longitude	c	fBTA Police	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter:			1
										2 10
	Route# Direction	Name of Roadway/Str	aat	Route# Direction	12 Address #	BOUT	WELL	ST Roadway/St		
¹ 4	Router Director	At At	:	Routen Direction	Address #		Name of	Koauway/5i	icet	1
L				Feet N S	E W of	Mile Ma		or	xit Number	
	Route# Direction Na	me of Intersecting Roadw Also at Intersection w		Feet N S	FW -c	tathe tate	il KCi		All Number	1 11
		Also at like/section w	1(1)	Feet N S		Route#	Interse	cting Roady	vay/Street	
² 3	Route# Direction Nam	me of Intersecting Roadw	ay/Street	reet [11]3	1 E 144 01				· · · · · · · · · · · · · · · · · · ·	
	Please Select One Value 11	#G						ndmark		1
3	of the Following:	#Occupants Hit/I	Run Moped	Crash Repor	t ID# 22	-21	/-AC	•		
		DOB/Age_	Reg #	<u>5148692</u>		Reg Type	PC	Reg Sta		12
	Sex M Lic, Class 99 Lic, 1		OL Veh	Year <u>2008</u>	Veh Make 1	'OYOTA		_ Veh Conf	ig. 1 21	5
	Operator GONUGUNTLA, S		ndorsement HMAM Own	er NALABOTH	ULA, I	/AMSIF	RIYA			
⁴ 1	Address 1 CLOCKTOWER E	PL APT 116	Maddie Addr	ess 1 CLOCKI	OWER	PLC 2	APT 1	Middle		
	City NASHUA State	e NH Zip 0306 (City	16 NASHUA		Sta	te NH Z	ip NHO3	060	
	Insurance Company GEICO		Vehic	le Action Prior to Crasi	h 1		amaged Area			
	Vehicle Travel Direction: SEW	Responding to Emerg		Sequence 31 23	23 23		st Status:	1 2	8	
5	Citation # (If Issued)			Harmful Event 31	24	T ₃	pe of Test:	25	_	
	Viol. 1: Ch/Sec/Sub			r Contributing Code	7 25 9	35	AC Test Resu] 	30 ¹³
				r Distracted by			sp. Alcohol:	. 2		30
⁶ 2	Viol. 3: Ch/Sec/Sub	ator and all occupants inv		1 Distracted by 99	34 35	36 37	38 39	ene? 2 3.	<u> </u>	
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	
	Operator	Se	e Above	\times	1 1	4 0	0 10	1		
					+	 				
					┸				<u> </u>	
⁷ 1	Please Select One of the Following: Vehicle 2	#Occupants Non-	Motorist A Type	Action 16	Location	17 Condit	ion 18	Hit/Ru	un Moped	
	License #St	DOB/Age	Reg #			Reg Type		Reg Stat	te	1
	19 19	20		ear				_	21	
	Operator	Ěn	dorsement Own	er					ъ.	
⁸ 1	Lasi	First	Middle	Last PSS		First		Middle		
	City State	7in		,,,,,		Stat	e Zi	п.		1 14
	Insurance Company	-	-	le Action Prior to Crash			maged Area (27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg		Sequence 23	23 23	 23] Te.	st Status:	28	3	
		Responding to Emerge	, —	Sequence	24	_{Ty}	pe of Test:	29		
2	Citation # (If Issued)			Harmful Event	25	25 BA	C Test Resul		J	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		r Contributing Code	26	Su	sp. Alcohol:		Drug: 32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Drive Please fill out for operator/non-motorist and all occupants involved			Towed from scene?						
	Please fill out for operator/nor Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code		40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See	e Above	X	1					
- 1										



