	Police Use Only	Com	monwealth (of Massa	ichus	etts	;		RMV	/ Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [iumber ehicles	Number		Limit	25	— Local Police 🔀	
	10/09/2022 1055 Wil	mington	Police 1	Report	2		Injured 1	Latitud Longit			MBTA Police Campus Police Other:	i
	AT INTERSECT	YON:	< LOCA		> [-		NOT A			SEC"		1
	ATTATEMBEE	ion.	LOCA	rion ,	— I		1101 A	1 4111	1214	JEC.	110111	10
					7		BIG	AR	AVI	E		2
1	Route# Direction	Name of Roadway/Str	reet	Route# Direct	ion Ado	ress#		Na	me of	Roadw	ay/Street	
¹ 1		At		Eagt	N S E V	71			_	or		
	Route# Direction Na	me of Intersecting Roady	vay/Street	reet [.,15151,	7 01	Mile M	arker		01 _	Exit Number	
		Also at Intersection w	<u> </u>	Feet	N S E V	of						4
				Feet	N S E V	of	Route#		Interse	cting R	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roadv	vay/Street		<u> </u>	_			Lar	ndmark	,	_
	Please Select One	#Occupants Hit/			. 25.0	22	_ 2 A	1				
³ 2	of the Following:	- Fit/	Run Moped	Crash K	eport ID#		-30	<u></u>	AC		<u></u>	
	License # S37888067 St 1	A DOB/Age	Reg #	6CF813			Reg Typ	e <u>PC</u>		Re		. 12
	Sex M Lic. Class D Lic.		DL Veli Y	ear 2010	Veh N	lake <u>M</u>	ERCU	RY.		_ Veh	Config. 21	1
	Operator COLLEAMENO, L		ndorsement Owne	r COLLEA	MENO.	D.P.	VID					
41	Address 16 BIGGAR AVE	First	Middle	ss 16 BIG	ast		First			Mic	dde	
	City WILMINGTON State	. M/A ~ 01997		WILMING				M7	۰		887-4001	
								ate 1316 Dainageo		•		·
	Insurance Company CITIZENS			le Action Prior to		1		est Stat		Coue.	28	
⁵ 2	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Event	Sequence 2		23	23	ype of T			29	
2	Citation # (If Issued)		Most	Harmful Event	30 24			AC Tes		lt:	30	
i	Viol. 1: Ch/Sec/Sub	Viol, 2: Ch/Sec/Sub	Drive	r Contributing Co	de 16	²⁵ 2	0 ²⁵ S	usp. Ale	echol:	2 31	Susp. Drug: 2 32	2 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 ²⁶		Т	owed fr	om sce	ne?	1 33	
⁶ 1	Please fill out for oper	ator and all occupants inv	volved		34 Seat	35 Safety	36 37 Airbag Ejeot	38 Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status Code	Code	Status	Code	Medical Facility Winchester	-
	Operator	Se	ee Above		X^1	99	4 0	0	8	2	Hospital	
												1
												-
						<u></u>			- 0		7	4
⁷ 1	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	Action	Locat:	ion	17 Cond	tion	18	— F	Tit/Run 🔲 Moped	
	License #St	DOB/Age	Pag #	<u>US725</u>			Peg Typ	. PC		D a	eg State MA	1
	19 19	20	_	ear 2008							21	
			idorsement					<u> </u>		_ ven	Conng.	
⁸ 1	Operator Driverless M.	First	Middle	DOHERT	ast		First			Mic	idle	
	Address			ss 7 BIGG		/Ei						14
	City Stat	eZíp	City 1	WILMINGT	NO!						887-4014	. 1
	Insurance Company GOVERNMEN	T EMPLOYEES	INSU Vehic	le Action Prior to (Crash	11	_			Code:	6 27 7 27 8 27	
	Vehicle Travel Direction: NEW	Responding to Emerg	gency? Event	Sequence 2	23 23	23		est Stati		1	28	
0	Citation # (If Issued)		Most	Harmful Event	1 24			ype of T			30	
⁹ 2	Viol. 1: Ch/Sec/Sub	.Viol. 2: Ch/Sec/Sub.	Drive	ا Contributing Coo	ie 1	25	25	AC Tes usp, Alc	_		<u></u>	
		Viol. 4: Ch/Sec/Sub			0 26	iL		owed fr	1		33 33	
•	Viol. 3: Ch/Sec/Sub Please fill out for operator/no				34	35	36 37	38	39	40	<u>- </u>	4
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety System	Airbag Eject Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motoris	t Se	ee Above		X	99	4 0	0	10	1		
												7
				+								-
						-					· · · · · · · · · · · · · · · · · · ·	4

<u> </u>	= Direction 1	= Vehicle 1 2	= Vehicle 2	우 = Pedesti	rian 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🗓	→ 2	□ →	}	→ №		
	(J)		7 Biggar Ave V1 8 Biggar		-	If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	
			Ave	(Indicate North by A	rrow
Crash Narrative:							
Sir, on October 9,2022,	I (Officer Ma	cGilvray) w	as assigned t	o s2 i	n marked	unit 32 during	
the 8-4 tour. At said t	ime I was disp	atched to a	motor vehicl	le cras	hat 7B	iggar Ave. On	
location I spoke to Dav	id Colleameno.	He was the	operator of	MAREG	6CF813 (V1) and caused	
the crash. V1 stated he	was driving s	traight and	is unsure wh	nat cau	sed him	to hit V2	
(MAREG US725). V1 state	d when he hit	V2 he panic	ked and inste	ad of 1	braking	he stepped on	
the gas resulting in his	m driving thro	ugh the yar	d across the	street	and str	iking the fence	
at 8 Biggar Ave. V1 sta							
neurological condition							
by the medical condition							
by EMS to Winchester Ho			Innediate Ci	iteat si	uspensio	n nas Deen	
filed against V1. V1 to	wed by A&S TOW						
Witnesses:		Tan			l Pu	"	Gr. A
Name (Last,First,Middle)		Address			Phone	#	Statement
Proporty Domogo	A						
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	of Damaged Property	
CATANZANO PAUL J	8 BIGGAR AVE WILMIN	IGTON MA 01887-4		1		LANDSCAPING	
CATANZANO FACE D					111011/	THIODOMI ING	
Truck and Bus Information:	Registration #		(From Vehic	la Castian)	<u> </u>		
Carrier Name	roganition "		trom venic	e Section)		Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		<u> </u>
Interstate 43 Cargo Body Ty	rpe Code	GVWR/GCWR	45		-	***************************************	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46	
Hazmat Information:					L.		
Płacard 47 Material I digit #	48 Material Nam	e		Material 4 di	git #	Release code	49
Potenti Officer Peril W			301 xx-3	min-+-	Ba3:	Donartment 107	00/2022
Patrol Officer Paul Mac Police Officer Name (Please Print)	gilvray Signature		 	ming con tment		Department 10/0 nct/Barracks Date	09/2022

