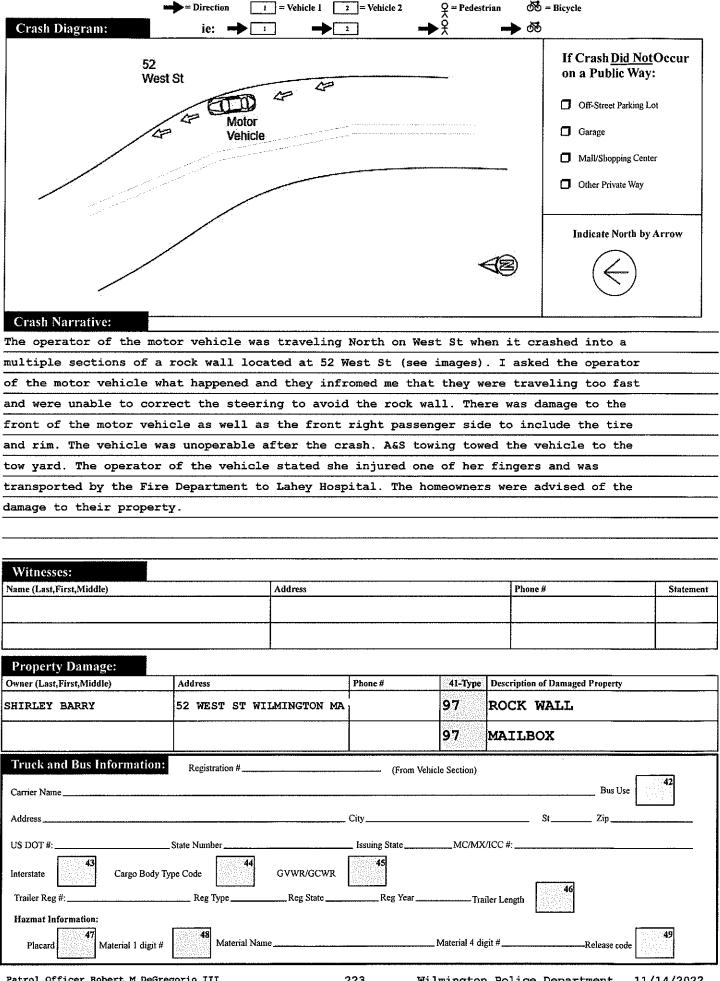
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Route# Direc	ction Nar	ne of Intersecting Road	lway/Street	Feet N S	E W of						
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of the Followi	ng: Vehicle 11	_#Occupants Hi	t/Run Moped	Crash Report	1D# 22	-34	3-	AC	!		
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Sex F Lic.	Class D 19 Lic. F	Restrictions 20	CDL Veh	Year 2008	Veh Make <u>C</u>	HEVR	OLE:	<u>r</u>	_ Veh C	Config. 1	1 1
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Insurance Comp	pany PLYMOUTH I	ROCK ASSUR	ANCE C Vehi	cle Action Prior to Crasl	ı 1	22	Damage	d Area (Code: 1	27 2 27 3 2	27
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Patrol Officer Robert M DeGregorio III

223

Wilmington Police Department

11/14/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 22-343-AC













Wilmington Police Department Images Associated with 22-343-AC











	Pol	lice Use Only		Comn	nonwealth	of Massa	ach	ıus	etts	3			RM	V Doc	ument l				
	Date of Crash 11/16/2022	Time of Crash		City/Town	Motor Veh	icle Cra	sh		umber ehicles		mber ured	1 '	d Limit	3	Loca	Police I Police IA Police			
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2	Route# Direc	ation	None	of Intersecting Roadw	/Ph	Feet	N S	EW	of	Rout	e#		inters	ecting.	Roadway	//Street			
² 1	Rotte# Dire	CHOIL	Ivaliic	or interseeting Koadw	ay/oueet								La	ındmar	k				
3	Please Select 0 of the Followi		1	Occupants Hit/F	Run Moped	Crash R	Report	t ID#	22	-3	34	4 –	AC	3					
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		Class D D	-	20		Year 2008									-	21	_ 1	12	1
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				MA Zip 01970		SALEM							A 2	Zip O	1970	-1537	,		
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⁵ 2		ued)				Harmful Event	1	24	4.0			ype of			29				
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				ol. 4; Ch/Sec/Sub		-	0	26					rom sc		333	Drug. 2	ا آ		j
⁶ 1				r and all occupants invi				34 Sent	35 Safety	36 Airbag	37 Eject	38 Tmp	39 Injury	\$0 Transp.			-		
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	Operate	or		See	e Above		\triangle	1	1	4	0	O	10	1			_		
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7	Please Select C		23 #	Occupants Non-	Motorist A Type	15 Action	16 I	Locatio	on	17	Condit	tion	18		Hit/Run	□ Море			
⁷ 3	of the Followin	"	a 343			. SCERESS	141.72			<u> </u>		nc.					-		
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	Viol. 3: Ch/Sec/S			ol. 4: Cl/Sec/Sub		r Distracted by	7	26					rom sc		2 33	Jug 2			
1				otorist and all occupar	ıts involved			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			7		
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	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 👈	→ [2	→ રૂ	→ 86	
	Lo	well St.			If Crash <u>Did</u> on a Public V	
					☐ Off-Street Parki	ng Lot
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01~					☐ Mall/Shopping	Center
QU.		2			Other Private W	'ay
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938						
Crash Narrative:						
AGT		11 0±				
MV1 was travelling E						
was attempting to en						<u>c</u>
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stated there was a g						
the off ramp of route			iso stated	sne was dist	tracted from the	•
lights which could or	r read to the co	11151011.				
Witnesses:		T			Tax a	
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						1
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Informati	On: Peristration #		(F 1	Thirty Courts N		
Carrier Name	Registration #		(From V	enicie Section)	Bus Use	42
Address			_ City		St Zip	
US DOT #:			•	MC/MX/ICC	C#:	
43	ody Type Code	GVWR/GCWR	45	MC/WDVICC	· · · · · · · · · · · · · · · · · · ·	
Trailer Reg #:	[18 to \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25		Reg Year_	Trailer I	.ength	
Hazmat Information:					[Descript]	
47 Placard Material 1 dij	48					
ASA 3.342	git # Material Nar	me		Material 4 digit #	Release code	49

Patrol Officer Brian Tavares
Police Officer Name (Please Print)

