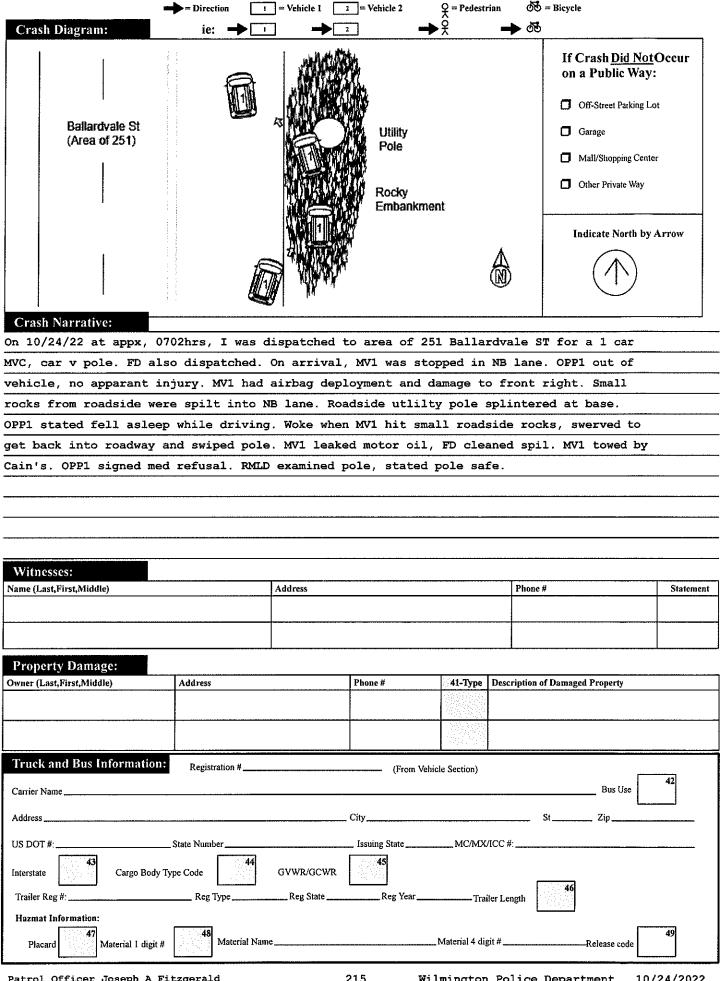
Date of Crash   Time of Crash   O701   24/HR   Wilmington   Driver   O701   24/HR   O701   24/HR   O701
AT INTERSECTION:    Computation   Computatio
Route# Direction Name of Roadway/Street  At  Feet NSEW of Male Marker Exit Number  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Roadway/Street  Route# Direction Name of Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Route# Direction Name of Roadway/Street  Route# Direction Name of Roadway/Street  Please Select Onc of the Following:  Also at Intersecting Roadway/Street  Route# Direction Name of Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Landmark  Crash Report ID# 22 - 317 - AC  Reg #557KG4 Reg Type PC Reg State MA  Veh Year 2004 Veh Make HONDA Veh Config 1 21  Owner BURGOS, FERNANDO A  Last Fiest Name  Address 668 LOWELL ST  City LAWRENCE State MA Zip 01841-4863  Insurance Company GEICO GENERAL INSURANCE C  Vehicle Action Prior to Crash  Last Example Area Code: 2 27 27 27  Test Status: 128  Type of Test: 29  BAC TESt Result: 30  Damaged Area Code: 2 27 27 27  Test Status: 128  Type of Test: 31  Susp. Alcohol 2 31 Susp. Drug 2 32  Viol 1: Cht/Sec/Sub Driver Contributing Code 21 25  Susp. Alcohol 2 31 Susp. Drug 2 32  Viol 3: Cht/Sec/Sub Driver Distracted by 5 26  Diver Distracted by 5 26  Diver Distracted by 5 26  Note Direction 1 4 4 25 25  Note Direction 1 4 4 25 25  Note Direction 1 5 25  Note Direction 2 5 25  Note Directi
Route# Direction Name of Roadway/Street  At  Feet NSEW of Mile Marker  Also at Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Route# Direction  Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Feet NSEW of Route# Intersecting Roadway/Street  Landmark  Please Select Onc of the Following:  License # SA6920721 St MA DOB/Ag.  Sex M Lic. Class D19 19 Lic. Restrictions D9 20 CDL Endorsement Operator BURGOS FERNANDO ALFONSO  Address 668 LOWELL ST APT 1 Owner BURGOS FERNANDO A  Address 668 LOWELL ST APT 1 Address 668 LOWELL ST  City LAWRENCE State MA Zip 01841-4863 Insurance Company GEICO GENERAL INSURANCE C  Vehicle Travel Direction: SEW Responding to Emergency? 2 Event Sequence 40 23 22 23 23 23 Test Status: 1 28 Type of Test: 29  Viol 1: Clv/Sec/Sub Viol. 4: Clv/Sec/Sub Driver Contributing Code 21 25 Susp. Alcohol: 2 31 Susp. Drug 2 32 Viol 3: Clv/Sec/Sub Tower from scene? 1 33 Susp. Drug 2 32 Viol 3: Clv/Sec/Sub Driver Distracted by 5 26 Tower from scene? 1 33 Susp. Drug 2 32 Viol 3: Clv/Sec/Sub Tower from scene? 1 33 Susp. Drug 2 32 Tower from scene?
Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street    Feet   N   S   W   of
Feet   N   E   W   of   Mile Marker   Or   Exit Number
Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Please Select One of the Followings:  Please Select One of the Followings:  Landmark  Please Select One of the Followings:  License # SA6920721 St MA DOB/Ag. Reg # 557KG4 Reg Type PC Reg State MA  Sex M Lie. Class b 19 19 19 Lie. Restrictions 99 20 CDL Endorsement  Operator BURGOS FERNANDO ALFONSO  Address 668 LOWELL ST APT 1  City LAWRENCE State MA Zip 01841-4863  Insurance Company GEICO GENERAL INSURANCE C  Vehicle Travel Direction: XSEW Responding to Emergency? 2  Citation # (If Issued) Driver Contributing Code 21 25 Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 5 26 Towed from scene? 1 33 39 46  Please Fill Winds Intersecting Roadway/Street  Landmark  1 Intersecting Roadway/Street  Landmark  1 Address EW Route# Intersecting Roadway/Street  Landmark  1 Tent Modelle HONDA  Veh Config. 1 21 21 22 24 24 22 24 23 23 23 23 23 23 23 23 23 23 23 23 23
Roule# Direction Name of Intersecting Roadway/Street  Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# 22 - 317 - AC  License # SA6920721 St MA DOB/Ag.  Reg # 557KG4 Reg Type PC Reg State MA  Sex M Lie. Class  19 19 19 Lie. Restrictions 99 20 CDL Endorsement Operator BURGOS , FERNANDO ALFONSO Address 668 LOWELL ST APT 1 Address 668 LOWELL ST  City LAWRENCE  State MA Zip 01841-4863 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction:  SE W Responding to Emergency?  Event Sequence  12 2 24
Route# Direction   Name of Intersecting Roadway/Street   Landmark
License # SA6920721 St MA DOB/Ag. Reg # 557KG4 Reg Type PC Reg State MA  Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator BURGOS FERNANDO ALFONSO Operator BURGOS FERNANDO ALFONSO Last First Middle Address 668 LOWELL ST APT 1 Address 668 LOWELL ST  City LAWRENCE State MA Zip 01841-4863 Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27  Vehicle Travel Direction: XS E W Responding to Emergency? 2 Event Sequence 40 23 22 23 23 23 23 Type of Test: 29  Wost Harmful Event 22 24  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 21 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub Driver Distracted by 5 26 Towed from scene? 1 33  Pleace fill out for operator and all occurants involved.
License # SA6920721 St MA DOB/Ag. Reg # 557KG4 Reg Type PC Reg State MA  Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator BURGOS FERNANDO ALFONSO Address 668 LOWELL ST APT 1  City LAWRENCE State MA Zip 01841-4863 Insurance Company GETCO GENERAL INSURANCE C Vehicle Action Prior to Crash 1 22  Vehicle Travel Direction: SE W Responding to Emergency? 2 Event Sequence 40 23 22 23 23 23 23 Type of Test:  Work Harmful Event 22 24  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 21 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub Driver Distracted by 5 26 Towed from scene? 1 33 39 49 40 31 24 35 36 37 38 39 49 30 40 30 30 30 40 30 40 30 30 30 40 30 30 40 30 40 30 30 40 40 40 40 40 40 40 40 40 40 40 40 40
Sex M Lie. Class D 19 19 Lie. Restrictions D 20 CDL Endorsement CDL Endorsemen
Operator BURGOS , FERNANDO ALFONSO  Address 668 LOWELL ST APT 1  City LAWRENCE State MA Zip 01841-4863  Insurance Company GETCO GENERAL INSURANCE C  Vehicle Travel Direction: SEW Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Viol. 4: Ch/Sec/Sub  Driver Distracted by  Endorsement  Owner BURGOS , FERNANDO A  First Middle  Address 668 LOWELL ST  City LAWRENCE State MA Zip 01841-4863  City LAWRENCE State MA Zip 01841-4863  Damaged Area Code: 2 27 27 27  Test Status: 1 28  Type of Test: 29  Most Harmful Event 22 24  Viol. 3: Ch/Sec/Sub  Driver Contributing Code 21 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub  Driver Distracted by 5 26 Towed from scene? 1 33  Pleace fill out for operator and all occurrents involved.
Address 668 LOWELL ST APT 1  City LAWRENCE State MA Zip 01841-4863  Insurance Company GETCO GENERAL INSURANCE C  Vehicle Travel Direction: SEW Responding to Emergency? 2  Citation # (If Issued) SEW Responding to Emergency? 2  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 21 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 24 Viol. 3: Ch/Sec/Sub Driver Distracted by 5 26 Towed from scene? 1 33 Susp. Drug: 2 32 24 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25 Susp. Drug: 2 32 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 25
City   LAWRENCE   State   MA   Zip   01841-4863   City   LAWRENCE   City   LAWRENCE   City   LAWRENCE   City
Insurance Company GETCO GENERAL INSURANCE C  Vehicle Travel Direction: SEW Responding to Emergency? 2  Event Sequence 40 23 22 23 23 23 23 23 23 23 23 29 Trest Status: 1 28  Type of Test: 29  Most Harmful Event 22 24  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 21 25 Susp. Alcohol 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 5 26 Towed from scene? 1 33
Vehicle Travel Direction: VS E W Responding to Emergency? 2 Event Sequence 40 23 22 3 23 23 23 Test Status: 1 28  Type of Test: 29  Most Harmful Event 22 24  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 21 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub Driver Distracted by 5 26 Towed from scene? 1 33
Citation # (If Issued) Most Harmful Event 22 24 Type of Test: 29  Wool. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 21 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 5 26 Towed from scene? 1 33  Please 5II out for operator and all occurants involved
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 21 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 5 26 Towed from scene? 1 33 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 39 40 Susp. Drug: 2 32 Driver Distracted by 5 36 37 38 39 39 39 39 39 39 39 39 39 39 39 39 39
Viol. 3; Ch/Sec/Sub
Please fill out for operator and all occurrents involved 34 35 36 37 38 39 40
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility
Operator         See Above         1         1         1         0         0         10         1
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped
License # St DOB/Age Reg # Reg Type Reg State
Sex Lic. Class 19 19 Lic. Restrictions CDL Veh Year Veh Make Veh Config. 21 Endorsement
Operator Owner
Last First Middle Last First Middle Address Address
CityStateZip
Insurance Company Vehicle Action Prior to Crash Damaged Area Code: 27 27 27
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 Test Status: Type of Test: 29
Citation # (If Issued) Most Harnsful Event BAC Test Result: 30
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Susp. Alcohol: 31 Susp. Drug: 32
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Towed from scene? 33
Please fill out for operator/non-motorist and all occupants involved  Please fill out for operator/non-motorist and all occupants involved  Nome (Last First Middle)  Address  DOB/Age  Sex  DOB/Age
Operator/Non-Motorist See Above 1