Wilmington Police Department Images Associated with 22-301-AC





	Police Use Only	Com	nonwealth -	of Massa	chu	setts	3		RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h	Number Vehicles			d Limit	35	State Police Local Police	
	10/10/2022 0655 Wil	mington	Police :	Report		L	0	Lain	ude gitude _		MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:		TION >			<u> </u>				TION:	-
	ATMICKSECT	1011.	. 2007	1101			1101	7 8 8 41 .			110111	10
					2	22	BU	RLIN	GTC	N A	VE	2
1	Route# Direction	Name of Roadway/St	reet	Route# Direction		ldress #		N	lame of	Roadw	vay/Street	
¹ 2		At		Feet N	SE	W of			• —	· or		
	Route# Direction Na	me of Intersecting Roady	/av/Street		1-1-1	vi		Marker		٠	Exit Number	
	11000	Also at Intersection w	·	Feet [SE	w of						_ []
				Feet	SE	w of	Route#		lnters	ecting l	Roadway/Street	-
² 1	Route# Direction Na	me of Intersecting Roady	/ay/Street						La	ndmarl	k	
	Please Select One Variation 1	#Occupants Hit/	Run Moped	Crash Re	1134	22	_ 2	12 -				
3	of the Following:	Hil/	two pea	Crasa Re	port 1 <i>Di</i>			<u> </u>				_
	License # S12741592 St M	A DOB/Age	Reg	<u> V66249</u>			Reg	Гуре <u>СС</u>		R		12
	Sex M Lic. Class D M Lic.		DL Veh	Year 2016	Veh	Make <u>E</u>	ORD			Veh	Config. 21	3 '2
	Operator DALRYMPLE, NI		ndorsementOwn	er CARVALE	ю,	NIC)LE	M.				_
⁴ 1	Address 10 ALBERT ST	First		ess 10 ALB	ERT	ST	First			M	iddle	_
	City BILLERICA Stat	e MA 7 in 0182	1 City	BILLERIC	A			State M	Ά.	zin 0 :	1821-543°	,
	Insurance Company SAFETY IN			cle Action Prior to C		1	22				2 27 3 27 2	- I
						23	23	Test Sta			28	-
5	Vehicle Travel Direction: N S W	Responding to Emer	gency?_2 Even	t Sequence 31				Type of	Test:		29	
	Citation # (If Issued)	_	Most	Hannful Event	31 24	<u> </u>		BAC T	est Res	ult:	30	12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	e <u>1</u>	25	25	Susp. A	Jcohol:	2 31	Susp. Drug: 2 32	30 ¹³
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			Towed	from so	ene?	1 33	
⁶ 1	<u>-</u>	ator and all occupants in			3- Se	at Safety	36 Airbag	37 38 jest Trap ode Code	19 Injury	40 Transp.		
	Name (Last First Middle)		Address	DOB/Age	Sex Po	1	Siatus C		Status 10	Code 1	Medical Facility	
	Operator	30	ee Above		X^1	+	"		10	<u> </u>		
	**************************************		·····									
	Please Select One			15]	16		17	<u> </u>	18	_		┪
7	of the Following: Vehicle 2	_#Occupants Non-	-Motorist A Type	Action	Loca	tion	Co	ndition		•••	Hit/Run Mope	ed
	License #St	DOB/Age	Reg #	<i>!</i>			Reg	уре		R	eg State	
	Sex Lic. Class 19 19 Lic. I	Restrictions 20 C	DL Veh Y	/ear	Veh	Make				Veh	Config. 21	
	Operator	E ₁	dorsement	er_							<u> </u>	
81	Last	First	Middle	La:	st		First	•		Mi	iddle	_
								Casas	_	7: -		1 14
	City State	-	_		_		22	State			27 27 27	<u>- </u>
	Insurance Company		Vehic	le Action Prior to C	T 221	22	23	Test Sta		Couc.	28]
	Vehicle Travel Direction: N S E W	Responding to Emerg	ency? Even	Sequence 23		23		Type of			29	
, 2	Citation # (If Issued)		Most	Hannful Event	24			BAC To		ult;	30	
۷	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub ——	Drive	r Contributing Code		25	25	Susp. A	Icohol:	31	Susp. Drug. 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub	Drive	r Distracted by	26			Towed	from sc	ene?	33	1
	Please fill out for operator/no	n-motorist and all occupa			3. Sea	t Safety	Airbag E	37 38 ject Trop				7
	Name (Last First Middle)		Address	DOB/Age	Sex Po	. System		ode Code			Medical Facility	\dashv
	Operator/Non-Motoris	r Se	e Above		X 1				-	<u> </u>	******	
						+	+		+	-		\dashv
						1				1		1

	= Direction	= Vehicle 1	= Vehicle 2	Pedest	rian	📆 = Bicycle	
Crash Diagram:	ie: 👈 💶	→	→	·웆	→	▶ 929	
222 Burlington Ave		3 O	224 Burlington Ave			If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way Indicate North by A	
					V		
Crash Narrative:							
Vehicle was traveling e							
unexpectedly. This cause to prevent laeaving the							
Burlington Ave. Vehicle							
lawn of 222 Burlington							
and operator did not re-							
Towing. Homeowner at 22:							
prior to the crash.							

Witnesses:							
Name (Last,First,Middle)		Address				Phone #	Statement
		<u>I</u>			L		
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Descri	ption of Damaged Property	
UNNI DAVID JOSEPH	222 BURLINGTON AVE	WILMINGTON MA 0	,	97	<u> </u>	n damage	
OBRIEN COLEMAN DENNIS	224 BURLINGTON AVE	WILMINGTON MA 0	;			AL MAILBOX	
Truck and Bus Information:	Registration #		From Vehic	le Section)	<u> </u>		
Carrier Name						Bus Use	42
Address			City			St Zip	
Address			•			•	
				MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	iler Lenį	46 gth	
Hazmat Information:					Ì		
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 di	git #	Release code	49
Patrol Officer Michael R D	iLorenzo		217 Wil	mington	Pol	ice Department 10/	10/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