Department

	Police Use Only	Comr	nonwealth	of Massacl	husetts	3	RM	(V Document Num)	ber	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	Localion	ce 🔯	
	09/07/2022 1420 Wil	mington	Police :	Report	2	0	Latitude Longitude	MBTA Po Campus P Other:		
	AT INTERSECT	ION:	< LOCA			NOT A		SECTION:		1
										10
					210	BALI		LE ST	<u>.</u>	
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #	 	Name of	Roadway/Street		
		Al		Feet N S	E W of		 •	- ог		
	Route# Direction Na	me of Intersecting Roadw	ray/Street			Mile Ma	rker	Exit Nur	nber	3 11
		Also at Intersection w	ith	Feet N S	E W of	Route#	Intone	ecting Roadway/Stro	not	
2		Classic P. I.	10.	Feet N S	E W of	Route#	niters	coming (Coadway/Sir	JC1	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street				Li	ındmark		
3	Please Select One Vehicle 11	#Occupants Hit/I	Run Moped	Crash Repo	1 ID# 22	-27	8-AC	•		
3	or the Pollowing:									l
	· · · · · · · · · · · · · · · · · · ·	1A DOB/Age		7ZA383					21	99 ¹²
	Sex M Lic. Class D Lic.	Restrictions CI	dorramant	Year 2006	Veh Make 1	ATOYO'	·	Veh Config. 1		
	Operator OPPEDISANO, E	BRIAN ANTHO	NY Own	er TRACY-OP	PEDIS?	NO, C	ELIA	A Middle		
⁴ 1	Address 4 POPLAR TER	FII34		ess 4 POPLAF	TER	First		Middle		
	City ANDOVER Stat	ie MA Zip 01810	-4609 City	ANDOVER		Sta	te MA 2	Zip 01810–4	1609	
	Insurance Company SAFETY IN		-	ele Action Prior to Cras	h 11		amaged Area		, 	
	Vehicle Travel Direction: NSE	Responding to Emerg		- 21	23 23		st Status:	1 28	 '	
5			•	Sequence 1 23	24	_{Ty}	pe of Test:	29		
	Citation # (If Issued)		Most	Harmful Event 1			AC Test Res	ult: 1 30		13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 St	sp. Alcohol:	2 31 Susp. Drug	, 2 32	2 '
⁶ 1	Viol. 3: Ch/Sec/Sub ———	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 0	26	To	wed from so	ene? 2 33		
1		ator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code Medical f	acility	
	Operator	30	e Above		1 0	3	0 10	1		
					1					į
				15 16		17	10			l
⁷ 1	Please Select One of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	Action	Location	Condit	ion 18	Hit/Run	Moped	
	License # St	DOB/Age	Reg #	unknown		Reg Type		Reg State		
ı	19 19	20	•	′ еат		٠.,		Ī	21	
	L	En En	dorsement		veii iviake			ven Conng		
8 ₉₉	Operator unknown	First	Middle	erLast		First		Middle		
	Address			ess						14
	CityState	e Zíp	City_		····		te Z			1
	Insurance Company		Vehic	le Action Prior to Crasl	ւ <u>3</u>			Code: 99 27 27	7 27	
	Vehicle Travel Direction: NSEW	Responding to Emerge	ency? 2 Event	Sequence 2 23	23 23	49	st Status:	1 ²⁸ 29		
	Citation # (If Issued)		Most	Hannful Event 2	24	•	pe of Test:			
2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive:	r Contributing Code	99 25	25	AC Test Resu	1	32	
	1.0.			Driver Contributing Code 99 25 Susp. Alcohol: 99 31 Susp. Drug: 99 Driver Distracted by 99 26 Towed from scene? 2 33						
ļ	Please fill out for operator/no				34 35	36 37	38 39	40		J
	Name (Last First Middle)	•	Addzess	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trop Injury Code Status	Transp. Code Medical F	acility	:
	Operator/Non-Motoris	f See	Above	\times X	1 99	99 0	0 10	1		ı
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ŀ										
-							 			

