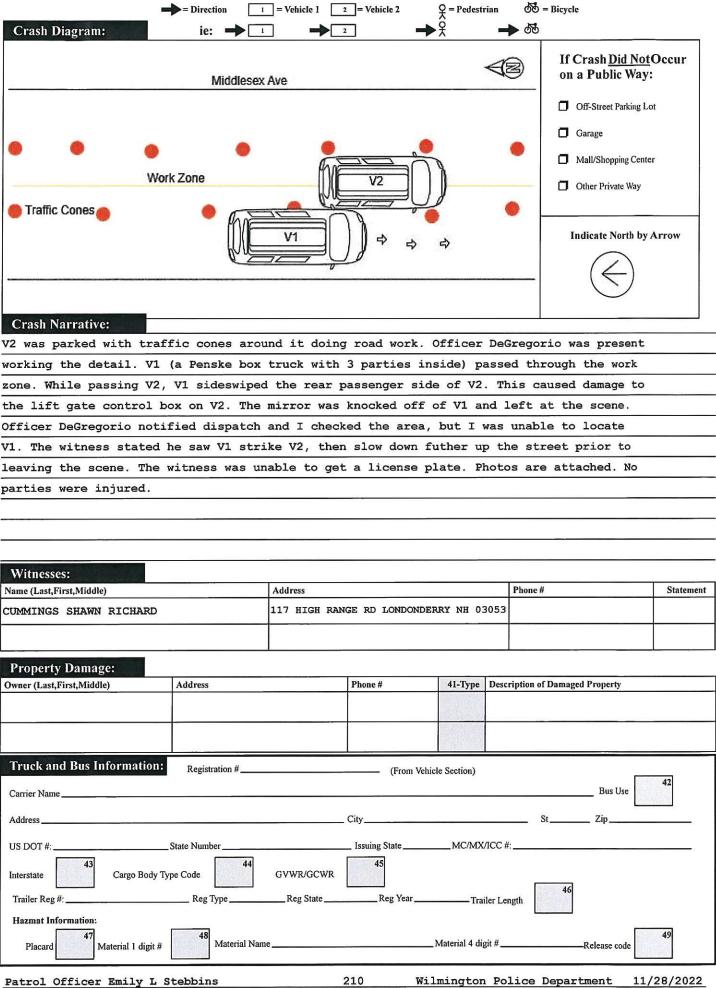
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	Date of Crash	Time of Crash	1	City/Town		Mot	or Veh	icle C	rash	()	lumber ehicles			, ,	d Limit	4	Loca	Police l Police		
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⁴ 3		BLUENOS	F	irsl	М	liddle		ess <u>16 7</u>	Lest			F	irst			М	iddle		_	
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		eany PROTEC						le Action Pri		23	23	23		st Sta		Couc.	2 28		.	
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6 1	Viol. 3; Ch/Sec/S	Sub	Vie	ol. 4: Ch/Sec	/Sub		Drive	r Distracted	by 5	26			То	wed f	rom sc	ene?	1 33			•
1	Name (Last First M	Please fill out	for operator	r and all occu	-	red tress		DOB/Ag	ıc Sex	34 Sgai Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		alical Facility		
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	Operan			1					\forall	\ <u>_</u>									-	
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⁷ 3	of the Followir	112H												Ļ						
	License # <u>SO8</u>	10 1	_	_ DOB/Age	20		_	2FND9									eg State	21	-	
	Sex_ F Lic. (Class D	Lic. Res	trictions 9	CDL Endor	sement		'ear <u>2020</u>					IDΑ	I		Veh	Config.	1		
⁸ 1	Operator DI	AZ, AUBR	EY L	rst .	Mi	iddle	_ Own	r DIAZ	, AU	BRE	ΥI	- Fi	nit			Mi	ddle		-	
1	Address 137	HANCOCI	K ST		•		Addr	ss <u>137</u>	HANC	OCI	<u> </u>	r							_ 141	1
	City LAWRE	ENCE	State <u>N</u>	1A Zip 0	1841-5	5011	_ City_	LAWRE	NCE							-		-5011	- 1	
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	Vehicle Travel D	rection: S	E W	Responding	to Emergence	y? <u>2</u>	Event	Sequence	23	23	23	23		st Stat			1 28			
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	Name (Last First Mi	iddle)		1	Add			DOB/Ag	e Sex	/	Safety System		Ejeut Code	Trap Code	bijury Status	Transp. Code	Me Winche:	dical Facility	_	
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	Red	Concord	St			If Crash <u>Did Not</u> on a Public Way	
		Ŏ.				Off-Street Parking L	ot
	0_]	Green		•		☐ Garage	
		*				■ Mall/Shopping Cent	er
MVII) → MI						Other Private Way	
			٩.			Indicate North by	Arrow
, s	93 SB ON 4	MV2	193 SB OFF	Z4 /		\bigcirc	STATE OF THE STATE
Crash Narrative: L/27/22 at appx. 142	23hrs, dispatche	ed to 2 car	mvc at Conco	ord St @ 1	[93 SB. OP	Pl admitted	
e was traveling EB o							
xiting ramp and turn	ning L on Concor	d St (greer	n light). MV1	struck i	front of M	72 with front	
of vehicle. Heavy f							
ransported WFD to Wi		Both MVs to	wed by Cains	. OPP1 re	ecieved wr	itten warning	
or red light violati	Lon (696073AB).						
							· · · · · · · · · · · · · · · · · · ·
Witnesses:							
		Address			Phone #		Statement
Witnesses: ame (Last,First,Middle)		Address			Phone #		Statement
		Address			Phone #		Statement
		Address			Phone #		Statement
ame (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type	Phone # Description of Da	maged Property	Statement
ame (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type		maged Property	Statement
ame (Last,First,Middle) Property Damage:	Address	Address	Phone #	41-Type		maged Property	Statement
ame (Last,First,Middle) Property Damage: wner (Last,First,Middle)						maged Property	Statement
ame (Last,First,Middle) Property Damage:	Registration#	Address		41-Type		maged Property Bus Use	Statement
ame (Last,First,Middle) Property Damage: wner (Last,First,Middle) Fruck and Bus Informatio	Registration#		(From Ve	chicle Section)	Description of Da	Bus Use	
ame (Last,First,Middle) Property Damage: wner (Last,First,Middle) Fruck and Bus Informatio	Registration#		(From Ve	hicle Section)	Description of Da	Bus Use	
ame (Last,First,Middle) Property Damage: wner (Last,First,Middle) Fruck and Bus Informatio	Registration#		(From Ve	hicle Section)	Description of Da	Bus Use	
Property Damage: wner (Last, First, Middle) Fruck and Bus Informatio Carrier Name JS DOT #: 43	Registration#		City Issuing State	hicle Section)	Description of Da	Bus Use	
Property Damage: wner (Last,First,Middle) Pruck and Bus Informatio Carrier Name Address US DOT #: Address Cargo Boo	Registration # State Number	GVWR/GCWR	CityIssuing State	hicle Section) MC/MX/	Description of Da	Bus Use	
Property Damage: wner (Last,First,Middle) Pruck and Bus Informatio Carrier Name Address US DOT #: Address Cargo Boo	Registration # State Number dy Type Code	GVWR/GCWR	CityIssuing State	hicle Section) MC/MX/	Description of Da	Bus Use	42
Property Damage: where (Last, First, Middle) Fruck and Bus Information Carrier Name Address JS DOT #: Interstate Address Cargo Boot Trailer Reg #:	Registration # State Number dy Type Code Reg Type	GVWR/GCWRReg State	CityIssuing State	MC/MX/	Description of Da St ICC #:	Bus Use Zip	

	Police Use Only Commonw						of Mass	ach	us	etts	3			RM	V Doc	ument N		
	Date of Crash	Time of Crash		City/Town	Mo	tor Veh	icle Cra	ısh		lumber ehicles		nber ured		l Limit	3.	Local	Police De Police A Police De Police	
	11/27/2022	24HR	MITH	ingto	n	Police :	Report		2		2		Latitu Longi			Camp	pus Police	
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																		2 10
	Route# Dire	ction		Name of Ro	oadway/Street		Route# Direc	ction	50 Add	o ress#	<u>M</u> 2	AIN			Roady	way/Stree	t .	┢
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							Feet	NS	EW	of	 M	ile Ma	• rker	•	ог.	Exit	Number	
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								N S			Route	e#		Interse	ecting	Roadway	/Street	
² 3	Route# Direc	ction	Name	of Intersect	ing Roadway/Stree	t		ш		_				La	ındınar	·k		
	Please Select (One V Vahial	n 1 1 /	#Occupants	Hit/Run	Moped	Crash I	D	ID#	22		6.	1 _			".		1
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<u> </u>						Own	er FERREI	RA Last	SA	NTC) S ,	LE.	ON	ARD	O	liddle		
⁴ 1	Address 5 FOLEY ST						ess <u>159 B</u> I											
	City WOBURN State MA Zip 01801					City	WOBURN			,						1801		
	Ілѕигансе Сотр	City WOBURN State MA Zip 01801 Insurance Company PROGRESSIVE DIRECT IN					le Action Prior to	Crash	Į.	1	22			d Area	Code		27 27	
5	Vehicle Travel D	Direction: S	EW	Responding	g to Emergency? 2	Even	Sequence 1	23	23	23	23		st Stat			1 28 29		
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	Viol. 3: Ch/Sec/s	Sub ———	Vi	ol. 4: Ch/Sec	c/Sub	Drive	r Distracted by	0	26					rom sc		1 33	- []	
⁶ 2		Please fill out	for operato	r and all occ	cupants involved		T	<u> </u>	34 Scal	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	' 		.
	Name (Last First M				Address		DOB/Age	Sex	Pos.	System 1	Status 1	Code	Code	Status 7	Code 2	Lahey C	dical Facility	
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																		_
7	Please Select C		. 1 #	Occupants	Non-Motoris	t A Type	15 Action	16	_ocatio		17	Conditi	on	18		Hit/Run	Moped	
⁷ 1	of the Followin	ig:				· L				<u>"L</u>				<u>. </u>	L.,.		[-
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	Sex M Lic. C	Class D	Lic. Res	trictions 1	CDLEndorsemen	nt									Z_ Veh	Config.	1	
⁸ 2	Operator MA	LLATYASA Last	MY , Fi	SIVAK	UMAR Middle		r <u>MALLAI</u>	Last		-	Fi		UMZ	AR_	Мі	iddle		
		AGLEVIE					ess 2 EAGI			I DE	3							_ 14
	City WILMI	NGTON	State 1	1A Zip (01887-420	3 City 1	WILMING'	TON							•		-4203	1
	Insurance Compa	my THE CC	MMERO	CE INS	SURANCE C	<u>O</u> Vehic	le Action Prior to			1				l Area	Code:	1 28	27 27	
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⁹ 2	Citation # (If Issu	ied)				Most	Harmful Event	1	24			• •		t Resu	ılt:	1 30		
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	Viol. 3: Ch/Sec/Sub ————————————————————————————————————					Drive	r Distracted by	0	26			To	wed fr	om sce	ene?	1 33		
	Ple: Name (Last First Mi	•	rator/non-n	notorist and	all occupants involv	ved	DOB/Age	Sex	34 Spat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	h4	dical Facility	
		or/Non-Mo	torist		See Above		- FOUNTE	∇	1	1					2	Lahey C		1
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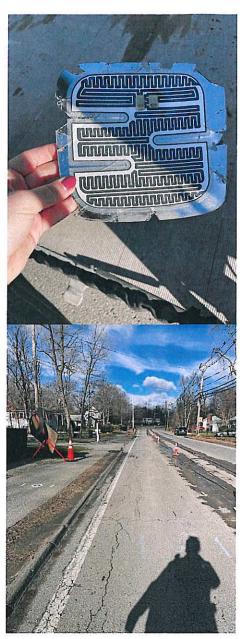
	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestria	•	
Crash Diagram:	ie: 👈 🗔	_ → [2	▶ ¥	→ 65	
500 Main Street		· · · · · · · · · · · · · · · · · · ·			If Crash <u>Did</u> on a Public V	
		So Dilling	MA-CH	(CETTE	Off-Street Park	sing Lot
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	EL M			a design of the second	Garage Garage	
and the second s	War				☐ Mail/Shopping	Center
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	V					
					Indicate Nort	h by Arrow
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Crash Narrative:					•	
Vehicle 1 was traveli						o.f.
cravel. Vehicle 2 was		_				
straight towards him.						
collided with them he						
long with airbag dep				-		:0
cheir injuries. Cains	towing secured	both vehic	les and towe	d them fro	m the scene.	
Witnesses:		1			Int. "	5
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
Truck and Bus Informatio	n: Registration #		(T1/s)	i.1. 0		
	Registration #		(From Vel	hicle Section)	Bus Use	42
Carrier Name						
Address			_ City		St Zip	
US DOT#:	State Number			MC/MX/IC	C#:	
Interstate 43 Cargo Bod	ly Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:				114401		
Placard Material 1 digi	t # 48 Material Nam	ne		_Material 4 digit #	Release code	49
Patrol Officer Thomas	Lawrencen	······································	222 Wi	ilminator I	Police Department	11/29/2022

