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						Crash 23 2		23		st Stat			28	73
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Name (Last First Mi		or operator and all o	ccupants involved Address		DOB/Age	512000 N	Seat. Safety Pas. System	Airbag	Ejeci	Trap Code	Injury Status	Transp. Code	Me	dical Facility
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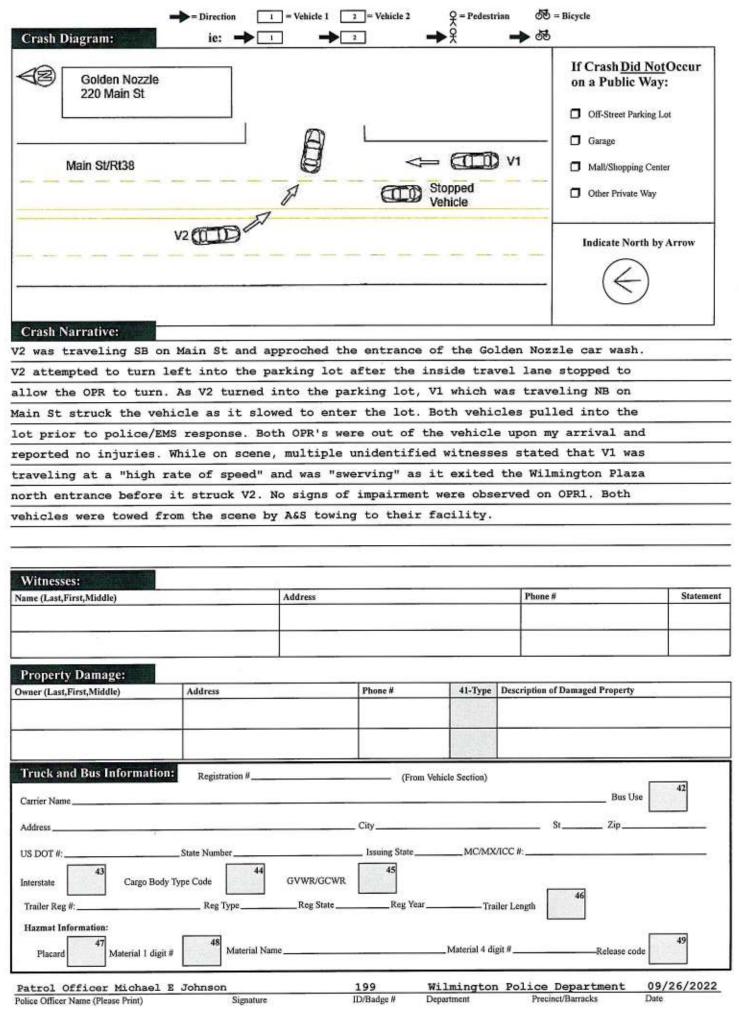
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	P			☐ Other	Private Way
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Wilmington Police Department Images Associated with 22-291-AC

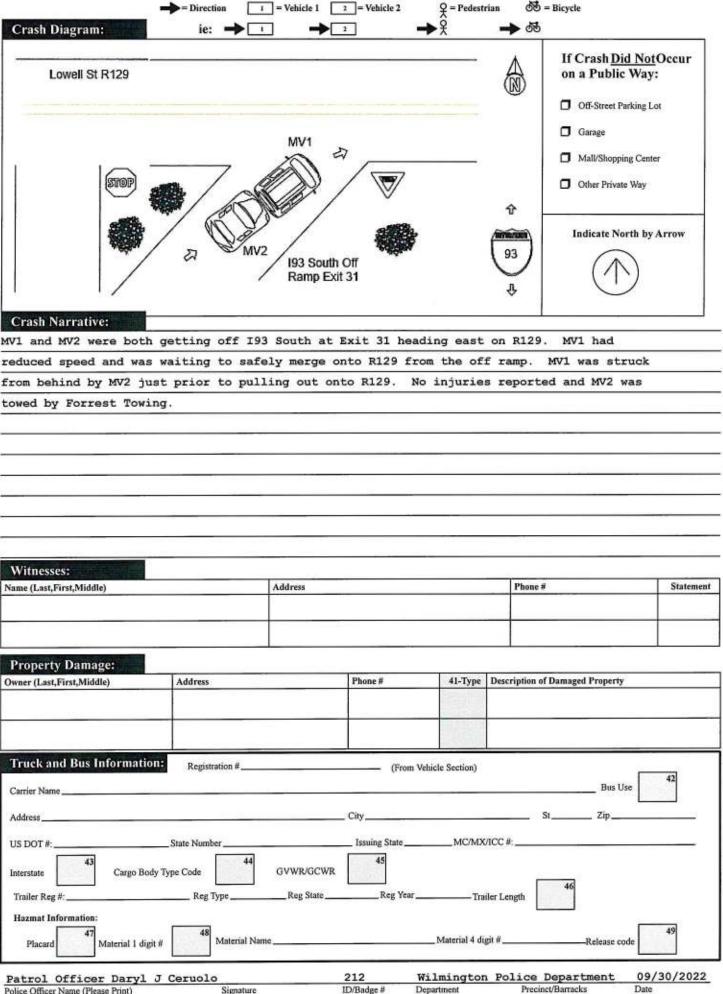




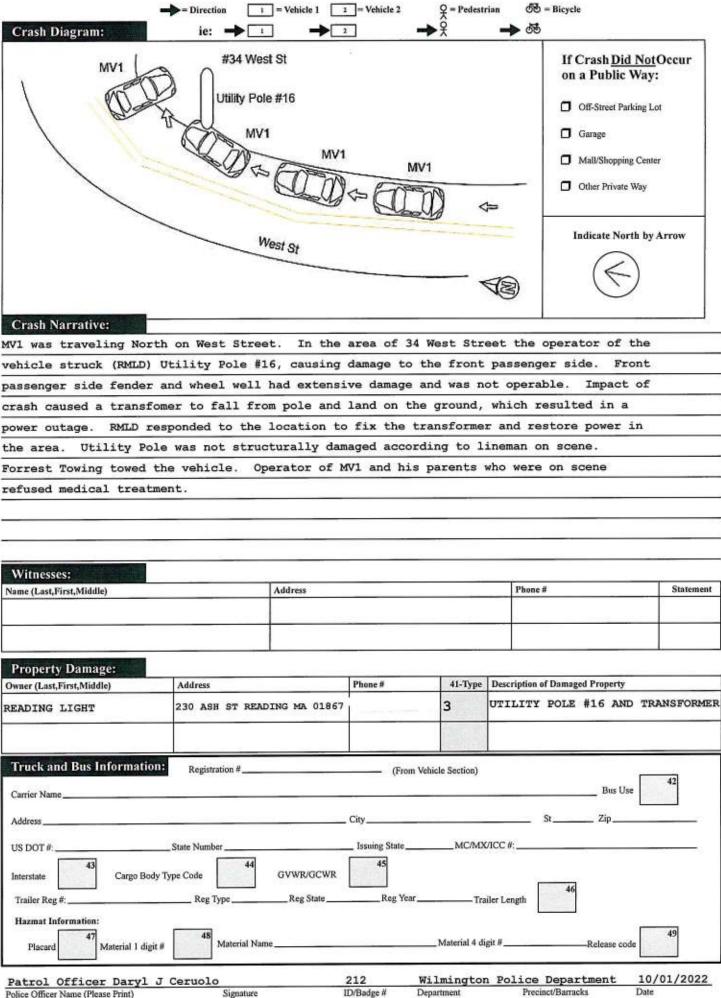
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- 12	Date of Crash Time of Crash City/Town 9/26/2022 1804 Wilmington	Motor Veh		Numbe Vehicle		Speed L Latitude		Local Police MBTA Police	0800
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3	Route# Direction Name of Intersecting R	oadway/Street		0.057	8		Landmar	k	
	Please Select One of the Following: Vehicle 11 #Occupants	Hit/Run	Crash Report	ID# 22	2-29	2-1	AC		-1
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- 1	10 10 2	ol	/ear 2005 v					_ 21	T
- 1	ex.M Lic. Class D Lic. Restrictions 1	Endorsement	September 1997				Veh	Config. 1	1
_	Operator DRISCOLL, DEVIN P	Middle	er DRISCOLL,		First		16	iddle	-1
_	Address 99 MYSTIC AVE	and the control of th	99 MYSTI	C AVE		37227	7000		_
- 1	Sity TEWKSBURY State MA Zip 018		TEWKSBURY		_		200	1876-432	-