206

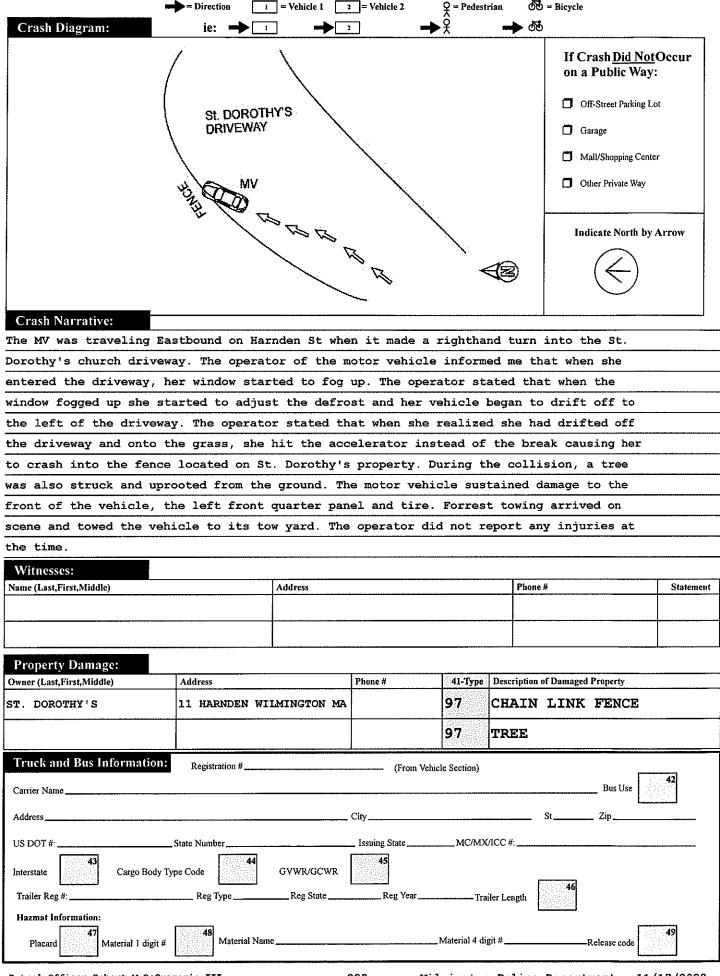
Wilmington Police Department
Department Precinct/Barracks

11/16/2022 Date

Signature

ID/Badge#

	Peli	ice Use Only		Com	monwealth	of Massac	huseti	ts		- RM	V Doci	ument Number		
	Date of Crash 11/17/2022	Time of Crash	Wiln	City/Town	l	hicle Crash	Numb Vehicl			d Limit	10	MBTA Police		
		24HR	<u> </u>			Report	1	0	- 1	itude_		Campus Police Other:		
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	Please Select O of the Followin	g: X Vehicle	e 1 <u>1</u>	#Occupants Hit	/Run Moped	Crash Repo	1D# 2	2-34	5-	·AC	3			
	License # S66	162804	St M	DOB/Age	Reg	# 2YN870		Reg Ty	ре <u>РС</u>	· · ·	Re	g State MA		_ i
	Sex F Lic. C	Class D	Lic. Re		DLVeh	Year 2012							2] 7	7
	Operator SMI	TH, EL	ZABE		ndorsement Own	ner SMITH, W		EJR						
1	Address 27	LINDA R	D	First	Middle	ress 27 LINDA		First			Mid	bile		
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ſ	Pleas	•	rator/non-r	notorist and all occupa	nts involved Address	DOB/Age Sex	34 35 Seat Safet Pos. System	36 37 Airbag Ejec n Status Code	38 Trap	39 Injury Status	40 Transp. Code	Medical Facility	\neg	
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Patrol Officer Robert M DeGregorio III