	Police U	Jse Only		Commony	wealth	of Massa	ach	use	tts			RM	V Doc	ument N		
		ne of Crash	City/Town	Mo	tor Veh	iicle Cra	sh		mber	Numb Injure	, Popul	d Limit	30	Local	Police Police A Police	
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				<u></u>	l	<u> </u>							ındmar	k		-
3	Please Select One of the Following:	Vehicle 1	1 #Occupants	Hit/Run	Moped Moped	Crash F	Report	ID# Z	22	-36	52-	-AC	7			
	License #		St DOB/Ag	re	Reg	#unknows	a .			Reg T	vne		R	eg State_		1
	SexLic. Class	19 19	Lic. Restrictions	20 CDL		Year									21	1 12
	Operator unkn	L	<u></u>	Endorsemen	1ŧ			· • 11 14101					101	Coming.	L	
⁴ 1	Las	SI .	First	Middle			Lası			First			М	liddle		
	Address					ess					_					
	City		State Zip_		City			Г		22					27 27	
						cle Action Prior to			<u> </u>	<u>_</u>	Damag Test St		Code:	99 27	-1 -1	
5	Vehicle Travel Direct	nsurance Company					23		23	23	Type of			29		
	Citation # (If Issued)				Most	Harmful Event	2	24			BAC T		ult:	30		
	Viol. 1: Ch/Sec/Sub -		Viol. 2: Ch/Se	c/Sub	Drive	er Contributing Co	de	99 3	25	25	Susp. A	dcohol:	99 ³¹	Susp. I	Drug 99 32	2 13
6	Viol. 3: Ch/Sec/Sub -		Viol. 4: Ch/Se	c/Sub	Drive	r Distracted by	99	26			Towed	from sc	ene?	2 33		J
⁶ 1		lease fill out for o	operator and all occ	•					35 Safety	Airbag E	7 38 set Trap	39 Injury	40 Transp.			1
	Operator			Address See Above		DOB/Age	Sex	. 1	System 99	Status C	de Code	Status 99	Code 99	Med	lical Fucility	1
	Operator			See Audve			\triangle	1	-	33 3.	33	33	33	<u></u>		-
									Ì							
	Please Select One	⊠ 1)_#Occupants		, , ,	15	16		一	17	<u></u> [18	Ь			•
⁷ 1	of the Following:	Venicie 2.	y	Non-Motorist	A Type	Action	<u> </u>	ocation	1	Cor	dition			Hit/Run	Moped	
	License #		t DOB/Ag		Reg #	KSC12				_ Reg T	_{тре} АІ	2	R	eg State]		
	Sex Lic. Class	19 19 L	ic. Restrictions	CDL_ Endorsemen	Veh \	rear 2017	ν	eh Mal	ke I	SUZU			Veh	Config.	21	
8 .	Operator Drive	erless 1	M.V.	Middle	Own	r KIDDER	CO	NCR	ETI		TTI:	NG 8		ORIN	G INC	
°1	Address		rusi	Middle	Addr	ess 22 DAN	VII	LE	RD	First			М.	core		
	City		State Zip_		City_	PLAISTO	W			:	State N	H Z	ip 0 :	3865		7 14
	Insurance Company _				Vehic	le Action Prior to	Crash		L1 ²	22	Damage	ed Area	Code:	4 27	27 27	
	Vehicle Travel Directi	ion: NSE	W Responding	to Emergency?	Eveni	Sequence 1	23	<u> </u>		23	Test Sta	ntus:		1 28		
	Citation # (If Issued)			,		· <u> </u>	1	24		_	Type of	Test:		29		
2	, , , ,			10 I		r Contributing Co	<u> </u>	1 2	15	25	BAC Te			30	22	
		Viol. 1: Ch/Sec/Sub —————————Viol. 2: Ch/Sec/Sub ————				•		26			Susp. A			Susp. E	orug: 2 32	
	Viol. 3: Ch/Sec/Sub =			ell occupants involv		r Distracted by	0	31	35	36 3	Towed:	from sc	ene?	2 "		ļ
	Please fi Name (Last First Middle)	m out for operato	rion-motorist and	all occupants involve	cu	DOB/Age	Sex	Sear	Safety	Airbag Ej Status Co	et Trap	Injury	Transp. Code	Med	ical Facility	
	Operator/I	Von-Motor	rist	See Above			X	1								
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Wilmington Police Department Images Associated with 22-362-AC





	Pol	lice Use Only		Comi	monwealt	h o	f Massa	ach	us	etts	.			RM	V Doc	ument Nu		
	Date of Crash	Time of Crash	Ł.	City/Town	Motor Vo	ehi	cle Cra	sh		lumber ehicles		.nad	•	Limit	30	State Po Local P MBTA	olice 🔯	
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3	Please Select (One Vehici	e 12	#Occupants Hit/	Run 🔲 Mope	ed	Crash R	tenort	ID#	22	_3	161	₹	AC	•			1
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	Citation # (If Iss	sued)		_	M	Aost Ha	armful Event	1	24				AC Tes	st Resi	ılt:	.30		_ 13
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6 1	Viol. 3: Ch/Sec/			iol. 4: Ch/Sec/Sub ——		Priver E	Distracted by	0	26	•			wed fi	om sc		2 33		
	Name (Last First M		for operato	or and all occupants inv	olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medic	al Facility	
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⁷ 3	Please Select C of the Followir		21 #	Occupants Non-	Motorist A Type		Action	16 1	Locatio	on	C	Conditi	on	18	☐ ŀ	lit/Run	Moped	
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	City WOBUR	UN	State 1	MA Zip 01801	-1230 Ci	ity W C	OBURN					_ State	e M Z	z	ip <u>01</u>	801-	1230	1 14
	Insurance Compa	any THE CO	MMERO	CE INSURAN	CE CO v	ehicle A	Action Prior to (Crash		1	22	Da	maged	l Area	Code:	1 ²⁷ 2	27 27	
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·	Citation # (If Issu	ued)			М	lost Ha	armful Event	1	24				oe of I			30		
2	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub	Di	river C	ontributing Cod	de	1	25	25		sp. Alc	t Resu cohol:	31	Susp. Dr	ug: 32	
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	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestri		cle	
Crash Diagram:	ie: 👈	<u> </u>	2	→ 윘	→ 🚳		
						f Crash <u>Did Not</u> (n a Public Way:	Occur
						Off-Street Parking Lot	
						Garage	
=	⇒	<u> </u>	MV 1:			Mall/Shopping Center	
	g			> Lowell S	St	Other Private Way	
						·	
	27 C. I. C. D. Commen	MV2	ಹ			Indicate North by A	Arrow
		û	Parker				
		Ŷ				(\rightarrow)	
Crash Narrative:							
See Supplemental Nar	rative.						
Witnesses:							
Name (Last, First, Middle)		Address	· · ·		Phone #		Statement
		<u> </u>					
Property Damage:				······································			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Dam	aged Property	
Truck and Bus Informati	On: Registration #		(From V	ehicle Section)			
Carrier Name						Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
43	ody Type Code	GVWR/GCWR	45				
Trailer Reg #:		İ	Tetras TN, sage	m 71	. 4	6	
Hazmat Information:	Keg Type	reg state		Traile	r Length	<u>:</u>	
Placard Material 1 di	git # 48 Material N	lame		Material 4 digi	(#	Release code	49

Patrol Officer Robert M DeGregorio III

Wilmington Police Department
Department Precinct/Barracks

11/29/2022 Date

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER ROBERT M DEGREGORIO III

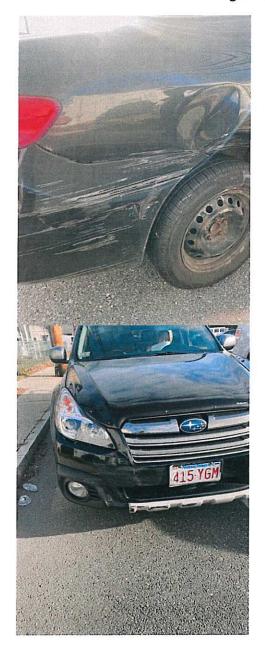
Ref: 22-363-AC

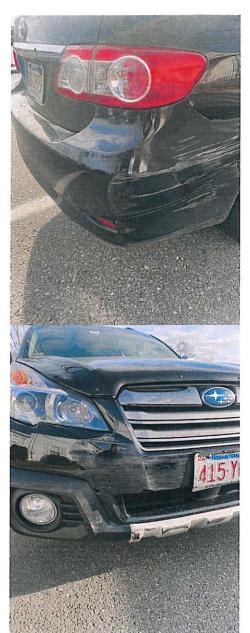
The operator of MV 1 stated that while he was traveling Northbound on Lowell St, the operator of MV 2 started to pull out of Parker St and make a right-hand turn onto Lowell St. The operator of MV 1 stated that he began to brake and press his horn prior to the collision. MV 1 sustained damage to the right rear quarter panel and the right rear bumper.

The operator of MV 2 stated that while she was at the stop sign at the intersection of Parker St and Lowell St, she observed MV 1 traveling Northbound on Lowell St with their right directional on. The operator of MV 2 stated that as MV 1 approached, it began to slow as if it was going to make a right-hand turn onto parker street. The operator of MV 2 stated that as she began to make a right-hand turn onto Lowell St, MV 1 continued straight on Lowell St causing the two vehicle to impact. MV 2 sustained damage to the front center and front right of the bumper. No injuries reported at the time and both motor vehicle were operable.