Patrol Officer Joseph A Fitzgerald

215

Wilmington Police Department

10/24/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Poli	ice Use Only		Comm	onwealth	ı of Mass	ach	usett	S	1	RM	IV Doc	ument Numbe	
Date of Crash 10/24/2022	Time of Crash	City/To Wilming		Motor Ve	hicle Cra	ash	Numbe			peed Lim	it3(	State Police Local Police MBTA Police	
10/24/2022	24HR	warmang	con	Police	e Report		2	0	1	antude ongitude		Campus Poli-	ce 🛅
	AT INTERS	ECTION:		< LOC	CATION	>		NO'	T AT	INTEI	RSEC	TION:	
							42	Ç7	ALEM	rem			
Route# Direc	tion	Name	of Roadway/Stree	t	Route# Dire		Address #		A LIEUV		f Roadw	vay/Street	
			At		Feet	NSI	EW of				- or		
Route# Direc	tion	Name of Inte	rsecting Roadway	/Street	-	[]		M	ile Mark	er	VI _	Exit Numb	ег
		Also a	t Intersection with		Feet	NS	E W of	Rout		Inter	secting I	Roadway/Street	<del></del>
Route# Direc	tion	Name of Inte	rsecting Roadway	/Street	Feet	NS	E W of		•				
			<u> </u>								andmarl	k	
Please Select C of the Followir		1 #Occup	ants Hit/Ru	п П Море	d Crash	Report I	D# <b>2</b> 2	2-3	318	-A	C		
License #		St DO	B/Age	R	g # <u>2DBM32</u>			Re	g Туре _	PC	R	eg State <b>MA</b>	
Sex Lic. C	19 19	Lic. Restriction	ıs Z0 CDL	, V	eh Year <b>2022</b>	V	eh Make_	GMC			Veh	Config.	21
Operator Dr:	iverless	M.V.		orsement O	wner CERUO	LO,	DARY	L <i>J2</i>	AMES				
	Last		λ		ddress <b>85 MI</b>	NKRU	N RI		jrst ———————		Mi	iddle	
City		State	Zip	C	ty <b>WILMIN</b>	TON			State	MA_	Zip <b>Q</b>	1887-45	548
Insurance Compa	any <b>GEICO</b>			V	hicle Action Prior t	o Crash	11	22	Dam	aged Are	a Code:	8 27 27	27
Vehicle Travel D	rirection: NX	E W Respo	onding to Emergen	cy? <u>2</u> E	vent Sequence	23 2	3 23	23		Status:		1 28	
Citation # (If Issu	ued)			М	ost Harmful Event	1	24			of Test: Test Re	n alta	30	
Viol. 1: Ch/Sec/S	Sub	Viol. 2: C	lh/Sec/Sub	D	river Contributing C	Code	1 <sup>25</sup>	25	1	. Test Re . Alcohol		<u> </u>	32
Viol. 3; Ch/Sec/S	Sub	Viol. 4: C	ll/Sec/Sub	Di	river Distracted by	o	26			ed from s		2 33	
		or operator and a	II occupants involv			İ	34 35 Seai Safe	y Airbag	Eject '	38 39 Frap Injur	40 Transp.		
Operato				Above	DOB/Age	Sex	Pos. Syste	m Status	Code C	Code Statu	1	Medical Fac	ility
	'I		Dec 1	10070		+	1 0	<u> </u>			1		
			<u></u>			-							
						44							
				<u>.</u>									
Please Select O		2.1 #Occup	ants Non-M	otorist A Type	15 Action	16 Lo	cation	17	Condition	1 18		Hit/Run 🔲 I	Moped
License # S82		_ St <b>MA</b> DOI	R/Age	I Re	g# <b>522E</b>	1 - 11 - 1	<u>L</u>	Rei	g Туре <b>_</b>	2C	R,	eg State <b>MA</b>	
Sex F Lic. C	19 19	Lic. Restriction	20		h Year <b>2016</b>	Ve	h Make					Config. 1	21
	RMAN, LE	J		rsement	wner NORMAL								
-	ARRIS ST	First	М	liddle	Idress 1 HAR	Last			isl		Mi	iddle	
City WILMI			Zip <b>01887</b> -		ty WILMING				State	MA	Zip <b>0</b> ]	1887-36	514
Insurance Compa	ny ARBELL				hicle Action Prior t	o Crash	10	22	Dam	aged Are	a Code:	6 27 27	27
Vehicle Travel Di	irection: NS	E Respo	nding to Emergen	cy? <u>2</u> Ev	ent Sequence	23 2	3 23	23	Test	Status:		1 28	
Citation # (If Issu	ued)		-	М	ost Hannful Event	1	24			of Test:		30	
Viol. 1: Ch/Sec/S	ub	Viol. 2: C	h/Sec/Sub	Dr	iver Contributing C	ode	L9 <sup>25</sup>	25	l	Test Res . Alcohol	$\overline{}$		32
Viol. 3: Ch/Sec/S		Viol. 4: C			iver Distracted by	o `	26			ed from s		2 33	<u></u> ]
	ase fill out for open			involved			34 35 Seat Safet	36 Airbag		38 39 Trap Injury	40		
Name (Last First Mic		landed		dress	DOB/Age	Sex	Pos. Syste.	n Status	Code C	ode Statu	Code	Medical Faci	lity
Operato	r/Non-Mot	orist	See A	Above	<b>/</b>	lacksquare	1 1	4	0 0	10	1		
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					1	. 1	1	i 1	1	1	i 1	1	