223

Wilmington Police Department

11/17/2022

Wilmington Police Department Images Associated with 22-345-AC













Wilmington Police Department Images Associated with 22-345-AC





	Pol	lice Use Only		C	ommo	nwealth	of Mass	ach	use	etts	;			RM	V Doc	ument l	Number	
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⁴ 1	Address 50	FARRAR A	VE		Wilde	-	iress <u>50 FA</u>	RRA	R A	VE	ru	sı			M			
	City WORCE	ESTER	_ State M	Z Zip 0	1604-32	220 Cit	WORCEST	ER				_ State	MA	<u>. </u>	zip <u>0</u> :	1604	-3220	
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	Viol. 1: Ch/Sec/	Sub	Viol	l. 2: Ch/Sec/	/Sub	Dri	ver Contributing C	ode	<u> </u>	25	25	Sus	p. Alc	cohol:	31	<u> </u>	Drug: 32	1 "
⁶ 1	Viol. 3; Ch/Sec/	Sub ———	Viol	I. 4: Ch/Sec/	/Sub	Dri	ver Distracted by	0	26			Tow	ed fr	om sc	епе?	2 33		
1		Please fill out fo	or operator	and all occu	-		DOD!		34 Sent	35 Safety	36 Airbag	37 Eject	JS Trap	39 Injury	40 Transp.		F 19 300	
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	Diag Calast			1.			15	16	<u></u>	135	17			18	<u> </u>	<u> </u>	T	-
⁷ 1	Please Select C of the Followin		2 1 _#O	Occupants	Non-Moto	rist A Type	Action	I	Locatio	n 🌅	i c	onditio	m		_	Hit/Run	Moped	
	License # SO	0315655	St MA	DOB/Age		Ren	# 4ZT999				Reg	Type_	PC		R	eg State	MA	1
	Sex M_ Lic, (10 10		ictions 1	20		Year 2017		Veh Ma	de V	_					_	21	
		SKE, PRE			CDL Endorse	ment	ner FISKE								7011	comig.	L=	
⁸ 1		Last	First	t.	Middle	e		Lost			Fire				Mi	iddle		
		MAGAZIN					ress 131 M		ZIN	<u> </u>	5T	AP'						14
	City CAMBE			-	2139-47	,	CAMBRID	GE	ľ	19.983	22						9-4768	
	Insurance Compa	any UNITED	SERV	ICES .	<u>AUTOMOI</u>	BIL Veh	icle Action Prior to	o Crash		5	22				Code:	4 27	27 27	
	Vehicle Travel D	irection: S	EW F	Responding	to Emergency?	Eve	nt Sequence 1	23	23	23	23		Statu			1 28 29		
9	Citation # (If Issu	ued)				Mos	st Harmful Event	1	24				e of T	.est; t Resu	.10.	30		
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Viol	. 2: Ch/Sec/	Sub	Driv	er Contributing C	ode	18	25	25		o. Alc	ſ	31		Drug 32	
	Viol. 3: Ch/Sec/S			. 4: Ch/Sec/			er Distracted by	0	26		ات	•		om sce		2 33		
		ase fill out for opera					1	<u>₹</u> .848	34	35	36	37	38	39	40			-
	Name (Last First M	•	1		Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code		Injury Status	Transp. Code	М	edical Facility	_
	Operate	or/Non-Mot	orist		See Abo	ve	\rightarrow	X	1	1	4			10	1			
								<u> </u>			$\vdash \vdash$	\dashv	1		$\vdash \vdash$			1
					 -			-										4
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	= Direction	= Vehicle 1	2 = Vehicle 2	र् = Pedestria	n 🕳 = Bicyc	le	
Crash Diagram:	ie: 🖚 📑	□	1	→Ŷ	→ ॐ		
		· · · · · · · · · · · · · · · · · · ·				Crash <u>Did Not</u> C a Public Way:	Decur
/			<			Off-Street Parking Lot	
	D ←	< =			a	Garage	
						Mall/Shopping Center	
						Other Private Way	
	, a man and a man a man	=>	> MV 2				
	=>	=>	MV 1	> 208 Main		Indicate North by A	rrow
			iata 1			(\rightarrow)	
				(2)			
Crash Narrative:							
MV 1 was traveling No	rthbound in the	right-han	d lane on r	t. 129 on Ma	in St. MV	2 was	
traveling in the left		<u>:</u>					
operator of MV 2 info	rmed me that he	was attem	pting to ch	ange lanes p	rior to an	upcoming	
intersection in the v	icinity of 208 M	Main St. T	he operator	of MV 2 sta	ited he act	ivated his	
turn signal and began	to merge into	the right-	hand lane w	hen he side-	swiped MV	l. The	***
operator of MV 2 stat	ed that he did r	not see MV	1 when he	began to mer	ge lanes. !	lhe .	
operator's statement	from MV 1 are co	onsistent :	with those	of MV 2. The	ere were no	reported	
injuries at the time	of the accident.	. Both mote	or vehicles	were operab	le.		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of Dama	ged Property	
Office (Eustranstandie)	7 Aut 1 Co		T House II	2.770	escription of Dams	sea r roperty	
Truck and Bus Informatio							
Carrier Name	Registration #		(Fron	n Vehicle Section)		Bus Use	42
			O:-				
Address			-			-	··
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:		
- A. B.	y Type Code	GVWR/GCWR				1	
	Reg Type	Reg State	Reg Yea	rTrailer	Length		
Hazmat Information: 47	#### 48						49
Placard Material 1 digit	# Material Nam	ne		Material 4 digit i	#	—Release code	
Patrol Officer Robert M Dec			223	Wilmington 1			17/2022
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barra	cks Date	

Wilmington Police Department Images Associated with 22-346-AC





	Poli	ice Use Only		Con	monv	wealth	of Mas	sach	lus	etts	}			RM	V Doci	er e re	lumber	