Attachments for 22-363-AC	
Description	Туре
JJ GOEMPEL OPER CRASH RPT	PDF
Attachment#: B50D6AA544544085B819420C1B3E276E	

Wilmington Police Department Images Associated with 22-363-AC

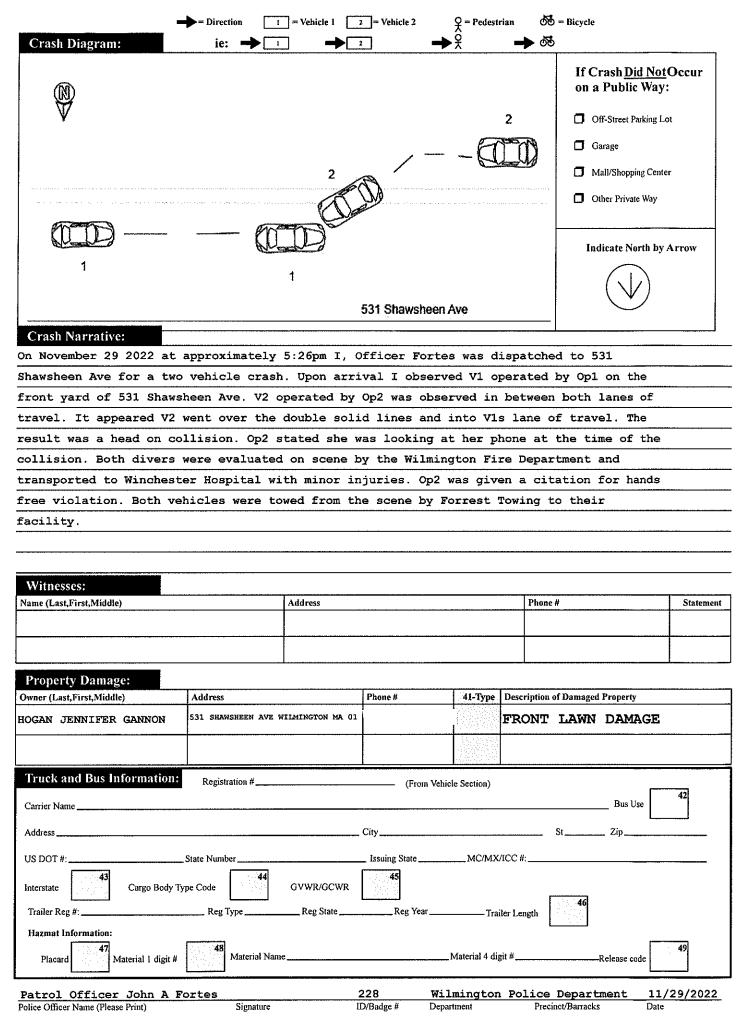




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	<u> </u>						Feet	N S	EW	of	Rout	e#		Inters	ecting.	Roadwa	y/Street	
² 2	Route# Dire	ction	Name	of Intersecting	Roadway/Stree	t								La	ndmar	k		-
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⁴ 2	Operator WH	Last	_	M irst	Middle		WHATLE	Last			I	inst			М	iddle		
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⁵ 2	Vehicle Travel [Direction: N	EW	Responding to	o Emergency? 2	Event	Sequence 1	23	23	23	23		pe of			29		
	Citation # (If Iss	ued)				Most	Harmful Event	1	24			. В	•	st Resi	ult:	30		121
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⁶ 1	Viol. 3: Ch/Sec/	Sub	Vi	ol, 4: Ch/Sec/S	ub	Drive	r Distracted by	0	26			To	wed fi	rom sc		2 33		
1	Name (Last First M		for operato	r and all occup	ants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status		М	edical Facility]
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⁷ 3	Please Select C of the Followin		e 2 <u>1</u> #	Occupants	Non-Motoris	t A Type	15 Action	16 I	Locatio	on	17	Condit	ion	18		Hit/Run	Moped	1
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	Name (Lost First M	iddle)		1	Address		DOB/Age	Sex	Seat Pos.	Safety System	· · · · ·	Eject Code	Trup Code	Injury Status	Transp. Code	М	dical Facility	-
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Crash Diagram:	ie: 🖚		<u> </u>			If Creak Dia	I NotO
			RO	oute 125 🛋	>	If Crash <u>Dic</u> on a Public	
						Off-Street Par	rking Lot
				**************************************	*	☐ Garage	
		V#1		,		Mall/Shoppin	g Center
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206 Ballardvale Street							
	M	V#2				Indicate Noi	rth by Arrow
Dunki Donut		The second secon		•		$\left\langle \cdot \right\rangle$	·)
Crash Narrative:							
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s at the exit of 20							
s passing the exit:			began to pull	out onto	Ballard	vale Street	
d struck the passen	jer side of MV	/# _ .					
Witnesses:							
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		Address			Phone #		Stateme
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roperty Damage:	Address	Address	Phone #	41-Type		Damaged Property	Stateme
roperty Damage:	Address	Address	Phone #	41-Type		Damaged Property	Stateme
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me (Last,First,Middle) Property Damage: vner (Last,First,Middle)			Phone #			Damaged Property	
Property Damage: vner (Last, First, Middle) Truck and Bus Information	Registration #		(From Ve	chicle Section)	Description of I	Damaged Property Bus Us	42
me (Last,First,Middle) Property Damage: vner (Last,First,Middle) Pruck and Bus Information	Registration #		— (From Ve	chicle Section)	Description of I	Bus Us	e 42
me (Last, First, Middle) Property Damage: vner (Last, First, Middle) Pruck and Bus Information arrier Name	Registration #		— (From Ve	chicle Section)	Description of 1	Bus Us	e 42
Property Damage: vner (Last, First, Middle) Fruck and Bus Information arrier Name ddress S DOT #:	Registration #State Number44		(From Ve City Issuing State	chicle Section)	Description of 1	Bus Us	e 42
Property Damage: vner (Last, First, Middle) Fruck and Bus Information carrier Name ddress S DOT #: Alerstate Cargo Body	Registration #	GVWR/GCW	(From Ve City Issuing State	chicle Section) MC/MX/I	Description of 1	Bus Us	e 42
Property Damage: wner (Last,First,Middle) Fruck and Bus Information Carrier Name Address US DOT #: Interstate Cargo Body Trailer Reg #:	Registration #	GVWR/GCW	(From Ve City Issuing State	chicle Section) MC/MX/I	Description of 1	Bus Us	e 42
43	Registration # State Number Y Type Code Reg Type	GVWR/GCW	(From Ve City Issuing State	MC/MX/I	Description of 1 St CC #:	Bus Us Zip	e 42

	Police Use Only	Comn	ionwealth (of Massac	husett	S	RM	IV Document Number	1
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Limi	t 35 State Police Local Police MBTA Police	. CO
	11/29/2022 1726 Wil:	mington	Police 1	Report	2	2	Latitude Longitude _	Campus Police Other:	<u>, </u>
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	Γ INTEF	RSECTION:	
									2 10
	Route# Direction	Name of Roadway/Stre	et	Route# Direction	534 Address #		ISHEEN Name of	F Roadway/Street	
¹ 4		At		[5]	ما ساسا				
L	Route# Direction Na:	me of Intersecting Roadwa	u/Straaf	Feet N	S E W of	Mile Ma	arker	- orExit Numbe	
	Rodice Direction Na	Also at Intersection wit	·	Feet N	S E W of				6
<u></u>				Feet N	S E W of	Route#	Inters	secting Roadway/Street	
² 1	Route# Direction Na	ne of Intersecting Roadwa	y/Street				L	andmark	
3	Please Select One of the Following:	#Occupants Hit/R	un Moped	Crash Repo	rt ID# 2 2	2-36	5-A(3	
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			lorsement	/ear 2020				Veh Config	
⁴ 1	Operator FLYNN, ERIN M	First	Middle	er FLYNN, E Last ess 25 HIGH		First		Middle	
<u>.</u>	Address 25 HIGH ST City NORTH BILLERICA State	MA 01062-				· · · · · · · · · · · · · · · · · · ·	1/7	01060_0A	14
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	Insurance Company THE STAND			le Action Prior to Cra			amaged Area	28 1 11 0	
5	Vehicle Travel Direction: N S E	Responding to Emerge		Sequence 1 23	24	A754	pe of Test:	29	
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	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		r Contributing Code	26		sp. Alcohol:		32 1
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	i Vitaco		owed from so		
_	Please fill out for opera Name (Lost First Middle)	ntor and all occupants invo	ilved Addresa	DOB/Age Ser	34 35 Scat Safety Pos. System	36 37 Airbug Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code Medical Facili	ity
	Operator	See	Above	\rightarrow	1 99	3 0	0 9	2 Lahey Clinic	
	,								
									
				18 22		1-1	10		
⁷ 1	Please Select One of the Following:	_#Occupants Non-M	Aotorist A Type	15 Action 16	Location	17 Condit	ion 18	Hit/Run M	loped
	License # S25063651 St M	A DOB/Age	Reg #	6HL585		Reg Type	PC	Reg State MA	
	Sex F Lic. Class D Lic. R	testrictions 20 CDI	L Veh Y	ear <u>2019</u>	. Veh Make <u>C</u>	HEVRO	LET	Veh Config. 1	21
	Operator SAWYER, HEATH	ER	orsement Owne	SAWYER,	BRIAN	A		<u></u>	
⁸ 2	Address 32 HOBSON AVE	First	Middle Addre	ss 32 HOBSO	N AVE	First		Middle	
	City WILMINGTON State	MA Zip 01887-	-2061 City I	VILMINGTO	N	Sta	te MA 2	Zip 01887-20	61 1 ¹⁴
	Insurance Company QUINCY MUT	TUAL FIRE IN	NSURA Vehicl	e Action Prior to Cras	sh 6	22 Da	unaged Area	Code: 1 27 11 27	27
	Vehicle Travel Direction: N S X W	Responding to Emerger	ncy? 2 Event	Sequence 42 1	23 23	23 Te	st Status:	1 28	
	Citation # (If Issued) T2749496	_	Most	Harmful Event 1	24	•	pe of Test:	29 30	
⁹ 2	Viol. 1: Ch/Sec/Sub 90 13	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	20 ²⁵ 9	25	AC Test Resu sp. Alcohol:		32
	Viol. 3: Ch/Sec/Sub		Distracted by	26		wed from so		-	
}	Please fill out for operator/nor		ts involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
}	Name (Last First Middle)	1	ddress	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medical Facilit	iy
-	Operator/Non-Motorist	See .	Above		1 99	3 0	0 9	2	



CDP1 11-24-00

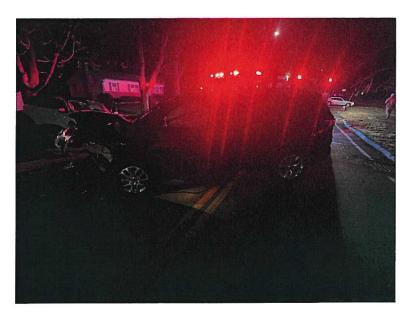
Wilmington Police Department Images Associated with 22-365-AC