	·	ı = Vehicle I 2	= Vehicle 2	Q = Pedestr	ian O'O	= Bicycle	
Crash Diagram:	ie: → 🗀	i ==> 2	] →	£	<b>→</b> ₩		
		Driveway of 1 Hanis St				If Crash Did Note on a Public Way:  Off-Street Parking Lo Garage Mall/Shopping Center	t
	—' <i>(</i>		**************************************			Other Private Way	
	n (2)					Other Private way	
METH	1 3						
Millian			\$ Inc	ris Street		Indicate North by A	Arrow
and the second			ndi	uz oneer			·
				*	(₹		
					_		
Crash Narrative:							J
MV 1 was parked on Har	rris St when it	was struck.	Initially th	e opera	tor of	MV 2 left the	
scene and did not leav	<del></del>						
that she had a doctors					<del> </del>	, , , , , , , , , , , , , , , , , , ,	
exchange information.							
backed into MV 1. She	initially thou	ght there wa	s no damage b	ut late	er reali	zed there was	
damage.						14404 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444 - 1444	
					<del> </del>	· · · · · · · · · · · · · · · · · · ·	
**************************************							
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
	······································			44 57	w		
Owner (Last, First, Middle)	Address		Phone #	41-Туре	Description o	f Damaged Property	
	Address		Phone #	41-Type	Description o	f Damaged Property	
	Address		Phone #	41-Type	Description o	of Damaged Property	
Owner (Last,First,Middle)					Description of	of Damaged Property	
Owner (Last,First,Middle)  Truck and Bus Information					Description o		42
Owner (Last, First, Middle)						Bus Use	42
Owner (Last, First, Middle)  Truck and Bus Information  Carrier Name			(From Vehick	e Section)			42
Owner (Last, First, Middle)  Truck and Bus Information  Carrier Name	Registration #		———— (From Vehick	e Section)		Bus Use	
Owner (Last, First, Middle)  Truck and Bus Information Carrier Name Address US DOT #:	Registration #  State Number		———— (From Vehick	e Section)		Bus Use	
Owner (Last, First, Middle)  Truck and Bus Information  Carrier Name  Address  US DOT #:  Interstate  Cargo Body	Registration # State Number y Type Code44	GVWR/GCWR	City Issuing State	e Section)  MC/MX/	ICC #:	Bus Use	
Owner (Last, First, Middle)  Truck and Bus Information  Carrier Name  Address  US DOT #:  Interstate  Cargo Body  Trailer Reg #:	Registration #  State Number	GVWR/GCWR	City Issuing State	e Section)  MC/MX/	ICC #:	Bus Use	
Owner (Last, First, Middle)  Truck and Bus Information  Carrier Name  Address  US DOT #:  Interstate  Cargo Body  Trailer Reg #:  Hazmat Information:	Registration #  State Number  y Type Code	GVWR/GCWR	City (From Vehick	e Section) MC/MX/	ICC #:	Bus Use St Zip	
Owner (Last, First, Middle)  Truck and Bus Information  Carrier Name  Address  US DOT #:  Interstate  Cargo Body  Trailer Reg #:  Hazmat Information:	Registration #  State Number  y Type Code	GVWR/GCWR	City Issuing State	e Section) MC/MX/	ICC #:	Bus Use St Zip	