	Date of Crash 11/17/2022	Time of Crash 1444		City/Town ington	Mo	tor Vel	icle Cr	ash		umber ehicles			peed l		35	Loca	Police I I Police I IA Police I pus Police I	
	11/1//2022	24HR	мттиг	rngcon		Police	Report		2		1	1	.atitud .ongitu				pus Police	
		AT INTERS	ECTIO	ON:	<	LOCA	TION	>			NO	ГΑТ	INT	ER	SEC	TION	:]
		CUM	CUEF	N AVE														2 10
1	Route# Direc			Name of Roadway	Street		Route# Dir	ection	Add	ress #			Nan	ne of	Roadw	/ay/Stree	et	_
¹ 1				At			Fee	. Ne	E W	٦.,								
	Route# Direc	NICH		ST of Intersecting Roa	idway/Street		Pea	1113	E **	l or	Mi	le Marl	кег		or _	Exit	Number	11
				Also at Intersection			Fee	t NS	EW	of		 -					(0)	3 ''
							Fee	t NS	EW	of	Route	#	L	nterse	ecting F	Koadway	//Street	
² 1	Route# Direc	ction	Name	of Intersecting Roa	dway/Street									La	ndmark	ς		-]
3	Please Select (of the Followi	One Vehicle	11	Occupants H	lit/Run	Moped	Crast	Report	t ID#	22	-3	47	' – Z	AC	•			
	License # S8	6587660	St MA	DOB/Age .		Reg	# 9PS18	5			Ree	Type	PC		R	eg State	MA	†
		Class D 19		strictions 1 20	CDL	_	Year 2022										21	1 12
	1	LGADO, D		التنشيب	Endorsemen	rt .	er DELGA									- Com., g.	<u> </u>	
⁴ 2	1 -	Last SPARE ST	F	irst	Middle		ess <u>29 SI</u>	Last			Fi	3 t			Mi	ddle		
				MA Zip 0182	26-232		DRACUT					C+-+-	ма	. 7	n1	1826	-2324	
	1			CE INSUR						4	22					2 27	27 27	
	· ·						cle Action Prior	23	23	23	23		Statu			2 1 1 28		
⁵ 1		Orrection: N S		Responding to Em	ergency? 2		t Sequence 1		24	∜55 3	1978) 1	Тур	e of Te	est:		29		
		ued)					Hannful Event		((() () () () () () () () ()	25			C Test			1 30		13
				ol. 2: Ch/Sec/Sub =			er Contributing	2.8443	26		25				2 31		Drug 2 32	1
⁶ 1	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub =		Drive	er Distracted by	0			1 1		ed fro			1 33		
<u> </u>	Name (Lost First Mi		or operato	r and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code		39 Injury Status	40 Transp. Code	Мо	dical Facility	
	Operato	or			See Above		><	X	1	1	3	0 ()	10	1			
																		1
																		1
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							<u></u>			<u> </u>								4
⁷ 3	Please Select O		21_#	Occupants N	on-Motorist	A Type	15 Action	16	Locatio	on	¹⁷ c	onditio	ns	18	☐ i	lit/Run	Moped M	1
ر	License # S40	531434	St MA	DOB/Agc		Regi	VTE545	<u> </u>			Ren	Туре	PC		Re	g State	MA	1
	Sex M Lic. C	10 10]	20	CDL	-	Year 2017		Veh M	ake G		-, p				Config.	_ 21	
			.j	WILLIAM	Endorsement	t	er JOHNS					ı			_ +411	Comig.		
81		Last OLIVER	F	irst	Middle		ess 1 S C	Lost			Fir	si			Mic	ddle		
	City TEWKS			1A Zip 0187	16-3222		TEWKSBI		<u> </u>			Stata	мъ	7	: O1	876	-3222	1 14
				CE INSURA		-	le Action Prior			4	22					1 27		
							<u> </u>	23	23	23	23		Statu			1 28		
	Vehicle Travel Di		E [W]	Responding to Em	ergency? Z		Sequence 1	Make 196	24	(V 3	334	Тур	e of Te	est:		29		
⁹ 2	Citation # (If Issu	•					Harmful Event			25	25		C Test	-		1 30		
	Viol. 1: Ch/Sec/S	Sub ————	Vi	ol. 2: Ch/Sec/Sub =			er Contributing (2000	19 26	<u> </u>					2 31	-	Drug: 2 32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub =			r Distracted by	0		1 7/			ed fro			1 33		.]
	Plea Name (Last First Mic	-	ator/non-n	notorist and all occi	rpants involv	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code		39 Injury Status	40 Transp. Code	Me	dical Facility	
	Operato	r/Non-Mot	orist		See Above		\rightarrow	X	1	1	3	0 0		8	1	Lahey	Clinic	
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Crash Diagram: ie:	= Vehicle 1	<u>^</u>	ණී = Bicycle	
444 Sha	wsheen Ave		If Crash <u>Did Note</u> on a Public Way:	
QID S	(11) 2 STOP		Garage Mall/Shopping Center Other Private Way	-
Nichols St	⊕	W	Indicate North by A	Arrow
Crash Narrative:				
MV 1 was driving on Shawsheen Ave. MV	2 was stopped at the s	stop sign, att	empting to turn	
left. Operators stated their visibilit				
turning onto Nichols St. Operator of N	MV 2 was transported to	Lahey Clinio	e. Both vehicles	
were towed by Forrest Towing.				
NP2				
Witnesses: Name (Last,First,Middle)	Address	Ph	one #	Statement
Property Damage:		<u> </u>		
Owner (Last,First,Middle) Address	Phone #	41-Type Descript	ion of Damaged Property	
Truck and Bus Information: Registration #		************************************		
	(From Veh	icle Section)	Post Inc.	42
Carrier Name			Bus Use	
Address	City	<u></u>	St Zip	
US DOT #:State Number	Issuing State	MC/MX/ICC#:		 -
Interstate Cargo Body Type Code 44	GVWR/GCWR 45		<u> </u>	
Trailer Reg #: Reg Type	Reg State Reg Year	Trailer Length		
Hazmat Information: 47 Placard Material 1 digit # Material Name		_Material 4 digit #	Release code	49
	200 ##	1-ib D-1:	D	