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į	Please Select One of the Following: Vehicle 22 #Occupants	Non-Motorist A Type	Action	ocation	Conc	lition		mitricum La (viop	eu
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1	State MA Zip 018	387-3107 City	WILMINGTON		S	tate MA	Zip_ 0 :	1887-310	7 3
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,	/iol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub /iol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Drive	r Contributing Code r Distracted by 99	26		Towed fro	m scene?	1 33	_
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	129 LOWELL S	T Name of Roadway/Street		Route# Directi	ion Add	lress #	()	Name	of Roadwa	au/Street	_	
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<u></u>	93 I93SBR31	RAMP		Feet [NSEW	of -	Mile Ma	_ • -	— or _	Exit Number	_	
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1				<u> </u>					Landmark	A.	_	
3	Please Select One of the Following: Vehicle 1.1	#Occupants Hit/Run	Moped M	Crash Re	eport ID#	22.	-29	3-A	C			
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	10 10	20		Year 2017					70.2852		21	1 1
		strictions 1 CDL_ Endors	ement							Config. 1	_	-
	Operator FINGFING, BEAH	N HENRY	de	er FINGFI	101		Fint	ENTI	E Mid	die	-	
5	Address 18 CROSBY RD		Add	ress 18 CRO	SBY I	RD						
	City READING State	MA Zip 01867-3	530 City	READING			Sta	te MA	Zip 01	867-35	30	
