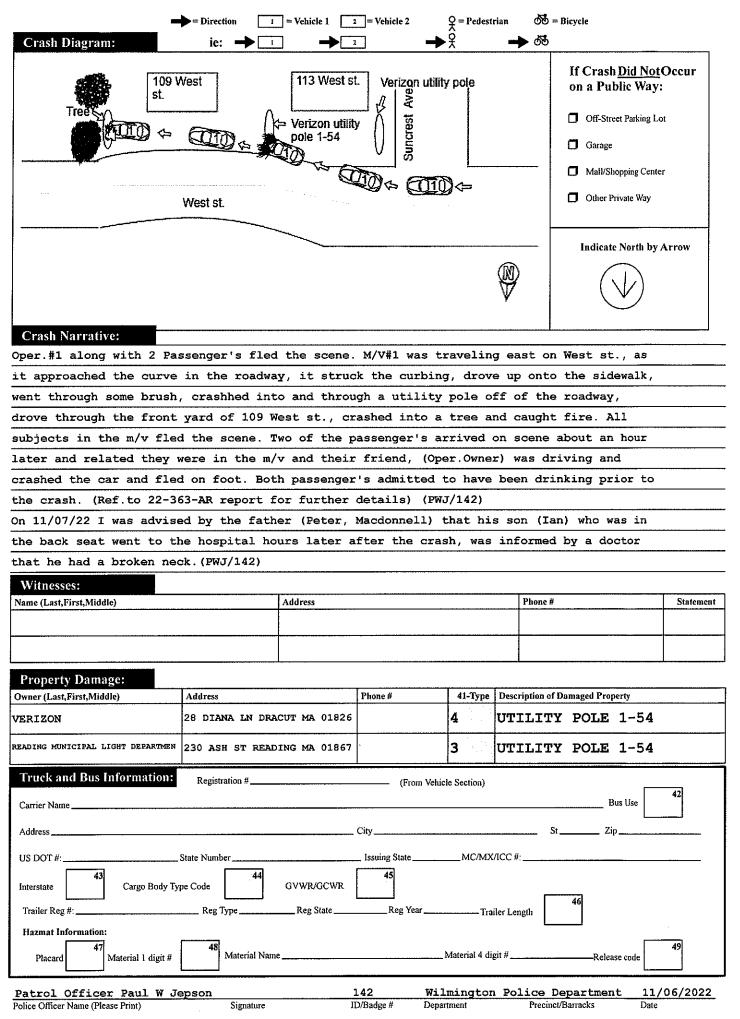
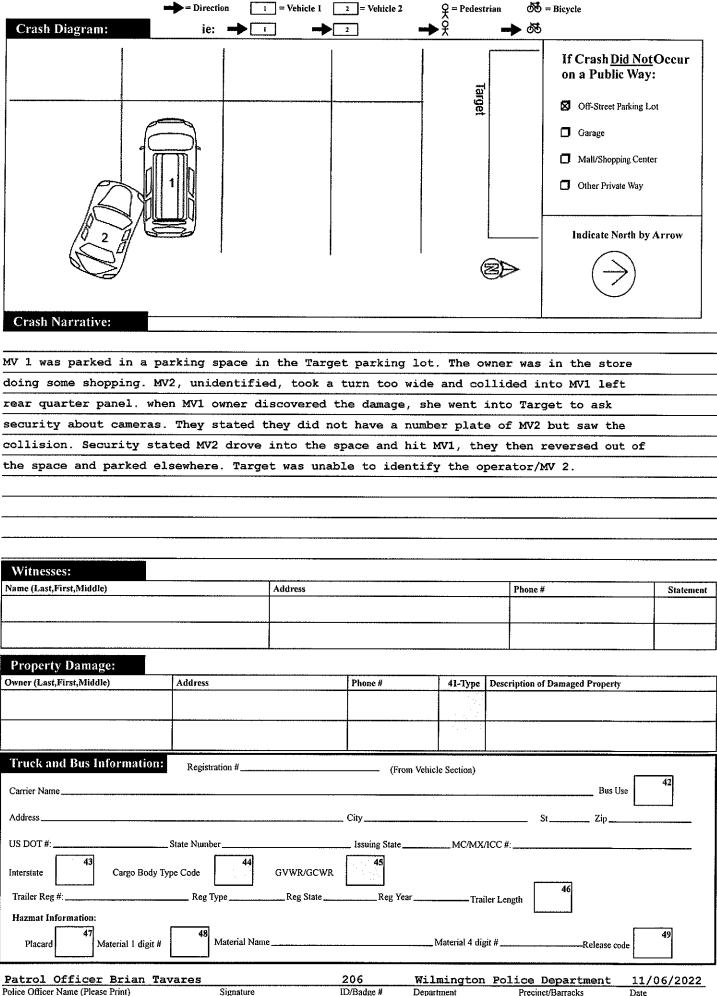
	Police Use Only	Comm	nonwealth	of Massach	ıusetts		RM	V Docume	nt Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit		State Police Local Police MBTA Police	1
	11/06/2022 0045 Wi	lmington	Police	Report	1	2	Latitude Longitude		MBTA Police Campus Police Other:	3
	AT INTERSEC	TION:		TION >			r inter			1
					L					2 10
					113	WEST				_
¹ 4	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name of	Roadway/S	Street	
	_			Feet N S	E W of		- • -	or		-
	Route# Direction N	lame of Intersecting Roadwi	<u> </u>			Mile Ma	arker		Exit Number	1 11
		Also at Intersection wi	th	Feet N S		Route#	Interse	cting Road	lway/Street	
² 2	Route# Direction N	aine of Intersecting Roadwa	ay/Street	Feet N S	E W of					
2							Laı	ndmark		4
3	Please Select One of the Following:	#Occupants Hit/R	tun 🔲 Moped	Crash Report	t ID# 22	-33	2-AC	;		
	License # S49054496 St	MA DOR/Age	Rea	3BTS66		Rea Type	. PC	Pag S	tate MA	
	19 19	20		Year 2015				_	21	7 7 12
	E	En	dorsement					ven Con	ing.	
⁴ 1	Operator CRAVEN, BRIA	First	Middle	er CRAVEN,		First	<u> </u>	Middle		-
<u> </u>	Address 79 GLENMERE C			ess 79 GLENM	ERE C					-
	City READING St		•	READING					67-2845	
	Insurance Company FARMERS 1	<u>PROPERTY & C</u>		le Action Prior to Crasl			amaged Area	<u> </u>	27 27 27 28	
5	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Even	Sequence 22 23 21	23 40 23	44	est Status: /pe of Test:	<u> </u>	29	
	Citation # (If Issued) T2749389	_	Most	Hamful Event 22	24	•	AC Test Resu	<u> </u>	30	
	Viol. 1: Ch/Sec/Sub 90 24	_ Viol. 2: Ch/Sec/Sub 90	24 Drive	r Contributing Code	10 ²⁵ 2	25	isp. Alcohol:		ısp. Drug: 32	22 ¹³
	Viol. 3: Ch/Sec/Sub 89 4A	_ Viol. 4: Ch/Sec/Sub 90	17 Drive	r Distracted by 99	26		owed from sce		33	\vdash
⁶ 1	Please fill out for ope	erator and all occupants inve	olved		34 35 Scot Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator	0 W HILL CIR	Above		1 1	1 0	0 99	1		_
	IAN MACDONNELL	READING, MA 01867	-2246	м	6 99	1 0	0 7	1		
	CAMERON MACDONNELL	12 CALIFORNIA AVE ALBANY, NY 12205		м	3 1	1 0	0 8	1		
	Please Select One			15 16	<u> </u>	17	18	_		_
⁷ 1	of the Following:	#Occupants Non-I	Motorist A Type	Action	Location	Condit	ion	Hit/F	Run Moped	1
	License #St	DOB/Age	Reg #			Reg Type		Reg St		.]
	SexLic. Class 19 19 Lic.	Restrictions 20 CD	L Veh Y	ear	Veh Make			_ Veh Con	dig. 21	
	Operator		forsement Owne	r						
81	Address	First		Lasí		First		Middle		_
	City Sta	.te Zip	City_			Star	te Zi	ip		1 14
	Insurance Company	·	•	le Action Prior to Crash			maged Area	·	27 27 27	
	Vehicle Travel Direction: NSEW			Sequence 23	23 23	23 Te.	st Status:	7	28	
			•	Harmful Event	24	ᆜ _{Ty}	pe of Test:	2	29	
2	Citation # (If Issued)			<u></u>	25	25 BA	AC Test Resul		30	
	Viol, 1: Ch/Sec/Sub —	- Viol, 2; Ch/Sec/Sub ——		Contributing Code	26	Su	sp. Alcohol:		sp. Drug: 32	
ļ	Viol. 3: Ch/Sec/Sub			Distracted by	<u></u>		wed from see		33	_
	Please fill out for operator/n Name (Last First Middle)	•	its involved address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airwag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
Ì	Operator/Non-Motoris	See See	Above		1					1
ŀ	: -									1
-						_		-		-
										_
								-		

