	Police Use Only	Comm	onwealth	of Massa	chus	setts			RMV	Docun	nent Number	
		City/Town	Motor Veh	icle Cras	sh [Number Vehicles	Number	Speed	Limit_	35	State Police Local Police	
	10/18/2022 1642 Wilm:	ington	Police	Report	2		Injured 0	Latitud			MBTA Police Campus Police Other:	러
ŀ	AT INTERSECTION	N.	Party March 1985	TION >			NOT A			ECT		┥
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i I	Route# Direction	Name of Roadway/Stree	et	Route# Directi		dress #		Naı	me of F	Roadwa	y/Street	
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	Route# Direction Name	of Intersecting Roadway	v/Street		. = =		Mile M			o	Exit Number	111
	and was a many and a common and	Also at Intersection with		Feet	N S E	w of						_ 4
				Feet	N S E	w of	Route#]	Intersec	cting Ro	oadway/Street	
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	Please Select One Variable 1 1	(Occupants D	П.,		· ID	22	-31	1_				_
3	of the Following:	Occupants Hit/Ru	ın Moped	Crash Re	eport ID#	22	-2T	Ι	AC			_
L	License # <u>\$93549790</u> St <u>MA</u>	_ DOB/Age	Reg	# <u>7XM391</u>			Reg Typ	e PC		Reg		12
	Sex F Lic. Class D 19 Lic. Res	strictions 20 CDI		Year 2016	Veh	Make <u>H</u>	ONDA			_ Veh C	Config. 21	1
	Operator DONAHUE, EMILY	ROSE	orsement Own	er DONAHUI	Е, М	ICHA	EL T					_
⁴ 1	Address 396 TRULL RD	itst	Middle	ress 396 TR	ast		First			Midd	ile	
	City TEWKSBURY State 1	να σ: 01976-		TEWKSBUF	This is a		C.	ata MZ	7:	ຸ ດ1	876-1655	5
	57 C-14 (17 C-13 C-14 C-14 C-14 C-14 C-14 C-14 C-14 C-14										27 7 27 6 27	
	Insurance Company SAFETY INS			cle Action Prior to		23	_ ,	est Stati		1	28	'
⁵ 2	Vehicle Travel Direction: S E W	Responding to Emerge	ncy? 2 Even	t Sequence 1	23		23	ype of 7		Ť	29	
2	Citation # (If Issued)		Mos	t Harmful Event	1 24			AC Tes		lt:	30	
	Viol. 1: Clı/Sec/Sub ———— Vi	ol. 2: Ch/Sec/Sub ——	Driv	er Contributing Cod	ie 1	25	25 S	usp. Alc	cohol:	31	Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub ————Vi	ol. 4: Ch/Sec/Sub ——	Driv	er Distracted by	0 26			owed fr	_		22	' '
⁶ 1	Please fill out for operato			T	3 Se		36 37 Airbag Eject	38 Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)		ddress	DOB/Age	Sex Po	s. System	Status Code		Status	Code	Medical Facility	\dashv
	Operator	See	Above		X^1	1	4 0	0	10	1		_
8						-		-		-		
				1.	10	Free	15		10	\vdash		\dashv
⁷ 1	Please Select One of the Following:	Occupants Non-N	Motorist A Type	15 Action	Loca	ition	17 Cond	ition	18	Пн	it/Run 🔲 Mope	ed
_	License # S72279246 St MA	_ DOB/Age.	Reg	# DNA127			Reg Typ	e PC		Rei	g State MA	
	19 19	20		Year 2010	Vah	Moke F					Config. 1	
	D	strictions CDI End	orsement	er MAHER,			0.0			_ ven c	Johns,	
⁸ 1	Operator MAHER, DENNIS	îrst	Middle	L	ast		First			Mide	dle	
_	Address 131 FRASIER LN			ress <u>131 FR</u>		K Li				01	076 500	1 14
	CV 10-000-000-000-000-000-000-000-000-000-	MA Zip 01876-		TEWKSBUE	RY	28.00				_	876-500 e	- I
	Insurance Company LM GENERAL	INSURANCE	COMP Vehi	cle Action Prior to	-	1		Damage		Code: 2	28	9
	Vehicle Travel Direction:	Responding to Emerge	ncy? 2 Ever	nt Sequence 1	23 23	23	43	est Stat		1	29	
9	Citation # (If Issued)		Mos	t Harmful Event	1 24			SAC Tes		lt:	30	
⁹ 2	Viol. 1: Ch/Sec/Sub — Vi	ol. 2: Ch/Sec/Sub	Driv	er Contributing Co	de 6	25 9	25	Susp. Ale	_		Susp. Drug: 2 3	2
	100 500 0 500 AND 100	ol. 4: Ch/Sec/Sub ——		er Distracted by	99 20	3		owed fi		-	22	1
	Viol. 3: Ch/Sec/Sub —————Vi Please fill out for operator/non-				3		36 37	38	39	40		
	Name (Last First Middle)		Address	DOB/Age	Sex Po	sat Safety System	Airbog Ejec Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	See	Above	\times	X^1	1	4 0	0	10	1		
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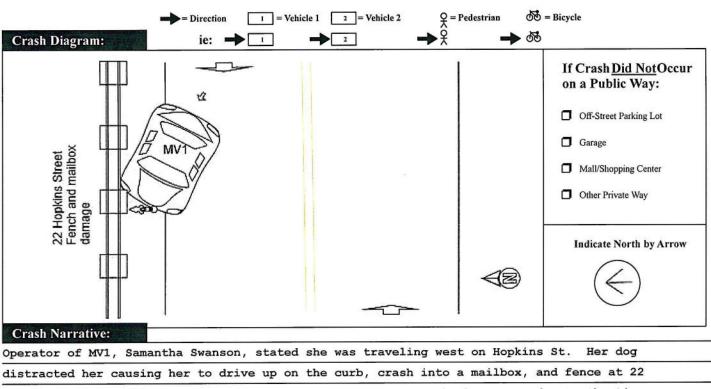
	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	ණ් = Bicycle	
Crash Diagram:	ie: →[· →	2	▶ } -	→ №	
0					If Crash	Did NotOccur lic Way:
					☐ Off-Stree	t Parking Lot
					☐ Garage	
					☐ Mall/Sho	pping Center
		MV 2			Other Pri	vate Way
<u> </u>			<u> </u>			
\Rightarrow	\Rightarrow		\Rightarrow	⇒ _	Indicate	North by Arrow
		MV 1	222 N	Main St 🗷	≥ (-	>)
Crash Narrative:						11.
ne operator of MV 1						
perator of MV 2 was						
MV 2 attempted to						(A) (A) (A)
2 was changing lan						
2 stated that MV 1						
ne front right passe			damage to the	ne entire dr	ivers side. Bot	n .
ehicles operable and	no reported i	njuries.				
		11				
Witnesses:		•				
ame (Last,First,Middle)		Address			Phone #	Statement
Property Damage:	Address		Phone #	41-Type Des	scription of Damaged Prope	erty
Truck and Bus Information	n: Registration #_		(From \	Pehicle Section)		
Carrier Name					Bu	s Use 42
Address		-	City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWF	45 R			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer I	ength 46	
Hazmat Information:	10					49
Placard 47 Material 1 dig	rit # 48 Material	Name		Material 4 digit #	Releas	e code
Patrol Officer Robert M De	Gregorio III		223	Wilmington P	olice Departmen	10/18/2022
olice Officer Name (Please Print)	Signatu	re		Department	Precinct/Barracks	Date