Wilmington Police Department Images Associated with 22-365-AC



	Polic	e Use Only	Com	monwealth	of Massa	ichu	setts			RMV Do	cument Nu		
	1	Time of Crash	City/Town	Motor Ve	hicle Cra	sh	Number Vehicles	Number Injured	Speed L			olice Police Police Service Se	
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						2	275	MAII	יייס ז				2 10
1	Route# Direct	ion	Name of Roadway/S	treet	Route# Direct		ddress #	7.71.7.1.1		e of Road	lway/Street		
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			Also at Intersection	with		N S E		Route#	Ir	ntersecting	Roadway/	Street	<u> </u>
² 1	Route# Directi	ion N	ame of Intersecting Road	way/Street	Feet	N S E	W of		· · · · · · · · · · · · · · · · · · ·	Landma	ork		:
	Please Select O	ne 🕅 Vahista 1 1	#Occupants Hit	r/Run Moped	Crach P	anart II	w 22	-36	6-1		ar.	·	1
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⁴ 1	Operator DUR	Lost	First	Middle	vner DURANT	Last		First			Middle		
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5		rection: NSWW	Responding to Eme	•	ent Sequence 1		1 - 1 4	57.1	ype of Te	est:	29		
	·	ed)						25	BAC Test		1 30	[75]	13
			Viol. 2: Ch/Sec/Sub		iver Contributing Co iver Distracted by		6	3	usp. Alco	ohol: 2 3 m scene?		rug 2 32	2
⁶ 1	Viol. 3: Ch/Sec/Su		Viol. 4: Ch/Sec/Sub —		ver Distracted by	\vdash	34 35	36 37	38	39 40	2		-
	Name (Last First Mid	ldte)	, acor and an occupanto a	Address	DOB/Age	Sex	Seat Safety Pos. System		Code	Injury Trans Status Code		ical Facility	1
	Operato:	<i>r</i>	S	See Above	<u> </u>	X	1 99	4 0	0 :	10 1			-
⁷ 1	Please Select Or of the Following		#Occupants No	n-Motorist A Type	15 Action	16 Loc	cation	17 Cond	ition	18	Hit/Run	Moped	
_	License # SA7	160547 St I	MA_ DOB/Ag	Re	g#346GT9			Reg Typ	e PC		Reg State 🕽	<u> </u>	
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Q	Operator	Last	tusi E	Endorsement Ov	ner DRISCO	LL,	ROBE	RT JO	они		Middle		
⁸ 99	Address	,	t 1101		dress 14 EVA	ัทร	DR	LEST					7,71
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⁹ 2	Citation # (If Issue	ed)		Mo	st Harmful Event	2 2		F	AC Test		1 30		
	Viol. 1; Ch/Sec/St	ıb	- Viol. 2: Ch/Sec/Sub	Dr	ver Contributing Co			25	usp. Alco	ohol: 2 3	Susp. D	orug: 2 32	
	Viol. 3; Ch/Sec/Su		Viol. 4: Ch/Sec/Sub —		ver Distracted by	99	6		owed fro	m scene?	2 33]
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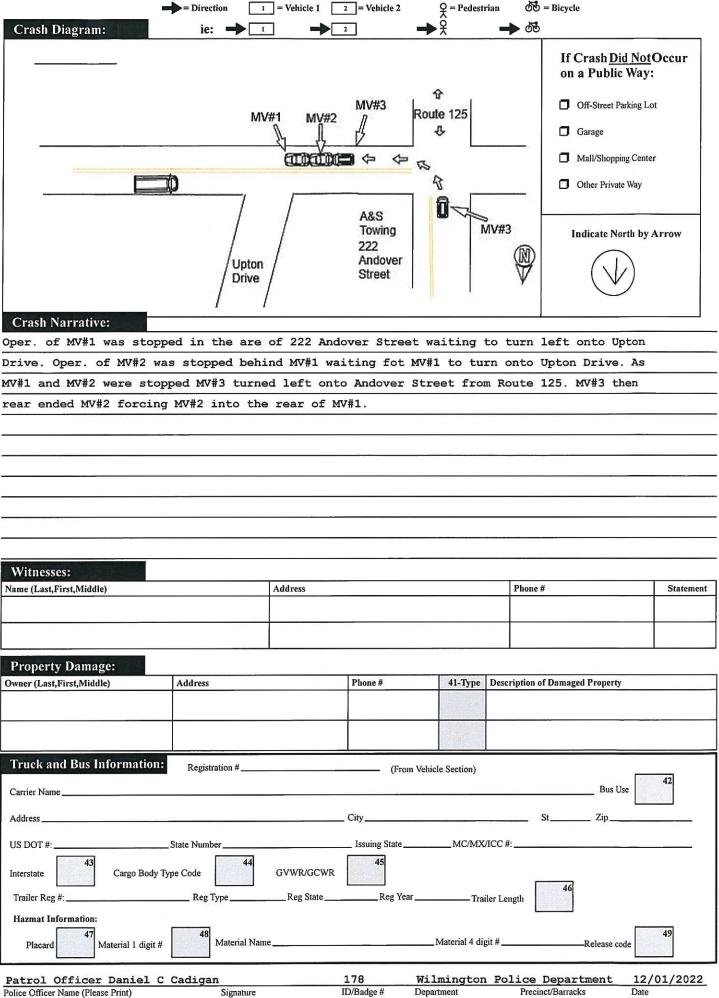
	= Direction	ı = Vehicle 1	2 = Vehicle 2	♀ Pedestria	n 💇 = Bicycle	
Crash Diagram:	ie: →	-> [2	.	→ 85	
					If Crash Did No on a Public Way Off-Street Parking Garage Mall/Shopping Cen Other Private Way Indicate North by	v: Lot ter

Crash Narrative:				• • • •	1	
Vehicle #1 was parked	with no driver	In It. ve	nicie #2 Dacki	sa Into c	the rear of vehicle #1	
			· · · · · · · · · · · · · · · · · · ·			·····
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
n		1			1	1
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
				ा प्रकार हिं		
Truck and Bus Informatio	n: Registration #		(From Vehic	le Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
				MC/MX/IC	CC #:	
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:					<u> </u>	
Płacard 47 Material I digi	t# 48 Material Nar	ne		Material 4 digit	#Release code	49
Patrol Officer Anthon	w Fiore		164 Wil	minator 1	Police Department 11	/30/2022

ID/Badge #

	Pol	lice Use Only	nwealth of Massachusetts RMV Document Number																
	Date of Crash	Time of Crash	1	City/Town	M	otor Vel	iicle Cra	ish		umber		mber ured		l Limit	3(Loc	e Police al Police TA Police	0800	
	12/01/2022	1222 24HR	MITW	ingtor	1	Police	Report		3		2		Latitu Longi				pus Police	_ 법	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	T A T	'IN'	TER	SEC	TION	V:		
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	Route# Dire	ction	· · · · · · · · · · · · · · · · · · ·	Name of Roa	aduran/Street		Route# Dire	otion	22	2 ress#	<u>A</u>	NDC	VE	R S	T Poods	vay/Stre	uat .		
¹ 1	- Koules Die	cuon			At									inic or	Kondv	vay/500			
	┦						Feet	N S	EW	of		ile Ma			or -	Evi	it Number		<u> </u>
	Route# Dire	ction	Name		ng Roadway/Str	eet	r	N S	EW	1	147	IIC IVIA	II KCI			Laki	a rumioci		2 11
				Also at Inter	section with			=			Rout	e#		Inters	ecting l	Roadwa	y/Street		
² 2	Route# Dire	ction	Name	of Intersectin	ng Roadway/Str	eet	Feet	NS	EW	of									
	Planca Salaat (0											,		ındmar	k			ł
3	Please Select 0 of the Followi	ng: Vehicle	e 1 <u>1</u>	#Occupants	Hit/Run	Moped	Crash	Report	ID#	22	-	36	/ –	A	;				
	License # NH	L1014818	0 St NH	DOB/Age		Reg	# <u>508120</u>	9			Re	g Туре	PC		R	eg State	NH		12
	Sex M Lic.	Class D	Lic. Re	strictions 1	20 CDL	Veh	Year 2022		Veh M	ake I	ON)A			Veh	ı Config	. 1	21	1
		LAN, LI	_	<u> </u>	Endorse	nent	er DOLAN											_	
⁴ 1	1	ACHERY	F	irs(Middle		ess 1 ZAC	Losi			F	itst			M	iddle			
	1	ON		NH Zin C	3858		NEWTON					Sta	te NI	Hi 2	zin 0 .	3858	3		
	1	any STATE		-		-	cle Action Prior to	n Crack		2	22				-	5 ²⁷		27	
	-	Direction: S			to Emergency?				23	23	23		st Stat			28		_	
5			.'' '		to cinergency?		T.		24			Ту	pe of	Test;		29			
	i '	sued)					Harmful Event	1		25	25	-		st Res		30			13]
		Sub					er Contributing C		26		39 15	J Su			31		Drug:	32	1
⁶ 1	Viol. 3: Ch/Sec/	Sub				Drive	er Distracted by	0		1	1	To		rom sc		2 33			
_	Name (Last First M		for operato	r and all occu	ipants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	м	fedical Facility		
	Operate	or			See Abov	ve	\sim	X	1	1	4	0	0	10	1				
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								<u></u>	-	ļ									
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⁷ 2	Please Select C of the Followin		2 2 _#	Occupants	Non-Motor	ist A Type	15 Action	16	Location	on	17	Condit	ion	18		Hit/Run	мо	ped	
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	Sex M Lic. (<u> </u>	strictions	CDL Endorsen	nent									_ ven	Config.		_	
⁸ 1		TIZ, DAV	F	irst	Middle		er <u>VIDAL</u> ,	Last				irst			Mi	ddle		-	
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	City LOWE I			4A Zip 0			DRACUT				22						5-502 27	27	
	Insurance Compa	any ARBELI	LA MU	TUAL]	INSURAN	CE Vehic	ele Action Prior to			2	<u> </u>		unageo st Stat		Code:	1 27	5		
	Vehicle Travel D	rirection: N	EW	Responding	to Emergency?	2 Even	Sequence 1	23	23	23	23		pe of			29			
, 2	Citation # (If Issu	ued)	.			Most	Harmful Event	1	24			-	-	st Resi	ılt:	30			
	Viol. 1: Ch/Sec/S	Sub ————	Vic	ol. 2: Ch/Sec/	/Sub	Drive	r Contributing Co	ode	1_	25	25	Su	sp. Al	cohol:	31	Susp.	Drug:	32	
	Viol. 3: Ch/Sec/S	Sub	Vie	ol, 4: Ch/Sec/	/Sub	Drive	r Distracted by	0	26			То	wed fr	om sc	ene?	2 33	-	_	
		ase fill out for ope	rator/non-n	notorist and a	•	olved	DOD/*	0	34 Seat	35 Safety	36 Airbag	37 Éject	38 Trap Code	39 Injury	40 Transp.		eline) Por Y		•
ŀ	Name (Last First Mi	or/Non-Mo	tariet		Address See Abov	ie.	DOB/Age	Sex	Pos.	System 99	Status 4	Code	Code	Status 9	Code 1	М	edical Facility	-	
	Operate	/// TOIL-1V10	wiisi	ļ	266 WB07			\checkmark											
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	Pol	lice Use Only	monwe	onwealth of Massachusetts						4.4							
	Date of Crash 12/01/2022	Time of Crash		City/Town ington	Moto	r Veh	icle Cra	sh		ımber hicles	Numt Injure	- Iopo	ed Limi	<u>. 3</u>	O State Police Local Police MBTA Police	0000	
	12/01/2022	24HR	84 T TIII	ing con	Po	olice	Report		3		2	Lati	tude gitude_		Campus Police Other:	_ 🗖	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NOT	AT II	TEF	RSEC	TION:		
																2	0
	Route# Dire	ction		Name of Roadway/S	Street		Route# Direct	tion	222 Addre		AN.	DOVE			way/Street		_
1				At				ام اما									
	Route# Dire	ction	Nama	of Intersecting Road	lumu/Street		Feet	NS	E W	of ·	Mile	Marker	•	- ог.	Exit Number		П
	Roller Dire	CHOI	Ranc	Also at Intersection	.		Feet	N S	E W	of .						2	
F-1							Feet	N S	E W	of	Route#		Inters	secting	Roadway/Street		
² 2	Route# Direc	ction	Name	of Intersecting Road	lway/Street								L	andmar	·k		
3	Please Select (of the Followi	One Vehicle	3 1	#Occupants Hi	t/Run	Moped	Crash R	Leport	ID#	22	-3	67-	-A(7			
3		т.				· 						_			- 167	_	
		7932678 Class D 19 15		DOB/A _£			USCX97								2	1	2
	i			ا لنستتا	CDL Endorsement		Cear 2014							Vel	h Config.		_
⁴ 1	1	Last	I), ROBERTO	Middle			Lust			First		CTO	М	tiddle		
<u></u>		MAIN ST			22770		ess 169 MA		51				/3	. 0	0150 077		
	1			MA Zip 0215			WINTHRO!		 Г	21,741.	22		ged Area		2152-277 27 27	27	
	1	·		E DIRECT			le Action Prior to			4 23	23	Test St		a Code.	28		
5	Vehicle Travel D	LE.S	LI	Responding to Eme	ergency? 2		E		24			Туре о	f Test:		29		
	1	ared)		-				1		25	25	BACT	est Res		30	_	3]
	ļ			iol. 2: Ch/Sec/Sub —			r Contributing Co	10.000	97 ·		<u></u>		Alcohol		Ousp. Drug.	32 1	
⁶ 1	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub		Drive	r Distracted by	0_		25	26		from so		1 33		
	Name (Last First M		or operato	or and all occupants in	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Auban I	37 18 ject Tra ode Cod	p Injury	40 Transp. Code	Medical Facility		
	Operate	or		5	See Above		\sim	X	1	99	4 0	0	10	1			
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								<u> </u>						 			
	h					100	1 []	16			17		18	<u> </u>	l	_	
⁷ 2	Please Select C of the Followir		4	Occupants No	n-Motorist A	Туре	15 Action	L	ocation	n .	C₀	ndition			Hit/Run Mo	ped	
	License #		_ St	DOB/Age	,	Reg#					_ Reg T	уре		R			
	Sex Lic. C	19 19 Class	Lic. Res	strictions 20	CDL	Veh Y	ear	v	/eh Mal	ke				Veh		1	
0	Operator	Last	- -	irstr	Endorsement	Owne	er	ast			First				iddle		
1	Address	1,031	<i>r</i> .	nar.	·	Addre	ess	ast			rirsi			M	wate		_
	City		State	Zip		City_						State	2	Zip		1 14	4
	Insurance Compa	any				Vehic	le Action Prior to	Crash			22	Damag	ed Area	Code:		27	
	Vehicle Travel D	irection: NS	E W	Responding to Emer	rgency?	Event	Sequence 2	23	23	23	23	Test St			28		
)_	Citation # (If Issu	ued)				Most	Harmful Event	1 2 4 4	24			Type o	t Test: est Resi	nlt-	30		
2	Viot. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub —		Drive	Contributing Cod	de	1	25	25		Alcohol:	-	Susp. Drug:	32	
	Viol, 3; Ch/Sec/S	Sub ————	Vi	ol. 4: Ch/Sec/Sub —		Drive	Distracted by		26			Towed	from so	ene?	33	_	
		•	ator/non-n	notorist and all occup			Panti			35 Safety	Airbag E	17 38 cet Traj	hijury		NAME OF THE PARTY OF		
	Name (Last First Mi	or/Non-Mot	orist	9	Address See Above		DOB/Age	Sex	Pos.	System	Status C	ode Cod	e Status	Code	Medical Facility		
	Operato	,,,,,,014-17 ,0 04	VIENE	"					-			+	_				
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CDP1 11-24-00