Signature

ID/Badge#

Department Precinct/Barracks

Date

	Police Use Only	Commo	nwealth o	of Massa	chus	etts	i		RM	V Docu	ıment Number		
	Date of Crash Time of Crash	City/Town N	Iotor Veh	icle Cras	sh [	Number Vehicles		حودا د.	ed Limit	35	— Local Police	0800	
	10/24/2022 2037 Wiln	nington	Police 1	Report	2		0	Lau	tude gitude _		MBTA Police Campus Police Other:		
	AT INTERSECTI	ON:	< LOCA	_			NOT			SEC	TION:		
							1.0					10	ō
	ROUTE 62											2	J
¹ <b>4</b>	Route# Direction	Name of Roadway/Street At		Route# Directi	on Ad	dress #		1	Vame of	Roadw	/ay/Street		
4		At		Feet [	SEV	v of			• —	or _			
	Route# Direction Nam	e of Intersecting Roadway/St	treet				Mil	e Marker			Exit Number	2 11	i
		Also at Intersection with		Feet [	SEV	v of	Route	<u> </u>	Inters	ectina li	Roadway/Street	- 🖺	
2	Route# Direction Nam	e of Intersecting Roadway/St	troot	Feet [	SEV	v of	Route	•	Incis	cetting i	toliamijion ou		
<sup>2</sup> 3	Route# Direction Nam	e of finersecting Koadway/50	псег						Li	ındmark	ζ		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Crash Re	port ID#	22	-3	19-	-AC	3			
<sup>3</sup> 2	of the Pollowing.										1.73	_	
	10 10	A DOB/Age		3BJE59							2	1 1 12	2
	Sex Ex. Lic, Class D Lic. K	estrictions 1 CDL_ Endorse	ement	ear <u>2004</u>				A		Veh	Config. 1	J	J
,	Operator ZAMMUTO, DAVII	C First Midd	Owne	r ZAMMUTO	) , D2	IIV	C			Mie	ddle		
<sup>4</sup> 1	Address 47 BROAD ST		Addre	ss 47 BRO	AD S	T							
	City <b>BILLERICA</b> State	MA Zip 01821-6	339 City ]	BILLERIC	Α			State 1	<b>IA</b> _ 2	Zip <b>0 1</b>	L821-633	9	
	Insurance Company PROGRESSIV	E DIRECT INS	URA Vehic	e Action Prior to C	Crash	1	22	Damag	ged Area	Code:	8 27 1 27 2	27	
	Vehicle Travel Direction: NSXW	Responding to Emergency	7 2 Event	Sequence 1 2	3 23	23	23	Test St	atus:		1 28	_	
<sup>5</sup> 2	Citation # (If Issued)			<u>L</u>	1 24		J	Type o	f Test:		29		
	·			Ľ		25	25		est Res	-	1 30	13	,
	Viol. 1; Ch/Sec/Sub\			Contributing Cod					Alcohol:	$\neg$		2 1	
<sup>6</sup> 2	Viol. 3; Ch/Sec/Sub			Distracted by	<u> </u>				from so		1 33	_	
	Please fill out for operat Name (Last First Middle)	or and all occupants involved		DOB/Age	Sex Pos			37 38 Eject Tra Code Cod	p Injury	40 Transp. Code	Medical Facility		
Ī	Operator	See Abo	ove		X 1	99		3 0	10	1			
}	- <b>P</b>				<del>-</del>	+		+	+				
1						<u> </u>							
	Please Select One Vehicle 21	#Occupants Non-Moto		15	16		17		18	惼.	dit/Run Mor		
<b>1</b>	of the Following:	NOODDAINS NOODDAINS	orist A Type	Action	Locat	ion _		ondition		ľ	fit/Run Mor	oed	
	License # NHL14628197 St NI		Reg #	5132361			Reg	Туре <u>Р</u> (	2	Re	eg State NH	<del>. </del>	
	Sex M Lic, Class D 19 Lic, Re	estrictions 20 CDL	Veh Y	ear <u>2023</u>	Veh N	lake <u>S</u>	UBA	RU		Veh	Config. 2		
	Operator BALUTA, WALTER		Owne	BALUTA,	COI	LEF							
<b>1</b>	Address 58 LAWRENCE RD	First Michal	<del></del>	ss <b>58 LAW</b> I	" RENC	E RI	Firs			Mic	ddle	_	
	City HUDSON State	NH Zip 03051	City_	HUDSON				State N	<b>H</b> 2	ip <b>03</b>	3051	<b>1</b> 14	Ī
	Insurance Company AAA INSURA			e Action Prior to C	rash	1	22				6 27 5 27 4 2		J
		Responding to Emergency		23	3 23	23		Test St		ļ	1 28	-	
		Responding to Emergency		Sequence 1	24			Туре о	f Test:	Ī	29		
2	Citation # (If Issued)	-	Most I	Harmful Event	<u> </u>	25	25	BAC T	est Resi	ılt:	30	_	
	Viol, 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Driver	Contributing Code		25	25	Susp. A	Alcohol:	2 31	Susp. Drug: 2 3	12	
	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Driver	Distracted by	) <sup>26</sup>			Towed	from sc	епе?	2 33		
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants in		DOB/Age	34 Seat Sex Pos.	35 Safety System		37 38 Eject Traj Code Cod	fajury	40 Tronsp. Code	Medical Facility		
-	Operator/Non-Motorist	See Abo		DODINGE	1	99	5 (		10	1	medical racially		
-	Specialistic total and the second test	Jee 7100	•		<del>'\'</del>	+	<del>   </del>	+	+	$\vdash \vdash$	<del></del> -	$\dashv$	
				<u> </u>		<del> </del>			<u> </u>				

Crash Diagram:	ie: 1	= Vehicle I 2	= Vehicle 2	Q = Pedestrian  Q = -	● Ø = Bicycle	
	Vehic	de2 ⇔ €			on a Pub	Did NotOccur ic Way:
					☐ Off-Stree	Parking Lot
			m	E 62	☐ Garage	
			iχι	E 02	☐ Mall/Sho	oping Center
					Other Pri	vate Way
		n of or	#07 02 10 10 10 10 10 10 10 10 10 10 10 10 10		Indicate	North by Arrow
Crash Narrative:						
Wehicle 1 and 2 were						
struck the rear end						
fender, bumper, head		-				
oumper and exhaust s			medical a	attention offe	ered to them. Ve	hicie
. was towed from the	scene by Forest T	owing.				
					······································	
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Tame (2001)1 is squared	· · · · · · · · · · · · · · · · · · ·					Ciatement
				· · · · · · · · · · · · · · · · · · ·		
NAME						
Property Damage: Owner (Last,First,Middle)	Address		Phone #	I Al Tyro I Doo	parintion of Damaged Propo	4.
Jwner (East, First, Middle)	Address		radile#	41-Type Des	scription of Damaged Prope	ч
Truck and Bus Informati	Off: Registration #		(Fro	m Vehicle Section)		
Carrier Name					Bus	Use 42
Address			City		St Zip	<u> </u>
US DOT #:	State Number		_ Issuing State_	MC/MX/ICC	#:	
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45			
	Reg Type	Reg State	Reg Ye	arTrailer L	ength 46	
Hazmat Information: 47 Placard Material 1 di	git # 48 Material Name_			Material 4 digit #_	Release	code 49
[ Planta						
Patrol Officer Jonatha Police Officer Name (Please Print)	n L Morales Signature		24 D/Badge #	Wilmington Po	olice Department Precinct/Barracks	10/24/2022 Date