Doct of Cash Time of Cash Confidence Cash Police Report	Police Use Only	Commonwealth	of Massachi	usetts	RMV Doc	ument Number
AT INTERSECTION: Content	The Control of the Co	naton			Speed Billit	State Police Local Police MBTA Police
Routed Direction Name of Readway/Street Routed Direction Name of Readway/Street Address Feet N S W Of Mile Marker Of East Number Of Mile Marker Of Mile Marker Of Mile Marker Of Mile Marker Of Of Of Of Of Of Of O	10000000	Police Police	Report	2 0	Secure and Artificial Control of the	
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Rouse Direction Name of Intersecting Roadway/Street Feet N E W of Roates Intersecting Roadway/Street Feet N E W of Roates Intersecting Roadway/Street Feet N E W of Roates Intersecting Roadway/Street Intersecting Roadway/Street Feet N E W of Roates Intersecting Roadway/Street Intersecting Roadway/Str	Route# Direction N	lame of Roadway/Street	Route# Direction			
Routed Direction Name of Intersection With Feet N S E W of Routed Intersection Roadway/Street Landmark Feet N S E W of Roated Intersection Roadway/Street Landmark Landma		At				
Feet	DESCRIPTION CONTRACTOR			Mile M		
Please Solect One of the Fallowing Name of Intersecting Roadway/Street Landmark	A	Also at Intersection with	31 - VIXSIGN	Route#	Intersecting 1	Roadway/Street
License # SS DOB/Age Reg # 3474848 Reg Type PC Reg State NH	Route# Direction Name of	of Intersecting Roadway/Street	Feet NSI	E W of	Landmar	k
Sex		Occupants Hit/Run Moped	Crash Report I	D# 22-31	2-AC	
Sex_Lic. Class 1	License #St	_ DOB/Age Reg	# 3474848	Reg Typ	e PC R	
Operator Internation Flat	Sex Lic. Class 19 19 Lic. Rest	rictions CDL Veh	Year 2015 v	eh Make CHRYSI	LER Veh	Config. 1
Land State Models Mode		Endorsement		MARY E		
City CANDIA	NOON STATE OF THE PARTY OF THE	st Middle	Last	First	М	iiddle
Non-Materist A Type					NH 7:0 O	3034
Insurance Company				22		
Event Sequence 1			22 2	1	2 10000000	1 5
Most Hamful Event 1	Vehicle Travel Direction: SEW	Responding to Emergency? 2 Eve	nt sequence 1	23 23 23 T		29
Viol. 2: Ch/Sec/Sub	Citation # (If Issued)	Mos	st Harmful Event 1	24 B	2002222 027 27	30
Viol. 4: Ch/Sec/Sub	Viol. 1: Ch/Sec/Sub — Vio	1. 2: Ch/Sec/Sub Driv	er Contributing Code	10 ²⁵ 25 S	usp. Alcohol: 31	Susp. Drug: 32
Please fill out for operator and all occupants involved Address DOBI/Age Sec Set Sate Satery Address Sec Code Sec Set State Top Lings Image Transport Transp	Viol. 3: Ch/Sec/Sub — Vio	I. 4; Ch/Sec/Sub Driv	ver Distracted by	26 T	owed from scene?	2 33
Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped			97.50	Seat Safety Airbag Eject	Trap Injury Transp.	
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped License # \$53291598 St MA DOB/Age Reg # MPF721 Reg Type LF Reg State MA Sex M Lic. Class 19 19 19 Lic. Restrictions 20 CDL Endorsement Operator #ALLITDAY , DILLON K First Moddle Address 1 ADELIATIDE ST City WILMINGTON Town OF DEPT POLICE Address 1 ADELIATIDE ST City WILMINGTON State MA Zip 01887 City WILMINGTON Insurance Company SELF INSURED Vehicle Travel Direction: NX E W Responding to Emergency 1 Event Sequence 1 23 23 23 23 23 23 23 23 23 23 23 23 23			DOB/Age Sex	Pos. System Status Code	Code Status Code	Medical Facility
