| | Pol | ice Use Only | | (| <u> Zo</u> mm | onw | ealth (| of Mass | acl | ıus | etts | 3 | | | RM | V Doc | ument Nu | mber | |
|----------------|------------------------------------|---------------------|--------------|----------------|---------------|------------------|---------------|--------------------|--------------|--|--|-----------|---------------|-----------------|------------------|---------------------|-------------------|----------------|------|
| | Date of Crash | Time of Crash | ToT - 7 | City/Town | | Moto | r Veh | icle Cra | ash | N | lumber ehicles | | -ad | | Limit | 2(| rocar a | Police 🔀 | |
| | 12/04/2022 | 1501 24HR | | ingto | n | P | olice : | Report | | 2 | | 0 | | Latitu Longi | | | | ıs Police 🔲 | |
| | | AT INTER | | ON: | | < | LOCA | | > | | | NOT | | | | SEC | TION: | | 1 |
| | | | | | | | | | | | | | | | | | | *** | 2 10 |
| | Route# Direc | | | Name of Ro | adway/Stree | ıt | | Route# Direc | ction | 80 Add | lress# | BU | JRL | | | N A | VE vay/Street | | |
| 99 | | | | ···· | At | | | | | | _ | | | | | | | | - |
| | | | | | | | | Feet | N S | EW | of | — - Mi | le Mai | | | or _ | Exit N | Vumber | |
| | Route# Direc | ction | Nam | Also at Inte | ing Roadway | | | Feet | N S | EW | /] of | 1411 | 10 141m | INCI | | | 2 | | 4 11 |
| | | | | 1 aso at mio | rsconon wan | | | | N S | | | Route | # | | Interse | ecting l | Roadway/ | Street | |
| ² 3 | Route# Direc | tion | Nam | e of Intersect | ing Roadway | /Street | | reei | 11/12 | 1217 |] 01 | | | | T - | ndmarl | ····· | | _ |
| | Please Select C | One Three | 1 | #Occupants | Σ 1 | T _I - | | | | | 22 | _ 2 | 77 / | 1 | | | к . | | 1 |
| 3 | of the Followi | | e 1 - | *Occupants | Hit/Ru | In - | Moped | Crash l | Repor | t ID# | | | / 4 | ± | AL | , | | | |
| | License # | | | DOB/Ag | | | _ Reg # | unknow | n | | | Reg | Туре | | | R | eg State_ | | 12 |
| | Sex Lic. 0 | Class 19 | Líc. Ro | estrictions | CDL | rsement | _ Veh \ | ear | | Veh M | fake | | | | | Veh | Config. | 21 | 3 12 |
| | Operator <u>un</u> | known | | First | | Aiddle | _ Омл | er | | | | , mi | st | | | | iddle | | . |
| ⁴ 1 | Address | 1.231 | | 4 mid 1 | | aut | | ess | | | | | | | | Mi | todie | | |
| L | City | | State | Zip_ | | | City_ | | | | | | _ Stat | e | z | ip | | | |
| | Insurance Compa | | | | | | | le Action Prior to | Crasl | 1 | | 22 | | | | Code: | 27 | 27 27 | |
| | Vehicle Travel D | irection: N S | EW | Responding | g to Emergen | cy? | _ Event | Sequence | 23 | 23 | 23 | 23 | Tes | st Stati | us: | | 28 | | |
| 5 | Citation # (If Isse | | | | | - | | Harmful Event | | 24 | | | Тур | oe of T | l'est: | | 29 | | |
| | Viol. 1: Ch/Sec/S | | | | o/Sub | | | r Contributing Co | ode | | 25 | 25 | | | t Resu | ılt: 31 : | 30 | 32 | 1 13 |
| ŀ | Viol. 3: Ch/Sec/S | | | | | | | Distracted by | | 26 | _ | | | sp. Alc | om sc | | Susp. D | rug: 32 | |
| ⁶ 2 | VIOL 3: Cn/Sec/3 | Please fill out | | | | | Diive | Distracted by | | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | _ |
| | Name (Last First Mi | | | | - | dress | | DOB/Age | Sex | Scat Pos. | Safety System | | Eject Code | Trap Code | Injury Status | Transp. Code | Medie | eal Facility | |
| | Operato | r | | | See A | Above | | \geq | X | 1 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Ī | | | | | | | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | | | | | | | |
| | Dlanca Calast O | | | | | | | 15 | 16 | | <u> </u> | 17 | | \vdash | 18 | | I. | | 1 |
| ⁷ 1 | Please Select O of the Followin | | 20 | #Occupants | Non-M | otorist A | Туре | Action | | Locati | on | c | onditio | on | | ľ | Hit/Run | Moped | |
| ——[| License # | | St | DOB/Age | <u> </u> | | Reg# | 1KVS51 | | | | Reg | Туре | PC | | Re | eg State k | (A | : |
| | Sex Lic. C | lass 19 1 | 9 Lic. Re | strictions | 20 CDL | rsement | Veh Y | ear <u>2018</u> | , | Velı M | ake <u>M</u> | ERCE | DE | S-B | ENZ | Veh | Config. | 1 21 | |
| | Operator Dr j | verless | - 3 M.V |) | | rsement | Owne | HAMEL, | AI | JV | IA | MAY | М | ISL | ER | | | | |
| 7 1 | Address | £851 | | . H2f | М | iidale | Addre | ss 80 BUF | Last RLI | NGT | ON | AVE | 1 | | | Mic | ddie | | |
| , | City | | State_ | Zip | | | City J | VILMING | TON | <u> </u> | | | _ State | MA | Z | iр 01 | <u> 1887 -</u> | 3904 | 1 14 |
| | Insurance Compa | ny PLYMOU | TH R | OCK AS | SURAN | CE C | _ | e Action Prior to | | | 11 | 22 | | | | Code: | | 27 27 | |
| | Vehicle Travel Di | | ЕХ | | to Emergenc | | | Sequence 1 | | 23 | 23 | 23 | Tes | t Statu | is: | | 1 28 | | |
| | Citation # (If Issu | | | | . | . —— | | Harmful Event | 1 | 24 | | | | e of T | | [| 29 | | |
| " 2 | Viol, 1: Ch/Sec/Si | • | · | ol 2: Ch/9 | /Sub | | | Contributing Co | | 1 | 25 | 25 | | | Resu | | 1 30 | 21 | |
| | | | | | | | | Distracted by | 0 | 26 | | | | | ohol: om sce | 2 31 | Susp. Dr | nug: 2 32 | |
| Ľ | Viol. 3: Ch/Sec/Si | se fill out for ope | | | | | Diver | Distracted by | | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 2 | | 4 |
| _ | Name (Last First Mid | ldle) | | T | - | Iress | | DOB/Age | Sex | Sent Pos. | Sufety System | Airbag | Eject | Trap | Injury Status | Transp. Code | Medic | al Facility | _ |
| ļ | Operato | r/Non-Mo | torist | | See A | bove | | \geq | X | 1 | 0 | 4 (|) (| D | 10 | 1 | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | * * | | | | <u> </u> | <u> </u> | | | | | $\neg \uparrow$ | | | | 1 |
| - | | | | | | | | | | | | | \dashv | | | | | | 1 |
| 1 | | | | I | | | | 1 | | 1 | | | - 1 | - 1 | - 1 | - 1 | | | ŀ |

| | = Direction |] = Vehicle I | 2 = Vehicle 2 | X = Pedest | ian | Bicycle | |
|--|-----------------|---------------------------------------|---------------|------------------|----------------|--|-------------|
| Crash Diagram: | ie: 👈 🔟 | → □ | 1 | → } | → ‱ | | |
| | | | | | 5 Harris St | If Crash Did Not on a Public Way Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by | ot er |
| Crash Narrative: | | | | | | | |
| MV2 was parked on the | side of the roa | ad in front | of 5 Harr | is St due | to her dr | iveway being | |
| blocked by a tree that | | | | | | | |
| vehicle this morning t | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | ** | |
| door on the driver's s | | | | | | | |
| was traveling in the s | ame direction a | as MV2 was | parked. Im | ages of the | e damage | are attached | |
| to this report. | | | | | | | ····· |
| | | | | | | | |
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| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Witnesses: | | Address | | | Phone # | | Statement |
| Name (Last, First, Middle) | | Audiess | | | 1 none # | | Statement |
| | | | | | | | ļ |
| | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Property Damage: Owner (Last, First, Middle) | Address | | Phone # | 41-Type | Description of | Damaged Property | |
| Owner (Last, First, Windie) | Address | | 1 uone # | 41-1ype | Description of | Damaged 1 Topesty | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information | Registration # | | (Fron | Vehicle Section) | | | |
| Carrier Name | | | | | | Bus Use | 42 |
| A #J | | | City | | 0. | 7:- | |
| Address | | | _ City | | St | | · |
| US DOT #: | State Number | | Issuing State | MC/MX | TCC #: | | |
| Internates Coreo Rodu | Time Code | CAMPICOME | 45 | | | | |
| Interstate Cargo Body | | GVWR/GCWR | | | <u> </u> | 46 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Yea | rTrai | ler Length | • • | |
| Hazmat Information: | | | | | <u></u> | | |
| Placard Material 1 digit : | 48 Material Nam | ee | | Material 4 dis | pit # | Release code | 49 |
| Traicilar I digit | | | | | | | |
| Patrol Officer Meghan | Sousa | | 214 | Wilmington | Police D | epartment 12/ | 04/2022 |
| Police Officer Name (Please Print) | Signature | | ID/Badge # | Department | | /Barracks Date | |

| | Police Use Only | Comr | nonwealth - | of Massa | icht | isetts | S | | RM | V Doci | ument Number | |
|-----------------------|--|--------------------------|-----------------|---|----------------|----------------------------|-------------------|----------------------|------------------|------------------|--|-------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Cra | sh | Number Vehicles | | | d Limi | 35 | Local Police | 0800 |
| | 12/05/2022 0758 Wilr | nington | Police 1 | Report | | 2 | Injure | Land | ude gitude _ | | MBTA Police Campus Police | 8 |
| | AT INTERSECTI | ON- | < LOCA | | > | <u> </u> | | | | | Other:TION: | |
| | | <u> </u> | . 500. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _ | | 1101 | CRA AL | | | 1,0,11 | 10 |
| | | | | | _ 3 | 343 | MA: | | | | | 2 |
| ¹1 | Route# Direction | Name of Roadway/Str | eet | Route# Direct | ion A | Address # | | N | lame of | Roadw | /ay/Street | |
| | | At | | Feet | NSE | w of | | | • — | or _ | | |
| | Route# Direction Nan | ne of Intersecting Roadw | ay/Street | | | | Mile | Marker | | | Exit Number | 2 11 |
| | | Also at Intersection w | ith | Feet | N S E | W of | Route# | | Intere | acting 5 | Roadway/Street | _ [] |
| 12 | Route# Direction Nam | e of Intersecting Roadw | /64 | Feet | N S E | W of | Routen | | IIIOIS | come i | Coaumijionecei | |
| ² 1 | Rottle# Direction Nam | ie of intersecting Roadw | ay/Street | | | | | | La | ndmark | ζ | |
| 3 | Please Select One of the Following: | _#Occupants Hit/ | Run Moped | Crash R | eport II | D# 22 | -3" | 75- | AC | 3 | | |
| | of the Following. | | , 1 | <u> </u> | | | | | | | | |
| | License # S41410621 St M | 20 | • | 14F390 | | | - | • • | | | 2 | 1 12 |
| | | estrictions 1 CI | dorsement | /ear <u>2012</u> | | | | | | | Config. 1 |] [] |
| 4 | Operator <u>GATTA</u> , <u>JOHN</u> C | HRISTOPHER First | PE Owne | er GATTA , | JOE | HN C | IRIST | 'OPH | ER | PE Mi | ddle | - |
| ⁴ 1 | Address 21 POOLE ST | | Addre | ess <u>21 POO</u> | LE | ST | | | | | , ,, | |
| | City WOBURN State | MA Zip 01801 | -1514 City | WOBURN | | | | State M | A _ 2 | Zip 01 | L801-151 | 4 |
| | Insurance Company ALLSTATE | NSURANCE C | OMPAN Vehic | le Action Prior to | Crash | 1 | 22 | Damag | ed Area | Code: | 8 27 27 2 | 7 |
| | Vehicle Travel Direction: N E W | Responding to Emerg | ency? 2 Event | Sequence 1 2 | 3 2 | 3 23 | 23 | Test Sta | itus: | | 1 28 | |
| 5 | Citation # (If Issued) | _ | Most | Harmful Event | 1 2 | 24 | | Type of | | | 29 | |
| | Viol. 1: Ch/Sec/Sub — | | | t r Contributing Coo | | 9 25 | 25 | BAC To | | | 1 30 5 7 | 7 13 |
| 3 | | | | | | 26 | | Susp. A | | | Susp. Drug: 2 3 | וון ד |
| ⁶ 1 | Viol. 3: Ch/Sec/Sub — Viol. 3: Please fill out for opera | | | I Distracted by | | 34 35 | 36 | 7 38 | 39 | 40 | 2 | |
| | Name (Last First Middle) | • | Address | DOB/Age | Sex 1 | Seat Safety Pos. System | Airbag E | ect Trap ode Code | Injury Status | Transp. Code | Medical Facility | |
| | Operator | Se | e Above | >< | X | 1 1 | 4 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | <u>L</u> | | | |
| ⁷ 1 | Please Select One of the Following: | #Occupants Non- | Motorist A Type | 15 Action | 16 Loc | cation | 17 Cor | dition | 18 | ☐ i | lit/Run 🔲 Mop | ed |
| т | · · · · · | DOB/Agu | | 591ZT6 | | | | | • | n. | eg State MA | |
| | 19 19 | 20 | • | ear 2007 | | | | | | | 21 | |
| | <u> </u> | | dorsement | | | | | | | Veh | Config. |] |
| ⁸ 1 | Operator HARDWAY, ALBER | First | Middle | r HARDWA | ıst | | First | SEP | H | Mic | idle | - |
| | Address 277 SHAWSHEEN | | | ss <u>277 SH</u> | | HEEN | | | | | | 14 |
| | City WILMINGTON State | • | • | WILMINGT | 'ON | | | | | | 887-222 | 2 1 |
| ĺ | Insurance Company PILGRIM IN | SURANCE CO | MPANY Vehic | e Action Prior to (| Crash | 2 | 22 | Damage | | Code: | 4 ²⁷ ²⁷ ² |] |
| | Vehicle Travel Direction: NXEW | Responding to Emerge | ency? 2 Event | Sequence 1 2 | 3 23 | 23 | 23 | Test Sta Type of | | 1 | 29 | |
| 9_ | Citation # (If Issued) | _ | Most | Harmful Event | 1 ² | 4 | | BAC Te | | ılt [,] | 30 | |
| ⁹ 2 | Viol. 1: Ch/Sec/SubV | iol. 2: Ch/Sec/Sub —— | Driver | Contributing Cod | e 9 | 9 25 | 25 | Susp. A | 1 | - ' | Susp. Drug: 2 3 | 2 |
| | Viol. 3: Ch/Sec/Sub ————V | iol. 4: Ch/Sec/Sub —— | Driver | Distracted by | 0 2 | 6 | | Towed i | ι | _ | 2 33 | - |
| ļ | Please fill out for operator/non- | | | | | 34 35 Seat Safety | 36 3 Airbag Ej | 7 38 | 39 Injury | 40 Transp. | | \dashv |
| } | Name (Last First Middle) | | Address | DOB/Age | Sex P | Pos. System | Status : Co | de Code | Status | Code | Medical Facility | _ |
| | Operator/Non-Motorist | Sec | Above | | Δ | 1 1 | 4 0 | 0 | 10 | 1 | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| - | | | | | + | + | | | - | | | |
| | | I | | 1 | 1 | 1 | i i | 1 | 1 | i 1 | | I |