Police Officer Name (Please Print)

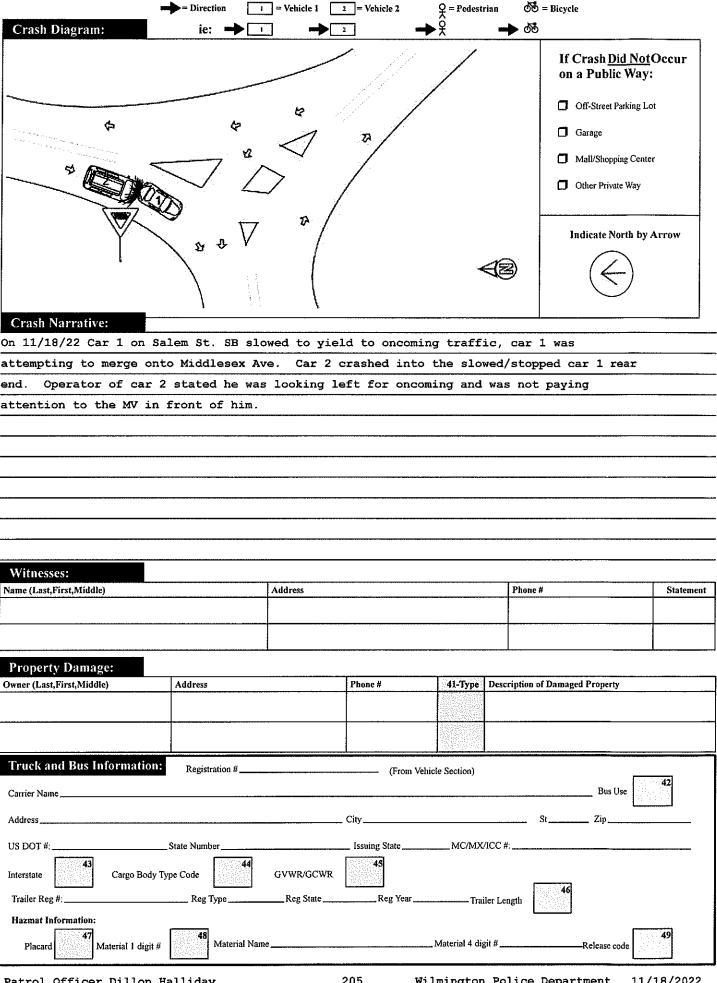
Skinner

 Wilmington
 Police
 Department

 Department
 Precinct/Barracks

11/17/2022 Date

	Pol	lice Use Only		Com	monwe	alth (of Massa	ach	use	etts		d.	R	MV Do	cument N	· · · · · · · · · · · · · · · · · · ·	
	Date of Crash 11/18/2022	Time of Crash		City/Town ington	1		icle Cra	sh		imber hicles	Num Inju	, "	eed Lir	nit <u>3</u>	Local	: Palice I Police IA Police	0800
	11, 10, 1011	24HR	, T T.III.	Ling con	Po	olice]	Report		2		0		mgitude_			pus Police r:	ă
		AT INTERS	ECTIO	ON:	<	LOCA	TION	>			NOT	AT	NTE	RSEC	CTION	:	
									45	2	мт	דתת	e e e	X A	75		2 10
1	Route# Direc	ction		Name of Roadway/	Street		Route# Direct	tion	Addr		<u> MI</u>	וטע			way/Stree	et	
4				At			Feet	NS	E W	of .				_ 05			
	Route# Direc	ction	Name	of Intersecting Roa	dway/Street		Teet	لخلت	21	OI.	Mil	e Mark	r	- Oi	Exit	Number	
				Also at Intersection	with		Feet	N S	EW	of .	Route		Inte	reaction	Roadway	/Street	_ 2
2	Route# Direc	etion	Name	of Intersecting Roa	dum/Street		Feet [N S	EW	of	Kouic	7	11116	racoung	Noauway	y/onect	
² 1	Route# Dilec	CHOR	Name	or intersecting Roa	uway/Sarcei									Landma	rk		
3	Please Select C	One Vehicle	<u>.1</u>	Occupants H	it/Run	Moped	Crash R	leport	ID#	22	-3	48	-A	C			
		0144985	St MA	DOB/Agv	<u> </u>	 Reσ £	6ZR182				Reg	Tyne I	PC		Rea State	MA	
		Class D 19		20	CDL		/ear 2013									21	1 12
		RDONA OR		L. 1. 2. 2. 11	Endorsement		er CARDON								it Config.		
⁴ 5	1	HUNTOON	F	irst	Middle			Last			Fire	il		, , , , ,	4iddle		_
	_	LL			2-5445		LOWELL	110	V.,		• •			7:- N	1852	-544	- 5
	1	any CITIZE1				-		CE			22			ea Code		27 2	-, I
	1						le Action Prior to		23	2 23	23		Status:		28		_
⁵ 1		Direction: N		Responding to Em-	ergency? Z		Dequence 1	HENRY HER	24	196 CF6		Туре	of Test	:	29		
	1	ued)						1	(1944) Table 184	25	25		Test R		30		13
		Sub					r Contributing Co	espini	1 26			-	Alcoho		Susp. 1	Drug: 3:	2 1
⁶ 1	Viol. 3: Ch/Sec/S	Sub				Drive	r Distracted by	0		35	36	Towe	d from	scene?	2 33		_
	Name (Last First M		or operato	r and all occupants i	Address		DOB/Age	Sex	Sent Post	Safety System	Airbag Status	Eject 1	rap Inje ode Sta	ny Transp		sdical Pacility	
	Operate	or			See Above		\sim	X	1	1	4	0	10	1			
		·													1		
												\dashv					
				<u> </u>		1.55	12 0	16		100	17		8,757.1	a	<u> </u>	I	\dashv
4	Please Select C of the Followir		2 <u>1</u> #	Occupants No	on-Motorist A	Туре	15 Action	I	Locatio	n 💮	C	ondition	MALEY Version		Hit/Run	Мор	ed
	License # S4	9393803	St M A	_ DOB/Ags		Reg#	S46832				_ Reg	Туре _С	:0	F	eg State	MA	
	Sex M Lic. (19 19 Class D	Lic. Res	trictions 1 20	CDL Endorsement	Veh Y	ear <u>2016</u>	\	/eh Ma	ike F (ORD			Vel	ı Config.	1 21	
	Operator HA l	NAFIN, D	ANIE	LA		Owne	rARI FL	EET	L	r							_
³1	Address 5 E	DITH DRI	VE E	XT	Middle	Addre	ess 4001 I	EAI	DEN	HAI	L F			N.	liddle		_ [
	City TEWKS	BURY	_ State I	1A Zip 0187	6-3254	City 1	MT LAURI	EL				State	NJ	Zip O	8054	-0000	2 2 14
	Insurance Compa	any NATION	AL UN	ION FIRE	INSUR	Vehic	le Action Prior to	Crash	[1	22	Dam	iged Ar	ea Code	1 27	27 2	7
	Vehicle Travel D	rection: NX1	ЕW	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23	Test	Status;		28		
<u> </u>	Citation # (If Issu	ued)				Most	Harmful Event	1	24				of Test:		30		
2	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub —		Drive:	r Contributing Co	de	19	25	25		Test Re		\perp	Draw 32	2]
	Viol. 3: Ch/Sec/S			ol, 4; Ch/Sec/Sub —			r Distracted by	0	26	!			d from		2 33		<u> </u>
		ase fill out for opera			pants involved				34 Seat	35 Safety	36 Airbag	37 Eject T	8 35	40 ry Transp.			
	Name (Last First Mi		• .		Address		DOB/Age	Sex	Pos.	System	Status	Code C	ode Stat	us Code		dical Facility	
	Operato	or/Non-Moto	orist		See Above			X	1	1	4 (0	10	1			
											T						
															 "-		