Non-Motorist A Type Action Location Condition Hit/Run Moped	Operator	See Above		1 99 4 0	0 10 1	
Vehicle 21 #Occupants						
Non-Motorist A Type Action Location Condition Hit/Run Moped						
Non-Motorist A Type Action Location Condition Hit/Run Moped						
Condition Cond					10	I
Sex M Lic. Class		Occupants Non-Motorist A Type	Action 16 Le	ocation 17 Condi	ition 18	Hit/Run Moped
Sex M Lic. Class		DOB/Age Reg	#MPF721	Reg Tyn	e LF R	eg State MA
Operator HALLIDAY DILLON K Address 1 ADELATDE ST City WILMINGTON State MA Zip 01887 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27 Test Status: 28 Type of Test: 29 Citation # (If Issued)	19 19	20				_ 21
Address 1 ADELAIDE ST City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887-2719 Vehicle Action Prior to Crash 2 22 Vehicle Travel Direction: NEW Responding to Emergency? 1 Citation # (If Issued) Driver Contributing Code 1 25 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address 1 ADELAIDE ST City WILMINGTON State MA Zip 01887-2719 Damaged Area Code: 1 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Poll/Age Sex Poll Airbug Status Code Medical Facility		Endorsement				
City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887-2719 Vehicle Action Prior to Crash 2 22 Vehicle Travel Direction: NXE W Responding to Emergency? 1 City WILMINGTON State MA Zip 01887-2719 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27 Test Status: 29 Most Harmful Event 1 24 Wiol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Please fill out for operator/non-motorist and all occupants involved Address Name (Last First Middle) DOB/Age Sex Pos. Safety Airbug Status Code Code Status Medical Facility	Last	st Middle	Last	First		
Insurance Company SELF INSURED Vehicle Action Prior to Crash						1007 0710
Vehicle Travel Direction: NXEW Responding to Emergency? 1 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 23 Citation # (If Issued)			WILMINGTON	22		
Vehicle Travel Direction: N E W Responding to Emergency? 1 Event Sequence 1 23 23 23 23 23 23 23 23 23 23 23 23 23	Insurance Company SELF INSURE	ED Veh	icle Action Prior to Crash	4 (1)	3 5050	1000 500 500
Citation # (If Issued) Most Harmful Event	Vehicle Travel Direction: NXEW	Responding to Emergency? 1 Eve	nt Sequence 1 23	25 25 25		F5/60
Viol. 1: Ch/Sec/Sub — Viol. 2; Ch/Sec/Sub — Driver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 0 26 Towed from scene? 2 33 Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Pos. System System Sustus Code Code Section Medical Facility	Citation # (If Issued)	Mo	st Harmful Event 1	24		
Viol. 3: Ch/Sec/Sub	Viol 1: Ch/Sec/Sub Vic	ol. 2: Ch/Sec/Sub Driv	ver Contributing Code	- 25 25		20
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex DOB/Age DOB/Age Sex DOB/Age DOB/Age Sex DOB/Age D		n.	ver Distracted by	26		33
Name (Last First Middle) Address DOB/Age Sex Pos, System Status Code Code Status Code Medical Facility	7.550 - 7.50 - 7.50	II. 4. Chrocosar	1 1	34 35 36 37	38 39 40	
Operator/Non-Motorist See Above 1 1 4 0 0 10 1			DOB/Age Sex	Seat Safety Airbug Eject Pos. System Status Code	Trap Injury Transp. Code Status Code	Medical Facility
	Operator/Non-Motorist	See Above	\times X	1 4 0	0 10 1	
			+ +			-
						W