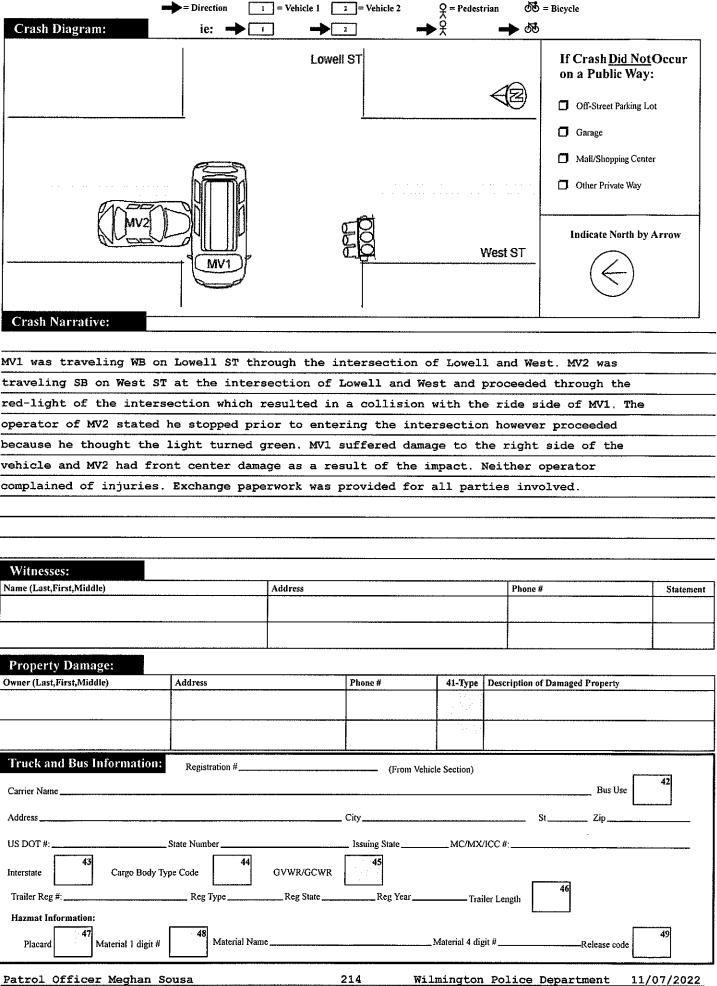


CDP1 11-24-00

	Pol	lice Use Only	Com	monwealth	of Massach	usetts		RM	IV Docum	nent Number	
	Date of Crash 11/06/2022	Time of Crash	City/Town Lmington	Motor Vel	hicle Crash	Number Vehicles	Number Injured	Speed Limi	t	State Police Local Police MBTA Police	2 8
	11/00/2022	24HR		Police	Report	2	0	Lantude Longitude _		Campus Police Other:	5
		AT INTERSEC	FION:	< LOC.	ATION >		NOT A	r inter	RSECT	ION:	
											2 ¹⁰
	Route# Dire	ction	Name of Roadway/S	Street	Route# Direction	210 Address #	BALI	ARDVA Name of	Roadway		
¹ 1			At		- NG						
	Route# Dire	ction N	ame of Intersecting Road	lway/Street	Feet N S	E W of	Mile Ma	arker	or	Exit Number	1 11
			Also at Intersection	 	Feet N S	E W of					3
2	D# Di			(0)	Feet N S	E W of	Route#	Inters	ecting Roa	adway/Street	
² 1	Route# Direc	ction in	ame of Intersecting Road	iway/Street	<u> </u>			L	andmark		
3	Please Select (of the Followi		#Occupants His	t/Run 🔲 Moped	Crash Report	ID# 22	-33	3-A	3		
	License #		DOB/Age	Par	# BC15BA		Pag Tym	. PC	Dag	Crata MA	
	Sex Lic.	19 19	20		Year 2004					21	7 12
		L	XZ	Endorsement	ner KACAMBURA					oning.	
⁴ 1		iverless M	First		ress 49 PARK	•	First	· OEGN	Middle	e	-
	Address							M78	016	007_1510	-
	Į.	Stany USAA GENE	•		WILMINGTON	l		amaged Area		387-1510 27 27 27	. !
					icle Action Prior to Crash	23 23		est Status:	1	28	
⁵ 2		Direction: N S E	•			24		pe of Test:	j -	29	
		ued)			t Hannful Event 2		25	AC Test Res		30	13
	Viol. 1: Ch/Sec/	Sub	- Viol. 2: Ch/Sec/Sub -		er Contributing Code	26 Z5	St	isp. Alcohol:		Susp. Drug: 2 32	2
·1	Viol. 3: Ch/Sec/S	Sub			er Distracted by	34 35	Tc 36 37	owed from so	ene? 2	33	_
	Name (Last First M	•	rator and all occupants in	1VOIVEd Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Pacifity	
	Operate	or	2	See Above	><X	1 0	5 3	0 10	1		
											
:											_
	D. 04 . 6				15 16		17	10		I	\dashv
1	Please Select C of the Followin		#Occupants No	n-Motorist A Type	Action	Location	Condit	ion 18	Hit	t/Run 🔲 Mope	d
	License #	St	DOB/Age	Reg	# unknown		_ Reg Type	;	Reg		_
	Sex Lic. (Class 19 19 Lic.			Year \	/eh Make			Veh Co	onfig. 21	
	Operator <u>un</u> l	known	First	Endorsement Middle Owr	ierlast						_
1	Address	l.ast	1-1124		ress		First		Middle		-
	City	Sta	te Zip	City			Sta	te Z	Zip		_ 1 14
	Insurance Compa	any		Vehi	cle Action Prior to Crash		22 Da	amaged Area	Code:	27 27 27	
	Vehicle Travel D	irection: NSEW	Responding to Emer	rgency? Ever	t Sequence 23	23 23	23 Te	st Status:	L	28	
	Citation # (If Issu	ued)		Mos	t Harmful Event	24	•	pe of Test:		30	
2	Viol. 1: Ch/Sec/S	Sub	- Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25	25	AC Test Resi sp. Alcohol:		Susp. Drug: 32	
	Viol. 3: Ch/Sec/S		- Viol. 4: Ch/Sec/Sub		er Distracted by	26		wed from sc		33	
	Plea	ase fill out for operator/no		ants involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		-
-	Name (Last First Mi			Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
-	Operato	or/Non-Motoris	S	ee Above		1					-
											_
Ì											