Patrol Officer Dillon Halliday

205

Wilmington Police Department

11/18/2022

	Po	lice Use Only		C	ommon	wealth	of Mass	ach	us	etts	3			RM	V Doc	ument N	医二种 医多形形	
	Date of Crash 11/18/2022	1	1	City/Town ington	Mo	otor Vel	nicle Cra	ash		umber ehicles		nber ired	٠,	Limit	3(Loca	Police I I Police 8 IA Police I pus Police I	
	11/18/2022	24HR	MTTI	ington		Police	Report		2		0		Latitu Longi	. —		Cam Othe	pus Police	
		AT INTERS	SECTIO	ON:	<	LOCA	ATION	>			NO	ТАТ	'IN	TER	SEC	TION	·	
		****																2 10
	Route# Dire	ction WEST	ST	Name of Road	way/Street		Route# Dire	ction	Addı	ress#			Na	une of	Roady	vay/Stree	et	
1				Aı				N S	Ir lw	1 -						<u> </u>		
	Route# Dire	INDU		AL WAY	Roadway/Stree	et .	Peet	[K]3	IE M	ot	M	ile Ma	rker		or _	Exit	Number	11
				Also at Interse			Feet	NS	EW	of	- T	0				<u> </u>	-/544	3 "
2		-41-).T	-61	D - 1 /0/		Feet	NS	EW	of	Rout	e#		interse	ecting 1	Roadway	//Street	
² 2	Route# Dire	ction	ivaine	or intersecting	; Roadway/Stree	:								La	ındmarl	k		1
3	Please Select of the Followi		13	#Occupants	Hit/Run	Moped	Crash	Report	ID#	22	-3	4	9-	AC	7			
		1704583	St MA	DOB/Age_		Rea	# <u>2WVP99</u>				Re	o Tyne	PC		R	ea State	MA	
		Class D 19 1		strictions	20	-	Year 2012										21	1 12
		RCIA, RA		Surveions	CDL Endorseme	ent	er GARCIA								,,	. Оошь.		
⁴ 2	1	Lasi HAVERH	1	First ST AP1	Middle		ess 128 H	Last				irst Z	ιPΨ	1	М	iddle		
	i	ENCE					LAWRENC								7in 0 :	1840	-1671	
		pany LIBERT					cle Action Prior to			1	22					8 27		
		Direction: N S			o Emergency? 2		t Sequence	23	23	23	23		st Stat			28		
⁵ 1		sued)			o Emergency : _		t Harmful Event	1	24	7.0 op 2.0	n area	Ту	pe of	Test:		29		
		/Sub			u.h		er Contributing C		99	25	25	1		st Resi		30	. [3]	1 13
	ŀ	Sub					er Distracted by	0	26	Septiment (Septiment)	er tages sa	•	-	cohol: rom sc	1 25 11	Susp.	Drug 32	
⁶ 1	VIOL 3: CIVSed			or and all occup			Distriction of	1	34	35	36	37	38	39	40	E .		4
	Name (Last First N	Aiddle)		1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Me	slical Facility	-
	Operat	or			See Above		\geq	X	1	1	4	0	٥	10	1			_
	CHAD TREMAI	ROLI			BEACH, FL 32	034	12/06/197	3 M	6	1	4	0	0	10	1			
	PAIGE TREM	AROLI		486 CROSSW FERNANDINA	IND DR BEACH, FL 32	034	07/07/2001	7 F	4	1	4	o	0	10	1			
,	Please Select (One 🔀 Vehicle	. 1 #	#Occupants	Non-Motoris	t A Tyme	15 Action	16	Locatio		17	Conditi		18	la,	Hit/Run	Moped	1
3	of the Followi	ng.				100		67970204 06960356	LOCALIC	"' <u> </u>	0.001							4
	License # S4	2192690	_	L DOB/Age.	20	_	# 3NZ895					у Туре	PC		R	eg State	MA 21	
	Sex_F Lic.	Class D	Lic. Re	strictions	CDL Endorseme	ent	Year <u>2007</u>					JS .			Veh	Config.	1	
³1		NEZ, OME	F	irst _	Middle		er <u>NUNEZ</u> ,	Last			Fi	rst			Mi	ddle		
<u> </u>		HALL ST	API				ess 13 HA		ST	_A]	PT							14
	City LAWR			•	1841-182	-	LAWRENC			10.11.7	22				•		<u>-1825</u>	
	Іпѕигапсе Сотр	any PROGRE		E DIREC	T INSU	RA Vehic	cle Action Prior to	o Crash		3			maged st Stat		Code:	7 27 28		
	Vehicle Travel D	Direction: XS	EW	Responding to	Emergency? 2	Even	t Sequence 1	4)	23	23	23		pe of I			29		
2	Citation # (If Iss	ued)		-		Most	Harmful Event	1	24	عداً		BA	C Tes	t Resu	ılt:	30		
	Viol. 1: Ch/Sec/	Sub	Vi	iol. 2: Ch/Sec/S	ub ———		er Contributing C	ode	33	25	25		sp. Ale	ı	31		Drug 32	
	Viol. 3; Ch/Sec/			iol. 4: Ch/Sec/S			er Distracted by	0	26	1 -2	T			om sc	ene?	1 33		ļ
	Ple Name (Last First M	ease fill out for ope	rator/non-r	motorist and all	occupants invol	lved	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
	Operate	or/Non-Mo	torist		See Above		> <	X	1	1	4	0	0	10	1			
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		= Direction	= Vehicle 1	z = Vehicle 2	Q = Pedestr	ian 🐠 :	= Bicycle		
Crash I	Diagram:	ie: →	→ □	2	> 윘	→ %			
		The state of the s					on a Pu	Did Note blic Way: eet Parking Lo	t
			Wests	Ł.			Other P	rivate Way	
	128 West st./ Grace Chapel	Drive way/	eninairce/exil	(Indicate	e North by A	Arrow
Crash N	Narrative:								
Oper.#1	related he was	traveling str	aight on We	st st., as he	approac	ched Indu	strial w	ay,	
	ad pulled in fro	nt of him and	he crashed	into her m/v	#2. Oper	r#1 is ar	Uber dr	iver	
and had	2 passenger's.								
. ".					•	•			
	Related she was to clear, as sh								
	. (PWj/142)	e was attempt.	ing to make	a right turn	ONEO WE	est st. E	OCH M/V	<u> </u>	
CLASHEG	. (44)		<u>-</u>						
									
Witness	ses:								
	First,Middle)		Address			Phone #			Statement
	· · ·								
D4						<u> </u>			
	y Damage: ,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Prop	erty	
· · · · · · · · · · · · · · · · · · ·	<u> </u>				20, 42, 43, 7	-			
									
Truck a	nd Bus Information:	Registration #		(From Vehi	icle Section)				
Carrier Nam	ne						B	us Use	42
Address				. City		S	u 7i	. L	
				•					
US DOT #:	(3) 43	State Number		Issuing State	MC/MX/	ICC #:			
Interstate	Cargo Body Ty	vpe Code	GVWR/GCWR			-			
Trailer Reg	; #:	Reg Type	Reg State	Reg Year	Trail	ler Length	46		
Hazmat In	formation:					<u> </u>		,	
Placard	Material 1 digit #	48 Material Nar	ne		_Material 4 dig	it #	Relea	se code	49
Patrol	Officer Paul W J	enson		142 Wi	lminator	Police P	Departmen	t 11/	18/2022

Police Officer Name (Please Print)