| → | = Direction [1] | = Vehicle 1 | 2 = Vehicle 2 | Q = Pedestria: | n 💇 = Bicycl | e | |
|--|--------------------|---------------|------------------|---|---------------------|---------------------------------------|-----------|
| Crash Diagram: | ie: → 1 | ->- | 2 1 | → ऱ | → Ø | | |
| MV 1 Version of the Crash | | ~ E | 34 (iii) (12) | 3 Main Street | | Crash <u>Did Not</u> a Public Way: | |
| \$ | | | (III) | | 0 | Off-Street Parking Lo | ot . |
| | AL Brims Coo | D' Station | | | - 0 | Garage | |
| | AL Prime Gas | Station | | 2 | > ∣ ⊓ | Mall/Shopping Center | r |
| | | | | | | | |
| | | | | | | Other Private Way | |
| MV 2 Version of the Crash | | | D | | ₾ | | |
| | (| 3121) | | 61200 | ↓ I | ndicate North by A | Arrow |
| | | | | | | | |
| | T Al Brimo C | a Ctation | - | *************************************** | | | |
| | AL Prime G | as Slauon | | | | | |
| Crash Narrative: V 1 and MV 2 were drivi | na anish 3/- | in C+ 167 | 1 6+0+04 1 | a waa in th | a loft band | lano | |
| topped attempting to tu | | | | | | | |
| ent around him and began | | | | | | | |
| | | | | , | <u>,</u> | | |
| V 2 had a different ver | sion of the cr | ash event | . MV 2 stat | ed, MV 1 wa | s in the ri | ght hand | |
| ane while MV 2 was in t | he left hand l | ane. MV 2 | stated, MV | 1 attempte | d to turn 1 | eft into | |
| he gas station and cutt | ing across mul | tiple land | es of traff | ic from the | right hand | lane. The | |
| amage is consistent with | h both version | of event | s so it is | unknown how | the crash | actually | |
| ccurred. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Witnesses: | | | | | - TN # | | |
| iame (Last,First,Middle) | | Address | | | Phone # | | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type D | escription of Damag | ed Property | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: | D 1 1 1 | | | | | | |
| | Registration # | | (From \ | ehicle Section) | | D I | 42 |
| Carrier Name | | | | | | Bus Use | |
| Address | | | City | | St | Zip | |
| US DOT #:S | tate Number | | Issuing State | MC/MX/IC | C #: | | |
| Interstate 43 Cargo Body Type | e Code | GVWR/GCWR | 45 | | | | |
| | Reg Type | Reg State | Reg Year | Tenilos | Length 46 | | |
| Hazmat Information: | | | | I railer | Length | | |
| 47 | 48 Material Name | | | Material 4 digit 4 | <i></i> | Polos i | 49 |
| Placard Material I digit # | Iviaicitii Ivante_ | | | iviaiciiai 4 digii i | | -Kelease code | |
| Patrol Officer Kevin J S | kinner | | 200 1 | Vilmington I | Police Depar | tment 12/ | 05/2022 |
| olice Officer Name (Please Print) | Signature | | | epartment | Precinct/Barrac | · · · · · · · · · · · · · · · · · · · | |

| | Pol | ice Use Only | | Comr | nonwealth | of Massa | ach | usett | S | | | RMV Do | cument Nur | | |
|-----------------------|---------------------------------------|----------------|----------------|---|---|---------------------|----------------|-------------------------------------|-----------|---------------------|------------------------|---------------------------------------|--|-------------|-------------|
| | Date of Crash | Time of Crash | *** 7 | City/Town | Motor Vel | nicle Cra | sh | Numbe Vehicle | | | Speed I | | 5 State Po Local Po MBTA I | olice 🛜 | 1 |
| | 12/05/2022 | 0757 24HR | MITW | ington | Police | Report | | 3 | 0 | | Latitude Longitu | | | Police | |
| | | AT INTERS | SECTION | ON: | < LOCA | ATION | > | | NO' | | | | CTION: | | 1 |
| | | | | | | | | | | | | | *************************************** | | 2 10 |
| | Route# Dire | ction | | Name of Roadway/Str | pet | Route# Direct | | 580 Address # | | AIN | ST Nair | ne of Road | way/Street | | . |
| ¹ 1 | | | | At | | | | | | | | | | | 1 |
| L | | · · · | | | | Feet | N S I | E W of | — - Mi | ile Mar | • ker | Or | Exit N | umber | |
| | Route# Direc | ction | Name | of Intersecting Roadw Also at Intersection w | | Feet | NSI | E W of | | | | | | | 4 1 |
| | | | | | | | | E W of | Route | e# | lı | ntersecting | Roadway/S | treet | Г |
| ² 1 | Route# Direc | ction | Name | of Intersecting Roadw | ay/Street | | | | | | | Landma | rk | | |
| | Please Select (| One XI Vehicle | . 11 | #Occupants Hit/f | Run Moped | Crach R | apart I | D# 2 2 | | 76 | S 2 | | | | 1 |
| 3 | of the Followi | ng: | | | | | | | | | | _ | | | 1 |
| | | 6927651 | | DOB/Agu | | # <u>8LB338</u> | | | | | | | - F | 21 | 1 12 |
| | | Class D 19 1 | | strictions CE | dorsement | Year <u>2005</u> | | | IONI |)A | | Ve | h Config. | 1 | |
| 4 | | K, DEVEN | | HONY | Own Middle | er SOK , P | HAL Last | | Fi | rst | | 1 | 4iddle | | |
| ⁴ 1 | | CRAWFORI | | | | ess 44 CRA | WFC | RD S | T | | | | | | |
| | City LOWE | <u> </u> | State | MA Zip 01854 | -2710 City | LOWELL | | | | | | | 1854- | | |
| | Insurance Comp | any LIBERI | Y MU | TUAL INSU | RANCE Vehi | cle Action Prior to | | 1_ | 22 | | | Area Code | 2 27 | 27 27 | |
| 5 | Vehicle Travel D | Direction: NX | E W | Responding to Emerg | ency? 2 Even | t Sequence 1 | | 23 23 | 23 | | t Status se of Te | | 29 | | |
| | Citation # (If Iss | ued) | | _ | Mos | Harmful Event | 1 | 24 | | BA | | Result: | 1 30 | | |
| | Viol. 1: Ch/Sec/5 | Sub | Vi | iol. 2: Ch/Sec/Sub | Drive | er Contributing Co | | 1 25 | 25 | Sus | p. Alco | ohol: 2 3 | 1 Susp. Dr | ug: 2 32 | 1 13 |
| ⁶ 1 | Viol. 3: Ch/Sec/S | Sub | Vi | ol. 4: Ch/Sec/Sub | Drive | er Distracted by | 0 | 26 | | Tov | wed fro | m scene? | 1 33 | | J |
| 1 | Name (Lost First M | | or operate | r and all occupants inv | olved Address | DOB/Age | Sex | 34 35 Seat Safety Pos. System | | 37 Eject Code | | 39 40 Injury Transp Status Code | | nt Facility | |
| | Operate | or | | Se | e Above | \searrow | X | 1 1 | 4 | 0 | 0 1 | LO 1 | | | 1 |
| | | | | | | | | | | | | | | | |
| | | | | | | | \dashv | | | | \dashv | | | | 1 |
| | | | | | | | | | | | | | | | - |
| | | | | | <u>r</u> | 1 1 | 10 | | 15 | | | 76 | | | 1 |
| ⁷ 1 | Please Select O of the Followin | | 21 | Occupants Non- | Motorist A Type | Action Action | 16 Lo | cation | 17 | Conditio | on | 18 | Hit/Run | Moped | |
| | License # S78 | 3666804 | St MA | _ DOB/Ag | Reg | DV8523 | | | Reg | Туре | PC | I | leg State M | A | |
| | Sex F Lic. C | lass D 19 | Lic. Res | strictions 20 CD | L Veh | Year 2013 | Ve | h Make I | EXU | s | | Ve | n Config. | 1 21 | |
| | Operator GA | LANT, P | AULĄ | MARIE | dorsement Own | er GALLAN ' | r, 1 | PAUL | | | H | | fiddle | | |
| ⁸ 2 | Address 7 M | ANNING S | T | irsi | | ess 7 MANN | ING | ST | Fir | ·s1 | | | nadie | | <u></u> |
| | City WILMI | NGTON | State <u>1</u> | <u>(A</u> Zip 01887 | -3731 City | WILMING? | ON | | | _ State | MA | Zip_ <u>_</u> | 1887- | 3731 | 1 14 |
| | Insurance Compa | uny USAA G | ENER! | AL INDEMNI | TY CO Vehic | le Action Prior to | Crash | 1 | 22 | Dar | naged A | Area Code | | 27 27 | |
| | Vehicle Travel D | irection: N | E W | Responding to Emerge | ency? 2 Even | Sequence 1 2 | 23 2 | 3 23 | 23 | | t Status | | 1 28 29 | | |
| ⁹ 2 | Citation # (If Issu | ned) | | | Most | Harmful Event | 1 | 24 | | | e of Te C Test l | | 30 | | |
| | Viol. 1: Ch/Sec/S | ub | Vi | ol. 2: Ch/Sec/Sub —— | Drive | r Contributing Coo | ie 🛭 | 25 | 25 | | | hol: 2 3 | <u> -</u> | ug: 2 32 | |
| | Viol. 3: Ch/Sec/S | ub | Vi | ol. 4: Ch/Sec/Sub | Drive | r Distracted by | o ² | 26 | | | | m scene? | 2 33 | ·1 | |
| | Plea | • | ator/non-u | notorist and all occupar | nts involved | DOB/Age | - 1 | 34 35 Sent Safety Pos. System | | 37 Ejeet Code | 38 Trap I Code S | 39 40 njury Transp status Code | | d Facility | |
| | · · · · · · · · · · · · · · · · · · · | r/Non-Mot | orist | 1 | Above | | | 1 1 | | | | 0 1 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| } | | | | | | | | | | | $\neg \dagger$ | | | | |
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| | Police Use Only | Comm | onwealth (| of Massa | chuse | tts | | RMV | Document ! | Number | |
|----------------|-------------------------------------|---------------------------|----------------|-----------------------|---------------------|--------------------------------|-------------------------|-----------------------|-----------------|--|-------------|
| | 1 (| City/Town | Motor Veh | icle Cras | h Nur | nber Num | DPOU | d Limit | Loc | e Police | 1 |
| | I I | ington | Police 1 | | Veh 3 | icles Injur | Lain | | Can | e Police al Police ITA | |
| | 24HR | | | | | 0 | | itude | Oth | er: | 4 |
| | AT INTERSECTION | ON: | < LOCA | TION > | | NOT | 'AT IN | TERS | ECTION | <u> </u> | 101 |
| | | | | | . | | ~ | _ | | | 2 10 |
| | Route# Direction | Name of Roadway/Stree | t | Route# Directio | 580 n Addre | | IN S | | oadway/Stre | et | · |
| ¹ 1 | | At | | | | | | | | | 1 |
| | | | | Feet N | SEW | | | • (| or | it Number | |
| | Route# Direction Name | of Intersecting Roadway | //Street | | | | e Marker | | EXI | 1 Nuttibet | 4 11 |
| | | Also at Intersection with | ı | | SEW | Route | - | Intersect | ing Roadwa | v/Street | \vdash |
| 2 | Route# Direction Name | of Intersecting Roadway | /Street | Feet N | SEW | of | | | | • | |
| ² 1 | Rotte# Direction Name | of intersecting Roadway | //Sireer | | | | | Land | mark | | <u> </u> |
| | Please Select One Vehicle 31 | #Occupants Hit/Ru | m Moped | Crash Rer | ort 10# 2 | 22-3 | 76- | Δα | | | |
| 3 | of the Following: | | | L | | | | | | | 4 |
| | | DOB/Age | Reg # | 51FV92 | | Reg | Туре <u>РС</u> | : | _ Reg State | | 12 |
| | Sex F Lic. Class D Lic. Re | strictions 20 CDL | Veli Y | (ear 2019 | Veh Mal | ke CHEV | ROLE | T | Veh Config | 1 21 | |
| | Operator KILEY, LAUREEN | E | Owne | er KILEY, | KEVIN | MICH | AEL | JR | | | |
| ⁴ 1 | Address 14 MARJORIE RD | First b | Middle | Last ess 14 MAR | : | Fin | ıt | | Middle | | |
| | | 01007 | | | | 110 | | - | 01007 | 7 1756 | |
| | City WILMINGTON State | | | WILMINGT | | 22 | | | , | 7-1756 | |
| | Insurance Company PLYMOUTH RO | OCK ASSURAN | ICE C Vehic | le Action Prior to Ci | | <u> </u> | Damage Test Sta | ed Area Co | ode: 5 27 | | |
| 5 | Vehicle Travel Direction: N E W | Responding to Emergen | ncy? 2 Event | Sequence 1 23 | 23 7 | 23 23 | Type of | | 29 | | |
| | Citation # (If Issued) | - | Most | Harmful Event 1 | 24 | | | est Result: | | | |
| | Viol. 1: Ch/Sec/Sub ————Vi | iol, 2: Ch/Sec/Sub | Drive | r Contributing Code | 1 2 | 25 | | icohol: 2 | | Drug: 2 32 | 1 13 |
| | Viol. 3: Ch/Sec/Sub —————————Vi | iol 4: Ch/Sec/Sub | Drive | r Distracted by | 26 | | | from scen | | 2 | <u> </u> |
| ⁶ 1 | Please fill out for operator | | | | 34 | 35 36 | 37 38 | 39 | 40 | | 4 |
| | Name (Last First Middle) | • | idress | DOB/Age : | | Safety Airbag System Status | Eject Trup Code Code | Injury Tr Status C | ansp. Jode M | fedical Facility | |
| | Operator | See | Above | >>> | $ 1 ^{1}$ | 1 4 0 | 0 | 10 1 | | | |
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| ŀ | | | | | ++ | | | | | | _ |
| ļ | | | | | | | | | | | _ |
| l | | | | | | | | | | | |
| | Please Select One Vehicle 4 | Occupants Non-M | otorist A Type | 15 Action 1 | 6 Location | 17 C | ondition | 18 | Hit/Run | Moped | 1 |
| ⁷ 1 | of the Following: | 14011-141 | otorist A Type | Action | Location | | | | Inc/Kun | Moped | 4 |
| | , ———, ——— | DOB/Age | Reg # | | | Reg | Туре | | _ Reg State | | |
| l | Sex Lic. Class 19 19 Lic. Res | strictions 20 CDL | Veh Y | ear | _ Veh Mak | :e | | | Velı Config. | 21 | |
| | Operator | | | er | | | | | | | |
| °2 | Lost F Address | irst N | | Last | | Firs | | | Middle | | |
| | CityState | Zin | City | | | | State | 7in | | | 1 14 |
| ı | | | | | <u>-</u> - | 22 | | d Area Co | | 27 27 | |
| | Insurance Company | | | le Action Prior to Cr | | 23 | Test Sta | | 28 | | |
| | Vehicle Travel Direction: NSEW | Responding to Emergen | cy? Event | Sequence 23 | | | Type of | Test: | 29 | | |
| , 2 | Citation # (If Issued) | • | Most | Harmful Event | 24 | | BAC Te | st Result: | 30 | | |
| | Viol. 1: Ch/Sec/SubVi | ol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 2 | 5 25 | Susp. Al | lcohol: | 31 Susp. | Drug: 32 | |
| | Viol. 3; Ch/Sec/Sub ————————Vi | ol. 4: Ch/Sec/Sub | Drive | Distracted by | 26 | | Towed f | rom scene | 27 33 | | |
| ľ | Please fill out for operator/non-r | • | | | Seat S | Safety Airbag | 37 38 Eject Trap | Injury Tra | 40 ansp. | | 1 |
| } | Name (Last First Middle) | | dress | DOB/Age S | | | Code Code | | | edical Facility | 1 |
| | Operator/Non-Motorist | See A | Above | | $\langle 1 \rangle$ | | | | | |] |
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| 1 | | | |] [| | | | 1 | | |] |