	Pol	ice Use Only		Com	monwea	lth (of Massacl	nusett	S		RM	IV Doc	ument Number		
	Date of Crash	Time of Crash	Ji 1m	City/Town	Motor	Veh	icle Crash	Numb Vehicle		, Jopes	d Limi	t30	State Police Local Police MBTA Police	0800	
		24HR	1 L	Ting Con	Pol	ice]	Report	2	0	Latti	ude gitude		Campus Police Other:	. 6	
		AT INTERS	ECTIO	ON:	< I	JOCA	TION >		NOT	AT IN	TER	SEC	TION:		
	İ							89	wee	T S	· CT3			2 10	
¹ 1	Route# Direc	ction		Name of Roadway/St	reet		Route# Direction	Address				Roadw	vay/Street		1
1	_			At			Feet N S	EW of			•	- or			
	Route# Direc	etion	Name	of Intersecting Roady	vay/Street				Mile I	Marker			Exit Number	5 11	l
				Also at Intersection w	rith		Feet NS		Route#		Inters	ecting I	Roadway/Street	-	
² 1	Route# Direc	etion	Name	of Intersecting Roady	vay/Street		Feet N S	E W of		· · · · · · · · · · · · · · · · · · ·					
	Please Select ()ne V	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								nndmari	<u>k</u>		
3	of the Followi	Vehicle	<u> </u>	#Occupants Hit/	Run M	loped	Crash Repor	ID# 2 2	2-33	4-	·AC	3			
	License # <u>S8</u> 2	40	St MA	DOB/Age		Reg#	AL49717		Reg Ty	ре А Е	?	R		12	l
	Sex M Lic. 0			Е	DL	Veh Y	ear 2021	Veh Make	FORD			Veh	Config. 21] []	l
4	1	RNANDES,	F	First	Middle	Owne	r U-HAUL CO	OMPAN	Y First			Mi	ddle	_	
⁴ 3	ļ	OCALLAGH:				Addre	ss 2727 N C	ENTRA	L AVE	1					
	City BOSTO	NN	_ State 1	MA Zip 02127	<u>'-3605</u>	City_	PHOENIX						5004-112	- I	
	Insurance Compa					Vehic	e Action Prior to Crash			Damage Test Sta		ı Code:	3 ²⁷ ²⁷ ²]	
⁵ 1	Vehicle Travel D	irection: NSE	X	Responding to Emerg	gency? <u>2</u>	Event	Sequence 1 23	23 23		Type of			29		
	1	ued)		-		Most I	Harmful Event 1	24		BAC Te	st Resu	ult:	1 30	13	
	Viol, I: Ch/Sec/S	Sub —————	Vi	ol. 2; Ch/Sec/Sub ——			Contributing Code	26 25	25	Susp. A	lcohol:	2 31		2 1 1	
⁶ 2	Viol. 3: Ch/Sec/S			ol. 4; Ch/Sec/Sub		Driver	Distracted by 0	34 35		Fowed 1		<u> </u>	2 33		
	Name (Last First Mi		operato	r and all occupants inv	Olved Address		DOB/Age Sex	Seat Safet Pos. System	y Airbag Eje	t Trap	39 Injury Status	40 Transp. Code	Medical Facility		
	Operato	r		Se	e Above		><X	1 1	4 0	0	10	1			
										+					
	Please Select O	ne 🔀 Vehicle 2	1 #	Occupants Disc			15 16	<u> </u>	17		18			_	
2	of the Followin		<u>+ "</u>	Non-	Motorist A Ty	ре	Action	ocation	Сопс	ition		'	lit/Run Mope	ed	
	License # S86	10 10	St MA	DOB/Age		_	993RT3		Reg Ty			Re	g State MA	-	
	Sex M Lic. C	lass D		trictions CE	Ldorsement		ear <u>2012</u> v					Veh	Config. 1		
1	Operator DIR	Last	Fi	STEPHEN	Middle		DIRUPO, I		First	<u>HEN</u>		Mid	ldle	-	
	Address 14 I		ER	es 01007	-2046		s 14 REDWO						007 004		
	City WILMI			1A Zip 01887		-	ILMINGTON			ate <u>M#</u> Damage		_	887-3046	- I I	
			_	PERTY & C			Action Prior to Crash	23 23		est Stat		Code.	28]	
	Vehicle Travel Di		W	Responding to Emerge	ency? <u>4</u>		sequence 1	24		ype of	Test:	ľ	29		
2	Citation # (If Issue	·					Harmful Event 1	19 ²⁵	25	AC Tes	r		1 30	,	
				ol. 2: Ch/Sec/Sub				26		usp. Ale	-		Susp. Drug: 2 32	1	
Į	Viol. 3: Ch/Sec/St Plea			ol. 4: Ch/Sec/Sub	nts involved	Ditver	Distracted by 0	34 35	36 37	owed fr	39	40	2]	4	
-	Name (Last First Mid	ule)		•	Address		DOB/Age Sex	Seat Safety Pos. System	Airbag Ejec	Trap		Transp. Code	Medical Facility	_	
	Operato	r/Non-Moto	rist	See	Above		$\times X$	1 1	4 0	0	10	1			

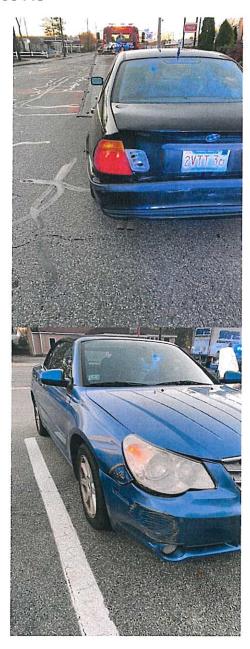


	Pol	lice Use Only		Comi	monwealth	of Massac	huse	tts		RMV	/ Docun	nent Number]
	Date of Crash 11/08/2022	Time of Crash 0548	์ พีว่าไรก	City/Town	Motor Ve	hicle Crasl	h Nur	nber Numb	74 Jahoo	d Limit_	35	State Police Local Police MBTA Police Campus Police	
	227 007 2022	24HR	F1 -L -L-LL	rig con	Police	Report	2	o °	Latii	ude gitude		Campus Police Other:	
		AT INTERS	SECTION	ON:	< LOC	CATION >		NOT	AT IN	TERS	SECT	ION:	
		MAIN	ST										2 10
¹ 2	Route# Direc			Name of Roadway/St	reet	Route# Direction	Addres	ss#	N	lame of R	Roadway	y/Street	
	-			At		Feet N	SEW			• —	or		
	Route# Direc	ction	Name	e of Intersecting Roady					Marker			Exit Number	2 11
				Also at Intersection w	rith		SEW	Route#		Intersec	cting Ro	adway/Street	
² 1	Route# Direc	ction	Name	of Intersecting Roady	vay/Street	Feet N	S E W c	of		Ian	dmark		-
	Please Select (One Vehicle	11	#Occupants Hit/	Run Mopes	Crash Ren	ort ID# 2	2-3	35-				7
3	of the Followin	"5"		<u> </u>									4
	License #	19 1	St.	_ DOB/Age				Reg 7				21	1 12
	Sex. Lic. (Class D	Lic. Re		ndorsement	h Year <u>2000</u>					_ Veli C	Config.	\vdash
⁴ 1	Address	Last			Midále	vner <u>MWANGI,</u> dress <u>20 PATT</u>		First			Middl	le	
_	City		State	Zij		y TEWKSBURY			State M	A 7:.	n 015	876-3924	
	_	any THE CO		CE INSURAN		hicle Action Prior to Cra	<u> </u>	22			_	27 6 27 4 27	
	Vehicle Travel D			Responding to Emerg		ent Sequence 23		3 23	Test Sta		1	28	
5	Citation # (If Iss	ued)			-	ost Harmful Event 1	24		Type of		L	30	
	Viol. 1; Ch/Sec/S	Sub	Vi	iol. 2: Ch/Sec/Sub ——	Dr	ver Contributing Code	1 2	5 25	BAC Te Susp. A	st Result	- 1	Susp. Drug: 32	1 13
	Viol, 3; Ch/Sec/S	Sub	Vi	iol. 4: Ch/Sec/Sub	Dr	ver Distracted by	26			from scer		33	
⁶ 1	Name (Last First Mi		or operato	or and all occupants inv			Sest S	afety Airbag E	37 38 ject Trap	39 Injury 1	40 Transp.		
	Operato			Se	e Above	DOB/Age Se	1 1		ode Code	Status 10 1	Code 1	Medical Facility	-
							1-						
					·····		+						-
				.		15 12	1 1			10		<u> </u>	4
⁷ 1	Please Select O of the Followin		21	Occupants Non-	Motorist A Type	Action 16	Location	17 Co	ndition	18	Hie	t/Run Moped	
	License # <u>S30</u>	547527	St MA	_ DOB/Age_	Re	# 2PAT53		Reg T	ype PC	· ,	Reg	State MA	
	Sex F Lic. C	lass D 19	Lic. Res		OL Vel	Year <u>2008</u>	_ Veh Make	CHRYS	LER		Veh Co	onfig. 21	
8 1	=	CYR, LE	F	LEEANN irst	Middle	ner ST CYR,		First	ANN		Middle		
		COUNTY				tress <u>170 COU</u>							_ 14
	City TEWKS			<u>MA</u> Zip 01876		TEWKSBURY		22					1
	·			E DIRECT I		uicle Action Prior to Cra	sh 1 23 2		Damage Test Stat		ode: 1	27 2 27 8 27 28	
	Vehicle Travel Di		EW	Responding to Emerg	•	ent Sequence 1 23	24		Type of	Test:	Ė	29	
2	Citation # (If Issu	•				st Harmful Event 1		25		st Result:		30	
				ol. 2: Ch/Sec/Sub		ver Contributing Code	5 ²⁵		Susp. Al	cohol: rom scen		Susp. Drug: 32	
ļ	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub notorist and all occupa		To Distracted by	34	35 36 3	7 38	39	40]
}	Name (Last First Mid	idle)		<u> </u>	Address	DOB/Age Se	x Pos. Sy		ode Code		ransp. Code	Medical Facility	-
ļ	Operato	r/Non-Mot	orist	Sec	e Above		1 1	4 0	0	10 1	-		
													