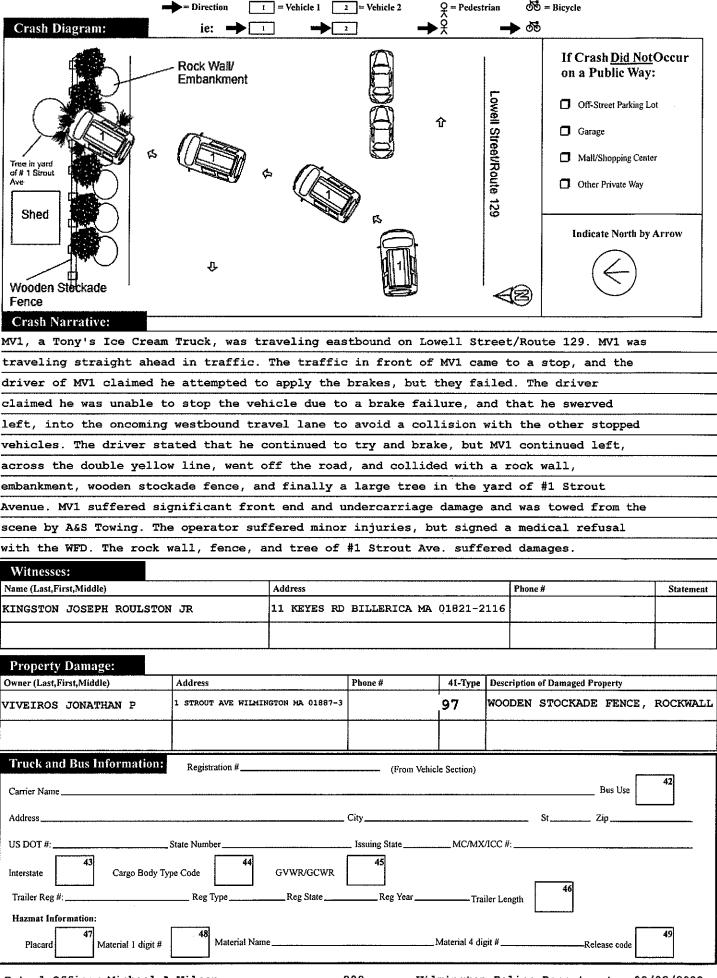
	= Direction [1	= Vehicle I	2 = Vehicle 2	오 = Pedestri	ian ಹ =	Bicycle				
Crash Diagram:	ie: 👈 🗓] →□	2	Ř	→ ॐ					
		N. N.				If Crash <u>Did Not</u> on a Public Way:				
	~3		•			Off-Street Parking Lo	t			
	2				:	Garage				
		Mall/Shopping Center	r							
		70				Other Private Way				
: 						Indicate North by Arrow				
Crash Narrative:										
Vehicle 2 atempted to di	rive past veho	ile one whi	ich was parked	d in the	parking	spot and then				
turn right. In the proce										
vehicle 2 caused damge t	to vehicle 1's	front driv	ver side bumpe	er. The	damage t	o vehicle 2				
was unknown.										
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
							······································			
Witnesses:										
Name (Last,First,Middle)		Address			Phone #		Statement			
DAVID GEARY		7 MARSHFIELD ST GLOUCESTER MA 01930								
n		i .			l					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property				
()										
Truck and Bus Information:	Registration #		(From Vehic	le Section)						
Carrier Name					·-	Bus Use	42			
Address			City		S	Zip				
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:					
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			46				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trail	er Length	46				
Hazmat Information:	48 Material Nam	٩		Material & dici	it #	P.11	49			
Placard Material 1 digit #	Ividicilal (valit			ucerem + utg.		Release code				
Patrol Officer Thomas La Police Officer Name (Please Print)	wrenson Signature			mington tment		Department 09/	07/2022			