Signature

ID/Badge#

Department Precinct/Barracks Date

Police Use Only	Com	monwealth -	of Massac	husetts	3	RN	IV Docu	ment Number	
Date of Crash Time of Crash 11/18/2022 1515 W	City/Town Vilmington	Motor Veh	_	Number Vehicles		Speed Lim	it <u>25</u>	State Police Local Police MBTA Police	0800
24HR	TIMING CON	Police 1	Report	2	0	Longitude_		Campus Police Other:	_ 🗖
AT INTERSE	ECTION:	< LOCA	TION >		NOT A	T INTE	RSECT	TION:	
011377	**********								2 1
Route# Direction	SHEEN AVE Name of Roadway/St	treet	Route# Direction	Address #	-	Name o	f Roadwa	ny/Street	
	At		r [N]	S E W of					
Route# Direction HOPKI	INS ST Name of Intersecting Roads	wav/Street	Feet [13]	3 5 11 01	Mile M	arker	- or	Exit Number	l _ l
Acoust Disolote	Also at Intersection v		Feet N	S E W of					_ 4
			Feet N	S E W of	Route#	Inter	secting R	oadway/Street	
Route# Direction	Name of Intersecting Roads	way/Street				L	andmark		
Please Select One of the Following:	12 #Occupants Hitz	/Run Moped	Crash Rep	ort ID# 22	-35	0-A	3		
	s. M3 - pop/4						-	o. M2	
	St MA DOB/Age	_	# 6YR868						21 1
	E	Indorsement	Year <u>2010</u>				Veh (Config.	┙ ├─
Operator FEBBO, ISAF L Address 29 DORCHEST	First	Middle	er FEBBO , Last		First	VEE	Mid	dle	
			ess 29 DORC						_
City WILMINGTON			WILMINGTO				_	887-22	72
Insurance Company THE COM	MERCE INSURAL	NCE CO Vehic	ele Action Prior to Cr			Damaged Are Test Status:	a Code: g	28 27	
Vehicle Travel Direction: S E	Responding to Emer	rgency? 2 Even	t Sequence 23	23 23	<i></i>	ype of Test;	2	29	
Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Re	sult:	30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 S	usp. Alcohol	31	Susp. Drug:	32 1 1
Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub	Drive	r Distracted by	26	T	owed from s	cene?	33	
	r operator and all occupants in		DOD!	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap lujur	Transp.	A FLATLAND PLANTS	
Name (Last First Middle) Operator		Address ee Above	DOB/Age S	Pos. System	Status Code	Code Statu	s Code	Medical Facility	y
-	29 DORCHESTER ST			\	- -	 	+		
CHRISTIAN FEBBO	WILMINGTON, MA C	01867	07/20/2006 M	3 1	4 0	0 10	1		
									l
Please Select One Vehicle 2	1 #Occupants Non	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	ППн	it/Run 🔲 M	oned
of the Pollowing:		***			, italia	\$10 PM] ["		
19 19	St.MA DOB/Age	_	J334	····	Reg Typ			g State MA	21
Sex F Lic. Class D	Lic. Restrictions B C	ndorsement	/ear <u>1995</u>				Veh (Config. 1	_]
Operator <u>CLEARY</u> , <u>ELI</u>	First	Middle	er CLEARY,		BETH N First	4	Mide	lle	
According to the second			ess <u>308 SAL</u>	EM RD					
1 -	State MA Zip 0182		BILLERICA	<u>, </u>		ate <u>MA</u>			1
Insurance Company NORFOLK	& DEDHAM MU	FUAL F Vehic	le Action Prior to Cra		<u> </u>	amaged Are	a Code:	27 27	27
Vehicle Travel Direction: NS	W Responding to Emer	gency? 2 Even	Sequence 1 23	23 23	23	est Status: ype of Test:	1	29	
Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Res	sult:	30	
Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 S	usp. Alcohol	31	Susp. Drug:	32
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	T	owed from s	cene? 2	33	_
•	tor/non-motorist and all occup		DODA -	34 35 Seat Safety		38 39 Trap Injury	40 Transp.	\$ \$. 25 www 1850	
Name (Last First Middle) Operator/Non-Moto	priet c	Address ee Above	DOB/Age \$	ex Pos. System	Status Code	Code Statu	Code	Medical Facility	<u> </u>
Operator/Ivon-140to	's tot 5	CC AUUVC		\	-	1-1-	-		_
						$\bot \bot$			
								<u></u>	

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestr		Bicycle	
Crash Diagram:	ie: 👈 🔟	→	2	▶ 윉	→ %		
Lake St		MV 2.	MV 1			If Crash Did Noon a Public War Off-Street Parking Garage Mall/Shopping Ce	y: Loi
		B	ŀ	lopkins St		Other Private Way	
	§			Control of the Contro			
	Shawsheen Ave			-		Indicate North E	y Arrow
Crash Narrative:							
See Supplemental Narra	ative.						
					· · · · · · · · · · · · · · · · · · ·		
							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
				 			
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of I	Jamaged Property	
						<u> </u>	
Truck and Bus Information	Registration #		(From Vel	nicle Section)		Γ-	42
Carrier Name						Bus Use	42
Address			City		St.	Zip	
US DOT #;	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body	7 Type Code	GVWR/GCWR	45				
Trailer Reg #:			Rea Vear	m	les I anoth	46	
Hazmat Information:	Yek tyhe	reg adde	TOB ICH	Iraı	lei Length	일본 -	
Placard Material 1 digit	# 48 Material Nam	e		Material 4 dig	it #	Release code	49
Patrol Officer Robert M DeG	regorio III		223 wi	lminator	Police D	epartment 1	1/18/2022

Wilmington Police Department

NARRATIVE FOR PATROL OFFICER ROBERT M DEGREGORIO III

Page: 1

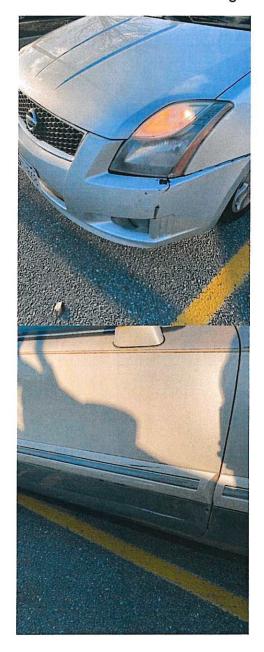
Ref: 22-350-AC

The operator of MV 1 stated she was traveling Northbound on Hopkins St and came to a stop at the red-light at the intersection of Hopkins St and Shawsheen Ave. The operator stated that the light turned green and she began to take a right hand turn onto Shawsheen Ave. The operator of MV 1 stated that while she was turning onto Shawsheen Ave, MV 2 began to pass her on the left-hand side causing MV 1 and MV 2 to make contact with each other. MV 1 sustained damage to the left front driver side headlight and quarter panel.

The Operator of MV 2 stated that she was traveling Eastbound on Shawsheen Ave and came to a stop at the red-light at the intersection of Shawsheen Ave and Hopkins St. The operator stated that when the light turned green, she continued to travel straight ahead on Shawsheen Ave when she made contact with what she thought was a curb. The Operator of MV 2 was informed she struck another motorist. The operator of MV 2 stated she was going to check the damage on her vehicle when she pulled into a parking lot. MV 2 sustained damage on the front passenger to the rear passenger door.

No injuries were reported at the time of the accident. Both vehicles were operable.