									ĺ				

	= Direction	= Vehicle 1	2 = Vehicle 2	웃 = Pedestriar	1 💇 = Bicycle	
Crash Diagram:	ie: 👈 🗔	→ [2	₽Ŝ	→ 55	
			321	Main St	If Crash <u>Did Not</u> on a Public Way	1
	1	VIV 1	MV 2		Off-Street Parking Lo	ot
	<= <= <= <= <= <= <= <= <= <= <= <= <= <	anna	m -	(=	☐ Garage	
				4	<u> </u>	
					☐ Mall/Shopping Cente	er
					Other Private Way	
					Indicate North by	Arrow
				(2		
Crash Narrative:						
AV 1 was traveling S	outh on Rt.38 on	Main St. M	V 2 was trave	eling dire	ctly behind MV 1. The	
					ight turn signal and	
pegan to brake to tu	rn into 321 Main	St. The op	erator of MV	1 stated	that he began to	
					The operator of MV 1	
stated while he was l						
the operator of MV 1				causing it	to be towed. The	
vehicle was towed by	A&S towing. No i	injuries we	re reported.			
······································						
	·					
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
TADDIA TIMOTHY LEO			ST TEWKSBURY M	A 01876-438		
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Do	escription of Damaged Property	
Truck and Bus Information	DII: Registration #		(France Volume	icle Section)		
Carrier Name			(FIGHT VEH	icle section)	Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICI	C#:	
43	44		45	IVIC/IVIA/IC	<u> </u>	
Interstate Cargo Bo	dy Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 40	
Hazmat Information:	[
Placard 47 Material 1 dig	nit # Material Nam	ne		_Material 4 digit #	Release code	49
Patrol Officer Robert M De	Gregorio III		223 Wi.	lminator F	Police Department 11/	08/2022

Wilmington Police Department Images Associated with 22-335-AC





	Police Use Only Common				wealth	of Massa	achi	usett	S			RMV.	Docum	ent Number	
	ł .	I I	•	Mo	tor Veh	iicle Cra	sh	Numbe Vehicle		d	Speed l Latitud		35	State Police Local Police MBTA Police	
	117 007 2022	24HR	TIMITING CON		Police :	Report		2	2	l	Latitud Longitu			Campus Police Other:	<u> </u>
		AT INTERSE	ECTION:	<	LOCA	TION	>		NO	T AT	'INT	'ERS	ECTI	ION:	
		SHAWS	HEEN AVE												2 10
¹ 1	Route# Dire	ction	Name of Road			Route# Direc	tion	Address #	<i>-</i>		Nan	ne of Ro	oadway	/Street	
		AT.DRT	CH RD			Feet	N S I	E W of			•	(or		
	Route# Dire	ction	Name of Intersecting						M	ile Mai	rker	•		Exit Number	3 11
			Also at Interse	ction with				E W of	Rout	e#	In	ntersect	ting Roa	ndway/Street	-
² 1	Route# Dire	ction	Name of Intersecting	Roadway/Street		Feet	NSI	E W of				Land	lmark		
3	Please Select C		1 #Occupants	Hit/Run	Moped	Crash R	Report I	D# 2 2	2-3	336	5 – Z	AC			
,		ng.												- 1/3	
		10 10	St MA_ DOB/Age	20		# <u>1EKP92</u>								State MA 21	1 12
	Sex F Lic.		Lic. Restrictions 1	CDL Endorsemen	ıŧ	Year 2014							Veh Co	onfig. 1	,
⁴ 2		Last	RBARA EILE	Middle Middle			Last			irst	r EiN	L	Middle		-
		ORDAN RD	c M3 = 01	821-221		ess <u>7 JORE</u>		עט			3.77		010	221_221	_
			State MA Zip 01			BILLERI(22			Area C		321-221 27 27 2	
			MUTUAL I			de Action Prior to		1 3 23	23		st Statu		1	28	-
⁵ 1		Direction: NS	• •	Einergency? 2		t ocquence 1		24		Туг	pe of Te	est:	F	29	
	1	ued)					<u> </u>	25	25	1		Result:		30	13
			Viol, 2; Ch/Sec/S			er Contributing Co		L 25 26		Sus		ohol: 2		33 Drug: 2	2] [1]
6 1	Viol, 3: Ch/Sec/		Viol. 4: Ch/Sec/S		Dnve	r Distracted by	0	34 35	36	To. 37	ved fro	m scen	e? <u>1</u>	33	
	Name (Last First M		operator and all occup	Address		DOB/Age		Seat Safe Pos. Syste	y Airbag	Eject Code	Trap	Injury Tr	ransp. 2ode	Medical Facility	
	Operate	or		See Above		><	X	1 1	3	0	1 (8 2	La	hey Clinic	
															
		·						_						<u> </u>	
	Please Select C)ne 574	- "a			15	16		17		\dashv	18			
⁷ 3	of the Followin		1 #Occupants	Non-Motorist	A Type	Action	Lo	cation	(Conditio	on		Hit	/Run Mop	ed
	License # SA		St MA_ DOB/Ag	20	Reg #	EV157X			Reg	з Туре	PC		_ Reg S	State MA	-
	Sex F Lic. 0	Class D 19	Lic. Restrictions 1	CDL		ear <u>2020</u>	Ve	h Make 📗	IUYH	IDA:	<u> </u>		Veh Co		
8_	Operator HE	ALY, PHYL	LIS FOSTE	R Middle	Own	er HEALY,	PH:	YLLI		STI	ER		Middle		
1	Address 4 B	RADFORD F	SD.		Addre	ss 4 BRAD	FOR	D RD	<u></u>						14
	City WILMI	NGTON	State MA Zip 01	.887-1663	1 City	WILMING:	ron_					-		87-166	<u> </u>
	Insurance Compa	any PLYMOUT	H ROCK ASS	URANCE	<u>C</u> Vehic	le Action Prior to	Crash	4	22		_	Area Co	ode: 7_	27 27 2]
	Vehicle Travel D	rirection: SE	W Responding to	Emergency? 2	Event	Sequence 1 2	23 2:	<u></u>	23		t Status se of Te		1	29	
2	Citation # (If Issi	ued)			Most	Harmful Event	1 2	24		BA		Result:	1	30	
	Viol, 1; Ch/Sec/S	Sub	—— Viol. 2: Ch/Sec/St	ab	Drive	r Contributing Cod		L9 ²⁵	25	Sus	p. Alco	ohol: 2	31 S	usp. Drug. 2 32	2
	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/St	ab	Drive	r Distracted by	0 2	26		Tov	ved fro	m scene	e? <u>1</u>	33	
	Ple Name (Last First Mi	•	or/non-motorist and all	occupants involve	ed	DOB/Age		34 35 Seat Sofet Pos. System	36 Airbag n Status	37 Eject Code			40 unsp. code	Medical Facility	
		or/Non-Moto	rist	See Above			X	1 1	3	0	1 6	3 2	Lai	ney Clinic	
		<u>.</u>									+		_		
											\dashv				_
						1				- 1		- 1			