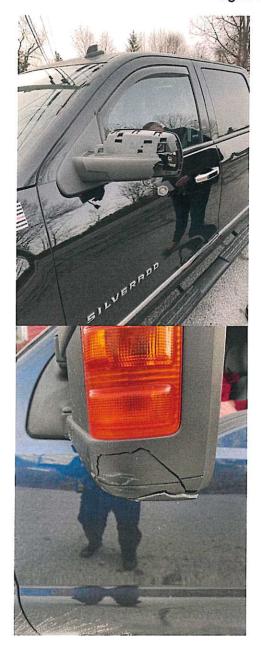
| Coash Diagnos | = Direction ! | = Vehicle 1 | z = Vehicle 2 | Q = Pedestrian | ØØ = Bicycle ➡ ØØ | |
|--|------------------------|--|-------------------|---------------------|---------------------------|---------------------------|
| Crash Diagram: | ie: 🔫 🗓 | | 41 | | | D:4 N-4O |
| 580 Main Street | | | | | on a Pub | Did Not Occur lic Way: |
| | E | 1211 | | | ☐ Off-Stree | et Parking Lot |
| | | | G 1 | | ☐ Garage | |
| 2 | | The same | | | Mail/Sho | opping Center |
| (T)3 (T) | - ME | | | | Other Pri | |
| are the second | 1111 | | | | _ Oaki iii | vaic way |
| | | | | | Indicate | North by Arrow |
| | | | | | | |
| | | | | | | >) |
| | | | | 2 | | |
| Crash Narrative: | | | | | | |
| Wehicle 1 was traveli | | | _ | | | |
| by 580 Main Street th nnaware that vehicle | | | | | | |
| nto the left turn la | | ······································ | | | | |
| the left turn lane at | | | | | | |
| ccidently rear endin | | | | | | |
| ed light. There was | no air bag deplo | yment from | any three | vehicles. Ve | hicle 1 had rec | ieved |
| lamage to its right t | ire making it in | apossible t | o operate | and it was to | wed by Forest T | owing |
| rom the scene. Vehic | :le 2 recieved da | umage to it | s front le | ft side but w | as still able t | o be |
| perated. Vehicle thr | ee recieved mind | or damage t | o its rear | . All three o | perators had no | |
| pparent injuries fro | m the crash. | | | | | |
| Witnesses: | | Les | | | Test of | |
| Name (Last,First,Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: Owner (Last,First,Middle) | Address | | Phone # | 41 Tuna Dec | cription of Damaged Prope | |
| Jwiter (East,First,Witadie) | Address | | r none # | 41-Type Des | cription of Damaged Prope | ity |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information | Registration # | | (From | Vehicle Section) | | 42 |
| Carrier Name | | · · · · · · · · · · · · · · · · · · · | | | Bu- | s Use |
| Address | | | _ City | | St Zip | |
| US DOT#: | State Number | | Issuing State | MC/MX/ICC | #: | |
| Interstate 43 Cargo Boo | dy Type Code | GVWR/GCWR | 45 | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Yea | Trailer L | ength 46 | |
| Hazmat Information: | | ÷ | ~ | Eldile! E | <u></u> | |
| Placard Material 1 dig | it # 48 Material Nam | .e | | Material 4 digit #_ | Release | e code |
| | | | | - | ***** | |
| Patrol Officer Thomas Police Officer Name (Please Print) | Lawrenson Signature | | 222 ID/Badge # | Wilmington Po | olice Department | 12/05/2022 Date |

| | Pol | lice Use Only | vealth - | ealth of Massachusetts RMV Document Number | | | | | | | | lumber | | | | | | |
|-----------------------|------------------------------------|-----------------------|--------------|--|-----------------------|---------------|--------------------|--------------|--|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|-----------|---|----------|
| | Date of Crash | Time of Crash | | City/Town | Mot | tor Veh | icle Cra | ash | | umber ehicles | | nber ured | • | l Limit | 2 | Loca | Police Police Police Police Police Police | 1 |
| | 12/06/2022 | 0841 24HR | MıTw | ington | | Police : | Report | | 2 | CINCICS | 0 | ui Cu | Latitu Longi | | | | | |
| | | AT INTER | SECTION | ON: | < | LOCA | TION | > | | | NO | T A T | | | SEC | TION | | 7 |
| | | | | | | | | | | | | | | | | | | 1 10 |
| | David Bira | -41- | | No control | 104 | | D . # D' | | <u>37</u> | | M. | IDD | | | /A | | | _ |
| ¹ 1 | Route# Dire | CUON | | Name of Roadwa | y/Street | | Route# Dire | ction | Add | ress# | | | Na | ame or | Koady | way/Stree | et . | - |
| <u> </u> | 4 | | | | | | Feet | NS | EW | of | | | <u> </u> | , | or . | T:4 | Number | |
| | Route# Dire | ction | Name | of Intersecting Ro | | | _ | NIC | I E las | 1 . | IVI | ile Ma | rker | | | EAR | indiffer | 5 11 |
| | | | | Also at Intersection | on with | | | NS | | _ | Rout | e# | | Inters | ecting | Roadway | /Street | \vdash |
| ² 1 | Route# Dire | ction | Name | of Intersecting Re | oadway/Street | | Feet | NS | EW | of | | | | | | | | _ |
| | Please Select 0 | One 5 | _ | | | | | | | | | | | | ndmar | k | | - |
| 3 | of the Followi | | e 1 <u>1</u> | Occupants | Hit/Run | Moped | Crash | Report | ID# | 22 | -3 | 378 | 3 – | AC | • | | | |
| | License # S2 | 5479917 | St MA | DOB/Ag | | Reg# | FF2442 | | | | Re | д Туре | PC | | R | leg State | | 12 |
| | Sex M Lic. | Class D | Lic. Re | strictions 20 | CDL | Veh Y | rear 2014 | | Veh M | ake C | HE | /RO | LE' | ŗ | Vel | n Config. | 1 21 | 1 ~ |
| | Operator NA | NSEL, E | ZIK J | ОНИ | _ Endorsemen | t Own | er NANSEI | | ERI | K | ЮНІ | <u> </u> | | | | | | |
| ⁴ 1 | | Lincoln | F | First | Middle | | ess 22 LI | Last | | | F | irst | | | М | liddle | | |
| | | INGTON | | MA Zip 018 | 87-251 | | WILMING | | | | | Stat | te M Z | A 2 | Zip O : | 1887 | -2517 | |
| | · · | oany SAFET | | - | | - | le Action Prior to | | | 1 | 22 | | | | | 97 27 | 27 27 | |
| | Vehicle Travel I | - | Xw | Responding to E | | | Sequence 1 | 23 | 23 | 23 | 23 | | st Stat | | | 1 28 | | |
| 5 | İ | | | | mergency : | | <u> </u> | ī | 24 | | | Ту | pe of | Test: | | 29 | | |
| | | sued) | | | | | Harmful Event | <u> </u> | | 25 | 25 | 1 | | st Resi | | 30 | | 13 |
| | | Sub | | | | | r Contributing C | | 26 | | 14.57 |] Su | | cohol: | | Susp. 1 | Drug 32 | |
| ⁶ 1 | Viol. 3: Ch/Sec/ | Sub | | | | Drive | r Distracted by | 0 | | 35 | 36 | To 27 | wed fi | rom sc | ene? | 2 33 | |] |
| | Name (Last First M | | ior operato | r and all occupant | S INVOIVEO Address | | DOB/Age | Sex | Seat Pos. | Safety System | Airbag | Eject Code | Trap Code | Injury Status | Transp. Code | Ме | dical Facility | |
| | Operate | o r | | | See Above | | | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | F | | | | _ | | | | | | | | 1 |
| ⁷ 1 | Please Select C of the Followin | | 21# | Occupants | Non-Motorist / | 4 Туре | Action | 16 I | Locatio | n | 17 | Conditi | ion | 18 | | Hit/Run | Moped | |
| _ | License # S5 | 5569032 | St MA | _ DOB/Ag | | Reg# | 3MZZ78 | | | | Rei | з Туре | PC | | R | eg State | MA | 1 |
| | Sex.M Lic. 0 | 19 19 | 9 | trictions 20 | CDL | - | ear 2015 | | Veh M | ake F | | | | | | Config. | 1 21 | |
| | | NN, ADAM | J | L | CDL_ Endorsement | | r WINN, | | | | | | | | , | . солд. | | |
| ⁸ 1 | | Last BARTLET | Fi | irst | Middle | | ss 30 BAI | Lasi | | | Fi | a APT | . 2 | | Mi | iddle | | |
| | City BEVER | | | 1A Zip 019 | 15-5138 | | BEVERLY | | | | | | | . 7 | in 0. | 1915 | <u>-5138</u> | 7 14 |
| | • | any THE CO | | • | | • | le Action Prior to | | | 1 | 22 | | | | · . | 97 27 | 27 27 | |
| | · | · · | K 7 | | _ | | <u> </u> | | 23 | 23 | 23 | | st Stati | | | 1 28 | | |
| | Vehicle Travel D | . | | Responding to Er | nergency? 2 | | Sequence 1 | | 24 | | | Ту | pe of T | Test: | | 29 | | |
| ⁹ 2 | , | ued) | | | | | Harmful Event | 1 | | 25 | 25 | BA | C Tes | t Resu | | 30 | | |
| | Viol. 1: Ch/Sec/S | Sub | Vio | ol. 2: Ch/Sec/Sub | | | Contributing Co | | 1 26 | | | | sp. Alc | L | 31 | | Drug: 32 | |
| | Viol. 3: Ch/Sec/S | | | ol. 4: Ch/Sec/Sub | | | Distracted by | 0 | 551 | 1 57 | ······ | To | wed fr | om sco | | 2 33 | |] |
| | Ple Name (Last First Mi | ase fill out for oper | rator/non-n | notorist and all occ | cupants involve | ed | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Mo | dical Facility | |
| | Operato | or/Non-Mo | torist | | See Above | | \supset | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| ŀ | | | | 1 | | | | | | | - | | | | | | | |
| | | | | | | | - | | | | | | | | | | | |
| | | | | | | | 1 | | <u> </u> | | | | | | | | | |
| | | | | | | | | | | | | , | | | | | | |