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	an 🕳 = I	licycle	
Crash Diagram:	ie: 👈 🔟	→ [2	→ X	→ №		
Tree Line				Main St.		If Crash Did Non a Public Wa ✓ Off-Street Parking ☐ Garage ☐ Mall/Shopping Co	ay: g Lot
	23					Other Private Wa	y
Gym Street USA						Indicate North	by Arrow
Crash Narrative:							
Reference 22-1295-OF Fencing in the parkin							
and crashed into the							
eventually recovered							
.veneuarry recevered							
							14.66
Witnesses:					D1 #		
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
T. I. I.B. L.C				Bridge Self			
Truck and Bus Information	Registration #		(From	n Vehicle Section)		<u>.</u> [42
Carrier Name						Bus Use	
Address		***	City		St.	Zip	
US DOT #:	State Number		Issuing State_	MC/MX/	TCC #:		
Interstate 43	dy Type Code	GVWR/GCWR	45				
50501	C. C					46	
	Reg Type	Keg State	Keg Yea	Trai	ler Length		
Hazmat Information: 47 Placard Material 1 dig	it # 48 Material Na	me		Material 4 dig	pit #	Release code	49
	Control of the Contro						
Patrol Officer Dillor Police Officer Name (Please Print)	n Halliday Signature		205 ID/Badge #	Wilmington Department			0/19/2022 ate