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian \delta = Bicycle	
Crash Diagram:	ie: 👈	1	2	₽ ₽	→ ₩	
	Shawshe	en Ave			If Crash <u>C</u>	oid NotOccur
	Onansiic	C117,10 C				
					Off-Street	Parking Lot
MIN .	mag	7 2 1			☐ Garage	
⇒ Will					☐ Mall/Shop	ping Center
		(31)	<u>op</u>		Other Priva	ate Way
	Aldri					
	Aldrich Road				Indicate N	lorth by Arrow
	bad	Û			A	\mathcal{L}
)
	I		1			
Crash Narrative: MV 1 was driving eas	t on Shawshoon	Arro MG7 2 of	atod sho sto	anad at t	ho stop sign and r	120
attempting to turn le						143
Hospital. Both vehic						2
sustained driver side		- 4	<u> </u>			
				······································	the second secon	
Witnesses:					r	·····
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Proper	у
				la Nation		
Truck and Bus Information	Degistration #			1:-1- 0		
Carrier Name	Registration #		———— (From ve	hicle Section)	Bus	Use 42
			C.			
Address					St Zip_	
US DOT#:	State Number44			MC/MX/	ICC #:	
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	
Hazmat Information:					<u> </u>	
Placard Material 1 dig	it # 48 Material N	ame		Material 4 dig	it #Release	code 49
Datrol Officer Kevin	T Chinner		200 107	ilminator	Police Department	11/09/2022

	Police Use Only	Com	monwealth (of Massac	husetts	<u> </u>	RM	IV Docu	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	it30	Local Police	1
	11/08/2022 1500 V	Vilmington	Police 1	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERS	ECTION:	< LOCA	TION >		NOT A	T INTE	RSEC	TION:	1
			:	100				_		2 10
r:	Route# Direction	Name of Roadway/St	reet	Route# Direction	211 Address #	TOWE	E LL S 7 Name o		/ay/Street	.
¹ 1		At		P N	S E W of		_	_		
	Route# Direction	Name of Intersecting Roady	vav/Street	Peet 11	2 E [11 OI	Mile M	arker	- or _	Exit Number	
		Also at Intersection v		Feet N	S E W of	Route#	WOBU		ST Roadway/Street	8
2	Route# Direction	Name of Intersecting Roady	uau/Straat	Feet N	S E W of		RN ST		•	
² 1	Notice Direction	Tvaine of Intersecting Roads	vay/succi			HOBOI		andmark		1
3	Please Select One of the Following:	11 #Occupants Hit/	Run Moped	Crash Repo	rt ID# 22	-33	7-A	7		
	License # SA8110219	. St MA DOB/Age	Reg #	AG57179		Reg Typ	e AP	Re	eg State PA	<u> </u>
	Sex M Lic. Class D 19 19	20		_{Tear} 2017						7 12
	Operator ARIAS ALVA	E E	ndorsement	er A DUIE P						
⁴ 2	Address 16 LAUREL S	First	Middle	ess 650 WEST		First	BOX 5		APT 19381	
	City WORCESTER			CHESTER			ate PA			
	Insurance Company UNITED			le Action Prior to Cras	sh 10		amaged Are	•	5 27 27 27	
	Vehicle Travel Direction: N S I			Sequence 23		23 To	est Status:		1 28	
⁵ 1	Citation # (If Issued)		•	Harmful Event 1	24	•	ype of Test:		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	18 25 1	- 25	AC Test Res usp. Alcohol		Susp. Drug 2 32	1 13
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		owed from s		2 33	
⁶ 1		r operator and all occupants in		T I	34 35 Seat Safety	36 37 Airbeg Eject	38 39 Trap Injury	40		1
	Name (Lust First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	
	Operator	30	ee Above		1 3	4 0	0 10	1		-
										-
⁷ 1	Please Select One Vehicle 2	1 #Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	П	lit/Run Moped]
1	of the Following: License # S91014204	s. Ma popu		7MP780	L_	l Reg Type	PC PC	<u> </u>	eg State MA	┨
	Sex F Lic. Class D 19	St.MA DOB/Age.	_	7MF 780 ear 2019	37-1- 34-1 ग				Config. 1	
		E _I	idorsement	r MCARDLE .		TINE			<u> </u>	
⁸ 1	Address 18 ALFRED S'	First	Middle	es 18 ALFRE		First	*****	Mid		
	City WOBURN	State MA Zip 01801		WOBURN	- 	Ç+	nte MA	_{7in} ()1	801-1902	1 14
	Insurance Company SAFETY	-		le Action Prior to Cras	h 1	_	amaged Area			
	Vehicle Travel Direction: NS E	 -	_	Sequence 23	23 23	23 Te	est Status:		1 28	
	Citation # (If Issued)	Yoshonome to Swall		Hammful Event 1	24	•	pe of Test:		29	
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		Contributing Code	1 25	25	AC Test Res isp. Alcohol:		30 Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		Distracted by	26		sp. Alconor wed from so		33 Susp. Drug: 2	
		tor/non-motorist and all occupa			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40		1
	Name (Last First Middle)	wind -	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Operator/Non-Moto	oriși Se	e Above		1 1	4 0	0 10	1		-
									·	

	= Direction 1	= Vehicle 1	2 = Vehicle 2	오 = Pedestria	, დე∍	Bicycle	
Crash Diagram:	ie: 👈 📑	→ [2	→ ĝ	→ №		
	Woburn Street		37			If Crash <u>Did I</u> on a Public W	
And the state of t	average to the second of the s					Off-Street Parki	ng Lot
				SE		☐ Garage	
450000000000000000000000000000000000000	Enter Exit			Lowell Street W-E		☐ Mall/Shopping (Center
Parking Lot for Lucci's Plaza @ 211 Lowell		V1 Parkir	ng Lot for	W-E		Other Private W	'ay
Street			s Plaza @ owell Street			Indicate North	by Arrow
Crash Narrative:							
1 (A Duie Pyle Box T	ruck) back up ir	Woburn St	reet drivewa	ay exit fro	m 211 S	treet and his	t
2 (Mcardle) which was	s also waiting t	o exit. Me	tal lift gat	e on rear	of box	truck over-	
ode hood of V2 causi	ng a crubled hoo	od and fron	t end damage	e. No obvio	us dama	ge to metal	
ift gate of box truck	c. V1 operator w	vas lost an	d trying to	back up to	park.	He did not se	ee
2 while backing from	driveway exit.	Failure to	use care in	backing a	nd fail	ure to see V	2
obstructed truck view	v) probable fact	or in cras	h. No injuri	es observe	d or re	ported. No	
bvious damage to meta	al lift gate on	back of tr	uck. V2 sust	ained dama	ged fro	nt end and	
rumpled hood.							
Witnesses:							
lame (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	scription of	Damaged Property	
Truck and Bus Information	Registration # AG	57179	(From Ve	ehicle Section)			
Carrier Name A. Duie Pyle	Express Solution	ıs				Bus Use	42
Address 210 BARTLETT ST			City NORTHBOR	OUGH	St	MA Zip 0153	32
US DOT#: 113594	State Number		Issuing State PA	MC/MX/IC	C #:		
	Type Code 97 44	GVWR/GCWR	2 45 2 Par Vari			. 46	
Trailer Reg #:	Reg Type	Keg State	Keg Year	Trailer	Length		
Placard Material 1 digit	# Material Nam	e		Material 4 digit #	:	Release code	49
			****	,.,			
Patrol Officer Richard plice Officer Name (Please Print)	l DiPerri Signature			<u>ilmington I</u>			11/08/2022 Date