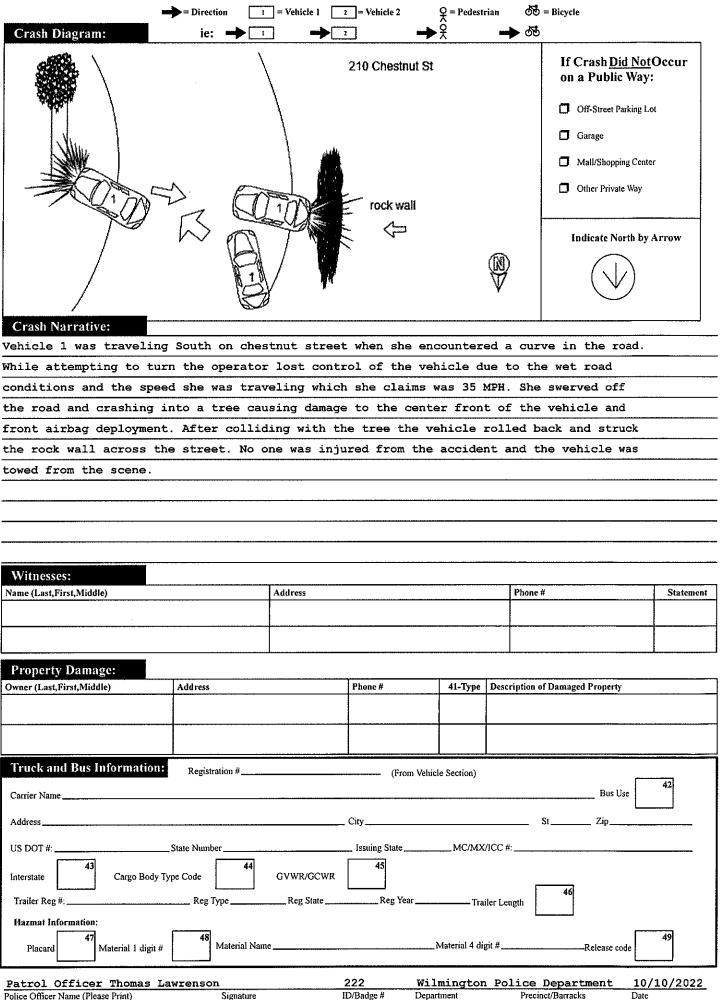
Date

Wilmington Police Department Images Associated with 22-302-AC





	Police Use Only	Comi	monwealth	of Massach	usetts	RMV Doc	ument Number	
	Date of Crash Time of Crash 10/10/2022 1423 Wil	City/Town mington	Motor Vel	nicle Crash	Number Number Vehicles Injured	Speed Limit25	State Police Local Police MBTA Police]
	24HR	mriig coii	Police	Report	1 0	Lantide	Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >	NOT A	T INTERSEC	TION:	4
					210 CHE:	STNUT ST		2 10
1.	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #	Name of Roadw	vay/Street	
1	_	At		Feet N S	E W of	or _		
	Route# Direction Na	me of Intersecting Roady			Mile M	arker	Exit Number	1 11
		Also at Intersection v	vith .	Feet N S	Route#	Intersecting I	Roadway/Street	
² 2	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N S	E W of			-
	Please Select One Value 12	#Occupants Hit/	.		22 20	Landmari	<u>k</u>	1
3	of the Following:	#Occupants Hit/	I		ID# 22-30			_
	10 10	12A DOB/Ag		# <u>2MWR86</u>			21	1 12
	Sex F Lic. Class D Lic.	Restrictions C	ndorsement	Year <u>2005</u> \			Config. 1	
⁴ 1	Operator SOUZA, REBECA	First	Middle	er DE OLIVEI	First	NIA GOMES	iddle	
1	Address 89 WASON ST			ress 89 WASON			04PF 4000	
	City MEDFORD State	•		MEDFORD	22	ate MA Zip O Damaged Area Code:	2155-1039	
	Insurance Company GEICO GEN			cle Action Prior to Crash		est Status:	1 28	
5	Vehicle Travel Direction: NEW	Responding to Emer		a sequence 21	1 1 1	ype of Test:	29	
	Citation # (If Issued)			t Harmful Event 21	25 25 B	AC Test Result:	1 30	13
	Viol. 1: Ch/Sec/Sub			·	<u>-</u>	usp. Alcohol: 2 31	Susp. Drug: 2 32	21 ¹³
⁶ 2	Viol. 3: Cli/Sec/Sub	Viol. 4: Ch/Sec/Sub —— ator and all occupants in		er Distracted by 0	34 35 36 37	owed from scene?	1 5	_
	Name (Last First Middle)	oro and an occupanto m	Address	DOB/Age Sex	Scat Safety Airbag Eject Pos. System Status Code	Trap Injury Transp. Code Status Code	Medical Facility	_
	Operator	Se	ee Above	X	1 1 1 0	0 10 1		_
	<u> </u>	· - · · · · · · · · · · · · · · · · · · ·		: 	3 1 1 0	0 10 1	·	
7	Please Select One Vehicle 2	#Occupants Non	-Motorist A Type	15 Action 16 L	ocation 17 Cond	tion 18 🔲	Hit/Run Moped]
⁷ 1	or the Parlowing:							-
	19 19	DOB/Age		#V			21	
	OperatorLic. 1		ndorsement	erv	en wake	ven	Connig.	
⁸ 2	Lost Address	First	Middle	ESS	First	Мі	ddle	
	City State	e Zip			St:	ate Zip		4 14
	Insurance Company			cle Action Prior to Crash		amaged Area Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emerg	gency? Even	t Sequence 23	23 23 23 T	est Status:	28	
9	Citation # (If Issued)		Most	Harmful Event	24	ype of Test: AC Test Result:	29 30	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25 25	usp. Alcohol: 31		
	Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub —	Drive	er Distracted by	26 T	owed from scene?	33	
	Please fill out for operator/no	n-motorist and all occupa	nnts involved	DOB/Age Sex	34 35 36 37 Seat Safety Airbag Eject Pos. System Status Code		Medical Facility	1
	Operator/Non-Motorisa	t Se	e Above		1	Code Code	arramon racinty	1
	*							1
								4
								-
	1					1 1 1 1		1



Wilmington Police Department Images Associated with 22-303-AC





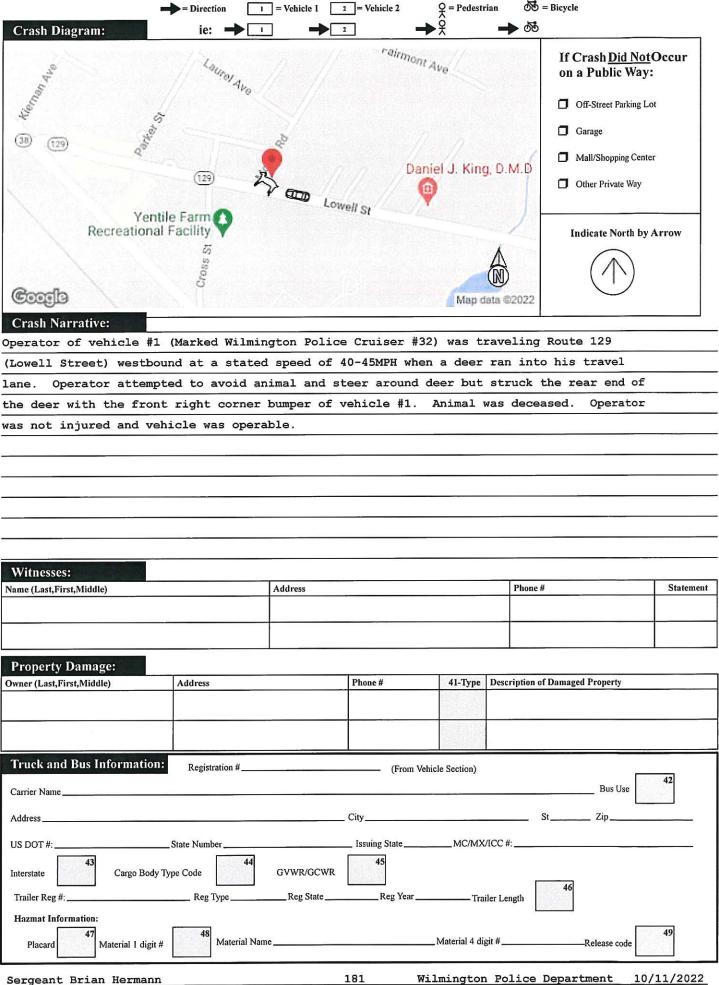
	Pol	ice Use Only				nwealth			use	tts			RM	V Docu	ıment Nu]
	Date of Crash 10/10/2022	Time of Cras		City/Town		lotor Veh	_	sh			Number Injured	Speed Latitu	l Limit.	25	State Po Local Po MBTA	olice 🔀	
	20, 20, 2022	24H			-		Report		2	C)	Longi				Police 🗖	
		AT INTE	RSECTIO	ON:		< LOCA	TION	>		N	OT A	T IN	TER:	SEC	TION:		10
		CRO	OSS ST														2 10
i	Route# Direc		J1		adway/Street		Route# Direc	tion	Addre	ss#		Na	me of	Roadw	/ay/Street		
11		TOT	WELL S		At		Fect	N S	E W	of —	-		. —	or _			
	Route# Direc	 ——	Name	of Intersecti	ing Roadway/Str	reet					Mile M	arker			Exit N	umber	5 11
				Also at Inte	rsection with			NS		R	oute#		Interse	cting F	Roadway/S	treet	\vdash
² 1	Route# Direc	etion	Name	of Intersecti	ing Roadway/Str	reet	Feet	NS	EW (of —			1	ndmark	,		.
	Please Select (One Divis	·1 *	#Occupants	Hit/Run	Moped	Crash F) 4	2	22-	30	1			Χ		1
3	of the Followi		nicle 1_±r	-Occupants	HIT/KUN												4
	License #	19		DOB/Ag	e	•	# unknowi									21	1 12
	Sex Lic. 0	Class	Lic. Res	strictions	CDL_ Endorse	went Veh	Year	V	/eh Mal	ke				_ Veh	Config.		
⁴ 1	Operator <u>un</u>	Last	F	Îrsi	Middle	e		Lost		 .	First			Mi	iddle		
1	Address						ess										
	City		State	Zip_					<u> </u>	22	Sta	ite		1	27	27 27	
	Insurance Comp	_	1.[cle Action Prior to		23 2	23 2	֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	est Stat		Coue;	28		
5	Vehicle Travel D	·	-h		g to Emergency?		ii Sequence	<u>-~ </u>	24		1	ype of			29		
	Citation # (If Iss	ŕ					Harmful Event			25	25	AC Tes		-	30		13
	Viol. 1; Ch/Sec/S						er Contributing Co	ode	26	<u> </u>	S	usp. Al	L		Susp. Dr	ug: 32	
⁶ 2	Viol. 3: Cli/Sec/5				c/Sub	_	er Distracted by	<u> </u>	34	35	6 37	owed fi	39	40			ļ
	Name (Last First M		out for operato	T and an occ	Address		DOB/Age	Sex	Pos. S		rbag Eject atus Code	Trap Code	Injury Status	Transp. Code	Medic	al Facility	-
	Operate	or			See Abo	ive	\geq	X	1								
7	Please Select C		icle 21 #	Occupants	Non-Moto	rist A Type	15 Action	16 L	ocation	1	7 Condi	tion	18		Hit/Run	Moped	1
⁷ 2	of the Followin	ng:		J										匚			1
	License # <u>384</u>	19	19	_ DOB/Ag	20	_	# <u>CPD4015</u> Year <u>2020</u>				Reg Typ				eg State .G	21	
	Sex M Lic. (EL-		strictions 1	CDL Endorser	ment	Year ZUZU er ASTROT							Veh	Config.		
⁸ 1	Operator <u>JO</u> Address <u>108</u>	Last	F	irst	Middle	¢	er <u>ASTROT</u> ess 2680 <i>F</i>	l,asi			Pirst	. V.Y.		Mis	Jdle		
	Address 108		State 1		14709		whitfie:		المتعدد	<u>, , </u>		ne GZ	7	in 30	721		1 14
	Insurance Compa			•		-	ele Action Prior to		7	22						27 27	
	Vehicle Travel D	-			to Emergency?	_	t Sequence			23 2] 1 T.	est Stat			1 28		
	Citation # (If Iss				,Bene) ,		· .	1	24			ype of 1			29 30		
⁹ 2	Viol. 1: Ch/Sec/S	ŕ		ol. 2: Ch/Sec	:/Sub		er Contributing Co		1 2	25	25	AC Tes .isp. Ali	г			32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec			er Distracted by	0	26			owed fr	Ľ	2	2 33	- Z	
	Ple	ase fill out for			all occupants inv					Safety Air	6 37 bag Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First M		latariet	1	Address See Abo		DOB/Age	Sex	Pos. S	System Su	dus Code	Code	Siatus 10	Code 1	Medic	al Facility	1
	Operate	or/Non-M	LOWISI		300 A00			M	<u> </u>	- 1	-	Ĭ-		-			-
				 						_							-
																	-