Police Use Only	Com	monwealth	of Massa	chus	etts			RMV	Docum	ent Number	
Date of Crash Time of Crash 10/19/2022 2205 Will	City/Town Lmington	Motor Veh		\ V		Number Injured	Speed Latitud		35	State Police Local Police MBTA Police Campus Police	J
24HR	_		Report	1	C		Longitu			Other:	4
AT INTERSEC	TION:	< LOCA	TION >		N	OT A	ΓINT	rers	ECT	ION:	4
Route# Direction	Name of Roadway/St	тееt	Route# Directi	22 ion Add	ress#	HOPE			! loadway	ı/Street	_
	At		Foot	N S E W] of _			_	or		
Route# Direction N	Jame of Intersecting Roady	way/Street		= =] 01	Mile Ma			or	Exit Number	그,
	Also at Intersection w	vith	Feet	N S E W	of	oute#		Intersec	ting Ro	adway/Street	-
Route# Direction N	Jame of Intersecting Roady	vav/Street	Feet	N S E W	of				•		1
Router Breston .	Table of Microsoning Road.		<u> </u>					Land	dmark		4
Please Select One of the Following:	#Occupants	/Run Moped	Crash R	eport ID#	22-	31	3-2	AC			
License # S95846858 St	MA DOB/Age	Reg	# 2HVN79			Reg Typ	e PC		Reg	State MA	7-
19 19	e. Restrictions 1 20 C		Year 2010	Veh N	ake CH	EVRC	LET	!	Veh C	onfig. 1	7
Operator SWANSON, SAM		indorsement Own	er TODISC	O, PA	ULA	MARI	E				_
Address 15 CRIMSON RD	First	Middle Addi	ress 31 MAC	DOUG	ALL S	First S T			Middl	de	
City BILLERICA Si		1 City	BILLERIC	CA		Sta	ate MA	Zij	018	821-5133	<u>.</u>
Insurance Company THE COMM			cle Action Prior to		1 22	1	amaged				-
Vehicle Travel Direction: N S E	_		nt Sequence 20	23 23 23	23 2] T	est Statu	us:	1	28	
Citation # (If Issued)				31 24		- 3	ype of T		6	30	
Viol. 1: Ch/Sec/Sub			er Contributing Cod		²⁵ 20	25	AC Tes usp. Alc	_	-	Susp. Drug: 99 32	2
Viol. 3: Ch/Sec/Sub —			-	5 26			owed fr	_	ne?	9 33	, E
	erator and all occupants in		1	34		36 37	38	39	40 Transp.	5 (1)	\dashv
Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System St	atus Code		Status	Code	Medical Facility	\dashv
Operator	S	ee Above	\sim	X^1	99 9	9 0	0	10	1		_