	Insurance Company PLYMOUTH R	OCK ASSURANC	CE C Vehi	cle Action Prior to C	Crash	2 2	2 D	amaged Ar	rea Code:		27	
	Vehicle Travel Direction: N S W	Responding to Emergency	/2 Even	t Sequence 2	3 23	23	23 Te	est Status:	1	1 28		
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	Operator	See Ab	iove		X_1	1 4	0	0 10	1	5-2000000		
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				-		+	-		-		_	
	Please Select One Vehicle 22	Occupants Non-Mot	orist A Type	15 Action	16 Locati	on	17 Condi	tion 1	18 D H	lit/Run Me	oped	
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	Operator ANTONUCCI, BIA		Own	er ANTONUC	CCI,	KEN	NETH First	G	Міф	· fla	_	
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	City MALDEN State 1	MA Zip 02148-4	417 City	MALDEN			Sta	te MA	Zip 02	148-44	17	1
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	Please fill out for operator/non-			Page 14	34 Sant	35 Safety	36 37 Airbag Eject Status Code	38 3 Trop Inj Code Sta	ury Transp.	Medical Facility	SV -	
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	City/Town Lmington PION: Name of Roadway/Stre At Image of Intersecting Roadway Also at Intersection with Intersection	Motor Veh Police FION: Name of Roadway/Street	Motor Vehicle Crash Police Report FION: Name of Roadway/Street Route# Direction	Police Report Police Report No. No. No. No. No. No. No. No	Number N	Motor Vehicle Crash Police Report Number Vehicles Injuned Last Webicles Injuned Injuned Last Webicles Injuned Inju



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