	= Direction	= Vehicle 1	2 = Vehic	e 2 Q = Pedes	trian 📆 :	= Bicycle	
Crash Diagram:	ie: 👈	□ →[2	→Ř	→ ॐ		
			ž,			If Crash <u>Did N</u> on a Public Wa	
			Cross St			Off-Street Parking	Lot
]				Garage	
	P B					☐ Mall/Shopping Ce	nter
4	\$ \$ B	MV1				Other Private Way	
	- Û	1	TOP	59 Lowell St	٨	Indicate North b	y Arrow
	Hit & Ruff Vehicle		Cross S				
Crash Narrative:					<u> </u>		
MV1 was traveling nor	th on Cross St	and attempe	ed to tu	rn left onto	Lowell St	. As MV1 was	
turning left on Lowel							
St. The other vehicl							
Operator of the secon				down Cross S	t onto Mai	in St (unknown	
direction of travel).	No injuries,	vehicle dri	veable.				
				1			
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
		· ·					
Property Damage:						,	
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
					1		
Truck and Bus Informatio	Registration#			(From Vehicle Section)			
Carrier Name				(Troni venicie section)	······	Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		Issuing S	tateMC/M	X/ICC #:		
Interstate Cargo Boo	ly Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Re	eg YearT	ailer Length	46	
Hazmat Information:	[<u>1</u> 2]				L		
Placard Material 1 dig	it # 48 Material N	ame		Material 4 o	ligit#	Release code	49
Patrol Officer Daryl			212				0/10/2022
Police Officer Name (Please Print)	Signature	:	ID/Badge #	Department	Precin	et/Barracks Da	te

	Pol	ice Use Only	C	ommonwea	lth (of Massa	chu	usett	S			RMV	V Doci	ument Number		
	Date of Crash 10/10/2022	Time of Crash	City/Town	Motor	Veh	icle Cras	sh	Numbe		1000	Speed		30	State Police Local Police MBTA Police		
	10/10/2022	24HR	ilmington	Pol	ice]	Report		2	0	ľ	Latitud Longiti	•		Campus Police Other:	_ 🛮 📗	
		AT INTERSE	CTION:	< L	OCA	TION >	·		NO	ТАТ	INT	ERS	SEC	TION:		
									_						2	10
	Route# Dire	ction	Name of Road	lway/Street		Route# Direction		300 Address #		OWE:			Roadw	/ay/Street	—- -	
1 4			A	t												
	Route# Direc	ation	Name of Intersecting	- Dandway/Street		Feet [N S E	E W of	M	ile Mar	ker		or _	Exit Number		11
	Route# Direc	C11011	Also at Interse	· · · · · · · · · · · · · · · · · · ·		Feet	N S F	EW of							2	' ''
						Feet F	N S E	EW of	Rout	e#	I	Interse	cting I	Roadway/Street	Γ	
² 1	Route# Direc	ction	Name of Intersecting	g Roadway/Street		_						Lau	ıdınarl	ζ		
<u> </u>	Please Select (1 #Occupants	Hit/Run M	oned	Crash Re	nort I	D# 22) <u> </u>	l O F	5 – Z	AC				
3	of the Followi	114.														
		10 10	St MA_ DOB/Age.	20		3DJX43									21 1	12
	Sex <u>M</u> Lic.		Lic. Restrictions 1	CDL Endorsement		rear <u>2019</u>									- -	
⁴ 1	1 '	Lost	WESLLEY W	ASHINGTON Middle		er DEOLIVE	ışt	•		irst	WA	SH:		TON ddle		
1	1	SALEM RD	_			ess <u>89 SAL</u> I		RD								
	•		State MA Zip 0:		City	BILLERIC	A		33					1821-112	, i	
	Insurance Comp	any ALLSTAT	E INSURANO	CE COMPAN	Vehic	le Action Prior to C		2	22		maged st Statu		Code:	4 ²⁷ ²⁷	27	
5	Vehicle Travel E	Direction: NS	W Responding t	o Emergency? 2	Event	Sequence 1 2		3 23	23		se of Te			29		
	Citation # (If Iss	ued)			Most	Hannful Event	1 _	24		ВА	C Test		lŧ:	30	L	
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/5	Sub	Drive	r Contributing Code		L 25	25	Sus	p. Alc	ohol: 2	2 31	Susp. Drug: 2	32 1	- 13
⁶ 2	Viol. 3: Cli/Sec/	Sub	Viol. 4: Ch/Sec/S	Sub	Drive	r Distracted by	0	26		Tov	wed fro	om sce	ne?	2 33		
2	Name (Last First M		operator and all occup	ants involved		DOB/Age		34 35 Seat Safet Pos. System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operate			See Above				1 1	4				1			
							-									
									<u></u>							
⁷ 1	Please Select C of the Followir		1#Occupants	Non-Motorist A Ty	/ре	Action	I6 Lo	cation	17	Conditio	ווס	18		lit/Run 🔲 Mo	oped	
	License # S5	7464820	St MA DOB/Age		Reg #	4WM586			Ren	з Туре.	PC		Re	g State MA		
	Sex F Lic. (10 10	Lic. Restrictions B	20 CDL			Ve	lı Make J							21	
	Operator SP		EATHER LE		Owne	r SPIZUOC					AEL	JE	3			
⁸ 1	i '	Lest TOWPATH I	First OR	Middle	Addre	ess 41 TOWI	PAT	H DR	Fi	rsl			Mic	kile		
	City WILMI	NGTON	State MA Zip 0:	L887-3917	City	WILMINGT	ON			_ State	MA	Zi	p_01	.887-391	17 1	14
			E INSURANC	CE COMPAN	Venic	le Action Prior to C	Crash	1	22		naged.				27	
	Vehicle Travel D	irection: NSX	W Responding to	Emergency? 2	Event	Sequence 1 23	3 2	3 23	23	Tes	t Statu:	s:		1 28		
	Citation # (If Issu	ued)			Most	Hannful Event	1 2	24			e of Te			29		
2	Viol 1: Ch/Sec/S	Sub	— Viol. 2: Ch/Sec/S	ub	Drive	 r Contributing Code	e 1	 _9 ²⁵ 5	25		C Test p. Alco	_		Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/S		Drive	r Distracted by		26			ved fro	L		33 33		
			or/non-motorist and all					34 35 Seat Safety	36 Airbag	37 Eject	38 Trep	39 Injury 1	40 Transp.			
	Name (Last First Mi			Address		DOB/Age		Pos. System	n Status	Code	Code	Status	Code	Medical Facility		
	Operato	r/Non-Moto	riSi	See Above			Δ	1 1	4	0	0 1	10	1			
				<u>.</u>												
							T									