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Please Select One Vehicle 2	#Occupants D N	T	15	16 Locati	- F	.7 Condi	tion .	18	Пн	t/Run Moped	_
of the Following:	#Occupants Non	n-Motorist A Type	Action	Locati	on	Condi	tion		_	o Run wroped	<u>"</u>
License # St.	DOB/Age		#							21	-
	. Restrictions C	CDL Veh	Year	Veh N	lake			_	_ Veh C	onfig.	
Operator	First	Middle	ner	ast		First			Middl	le	-
Address		Add	ress					_ 12000			- -
City S	tate Zip	City				1	ate		_	27 27 27	- [
Insurance Company		Vehi	cle Action Prior to		22	ر آ	amaged est Stati		Code:	27 27 27	1
Vehicle Travel Direction: N S E V	Responding to Emer	rgency? Ever	nt Sequence	23 23	23 2	1	ype of T		3	29	1
Citation # (If Issued)		Mos	t Harmful Event	24	_,_		AC Tes	st Resul	t;	30	
Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Co		25	25 S	usp. Alc	cohol:	31	Susp. Drug: 32	1
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		Т	owed fr	om sce		33	
Please fill out for operator/	non-motorist and all occup	oants involved	DOB/Age	34 Seat Sex Pos.	Safety A	36 37 rbag Eject atus Code	38 Trap Code		40 Transp. Code	Medical Facility	
Operator/Non-Motor	ist s	See Above		X 1	1						\neg
Specialor/11010-11201011					+ +	_		\vdash			-
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						_	-	\vdash	+		\dashv



Operator of MV1, Samantha Swanson, stated she was traveling west on Hopkins St. Her dog distracted her causing her to drive up on the curb, crash into a mailbox, and fence at 22 Hopkins Street (See images). She stated she didn't contact the homeowner due to the time of night, but she lives down the street, and was planning on making notification in morning. She then drove to 15 Crimson Road, Billerica, MA. The reporting party, Scott Martin, recalled MV1 was riding on the rim which left black marks on the ground, so he followed the marks, and he was able to locate MV1 at 15 Crimson Rd. Billerica PD later confirmed MV1 was there and had damage consistent with hitting a mailbox and fence. I advised Ms. Swanson that she needed to leave a note with her information and/or call the police station for assistance, because she could be charged with leaving the scene of property damage. All parties were satisfied with paperwork exchange.

Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement
MARTIN SCOTT W	26 HOPKINS ST WILMINGTON MA 01887		1

Property Damage:

Owner (Last,First,Middle)

Address

Phone # 41-Type Description of Damaged Property

GILLIS MURDOCK L 22 HOPKINS ST WILMINGTON MA 01887
97 WHITE WOODEN FENCH AND MAILBOX

Truck and Bus Information:	Registration #	(From Vehicle Sect	ion)	42
Carrier Name				Bus Use
Address		_ City	St	Zip
US DOT #:	State Number	Issuing StateM	C/MX/ICC #:	
Interstate 43 Cargo Body Typ		45	46	I
Trailer Reg #:	Reg Type Reg State	Reg Year	—Trailer Length	
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name	Materi	al 4 digit #	—Release code 49