	Pol	lice Use Only		Common	wealth	of Massa	chuse	etts		RMV Document Number			
	Date of Crash	Time of Crash	City/Towr	1 17.1.1	otor Vel	icle Cras	sh Nu	mber hicles	Number Injured	Speed Lin	it <u>10</u>	State Police Local Police	
	12/01/2022	1457 1	Wilmingto	on	Police	Report	1		0	Latitude Longitude		MBTA Police Campus Police Other:	片
		AT INTERS	ECTION:	<	LOCA	TION >	>	ľ	NOT A	r inte			
												····	2 10
	Route# Direc	etion	Name of I	Roadway/Street		Route# Directi	on Addre		BALI	ARDV	ALE of Roadw		[]
¹ 1	110111011111111111111111111111111111111	V(201)	Tunio or i	At		Todies Directi	on radio	233 H		Tranici	or recorder	ay/Direct	
	 					Feet [N S E W	of —	— — - Mile Ma	•	- or _	Exit Number	-
	Route# Direc	ction		cting Roadway/Stre tersection with	et	Feet 1	NSEW	of					3 11
			1100 at 41	viscolion with			N S E W	F	Route#	Inter	secting R	Loadway/Street	-
² 2	Route# Direc	ction	Name of Interse	cting Roadway/Stre	et		.1 2 2 11	U1			.andmark		_
	Please Select (One May	11 #Occupant		Iп., .			2.2	26			·	_
3	of the Followi		L #Occupant	S Hit/Run	Moped	Crash Re	eport ID# 🖁	<u> </u>	-36	8-A	<u> </u>		
	License # <u>95</u>		St RI DOB/A	ige_	Reg	# <u>3117751</u>			Reg Type	e TL	Re		- 12
	Sex M Lic.	Class A 19	Lic. Restrictions	20 CDL	Veh	Year 2022	Velı Ma	ke Oth	ner-no	t liste	ed Veh	Config. 8 21	7 "
	Operator KI	NNER, AL	LEN CLAR	Endorsem K		er PENSKE		K LE		ig co	L P		_
⁴ 1	Address 141	5 MAIN S	T	Middle	Addr	ess 2675 M	organ	TOW	First N RD		Mid	ldte	_
	City WEST	WARWICK	State RI Zip	02893	City	OUT OF S	TATE		Sta	te PA	Zip 19	607	
	Insurance Comp	any			Vehic	le Action Prior to C	Crash	97 ²²	D.	amaged Are	a Code:	97 27 27 27] [
	Vehicle Travel D		E W Respondi	ng to Emergency?		t Sequence 2	<u></u>	23 2		est Status:		28	']
⁵ 2	Citation # (If Iss	ued)		0 0 7 -		· <u></u>	2 24	1		pe of Test:		29	
			Viol. 2; Ch/S	aa/Oub		er Contributing Cod		25	25	AC Test Re		30	1 13
							99 26		Su	isp. Alcoho		Susp. Drug: 32	<u>ا ا</u>
⁶ 1	Viol. 3: Ch/Sec/S		Viol. 4: Ch/S		Drive	ar Distracted by	39	35	36 37	owed from s	tene?	2 00	_
	Name (Last First M		operator and all of	Address		DOB/Age	Scal	Safety At	irbag Eject tatus Code	Trap Injur Code State	y Transp.	Medical Facility	
	Operato	or		See Above	e		X 1	99 4	0	0 10	1		
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				1							<u> </u>	·····	_
, 1	Please Select O of the Followin		2#Occupants	Non-Motori	st A Type	Action	Location	1	Condit	ion 18	П 🗖 н	lit/Run 🔲 Mope	d
-	License #		St DOB/A	pe	Reg i				Reg Type	;	Rei	P State	1
	Sex Lic. C	19 19	Lic. Restrictions	20 CDL	•	'ear						21	-
	Operator		L	Endorseme	ent	er	VOII IVIE				1011 (coning.	
99	Address	Last	First	Middle		Las	il		First		Mide	dle	-
			_ State Zip			.53		•	Ctor	te	7:0		14
ĺ					•		Г	22	1	amaged Are		27 27 27	-
	Insurance Compa					le Action Prior to C		23 2:]	st Status:	-	28	
		irection: NSI	······································	ig to Emergency?_		Sequence	24		1	pe of Test:		29	
2	Citation # (If Issu	1ed)				Harmful Event		isli .		AC Test Res	sult:	30	
	Viol. 1: Ch/Sec/S	ub ———	Viol. 2: Ch/Se	ec/Sub ————	Drive	r Contributing Code		15	25 Su	sp. Alcohol	31	Susp. Drug: 32	
Ļ	Viol. 3: Ch/Sec/S	ub	Viol. 4: Ch/Se	ec/Sub	Drive	r Distracted by	26			wed from s		33	╛
	Plea Name (Last First Mic	•	tor/non-motorist and	l all occupants invo	lved	DOB/Age	Sex Pos. 2		36 37 rbag Eject atus Code	38 39 Trap Injury Code Statu	Transp. Code	Medical Facility	
ľ		r/Non-Mote	orist	See Above	;		1						1
}		······································				T Y	\dashv				1		-
-								-	_		-		-
-							_			<u> </u>	1-1		

-	Direction 1	= Vehicle 1	2 = Vehicle 2	웃 = Pedesti	rian ÓÖ ≕	Bicycle	
Crash Diagram:	ie: 👈 🔟] →□	2	₩Ÿ	→ ₩		
) Ballardvale Stree	t				If Crash <u>Did No</u> on a Public Way	
Tesla Loc	us					Off-Street Parking I	ot
							.01
						☐ Garage	
						Mall/Shopping Cent	er
Statoinary Trailer ⇐⇒						Other Private Way	
>	MV#1				_	Indicate North by	Arrow
					(M)		
	P	arking Lot			Ψ	V	
Coul Name diagram						· 	
Crash Narrative: Oper. of of MV#1 was dr	 viing in the r	parking lot	of 240 Ball	ardvale :	Street an	d struck a	
stationary trailer that			 		JULIOU WI		
***		***************************************					
							
Locus contact person Da	vid Brown 978-	601-4895.					
Ower of Stationary Trai	ler-Pac Van 88	8-848-2726	or 800-546-	1050			
							
Witnesses:		T			Br.		
Name (Last,First,Middle)		Address			Phone #		Statement
	····						
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
PAC VAN	9155 HARRISON PARK	CT INDIANAPLIS		97	SEMI-TI	RAILER	
Truck and Bus Information:		17764					
Carrier Name Penske	Registration #_ 311	L//SI	——— (From Ve	ehicle Section)		Bus Use	42
Address READING			City OUT OF S	TATE	S	PA Zip 19607	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:	<u></u>	
Interstate 43 Cargo Body Ty	/pe Code 97	GVWR/GCWR	3 ⁴⁵				
Trailer Reg #: 25TRL54837	Reg Type TL	Reg State MD	Reg Year	Trai	ler Length 4	40	
Hazmat Information:					L		40
Placard Material 1 digit #	Material Name	e		Material 4 dig	rit #	Release code	49
Patrol Officer Daniel C	Cadigan		178 W	ilmington	Police I	epartment 12	/01/2022
Police Officer Name (Please Print)	Signature			partment		t/Barracks Date	