| | = Direction | = Vehicle 1 | 2 = Vehicle 2 | S = Pedestria | n \delta = Bicycle | |
|------------------------------------|----------------------------------|--------------|----------------|---------------------|--------------------------|---------------------------------------|
| Crash Diagram: | ie: 🖚 | _ → [| 2 | → ♀ | → ₩ | |
| | | | | | | sh <u>Did Not</u> Occur ublic Way: |
| * | 376 Midd | esex Ave | | * | Off-S | itreet Parking Lot |
| | | MV 2 | | II) | ☐ Gara | ge |
| | ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ | | , 0 • | | | Shopping Center |
| . Př | MV 1 | | | • | Other | Private Way |
| ♣ • | | ilesex Ave | | € | India | ate North by Arrow |
| | 0.00 | | | Ć | | |
| Crash Narrative: | | | | | | |
| ne operator of M | V 1 stated that whi | le he was t | raveling e | astbound on | Middlesex Ave | he |
| itered a work zo | ne where the road be | egan to nar | row. The | operator of M | W 1 stated tha | t as he |
| de his way thro | igh the work zone h | is truck an | d another | truck side s | wiped each oth | er |
| using damage to | both driver side m | rrors. The | operator | of MV 2 stat | ed that while | he was |
| aveling westbou | nd on Middlesex Ave | he entered | i a work zo | one and that | the cones divi | ding |
| e road were set | up in a way that b | ought both | lanes of | travel close | together. Whi | le |
| vigating through | the work zone, the | operator | of MV 2 st | ated that hi | s truck and MV | 1 side |
| riped each other | damaging his drive: | side mirr | or. No in | juries report | ed at the time | of the |
| ccident. | | | | | | |
| | | | | | | |
| | | | | | | |
| XX/:4 | | | | | | |
| Witnesses: ame (Last,First,Middle) | | Address | | | Phone # | Statement |
| and (Daby) 1134, Andrey | | 1100100 | | | | |
| | | | | | | |
| | | | | | | |
| Property Damage: | 1 | | Tn. " | Total de la College | | |
| wner (Last,First,Middle) | Address | | Phone # | 41-Type D | escription of Damaged Pr | operty |
| | | | | | | |
| | | | | | | |
| Fruck and Bus Inforn | nation: Registration # | | (Fro | n Vehicle Section) | | |
| Carrier Name | | | | | | Bus Use 42 |
| Address | | | City | | St : | Zip |
| JS DOT #: | State Number | | Issuing State_ | MC/MX/IC | C#: | |
| nterstate 43 Car | go Body Type Code | GVWR/GCWR | 45 | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Yea | ırTrailer | Length 46 | |
| Hazmat Information: | | | | | البيسيسيسيبا | [مدر |
| Placard 47 Materia | 1 digit # 48 Material Nan | e | | Material 4 digit i | Rel | ease code |
| atrol Officer Robert | M DeGregorio III | | 223 | Wilmington 1 | Police Departme | nt 12/06/2022 |
| ice Officer Name (Please Print | | | ID/Badge # | Department | Precinct/Barracks | Date |

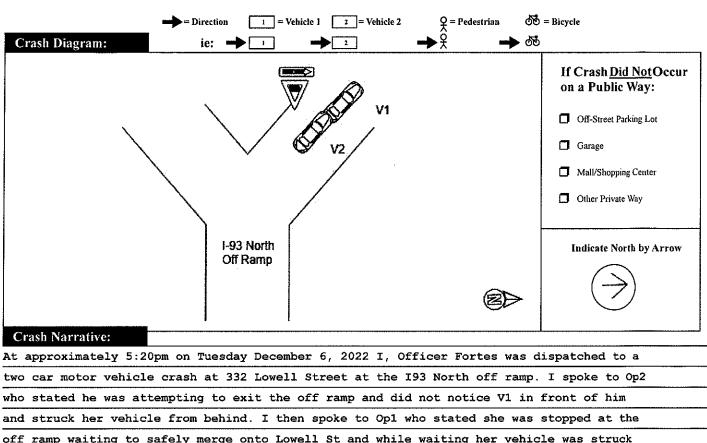
CDP1 11-24-00

Wilmington Police Department Images Associated with 22-378-AC





| | Police Use Only | Comn | nonwealth | of Massa | chus | etts | \$ | | RM | V Doca | ament Number | |
|-----------------------|---|---------------------------|-----------------|-----------------------|-------------------|--------------------|-----------------------|--------------------|--------------|---------------|----------------------------------|-------------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Cras | h [| Number /ehicles | | орио | d Limit | 25 | — Local Police 🔀 | Π |
| | 12/06/2022 1720 Wiln | nington | Police | Report | 2 | | o | Latitu | ude itude | ············ | MBTA Police Campus Police Other: | |
| | AT INTERSECTI | ON: | < LOCA | | | | NOT A | - | | SEC' | | 1 |
| | | | | | | | | | | | | 10 |
| | | | | | <u>33</u> | 2 | LOW | | | | | 2 |
| ¹ 4 | Route# Direction | Name of Roadway/Stre | et | Route# Direction | n Ado | lress# | | N: | ame of | Roadw | ay/Street | - |
| 4 | | Al | | Feet N | SEV | of | | | | or _ | | . |
| | Route# Direction Nam | e of Intersecting Roadwa | ny/Street | | | | Mile N | larker | | | Exit Number | 1 11 |
| | | Also at Intersection wit | h | Feet N | SEV | of | Route# | | Inters | ecting R | Roadway/Street | |
| 2 | Route# Direction Nam | e of Intersecting Roadwa | | Feet N | SEV | of | Roules | | micro | come r | condinay/ou cei | 1 |
| ² 1 | Route# Direction Nam | e of intersecting Roadwa | ly/alfeet | | | | | | La | ndmark | | _ |
| 3 | Please Select One of the Following: | #Occupants Hit/R | un Moped | Crash Rep | ort ID# | 22 | -37 | 9- | AC | • | | |
| J | | | | | | | | | | | | 4 |
| | License # <u>S37017936</u> St M | DOB/Ag ₁ 20 | _ | 4GER54 | | | | | | | 21 | 4 12 |
| | Sex F Lic Class D Lic R | estrictions 99 CD | L Veh ' | Year <u>2022</u> | Veh N | 1ake <u>T</u> | 'OYOT | <u> </u> | | Veh | Config. 1 | |
| | Operator VARGAS, MARIS | SA A | | er VARGAS , | MAF | RISS | A A | | | Mic | Mi | . |
| ⁴ 5 | Address 21 FAIRVIEW AV | | | ess 21 FAI | VIE | A N | VE TIST | | | Muc | udie | . |
| | City WILMINGTON State | MA Zip 01887 | -2443 City | WILMINGT | ON | | Si | ate M | A z | ір 01 | 887-2443 | |
| | Insurance Company LM GENERAL | _ | · | le Action Prior to C | | 2 | | | | Code: | | |
| | Vehicle Travel Direction: NSE | Responding to Emerge | | Sequence 1 23 | 23 | 23 | | est Sta | | | 1 28 | |
| ⁵ 2 | | , , | • | <u> </u> | 24 | 1 2 3 2 3 | <u> </u> | ype of | Test: | Ī | 99 ²⁹ | |
| _ | Citation # (If Issued) | - | | Harmful Event | <u>- 1839 (19</u> | 25 | 25 | BAC Te | | ılt: | 1 30 | 13 |
| | Viol. 1: Ch/Sec/Sub — \ | /iol, 2; Ch/Sec/Sub | Drive | r Contributing Code | | 25 | 25 | lusp. Al | lcohot: | 2 31 | Susp. Drug: 2 32 | 1 " |
| 6 1 | Viol. 3: Ch/Sec/Sub ———V | /iol. 4: Ch/Sec/Sub | Drive | r Distracted by |) 26 | | 7 | owed f | rom sc | ene? | 2 33 | |
| 1 | - | or and all occupants invo | | DODA | 34 Seat | 35 Safety | 36 37 Airbag Ejec | Trap | | 40 Transp. | M.C. IP. W. | 1 |
| | Name (Lust First Middle) Operator | | Above | DOB/Age | Sex Pos. | System 99 | Status Code | Code | Status 10 | Code 1 | Medical Facility | |
| | Орегию | 366 | Above | | \ <u>`</u> | - | , v | - | 10 | 1 | ·· | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Please Select One X vertete 2 1 | | |]5 1 | 6 | | 17 | \perp_{Γ} | 18 | | | - |
| ⁷ 6 | of the Following: | #Occupants Non-N | Antorist A Type | Action | Locati | on | Cond | ition | | ╙ | Iit/Run L Moped | |
| | License # S61158334 St M7 | DOB/Age | Reg # | 3832953 | | | Reg Typ | e PC | | Re | g State NH | |
| | Sex M Lic. Class D Lic. Re | estrictions 99 20 CDI | L Veh) | ear 2012 | Ven M | lake S | UBARI | J | | _ Veh | Config. 1 | |
| | Operator STAIRS, CHRIST | End | orsement | | | | | | | | ENTALS LTD | |
| 84 | Address 15 DEXTER ST | First | Middle | ess 95 PLAI | | | First | | T 2 | Mid | | ' |
| | | MA 01997. | | | | | | | | | 06E | 14 |
| | City WILMINGTON State | MA Zip 01887- | | PLAISTOW | | | | | | - | 1 27 2 27 8 27 | |
| | Insurance Company MAPRE | | Vehic | le Action Prior to Cr | | 2 | ᆜ, , | annage est Stat | | Code | 28 | |
| | Vehicle Travel Direction: N S E | Responding to Emerger | ncy? 2 Event | Sequence 1 23 | 23 | 23 | 43 | ype of | | | 29 | |
| ⁹ 2 | Citation # (If Issued) | _ | Most | Harmful Event 1 | | | F | AC Tes | | | 30 | |
| 2 | Viol. 1: Ch/Sec/SubV | iol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 4 | ²⁵ 5 | 25 S | usp. Al- | ſ | | Susp. Drug: 2 32 | |
| | Viol. 3: Ch/Sec/SubV | iol. 4: Cli/Sec/Sub —— | Drive | r Distracted by | 9 26 | <u>-</u> | т | owed fi | rom sce | | 1 33 | |
| | Please fill out for operator/non- | | ts involved | | 34 Seat | 35 Safety | 36 37 Airbag Eject | 38 Trap | 39 Injury | 40 Transp. | | 1 |
| | Name (Last First Middle) | | ddress | DOB/Age | Sex Pos. | System | Status Code | Code | Status | Code | Medical Facility | - |
| | Operator/Non-Motorist | See | Above | | $\sqrt{1}$ | 99 | 1 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | |
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| | | | | - | - | - | | | | | | |
| i | | | | | | | | | | | | 1 |



At approximately 5:20pm on Tuesday December 6, 2022 I, Officer Fortes was dispatched to a two car motor vehicle crash at 332 Lowell Street at the I93 North off ramp. I spoke to Op2 who stated he was attempting to exit the off ramp and did not notice V1 in front of him and struck her vehicle from behind. I then spoke to Op1 who stated she was stopped at the off ramp waiting to safely merge onto Lowell St and while waiting her vehicle was struck from behind by V2. The rear bumper on V1 was knocked off into the roadway along with more damage to the rear of the vehicle. Op1 stated she felt comfortable driving the vehicle home and did so. V2 had major damage to the front of the vehicle leaving debris in the roadway. V2 was undrivable and towed from the scene by Forrest Towing and brought back to their lot. Neither operator was injured and both signed medical refusals with the WFD.