Wilmington Police Department Images Associated with 22-350-AC





	Pol	ice Use Only		C	<u>'om</u> mor	rwealth	of Ma	assac	hus	etts	3			RM	V Doc	ument N	Account to the second	
	Date of Crash 11/19/2022	Time of Crash		City/Town Lngtor	M	otor Ve	hicle (Crasl	h [;	Number /ehicles		mber ured	Speed Latitu		3	Loca	Police I I Police I I Police I I I Police I I I I I I I I I I I I I I I I I I I	
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		AT INTERS	ECTIO	N:	<	FOC	ATION	>			NO	T A T	ΓIN.	rer	SEC	TION	į:	
														_				2 10
	Route# Direc	ction	1	Name of Roa	adway/Street	***************************************	- 38 Route#	N Direction	52 Add	ress#	<u>M</u> 2	AIN	S' Na		Roady	vay/Stree	et .	_
1					At			- [5]	o le le									1
	Route# Direc	ction	Name	of Intersection	ng Roadway/Stre	pet	-	Feet N	SEV	y of	— М	ile Ma	rker		or -	Exit	Number	11
		V			section with		1	Feet N	SEV	of								8
	 						-	Feet N	SEV	v of	Rout	e#		Interse	ecting 1	Roadway	//Street	
2	Route# Direc	ction	Name	of Intersecti	ng Roadway/Stre	eet								La	ndmar	k		_
	Please Select (of the Followi		<u>.2</u> #	Occupants	Hit/Run	Moped	c	rash Rep	ort ID#	22	-3	35:	1 -	AC	3			
		0423491	е. МА	_ DOB/Age			# 1VB	769			D.	~ T	DC.		D	an State	MΣ	┨
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		ERICA		_			BILL			1	22					5 27	27 27	ļ
		any ALLSTA					nicle Action I	To God	ash 23	23	23		st Stat		Code.	28		
		Direction: S		Responding	to Emergency?		nt Sequence		30.0000 P			Ту	pe of	Test:		29		
	,	ued)					st Harmful E	L	304804601 (2.850	ാടി	25		AC Tes	st Resu		30		13
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1	Viol. 3: Cli/Sec/S	Sub				Dri	ver Distracte	d by O		1	1		wed fi			2 33		J
_	Name (Last First M		or operator	and all occi	pants involved Address		DOB	'Age S	34 Seal Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	10 Transp. Code	Mi	dical Facility	
	Operate	or			See Abov	/e	\rightarrow	$\langle \rangle$	(1	1	4	0	0	10	1			
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				<u> </u>		F			1	<u> </u>	10000							4
1	Please Select C of the Followir		21_#0	Occupants	Non-Motor	ist A Type	15 Actio	on 10	Locat	ion	17	Conditi	ion	18		Hit/Run	Moped M	
_	License #		_ S:	_ DOB/Age		Re	# 5EGZ	29	J		Re	д Туре	PC		R	eg State	MA	1
	Sex Lic. (19 19	3	T in	20 CDL	,	Year 20]		_ Veh N	lake E					_ Veh	Config.	1 21	
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	City_		State	"Zir		Cit	TEWKS	BURY	·			Stat	e MA	<u>. </u>	ip O .	1876	-3187	2 14
	• -	any THE CO	MMERC	-	URANCE		icle Action F			2	22	Da	mageo	l Area	Code:	1 27 9	7 27 27	
	Vehicle Travel D				to Emergency?		nt Sequence	23	23	23	23	Te	st Stati	us:		28		
	Citation # (If Issu	K-X	لنات	,			st Harmful E		24		as justice	-	pe of T			29		
2	,	Sub	Vio	L 2: Ch/Sec.	/Sub		ver Contribut		5	²⁵ 2	0 ²⁵	1	AC Tes		ilt: 31	30	Drum 32	
	Viol. 3: Ch/Sec/S			1. 2. Ch/Sec			ver Distracte		26		<u>—.n()</u> ()	,	sp. Alc wed fr	ι	1 1 1 1 1	Susp.]	orug.	
		ase fill out for oper							34	35 Safatu	36 Airbag	37	38	39	40			4
	Name (Last First Mi	iddle)			Address		DOB/	Age S	Sest Pos.	Safety System		Eject Code	Trap Code	Injury Status	Tronsp. Code	Me	dical Facility	-
	Operato	or/Non-Mot	orist		See Abov	re		\searrow	$\sqrt{1}$	1	4	0	0	10	1			_
									-	1								1

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	OD = Bicycle	
Crash Diagram:	ie: 🖚	1	2	₽Ŝ	→ ॐ	
				 	If Crash Did No on a Public Wa	y:
	Main st./ Rte.3	3			☐ Garage	
					☐ Mall/Shopping Cer	ter
		⇒ ⇒ Traffic north bo	라 ⇒ und	\$ \$	Other Private Way	
520 Main st./ Jiffey	Lube				Indicate North b	y Arrew
L	J			2		
Crash Narrative:	• • • • • • • • • • • • • • • • • • • •					
OPer.#1 Related she w	as traveling no	orth on Main	st./Rte.38,	While sto	pped in traffic, m/v#	
2 crashed into the re	ar of her m/v#1	l.				
Oper.#2 Related she w	as slowing and	stopping in	traffic, on	Main st./	Rte.38N. While doing	
so, she became cold a						
so, she didn't realize	e sne was movi	ng and she c	rashed into	the rear of	E M/V#1. (PWJ/142)	
N 124						•••
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Name (Last, First, Middle)		Audress			rituic #	Statement
Property Damage:	1		Tn	Toolan-roof N	1.4 AD 1.5	
Owner (Last, First, Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Informatio	n: Registration #					
	Registration #		(From Ve	chicle Section)	,	
Carrier Name	Registration #		(From Ve	chicle Section)	Bus Use	42
Carrier Name						42
Carrier NameAddress					Bus Use St Zip	42
			_ City		StZip	42
AddressUS DOT #:			_ City Issuing State		StZip	42
AddressUS DOT #:	State Number y Type Code	GVWR/GCWR	_ City Issuing State	MC/MX/ICG	St Zip	42
AddressUS DOT #:	State Number y Type Code	GVWR/GCWR	_ City Issuing State	MC/MX/ICG	St Zip	42
Address US DOT #: Interstate Cargo Bod Trailer Reg #:	State Number44 y Type CodeReg Type	GVWR/GCWR Reg State	_ City Issuing State	MC/MX/ICo	St Zip	42

Patrol Officer Paul W Jepson Police Officer Name (Please Print)

WilmingtonPoliceDepartmentDepartmentPrecinct/Barracks

11/19/2022 Date

Signature

142 ID/Badge#