Patrol Officer Julio J Quiles

197

Wilmington Police Department

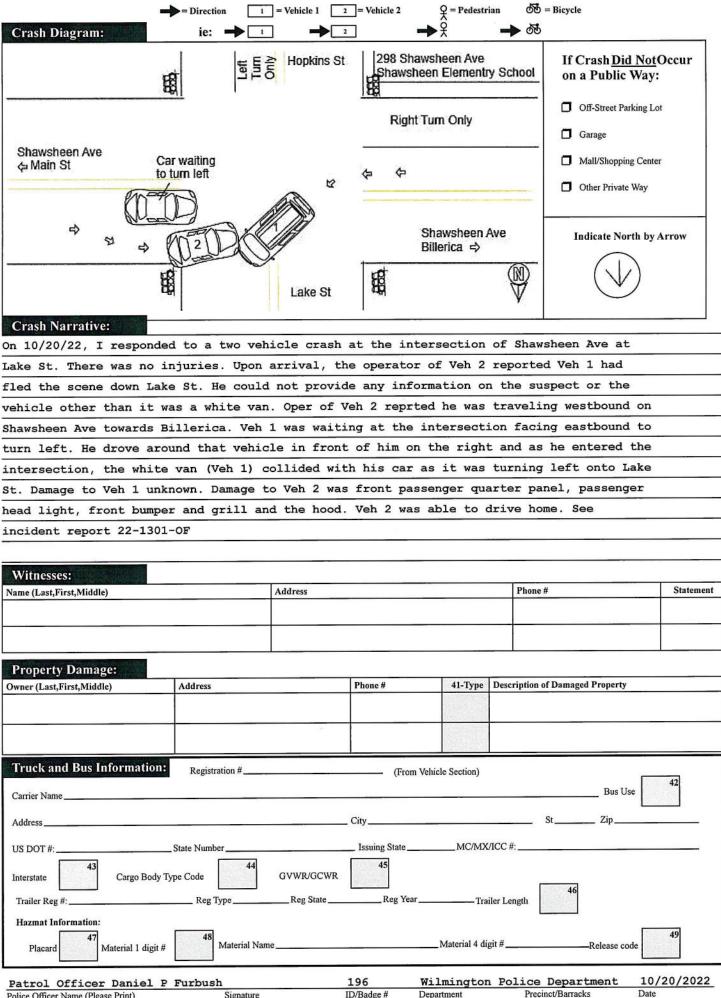
10/20/2022

Wilmington Police Department Images Associated with 22-313-AC





	Police Use Only	Common	wealth	of Massac	husetts		RMV	Docum	ent Number	
	1 1	City/Town Mo	otor Veh	icle Crash	Number Vehicles	Number	Speed Limit_	25	State Police Local Police MBTA Police Campus Police	1
	10/20/2022 0815 Wilm	ington	Police :	Report	2	Injured O	Latitude Longitude		MBTA Police Campus Police Other:	1
	AT INTERSECTION	ON:				NOT AT	INTERS	SECT		1
	111 111 111 111 111									2 10
					293	SHAW	SHEEN			2
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	Address #		Name of F	Roadway	//Street	-
1		At		Feet N	S E W of		- • -	or		1
	Route# Direction Name	e of Intersecting Roadway/Stree	et			Mile Ma	rker		Exit Number	3 11
		Also at Intersection with		Feet N	S E W of	Route#	Intersec	ting Ro	adway/Street	ш
12		CY		Feet N	S E W of	reducin	merse	ing roo	uuway/oneet	l
² 1	Route# Direction Name	e of Intersecting Roadway/Stree	et			Marian	Lan	dmark		
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Repo	ort ID# 22	-31	4-AC			
3	of the Following:									1
	ACTOR CONTROL ST.	DOB/Age		unknown					21	1 12
	Sex Lic. Class 99 19 19 Lic. Re	estrictions CDL	Veh	Year	_ Veh Make			_ Veh Co	onfig. 1	
	Operator unknown	First Middle		erLast		First		Middle		
⁴ 3	Address	rust Mudde	Addr	ress		rust		IVEGET		
	CityState_	Zip	City			Sta	ite Zi	р		1
	Insurance Company	-		cle Action Prior to Cra	225606	22 D	amaged Area	Code: 2	27 27 27	
	8. (3.4c.) mol			122	23 23		est Status:	1	28	
⁵ 1	Vehicle Travel Direction:	Responding to Emergency?		i sequence 1	24		pe of Test:		29	
_	Citation # (If Issued)	-:	Most	Harmful Event 1		B.	AC Test Resul	_	30	13
	Viol. 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub ————	Drive	er Contributing Code	4 25 1	. 25 St	sp. Alcohol:	99 31	Susp. Drug: 99 32	1
6	Viol. 3: Ch/Sec/Sub — V	'iol, 4: Ch/Sec/Sub	Drive	er Distracted by	9 26	To	owed from sce	ne? 2	33	
⁶ 1	270	or and all occupants involved			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		Ī
	Name (Last First Middle)	Address		DOB/Age Se	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Operator	See Above	e		1			_		-
										1
			Total Control	15 16	1 68	17	10			1
⁷ 2	Please Select One of the Following:	#Occupants Non-Motori	ist A Type	Action 16	Location	Condi	tion 18	Hit	t/Run Moped	
	License #_S27556180 St MA	DOB/Age_	Reg	# 6HVY30		Reg Type	PC	Reg	State MA	1
	19 19	20		Year 2014	Val Maka H			Veh Co	_ 21	
	D	estrictions CDL Endorsem	ent				HOMY	_ ven ci	omig.	
81	Operator SAVINI, WILLIA	First Middle		er SAVINI ,		First	HONI	Middle	c	
	Address 6 BURNAP ST			ess 6 BURNA				C 486 - 246 170		_ 14
	City WILMINGTON State	MA Zip 01887-37	12 City.	WILMINGTO	N	_		_	887-3712	1
	Insurance Company FARMERS PR	OPERTY & CASU	Vehic	cle Action Prior to Cra	nsh 1	1000	amaged Area	Code: 0		0.00
	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Even	t Sequence 1 23	23 23	23	est Status:	1	28	
<u>ا</u>	Citation # (If Issued)	_	Mos	Harmful Event 1	24	-	ype of Test;		30	
⁹ 2	Viol. 1: Ch/Sec/Sub — V	lial 2: Ch/Sag/Sub	Drive	er Contributing Code	1 25	25	AC Test Resul	-	Susp. Drug. 2 32	l
			00.000	er Distracted by	26		usp. Alcohol:	-	33 Susp. Drug. 2	
		viol. 4: Ch/Sec/Sub		or Distracted by	34 35	36 37		40		1
	Please fill out for operator/non- Name (Last First Middle)	-motorist and all occupants invo Address	oiveu	DOB/Age Se	Seat Safety Pos. System	Airbag Eject	38 39 Trap Injury Code Status	Transp. Code	Medical Facility	1
	Operator/Non-Motorist	See Abov	re	>	1 1	4 0	0 10	1		
										1
				+ -	+		HH			†
										1
		1								



Police Officer Name (Please Print)