		= Directio	n i	= Vehicle 1	2 = Vehicle 2	웃 = Pedest:	rian 🐠	= Bicycle	
Crash Dia	gram:	ie:	→ □	→ □	2	, ⋛	→ %		
								If Crash <u>Did Not</u> on a Public Way:	Occur
		300 Lowell St						Off-Street Parking Lot	,
								_	`
								Garage	
								Mall/Shopping Center	
			MV 2	<u>.</u>	MV ·	i		Other Private Way	
	\Rightarrow		>			\Rightarrow			
	***************************************		····				Á	Indicate North by A	Arrow
							(N)		
Crash Nai	rative:								
		traffic on	Lowel	l St. MV 2	was traveling	direct	ly behin	d MV 1.	
Operator o	of MV 2 rea	lized MV 1	was s	topped and	in an attempt	to avo	id a col	lision,	
operator a	applied the	breaks and	d swer	ved to the	right side of	the ro	adway. T	he operator of	
MV 2 was u	unable to st	top and rea	rende	i MV 1. MV	l sustained d	amage t	o the re	ar passenger	
side. MV 2	2 sustained	damage to	the f	ront driver	s side. No in	juries	reported	. Both vehicles	
operable.				<u> </u>					
				· · ·					
		····							
Witnesses:				[T _{DU}	л	64.4
Name (Last,Firs	t,Middle)			Address		· · · · · · · · · · · · · · · · · · ·	Phone	#	Statement
				.]					
Property I)amage:								
Owner (Last,Fir	st,Middle)	Address			Phone #	41-Type	Description	of Damaged Property	
Truck and	Bus Informati	on: Registrat	ion#		(From Vehi	cle Section)			
Carrier Name_					(110m von	ere occitory		Bus Use	42
Address					_ City			St Zip	
US DOT #:		State Number			Issuing State				
03 001 #	43	Γ	44		45		, ice #.		
Interstate		ody Type Code		GVWR/GCWR			Γ	46	
		Reg Ty	pe	Reg State	Reg Year	Тга	iler Length		
Hazmat Infor	mation:	48						<u> </u>	49
Placard	Material I dig		faterial Nar	ne		Material 4 di	git #	Release code	
		T Commala			212 %		- 1 .	Dopartmont 10/	10/2022

	Police Use Only	Comi	monwealth	of Massac	husetts		RM	IV Docı	ıment Number	
	Date of Crash Time of Crash 10/11/2022 0130 Wil	City/Town mington	Motor Vel	iicle Crasl	Number Vehicles		Speed Limi Latitude	t40	State Police Local Police MBTA Police	
	10/11/2022 0130 Wil :	ming con	Police	Report	1	0	Lauride Longitude _		Campus Police C	<u> </u>
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	RSEC'	TION:	
					62	T ONT	LL SI	7		2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Direction		HOWE			ay/Street	_
4		At		Feet N	S E W of		_ •	- ог		
	Route# Direction Na	me of Intersecting Roady	vay/Street			Mile M	arker	_	Exit Number	1 11
		Also at Intersection w	vith	1 =	S E W of	Route#	Inters	secting F	Roadway/Street	-
² 1	Route# Direction Name	me of Intersecting Roady	vay/Street	Feet N	S E W of					
•	Please Select One Volence 11	#O	_		2 2	20		andmar)		_
3	of the Following: Vehicle 11	#Occupants Hit/	Run Moped	Crash Repo	ort ID# 22	-30	b-A	<u>ر</u>		
	License # S20211332 St M	DOB/Age	Reg	# MPF698		Reg Typ	e DC	R	eg State MA	- 12 1
		E	ndorsement	Year 2020					Config. 1	_
4	Operator DILORENZO , MI	CHAEL ROBE	Middle	ter WILMING! Last		N OF	DEPT	POI Mi	ICE ddfe	-
⁴ 1	Address 1 ADELAIDE ST			ress 1 ADELA						-
	City WILMINGTON Stat		_	WILMINGTO	F				L887-2719	- 1
		LF INSURED		cle Action Prior to Cra			amaged Are	a Code:	2 ²⁷ 27 27 28	1
5	Vehicle Travel Direction: N S E	Responding to Emer		nt Sequence 5 23			ype of Test:		29	
	Citation # (If Issued)			t Hannful Event 5		B	AC Test Res	-	30	_ 13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	 -	S	usp. Alcohol	L	Susp. Drug: 32	5
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by	34 35	T-	owed from s	cene?	2 33	
	Please fill out for open Name (Last First Middle)	ator and all occupants in	VOIVED Address	DOB/Age S	Seat Sufety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	
	Operator	Se	ee Above	>>>	1 1	4 0	0 10	1		
	The state of the s								THE THE TAX TO THE TAX	
	Please Select One Vehicle 2	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	18		Hit/Run Mope	
⁷ 1	of the Following:		, L]]		
	License # St St	DOB/Age	_	#					21	-
	Sex Lic. Class Lic. 1	Restrictions C	DL Vehindorsement	Year	_ Veh Make			Velı	Config.	
⁸ 1	Operator	First	Middle	erLast		First		Мі	ddle	-
_	Address			ress				7 :		1 14
	City Stat	•		cle Action Prior to Cra	al.		ite amaged Area		27 27 27	
	Insurance Company			t Sequence 23	23 23		est Status:		28	J
	Citation # (If Issued)		-	t Harmful Event	24		ype of Test:		29	
⁹ 2	Viol. 1: Ch/Sec/Sub			er Contributing Code	25	25	AC Test Res		Suen Drug 32	, ,
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————			er Distracted by	 26		usp. Alcohol owed from s	`L	Susp. Drug. 32]
ļ	Please fill out for operator/no				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trup Injury	40		-
•	Name (Last First Middle)		Address	DOB/Age S	ex Pos. System	Status Code	Code Statu	Code	Medical Facility	_
	Operator/Non-Motoris	t Se	ee Above							_



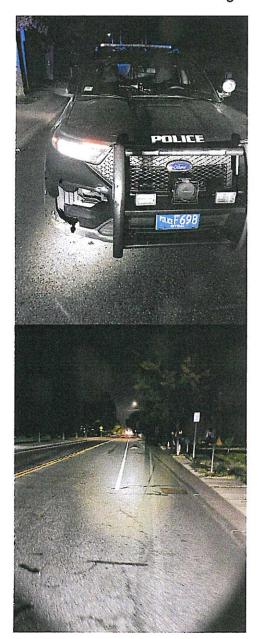
Sergeant Brian Hermann

Police Officer Name (Please Print)