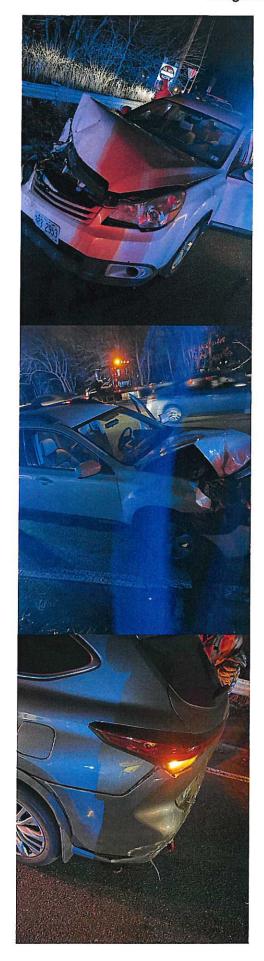
| Witnesses: | | | | | | | |
|------------------------------|------------------|-----------|---------------|------------------|---------------------|--------------|-----------|
| Name (Last, First, Middle) | | Address | | | Phone # | | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type I | Description of Dama | ged Property | |
| | | | | A 20 8 8 8 | | | |
| | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vel | hicle Section) | | | a a |
| Carrier Name | | | | | | Bus Use | 42 |
| Address | | | _ City | | St | Zip | |
| US DOT #: | State Number | | Issuing State | MC/MX/IG | CC #: | | |
| Interstate 43 Cargo Body Typ | ne Code | GVWR/GCWR | 45 45 | | | 1 | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Traile | r Length | | |
| Hazmat Information: | | | | | • | | |
| Placard Material I digit # | 48 Material Name | | | Material 4 digit | # | Release code | 49 |

Patrol Officer John A Fortes

228 ID/Badge # Wilmington Police Department

12/06/2022

Wilmington Police Department Images Associated with 22-379-AC





Wilmington Police Department Images Associated with 22-379-AC

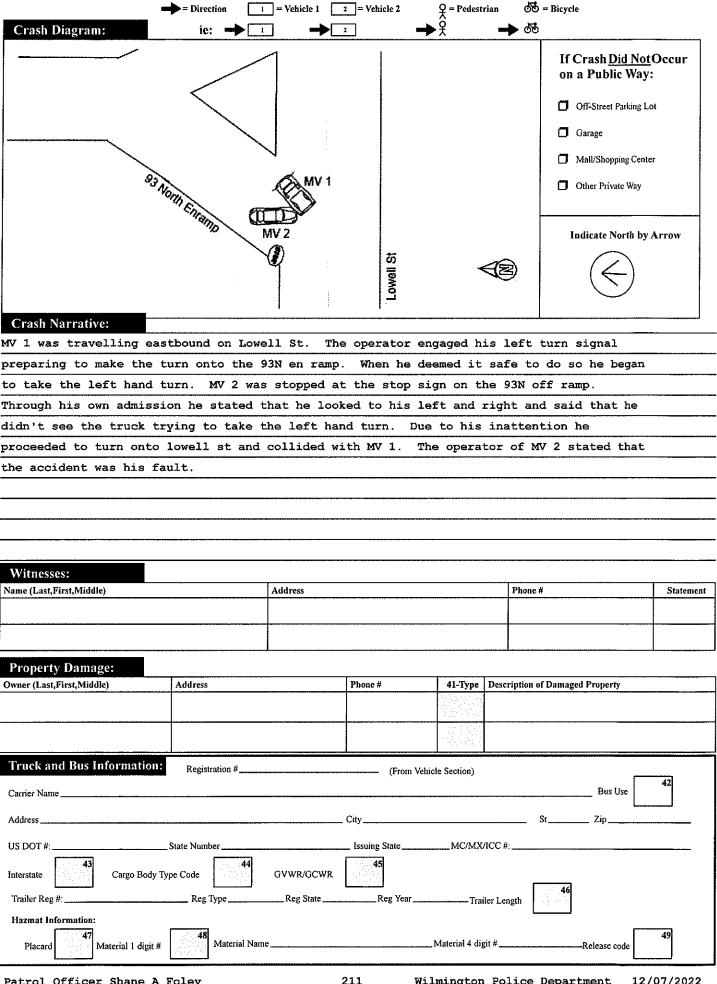


| | Pol | lice Use Only | monwealth | alth of Massachusetts RMV Document Number | | | | | | | | | | |
|----------------|------------------------------------|-----------------------|--|---|------------------------|---------|-----------------|-----------------------------------|------------------|--------------------|------------------------|-----------------------|---|---------------|
| | Date of Crash 12/07/2022 | Time of Crash 0613 Wi | City/Town | Motor Vel | iicle Cra | sh | Nun Vehi | | lumber njured | | d Limit | 35 | 5 State Police Local Police MBTA Police | 2 81 |
| | 12/01/2022 | 24HR | llmington | Police | Report | | 2 | o | , | Latite Long | itude | | Campus Police Other: | 5 |
| | | AT INTERSEC | CTION: | < LOCA | TION : | > | | N | OT A | ΤIN | TER | SEC | TION: | |
| | | | | | | | | | | | | | | 2 10 |
| | Route# Dire | ction | Name of Roadway/S | Street | 129 E Route# Direct | tion | Addres | | <u> 1939</u> | | | | vay/Street | _ |
| 4 | | | At | | | | | | | | | | | |
| L | Route# Dire | | N. C. | 1 10. | Feet | NS | E W | | — · Mile M | (arker | • | or _ | Exit Number | |
| | Route# Dire | Cilon | Name of Intersecting Road Also at Intersection | <u>-</u> | Feet | N S | E W o | f | | | | | | 5 '' |
| | | | | | | | E W o | Re | ute# | | Inters | ecting l | Roadway/Street | |
| ² 3 | Route# Dire | ction | Name of Intersecting Road | Iway/Street | | | | | | | La | ındınarl | k | |
| - | Please Select (| | #Occupants Hi | t/Run Moped | Crash R | enort | ID# 2 | 2- | 38 | <u>n – </u> | Δ | • | | |
| ³ 2 | of the Followi | g. | | | | | | | | | | | 3.77 | |
| | | 10 10 | t MA DOB/Ag | | 9LZ748 | | | | | | | | 21 | - 1 12 |
| | Sex M Lic. | Class D L | | Endorsement | Year 2016 | | | | | | | Veh | Config. | |
| ⁴ 1 | 1 | LICKI, SCO | First | Middle | er BALICK | .34 | | | First | | | Mi | íddle | - |
| T | | CRITERION | | | ess 40 CRI | | RION | RD | | | | | | - |
| | | | State MA Zip 0186 | | READING | | | 22 | | | | | 1867-1627 27 27 27 27 | 1 I |
| | | | NERAL INSUR | ANCE C Vehic | le Action Prior to | | <u></u> | | | amage est Sta | | Code: | 8 ²⁷ 7 ²⁷ 27 |] |
| 5 | Vehicle Travel D | Direction: N S E | Responding to Eme | rgency? 2 Even | t Sequence 1 | 23 | <u>,</u> | 3 23 | | ype of | | | 29 | |
| | Citation # (If Iss | sued) | | Most | Harmful Event | 1 | 24 | ·11 | В | | st Resi | ult; | 30 | 13 |
| | Viol, 1: Ch/Sec/ | Sub | Viol. 2: Ch/Sec/Sub — | Drive | er Contributing Coo | de | 18 ² | | 25 S | usp. Al | lcohot: | 31 | Susp. Drug: 32 |] 1 13 |
| ⁶ 2 | Viol. 3; Ch/Sec/S | Sub | Viol. 4: Ch/Sec/Sub - | Drive | r Distracted by | 7 | 26 | | T | owed f | rom sc | ene? | 2 33 | |
| 2 | Name (Last First M | | perator and all occupants in | nvolved Address | DOB/Age | Sex | Seat S | 35 36 afety Airb /stem Stat | ag Eject | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility | |
| | Operate | | | See Above | | X | 1 1 | | 0 | 0 | 10 | 1 | , , , , , , , , , , , , , , , , , , , | |
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| | | | | | | | | | | <u></u> | | ļ | | 4 |
| ⁷ 1 | Please Select C of the Followir | | #OccupantsNei | n-Motorist A Type | Action | 16 L | ocation | 17 | Condi | tion | 18 | | Hit/Run 🔲 Mope | d |
| _ | License # S5 3 | 3668400 s | MA_DOB/Age | Reg # | 1YHX31 | | | F | eg Typ | PC | | Re | eg State MA | _ |
| | Sex M Lic. C | Class D Li | | | ear 2021 | v | eh Make | | | | | Veh | Config. 1 21 | |
| | Operator KEI | NNEDY, CHE | | Endorsement COTT Owner | r KENNED | Υ, | CHR | ISTO | | R_S | SCO | TT | | _ |
| *1 | Address 45 | HIGH ST | First | Middle Addre | ss 45 HIG | H S | ST | | First | | | Mi | ddle | |
| | City WILMI | NGTON S | State MA Zip 0188 | 7-1466 City 1 | WILMINGT | ON | | | Sta | te M | A z | ip <u>01</u> | L887-1466 | 4 14 |
| | Insurance Compa | any SAFETY] | NSURANCE CO | MPANY Vehic | le Action Prior to (| Crash | 1 | 22 | D | amage | d Area | Code: | 7 27 27 27 | |
| | Vehicle Travel D | irection: NS | W Responding to Emer | rgency? 2 Event | Sequence 2 | 3 : | 23 2 | 3 23 | | st Stat | | , | 28 | |
| 9_ | Citation # (If Issu | ued) | | Most | Harmful Event | 1 | 24 | | • | /pe of ′ ΔC Tes | rest: st Resu | ,) †- | 30 | |
| 2 | Viol. 1: Ch/Sec/S | Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Cod | ie | 1 25 | | 25 | isp. Al | Г | 31 | Susp. Drug 32 | |
| | Viol. 3: Ch/Sec/S | Sub | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by | 0 | 26 | | To | wed fi | rom sc | ene? | 2 33 | ' |
| Ì | | • | /non-motorist and all occup | | por/s | <u></u> | Sent Sa | 35 36 Ifety Airbo | g Eject | 38 Trap | 39 Injury | 40 Transp. | ALCE AND NO. | 7 |
| | Name (Last First Mi | or/Non-Motor | ist s | Address iee Above | DOB/Age | Sux | Pos. Sy | stem State | s Code 0 | Code 0 | Status 10 | Code 1 | Medical Facility | |
| ŀ | 4 | | | | | | | | + | <u> </u> | | H | | |
| | | | | | | | | | | | | $\vdash \vdash$ | | \dashv |
| - | | | | | | | | - | - | | | | | - |
| | | | | | | İ | | | 1 | | | | | |

| | = Vehicle 1 | ♀ Pedestr | an 🐯 = Bicycle | |
|--|----------------------------------|--------------------------|--|-----------|
| Crash Diagram: ie: | 2 | ₩Ŷ | → 55 | |
| Rte.93s cramp Rte.129/Lowell st. | on/off | | If Crash Did Not Oon a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way | ccur |
| | | | Indicate North by Ar | row |
| Crash Narrative: | | | | |
| Oper.#1 Related he was attempting to | make a left turn onto | the I93s | ramp, from | |
| Rte.129/Lowell st It was difficult | | | | |
| with the rain. He ended up sideswiping | | | | |
| with the tain. We ended up sideswipin | 119 M/ V#Z. | | 10.000 | |
| Ones #2 Deleted be use throughing and | t Dt- 120/717 -t | :- . 1. | + | |
| Oper.#2 Related he was traveling east | | | area of the 193s | |
| on/off ramp, when m/v#1 crashed into | the side of his m/v#2. | (PWJ/142) | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | 1 | |
| Witnesses: | | | | |
| Name (Last, First, Middle) | Address | | Phone # | Statement |
| S | | | - | |
| | 5 | | | |
| | | | | |
| | | | | |
| Property Damage: | | | | |
| Property Damage: Owner (Last, First, Middle) Address | Phone # | 41-Type | Description of Damaged Property | |
| | Phone # | 41-Type | Description of Damaged Property | |
| | Phone # | 41-Type | Description of Damaged Property | |
| | Phone # | 41-Type | Description of Damaged Property | |
| Owner (Last,First,Middle) Address | | | Description of Damaged Property | |
| Owner (Last,First,Middle) Address | | 41-Type | | 42 |
| Owner (Last, First, Middle) Address Truck and Bus Information: Carrier Name | (From V | chicle Section) | Bus Use | |
| Owner (Last, First, Middle) Address Truck and Bus Information: Registration # | (From V | chicle Section) | Bus Use | |
| Owner (Last, First, Middle) Address Truck and Bus Information: Carrier Name | (From V | chicle Section) | Bus Use | |
| Owner (Last, First, Middle) Address Truck and Bus Information: Carrier Name Address | (From V | chicle Section) | Bus Use | |
| Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: State Number 43 Interstate Cargo Body Type Code | City | chicle Section) MC/MX/I | Bus Use | |
| Owner (Last, First, Middle) Address Truck and Bus Information: Cartier Name Address US DOT #: State Number Interstate | City | chicle Section) MC/MX/I | Bus Use | |
| Truck and Bus Information: Carrier Name Address US DOT #: State Number Interstate Cargo Body Type Code Trailer Reg #: Reg Type Hazmat Information: | City Issuing State GVWR/GCWR | ehicle Section) MC/MX/I | Bus Use | |
| Truck and Bus Information: Carrier Name Address US DOT #: State Number Interstate Cargo Body Type Code Trailer Reg #: Reg Type Hazmat Information: | City | ehicle Section) MC/MX/I | Bus Use | |
| Owner (Last, First, Middle) Address Truck and Bus Information: Carrier Name Address US DOT #: State Number Interstate | City Issuing State GVWR/GCWR | ehicle Section) MC/MX/I | Bus Use | |