Wilmington Police Department Images Associated with 22-278-AC





	Police Use Only	nonwealth of Massachusetts					RMV Document Number					
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh $\begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles	Number Injured	DPCC	Limit_	35	State Police Local Police MBTA Police	0800
	09/08/2022 1610 Wil	mington	Police 1	Report	1		1	Latitu Longit			Campus Police Other:	_
	AT INTERSECT	ION:	< LOCA	TION >	•		NOT A	T IN	ΓERS	SEC	TION:	
						_						2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	on Add	ress #	LOW			Roadw	ay/Street	
¹ 1		At			u e le lu	7 ,						
	Route# Direction Na	me of Intersecting Roadw	vav/Street	Feet	N S E W	ot	Mile M	arker		or _	Exit Number	
	Notes Director 14	Also at Intersection w		Feet	N S E W	of					(7)	_ 1
^			10.	Route# Intersecting Roadway/Street Feet NSEW of								
² 1	Route# Direction Na	me of Intersecting Roadw	/ay/Street	Landmark								
3	Please Select One of the Following:	#Occupants Hit/	Run	Crash Re	port ID#	22	-27	9-	AC	:		
-		A DOB/Age	Ban d	v58915			Dag Tu	CO		D.	eg State MA	-
	19 19	20		Year 2002							<u> </u>	1 5 ¹²
	Operator HAZIMEH, KHAI	E1	idorsement	er BANE HA						_ ven	Costing.	J
⁴ 1	Address 1123 REVERE BEA	First	Middle	es <u> 1123 R</u> i	st		First		y		ddle C 45	
<u></u>	City REVERE Stat			REVERE	el A fatza	بر ب					2151-386	_
	Insurance Company PROGRESSI			ele Action Prior to C		7	_			-	·····	27
	F		_		2 22	22		est Stat			28	-
5		Responding to Emerg			30 ²⁴	1 30	╝ :	ype of	Test:		29	
	Citation # (If Issued)			L	30	²⁵ 2.	- 25	BAC Tes	_		30	32 30 ¹³
	Viol. 1: Ch/Sec/Sub			er Contributing Cod			٬ لــــــــ	usp. Al	-		Susp. Drug: 2	2 30
⁶ 1		Viol. 4: Ch/Sec/Sub —— ator and all occupants inv		r Distracted by	99 26	35	36 37	owed fr	39	10	1 **	
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age	Sex Pos.	Safety System	Airbag Ejec Status Cod	Trap	Injury Status	Transp. Code	Medical Facility	
	Operator	Se	e Above	><	X_1	1	5 0	0	В	1		
								\top				
	Please Select One			15	16		17	╀	18			_
⁷ 1	of the Following: Vehicle 2	#Occupants Non-	-Motorist A Type	Action	Locati	оп	Cond	ition		<u> </u>	lit/Run Mo	ped
		DOB/Age	Reg #	ł			_ Reg Ty _l	e		Re	*	_
	SexLic. Class 19 19 Lic. 1		OL Veli \	/ear	Veh M	lake				_ Veli		<u> </u>
8	Operator	First		er			First			Mid	bile	
⁸ 2	Address		Addre	ess								_ 14
	CityState	e Zip	City_			<u></u>		ate		·		<u>- </u> 2
	Insurance Company		Vehic	le Action Prior to C	Crash	<u> </u>		Damageo		Code:	27 27 2	
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Event	Sequence 23	3 23	23		est State ype of T		-	29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24		E	AC Tes		lt:	30	
_	Viol. 1: Ch/Sec/Sub	Viol. 2; Cl/Sec/Sub	Drive	25 25							52	
	Viol. 3: Ch/Sec/Sub	Drive	r Distracted by	26		1	owed fr	om sce	L	33		
	Please fill out for operator/no Name (Last First Middle)		nts involved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Ejec Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	· 1	e Above		X 1						····· 7	
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						\vdash		-				
						$\ \cdot\ $	-					
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Patrol Officer Michael A Wilson

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Wilmington Police Department