Wilmington Police Department Images Associated with 22-368-AC





	Police Use Only	Comr	nonwealth (of Massacl	nusetts		RM	IV Dосш	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	25	State Police Local Police MBTA Police	
	12/02/2022 0735 Wil	mington	Police 3	Report	2	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	Γ INTER	SECT	TION:]
	LOWELL	em								2 10
1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of	Roadwa	ny/Street	
1		At		Feet N S	FWo			- 05		
	Route# Direction WOBURN Na	ST me of Intersecting Roadw	vav/Street	rea [14]5	1210101	Mile Ma	ırker	- 01	Exit Number	111
		Also at Intersection w		Feet NS	E W of	Route#	Tutara	antina D	oadway/Street	9
² 1	Route# Direction Na	me of Intersecting Roadw	vav/Street	Feet N S	E W of	Routes	Inters	ceing re	oagway/Sirect	
1	reality, photosis	or the sound	,				L	andmark		
3	Please Select One of the Following:	#Occupants Hit/	Run 🔲 Moped	Crash Repor	rt ID# 22	-36	9-A(3		
	License # S70091811 St N	IA DOB/Age	Reg #	52TA43		Reg Typ	PC	Re		12
	Sex M Lic. Class D 19 Lic.		DLVeh Y	rear <u>2022</u>	Veh Make G	MC		Veh (Config. 21	
<u>, </u>	Operator QUINTERO , JOS			er <u>OUINTERO</u> Last	, Josh	IUA D		Mide	dle	
⁴ 3	Address 46 CUNNINGHAM	ST		ess 46 CUNNI		ST				
	City WILMINGTON Stat			WILMINGTO				_	887-1365 27 27 27 27	
	Insurance Company SAFETY IN			le Action Prior to Cras			amaged Area est Status:	a Code:	3 ²⁷ 0 ²⁷ 27	
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emerg	-	Sequence 1 23		23	pe of Test:	ľ	29	
	Citation # (If Issued)			Harmful Event 1	24	25	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub	Viol, 2; Ch/Sec/Sub		r Contributing Code	99 ²⁵		isp, Alcohol:		Susp. Drug 2 32	1
6 1	Viol. 3: Ch/Sec/Sub			r Distracted by			owed from so	ene? 2	2 33]
	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	/olved Address	DOB/Age Sex	34 35 Seat Sofety Pos. System		38 39 Trap Injury Code Status	Transp.	Medical Facility	
	Operator	Se	e Above	\times	1 99	4 0	0 10	1		
⁷ 2	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	Пн	it/Run 🔲 Moped	1
_		IA DOB/Ago	Ren #	LVA5486		Reg Type	RV	Res	State MA	1
	19 19	Restrictions 1 20 CI	DL Veh Y		Veh Make M				21	
	Operator REZK, MOAMEN	En	dorsement	NORTH AME		AR SE				
³1	Address 1543 N SHORE F	First	Middle Addre	ess 2716 S Q	UINN A	First VE		Midd	the	
	City REVERE State	e MA Zip 02151	-3282 City	GILBERT		Sta	te AZ	Zip 85	295-2376	1 14
	Insurance Company EVEREST N	ATIONAL INS	URANC Vehic	le Action Prior to Crasl	h 1	22 D:	amaged Area	Code: 2		
	Vehicle Travel Direction: N S E	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	47	st Status: pe of Test:	1	28	
, 2	Citation # (If Issued)		Most	Harmful Event 1	24	•	AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	1 25	2.5 Su	sp. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by 0	26		wed from so		33	J
	Please fill out for operator/no Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	f Se	e Above	$\searrow X$	1 0	4 0	0 10	1		
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									· · · · · · · · · · · · · · · · · · ·	
										1

-	= Direction	1] = Vehicle :	2]= Vehicle 2	♀ Pedestr	ian 🔂) = Bicycle	
Crash Diagram:	ie: 🚽] -	2] •	→ ĝ	→ №)	
Crash Diagram: 211 Lowell Street Mercedes 5 Vehicle 2	E A	woburn Street		2	Lowell Str GMC Sierr Vehicle 1 Parking 226 Low Street	ra Lot of		If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by A	r
		1	:	1	311 GG1		JV		
Crash Narrative:								1	
Vehicle 2 was traveling	westbound	d on 1	Lowell	Stree	t. Vehicl	e 1 was t	raveling	southbound on	
Woburn Street. Vehicle	1 and 2 co	ollide	ed in t	he in	tersection	n of Wobu	n Stree	t at Lowell	
Street. Operator 1 and	2 both sta	ated t	that th	e opp	osite ope	rator fail	led to s	top for the red	
light. Operator 1 and 2	did not s	sustai	in inju	ries	from the	crash. Vel	nicle 1	was damaged on	
the drivers side front.	Vehcile 2	2 was	damage	d on	the passe	nger side	front.	Vehicles 1 and	
2 were both in operable	condition	ı. Vel	nicle 1	arra	nged a pe	rsonal tov	7.		
Witnesses:									
Name (Last,First,Middle)			Address			***************************************	Phone	#	Statement
Property Damage:	T								
Owner (Last,First,Middle)	Address				Phone #	41-Type	Description	of Damaged Property	
				1					
Truck and Bus Information:				<u></u>					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Frack and Das information.	Registration i				(From V	ehicle Section)			42
Carrier Name								Bus Use	
Address				C	ity			St Zip	
US DOT #:	State Number				Issuing State	MC/MX/	ICC #:		
43 Interstate Cargo Body Ty		44	GVWR/G0	Γ	45				
Trailer Reg #:	Reg Tyne		Reg Stat	e	Reg Year	T~ai	ler Lenoth	46	
Hazmat Information:						1(8)	lor Longin		
Placard Material 1 digit #	48 Mater	rial Name				Material 4 dig	nit #	Release code	49
<u> </u>				···			Police	Department 12/	

Wilmington Police Department Images Associated with 22-369-AC





	Police Use Only	Comn	nonwealth	of Massa	chus	etts			RMV Doc	cument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h} \overline{\mathbf{h}}_{v}$	lumber ehicles	Number Injured	Speed L Latitude		O State Police Local Police MBTA Police	800
	12/02/2022 0750 Wilm	ington	Police 1	Report	2		1	Longitue		Campus Police Other:	ă
	AT INTERSECTION	ON:	< LOCA	TION >		1	NOT A	[INT	ERSEC	CTION:	
											2 10
	Route# Direction	Name of Roadway/Stro	eet	Route# Direction	<u>25</u>	1 ress#	BALI		VALE e of Road	ST way/Street	_
1	Acode Buches	At			. ,						
				Feet	N S E W	of -	 Mile Ma		or	Exit Number	
	Route# Direction Name	e of Intersecting Roadw Also at Intersection wi		Feet N	N S E W	of					2 ''
					N S E W	_ 1	Route#	In	tersecting	Roadway/Street	
² 1	Route# Direction Name	e of Intersecting Roadw	ay/Street			_ 			Landma	rk	_
	Please Select One	#Occupants Hit/F	Run Moped	Crash Re	TD#	22-	-27	O _ 7			
3	of the Following:	#Occupants Hit/s	Run I Ivioped	Crash Re	bort 1D#		-3/	U F	<u> </u>		
			Reg	unknown			Reg Type	e	F	Reg State	1 12
	Sex Lic. Class 19 19 Lic. Re	estrictions CI	OL Veh '	Year	Veh M	lake			Vel	h Config. 1	
	Operator <u>unknown</u> Last	First		er			First		ì.	Aiddle	_
1	Address			ess			. Mat				_
•	City State	Zip	City				Sta	ite	Zip		_ [
	Insurance Company	***************************************	Vehic	ele Action Prior to C	Crash	1 ²	2 D	amaged A	Area Code	99 27 27 2	7
	Vehicle Travel Direction: NSXW	Responding to Emerg	ency? 2 Even	t Sequence 1 2:	3 23	23	23 Te	est Status	; ;	1 28	
5	Citation # (If Issued)	_		<u></u>	1 24		•	pe of Te		30	
	Viol. 1: Ch/Sec/Sub ————V			u r Contributing Cod		25	25	AC Test : isp. Alco			2 1 13
	Viol. 3: Ch/Sec/Sub — V			, , , , , , , , , , , , , , , , , , ,	99 ²⁶	· · · · · · · · · · · · · · · · · · ·	30	•		99 ³³	
, 1	Please fill out for operation				34		36 37	38	39 40		_
	Name (Last First Middle)	-	Address	DOB/Age	Seat Pos.	Safety A System S	Airbag Eject Status Code		njury Transp Status Code	Medical Facility	
	Operator	See	e Above		X^1	99 9	99	99 9	99		
		<u> </u>		15	16		17		18		\dashv
1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action	Location	оп	Condi	tion		Hit/Run Mope	ed
	License # S69020214 St M	DOB/Age	Reg #	9KD226			Reg Type	PC	R	Reg State MA	_
	Sex F Lic. Class D 19 19 Lic. Re	strictions 20 CD	Veh Y	/ear <u>2003</u>	Veh M	ake HC	NDA		Vel	h Config. 1	
	Operator ROSADO, ALANNA	M Ene	Own	ROSADO,	ALA	NNA					_
1	Address 1209 WHIPPLE RI	First	Middle Addr	ess <u>1209 W</u>	" HIPPI	E R	First D		N	dicklie	
	City TEWKSBURY State	MA Zip 01876	City_	TEWKSBUR	Y		Sta	te MA	Zip_ O	1876	1 14
	Insurance Company ARBELLA MU	•		le Action Prior to C	Crash	1 2	2 D:	amaged A	Area Code	5 27 6 27 2	7
	Vehicle Travel Direction: N S W	Responding to Emerge		Sequence 23	3 23			st Status	:	1 28	-
	Citation # (If Issued)	Nosponang to smag	•	Harmful Event	34		Ty	pe of Te	st:	29	
2	Viol, 1; Ch/Sec/Sub —————V	-		r Contributing Code		25	25	AC Test I		1 Susp Drage 32	, l
				Ţ	- 26			isp. Aico	n scene?	Susp. Drug: 32	ן נ
	Viol, 3: Ch/Sec/SubV Please fill out for operator/non-	iol. 4: Ch/Sec/Sub		r Distracted by	34		36 37	38	39 40	2	_
	Please fill out for operator/non- Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety A	irbag Eject Intus Code	Trap E	njury Transp. Status Code	Medical Facility	
	Operator/Non-Motorist	Sec	e Above		X 1	1 4	0	0 8	1		
						+					
								\vdash	_		_
	İ	1		1	1	1	E .	1 1	- 1	I	1

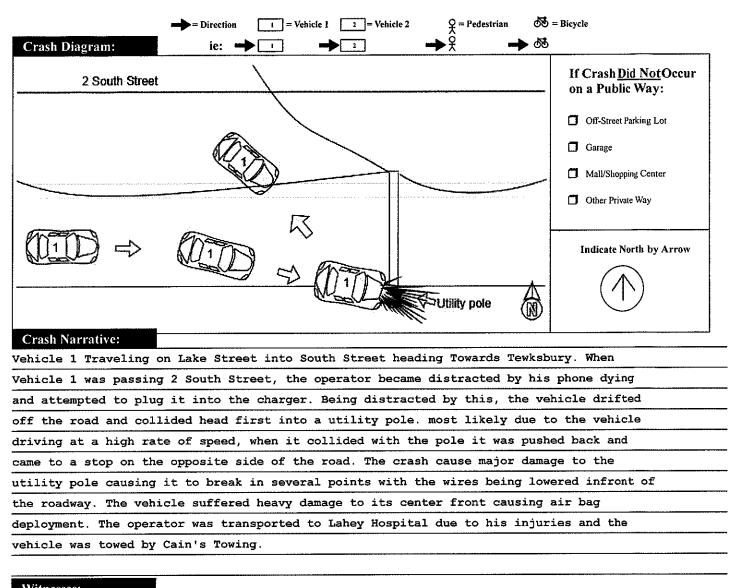
		= Vehicle 1 2 = Vehicle 2	Ç = Pedest		
Crash Diagram:	ie: → _ ¹	2	→ X	→ 👸	-
	1.5	명해		If Crash on a Pub	<u>Did Not</u> Occur lic Way:
	A A	Ballardvale St		☐ Off-Stree	t Parking Lot
		St.		Garage	
	vale	<u> </u>	RE 251	☐ Mall/Sho	pping Center
	Ballardvale St		51 Ballardvale L/ Charles Wer Labs	☐ Other Pri	
		_A ⇒	irdva es s		
	MV 2		•	Indicate	North by Arrow
			2		\ni
Crash Narrative:					
The operator of MV	2 stated that as s	she was preparing t	o make a rig	ht hand turn into	work
located at 251 Ball	ardvale St she was	hit from behind b	y a black se	dan. The operator	
stated that as she					right
turn signal. As she					
entrance of her wor					
an injury to her ri		ned medical transpo	rt. The car	sustained damage t	o the
rear center and lef	t center.				
Witnesses:			0		
Name (Last, First, Middle)		Address		Phone #	Statement
Property Damage:	Address	Phone #	41-Type	Description of Damaged Prope	
Owner (Last,First,Middle)	Address	rnone #	41-1ype	Description of Damaged Prope	rty
Truck and Bus Informa	tion: Registration #	(F	rom Vehicle Section)		
Carrier Name				Bu	s Use 42
Address		City		St Zip	
US DOT#:	State Number	Issuing Stat	eMC/MX	ЛСС #:	
Interstate 43 Cargo	Body Type Code 44	GVWR/GCWR 45			
1 244 34.4	Reg Type	Reg StateReg	/earTra	iler Length	
Hazmat Information:				7 本地區1	
Placard 47 Material I	digit # Material Nam	e	Material 4 di	git #Release	49 code