Signature

ID/Badge #

Wilmington Police Department Images Associated with 22-306-AC





	Police Us	se Only	Comi	monwealth	of Massac	huset	ts	RM	IV Docum	nent Number]
	I	e of Crash	City/Town	Motor Veh	icle Crasl	Numl Vehic		Speed Limi	t <u>40</u>	State Police Local Police MBTA Police Campus Police	1
	10/12/2022 15	O1 Wilm	ington	Police :	Report	2	1	Latitude Longitude _		Campus Police Other:	
	AT	INTERSECTI	ON:	< LOCA	TION >		NOT A	T INTER	RSECT	ION:	1
			.							· · · · · · · · · · · · · · · · · · ·	2 [0
	Route# Direction		Name of Roadway/St	reet	Route# Direction	255 Address		ELL ST	Roadway	/Street	igwdap
1	Accide Direction		At					rante O	Livaundy	,	1
					Feet N	S E W of	Mile M	•	- or	Exit Number	L.,
	Route# Direction	Nam	e of Intersecting Roady Also at Intersection w		Feet N	S E W of					1 11
			Augo at intersection w	viui		S E W of	Route#	Inters	ecting Ro	adway/Street	
² 1	Route# Direction	Nam	e of Intersecting Roady	vay/Street	reel	3 [17] 01		T.			,
	Please Select One	1	#O			· · · ·	2 20		andmark		1
3	of the Following:	Vehicle 11	#Occupants Hit/	Run Moped	Crash Rep	ort ID# Z	2-30	/-A(ت]
	License #_ S2699	9760 St MZ	DOB/Age.	Reg	# 3EC526		Reg Ty	e <u>PC</u>	Reg		12
	Sex_F Lic. Class	19 19 Lic. Ro		DL Velu	Year 2009	_ Veh Make	HYUND	AI	Veh C	onfig. 21	
	Operator HICKE	EY, ROBIN		ndorsementOwn	er HICKEY,	ROBII					
⁴ 1	Address 18 HAI				ess 18 HARR	ISON	AVE First		Middl	le	
	City SALISBU	RY State	MA Zip 01952	2-1940 City	SALISBURY	<u> </u>	Si	ate MA	Zip 01	952-1940	I
	Insurance Company E				ele Action Prior to Cr	Γ'''		Damaged Area	_	27 27 27	
	Vehicle Travel Direction		Responding to Emer		t Sequence 23	23 23	23	est Status:	3	28	
5	Citation # (If Issued)_			-	Harmful Event	24		ype of Test:		29	
	1				er Contributing Code	19 ²⁵	2.5	SAC Test Res		30	13
	Viol. 1; Ch/Sec/Sub —					129	<u> </u>	lusp. Alcohol:		Susp. Drug: 2 32 33	
⁶ 1	Viol. 3: Ch/Sec/Sub —				er Distracted by 0		35 36 37	owed from so	cene? 1		
-	PR Name (Last First Middle)	ease fill out for operat	or and all occupants in	Address	DOB/Age S	Seat Sa	fety Airbag Ejec stern Status Cod	Trap Injury	Transp. Code	Medical Facility	
	Operator		S	ee Above	><	$\left(\begin{array}{c c} 1 \end{array} \right)^{1}$	1 0	0 8		inchester ospital	
											1
											1
					-						-
						1 [<u> </u>	<u> </u>		4
⁷ 1	Please Select One of the Following:	Vehicle 2.1	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Cond	ition 18	🛛 нь	t/Run Moped	
*	License #	St	DOB/Age	Reg	unknown	-	Reg Tvi	e	Reg	State	1
	Sex Lic. Class	19 19	20	_	Year					21	
	Operator unkno		E	ndorsement	ere	, ou ireanc			+011 ()	ъ [
⁸ 1	Last	7.77.8.4	First	Middle	erLast		First		Middle	e	
	Address	0	7:-					ata ,	7in		1 14
	City				L. A.dia, Diagona, Cu			ate ?		27 27 27	
	Insurance Company				cle Action Prior to Cra	23 23		est Status:	-	28	
	Vehicle Travel Direction		Responding to Emer		1 Sequence	23 23	' " "	ype of Test:		29	
⁹ 2	Citation # (If Issued)		-	Most	Harmful Event			AC Test Res	ult:	30	
_	Viol. 1: Ch/Sec/Sub —	V	iol. 2; Ch/Sec/Sub	Drive	er Contributing Code	25	25 S	usp. Alcohol:	31 5	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	V	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so		33	J
	Please fil Name (Last First Middle)	l out for operator/non-	motorist and all occup	ants involved	DOB/Age S	Seat Su	5 36 37 fety Airbag Ejectiem Status Code	38 39 Trap Injury Code Status		Medical Facility	
		on-Motorist	Se	ee Above		1	333				1
	- P 2001.X					+-+					
									++		-

	= Direction 1	= Vehicle 1 2 =	Vehicle 2	오 = Pedestrian	ರ್ಶ = Bicycle	
Crash Diagram:	ie: 👈 🔟	→ 2		> Ŷ →	→ 85	
	Lowell	Street	AND THE STREET AND TH		If Crash <u>Did Not</u> on a Public Way:	
					Off-Street Parking Lo	ot
					☐ Garage	
				•••	Mall/Shopping Cente	r
				·	Other Private Way	
⇒ (1) 1			****		Indicate North by	Arrow
Crash Narrative:						
MV 1 and MV 2 were dr	riving east on Lo	owell Street.	MV 1 state	ed MV 2 stopp	ped short for an	
ınknown reason causin	g her to read-en	nd MV 2. MV 2	was not or	scene when	police arrived. MV	
2 never exchanged inf	ormation to MV	l or police. W	itness 1 s	stated she ob	served an older,	
red Ford Explorer lea						
unable to locate the						
transported to Lahey	Hospital for mir	or injuries.	Forrest To	wing arrived	l on scene.	
Witnesses:						
Name (Last,First,Middle)		Address		I	Phone #	Statement
BOLOGNESE SHERRI R		418 WEST ST R	EADING MA	01867-2237		
						<u> </u>
Property Damage: Owner (Last,First,Middle)	Address	Ph	one #	41-Type Descri	ption of Damaged Property	
Oviter (Edistri Istania	Troutes		<u></u>	47.1700 17.0001	phon or Bannagee 11 openy	
Truck and Bus Informatio	n: Registration #		(From Veh	icle Section)		
Carrier Name			W 11 1 1		Bus Use	42
Address		City	·		St Zip	
US DOT#:	State Number	Is	suing State	MC/MX/ICC #:_		
Interstate 43 Cargo Bod	ly Type Code	GVWR/GCWR	45		·	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Leng	th 46	
Hazmat Information:					<u></u>	
Placard Material I digi	t # 48 Material Nam	ne		_Material 4 digit #	Release code	49
	w es :	000	T.T.2	1_: 7 1	: D	10/0000

Patrol Officer Kevin J Skinner
Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks

10/12/2022 Date

	Police Use Only Com		monwealth of Massachusetts				RMV Document Number			
	Date of Crash Time of Crash 10/12/2022 1839 Wil:	City/Town mington	Motor Veh	icle Crash		Tanaharan at 1	peed Limit		State Police Local Police MBTA Police Campus Police]
	24HR	ming con	Police	Report	2 2		ongitude		Campus Police Cother:	_
	AT INTERSECT	ION:	< LOCA	TION >	N	TA TO	INTER	SECTI	ON:	
					967	MAIN	STP			2 10
I _	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #	******		Roadway/	Street	
4		At		Feet N S	EW of -		- • 	or		
	Route# Direction Nam	ne of Intersecting Roadwa	ay/Street			Mile Marl	(er		Exit Number	6 11
		Also at Intersection wi	th	Feet N S	R	Coute#	Interse	ecting Road	dway/Street	
² 1	Route# Direction Nat	ne of Intersecting Roadwa	ay/Street	Feet N S	EW of					_
	Please Select One Viveter, 11	#C			0.0	200		ndmark		┪
3	of the Following:	_#Occupants Hit/R	Run Moped	Crash Repor	1D# 22 -	-308	AC			_
		A DOB/Age	Reg	# <u>5YV126</u>		Reg Type	PC	Reg S	State MA 21	1 12
	Sex F Lic, Class D 19 19 Lic. I	Restrictions 20 CE	OL Veh 'dorsement	Year 2019	Veh Make <u>GM</u>	iC		Veh Co	nfig. 1	
4	Operator RUSSIS, JACLY	N First	Middle	er RUSSIS, Lasi		First		Middle		ŀ
⁴ 1	Address 29 N MAPLE ST			ess 29 N MAP	LE ST					
	City WOBURN State			WOBURN	1 22	-			01-1404	
	Insurance Company THE STAND	ARD FIRE IN	SURAN Vehic	cle Action Prior to Crasl			naged Area : Status:		27 11 27 27 28	
5	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Even	t Sequence 1 23	23 23 2	"1	e of Test:	1	29	
	Citation # (If Issued)			Harmful Event 1	24		C Test Resu	m. <u>1</u>	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		er Contributing Code	1 ²⁵		p. Alcohol:		usp. Drug: 2 32	1
⁶ 1	Viol, 3: Ch/Sec/Sub			er Distracted by 0		Tov	ed from sc	ene? 1	33	_
-	Please fill out for opera Name (Last First Middle)	ntor and all occupants invo	Olved Address	DOB/Age Sex	Seat Safety Ai	irbag Eject	Trap Injury Code Stotus	Transp. Code	Medical Facility	_
	Operator	See	e Above	$\times X$	1 1 3	0	1 7	2 Lat	ney Clinic	
										1
					1 1					1
	Please Select One	#Occupants Non-I	M.A. 1.A. T	15 16	Iti 1	17 Conditio	18			1
⁷ 1	of the Following:	Non-I			Location			FIN/	Run Moped	-
	10 10	A DOB/Ag	-	2HTE51		Reg Type_	PC	Reg S	State MA 21	
	و ا	testrictions I CD	dorsement	Year <u>2018</u>		DI		Veli Coi	nfig. 1	
⁸ 1	Operator OK, SOTHEA J	First	Middle	er OK , SOTHI		First		Middle		
	Address 514 SCHOOL ST	APT 1		ess <u>514 SCHO</u>	OL ST	APT	1/7	. 010	E1 1071	14
	•	MA Zip 01851	·	LOWELL	22	-	naged Area		51-1971 27 27 27	
	Insurance Company LIBERTY MU		_	ele Action Prior to Crash	23 23 23	<u></u>	Status:		28	
	Vehicle Travel Direction: N E W	Responding to Emerge		Harmful Event 1	24		e of Test:		29	
⁹ 2	Citation # (If Issued)	_		er Contributing Code	10 ²⁵ 9	25	C Test Resu	1	30	
	Viol. 1: Cl/Sec/Sub			er Distracted by		Sus	o. Alcohol: red from sco		11Sp. Drug 99 32	
	Viol. 3: Ch/Sec/Sub Please fill out for operator/nor	Viol. 4: Ch/Sec/Sub 1-motorist and all occupar		. Distraction by	34 35 3	36 37	38 39	40		4
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System Ste	nus Code	Trap Injury Code Status	Transp. Code Lah	Medical Facility	4
	Operator/Non-Motorist	See	Above	/X/X	1 1 3	0 3	. 7	2		_
									 , , ,	1

	= Direction 1	= Vehicle 1 2	= Vehicle 2	오 = Pedestr		Bicycle	
Crash Diagram:	ie: 👈 🗓		<u></u> →	<u> </u>	→ 🚳		
		vanas kausakka kananas kiranas kananas kananas kiranas				If Crash <u>Did Not</u> C on a Public Way:	Occur
967 Main Street						-	
			2	11		Off-Street Parking Lot	
	Ø	NO STATE OF THE PROPERTY OF TH	Month	Made	<u> </u>	☐ Garage	
	⇒ (/	$\int_{0}^{2} \left(\frac{1}{2} \right)$		A		Mall/Shopping Center	
ØN:			W.	2	,	Other Private Way	
\$ W				$\psi(\mathcal{L})$	9		
2			· 12		" [Indicate North by A	rrow
Modera			P. C.			Andrease North by 7.	
				10/VD		(\leftarrow)	
Crash Narrative:				••••••••••••			
Refer to 22-331-AR.							
				······			
	·						
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Tyne	Description of	Damaged Property	
GARDNER HENRY PAUL	967 MAIN ST WILMING	TON MA 01887-00	T HOME W			LL/FENCE	
SALUEL MENAI FACI				<i>,</i>		JI/ PINCE	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)			
Carrier Name				•		Bus Use	42
Address			City		Si		
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate Cargo Body Ty		GVWR/GCWR			 		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:					L		
Placard Material 1 digit #	48 Material Name	e		Material 4 dig	it #	Release code	49
Patrol Officer Kewin J	Chiana		200 57-1	minata-	Police F	enartment 10/	12/2022

	Police Use Only	monwealth	onwealth of Massachusetts				RMV Document Number			
	Date of Crash Time of Crash 10/15/2022 1328 Wi	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit Latitude	40	State Police Local Police MBTA Police Campus Police	
	10/15/2022 1328 Will 24HR	lmington	Police	Report	2	o Î	Lantude Longitude		Campus Police Other:	
	AT INTERSEC	TION:	< LOCA	TION >		NOT AT	INTER	SECT	ION:	
		-								2 10
	Route# Direction	Name of Roadway/S	treet	Route# Direction	107 Address #	MAIN		Roadway	/Street	1
¹ 1		At		- No	- I					1
	Route# Direction N	lame of Intersecting Road	inov/Streat	Feet N S	E W of	Mile Ma		or	Exit Number	11
	Routes Director N	Also at Intersection		Feet N S	EW of					2
				Feet N S	EW of	Route#	inters	ecting Roa	adway/Street	
² 1	Route# Direction N	lame of Intersecting Road	way/Street				La	ndmark		_]
3	Please Select One of the Following:	#Occupants Hit	t/Run Moped	Crash Report	ID# 22	-30	9-AC	•		
,									с. МЪ	<u>-L</u>
	License # St St St	20		# <u>894LT4</u>					21	1 12
		. Restrictions	Endorsement	Year 2007			IN	Veh C	ontig. 1	
⁴ 1	Operator Last		Milaone	er RAIMUNDO		First		Middle	e e	
1	Address			ess 1216 SHA						
	CitySt	•		TEWKSBURY				_	376-2232 27 27 27	
	Insurance Company GOVERNME	_	S INSU Vehi	cle Action Prior to Crash	<u> </u>	ᅼ	amaged Area est Status:	Code: 4	28	
5	Vehicle Travel Direction: SEW	Responding to Eme	rgency? 2 Even	t Sequence 1 23	23 23	*1	pe of Test:	1_	29	
	Citation # (If Issued)		Most	t Hannful Event 1	24	В	AC Test Res	ult: 1	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 Su	ısp, Alcohol:	2 31 5	Susp. Drug. 2 32	1 13
6 .	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	wed from so	епе? 2	33	
⁵ 1	Please fill out for open Name (Last First Middle)	erator and all occupants is	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	7
	Operator		See Above		1 1 1	4 0	0 10	1		
										-
										4
										_
							Щ	<u> </u>		****
⁷ 1	Please Select One of the Following: Vehicle 21	#Occupants No	n-Motorist A Type	Action 16	Location	17 Condit	ion 18	Hic	t/Run Moped	
	License # S49782474 St]	MA_DOB/Age	Reg	4039280		Reg Type	PC	Reg	State NH	1
	19 19	20	_	Year 2018	Veli Make K				21	
	Operator LAVOIE, DONN	<u></u>	Endorsement Own	er LISS, JES						1
2	Address 23 DIRLAM CIR	First	Middle Addr	ess 22 LAKE	ST AE	First PT 3		Middle		
		ate MA Zip 0187	6 City	NASHUA		Sta	te NH 2	ip 03 0	060	1 14
	Insurance Company PROGRESS	•		cle Action Prior to Crash	1		amaged Area			
	Vehicle Travel Direction: XSEW	,	_	t Sequence 23	23 23	23 Te	st Status:	1	28	
,	Citation # (If Issued)		Most	Harmful Event 1	24		pe of Test:		30	
2	Viol. 1; Ch/Sec/Sub	Viol_2: Ch/Sec/Sub	Drive	er Contributing Code	19 ²⁵	25	AC Test Resi isp. Alcohol;		Susp. Drug 2 32	
		_ Viol. 4: Ch/Sec/Sub		er Distracted by 99	26		wed from sc		33	
	Please fill out for operator/r		pants involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		4
	Name (Last First Middle)	,	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Non-Motori	SI S	See Above		1 1	4 0	0 10	1		_
:										
]