09/08/2022

Wilmington Police Department Images Associated with 22-279-AC











Wilmington Police Department Images Associated with 22-279-AC

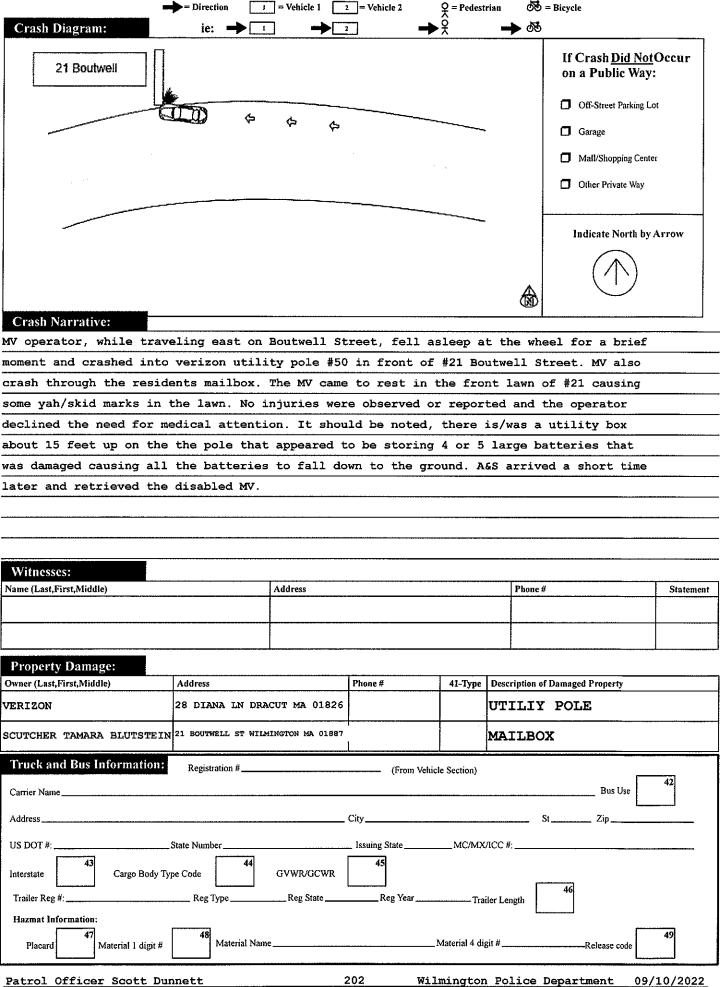








	Police Use Only	monwealth	wealth of Massachusetts RMV Docu										
	Date of Crash Time of Crash City/Town Motor Ve			icle Crash	Number Vehicle		Speed Lim	it <u>25</u>	State Police Local Police MBTA Police	1			
	09/10/2022 0115 Wi	Lmington	Police :	Report	1	0	Latitude Longitude _		Campus Police Other:				
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	TINTE	RSEC'	TION:	1			
										2 10			
	Route# Direction	Name of Roadway/St	reet	Route# Direction	21 Address #	BOUT	WELL Name o		ay/Street	.			
¹ 4		At		f	-7-1-1					1			
	Route# Direction N	ame of Intersecting Roady	vav/Street	Feet N	S E W of	Mile M	arker	- or _	Exit Number	11			
	Reducti Direction 1	Also at Intersection v	· · · · · · · · · · · · · · · · · · ·	Feet N	S E W of								
2				Route# Intersecting Roadway/Street									
² 1	Route# Direction N	ame of Intersecting Roady	way/Street				i	andmark	.	1			
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	rt 1D# 2 2	-28	0-A	C					
		MA DOB/Age	[9AT525					a. MA	<u> </u>			
	[19 19	20							2.1	1 12			
		1 1-		(ear 2018					Config.	H			
⁴ 1	Operator GEANAKAKIS			er GEANAKAK	· ·	First	PEORGE	Mic	ddie				
	Address 15 PRESIDENTI			ess <u>15 PRES.</u>				^ 4	1007 0010				
	City WILMINGTON St		•	<u> WILMINGTO</u>			ate MA amaged Are		1 27 27 27 27				
	Insurance Company ARBELLA	_		le Action Prior to Cras	sh 1 23 23		amaged Are est Status:	a Code:	1 28 2 7				
⁵ 2	Vehicle Travel Direction: NSWW			Sequence 22 23			ype of Test:		29				
	Citation # (If Issued)		Most	Harmful Event 22			AC Test Res	sult:	1 30	13			
	Viol. 1: Ch/Sec/Sub			r Contributing Code	9 25		usp. Alcohol			22 ¹³			
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by 5	26	,	owed from s	Į:	1 33				
	Please fill out for ope Name (Last First Middle)	erator and all occupants in	vOlved Address	DOB/Age Sea	34 35 Seat Safety Pos. System		38 39 Trap Injury Code Status	Transp. Code	Medical Facility				
	Operator	Se	ee Above	\times	1 1	2 0	0 10	1					
										1			
								+		-			
	- The state of the					<u> </u>		-		-			
					<u> </u>					4			
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action 16	Location	17 Condi	tion 18	Н	lit/Run Moped				
	License #St	DOB/Age	Reg #			Reg Type	2	Re	g State				
	19 19	20	DL Veh Y	ear	Veh Make			Veh	Config. 21				
	Operator		Own	er									
1	Address	First	Middle	Last		First		Mid	Mile				
	CitySta	te Zip				Sta	ite	Zip		1 14			
	Insurance Company	·		le Action Prior to Cras	h	1	amaged Area	·	27 27 27				
	Vehicle Travel Direction: NSEW			Sequence 23	23 23		st Status:		28				
	Citation # (If Issued)	·		Harmful Event	24	•	pe of Test:		29				
2	, ,			r Contributing Code	25	25	AC Test Res		Susp Drug 32				
				Distracted by	26		isp. Alcohol: owed from so	—	Susp. Drug. 32				
ļ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————				34 35 See Section	36 37	38 39	40		1			
}	Name (Last First Middle)		Address	DOB/Age Sex	 	Airbag Eject Status Code	Trap Injury Code Storas		Medical Facility	-			
	Operator/Non-Motoris	St Se	e Above	<u>/</u>	1								
ļ													



Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 22-280-AC