	Police Use Only	Comi	nonwealth	of Massacl	husett	8	RN	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicle		Speed Lim	it <u>35</u>	State Police Local Police MBTA Police Campus Police	1
	11/11/2022 1650 Wil	mington	Police	Report	1	0	Latitude Longitude _		Campus Police	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTER	RSECT	FION:	1
										2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	773 Address #	SALI	Name o	f Roadwa	av/Street	·
¹ 5		At							uj. 0440	1
				Feet N	S E W of	Mile M	— • — arker	- ог _	Exit Number	<u></u>
	Route# Direction Na	me of Intersecting Roady Also at Intersection w		Feet N	S E W of					1 11
					S E W of	Route#	Inter	secting R	Loadway/Street	
² 3	Route# Direction Na	me of Intersecting Roady	/ay/Street	2001	-11		ī	andmark		
	Please Select One Vahiela 1	#Occupants Hit/	Run Moped	Crash Repo	-t ID# 2 2	-33				1
3	of the Pollowing.									4
	10 10	DOB/Age	_	9XD495					21	1 12
	Sex M Lic. Class D Lic.		DL Veh '	Year <u>2008</u>	Veh Make 🗓	TOYOTA	1	Veh	Config. 1	
4	Operator MORETTO, GARY			er MORETTO ,	GARY	M First		Mid	idle	
⁴ 1	Address 3 ARLENE AVE		Addr	ess 3 ARLENI	E AVE					
	City WILMINGTON Stat	e MA Zip 01887	-1111 City	WILMINGTO	N				887-1111	
	Insurance Company ARBELLA M	UTUAL INSU	RANCE Vehic	ele Action Prior to Cras	sh 1	**		a Code:	8 27 1 27 2 27	
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	Sequence 5 23	23 23	**	est Status:	-	29	
	Citation # (If Issued)		Most	Harmful Event 5	24		ype of Test: AC Test Res	sult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	2.5	usp. Alcohol		Susp. Drug: 2 32	5 13
6	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		owed from s		23	H
⁶ 2	-	ator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle) Operator	Se	Address e Above	DOB/Age Sex	Pos. System	Status Code	Code Statu	Code	Medical Facility	1
	Operator							+		-
										_
										-
⁷ 1	Please Select One Vehicle 2	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	II⊒н	lit/Run 🔲 Moped	
1	*	DOD/A.	L			D - T		D.		1
	19 19	DOB/Age							21	
		Restrictions CI En	dorsement	/ear	ven make			ven	Coning.	ĺ
⁸ 2	OperatorLast	First	Middle	Last	 	First		Mid	dle	
	Address State	7:-		ess		Sta	ite :			1 14
	•	•	-	le Action Prior to Cras	1.		amaged Area		27 27 27	
	Insurance Company			13	23 23		est Status:	-	28	
	Vehicle Travel Direction: N S E W	Responding to Emerg	•	Sequence	24	T ₃	pe of Test;		29	
² 2	Citation # (If Issued)			Harmful Event	25	25 B.	AC Test Res	,	30	
	Viol. 1: Ch/Sec/Sub ————			r Contributing Code	26	St	sp. Alcohol:	\vdash	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	N .		r Distracted by	34 35	Tc	owed from so	ene?		ļ
:	Please fill out for operator/nor Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trop Injury	Trensp.	Medical Facility]
	Operator/Non-Motorist	Se	e Above	\searrow	1					
										1
										1
		1		1	1 1	1 1	1 1	1		i

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestria	·	
Crash Diagram:	ie: →	□ →□	2	→ ऱ	→ ₩	
					If Crash <u>Did Not</u> on a Public Way	
					Off-Street Parking L	ot
			POP C		☐ Garage	
		'الكال			7	_
					Mall/Shopping Cente	r
					Other Private Way	
		⇒				
					Indicate North by	Arrow
	773 Salem	Street/Route 62				
	(= W W W W W W W W W W W W W W W W W W	w., 000, 10010 0	-			
Crash Narrative:					Y	
MV1 was traveling east	bound on Salem	Street/Rou	te 62 towar	ds North Re	eading. MV1 was	***************************************
traveling straight ahe	ead when a larg	e deer jump	ed out in f	ront of it	from the west side	
shoulder. MV1 collided	l with the deer	and knocke	d it to the	side of th	ne road, MV1 suffered	
front end damage, but	was able to be	driven from	m the scene	. The opera	ator reported that	
after the collision, t	he deer jumped	up and ran	back into	the woods.	The operator was not	
injured.						
						
						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged Property	
Truck and Bus Information	B Paristantian #					
	Registration #		(From V	ehicle Section)	Bus Use	42
Carrier Name						
Address			_ City		St Zip	
US DOT #:	State Number			MC/MX/IC	CC #:	
Interstate Cargo Body	Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	
Hazmat Information:					<u> </u>	
Placard Material 1 digit	# Material Nar	пе		Material 4 digit	#Release code	49
Patrol Officer Michael	A Wilson		209 ¥	Vilminator	Police Department 11/	11/2022

	Pol	lice Use Only	Com	monwealth	of Massac	husett	<u> </u>	RM	IV Document	Number	
	Date of Crash	Time of Crash	City/Town mington	Motor Veh	nicle Crash	Number Vehicles		Speed Limi	Local Local	te Police Cal Police STA Police Can pus Police Can]
	11, 12, 2022	24HR	mand cou	<u>Police</u>	Report	2	0	Latitude Longitude _	Car	mpus Police	
		AT INTERSECT	TION:	< LOCA	TION >		NOT A	Γ INTER	SECTION	N:	<u> </u>
					20 37	400	\				2 10
<u> </u>	Route# Direc	ction	Name of Roadway/St	reet	38 N Route# Direction	490 Address #	MAIN		Roadway/Stre	eet	
1			At		Foot N	S E W of			- 04		1
	Route# Direc	ction Na	une of Intersecting Roady	vay/Street	reet [11]	3 12 W OI	Mile Ma	arker	Ex	it Number	3 11
			Also at Intersection w	vith	Feet N	S E W of	Route#	Inters	ecting Roadwa	av/Street	3
² 2	Route# Direc	ction Na	me of Intersecting Roady	vav/Street	Feet N	S E W of	reaton	Inicia	coming resident	ay, birect	
2				· ·	<u> </u>				andmark		-
³ 1	Please Select C of the Followi		#Occupants Hit/	Run Moped	Crash Repo	ort ID# 22	-34	0-A	3		
	License # S8	1915023 St 1	A DOB/Age.	Reg	# <u>8088XZ</u>		Reg Typ	PC	Reg State	MA_	12
	Sex M Lic. (Class D Lic.		DL Veh	Year 2014	_ Veh Make _	TOYOTA		Veh Config	2 ²¹	1 '2
	Operator KW	OK, MAN KEU		ndorsement Own	er KWOK , MZ	AN KEUI	1G				
⁴ 1		ADISON ST	riel		ess 8 MADIS	ON ST	First		Middle		
	City WOBUF	RN Sta	te MA Zip 01801	-5227 City	WOBURN		Sta	te MA .	Zip 0180	1-5227	
į	Insurance Comp	any ARBELLA N	MUTUAL INSU	RANCE Vehic	cle Action Prior to Cra	ıslı 1	22 D	amaged Area	<u> </u>	27 27	
*	Vehicle Travel D	Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	est Status:	28		
)	Citation # (If Iss	ued)		Most	Harmful Event 1	24		/pe of Test: AC Test Res	29 30		
	Viol, 1; Ch/Sec/S	Sub	-Viol, 2; Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	isp. Alcohol:		Drug 32	1 13
	Viol, 3; Ch/Sec/S	Sub	-Viol, 4: Ch/Sec/Sub	Drive	er Distracted by	26		wed from so			
⁶ 2		•	ator and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trup Injury	40 Transp.		1
	Name (Last First M Operate		Se	Address ee Above	DOB/Age Se	Pos. System	Status Code	Code Status 0 10	Code A	Aedical Facility	
	GABRIEL PIN		15 OAK ST		03/04/2011 M	3 1	4 0	0 10	1		
	GADINIAN LIN		TEWKSBURY, MA 01	8/6	100,700,7000						-
											<u> </u>
⁷ 9	Please Select O of the Followin		_#Occupants Non-	-Motorist A Type	Action 16	Location	17 Condit	ion 18	Hit/Ro	n Moped	
_	License #_SA3	3900397 st M	A_ DOB/Age	Reg #	3VVW44		Reg Type	PC	Reg State	MA	
	Sex F Lic. C	Class D 19 Lic.		DL Veh Y	Year 2011	Velı Make L			Veh Config	1 21	
	Operator <u>HA</u> I	<u> </u>	BELLA ALEX	dorsement IS Own	er HARDIMON	, IZA		ALEXI			
⁸ 1		WILDWOOD S	TI	Addr	ess 148 WIL I	DWOOD	ST First		Middle		
	City WILMI	INGTON Stat	e MA Zip 01887	-2527 City	WILMINGTO	N	Sta	te MA 2	zip 0188	7-2527	2 14
	Insurance Compa	ny PROGRESSI	VE DIRECT I	NSURA Vehic	le Action Prior to Cra	sh 6		amaged Area	<u> </u>	8 27 27	
	Vehicle Travel Di	irection: NXEW	Responding to Emerg	ency? 2 Event	Sequence 1 23	23 23	23	st Status:	28 29		1
) ₂	Citation # (If Issu	ıed)		Most	Harmful Event 1	24	•	pe of Test: AC Test Resi	<u> </u>		1
	Viol, 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	4 25	25	sp. Alcohol:		Drug: 32	1
	Viol. 3: Ch/Sec/S	ub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	wed from sc	ene? 2 33		1
ľ	Plea Name (Last First Mi	ase fill out for operator/no	•	nts involved	DOB/Age Set	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trup Injury Code Status	40 Transp. Code M	ledical Facility	
ļ		or/Non-Motoris		e Above		1 1	4 0	0 10	1		
-	1										
}											
}										-	
							1 1				İ