Signature

| | Pol | ice Use Only | | Comr | nonweal | th c | of Massa | ach | us | etts | } | | | RM | V Doc | ument N | | |
|-----------------|------------------------------------|---------------------------------|----------------|---|--------------------|---------------|---------------------|-------------|--------------------|------------------------|--------------|---------------------|--------------------|------------------------|-----------------------|-------------------|--|---------------|
| | Date of Crash 12/07/2022 | Time of Crash | 1 | City/Town | Motor V | /eh | icle Cra | sh | | umber | | nber ered | Speed | Limit | 35 | Loca | Police I Police IA Police IA Police | |
| | 12/01/2022 | 24HR | M T TIII | ington | Polic | ce l | Report | | 2 | | 0 | | Lantu | | | | pus Police 🔲 | |
| | | AT INTER | SECTIO | ON: | < L0 | OCA | TION : | > | | | NO' | ТАТ | ľ IN' | TER | SEC | TION | : | 1 |
| | | | " | | | | | | | | | | | | | | | 2 10 |
| | Route# Dire | ction | | Name of Roadway/Str | eet | | Route# Direct | tion | 33 Addi | ess# | <u> L(</u> | OWE | | ST me of | | vay/Stree | . <u></u> . | . |
| 4 | | | | At | | | | | | 1 | | | | | | | | - |
| L | | | | | 10 | | Feet | N S | EW | of | — - M: | ile Ma | • irker | · — | or - | Exit | Number | |
| | Route# Direc | ction | Name | of Intersecting Roadw Also at Intersection w | | | Feet | N S | EW | of | | | | | | | | 1 5 '' |
| | | | | | | | Feet | | | • | Route | e# | | Interse | ecting I | Roadway | //Street | |
| ² 3 | Route# Direc | ction | Name | of Intersecting Roadw | ray/Street | | • | | | • | | | | La | ndmarl | k | | |
| <u> </u> | Please Select C | | e 11 | #Occupants Hit/ | Run Mo | ned | Crash R | enort | ID# | 22 | _3 | 18 | 1 — | AC | • | | · | 1 |
| ³ 97 | of the Followi | ng. | | I, | ! | | | | | | | | | | | | | - |
| L | i | L1078760 | _ | | | _ | 4762001 | | | | | | | | | _ | 21 | 1 12 |
| | | Class D | الت | Er | dorsement | | ear <u>2020</u> | | | | | | | <u> </u> | Veh | Config. | 1 | |
| 4 | | WELL, JI | | PAUL | Middle | | r HOWELL | .ast | | | 7 P 2 | AUL irst | . | | Mi | iddle | | |
| ⁴ 2 | | AMACHE | | | | | ess 2 GAMA | CH. | E F | ED_ | | | | | | | | |
| | City DERR | <u> </u> | State | NH Zip 03038 | 32729 | City. | DERRY | | | F | | | | | - 1 | | 2729 | |
| | | | | SURANCE | | Vehic | le Action Prior to | | | 4 | 22 | | amage est Stat | | Code: | 7 27 6 | 27 27 | |
| ⁵ 2 | Vehicle Travel D | oirection: S | EW | Responding to Emerg | ency? 2 | Event | Sequence 1 | 23 | 23 | 23 | 23 | | pe of | | | 29 | | |
| 2 | Citation # (If Iss | ued) | | | | Most ! | Harmful Event | 1 | 24 | ₁ | | B | • | st Resu | ilt: | 1 30 | | - 73 |
| | Viol. 1: Ch/Sec/S | Sub | Vi | ol. 2: Ch/Sec/Sub —— | | Drive | r Contributing Co. | de | 1 | 25 | 25 | Su | sp. Al | cohol: | 2 31 | Susp. 1 | Drug: 2 32 | 1 [3] |
| ⁶ 2 | Viol. 3: Ch/Sec/S | Sub | Vi | ol. 4: Cli/Sec/Sub | | Driver | r Distracted by | 0 | 26 | | | То | wed fi | rom sc | ene? | 2 33 | | |
| 2 | Name (Last First M | | for operato | r and all occupants inv | olved Address | | DOB/Age | Sex | 34 Scat Pos. | 35 Safety System | | 17 Eject Code | 38 Trap Code | 19 Injury Status | 40 Transp. Code | Ме | dical Facility | |
| | Operate | or | | Se | e Above | | | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
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| | | | | <u> </u> | | _ | | | | <u> </u> | | | _ | 10 | | | 1 | |
| ⁷ 3 | Please Select C of the Followir | | 2 <u>1</u> | Occupants Non- | Motorist A Type | e | 15 Action | 16 I | ocatio | on | 17 | Condit | ion | 18 | o. | Hit/Run | Moped | |
| _ | License # S7 3 | 3315591 | St MA | DOB/Age | | Reg# | 3AJR17 | | | h | Reg | з Туре | PC | | Re | eg State | MA | 1 |
| | Sex M Lic. C | 19 1 | 9 | strictions 1 20 CI | DL | _ | ear 2021 | | | | | | | | | Config. | 1 21 | |
| | | KEN, DAV | J ZID W | En | dorsement | Owne | r JACOBS | ON, | L | ISA | В | | | | | | | |
| ⁸ 1 | • | EVERET | F | irst | Middle | | ss 218 EV | asi | | | Fi | rst | | | Mic | ddle | | |
| | City EAST | BOSTON | State 1 | <u>17A</u> Zip 02128 | -2269 | City I | BOSTON | | | | | _ Stat | te M7 | <u> z</u> | ip <u>02</u> | 2128 | -2269 | 1 14 |
| | Insurance Compa | any VERMON | T MU | TUAL INSU | RANCE | Vehicl | e Action Prior to (| Crash | | 4 | 22 | Da | maged | d Area | Code: | 8 ²⁷ 1 | 27 27 | |
| | Vehicle Travel D | irection: NS | Xw | Responding to Emerg | ency? 2 | Event | Sequence 1 | 23 | 23 | 23 | 23 | | st Stat | | | 1 28 | | |
| | Citation # (If Issu | ied) | | | j | Most I | Harmful Event | 1 | 24 | | | | pe of 1 | lest: it Resu | .10. | 29 _ 30 | | |
| ⁹ 2 | Viol. 1; Ch/Sec/S | Sub | Vi | ol. 2: Ch/Sec/Sub —— | 1 | Driver | Contributing Cod | de | 19 | 25 | 25 | | | | 2 31 | 1 | Drug 2 32 | |
| | Viol, 3: Ch/Sec/S | Sub | Vi | ol, 4; Ch/Sec/Sub —— | | Driver | Distracted by | 0 | 26 | | | | | om sc | | 2 33 | ~ <u>~</u> | |
| } | | • | rator/non-r | notorist and all occupa | | | | | 34 Seat | 35 Safety | 36 Airbag | 37 Eject | 38 Trap | 39 Injury | 40 Transp. | | | 1 |
| ł | Name (Last First Mi | or/Non-Mo | toriet | | Address e Above | | DOB/Age | Sex | Pos. | System 1 | Status 4 | Code O | Code 0 | Status 10 | Code 1 | Mo | dical Facility | 1 |
| | Operato | · · / 1 * U / (= 1 /1 U | wist | Se | LUUVE | | | \triangle | 1 | | - | - | <u> </u> | | - | | | 1 |
| ļ | | | | | | | | | | | | | | | | | | - |
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| | | | | | | | | | | | | | | | | | | |



Patrol Officer Shane A Foley

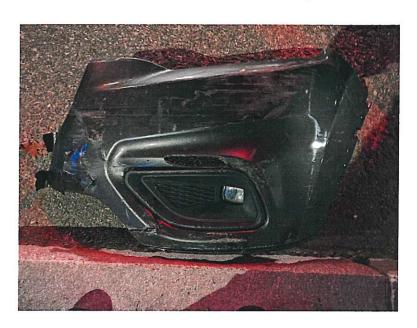
211 ID/Badge# Wilmington Police Department

12/07/2022

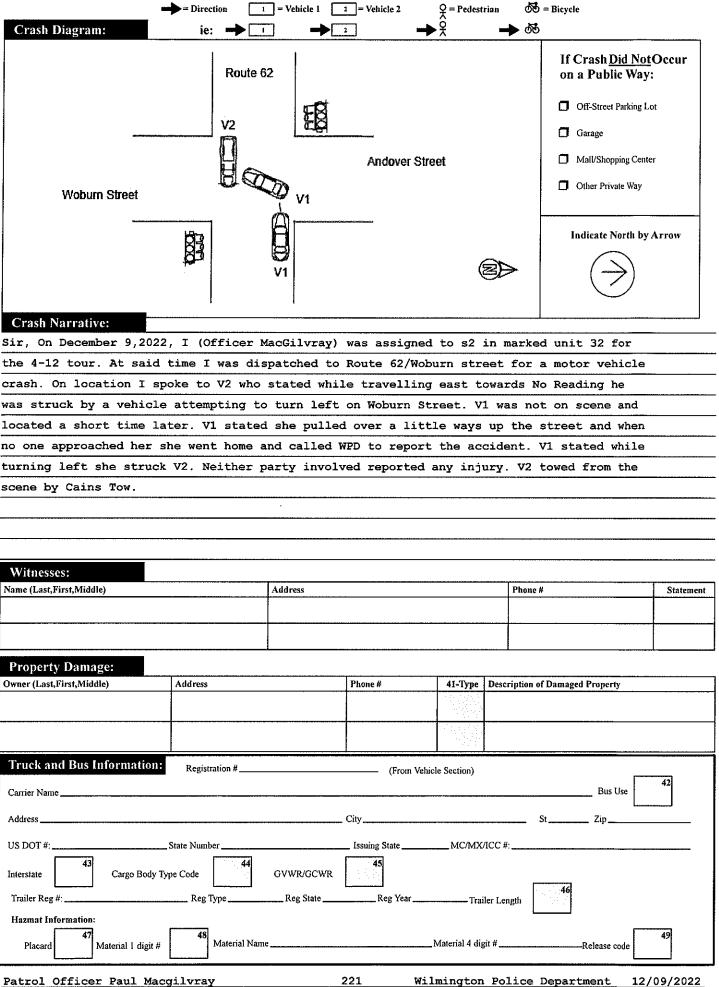
| | Police | Use Only | Com | monwealth | of Massac | husett | S | RM | IV Docu | ament Number | |
|----------------|-------------------------------------|---------------------------------------|--|-------------------|-------------------------|---------------------------------------|--|------------------------------------|---------------------------|---|-------------|
| | 1 1 | Time of Crash .736 Wil | City/Town mington | Motor Veh | icle Crasl | Numbe Vehicle | | Speed Lim | it 40 | State Police Local Police MBTA Police Campus Police | |
| | 12/03/2022 | 24HR | ming con | Police | Report | 2 | 0 | Latitude Longitude _ | | Campus Police Other: | រំ 📗 |
| | A | T INTERSECT | ION: | < LOCA | TION > | | NOT A | T INTEI | RSEC | TION: | |
| | | | | | | | | | | | 2 10 |
| | Route# Directio | <u></u> | Name of Roadway/St | reet | Route# E Direction | 144 Address # | | ELL ST Name o | <u>r</u> f Roadw | ay/Street | |
| ¹ 4 | | | At | | | | | | | | 7 |
| | - | | | 10. | Feet N | S E W of | Mile M | arker | - or _ | Exit Number | - |
| | Route# Directio | nu ivar | ne of Intersecting Roads Also at Intersection v | | Feet N | S E W of | | | | | 2 " |
| | <u> </u> | | | | Feet N | S E W of | Route# | Inter | secting R | Roadway/Street | |
| ² 1 | Route# Direction | on Nan | ne of Intersecting Roads | vay/Street | | | | L | andmark | (| |
| | Please Select One | Vehicle 11 | #Occupants Hit/ | Run Moped | Crash Reno | ort ID# 22 | -38 | 2-A | ~ | | |
| 3 | of the Following: | | | | | | | | - | 1.63 | _ |
| | License # S422 | | DOB/Age | _ | # 3EET77 | | | | | 21 | 1 12 |
| | Sex_ F Lic. Clas | | E | ndorsement | Year <u>2009</u> | | | | Veh | Config. 1 | |
| ⁴ 1 | 1. | JI, FERDAO | First | Middle | er <u>ROGUI , I</u> | | First | | Mic | ddle | - |
| 1 | | LEISURE LN | | | ess 100 LEI | SURE L | | | | | - |
| | | | MA Zip 02180 | • | STONEHAM | | | | _ | 2180-4032 | |
| | | | RCE INSURAI | NCE CO Vehic | ele Action Prior to Cra | | | amaged Are est Status: | a Code: | 5 ²⁷ 3 ²⁷ 4 ²⁷ | |
| 5 | Vehicle Travel Dire | ction: NSW | Responding to Emer | gency? 2 Even | t Sequence 1 23 | 23 23 | 23 | ype of Test: | ŀ | 29 | |
| | Citation # (If Issued | t) | | Most | Harmful Event 1 | 24 | в | AC Test Res | sult: | 1 30 | 131 |
| | Viol. 1: Ch/Sec/Sub |) | Viol. 2: Ch/Sec/Sub | Drive | er Contributing Code | 1 25 | 25 S | usp. Alcohol | 2 31 | Susp. Drug 2 32 | 1 13 |
| 6 1 | Viol. 3: Ch/Sec/Sub |) | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by | 26 | T | owed from s | сепе? | 2 33 | |
| 1 | Name (Last First Middle | • | ator and all occupants in | volved Address | DOB/Age Se | 34 35 Seat Safety x Pos. System | | 38 39 Trap Injury Code Statu | 40 y Transp. s Code | Medical Facility | |
| | Operator | | S | ee Above | | 1 99 | 4 0 | 0 10 | 1 | | |
| | * | | | | | | | | 1 | | |
| | | | | | | | | | | | |
| | | | | | | _ | | | | | 4 |
| ı | | | | | | | <u> </u> | | | | _ |
| ⁷ 1 | Please Select One of the Following: | | _#Occupants Non | -Motorist A Type | 15 Action 16 | Location | 17 Condi | tion 18 | ⊠ ± | lit/Run Mopeo | j |
| | License # | | DOB/Age | Reg f | unknown | | Reg Type | | J] Re | eg State | 1 |
| | Sex Lic. Clas | 19 19 | 20 | _ | ear | | | | | 21 | - |
| | Operator unkn | L | E | idorsement | er | _ | | | | Comis. | |
| ⁸ 1 | Address | ast | First | Middle | Last | | First | | Mid | klie | - |
| | | State | Zip | | | | Sta | ıte | Zin | | 1 14 |
| | Insurance Company | | | | le Action Prior to Cra | sh T | | amaged Are | · - | 27 27 27 | |
| | | etion: NSEW | Responding to Emerg | | Sequence 23 | 23 23 | | est Status: | | 28 | |
| | |) | responding to Emerg | , | Harmful Event | 24 | T ₃ | pe of Test: | - | 29 | |
| ⁹ 2 | , , | • | Viol. 2: Ch/Sec/Sub | | r Contributing Code | 25 | 25 | AC Test Res | | Susp. Drug 32 | |
| | Viol, 1; Ch/Sec/Sub | | Viol. 2: Ch/Sec/Sub | | r Distracted by | 26 | | isp. Alcohol owed from s | `L | Susp. Drug: 32 33 | |
| | | | viol. 4: Cli/Sec/Sub | | | 34 35 | 36 37 | 38 39 | 40 | | - |
| | Name (Last First Middle) |) | · · · · · · · · · · · · · · · · · · · | Address | DOB/Age Se | / | Airbag Eject Status Code | Trap Injury Code Status | Transp. Code | Medical Facility | - |
| | Operator/ | Non-Motorist | Se | e Above | | 1 | | | | | _ |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |

| | = Bicycle |
|--|--|
| Crash Diagram: ie: \rightarrow 1 \rightarrow 2 \rightarrow $\stackrel{\circ}{\lambda}$ \rightarrow $\stackrel{\circ}{\delta}$ | |
| 144 Lowell St. | If Crash <u>Did Not</u> Occur on a Public Way: |
| | Off-Street Parking Lot |
| | ☐ Garage |
| | ☐ Mall/Shopping Center |
| | Other Private Way |
| (U2U) ⇒ | Indicate North by Arrow |
| Lowell St. | \bigcirc |
| Crash Narrative: | |
| MV 1 was travelling eastbound on Lowell St. According to the operator of MV | * |
| ended MV1, while on Lowell St., went around MV1 on the passenger side and si | |
| and fled the scene going east bound on Lowell St. MV2 is described to be a | dark colored |
| sedan, a piece of the bumper was left behind and a photo was attached. | |
| | |
| | Week a section of the |
| | |
| | |
| | |
| | |
| | |
| Witnesses: Name (Last, First, Middle) Address Phone | # Statement |
| Name (East, Fitst, Findie) | Statement |
| | |
| | |
| Property Damage: | |
| The state of the s | |
| Owner (Last, First, Middle) Address Phone # 41-Type Description of | f Damaged Property |
| Owner (Last,First,Middle) Address Phone # 41-Type Description | f Damaged Property |
| Owner (Last,First,Middle) Address Phone # 41-Type Description of the control of | f Damaged Property |
| Owner (Last, First, Middle) Address Phone # 41-Type Description of the second of the | f Damaged Property |
| Truck and Rus Information: | Bus Use 42 |
| Truck and Bus Information: Registration # (From Vehicle Section) | Bus Use 42 |
| Truck and Bus Information: Registration # | Bus Use |
| Truck and Bus Information: Registration # | Bus Use |
| Truck and Bus Information: Registration # | Bus Use |
| Truck and Bus Information: Registration # | Bus Use 42 St Zip |
| Truck and Bus Information: Registration # | Bus Use 42 St Zip |

Wilmington Police Department Images Associated with 22-382-AC



| | Police Use Only | Comr | nonwealth | of Massach | lusetts | 3 | RM | V Docum | ent Number | |
|-----------------------|---|-------------------------------|-----------------|------------------------------|----------------------------|-----------------------|------------------------------|-----------------|---|----------|
| | Date of Crash Time of Crash | City/Town | Motor Veh | icle Crash | Number Vehicles | | Speed Limit | 35 | State Police Local Police MBTA Police Campus Police | 1 |
| | 12/09/2022 1712 Wil | mington | Police | Report | 2 | 1 | Latitude Longitude | | MBTA Police Campus Police Other: | |
| | AT INTERSECT | ION: | | TION > | | NOT A | Γ INTER | SECTI | | 7 |
| | <u> </u> | | | | | | | | | 2 10 |
| | ROUTE 6 | | | | | | | | | |
| ¹ 4 | Route# Direction | Name of Roadway/Str | eet | Route# Direction | Address # | | Name of | Roadway/ | /Street | - |
| 4 | WOBURN | | | Feet NS | E W of | | | or | | |
| | | me of Intersecting Roadw | ay/Street | | | Mile Ma | arker | | Exit Number | 3 11 |
| | | Also at Intersection w | ith | Feet N S | | Route# | Interse | ecting Roa | dway/Street | |
| ² 1 | Route# Direction No | me of Intersecting Roadw | av/Street | Feet N S | E W of | | | J | • | |
| 1 | | | | | | | La | ndmark | | _ |
| ³ 2 | Please Select One of the Following: | #Occupants | Run Moped | Crash Report | 1D# 22 | -38 | 3-AC | ; | | |
| 2 | License # S32459438 St 1 | (A) DOD(4) | | <u> 1</u> # <u>653XPN</u> | | n ~ | P.C | D (| s. M2 | <u> </u> |
| | 10 10 | 20 | | | | | | | 21 | 1 12 |
| | Sen Sen Sens D | En | dorsement | Year 2010 | | | | Veh Co | onfig. [1 | \vdash |
| 4 | Operator ETHIER, ANN I | PERRIS First | Middle | er ETHIER, Z | | RRIS First | | Middle | | |
| ⁴ 3 | Address 337 WOBURN ST | | Addr | ess <u>337 WOBU</u> | RN ST | | | | | |
| | City WILMINGTON Sta | te MA Zip 01887 | -2107 City | WILMINGTON | <u> </u> | | | _ | 87-2107 | |
| | Insurance Company SAFETY IN | ISURANCE CO | MPANY Vehic | cle Action Prior to Crash | 4 | 22 D | amaged Area | Code: 1 | | |
| - | Vehicle Travel Direction: NXEW | Responding to Emerg | ency? 2 Even | t Sequence 1 23 | 23 23 | *** | est Status: | 1_ | 28 | |
| ⁵ 1 | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | _ | pe of Test: | . \vdash | 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol 2: Ch/Sec/Sub | Drive | er Contributing Code | 99 25 | 25 | AC Test Resu sp. Alcohol: | 1. 1 | usp. Drug: 2 32 | 1 13 |
| | Viol. 3: Ch/Sec/Sub | | | er Distracted by 99 | | | sp. Alconor. | | 33 Drug 2 | |
| ⁶ 1 | | rator and all occupants inv | | Distracted 6, 99 | 34 35 | 36 37 | 38 39 | 40 | | 4 |
| | Name (Last First Middle) | - | Address | DOB/Age Sex | Seat Safety Pos. System | Airbag Eject | Trap Injury Code Status | Transp. Code | Medical Facility | _ |
| | Operator | Se | e Above | \times X | 1 1 | 4 0 | 0 10 | 1 | | |
| Ī | | | | | | | | | | 1 |
| | | | | | | | | | | 1 |
| ļ | | | | | | - | | | | - |
| | | | | | <u> </u> | <u>L., L., </u> | | | | _ |
| ⁷ 2 | Please Select One of the Following: Vehicle 2.1 | #Occupants Non- | Motorist A Type | Action 16 | Location | 17 Condit | ion 18 | Hit/ | Run Moped | |
| | | A DOB/Ag | L | 8XPM40 | ليبيا | Pag Tops | PC | Dow C | Lete MA | - |
| l | 19 19 | 20 | _ | | | | | _ | 21 | |
| | | Restrictions 1 CD | dorsement | /ear <u>2018</u> \ | | | | _ Veh Co | ntig. | |
| ~ - I | Operator RIO MATTHEW | | Middle | er RIO, MATI | | First | | Middle | | |
| | Address 74 RIVERSIDE I | | | ess 74 RIVER | SIDE I | | | | | _ 14 |
| | City READING Stat | • | • | READING | | | | | 67-3512 | 1 |
| - 1 | Insurance Company THE COMME | RCE INSURAN | CE CO Vehic | le Action Prior to Crash | 1 | | smaged Area | <u> </u> | | |
| | Vehicle Travel Direction: NSWW | Responding to Emerge | ency? 2 Event | Sequence 23 | 23 23 | 23 | st Status: | <u> </u> | 28 29 | |
| ⁹ 2 | Citation # (If Issued) | | Most | Harmful Event 1 | 24 | • | pe of Test: AC Test Resu | - | 30 | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Drive | r Contributing Code | 1 25 | 2.5 | sp. Alcohol: | 1 | usp. Drug: 2 32 | |
| | Viol, 3; Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Drive | r Distracted by | 26 | | wed from sce | | 33 | |
| - | Please fill out for operator/no | | | | 34 35 Seat Safety | 36 37 Airbag Eject | 38 39 Trap Injury | 40 Transp. | | † |
| - | Name (Last First Middle) | | Address | DOB/Age Sex | Pos. System | Status Code | Code Status | Code | Medical Facility | - |
| | Operator/Non-Motoris | f See | Above | \times X | 1 1 | 2 0 | 0 8 | 1 | | |
| ſ | | | | | | | | | | |
| | | | | | | | | | | 1 |
| - | | | | | | | | | | 1 |
| - 1 | | I | | 1 1 | 1 | 1 1 | | 1 | | 1 |



Department

| | Pol | lice Use Only | | Com | monwealt | th c | of Massa | ach | ıus | etts | 5 | | R | MV Do | cument | Number | |
|-----------------------|------------------------------------|-------------------|---------------|--------------------------|-------------------------|-------------|--------------------------------------|---------|--------------------|------------------------|------------------------|----------------|--------------------------------|---|--------------|--|-------------|
| | Date of Crash | Time of Crash | 1 | City/Town | Motor V | e h | icle Cra | sh | | lumber ehicles | | | peed Lia | • | Loc | te Police al Police at Police at Police annual Police annu | |
| | 12/10/2022 | 24HR | 1 | nington | Polic | e l | Report | | 2 | | 0 | ľ | atitude _ ongitude | | | mpus Police | |
| | | AT INTER | RSECTI | ON: | < LC |)CA | TION | > | | | NO. | ГΑТ | INTE | RSE | CTIO | ٧: | |
| | Route# Dire | ction | | Name of Roadway/St | | | Route# Direct | | 17 | 5 ress# | M | DDI | ESE | | | | 2 10 |
| ¹ 1 | Route# Dite | CHOIL | - | At | reet | | Route# Direct | tion | Add | ress # | | | Name | or Road | lway/Stre | et | - |
| | Route# Direc | ction | Nam | e of Intersecting Roads | vay/Street | _ | Feet | | | | — Mi | le Mark | er – | — от | Ex | it Number | 5 11 |
| | | | | Also at Intersection v | vith | | Feet | N S | E W | of | Route | _ - | Inte | reacting | Poadur | ny/Street | |
| ² 1 | Route# Direc | etion | Nam | e of Intersecting Roads | vay/Street | | Feet | N S | EW | of | | | | Landma | | iy/Sirect | - |
| | Please Select (| | la 1 T | #Occupants Hit | Run Mor | od. | Crash R | anart | ID# | 22 | _3 | ΩΛ | | | | | 1 |
| 3 | of the Followi | ng. | | | | | _1 | | | | | | | | | | _ |
| <u> </u> | | 0565541 | _ | A DOB/Age | | Reg# | 2TG547 | | | | Reg | Type _ | PC | | Reg State | MA 21 | 1 12 |
| | Sex <u>M</u> Lic. (| Class D D | Lic, R | estrictions 1 C | ndorsement | | /ear <u>2012</u> er DONNEL | | | | | | ET | Ve | h Config | 1 2 | |
| ⁴ 1 | Address 24 | | | First | Middle | | | Jra | | | Fig | si | | 1 | Middle | | |
| | j | | | 143 - 0100° | | | | | | ŞΙ | | | | | 1.00 | . 0517 | |
| | | | | MA Zip 01887 | | • | WILMING' | | | <u> </u> | 22 | | | | | 7-2517 27 27 | |
| | Insurance Compa | | | RAL INSUR | ANCE C | Vehicl | le Action Prior to | Crash | | 1 | | | aged Ar Status: | ea Code | 28 | | 1 |
| 5 | Vehicle Travel D | | s X w | Responding to Emer | gency? <u>2</u> | Event | Sequence 1 | 23 | 23 | 23 | 23 | | of Test | | 29 | | |
| | Citation # (If Iss | ued) T2446 | 830 | | 1 | Most l | Hannful Event | 1 | 24 | | | - • | Test Re | | 30 | | |
| | | | | /iol. 2: Ch/Sec/Sub 85 | | | r Contributing Co | _ | 26 | 25 | 25 | Susp | . Alcoho | ol: 2 3 | 27 | Drug: 2 32 | 1 13 |
| 6 1 | Viol. 3: Ch/Sec/S | | | /iol. 4: Cl/Sec/Sub | | Driver | Distracted by | 0 | | T 3. | T 10 T | | ed from | | 2 33 | | _ |
| | Name (Last First Mi | | t for operat | or and all occupants inv | /Olved Address | | DOB/Age | Sex | 34 Seai Pos, | 35 Safety System | | Eject ' | 38 39 frap Inju ode Stat | ry Transp | э. м | ledical Facility | |
| | Operato | or | | Se | e Above | | >< | X | 1 | 99 | 4 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | | | - | | 1 |
| | | | | | | | | | | | \vdash | | | | | | - |
| | | | | | | | | | | ļ | | | _ | | | | _ |
| | | | | | | | | | | | | | | | | | |
| ⁷ 1 | Please Select O of the Followin | | e 2 <u>1</u> | #Occupants Non- | Motorist A Type | | 15 Action | 16 I | ocatio | on | 17 C | ondition | 1 | | Hit/Run | Moped | |
| | License # <u>\$36</u> | f | _ | DOB/A _k | . F | Reg# | W60920 | | | | Reg | Туре _ | 0 | F | Reg State | | |
| | Sex M Lic. C | lass D D | 19 Lic. Re | | | /eh Ye | ear 2014 | \ | /eh Ma | ake G | MC | | | Ve | h Config. | 97 ²¹ | |
| | Operator BRI | ITO, RA | FAEL | ANTONIO | dorsement (|)wnei | - EMBAROI | JE | PA | TON | GQ | MEZ | CO | | | | |
| 1 | Address 52 1 | MELVIN | ST Z | APT 10-1 | Middle A | Addres | ss 57 CHA | SE. | ST | | Fin APT | | | λ | diddle | | |
| | City LAWRE | NCE | State | MA Zip 01841 | -4382 | ity M | ÆTHUEN | | | | | State | MA | Zip O | 1844 | <u>-3771</u> | 1 14 |
| | | | Y INS | URANCE CO | | - | e Action Prior to (| Crash | | 1 | 22 | | aged Are | - | | 27 27 | |
| | Vehicle Travel Di | | EX | Responding to Emerg | | | Sequence 2 | | 23 | 23 | 23 | Test : | Status: | | 1 28 | | |
| | | <u> </u> | I E I | responding to Emerg | | | 1 | 1 | 24 | | | Туре | of Test: | | 29 | | |
| 2 | Citation # (If Issu | | | - | | | L | | | ²⁵ 9 | 25 | | Test Re | | 1 30 | | |
| | Viol. 1: Ch/Sec/S | ub | Vi | iol. 2: Ch/Sec/Sub —— | | | Contributing Cod | le | 20 | - 9 | | | Alcoho | | - | Drug: 2 32 | |
| | Viol. 3: Ch/Sec/S | | | iol. 4: Ch/Sec/Sub | | river | Distracted by | 1 | | | | | d from s | | 2 33 | |] |
| | Plea Name (Lust First Mid | | erator/non- | motorist and all occupa | nts involved Address | | IXOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | Eject T | 38 39 rap Inju ode Sum | y Transp. s Code | | edical Facility | |
| | · · · | r/Non-Mo | torist | | e Above | | | X | 1 | 99 | 4 (| | 10 | 1 | | | 1 |
| | <u>.</u> | | | | | | | | - | | _ | \dashv | + | | | | 1 |
| - | | | | | | | | | | | | | + | - | | | _ |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

| | = Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | 오 = Pedestrian | Ø = Bicycle | |
|---|----------------|---------------|---------------|--------------------|---|-----------------|
| Crash Diagram: | ie: 👈 🗆 | 1 → | 2 | ▶ ĝ - | → № | |
| | | | | | If Crash Did N on a Public Wa Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North I | Lot |
| CIN | | | | | | |
| Crash Narrative: Vehicle #1 was traveli | na Chunicht - | and Web | ialo # 0 | diatasta | trying to take a | |
| video of Runners in a | | | | | nd side swiped | |
| vehicle #1. | road race. V | renicle #2 C | rossed the c | enterline a | na siae swipea | |
| 7enicle #1. | | | | | | |
| | | | | | | |
| | | | | | | |
| | 7447.004 | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Witnesses: | | | | | | , |
| Name (Last,First,Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| | | | | | 1 | |
| Property Damage: | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type Des | cription of Damaged Property | |
| | | | | | | |
| | | | | | | _ |
| | | | | | | |
| Truck and Bus Information | Registration # | | (From Ve | hicle Section) | | |
| O ' N | | | (From ve | mele Section) | Bus Use | 42 |
| Carrier Name | | | | | Dus ose | |
| Address | | | _ City | | St Zip | |
| US DOT #: | State Number | | Issuing State | MC/MX/ICC | #: | |
| 43 | 44 | | 45 | | | |
| Interstate Cargo Body | Type Code | GVWR/GCWR | | | [| |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Trailer Le | ength 46 | |
| Hazmat Information: | | | | | several 185 | - control |
| Placard 47 Material 1 digit to | 48 Material Na | me | | Material 4 digit # | Release code | 49 |
| racard waterial 1 digit i | | 200,00 | | | | -111/12/200 |
| Patrol Officer Anthony | Fiore | ä | 164 W: | ilminaton Po | olice Department 1 | 2/10/2022 |
| Police Officer Name (Please Print) | Signature | | | partment | Precinct/Barracks Da | |

| | Police Use Only | Com | monwealt | h of | Massa | ıch | use | etts | | | | RM | V Doc | ument N | | |
|----------------|---|--------------------------------|------------------------|----------------|----------------|------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|---|-----------|--|-----------------|
| | Date of Crash Time of Crash | City/Town | Motor V | ehicl | le Cra | sh | | ımber hicles | | المصد | Speed | | 30 | Loca | Police I Police I Police I Police I Police I Police I Police I Police I Police I Police I I Police I I Police I I Police I I Police I I Police I I Police I I Police I I Police I I Police I P |] |
| | 12/10/2022 1340 Wil: | mington | Polic | e Re | port | | 2 | | 0 | | Latitu Longi | | | | pus Police | |
| | AT INTERSECT | ION: | < L0 | CATIC | ON : | > | | | NO' | ΤΑΊ | IN | rer | SEC | TION | (: | |
| | ' | | | | | | | _ | | | | | | | | 2 ¹⁰ |
| | Route# Direction | Name of Roadway/S | treet | - Rou | ite# Direct | ion | 31 (Addr | | <u> "L.</u> (| JWE | LL Na | | | vay/Stree | et | Н |
| 1 | | At | | | | NI GI | 22 127 | _ | | | | | | | | |
| | Route# Direction Na | ne of Intersecting Road | wav/Street | | Feet | N 3 | EW | ot | <u></u> М | ile Ma | rker | | or _ | Exit | Number | . 11 |
| | Acoust Production | Also at Intersection | <u></u> | | Feet | N S | E W | of | | | | • | | | · | 4 |
| <u> </u> | B | CT | <i>15.</i> | _ | Feet | N S | E W | of | Rout | e# | | merse | ecting 1 | Roadway | // Sareet | |
| ² 1 | Route# Direction Na | ne of Intersecting Road | way/Sireei | Ц, | | | | | | | | La | ndmari | k | | 1 |
| 3 | Please Select One of the Following: | _#Occupants Hit | /Run Mop | ied | Crash R | eport | ID# | 22 | -3 | 18 | 5 – | AC | • | | | |
| | ··· | A DOB/Age | <u> </u> | Reg # 7F | EE742 | | | | Re | a Tyne | PC | | R | eg State | MA | <u> </u> |
| | 19 19 | 20 | | _ | 2019 | | | | | | | | | | 21 | 1 12 |
| | Operator SILVA, FABIO | GONCALVES | Endorsement | | ARVAL | | | | | | | | | _ | | Г |
| ⁴ 3 | Address 8 JORDAN RD | First | Middle | | | asl | | | | irst | | | M | iddle | | |
| _ | City BILLERICA State | MA 7in 0182 | | | LLERIC | | | | | Sta | te MZ | A 7 | in 0: | 1821 | -2219 | |
| | Insurance Company GEICO GEN | | | | tion Prior to | | | 1 | 22 | | | | Code: | | 27 27 | |
| | Vehicle Travel Direction: NSE | Responding to Eme | | Event Sequ | <u> </u> | | 23 | 23 | 23 | Те | st Stat | us: | | 1 28 | | |
| ⁵ 1 | Citation # (If Issued) | · - | | • | L#* | 1 | 24 | | | Ту | pe of ' | Test: | | 29 | | |
| | Viol, 1: Ch/Sec/Sub | • | | | ntributing Cod | | 1 | 25 | 25 | 1 | AC Tes | | | 1 30 | - 30 | 1 13 |
| | | | | | | 0 | 26 | | | , | isp. Ali wed fi | | 2 31 ene? | 2 33 | Drug: 2 32 | |
| ⁶ 1 | Viol, 3: Ch/Sec/Sub ———————————————————————————————————— | itor and all occupants in | | Dilver Dis | anoted by | <u> </u> | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | - |
| | Name (Last First Middle) | 1 | Address | - | DOB/Age | Sex | Seat Pos. | Safety System | Airbag Status | Eject Code | Trap Code | Injury Status | Transp. Code | M | edical Facility | 1 |
| | Operator | | See Above | | \times | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | | - \ |
| | ARTHUR SILVA | 0 JORDAN RD BILLERICA, MA 0 | 1821-2219 | | | м | 3 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | Please Select One | #Occupants No | n-Motorist A Type | 15 | Action | 16 | ocatio | . [| 17 | Condit | | 18 | | Hit/Run | Moned | 1 |
| ⁷ 2 | of the Pollowing: | | | 24.63 | 1000 | Miles - | JUCATIO | " | | | | | | | | 1 |
| | License # S48315466 St M | A DOB/Age | | _ | 14BC6 | | | | | | PC | | R | eg State | MA 21 | ŀ |
| | Sex M Lic. Class D Lic. I | Restrictions C | Endorsement | | | | | ke T | | TA | | | Veh | Config. | 1 | |
| 81 | Operator TEJADA, GERAR | DO A First | Middle | | HACON | as! | | | F | irst | | | Mi | iddle | | |
| - | Address 17 DIRLAM CIR | 0405 | | | 7 DIR | | 41 C | IR | | | | | | | | 14 |
| | l ' | MA Zip 0187 | | City TE | WKSBUF | RY | r | | 22 | | | | ip <u>U </u> | | 27 27 | |
| | Insurance Company GEICO GENI | | _ | | tion Prior to | | <u>_</u> _ | | | | imagei st Stati | | Code. | 2 28 | -1 -1 | |
| | Vehicle Travel Direction: NSE | Responding to Emer | rgency? 2 I | Event Sequ | L= | | | 23 | 23 | | pe of T | | | 29 | | |
| ⁹ 2 | Citation # (If Issued) | _ | , i | Most Harn | nful Event | 1 | 24 | 251 | 25 | 1 | AC Tes | | | 1 30 | | |
| | Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub — | | | ntributing Cod | | | 25 | 25 | Su | sp. Ale | cohol: | 2 31 | | Drug 2 32 | |
| | | Viol. 4; Ch/Sec/Sub — | • | Driver Dist | tracted by | 99 | 26 | | | | wed fr | om so | | 2 33 | |] |
| | Please fill out for operator/no. Name (Last First Middle) | n-motorist and all occup | oants involved Address | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 19 Injury Status | 40 Transp. Code | Me | dical Facility | |
| | Operator/Non-Motorist | s | ee Above | | >< | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | | | | | | | 3 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | | <u> </u> | | | | | 4 | 1 | 4 | 0 | 0 | 10 | 1 | | | 1 |
| | | | <u> </u> | | 1 | | | | | | | _ | | | | - |
| | I | | | - 1 | | | | | | i | l i | 1 | 1 | | | |

| | = Direction | t = Vehicle 1 2 | = Vehicle 2 | 오 = Pedestrian | ් වී = Bicycle | |
|-------------------------------|--|-----------------|---------------|--------------------|---------------------------|--|
| Crash Diagram: | ie: 👈 | 2 | <u>→</u> | <u> 옷</u> | → № | |
| West ST | THE COLUMN TO TH | | DE MVI | | on a Pul Off-Stre | Did NotOccur Dic Way: et Parking Lot opping Center ivate Way |
| | | | | | Indicate | North by Arrow |
| | | | Lowell ST | | | |
| Crash Narrative: | | | | | I | |
| MV1 and MV2 were trave | ling WB on Low | ell st throug | h the inters | section at | t West ST. the | |
| operator of MV2 report | ed merging int | o the right t | ravel lane t | o proceed | d through the | |
| intersection prior to | hitting the dr | iver side of | MV1. MV1 was | already | in the right t | ravel |
| lane traveling straigh | t. Neither ope | erator or pass | engers repor | ted any | injuries. MV1 | |
| sustained damage to th | e driver side | and MV2 susta | ined damage | to the fr | ont bumper on | the |
| passenger side. Both o | perators were | provided exch | ange paperwo | ork. | | |
| | | | | | | |
| | | | | | | |
| | | · | | | | |
| | | | | | į | |
| | | | | | | |
| Witnesses: | | Address | | | Phone # | Statement |
| Name (Last, First, Middle) | | Address | | | 1 none # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last,First,Middle) | Address | | Phone # | 41-Type De | scription of Damaged Prop | erty |
| | | | | | | |
| | | | | | | : |
| Truck and Bus Information | Registration # | | (From Vehic | le Section) | | |
| Carrier Name | | | | | B | us Use |
| Address | | c | ity | | St Zi _l |) |
| US DOT #: | State Number | | Issuing State | MC/MX/ICO | C#: | |
| Interstate 43 Cargo Body | 44 | GVWR/GCWR | 45 | | | |
| Trailer Reg #: | Reg Type | Reg State | ! Reg Year | Trailer I | _ength | |
| Hazmat Information: | | | | | | |
| Placard 47 Material 1 digit # | # Material Na | ame | | Material 4 digit # | ——Relea | se code |
| | | | | | | |

Patrol Officer Meghan Sousa Police Officer Name (Please Print)

ice Departs Precinct/Barracks

Signature

ID/Badge#

Department

Date