	= Direction	i = Vehicle 1	2 = Vehicle 2	₹ = Pedesti	rian ⊘®o	= Bicycle	
Crash Diagram:	ie: →□	→ □	2	▶ }	_ → %		
Main St						If Crash <u>Did Not</u> on a Public Way:	
	1//					Off-Street Parking Lo	,
	THE PARTY OF THE P	en e	1 E		TO .		
		2	<>> (> (<	$\frac{2}{\sqrt{2}}$		☐ Garage	
			•			Mall/Shopping Center	
						Other Private Way	
						Indicate North by	Arrow
					·		
	\(\bar{\pi} \)	Veranda Ave		-	√ 3		
Crash Narrative:							
Vehicle 1 was traveli	ng North on Mai	n Street wh	en it had to	stop un	expected	ly for a	
vehicle turning left							
behind vehicle 1 and							
2 had realized vehicl							
rear of vehicle 1. Th					njuries	for either	
operators. Vehicle 2	had to be towed	from the s	cene by A&S	Towing.			***************************************
		- Carlotte and the second seco					
							<u>.</u>
Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
D. D.					I		I
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	of Damaged Property	
						•	
Truck and Bus Informatio	Registration #		(From V	ehicle Section)			42
Carrier Name						Bus Use	
Address			_ City			StZip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Boo	dy Type Code	GVWR/GCWR	45		ſ	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	iler Length		
Hazmat Information:	[49
Placard 47 Material 1 dig	it # 48 Material Na	ume		Material 4 di	git #	Release code	49
			222 1			Donartmont 10/	15/2022

Patrol Officer Thomas Lawrenson Police Officer Name (Please Print)

10/15/2022 Date

	Police Use Only	Comi	monwealth	of Massacl	ıusetts		RM	V Docume	nt Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit		State Police Local Police MBTA Police Campus Police	
	10/15/2022 2033 Wil	mington	Police 1	Report	1	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A	r inter	<u> </u>		1
										10
					550	SHAV	SHEEN			2
¹ 4	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadway/S	Street	-
4		71.		Feet N S	EW of			or		
	Route# Direction Na	me of Intersecting Roady				Mile Ma	ırker		Exit Number	1 11
		Also at Intersection w	vith	Feet N S		Route#	Interse	ecting Road	lway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N S	E W of					
			·				La	ndmark		4
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Repor	t ID# 22	-31	0-AC	;		
	License # S21121590 St N	1A DOB/Age	Ren	# <u>3XJ164</u>		Reg Tyn	· PC	Rea S	tate MA	_
	19 19	20	_	Year 2014				_	21	1 12
	DIC. Class P	r						ven con	mig.	
⁴ 1	Operator KINCAID, BYRO	First	Middle	er KINCAID,	BIRON	First		Middle		
Τ.	Address 3 LYNCH LN			ess 3 LYNCH				010		
	City WILMINGTON Sta			WILMINGTO					87-1821	
	Insurance Company THE COMME	RCE INSURAL	ICE CO Vehic	ele Action Prior to Cras	<u>, </u>		amaged Area est Status:		27 8 27 27 28	
5	Vehicle Travel Direction: NEW	Responding to Emer	gency? 2 Even	t Sequence 5 23	23 23	23	pe of Test:	1	29	
	Citation # (If Issued)	<u> </u>	Most	Harmful Event 5		-	AC Test Resi	ılt: 1	30	
	Viol. 1: Ch/Sec/Sub	-Viol, 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 Si	isp. Alcohol:	2 31 Su	isp, Drug: 2 32	5 13
6	Viol. 3; Ch/Sec/Sub	- Viol. 4: Cli/Sec/Sub —	Drive	er Distracted by	26	To	owed from sc	ene? 2	33	
⁶ 1		ator and all occupants in			34 35 Sent Safety	16 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle) Operator		Address see Above	DOB/Age Sex	Pos. System	Status Code	Code Status 0 10	Code 1	Medical Facility	1
	Орегиют	31	ee Adove		1 1	-	10	<u> </u>		-
7	Please Select One Vehicle 2	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	ion 18	☐ Hit/I	Run Moped	1
⁷ 1	of the Following:	Tron	-Wiotorist A Type		Location	Condi		11101	Xaii C. I Wiepeu	-
		DOB/Age	Reg #	#		Reg Type	·	Reg St	tate	
	Sex Lic. Class 19 19 Lic.	Restrictions 20 C	DL Veh \	/ear	Veh Make			_ Veh Con	ofig.	
8	OperatorLan	First		erLast		First		Middle		
⁸ 2	Address		Addr	ess						14
	City Stat	e Zip	City_			Sta	te Z	ip		1 14
	Insurance Company		Vehic	ele Action Prior to Crasi	h	22 D.	amaged Area		27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emerg	gency? Even	Sequence 23	23 23	43	st Status:		28	
	Citation # (If Issued)		Most	Harmful Event	24	•	pe of Test:	<u> </u>	29 30	
ຶ2	Viol. 1: Ch/Sec/Sub	.Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	AC Test Resu sp. Alcohol:		sp. Drug: 32	
		Viol. 4: Ch/Sec/Sub —		er Distracted by	26		wed from sc		33	
ļ	Please fill out for operator/no				34 35	36 37	38 39	40		1
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Sufety Pos. System	Airbag Eject Status Code	Trup Injury Code Status	Transp. Code	Medical Facility	-
Į	Operator/Non-Motoris	t Se	ee Above	\times \times	1					
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ŀ										1
1		I		1 1	1	: I	i	1 1		I

1	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Pedestri	ian 📆	= Bicycle	
Crash Diagram:	ie: -	→ □	→	X	→ ∞		
					PANALETONIA SANTA SANTA	If Crash <u>Did Not</u> on a Public Way:	
	Ę					Off-Street Parking Lo	ot
	*	, C				Garage	
	`	4.5				☐ Mall/Shopping Cente	or
					:	Other Private Way	
			· · · · · · · · · · · · · · · · · · ·	., ., .,		Indicate North by	Arrow
550 Shawsheen Ave			← Harold A	∖ve ≪	3 28		
Crash Narrative:							
Vehicle 1 was traveling							
nexpectedly jumped ou with the deer causing							
after being struck by							
accident. The operator							
W:4							
Witnesses: Name (Last,First,Middle)		Address			Phone #	,	Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	f Damaged Property	
Owner (Casi, First, Middle)	Address		1 none w	41-1900	Description	Damaged Froperty	
Truck and Bus Information	Registration #		(From Vehíc	le Section)			42
Carrier Name						Bus Use	
Address			City			StZip	
US DOT #:	State Number		Issuing State	MC/MX/	TCC #:		
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:	40						40
Płacard Materiał 1 digit #	48 Material Nar	ne		Material 4 dig	pit #	Release code	49
Patrol Officer Thomas 1	.awrenson		222 Wil	minator	Police	Department 10	/15/2022

Wilmington Police Department Images Associated with 22-310-AC