	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestria	an 🐠 :	= Bicycle	
Crash Diagram:	ie: ➡□	1 -	2	→ ऱ	→ ₩		
						If Crash <u>Did N</u> on a Public Wa	
Rte.38/Main st.		Traffic ←	- <=	< ≔		Off-Street Parking	Lot
						☐ Garage	
		⇒_	₽	\Rightarrow		■ Mall/Shopping Ce	nter
		Tra	mc			Other Private Way	
490 Main st.	Gas station Driveway/Entrance/ Exit					Indicate North b	y Arrow
	Gas stal Drivewa Exit			(2		(\rightarrow)	
Crash Narrative: Oper.#1 Related in b	roken english, t	hat he was	traveling n	orth on Rt	e.38/Mai	n st., When	
m/v#2 exited the dri						······································	
Oper.#2 Related she							
traffic comming from							
bound. She observed travel way, turning			***			•	
bound and then she 1							
While doing so she o							
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of	Damaged Property	
Truck and Bus Informati	on: Registration#		(From V	ehicle Section)			
Carrier Name						Bus Use	42
Address			_ City		S	t Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #;		
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45		,		
Trailer Reg #:	Reg Type	Reg State	Reg Year _	Traile	r Length	46	
Hazmat Information:	48						49
Placard Material 1 di	git # Material Na	me		Material 4 digit	#	Release code	
Patrol Officer Paul	W Tanana		142 5	Ti lminaton	Dolise I	Nonertmont 1	/10/2022

	Pol	ice Use Only		Commonwealth of Massachusetts RMV Docume			cument Nu										
	Date of Crash 11/12/2022	Time of Crash		City/Town INGTON			icle Cra	ish		unber hicles	Numl Injur	74 Lobo	ed Limi tude	t3	O State P. Local F MBTA		
		24HR			P		Report		1		0		gitude_			s Police 🔲	
		AT INTERS	ECTIO	ON:	<	LOCA	TION	>			NOT	AT II	TEF	RSEC	CTION:		100
		SALE	M ST														2 10
1	Route# Dire	ction		Name of Roadway/St	reet		Route# Direc	ction	Addr	ess#		1	Vame of	f Road	way/Street		_
1	-			At			Feet	N S	EW	of			•	- or		T .	
	Route# Dire	ction		of Intersecting Roads Also at Intersection v			Post	NS	E W	-r	Mile	Marker			EXII N	lumber	1 11
				Also at intersection v	71111		Feet NSEW of Route# Intersecting Roadway/Street									Street	
² 1	Route# Dire	ction	Name	of Intersecting Roady	vay/Street		Landmark										
3	Please Select (of the Followi		1_#	Occupants Hit/	Run	Moped	Crash I	Report	ID#	22	-3	41-					1
2		0881616				D4	3FGW13									/D	L
	Sex M Lic.	10 10	3	20	DL	_	rear <u>2007</u>								Reg State N	21	3 12
	Operator PE		j		ndorsement		er CADETE										
⁴ 1	1 -	DORCESTE			Middle		ess 88 DOI	Last			First				Aiddle		
	City LAWR!	ENCE	State 1	17A Zip 0184	2		LAWRENC							Zip O	1843-	-2348	
	Insurance Comp	any PLYMOU	TH RO	OCK ASSURA	NCE C		le Action Prior to		. [1	22	Damag				27 27	
5	Vehicle Travel D			Responding to Emerg	gency? 2	_ Event	Sequence 30	23	23	23	23	Test St			1 28		:
⁵ 1	Citation # (If Iss	ued) T1683092 &	T16830			Most		22	24			Type o	f Test: 'est Res	nit.	30		
	Viol. 1: Ch/Sec/S	Sub <u>90 2</u>	24Vio	ol. 2: Ch/Sec/Sub 90) 10	O Drive	r Contributing Co	ode	10	²⁵ 8	25	Susp. A			I Susp. Di	nug: 1 32	22 ¹³
⁶ 1	Viol. 3: Ch/Sec/S	Sub <u>90</u>	24_Vic	ol. 4: Ch/Sec/Sub 89	42	A Drive	r Distracted by	5	26			Towed	from so	cene?	1 33		
1	Name (Last First M		or operator	and all occupants in	/olved Address		DOB/Age	Sex	34 Seai Pos.	35 Safety System	Airbag I	37 38 ject Traj ode Cod	lnjury	40 Transp. Code	Medio	al Facility	
	Operate)r		Se	e Above		$\supset <$	X	1	99	1 0	0	99	2	Lahey Cl	inic	
								<u> </u>									1
																	1
								<u> </u>						 			-
7	Please Select O		2 #0	Occupants Non-	-Motorist A	Type	15 Action	16	Location		17 Co	ndition	18		Hit/Run [Moned	1
⁷ 1	of the Followin	g: Ventere			MOTOLISI A											Wioped	ļ
	License #	19 19	1	DOB/Age		•									Ĭ	21	
I	Sex Lic. (Class	Lic. Rest		OL dorsement		ear		Veh Mal	ke				Vel:	i Config.		
8 ₁	Operator	Last	Fir	rxt	Middle		r	Last			First			М	liddle		
			State	Zip								State		Zip			1 14
	•						le Action Prior to				22	Damag		•	27	27 27	
	Vehicle Travel D	irection: NS	E W	Responding to Emerg	ency?	Event	Sequence	23	23	23	23	Test Sta			28		
	Citation # (If Issu	red)				Most :	Harmful Event		24	!		Type of BAC To		ale:	30		
2	Viol. 1: Ch/Sec/S	ub	Vio	l, 2: Ch/Sec/Sub ——		Drive	Contributing Co	de		25	25	Susp. A			<u> </u>	ug: 32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Drivet					Distracted by		26			Towed	from sc	епе?	33			
	Plea Nome (Last First Mi	•	ator/non-m	otorist and all occupa	nts involved		DOB/Age	Sex		35 Safety System	Airbag E	7 38 ect Trap ode Code		40 Transp. Code	Medic	al Facility	
		r/Non-Mot	orist	Se	e Above			X	1							-	
												\top					
ŀ													-				

	= Direction 1	= Vehicle 1	= Vehicle 2	Pedest	rian 📆 = 1	Bicycle	
Crash Diagram:	ie: 🛨 🔟	→ □	·	웃	→ №		
	199 SIDEWALK	FENCE=>		197		If Crash Did Note on a Public Way:	
	A ^D	The state of the s				☐ Garage	
	SIDEWALK OF A					Mall/Shopping Center	r
						Other Private Way	
	<i>,</i> 0						
SALEM STREET						Indicate North by	Arrow
						\bigcirc	
Crash Narrative:							
OP.#1 TRAVELING WEST ON	SALEM STREET,	LEFT PROPER	TRAVEL LANE,	CROSSI	ED OVER DO	UBLE YELLOW	
LINES PASSED THRU THE ON	ICOMING LANE C	F TRAVEL AN	D ONTO SIDEWA	LK, TH	en drove d	IRECTLY INTO	
VERIZON UTILITY POLE #51	WITHOUT BREA	KING. OP. &	PASS. IN M/V	# WIT	NESSED OPE	RATION AND	
CRASH OF M/V#1							