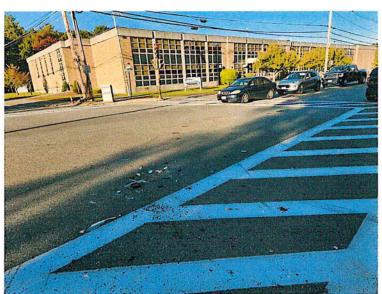
Signature

Wilmington Police Department Images Associated with 22-314-AC

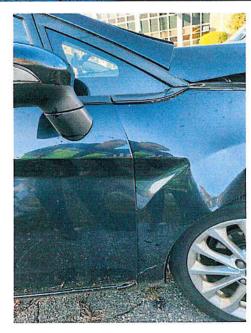












Wilmington Police Department Images Associated with 22-314-AC











	Police Use Only	Commonw	ealth of	Massa	chus	etts				Document N		
	The state of the s	naton	or Vehic		V	umber ehicles	Number Injured	Speed I Latitud		Loca MBT	Police Po	
	24HR	1	Police R		1		0	Longitu		Othe	r:	1
	AT INTERSECTIO	ON:	LOCAT	ION >		-	NOI A	INI	EKSI	ECTION		10
	Route# Direction	Name of Roadway/Street	R	toute# Direction	52 on Add	2 ress #	SHAV			AVE adway/Stree	et .	2
¹ 4		At		Foot [N S E W	7 of				or.		
	Route# Direction Name	of Intersecting Roadway/Street					Mile M				t Number	1 11
	,	Also at Intersection with	-	_	N S E W		Route#	— I	ntersecti	ing Roadway	y/Street	Н
² 1	Route# Direction Name	of Intersecting Roadway/Street		reet [] 01			Landi	mark		
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Re	eport ID#	22	-31	5-2	AC			
		_ DOB/Age	Reg#_	9FG718			Reg Typ	e PC		_ Reg State	MA	12
	Sex. Lic. Class D 19 Lic. Res	strictions 20 CDL Endorsement	Veh Yea	r_2012	Veh N	lake <u>I</u>	nfini	ty	- 1	Veh Config.	1 21	1
4	Operator_ Last re	us. Middle		GHAZAL	ast		First			Middle		
⁴ 1	Address.			69 BIC		L RI				01001		
	City Stat	Zip		ILLERIC		A10015	_		Zip Area Co		L-5453	
	Insurance Company THE COMMERO Vehicle Travel Direction: N S E	Responding to Emergency? 2		Action Prior to 0	3 23	23	127	est Statu		1 28	,5	
5	Vehicle Travel Direction: NSE	Responding to Emergency:		1	6 24			ype of T		29		
	Viol. 1: Ch/Sec/Sub — Vio	ol. 2: Ch/Sec/Sub —	Driver C	ا Contributing Cod		25	25		t Result:	1	Drug: 2 32	5 . 13
6	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Driver I	Distracted by	99 26				om scene			
⁶ 1	Please fill out for operator	r and all occupants involved		DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code	Injury Tr	40 ansp. Code M	edical Facility	
	Operator	See Above		\sim	X 1	99	4 0		10 1	8		
												1
	-											1
												1
	Please Select One Vehicle 2 #	Occupants Non-Motorist	A Type	15 Action	16 Locat	ion	17 Cond	tion	18	Hit/Run	Moped	1
⁷ 1	of the Following:					(20)	816	100				-
	19 19	DOB/Age strictions CDL		ar							21	
	Operator	Endorsement	t								CLC - PALICIE	
81	Address	irst Middle		L	ast		First			Middle		L.,
	CityState_	Zip	City				St	ate	Zip			1 14
	Insurance Company		Vehicle	Action Prior to	Crash		100	- 5	l Area C	ode: 27	27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Event S	equence 2	23 23	23		est Statu ype of T		29		1
⁹ 2	Citation # (If Issued)		Most H	armful Event	24		E	7.5	t Result:	30		1
2	Viol. 1: Ch/Sec/Sub — Vi	ol. 2: Ch/Sec/Sub	Driver (Contributing Cod		25	25 S	usp. Alc	cohol:	TOTAL STREET	Drug: 32	1
	Viol. 3: Ch/Sec/Sub ————Vi			Distracted by	26	1			om scen	Series Series		_
	Please fill out for operator/non-r	motorist and all occupants involv	red	DOB/Age	Sex Pos	35 Safety System	36 37 Airbag Ejec Status Code	38 Trap Code	Injury To	40 ransp. Code M	fedical Facility	
	Operator/Non-Motorist	See Above		$>\!\!<$	\times 1							

→	= Direction 1 = Vehic	cle 1 2	= Vehicle 2	오 = Pedestr	ian 🐯 = Bicycle	
Crash Diagram:	ie: 🕕 🔟	2	→	ያ	→ ₩	
	524 Sha	awsheen A	ve		If Crash <u>Did Not</u> on a Public Way	
					Off-Street Parking L	ot
	l a	Mailb	ox:			
	30 p			-	Garage	
	Д		EN OF	3	Mall/Shopping Cent	er
	٧	6		ð	Other Private Way	
			Chauchean	Avo	Indicate North by	Arrow
			Shawsheen	Ave		
					—♥ ▼	
		-318				
Crash Narrative: V1 was traveling EB in th	ne vecinity of 522	Shawsh	een Ave. Whi	e trave	eling. V1 alleges that	_
a deer ran out in front o						
swerving to the right and						
adress. Which resulted in						
injuries as a result of t						
being a Juvenille, OPR 1						
OPR1 parents refused all						
the vehicle, I did not ob						
drive away from the scene						
Witnesses:					9	
Name (Last,First,Middle)	Addres	ss			Phone #	Statement
Duar outs: Damagas			19			
Property Damage: Owner (Last,First,Middle)	Address	[1	Phone #	41-Type	Description of Damaged Property	
PELLETIER MICHAEL JOSEPH 5	522 SHAWSHEEN AVE WILMING	TON MA 01		97	MAILBOX	
		-			A STATE OF CHARLES AND	-
Truck and Bus Information:	Registration #		(From Vehic	le Section)		
Carrier Name					Bus Use	42
SALES COMPA			S6.		St Zip	
	tate Number			MC/MX	//ICC #:	
Interstate 43 Cargo Body Type	e Code GVW	R/GCWR	45			
Trailer Reg #:	Reg Type Re	g State	Reg Year	Tra	iller Length	
Hazmat Information:	a commence and Colors					
Placard 47 Material 1 digit #	Material Name			Material 4 di	git #Release code	49
Patrol Officer Jonathan L M	Morales	2:	24 Wil	.mington	n Police Department 10	/20/2022