Signature

	Police Use Only		Comm	onwealth -	of Massa	achu	setts	3		RM	V Doc	ument Number	
	Date of Crash   Time of Crash   10/26/2022   1112	City/1	Голи	Motor Veh	icle Cra	sh [	Number		4 Proper	d Limit	20	State Police Local Police MBTA Police Campus Police	9
	24HR	Wilming	geon	Police 1	Report		2	o Î	Laut	itude		Campus Police	វ
	AT INTER	SECTION:	,	< LOCA	TION	>		NOT	AT IN	TER	SEC	TION:	7
	СНО	RCH ST											2 10
<sup>1</sup> 1.	Route# Direction	Name	e of Roadway/Street	t	Route# Direct	tion A	ddress#		N	ame of	Roadw	/ay/Street	
1.	202	ac em	At		Feet	N S E	w of				or _		_
	Route# Direction	MS ST Name of In	tersecting Roadway	/Street				Mile	Marker			Exit Number	3 11
		Also	at Intersection with		Feet	N S E	w of	Route#		Interse	ctine l	Roadway/Street	
<sup>2</sup> 3	Route# Direction	Name of In	tersecting Roadway	/Street	Feet [	N S E	W of				ndmarl		-
	Please Select One Vehicle	. 1 #Occu	pants Hit/Ru	n Moped	Crash R	anart ID	<b># 2 2</b>	-3	20-				
3	or the Following.			1									_
	License # <u>\$73132916</u>	St. <b>MA</b> Do	OB/Age	Reg i	6LY873			Reg T	уре <b>РС</b>	· 	R	eg State MA	- 1 12
	Sex M Lic. Class D	Lic. Restriction	Endo	rsement	rear <u>2013</u>						Veh	Config. 1	
4	Operator ENGLISH ,	JOSEPH First	ANDREW	Own	er ENGLIS	H, J	OSEI	PH AI	IDRE	W	Mi	ddle	<u>-</u>
<sup>4</sup> 2	Address 484 LOWELL	ST		Addr	ess 484 LC		ST						-
	City ANDOVER	State <b>MA</b>	Zip 01810-	5305 City	ANDOVER				State M	<b>A</b> _ 2	ip <b>0</b>	1810-5305	-
	Insurance Company ARBEL	LA MUTU	AL INSUR	ANCE Vehic	le Action Prior to	Crash	1	22	Damage	d Area	Code:	1 27 27 27	
	Vehicle Travel Direction: N S	E Resp	ponding to Emergen	cy?_2 Even	Sequence 1	23 23	23	23	Test Sta	tus:		1 28	
<sup>5</sup> 1	Citation # (If Issued)			Most	Hannful Event	1 2.	1		Type of			29	
	Viol. 1: Ch/Sec/Sub		Ch/Sec/Sub	Drive	r Contributing Co	de <b>1</b>	25	25	BAC Te Susp. A			ユ ┌──┐	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub				•	0 20			Towed t		4	2 33	
<sup>6</sup> 2			all occupants involv		1	] 3	14 35	36	17 38	39	40	<u>z</u>	4
	Name (Last First Middle)		•	dress	DOB/Age		eat Safety os. System	Airbag E Status C	ect Trap ode Code	Injury Status	Transp. Code	Medical Facility	_
	Operator		See A	Above	> <	$X^1$	99	4 0	0	10	1		
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE								_	<del> </del>			-
						16			<u> </u>	10			┪
<sup>7</sup> 2	Please Select One of the Following:	e 2 <b>1</b> #Occu	pants Non-Mo	otorist A Type	15 Action	Loca	ation	17 Co.	idition	18	<b> </b>	Hit/Run 🔲 Mopes	۱
	License # <u>S56311434</u>	St_ <b>MA</b> DO	OB/Age_	_ Reg #	8839RY			Reg T	уре <u>Р</u> С		Re	eg State <b>MA</b>	_
	Sex <b>F</b> Lic. Class D	Lic. Restriction		Veh Y	ear <u>2014</u>	Veh	Make <b>I</b>	INC	LN		Veli	Config. 21	
	Operator SPERANZA,	_ MARGARI	ET M	rsementOwn	r SPERAN	ZA,	DANA						
81	Address 68 COOK AV	First <b>E</b>	M	idale Addre	ss 68 COO	asi K AV	Æ	First			Mi	ddle	
	City WILMINGTON	State MA	Zip 01887-	3333 City 1	WILMING	ľON		· 	State M	A z	iр <u>01</u>	L887-3333	4 14
	Insurance Company THE CC	MMERCE	INSURANC	E CO Vehic	le Action Prior to	Crash	6	22	Damage	d Area	Code:	3 27 4 27 27	<b> </b>
			onding to Emergen		Sequence 1 2	23 23	23	23	Test Sta	tus:		1 28	
	Citation # (If Issued)	1-1-1		-	Harmful Event	1 24	<u>'</u>		Type of	Test:		29	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	\$ G-1. 2	Cl-/Pac/Pub		Contributing Cod	de <b>1</b> 1	25 R	25	BAC Te			1 30 32	
						0 26	_الـــــ		Susp. All Towed f	Ľ		Susp. Drug 2 32	
-	Viol. 3: Ch/Sec/Sub ————————————————————————————————————		Ch/Sec/Subst and all occupants		Districted by	3			7 38	39	40	<u>Z</u>	4
	Name (Last First Middle)		•	Iress	fX)B/Age	Sex Po	at Safety	Airbag E	eet Trap de Code	Injury Status	Transp. Code	Medical Facility	_
	Operator/Non-Mo	torist	See A	bove		X 1	99	4 0	0	10	1		
Ţ												<del></del>	
Ì							1		<u> </u>				
}				<u> </u>			_						-
									1				

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestri	an 🕳 = Bicycle					
Crash Diagram:	ie: 🔫	<b>▶</b> 1 <b>→</b>	2	· 웃	→ ॐ					
				On a Pu	☐ Garage					
	The state of the s	2	Indica	Indicate North by Arrov						
Crash Narrative:					L	<del></del>				
Vehicle #1 was travel	ing straight	ahead. Vel	nicle # 2 was	crossin	g Middlesex Ave	on				
Adams street when it	drove into t	he path of Veh	icle #1.	School w	as letting out a	and				
there was a long line	of traffic	on Middlesex Av	ve vehicle #	2 vision	was obstructed	by the	•			
line of traffic and i										
						<del></del>				
							<del></del>			
Witnesses:			, , , ,							
Name (Last,First,Middle)		Address			Phone #		Statement			
		I				, L				
Property Damage:	4.34		DI #	4175	D					
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Pro	perty				
T I ID I C				<u> </u>						
Truck and Bus Informatio			(From Vehic	ele Section)	1	Bus Use	42			
Address			City		St Z	ip				
US DOT #:	Stata Numbur		Issuing State	MCMVA	CC #-					
US DOT #:	State Mulliper	44	Issuing State	IVIC/IVIA/II	π. <u></u>		<del></del>			
	ly Type Code	GVWR/GCWR								
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length					
Hazmat Information:					-					
Płacard 47 Material I dig	it # 48 Mater	ial Name		Material 4 digit	#Rele	ase code	49			
Patrol Officer Anthor Police Officer Name (Please Print)				mington ntment	Precinct/Barracks	nt 10/2 Date	6/2022			