Witnesses: Name (Last,First,Middle)		Address	·····		Phone #		Statement
CUNNINGHAM STEPHANIE			RD TEWKSBURY	MA 018			Statement
WALKER ROBERT	<u></u>		RD TEWKSBURY				
WALKER KUBERI		120 GEORGIA	AD IEWKSBUKI	MA UIC	/6		
Property Damage:	,						
Owner (Last,First,Middle)	Address		Phone #	4.10%	Description of D	amaged Property	
KIESINGER MARY FRANCES	197 SALEM ST WILMIN	IGTON MA 01887-4		1	FENCE &	MAILBOX	
VERIZON	649 SUMMER ST BC	OSTON MA 02210			UTILITY	POLE NUMBE	R 51
Truck and Bus Information:	Registration #		(From Vehicl	e Section)		Bus Use	42
Address			City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate Cargo Body Ty	L	GVWR/GCWR	45		<u> </u>	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	er Length		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nam	2		Material 4 dig	it #	Release code	49
						<u> </u>	
Detective Christopher J Police Officer Name (Please Print)	Dindo Signature		170 Wil: D/Badge# Depart		Police De		12/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Date

	Police Use Only	nonwealth	of Massach	RM						
	Date of Crash Time of Crash 11/12/2022 2318 Wil	City/Town mington	Motor Veh		Number Vehicles	Number Injured	Speed Limit	35 State Police Local Police MBTA Police		
	24HR	-		Report	1	0	Lantide Longitude	Campus Police Other:	<u> </u>	
	AT INTERSECT	< LOCA	OCATION > NOT AT INTERSECTION:							
	WOBURN	ST							2 10	
¹ 4	Route# Direction	Name of Roadway/Stre	eel	Route# Direction	Address #		Name of	Roadway/Street		
4	BRENTWO			Feet N S	E W of			or		
	Route# Direction Na	me of Intersecting Roadwa	-	Feet N S	r w	Mile Ma	rker	Exit Numbe	1 11	
		Also at intersection wi	<u>រ</u> រា	Feet N S		Route#	Interse	ecting Roadway/Street		
² 1	Route# Direction Na	me of Intersecting Roadwa	ay/Street	166 [11]	[2],, [0,		La	ndmark		
3	Please Select One Vehicle 11	#Occupants Hit/F	Run Moped	Crash Report	ID# 22	-342				
٥	of the Pottowing.				i-i-i					
	19 19	A DOB/Age CE		6GH466 (ear 2003					21 7 12	
	Sex_m Ele, Class D Ele.	En-	dorsement	er DALIO, RO				Veh Config		
⁴ 1	Operator <u>DALIO</u> , <u>SHARON</u> Address <u>39 BRENTWOOD</u> 1		Middle	ess 39 BRENT		First	2	Middle		
	City WILMINGTON State			WILMINGTON			re MA 7	ip 01887-34	42	
	Insurance Company THE COMME	-	_	le Action Prior to Crash	· · · · · · · · · · · · · · · · · · ·			Code: 1 27 2 27	27	
	Vehicle Travel Direction: NXEW			Sequence 20 23 30			st Status;	2 28		
5	Citation # (If Issued) T2749479			Hannful Event 30		-	pe of Test:	2 29		
	Viol. 1: Ch/Sec/Sub 90 24	Viol. 2; Ch/Sec/Sub 90	24 Drive	r Contributing Code	10 ²⁵ 1	a 25	AC Test Resu sp. Alcohol:	··· <u>1</u>	9 32 30 ¹³	
6	Viol. 3: Ch/Sec/Sub 89 4A	-Viol. 4; Ch/Sec/Sub	Drive	r Distracted by 99	26		wed from sce			
⁶ 1	Please fill out for oper Name (Last First Middle)	ator and all occupants invo	DIved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Trousp. Code Medical Facili		
ļ	Operator		: Above			4 0		1	<u>y</u>	
Ì										
-										
	Please Sciect One		<u> </u>	15 16		17	18			
⁷ 1	of the Following:	#Occupants Non-!	Motorist A Type	Action	ocation	Conditi	on	Hit/Run M	íoped	
		DOB/Age	Reg #			Reg Type		Reg State	21	
	Sex Lic. Class 19		L Veh Y lorsement	ear\	/elı Make			_ Veh Config,		
3 ₁	Operator	First	Middle Owne	rLast		First		Middle		
	Address			SS					14	
	CityState	•	•	la Antina Dina ta Carab			eZi maged Area (27	
i	Insurance Company Vehicle Travel Direction: N S E W	Responding to Emerge	-	Sequence 23			st Status:	28	-	
	Citation # (If Issued)	Responding to Enterge	-	Harmful Event	24	Ty	oe of Test:	29		
'2 I	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		Contributing Code	25	25	C Test Resul		32	
	Viol. 3: Ch/Sec/Sub		Distracted by	26		sp. Alcohol: wed from sce				
-	Please fill out for operator/no	n-motorist and all occupan	ts involved		34 35 Scai Safety	36 37 Airbag Eject		40 Transp.		
-	Name (Last First Middle) Operator/Non-Motorist		Above	DOB/Age Sex	Pos. System	Status Code	Code Sintus	Code Medical Facilit	<u>v</u>	
-	operatori ton-nations	, , , , , , , , , , , , , , , , , , , ,			-					
-										

	= Directio	on 1	= Vehicle 1	z = Vehicle 2		₹ = Pedest	rian d	ම් = Bicycle			
Crash Diagram:	ie:	→ □	→	2	→	· X	→ ¢	26			
								1	Crash <u>Did</u> a Public V		cur
Woburn Street									Off-Street Park	ing Lot	
									Garage		
V1	and the second management of the second seco					*****************			Mall/Shopping	Center	
(ఫ							1 _	Other Private V		
Fence	a		Brei	ntwood Ave.				In	dicate North	by Arr	0W
5 Brentwood Ave	V	1				*	43		5)	
Crash Narrative:			(C 0)		•						
V1 was travling down W	oburn St	toward	ds Brentwo	ood Ave wit	h the	e inten	t of to	rning o	on to		
Brentwood Ave. The OPR	turned]	premati	rely, cra	shing thro	ugh t	the fen	ce caus	sing dar	nage to		
the fence and the lawn	of the	yard. !	The OPR at	tempted to	free	the v	ehicle	but was	3		
unsuccessful. As a rest	ılt of th	ne OPR	being una	able to fre	e the	e vehic	le they	fled o	on foot		
walking towards their	residence	e on Bi	rentwood A	lve. The OP	R was	event	ually]	located	and		
during the investigation	on discov	vered 1	to be into	xicated an	d was	s subse	quently	placed	under		
arrest. The vehicle was	recove	red fro	om the yar	d of 5 Bre	ntwo	od Ave	by Fori	est Tov	ving and		
towed back to their fac	cility.										
				· · · · · · · · · · · · · · · · · · ·							
Witnesses:	 		T				T.,				a 1
Name (Last, First, Middle)			Address	 		 	Pho	ne#			Statement
Property Damage:											
Owner (Last,First,Middle)	Address			Phone #		41-Type	Descriptio	n of Damage	d Property		
FRANCIS JAYE P	5 BRENTWO	OD AVE WI	LMINGTON MA 0:	188		97	CHAIN	LINK	FENCE	AND	LAWN
Truck and Bus Information:	Registrat	ion #		(Fro	om Vehic	le Section)				4:	51
Carrier Name		· · · · · · · · · · · · · · · · · · ·							Bus Use	7	
Address				City		·		St	Zip		
US DOT #:	_State Number			Issuing State_		MC/MX	/ICC #:			·····	
Interstate 43 Cargo Body 7	ype Code	44	GVWR/GCW	45							į
Trailer Reg #:	Reg Ty _l	pe	Reg State_	Reg Ye	аг	Trai	iler Length	46			
Hazmat Information:											_
Placard Material 1 digit #	48 M	laterial Nan	ne		j	Material 4 dig	git #		-Release code	4:]
Patrol Officer John A I		 		228	Wil	mington	Police	e Depar	tment	11/13	/2022