Wilmington Police Department Images Associated with 22-370-AC





	Pal	lice Use Only		Con	nmonv	vealth	of Massa	ach	use	tts		13.42 (37.54)	RM	V Doc	ument N	** .	
	Date of Crash 12/03/2022	Time of Crash 0811 W		ity/Town .ngton	Mot	tor Veh	icle Cra	sh	Nun Vehi		Number Injured	Speed	d Limit	20	Local	Police Police A Police	
	12/03/2022	24HR		ing con		Police :	Report		1		Ļ	1	itude_			ous Police 🔲	
		AT INTERSE	ECTIO	N:	<	LOCA	TION	>		N	OT A	T IN	TER	SEC	TION	:	
									^		COIT	m::	cm.				2
	Route# Dire	ction	N	Vame of Roadway	y/Street		Route# Direc	tion	Addres		SOU			Roadv	vay/Stree	t	
1				At			F	NIC	EW c	c							
	Route# Dire	ction	Name o	of Intersecting Ro	adway/Street		Feet	[N[3]	E [VV]	1	Mile N	farker	•	or .	Exit	Number	
	Konten Bire	ouon		Also at Intersection	<u>`</u>		Feet	N S	E W c	f							1
							Feet	N S	E W c	f f	loute#		Inters	ecting l	Roadway	/Street	
2	Route# Dire	ction	Name o	of Intersecting Ro	oadway/Street					_			La	ındınar	k		
	Please Select		ı 1 _#0	Occupants	Hit/Run	Moped	Crash F	Report	ID# 2	2-	-37	1-	·AC	·] .
	of the Followi	nife.														\	┥
		F **** * * * * * * * *	St MA	DOB/Age	7	-	# 1VDC12								_	21	1
	Sex M Lic.	Class D	Lic. Rest		CDL Endorsemen	t	Year <u>2000</u>						EN	Veh	Config.		\vdash
	•	RFORD, JA	AKE Fin	EDWARD	Middle			Last		E E	DWA First	RD		М	iddla		
1		LAKE ST					ess <u>40 LAI</u>										
	· ·	INGTON					WILMING	TON			_					-3708	
	Insurance Comp	pany SAFETY	INSU	JRANCE (COMPAN	Y_ Vehi	le Action Prior to				1	Damage		Code:	27	27 27	
	Vehicle Travel I	Direction: NS	w	Responding to E	mergency? 2	Even	t Sequence 22	23	23 2	3 2	<u> </u>	Fest Sta Type of			29		
	Citation # (If Iss	sued)				Most	Harniful Event	22	24			BAC Te		ult:	, 30		
	Viol. 1: Ch/Sec/	'Sub	Vio	1. 2: Ch/Sec/Sub		Drive	er Contributing Co	ođe	2 ²	5	25	Susp. A	lcohol:	2 31	Susp. I	Drug 2 32	22
	Viol. 3; Ch/Sec/	'Sub	Vio	l. 4: Ch/Sec/Sub		Drive	r Distracted by	1	26			fowed i			1 33	<u> </u>	
1		Please fill out for	r operator	and all occupant					Seat S	afety A	36 37 irbag Ejec	38 Trap e Code	39 Injury	40 Тгалзр.			1
	Name (Last First M				Address See Above		DOB/Age	Sex	Pos. S		taltas Cod	e Code	Status 7	Code 2	Lahey C	dical Facility Clinic	1
	Орегин	<i></i>			500710010								 	Γ-	ļ		+
												 	ļ	_			-
	Please Select (#0	Occupants	Non-Motorist	A Type	15 Action	16 [ocation		17 Conc	lition	18		Hit/Run	Moped	1
1	of the Followi	ng:				22.				2834							4
	License #	10 10	St	_ DOB/Age]	_									eg State_	21	
	Sex Lic.		Lic. Resti	rictions	CDL Endorsement	t	/ear	v	'elı Mak	e				Veh	Config.		
2	Operator	Last	Firs	n	Middle	Own	er	Last		· · · · · · · · ·	First		-	M	iddle		
	Address					Addr	ess										
	City	·	_ State	Zip		City_			525	22	3	tate			27	27 27	
	Insurance Comp	any				Vehic	le Action Prior to		-		Ţ ;	Damage Test Sta		Code:	28		
	Vehicle Travel D	Direction: N S E	E W 1	Responding to Er	mergency?	Even	Sequence	23	46 (44)	3 2		Type of			29		
2	Citation # (If Iss	ned)				Most	Harmful Event	3/7/8	24	1		BAC Te	st Resi	ult:	30		
	Viol. 1: Ch/Sec/S	Sub	—— Viol	i. 2; Ch/Sec/Sub		Drive	r Contributing Co	de	2:		25	Susp. Al	lcohol:	31	Susp. I	Drug: 32	
	Viol. 3: Ch/Sec/S	Sub	Viol	l. 4: Ch/Sec/Sub		Drive	r Distracted by		26		7	owed f	rom sc	ene?	33		
İ		ease fill out for operat	tor/non-m	otorist and all oc	cupants involve	ed	DOB/Age	Sex	Scat S	afety Ai	36 37 irbag Ejec atus Cod	t Trap	39 Injury Status	40 Transp. Code	k#-	dical Facility	1
ŀ	Name (Last First M	or/Non-Moto	rist		See Above		DOB/Age		1	i enemi Si	COU	Code	Sants	Code	Me	areas I avilly	1
-	operun								-	+	+	+-	1				-
										_		-	<u> </u>	ļ			-
														ļ			
Ī									T								



Withesses:		1		/			
Name (Last,First,Middle)		Address	· · · · · · · · · · · · · · · · · · ·		Phone #		Statement
DALL KEVIN JOSEPH		8 JONES AVE	WILMINGTON M	A 01887-3	503 617-64	15-5032	
Property Damage:						1.18	
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of I	Damaged Property	
VERIZON	2 SOUTH ST WILMIN	GTON MA 01887		1	UTILITY	POLE	
Truck and Bus Information: Carrier Name Address				hicle Section)	St.	Bus Use Zip	42
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Ty Trailer Reg #:	2500000000	GVWR/GCWR	45 Reg Year	Trail	er Length	46	
Hazmat Information:					<u>- 188</u>	2772	
Placard 47 Placard Material 1 digit #	48 Material Nam	e		Material 4 digi	ît#	Release code	49

Patrol Officer Thomas Lawrenson

Wilmington Police Department

12/03/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Wilmington Police Department Images Associated with 22-371-AC