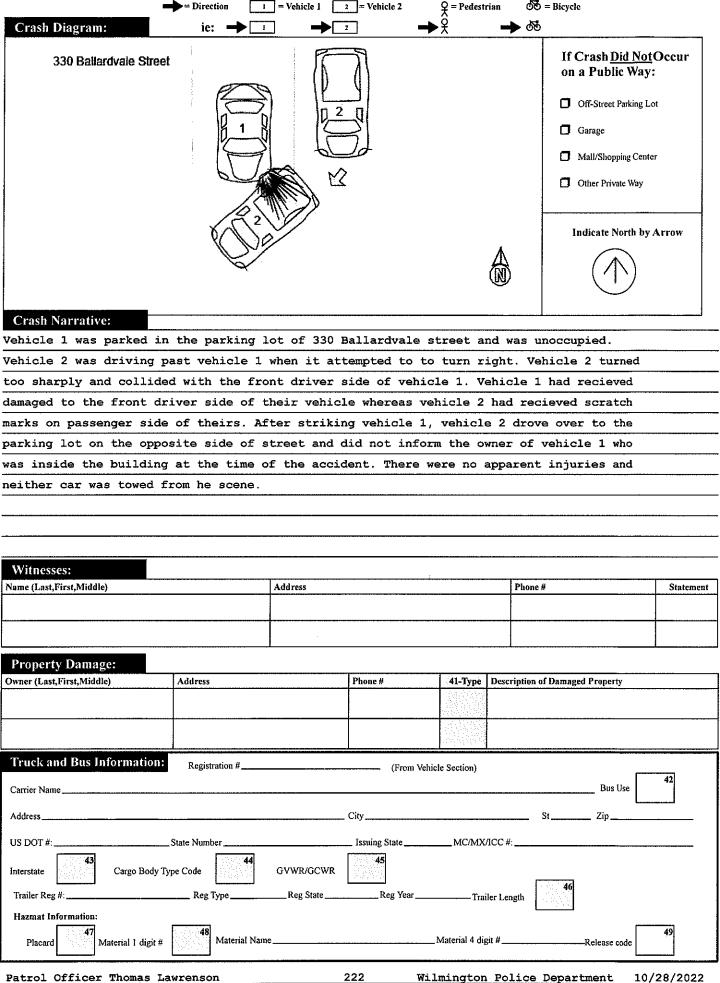
Police Use Only	Common	wealth	of Massa	chus	etts			RM	V Doci	ument Number				
Date of Crash   Time of Crash   10/26/2022   1454   Wiln	City/Town Mo		icle Cras	sh 🛚 📉	Number /ehicles	Number Injured	Speed	d Limit	35	State Police Local Police MBTA Police	8000			
24HR			Report	2		0	Longi			Campus Polici Other:				
AT INTERSECTI	ON:	LOCA	TION >	>		NOT A	T IN	TER	SEC	TION:				
			129 W	28	20	LOW	RT.T.	ST			2			
Route# Direction	Name of Roadway/Street		Route# Directi		iress#	1011				vay/Street				
_	At		Feet	NSEV	v of				or .					
Route# Direction Nam	e of Intersecting Roadway/Stree	et				Mile M	arker			Exit Numbe	3			
	Also at Intersection with		_	N S E V	_	Route#		Interse	cting F	Roadway/Street	— F			
Route# Direction Nam	e of Intersecting Roadway/Stree	et i	Feet	N S E V	of					•				
Division Color and Color	· · · · · · · · · · · · · · · · · · ·	T							ndmarl	k				
Please Select One of the Following:	#Occupants   Hit/Run	Moped	Crash Re	eport ID#	22	-32	1-	AC	;					
License # <b>S18629008</b> St <b>M</b>	A DOB/Age	Reg i	604GEH			_ Reg Ty	e PC		R	eg State <b>MA</b>	}			
Sex <b>F</b> Lic. Class D Lic. R	estrictions 20 CDL	Veli 3	Year <u>2013</u>	Veh N	/lake <b>F</b> (	ORD			_ Veh	Config. 1	21 1			
Operator MUCICA, CAROL	Endorseme		er MUCICA		OL	ANN								
Address 223 ROGERS ST	rusi Middle	Addr	ess 223 RO	GERS	ST	First			Mi	iddle				
City <b>TEWKSBURY</b> State	MA Zip 01876-264	11 City	TEWKSBUR	XY.		Si	ate <b>M</b>	<b>A</b> z	ip <b>0</b> ]	1876-26	41			
Insurance Company THE HANOVE	R INSURANCE CO	OM Vehic	le Action Prior to (	Crash	1	<b>22</b> I	Damage	d Area	Code:	8 <sup>27</sup> 97 <sup>27</sup>	27			
Vehicle Travel Direction: N S E	Responding to Emergency? 2	Event	Sequence 1 2	3 23	23		est Stat			28				
Citation # (If Issued)	_	Most	Harmful Event	1 24			ype of		.	30	l			
Viol. 1: Ch/Sec/Sub\	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e 99	25	25	BAC Te: lusp. Al		31		32 1			
Viol. 3: Ch/Sec/Sub\	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 <sup>26</sup>			owed fi	L		2 33	'			
•	or and all occupants involved			34 Seat	35 Safety	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.					
Name (Last First Middle)  Operator	Address See Above		DOB/Age	Sex Pos.	+ +	Status Code	Code	Status 10	Code 1	Medical Facili	ty			
Operator	300710010			^ 1	-	-								
							-							
							ļ							
		· · · · · · · · · · · · · · · · · · ·					<u> </u>							
Please Select One of the Following:	#Occupants Non-Motoris	at A Type	15 Action	16 Locati	on	17 Cond	ition	18	□ ı	Hit/Run 🔲 M	loped			
	DOB/Age	Reg #	231FX8	<u> </u>	L	Reg Typ	e PC		Re	eg State <b>MA</b>				
19 19	estrictions 20 CDL	_	ear 2019	Veh M	lake DO		·			Config. 2	21			
Operator LODER, ANTHONY	Endorsement Endorsement	nt	r LODER,				1			Coming.	_			
Address 95 TENNIS PLAZA	First Middle		ss 95 TEN	\$1		First		PT		ddle				
	MA Zip 01826-632	24 City 1	DRACUT			St	ate MA	<b>4</b> z	ip <b>01</b>	L826-63	24 1			
Insurance Company THE COMMER	•	•	le Action Prior to C	Crash	6	_	amageo				27			
Vehicle Travel Direction: N S W	Responding to Emergency? 2	Event	Sequence 2	3 23			est Stati	us:		28				
Citation # (If Issued)	_		Harmful Event	34			ype of T			29				
Viol, 1: Ch/Sec/SubV	iol 2: Ch/Sec/Sub	Drive	ت Contributing Code r	99	25	25	AC Tes usp. Alc	г	lt: 31	Susp. Drug:	32			
	iol, 4: Ch/Sec/Sub	Drive	Distracted by	- 26			owed fr	L		33 Jasp. Drug.				
	motorist and all occupants involve	ved		34 Seat	35 Safety	36 37 Airbag Eject	38 Trap	39 Injury	40 Transp.	<u></u>				
Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System	Status Code	Code	Status	Code	Medical Facility	ıy			
Operator/Non-Motorist	See Above			X 1	1 /	4 0	0	10	1					
		····												

•	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	ian ಹ	= Bicycle	
Crash Diagram:	ie: 🕕 🗓	] <b>→</b> [	2	·Ŷ	<b>→</b> ₩		
	Action An witness	mbulance/				If Crash <u>Did</u> on a Public	
		<b>)</b> <=				Off-Street Par	king Lot
	₹					☐ Garage	
⇒ Ø		Lowell st./l	Rte.129			Mall/Shoppin	g Center
				the tracks and the second tracks		Other Private	Way
	令 Burger King entrance/ exit driveway	n	) Lowell.st./ rger King			Indicate Nor	th by Arrow
Crash Narrative:							
Oper.#1 Related she was	traveling wes	t on Lowell	l st./Rte.129	by Burg	er king	, when m/v#2	
pulled out in front of					<del>-</del>		
Oper.#2 Related he had	pulled out ont	o Lowell st	t/Rte.129/Burg	ger King	exit. I	ie related t	hat
his m/v#2, was halfway	out into the r	oadway and	was attempti:	ng to ma	ke a lei	ft turn. At	the
time there was no traff	ic coming from	the west h	oound, howeve	r there	was trai	fic on the	
east bound. He related	that an Action	ambulance	had stopped	to let h	im into	the east bo	und
lane. At some point m/v	#1 crashed int	o his m/v#2	2. (PWJ/142)				
<del>, , , , , , , , , , , , , , , , , , , </del>							
Witnesses:		·					
Name (Last,First,Middle)		Address			Phone #		Statement
CALEY JENNIFER		1 JEWEL DR	WILMINGTON MA	A 01887			
THERIAULT STEVE		1 JEWEL DR	WILMINGTON MA	A 01887	, 1		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
					<del>,</del>		
Truck and Bus Information:	Registration #		——— (From Vehic	ele Section)		Bus Us	e 42
Address			. City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Ty	22. 194. 2	GVWR/GCWR	<b>45</b>		Γ	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	tiala.	
Hazmat Information:  47  Placard Material 1 digit #	48 Material Name	e		Material 4 digi	it #	Release cod	49 le
						·	
Patrol Officer Paul W J Police Officer Name (Please Print)	epson Signature			mington runent		Department ct/Barracks	10/26/2022 Date
( ()	0						

	Police Use Only	Com	monweal	lth (	of Massa	ach	use	tts		1	RM	V Doc	ument Number		
	Date of Crash   Time of Crash   10/27/2022   0751   Wili	City/Town mington	Motor '	Veh	icle Cra	sh		mber nicles	Numbe Injured		d Limit	35	State Police Local Police MBTA Police	0800	
	24HR	aring con	Poli	ice I	Report		1		o <sup>*</sup>	Lann	itude		Campus Police Other:	_ <u> </u>	
	AT INTERSECT	ION:	< L	OCA'	TION	>			NOT	T IN	TER	SEC	TION:		
					20 0			•			-				2 <sup>10</sup>
	Route# Direction	Name of Roadway/S	Street		Route# S Direc	tion	687 Addre		MAI	N S		Roadw	vay/Street		
1	:	At			E	N S	E W				_				
	Route# Direction Nan	ne of Intersecting Road	lwav/Street			Mal	E[**]	01 -	Mile l		• —	or _	Exit Number		_ 11
	, ,	Also at Intersection			Feet	N S	E W		Route#		Inton	anting F	Roadway/Street	_	<u> </u>
)	Route# Direction Nam	ne of Intersecting Road	huau/Ctrant		Feet	N S	E W	of	Route#		mers	ecting r	KOAUWAY/BU CCE		
1	Rotties Direction Nati	ie of intersecting Road	iway/Siteet					-			La	ndmarl	k		
3	Please Select One of the Following:	#Occupants His	t/Run 🔲 M	oped	Crash R	Report	ID# 2	22·	-32	2-	AC	3			
		A_ DOB/Agt	L	Reg#	4ES266				Reg Ty	ne PC	<u> </u>	R	eg State <b>MA</b>		
		20	CDL	_	ear 2008					-				21	<b>1</b> 12
	Operator OHARA, KELLY	I ————————————————————————————————————	Endorsement		OHARA,										
1	Address 52 PORTER RD	Füst	Middle		ss 52 POF	Last			First			Mi	iddle		
	City ANDOVER State	MA 7in 0181	0-4806		ANDOVER		·			State M	<b>A</b> :	zin O 1	1810-480	06	
	Insurance Company GOVERNMENT	-			e Action Prior to		[-	1 7	_	Damage				27	
	Vehicle Travel Direction: N X E W	Responding to Eme			·			<del></del>	1.1	Test Sta			28		
i	Citation # (If Issued)	responding to Eme	igency (		5	5	24		لت	Type of	Test:		29		
-	Viol. 1: Ch/Sec/Sub				Contributing Co		1 -	25	25	BAC Te			30	32	5 <sup>13</sup>
					Distracted by	0	26			Susp. A Towed f			1 1		<u> </u>
2	Viol, 3; Ch/Sec/Sub ————————————————————————————————————			Divo	Distracted by		34	35	36 3	38	39	40	2 33		
	Name (Last First Middle)		Address		DOB/Age	Sex			Airbag Eje Status Co	et Trap de Code	Injury Status	Transp. Code	Medical Facility	<u>y</u>	
	Operator		See Above		$\geq$	X	1	1	4 0	0	10	1			
											-				
											T				
	Please Select One	#Occupants No	. Maria de Maria	(,	15	16			17	dition	18	<u> </u>	Hit/Run M		
1	of the Following:	No:	n-Motorist A Ty	ре	Action	L	ocation	`	Con	lition		<u>"</u>	Hit/Run M	opea	
	10 10	DOB/Age		Reg#					_ Reg Ty	ре		Re		21	
	SexLic. Class Lic. R	estrictions   C	CDL Endorsement	Veh Ye	еаг	v	eh Mal	ke				Velı			
4	Operator	First	Middle	Owne	r	ast			First			Mis	ddle	<del></del>	
1	Address			Addre	88									<del></del>	14
	CityState	Zip	<del></del>	City_			г			tate		•	27 27	27	97 <sup>14</sup>
	Insurance Company			Vehicle	e Action Prior to				<u>.</u>	Damage Test Sta		Code:	27 27		
	Vehicle Travel Direction: NSEW	Responding to Emer	rgency?	Event	Sequence			23	~~	Type of		}	29		
2	Citation # (If Issued)	_		Most I	Harmful Event		24			BAC Te	st Resi	ılt:	30		
_	Viol, 1: Ch/Sec/Sub	Viol. 2: Cli/Sec/Sub —		Driver	Contributing Co.	de [		25	25	Susp. Al	lcohol:	31		32	
	Viol. 3: Ch/Sec/Sub	Driver	Distracted by		26	•		Towed f	, .		33				
	Please fill out for operator/non Name (Lest First Middle)	-motorist and all occup	oants involved Address		DOB/Age	Sex		35 Safety System	36 37 Airbag Eje Status Cod	ri Trap		40 Transp. Code	Medical Facility		
	Operator/Non-Motorist	S	See Above		>	X	1						<u></u>		
							_			1	<u> </u>				
										+		┼╌┤			
										+	-				
											1				

	= Direction	= Vehicle 1 2 =	· Vehicle 2 分	= Pedestrian	රාම = Bicycle	
Crash Diagram:	ie: →	2	<b>→</b> રૂ	_	<b>→</b> ॐ	
U-Haul	Galante's				If Crash <u>Di</u> on a Public	id NotOccur : Way:
1		er plant glent en sjok det plante sjok en nyem speriot plant by gemen glet e plant sjok et ble tjedendeg blet			Off-Street P	arking Lot
		. Main st./Ri	e.38s		☐ Garage	
					☐ Mall/Shopp	ing Center
!  -	DEER=>	F			_	
	DECREES.		and the said of the basis		Other Privat	e way
	<⇒ Swamp Area =	**************************************		<b>2</b>	Indicate No	orth by Arrow
Crash Narrative:						
***************************************	she was traveling so	uth on Main st	./Rte.38, wh	en a dee:	r came out of kn	OW
where and struck	the left front side	fender, rippe	d her driver	's side :	mirror off, slid	
down the side of	her m/v, caused dam	age to the rea	r passanger	door.The	n ran back into	the
swamp area.(PWJ/1	.42)					
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:		1			<u> </u>	
Owner (Last, First, Middle)	Address	Ph	one#	41-Type Desc	cription of Damaged Property	7
			Å.	100.00000		, , ,
Truck and Bus Infor	mation: Registration#		(From Vehicle S	Section)		
Carrier Name					Bus U	Ise 42
Address		City			St Zip	<u> </u>
LIS DOT #-	State Number	Ĭe	ening State	MOMYACC	¥:	
US DOT #:	State Number 44		45		··	
	argo Body Type Code	GVWR/GCWR			To the second	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——Trailer Le	ngth 40	
Hazmat Information:					<u> </u>	
Placard Materi	al 1 digit #   48   Material Na	ne	Ma	terial 4 digit #_	Release co	ode 49
·				–		
Patrol Officer Pa Police Officer Name (Please Pri		142 ID/Ba	Wilmi dge # Departme		lice Department Precinct/Barracks	10/27/2022 Date

	Police Use Only Commonwealth of Massachusetts RMV Document Number												
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h}$ $\begin{bmatrix} \mathbf{N}_1 \\ \mathbf{V}_2 \end{bmatrix}$	umber hicles	Number Injured	1 '	l Limit	10	Local	Police D Police D A Police D	
	10/28/2022 0835 Wi	lmington	Police	Report	2		0	Latitu Longi				us Police	
	AT INTERSEC	CTION:	< LOCA	TION >		ľ	NOT A	_		SEC	TION:		1
			_										2 10
	Route# Direction	Name of Roadway/S	Street	Route# Direction	<u>33</u> n Addr		BALI				ST /ay/Street		
<sup>1</sup> 1		At						216		TODAY.	uj, Bareer		1
				Feet N	SEW	of -	Mile M	— • arker	• —	or _	Exit )	Number	L.,
	Route# Direction	Name of Intersecting Road Also at Intersection	······································	Feet N	SEW	of							4 11
		Table at intercention			SEW	. F	Route#		Interse	ecting I	Roadway/	Street	
<sup>2</sup> 1	Route# Direction	Name of Intersecting Road	way/Street	Teet Et	1012111	, or —			I a	ndmarl			
	Please Select One Value 1	#Occupants Hi				22	- 22	2					1
3	of the Following:	*Occupants Hi	t/Run Moped	Crash Rep	ort ID#		-32	<u> </u>	AC	,			]
	_ <del></del>	MA_ DOB/Age	Reg	#3LYX34			Reg Typ	e <u>PC</u>	·	R	eg State 🏻		12
	Sex M Lic. Class D 19 19 Li	c. Restrictions	CDL Veh	Year <b>2018</b>	Veh Ma	ake <u>HC</u>	NDA			_ Veh	Config.	1 21	1
	Operator RODRIGUEZ, V			er RODRIGU	EZ,	WILE	SER F	ξ			ddle		
<sup>4</sup> <b>1</b>	Address 47 COLLINS S	r APARTMENT		ess 47 COLI	INS	ST Z		TME	NT	М	- GOIG		
• • • • • • • • • • • • • • • • • • •	City <b>LYNN</b> S	tate <b>MA</b> Zip <b>0190</b>	2-0000 City	LYNN			Sta	ate <b>M</b> Z	<b>A_</b> z	ip <b>0</b> ]	1902	-0000	
	Insurance Company GEICO GE	NERAL INSUR	ANCE C Vehic	le Action Prior to Cr	rash	11 <sup>2</sup>	2 D	amage	d Area	Code:	s <sup>27</sup>	27 27	
	Vehicle Travel Direction; NXE	V Responding to Eme	rgency? 2 Even	Sequence 23	23	23 2	23 T	est Stat	us:		1 28		
5	Citation # (If Issued)		Most	Harmful Event 1	24		•	ype of '			29		
	Viol. 1; Ch/Sec/Sub —			Contributing Code  □	1	25	- 25	AC Tes usp. Ak			1 30 Sum D	orug 2 32	2 13
	Viol. 3: Ch/Sec/Sub			r Distracted by	- 04			usp. An owed fi	•		333 L	nug 2 02	
<sup>6</sup> 1		perator and all occupants in	<del> </del>		34		36 37	38	39	40			4
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety A System S	irbag Eject tatus Code	Trap Code	Injury Status	Transp. Code	Med	ical Facility	-
	Operator	S	See Above	>>>	1	1 4	0	0	10	1			
													1
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	Diama Calant Our			15 1	6		17	┸┯	18				1
<sup>7</sup> 1	of the Following:	#Occupants No	n-Motorist A Type	Action	Locatio	n	Condi	tion		ľ	Hit/Run	Moped	
	License # <b>S60557070</b> St	MA_DOB/Ag	Reg /	5BC851			Reg Type	PC		Re	eg State 1	ΜA	1
	Sex M Lic. Class D Li	Restrictions 20	CDL Veh Y	/ear <u>2019</u>	Veh Ma	ike <u>CH</u>	EVRO	LEI		_ Veh	Config.	1 21	
	Operator LIM, BRIAN H		Own	r LIM, CH	RIST:	INE							İ
1	Address 4 AMES PL	First	Middle Addr	ess 4 AMES	PL		First			Mic	ddle	*******	
	City <b>LOWELL</b> S	tate <b>MA</b> Zip <b>0185</b>	1 City	LOWELL			Sta	te MA	<u>1</u> z	ip <b>01</b>	851	-1857	1 14
	Insurance Company ALLSTATE	INSURANCE	COMPAN Vehic	le Action Prior to Cr	ash	3 22	D.	amaged	l Area	Code:	3 27	27 27	
	Vehicle Travel Direction: NXEV		_	Sequence 23	23		] Te	st Stati	us:		1 28		
	Citation # (If Issued)	]b	•	Hammful Event 2				pe of T	Test:		29		
2	Viol. 1: Ch/Sec/Sub	Vial 3: Ch/Sac/Sub		r Contributing Code		25	25	AC Tes	F		1 30	39	
				r Distracted by	26			isp. Alc owed fr	Ľ		Susp. 13	orug: 2 32	
	Viol. 3: Ch/Sec/Sub  Please fill out for operator/	— Viol. 4: Cli/Sec/Sub — non-motorist and all occur		- Danielou by U	34		36 37	38	39	40			ļ
	Name (Last First Middle)		Address	DOB/Age S	Sent Pos.		irbag Eject atus Code	Trap Code	Injury Status	Transp. Code	Med	ical Facility	-
	Operator/Non-Motor	ist s	ee Above	$\rightarrow$	1	1 4	0	0	10	1			]
													1
					+						<del></del>		-
- 1				4			-						



Signature

ID/Badge #

Department Precinct/Barracks

10/28/

## Wilmington Police Department Images Associated with 22-323-AC





Poli	ice Use Only	1 - 2 1 1	Com	monwe	alth (	of Massa	ach	lus	etts	3		1.7	RM	V Doc	ument Ni			
Date of Crash 10/28/2022	Time of Crash	tari lw	City/Town	Motor	·Veh	icle Cra	sh		umber ehicles		nber ured	Speed	Limit	3	State I Local MRTA	Police Police A Police	0800	
10/20/2022	24HR	MITI	aring con	Po	lice ]	Report		1		1		Latitu				us Police	_5	
	AT INTERS	SECTI	ON:	<	LOCA	TION	>			NO	T A	Γ IN'	TER	SEC	TION:			
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			At						1									
Route# Direc	ttion.	Nom	e of Intersecting Road	lway/Steast		Feet	NS	EW	of	— . М	ile Ma	• irker	•	or .	Exit l	Number	<b>-</b>	. 1
Route# Direc	sugir	14011	Also at Intersection			Feet	N S	EW	of								1	
	<u> </u>					Feet	NS	EW	of	Rout	e#		Interse	ecting !	Roadway/	Street		
Route# Direc	ction	Nam	e of Intersecting Road	lway/Street									La	ındmar	k			
Please Select C	Dπe X Vehicle	. 11	#Occupants Hi	t/Run	Moped	Crash R	Report	ID#	22	-3	32	4 —	AC	<b>Y</b>				
<b></b>	18		<u> </u>												. 1			
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7	Lost		EBORAH M	Middle		er DUNDER	Last			iBOI	irsi	L M		м	iddle	<u></u>	-	
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1	ued)		_				22		25	26	1		st Resi		1. 30		_	
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Name (Last First Mi		for operat	or and all occupants is	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp, Code	Med.	ical Facility		
Operato	or		5	See Above		><	X	1	1	3	0	o	8	1				
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						18	16	<u> </u>	<u> </u>	12		<u> </u>	10	 			_	
Please Select O of the Followin		2	#Occupants No	n-Motorist A	Туре	15 Action	16 I	Locatio	on	17	Condit	ion	18		Hit/Run	Mo <sub>l</sub>	ped	
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Operator	Lasi		First	Endorsement Middle	Owne	r	ast			-	rs1				dile		_	
Address			rual	MENGLE	Addre	1 255	.051			Fi	131			Mi	odie		L	
City		State _	Zip		City_						Sta	te	z	Zip	····		1	. 14
Insurance Compa	any				Vehicl	le Action Prior to	Crash			22	Da	mageo	d Area	Code:		27 2	27	
Vehicle Travel Di	irection: NS	EW	Responding to Emer	rgency?	Event	Sequence	23	23	23	23		st Stat			28			
Citation # (If Issu	ıed)		_		Most	Harmful Event	- 3.	24			-	pe of T	l'est: st Resu	Jr.	30			
Viol. 1: Ch/Sec/S	ub	v	iol, 2: Ch/Sec/Sub —		Driver	Contributing Co	de		25	25		sp. Ale	r			orug:	32	
Viol, 3: Ch/Sec/S		Driver	r Distracted by Towed from scene? 33									_						
	•	rator/non-	motorist and all occup					34 Sent	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.				
Name (Last First Mic	or/Non-Moi	toriet		Address See Above		DOB/Age	Sex	1203.	System	Status .	Code	Code	Status	Code	Medi	ical Facility		
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