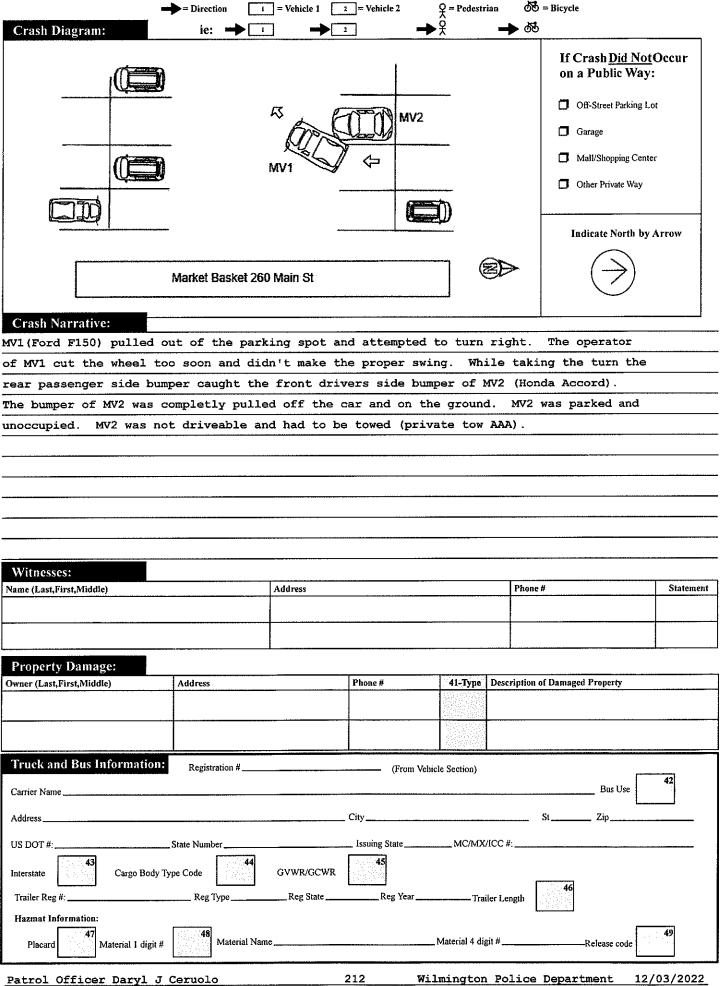




	Police Use Only	Common	wealth (of Massa	ichu	setts	3		RM	V Doc	ument Number	
	1 1	City/Town Mo	tor Veh	icle Cra	sh [Number Vehicles		1 12000	d Limit	_ 25	Local Police	П
	12/03/2022 1328 Wilm:	ington	Police 1	Report		1	O	Laun	ide itude _	·····	MBTA Police Campus Police Other:	
	AT INTERSECTION)N: <	LOCA		>		NOT.			SEC	TION:	_
												2 10
						14	PAF	KER				2
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	ion A	ddress #		N	ame of	Roadw	vay/Street	_
<u>+</u>				Feet [N S E	w of			•	or _	7.33	.
	Route# Direction Name	of Intersecting Roadway/Stree	ŧ				Mile	Marker			Exit Number	1 11
		Also at Intersection with			NSE		Route#		Interse	ecting l	Roadway/Street	
² 3	Route# Direction Name	of Intersecting Roadway/Stree	t	Feet	N S E	W of						
<u>ح</u>										ndınarl	κ	
³ 2	Please Select One of the Following: Vehicle 12 #	Occupants Hit/Run	Moped	Crash R	eport ID	#22	-3	72-	AC			
	License # S15363396 St MA	_ DOB/Age	Reg #	9RJ629			Reg T	ype PC	,	R	eg State MA	- 12
	Sex F Lic. Class D Lic. Res		-	rear 2020			_	-			21	7 12
	Operator TODISCO, TAYLO	Endorseme	ent	r O'KEEF								
⁴ 1	Address 14 SUNSET AVE	îrst Middle		ess 21 FRA	.ast		First			M	iddle	
	City NORTH READING State 1	√m ~ 01864=143		NORTH RI				с М	D 3	.:. ∩.	1864-3121	.
		•	-				22				2 27 27 27	
	Insurance Company ARBELLA MU			le Action Prior to		23	23	Test Sta			28	
5	<u> </u>	Responding to Emergency? 2	Event	Sequence 21				Type of	Test:		29	
	Citation # (If Issued) T2749547				21 2	<u></u>		BAC Te	st Resi	ult:	30	13
	Viol. 1: Ch/Sec/Sub 90 24J Viol.			r Contributing Co			4 25	Susp. A	lcohol:	1 31		21 13
⁶ 2	Viol. 3: Ch/Sec/Sub 90 24E Viol	ol. 4: Ch/Sec/Sub 90	18 Drive	r Distracted by	5 ²	6		Towed	from sc	епе?	1 33	
2	Please fill out for operator Name (Last First Middle)	r and all occupants involved		DOB/Age	s	34 35 leat Safety los. System	Airbag E	7 38 cet Trap xte Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Above				1 1	3 0	0	10	2	Winchester Hospital	1
	-	47R BUTTERSROW		08/26/1993		1	3 0	0	10	2	Lahey Clinic	-
	KAYLEE CALDER	WILMINGTON, MA 01887		08/26/1993	F 3		3 0		10	_		_
											with a co	
7	Please Select One Vehicle 2 #	Occupants Non-Motoris	st A Type	15 Action	16 Loc	ation	17 Cor	dition	18		Hit/Run Moped	
⁷ 1	of the Following:		375			L	itari i					4
		DOB/Age	•				Reg T	•			21	-
	Sex Lic. Class 19 Lic. Res	cDL Endorseme	Veh Y	'ear	Veh	Make				_ Veh	Config.	
8_	Operator	irst Middle	Owne	erL	. lea		First	···		Mi	iddle	
1	Address		Addre	ess								. 14
	CityState	Zip	City_					State		٠,		. 1
	Insurance Company		Vehic	le Action Prior to	Crash		22	Damage		Code:	27 27 27 28	
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Event	Sequence 2	23 23	23	23	Test Sta			29	
) _	Citation # (If Issued)		Most	Harmful Event	24	4		BAC Te		ılt:	30	
⁹ 2	Viol. I: Ch/Sec/SubVio	ol. 2: Cli/Sec/Sub	Drive	r Contributing Cod	ie	25	25	Susp. A	1		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Clt/Sec/Sub	Drive	r Distracted by	26	5		Towed i	rom sc	ene?	33	
	Please fill out for operator/non-n	•	lved		S	34 35 ent Safety	Airbag Ej			40 Transp.		7
	Name (Last First Middle)	Address		DOB/Age	Sex P	os System		ide Code		Code	Medical Facility	-
	Operator/Non-Motorist	See Above			$\langle A \rangle$	l			-	-		4
			<u>.</u>							ļ		_

Crash Narrative: per. Related her and her friend/passenger were singing and dancing, just having the drove off the roadway and struck a large oak tree. ef.to police report summons 22-397-AR for further details (PWJ/142) Witnesses: Jame (Last,First,Middle) Address Phone # Property Damage: Description of Damage	Crash Did Not Occur a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way dicate North by Arrow fun, when
Crash Narrative: per. Related her and her friend/passenger were singing and dancing, just having the drove off the roadway and struck a large oak tree. ef. to police report summons 22-397-AR for further details (PWJ/142) Witnesses: Amer (Last, First, Middle) Address Phone # 41-Type Description of Damage: Wherer (Last, First, Middle) Address Phone # 41-Type Description of Damage:	A Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way dicate North by Arrow
Crash Narrative: per. Related her and her friend/passenger were singing and dancing, just having the drove off the roadway and struck a large oak tree. ef.to police report summons 22-397-AR for further details (FWJ/142) Witnesses: Ame (Last,First,Middle)	<u> </u>
per. Related her and her friend/passenger were singing and dancing, just having the drove off the roadway and struck a large oak tree. ef.to police report summons 22-397-AR for further details (PWJ/142) Witnesses: Jame (Last,First,Middle) Property Damage: Description of Damage: Descripti	fun, when
witnesses: ame (Last, First, Middle) Address Phone # 41-Type Description of Damage: where (Last, First, Middle) Address Address Address Address Address Phone # 41-Type Description of Damage Where (Last, First, Middle)	fun, when
he drove off the roadway and struck a large oak tree. ef.to police report summons 22-397-AR for further details (FWJ/142) Witnesses: ame (Last, First, Middle)	
Witnesses: Jame (Last, First, Middle)	
Witnesses: Address	
Address Phone # Property Damage: wner (Last,First,Middle) Address Phone # 41-Type Description of Damage	
ame (Last, First, Middle) Property Damage: wner (Last, First, Middle) Address Phone # 41-Type Description of Damage	
ame (Last, First, Middle) Property Damage: wner (Last, First, Middle) Address Phone # 41-Type Description of Damage	
ame (Last, First, Middle) Phone # Property Damage: wner (Last, First, Middle) Address Phone # 41-Type Description of Damage	
Property Damage: where (Last, First, Middle) Address Phone # 41-Type Description of Damage Phone # Address	
Property Damage: where (Last, First, Middle) Address Phone # 41-Type Description of Damage Phone # Address	
Property Damage: Wener (Last, First, Middle) Address Phone # 41-Type Description of Damage Description of Damage Address	
Property Damage: where (Last, First, Middle) Address Phone # 41-Type Description of Damage Phone # Address	
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damage Description of Damage	
Property Damage: Wener (Last, First, Middle) Address Phone # 41-Type Description of Damage Description of Damage Address	
Property Damage: bwner (Last, First, Middle) Address Phone # 41-Type Description of Damage	
owner (Last, First, Middle) Address Phone # 41-Type Description of Damage	Statemer
bwner (Last, First, Middle) Address Phone # 41-Type Description of Damage	
bwner (Last, First, Middle) Address Phone # 41-Type Description of Damage	
owner (Last, First, Middle) Address Phone # 41-Type Description of Damage	
Truck and Bus Information: Registration # (From Vehicle Section)	d Property
Truck and Bus Information: Registration # (From Vehicle Section)	
Truck and Bus Information: Registration # (From Vehicle Section)	
Truck and Bus Information: Registration # (From Vehicle Section)	
Registration # (From Vehicle Section)	
	42
Carrier Name	Bus Use
Address City St	Zip
HO DOT!	
US DOT #; Issuing StateMC/MX/ICC #:	
Interstate Cargo Body Type Code GVWR/GCWR	
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	
Hazmat Information:	
147	40
	-Release code

	Police Use Only Commonwealth of Massachusetts RMV Document																	
	Date of Crash	Time of Crash		City/Town	Mo1	tor Veh	icle Cra	ısh		umber hicles	Num		peed Li		l	ate Police Cocal Police SE BTA Police C		
	12/03/2022	1908 24HR	Wilm:		Police Report			venicies 2		Injured O		Latitude		C:	BTA Police E ampus Police E ther:	:		
								>	NOT A				T INTERSECTION:				7	
																	2 10	
									26		MA	IN	ST				_2	
1 4	Route# Dire	ection		Name of Road			Route# Direc	ction	Addr	ess#			Name	of Road	iway/Sta	reet	-	
4				Al			Feet	N S	E W	of				or			.	
	Route# Dire		Mile Marker Exit Number															
			Feet NSEW of Route# Intersecting Roadwa										4					
า	David Dia		Feet NSEW of															
² 3	Route# Dire	ction	Name	or intersecting	Roadway/Street	,								Landma	ark		1	
3	Please Select		: 1#	Occupants	Hit/Run	Moped	Crash I	Report	ID#	22	-3	73	-A	C				
3	of the Followi	mg.															-	
		2693354	_	DOB/Ags _	20	•	1CV849				_					21	1 12	
	Sex F Lic.	Class D 19	Lic. Res	strictions	CDL	· t	Year 2014							V	eli Confi	ig. 1		
	Operator BR	ESNAHAN	MOR	GAN RO		Own	er BRESNA	HAN	Ι,	JOH	N J	OSE	PH		Middle	· · · · · · · · · · · · · · · · · · ·	-	
⁴ 1	Address 2 I	EONARD	LN			Addr	ess 2 LEOI	NAR	DΙ	N			•		Micolo		.	
	City WILM	INGTON	State 1	MA Zip 01	L887-455	3 City	WILMING	TON				_ State	MA	_ Zip _	188	7-4553	_	
		oany LM GEN					ele Action Prior to	Crash		3	22	Dan	aged A	rea Cod	e: 4 2	7 27 27		
	Vehicle Travel [JE W		o Emergency? 2		t Sequence		23	23	23	Test	Status:		1 28	8		
5			• • • • • • • • • • • • • • • • • • • •		o Emergency (24		-1.75	Туре	of Tes	t:	29	9		
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	Viol. 1: Ch/Sec/	/Sub	Vi	ol. 2: Ch/Sec/S	Sub	Drive	r Contributing Co		19	23	25	Susp	. Alcoi	ol: 2		p. Drug: 2 32	10 ¹³	
6_	Viol. 3; Ch/Sec/	/Sub	Vi	ol. 4: Ch/Sec/S	Sub	Drive	r Distracted by	99	26			Tow	ed fron	scene?	2 3.	3		
⁶ 2			for operato	r and all occup			DOB/Age	Sex	34 Seat	35 Safety	36 Airbag		Trap In	19 40 tury Trans tus Cod	р.	Medical Facility	7	
	Operate				Address See Above		DOB/Age	Ÿ	Pos.	System		0 0			-	Medical Pacifity		
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⁷ 1	of the Followi		2 <u>0</u> #	Occupants	Non-Motorist	A Type	Action	I	Locatio	on	C	onditio	n	-	Hit/R	un Mope	1	
License # St DOB/Age Reg # RSS 955 Reg Type PC Reg State MA										te MA	.]							
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		iverless	_		CDL_ Endorsemen	t												
81				Owner MULVANEY , KATELYN MARIE First Middle Address 6133 AVALON DR BRANCON DR														
	Address		g	a'														
		MVIII 60																
	Insurance Comp	nany THE CO	MMERC	JE INSU	FRANCE C	O Vehic	le Action Prior to						Status:	ica Cou	, 28			
	Vehicle Travel D	Even	nt Sequence 2 23 23 23 Type of Test; 29															
9 2	Citation # (If Iss	sued)				Most	Harmful Event	2	24				Test R		3(0		
2	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/S	ub	Drive	r Contributing Co	ode	1	25	25	Susp	. Alcoh	ol: 2 3	1 Sus	p. Drug: 2 32		
Viol. 3: Ch/Sec/Sub ——————————Viol. 4: Ch/Sec/Sub —————							Driver Distracted by O 26 Towed from scene? 1 33											
Please fill out for operator/non-motorist and all occupants involved							34 35 36 37 38 39 40 Seat Safety Airbag Eject Trap Injury Transp.									-		
	Name (Last First M	fiddle)		1	Address		DOB/Age	Sex	Pos.	System	Status	Code (ode Su	nus Cod		Medical Facility	-	
	Operate	or/Non-Mo	torist		See Above			Δ	1	10	4 (0	10) 1			_	
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Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks