	Pol	lice Use Only		Com	Commonwealth of Massachusetts RMV Document Number							ļ					
	Date of Crash	Time of Crash		City/Town	Mot	or Veh	icle C	rash		umber hicles	Numl Injur	-1 lobec	d Limit	35	5 State Polic Local Polic MBTA Po	ce 🔀	
	12/11/2022	1648 24HR	MITHE	ington	I	Police :	Report	t	1		0	Lain	itude		Campus P	olice	
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NOT	AT IN	TER	SEC	TION:		
										_							2 10
	Route# Dire	ction		Name of Roadway/S	treet		Route# D	irection	31 Addı	ess#	LO	<u>WELL</u> N			vay/Street		H
¹ 4				At				مايدا	T	1 _							
L	Route# Dire	ction	Name	of Intersecting Road	way/Street		Fe	et N S	IEIM	of	Mile	Marker	•	or _	Exit Nur	nber	11
	Konton Dire	CHOH		Also at Intersection v			Fe	et NS	EW	of							1
2							Fe	et NS	EW	of	Route	ŧ	Inters	ecting l	Roadway/Str	eet	
² 4	Route# Dire	etion	Name	of Intersecting Road	way/Street								La	ındmarl	k		
3	Please Select (of the Followi	One Vehicl	e 1 <u>1</u> #	Occupants Hit	/Run [Moped	Cras	sh Repor	t ID#	22	-3	86-	AC	7			
³ 5		4974380	c, M2	DOB/Age		. Dog	# <u>8MB71</u>					Туре <u>Р(</u>			eg State MZ		<u> </u>
	Sex F Lic.	10	19	20	CDL		Year 2017								Config. 1	21	7 ¹²
			_	F	Endorsement		er COLT							ven	Comig.		
⁴ 1	Address 17	LTON A	<u></u>	inst	Middle		er <u>COLIT</u> ess <u>17 S</u>	Last			Firs	**************************************		М	iddle		
-				<u>Zip</u> 0180	1-1523		WOBURN		- And N	•		State M	Α .	zin n'	1801-1	1523	
	1						cle Action Prio		ı,	1.	22	State Damag				···	
	· ·	Insurance Company GOVERNMENT EMPLOYED Vehicle Travel Direction: NS W Responding to En					ı	23	23	23	23	Test Sta			1 28		
5		<u> </u>		Responding to Eine	rgency?		· .	35	<u></u>	L		Type of	Test:		99 29		
	i '	sued)					: Harmful Ever er Contributing	L	1	25	25	BACT			1 30		10 ¹³
				of. 2: Ch/Sec/Sub —			er Distracted b		26			Susp. A		<u> </u>	33	£ 2 32	
⁶ 3	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub — r and all occupants ir		Drive	er Distracted to	,y U	34	35	36	37 38	39	40	1 33		-
	Name (Last First M		Tor operator	i and an occupants in	Address		DOB/Age	Sex	Seat	Safety System	Airbag	Eject Trap Code Code	Injury	Transp. Code	Medical	Facility	
	Operate	or		S	See Above		>>	$\setminus X$	1	99	4 (0	10	1			
	Please Select (One Vehicl	- #	Occupants No.			15 .	16			17	ondition	18		T		
⁷ 1	of the Followi	ng: Venici	e 4	Occupants 1401	n-Motorist A	Type	Action		Location	ⁿ		mattion		<u> </u>	Hit/Run	Moped	
	License #		St	DOB/Age			¥									21	
	SexLic.	Class	Lic. Res	trictions C	CDL Endorsement	Veh `	Year		Veh M	ake				Veh	Config.		
⁸ 2	Operator	Lası	Fi	uer	Middle	Оwл	er	Last			Firs	L		Mi	iddle		
2	Address					Addr	ess								····		14
	City		State	Zip		_ City_						State		•	22 2	7 27	4
	Insurance Comp	oany				Vehic	le Action Prio				22	Damage Test Sta		Code:	27 2	7 27	
	Vehicle Travel E	Direction: N S	EW	Responding to Emer	rgency?	Even	t Sequence	23	23	23	23	Type of			29		
⁹ 2	Citation # (If Iss	sued)				Most	Harmful Ever	nt	24	I		BAC To	est Resi	ult:	30		
	Viol. 1; Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/Sub		Drive	er Contributing	Code	<u>L</u>	25	25	Susp. A	lcohol:	31		g: 32	
		Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —					r Distracted b	у	26		Towed from scene? 33]
	Ple Name (Last First M	•	erator/non-n	notorist and all occup	oants involve Address	d	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code			Medical I	Facility	
	Operate	or/Non-Mo	otorist	s	See Above		\times		1								
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	= Direction 1	= Vehicle 1 2	= Vehicle 2	₹ = Pedesti	rian 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🔟	→ 2	□ →	· 옷	→ №		
	Little Sprouts Day C	are				If Crash <u>Did Not</u> on a Public Way	
	240 2000 01					Off-Street Parking L	ot
	310 Lowell St					☐ Garage	
entre course out the terror and the			anna armanna assa assa assa assa assa assa assa	or course of vertices where the		☐ Mall/Shopping Cent	er
						_	
						Other Private Way	
		V1				Indicate North by	Arrow
		W	D				
Lowell St			Street Sign				
Crash Narrative:					1		
On Sunday December 11	, 2022 at approx	imately 4:4	8pm I, Offic	er John	Fortes v	as dispatched	
to the area of 316 Lo	well Street for	a report of	a one car m	otor ve	hicle cra	ash in the	
area. I responded and	i observed a vehi	cle off the	road that s	truck a	sign. I	spoke to the	
operator and she stat	ed while driving	east bound	on Lowell S	treet s	he lost o	control due to	
the snow/icy road cor	ditions and stru	ck a "Right	Lane Must T	urn Rig	ht" sign	just off the	
road causing damage t		activities consequences revolutions				Access to the second se	
vehicle to the Little					dist.		
right tire was flat a							
ride home and her veh		2000 16 at 600 at 6000			NV 5900		
stated she did not wi	sh to seek medic	al attentio	n on scene a	nd state	ed she wa	is not injured.	
Witnesses: Name (Last,First,Middle)		Address			Phone #	1	Statement
Traine (Sasy) Ilsy, Made		7 duress			T none ii		Diatement
							-
Property Damage:			T				
Owner (Last, First, Middle)	Address	28 28	Phone #	41-Type	-	Damaged Property	
MA DOT	10 PARK PLZ BOS	STON MA 02116		1	RIGHT HAN	MUST TURN RIGHT S	STREET SIGN
Truck and Bus Information	On: Registration #		(From Vehi	cle Section)			
Carrier Name						Bus Use	42
Address			City		:	 St Zip	Walens.
1.41 (CC++10) (2.4000 (M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	State Number		•				
43	State Number		45	IVIC/IVIX	лее #		***
	dy Type Code	GVWR/GCWR			Pilo	14	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Length	46	
Hazmat Information:					_		- Tuo
Placard Material 1 dig	rit # 48 Material Name	e		Material 4 di	git #	Release code	49
Patrol Officer John A	A Fortes	8	228 Wi	lmington	Police	Department 12	/11/2022

Police Officer Name (Please Print)

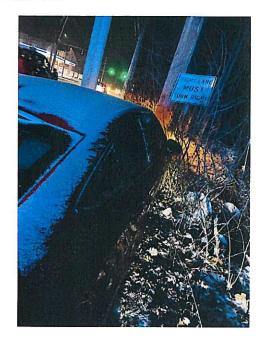
Signature

ID/Badge#

Precinct/Barracks Department

Date





	Police Use Only	Com	Commonwealth of Massachusetts							RMV Document Number			
	Date of Crash Time of Crash 12/11/2022 1707 Wil	City/Town mington	Motor Veh	icle Cras	sh [ˈ	Number /ehicles	Numb Injure	, lober	d Limit	35	State Police Local Police MBTA Police	ice 🔀	1
	24HR	mang con	Police	Report	2		0	Latitu Long			Campus F	Police	
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT	AT IN	TER	SEC	TION:		
					33	12	T.OI	ŒLL	द्रम	i			2 ¹⁰
1	Route# Direction	Name of Roadway/St	reet	Route# Directi		iress#					vay/Street		
¹ 4		At		Feet	N S E V	of				or _			
	Route# Direction Na	me of Intersecting Road	way/Street				Mile	Marker			Exit Nu	mber	2 11
		Also at Intersection v	vith		N S E V	_	Route#		Interse	ecting I	Roadway/Str	reet	F
² 4	Route# Direction Na	ine of Intersecting Roads	way/Street	Feet [N S E V	of			_				
_	Please Select One Valvation 1	#O				22	~ ~ ~			ndınarl	<u> </u>		
³ 5	of the Following:	#Occupants Hit.	/Run Moped	Crash Re	port ID#	22	-3\ 	3 / -	AC	<i>-</i>			
<u> </u>	License # S34008665 St 1	A DOB/Age	_ Reg	# <u>5RJY20</u>			Reg 7	уре РС		R	eg State M	A 21	12
	Sex M Lic. Class D Lic.	Restrictions B	DL Veh	Year 2006	Veh N	/lake_D	ODGE	<u> </u>		Veh	Config. 1		
4	Operator AMARAL, WILLI	AM T First	Middle	er AMARAL	est		M T			M	iddle		
⁴ 1	Address 225 MILL ST			ess 225 MI		T		·····	 				
	City BURLINGTON State			BURLINGT	ON	<u></u>	22				1803-:		
	Insurance Company ARBELLA V			cle Action Prior to C		4	22	Damage Test Sta		Code:	4 ²⁷ 3 ²	" -"	
5	Vehicle Travel Direction: NSW	Responding to Emer	-	it sequence 1	3 23 24	23	23	Type of			99 29	ļ	
	Citation # (If Issued)			_	<u> </u>	25	25	BAC Te	est Resi		1 30		_ 13
	Viol. 1: Ch/Sec/Sub —————			er Contributing Cod			23	Susp. A			22	g 2 32	1
⁶ з		Viol. 4: Ch/Sec/Sub — ator and all occupants in		er Distracted by	0 26	35	36	Towed 1	from sc	ene?	2 33		
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age	Sex Pos.	Safety System	Airbag E Status C	ect Trap ode Code	Injury	Transp. Code	Medical	Facility	
	Operator	s	ce Above	\sim	X_1	99	4 0	0	10	1			
7	Please Select One Vehicle 21	#Occupants Non	-Motorist A Type	15 Action	16 Locat	ion	17 CO	dition	18	П	Hit/Run	Moped	1
⁷ 1	of the ronowing.							L		<u> </u>			
	19 19	DOB/Age	_	# 2EWN66		•	_	уре РС			eg State MZ	21	
	Sex F Lic. Class D Lic. I	E	ndorsement	Year 2019						_ Veh	Config.		
⁸ 2	Address 38 LAKE ST	First	Middle	er <u>WHITE ,</u> La ess <u>38 LAK</u> I	ıst	ILEE	First	1174		Mi	iddle		
	City WILMINGTON State	. MZA 7in 0188'		WILMINGT				State Mi	A 2	· 01	 1887-:	3708	4 14
	Insurance Company SAFETY IN			le Action Prior to C		1	22					7 27	
	Vehicle Travel Direction: NSWW	Responding to Emer		t Sequence 1	3 23	23	23	Test Sta			1 28	النصلم	
0	Citation # (If Issued)		-	· -	1 24		 J	Type of			99 ²⁹		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	ם or Contributing Cod	e 1	25	25	BAC Te Susp. Al			30 Susp. Dru	32	
		Viol. 4: Ch/Sec/Sub —		er Distracted by	0 26			Towed f	1		2 33	°1 <u>′</u>	
	Please fill out for operator/no	n-motorist and all occup			34 Scat	35 Safety	Airbag E	7 38 cct Trap	39 Injury	40 Transp.			
	Name (Last First Middle) Operator/Non-Motoris	<i>t</i>	Address ee Above	DOB/Age	Sex Pos.	System 99	Status C	de Code	Status	Code 1	Medical	Facility	
	operatorrator-motoris	, ,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	╀		+					
,						-		-		ļ			
	- 10.014.01					ļ		-	-				

	= Direction 1	= Vehicle 1	2 = Vehicle 2	♀ Pedestrian	Bicycle	
Crash Diagram:	ie: → 🔟] →[2	→ ĝ -	→ №	
		193 North on Ramp			If Crash Did No on a Public Way Off-Street Parking Garage Mall/Shopping Cer	y: Lot
Lowell					Other Private Way	3
Street						
					Indicate North b	y Arrow
	(D_D)(D_V2	<u>)</u>		A N		
Crash Narrative:						
On Sunday December 11,						
to a two vehicle crash		and or				
Upon arrival I spoke t			255 (5)			
North but observed a v			760, St			
waited for the vehicle		E				
behind by V2. Op2 stat						
to a complete stop due sustained by anyone in					A STATE OF THE STA	
operators drove away a			TOTES HAG C	lamage Duc we	sie drivable und both	<u>*</u>
<u> </u>				*		
Witnesses:		.*t		4.00		
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
()						-

Truck and Bus Information	Registration #		(From	Vehicle Section)		
Carrier Name	50. Zaniti		1500	e (electrical relación el comita establica el saciente	Bus Use	42
Address			City		St Zip	2000020
US DOT #:	State Number		Issuing State	MC/MX/ICC	C#:	*
Interstate Cargo Body	Type Code	GVWR/GCWR				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer I	Length 46	
Hazmat Information:					and the state of t	
Placard 47 Material 1 digit	# Material Nam	ne		Material 4 digit #	Release code	49
Patrol Officer John A	Fortes		228	Wilmington P	olice Department 12	2/11/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

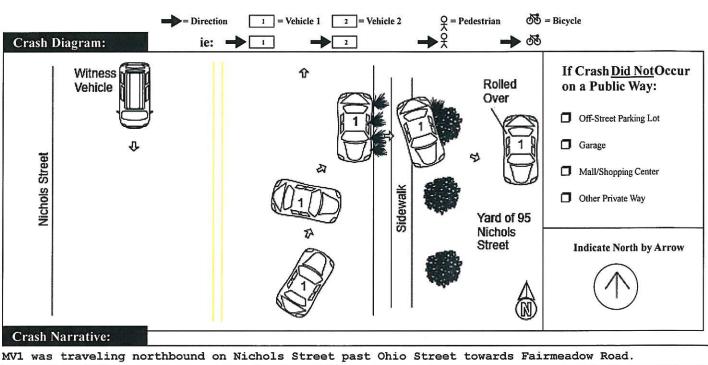
Department Precinct/Barracks

Date





	Police Use Only	Com	mmonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash 12/11/2022 1644 W	City/Town ilmington	Motor Veh	icle Crasl	Number Vehicles		Speed Limi	1 -20	tate Police	
	24HR		Police	Report	1	1	Latitude Longitude _	la	Campus Police Other:	
	AT INTERSE	CTION:	< LOCA	TION >		NOT A	CINTER	RSECTIO	N:	
					95	NTCL	IOLS S	2171		2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Direction		NICI		f Roadway/S	treet	
'4		At		Feet N	S E W of			- or		
	Route# Direction	Name of Intersecting Roady	vay/Street			Mile M	arker	I	Exit Number	11
		Also at Intersection v	vith		S E W of	Route#	Inter	secting Road	way/Street	<u> </u>
² 4	Route# Direction	Name of Intersecting Roady	way/Street	Feet N	S E W of					
4	Diamer Colont ()			<u> </u>				andmark		┨
8	Please Select One of the Following:	1 #Occupants Hit/	Run Moped	Crash Repo	ort ID# 22	-38	8-A	3		
	License # SA3500902	St MA_ DOB/Age	Reg	# 8JYX70		Reg Typ	e PC	Reg St		12
	Sex F Lic. Class D M		DL Veh	Year 2000	Veh Make 🚨	leep		Veh Con	fig. 1 21	3
	Operator DONOVAN, SC	FIA ESPERANZ	Middle Own	er DONOVAN	, MARK	CHARI	ES	Middle		
1	Address 5 QUINCY ST			ress 5 QUINC	Y ST					
	City WILMINGTON	State MA Zip 0188 *	7-3739 City	WILMINGTO	N				37-3739	
	Insurance Company SAFETY	INSURANCE CO	MPANY Vehi	cle Action Prior to Cra				}	27 9 27 10 27	
5	Vehicle Travel Direction:	W Responding to Emer	gency? 2 Ever	ot Sequence 40 23	43 23 20 23 2	23 T	est Status: ype of Test:		.9 .9	
	Citation # (If Issued)		Mos	t Hannful Event 4			AC Test Re	sult: 2	30	L
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	7 25 1	.2 25 S	usp. Alcohol	2 31 Su	sp. Drug: 2 32	2013
· 3	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	9 26	Т	owed from s	cene? 1 3	13	
3	Please fill out for	operator and all occupants in	volved Address	DOB/Age S	34 35 Seat Safety ex Pos. System		38 39 Trap Injur Code Statu	40 Transp. s Code	Medical Facility]
	Operator	s	ee Above		1 1	3 0	1 8	1		1
	-				1					1
										1
										1
				(6) 14	1 1	17	18	<u> </u>	<u> </u>	1
1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	Action 16	Location	Condi	tion	Hit/R	un Moped	l
		St DOB/Age	Reg	#		Reg Typ	e	Reg St		
	Sex Lic. Class 19 19		DL Veh	Year	Veh Make	·	.,	Veh Conf	ñg. 21	
	Operatorlast	First		erlast		First		Middle		
2	Address			ess						<u> </u>
	City	StateZip	City		·····		ite	Zip		4 14
	Insurance Company		Velti	cle Action Prior to Cra	ish		amaged Are		7 27 27 8	
	Vehicle Travel Direction: NSE	w Responding to Emer	gency? Even	t Sequence 23	23 23	2.0	est Status:	L.	9	
2	Citation # (If Issued)		Most	Harmful Event	24	В	AC Test Res	sult: 3	<u> </u>	
_	Viol. 1: Ch/Sec/Sub —————		Drive	er Contributing Code	25	25 S	ısp. Alcohol		p. Drug 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from s	- L	3]
	Please fill out for operate Name (Last First Middle)	or/non-motorist and all occup-	ants involved Address	DOB/Age Se	34 35 Seat Safety ex Pos. System		Trap Injury Code Statu		Medical Facility	
	Operator/Non-Moto	rist s	ee Above	$\rightarrow \rightarrow$	1					
		-	= H111					-		1
										1
	Form No. 10364 CRA-65 09/18									J



MV1 was traveling northbound on Nichols Street past Ohio Street towards Fairmeadow Road.

As MV1 came down the hill from the Nichols Street overpass, the operator of MV1 stated the vehicle started to slide into the opposing lane and towards an oncoming vehicle on the snow covered roadway. The operator of MV1 attempted to swerve/steer back into her travel lane, but she lost control, and the rear of the vehicle spun around 180 degrees and struck the curb on the right side of the road. MV1 then rolled over into the yard of 95 Nichols Street, struck a small tree/bush, caused damage to the lawn, and eventually came to rest on it right side with the operator trapped inside. The WFD responded, freed the operator from the vehicle, and turned the vehicle over. The operator suffered minor injuries but refused transport to the hospital. Forrest Towing responded and removed the vehicle from the scene. The vehicle suffered significant damage to all areas of the vehicle.

Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement
RUBIN JEFFREY	44 FAIRMEADOW RD WILMINGTON MA 01887-1649		
AODIN UBITABI			

Owner (Last, First, Middle)

Address
Phone # 41-Type Description of Damaged Property

MURPHY PATRICK WILLIAM

95 NICHOLS ST WILMINGTON MA 01887

77 TREES/BUSHES & LAWN IN FRONT YARD

	6/15/62/12/64	
Truck and Bus Information: Registration#	(From Vehicle Section)	42
Carrier Name		Bus Use
Address	_ City St	Zip
US DOT #:State Number	Issuing State MC/MX/ICC #:	
Interstate Cargo Body Type Code GVWR/GCWR	45	
Trailer Reg #: Reg Type Reg State	Reg YearTrailer Length	
Hazmat Information:		
Placard Material 1 digit # Material Name	Material 4 digit #	Release code

Patrol Officer Michael A Wilson

209

Wilmington Police Department

12/11/2022









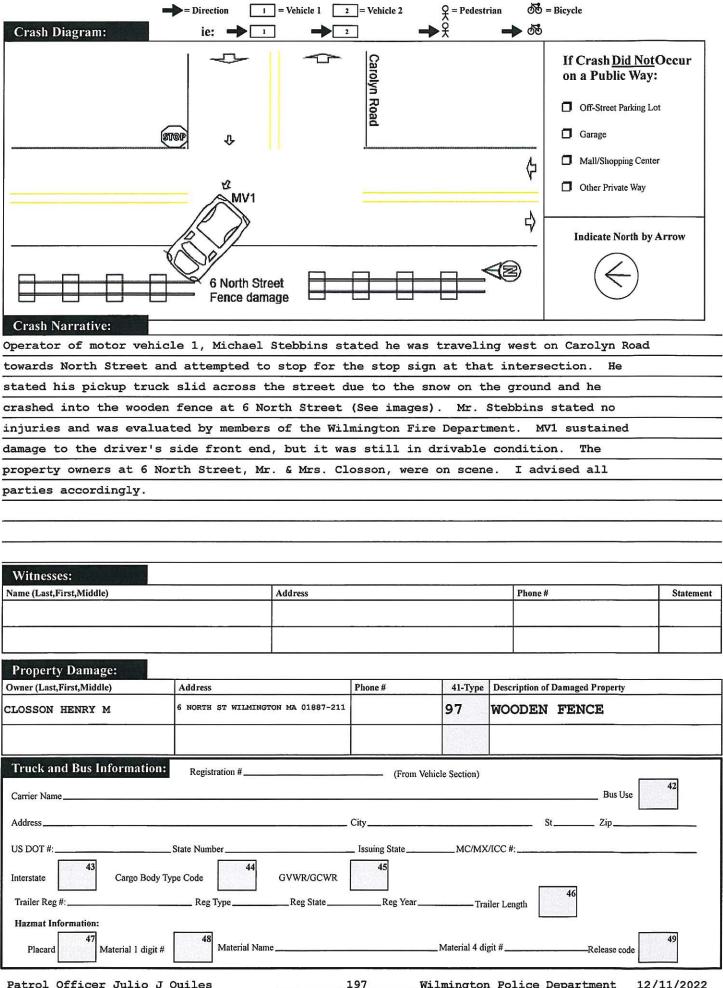








Routed Direction Name of Roadway/Street At	Police Use Only Commonwealth of Date of Crash Time of Crash City/Town Motor Wobiel						of Mass	sach	use								
Rodel Direction Name of Readway/Street Also at Intersection With Also at Intersection With Rodel Direction Name of Intersection Readway/Street Also at Intersection With Feet NS E W of Mile Marker or East Number Rodel Direction Name of Intersection Readway/Street Rodel Direction Name of Intersection Readway/Street Rodel Direction Name of Intersection Readway/Street Feet NS E W of Mile Marker or East Number Feet NS E W of Mile Marker or East Number Feet NS E W of Mile Marker or East Number Feet NS E W of Note of Intersecting Readway/Street Lambourde Leave # SPESS IN STABLE WILLIAM Address 10 NaRCIA RD Operator STEBBINS, MICHARII WILLIAM Note STEBBINS, MICHARII WILL	1	1736	1 1	1					Veh	icles	Injured	Latitu	ıde	25	Local MBT/ Camp	us Police 🔲	
Routed Direction Name of Roadbusy/Street And Routed Direction And Routed Routed Direction And Routed Direction And Routed Direction Roadbusy/Street Routed Direction Roadbusy/Street Roadb		AT INTER	SECTION:		<	LOCA	TION	>		1	TO!	T IN	TER	SEC.	TION:		
Foc N S E W of Mile Marker Selt Number	Route# Dire	ction	Name	<u>-</u>	reet		Route# Dir	ection	6 Addre	ss #	NOR			Roadw	ay/Street		
As at Interrection with Feet N S E W of Record Intersecting Readways/Street) I				Fee	NS	EW	of —				or _	Exit	Number	-
House Scient One Name of Intersecting Readway/Street Lamchantif	Route# Dire	ction								F	Route#		Interse	ecting R	Roadway/	'Street]_
His/Run Moped Crash Report ID# 22-389-AC	Route# Dire	ction	Name of Inte	ersecting Roadw	vay/Street		Fee	INIS	E W	of			1 0	odmorl.			-
Sex M Lic Class M 10 Lic Restrictions 2 CDL Endocemental Mails Mai			е 11#Осси	pants Hit/	Run 🔲	Moped	Crash	Report	1D# 2	22-	-38	9-					
Operator STEBBINS, MICHAEL WILLIAM Address 10 MARCIA RD City WILMINGTON State MA 7/p 01887-1465 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: NS EX Responding to Emergency? 2. Citation 8 (If Issued) Most Hamful Event Sequence		10	19	ons 20 C												21	7
Address 10 MARCIA RD City WILMINGTON State MA Zip D1887-1465 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash Wellick Action Pr	1	<u> </u>	_ MICHAEI		AM						EL			М			. 🗀
Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E N Responding to Emergency? 2 Event Sequence So 23 23 23 23 23 23 23 23 23 23 23 23 23	Address 10	MARCIA	RD		Mindig	Addr	ess 10 M	RCI	A R	D	First			Mic	odic		-
Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 30 23 23 23 23 23 23 23	City WILM:	INGTON	State MA	. Zip <u>01887</u>	7-1465	City	WILMIN	GTON	1		_						1
Vicil 1: Cht/Sec/Sub	Insurance Comp	oany THE CO	OMMERCE	INSURAN	ICE CO	Vehic	_			L				Code:		27 27	
Most Harmful Event 30 24	Vehicle Travel I	Direction: N 5	E Resp	onding to Emerg	gency? 2	Even	t Sequence 3	0 23		23	-3						
Viol. 3: Clu/Sec/Sub	Citation # (If Iss	sued)				Most	Harmful Event	30				••		alt:	1 30		_
No. 3. Ch/Sec/Sub	Viol. 1: Ch/Sec/	Sub	Viol. 2: 0	Ch/Sec/Sub			•	_	<u>Ľ</u>	25		_	- 1	-		Orug:99 32	30
Name (Last First Middle) Address DORINAge See See See See Cabe	Viol. 3: Ch/Sec/					Drive	r Distracted by	0		-2. 1					2 33		
Please Notest One of the Following: Vehicle 2	Name (Last First N		for operator and	all occupants inv			DON/Age	Sex	Seat	Safety A	irbeg Eje	et Trap	Injury	Tronsp.	Med	lical Facility	
License # St DOB/Age Reg # Reg Type Reg State Sex Lic Class 19 19 Lic Restrictions CDL Veh Year Veh Make Veh Config. Operator Last First Middle Address City State Zip City State Zip Damaged Area Code: 27 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 23 Test Status: Type of Test: 29 Most Harmful Event 24 BAC Test Result: 30 Work Insurance Company Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address Susp. System Status Code Medical Facility Medical Facility Address Susp. System Status Code Code Status Code Medical Facility	Operate	or		Se	ee Above		$>\!\!<$	\mathbb{X}	1	1 4	0	0	10	1			
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Sex_Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config. Operator Last First Middle Last First Middle Address Address Address City State Zip City State Zip Damaged Area Code: 27 27 27 Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 23 23 Test Status: 28 Type of Test: 29 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Driver Distracted by Driver Distrac	License #	10				Reg #	<i>I</i>				Reg Ty	ре		Re	g State_	21	-
Address		Class	Lic. Restrictio	ons CI	DL ndorsement				Veh Mal	ce				Veh	Config.		
City State Zip	1		First		Middle						First			Mic	idie		_
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Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)	Viol. 1: Ch/Sec/	Sub	Viol. 2: 0	Ch/Sec/Sub —		_ Drive	r Contributing	Code	2	5	25		t		Susp. I	Orug 32	
Name (Last First Middle) Seat Safety Airbag Eject Trap Injury Transp. Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility	Viol. 3: Ch/Sec/	Sub	Viol. 4: 0	Ch/Sec/Sub		_ Drive	r Distracted by		26			Towed f	rom sc	ene?	33		
	E .	•	erator/non-motoris	st and all occupa			DOR/Age	Sav	Scat	Salety A	irbag Eje	t Trap	Injury	Transp.	Med	lical Facility	7
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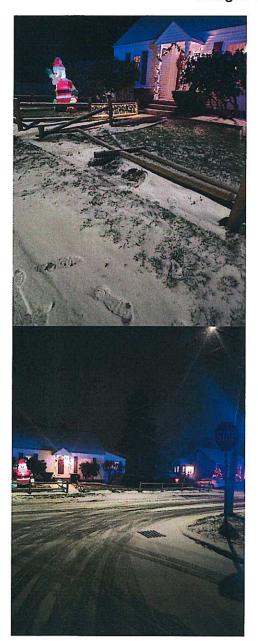
Patrol Officer Julio J Quiles

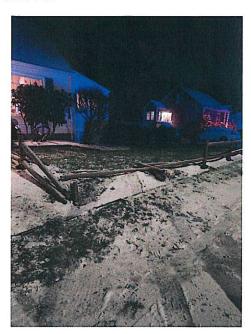
ID/Badge #

Wilmington Police Department Department Precinct/Barracks

12/11/2022

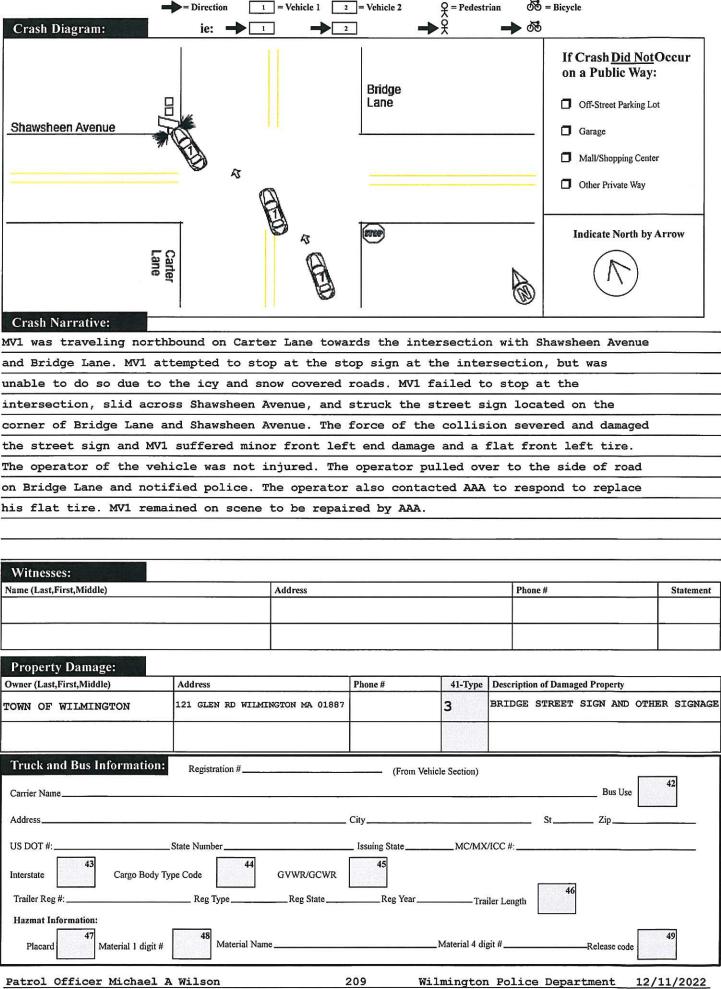
Police Officer Name (Please Print)





	Police Use Only	Commonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash 12/11/2022 1832 Wi	City/Town Lmington	Motor Veh	icle Cras	h	Number Vehicles	Numb Injure		1 Limit.	25	State Police Local Police MBTA Police	080	
	24HR		Police 1	Report	1	_	o o	Lang			Campus Police Other:		
	AT INTERSEC	TION:	< LOCA	TION >			NOT	AT IN	TER	SEC	TION:		- 10
	BRIDGE	T.N											2 10
1_	Route# Direction	Name of Roadway/S	treet	Route# Direction	n Ad	dress#		N	ane of	Roadw	ay/Street		
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		lame of Intersecting Road		Feet N		J .	Mile	Marker			Exit Number	[:	1 11
		Also at Intersection v	with .	_	SE		Route#	· —	Interse	ecting P	Roadway/Street	-	
² 4	Route# Direction N	lame of Intersecting Roads	way/Street	reet [1	HALE!	<u></u> 01			l.a	ndmark	<u> </u>		
	Please Select One Vehicle 11	#Occupants Hit	/Run Moped	Crash Re	port ID#	22	-3	90-					
³ 8	of the ronowing:		<u> </u>								a. M3		
	19 19	MA DOB/Age 20 C	_	# <u>31XT54</u> Year <u>2015</u>			-				eg State MA	ī [5 12
	Operator ODONOGHUE, M		Endorsement	er ODONOGH				*		ven	Coinig.	┙┟	
⁴ 2	Address 302 BURLINGTO	First	Middle	es 302 BUI	51		First			Mi	ddie		
	City WILMINGTON St			WILMINGT					A 2	Zip 01	1887-310	7	
	Insurance Company THE STANI	•	•	cle Action Prior to C		2	22					27	
-	Vehicle Travel Direction: SEW	Responding to Emer	rgency? 2 Even	t Sequence 28	23	23	23	Test Sta			28		
1	Citation # (If Issued)		Most	Harmful Event	28 ²⁴	,		Type of BAC Te		.14-	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	7	25	25	Susp. A			Susp. Drug: 2	32	30 ¹³
⁶ 3	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²⁶			Towed f	irom sc	ene?	2 33	-	
3	Please fill out for op	erator and all occupants in	avolved Address	DOB/Age	Sex Po	t Safety	36 Airbag I Status C	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	s	See Above		X 1	99	4 0		10	1			

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³ 2	Operator	First	Middle	erLas	il		First			Mis	ddle		
	City St	ateZip						State	Z	Zip		[4 14
	Insurance Company			ele Action Prior to C			22	Damage		1	27 27	27	
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2	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	, [25	25	Susp. Al	ſ		Susp. Drug	32	
	Viol, 3: Clr/Sec/Sub	_ Viol. 4; Ch/Sec/Sub	Drive	r Distracted by	26			Towed f	rom sc	ene?	33		
	Please fill out for operator/i Name (Last First Middle)	non-motorist and all occup	oants involved Address	DOB/Age	Sex Pos	1 Safety	Airbag E	37 38 jeet Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motori	st s	ee Above		1								
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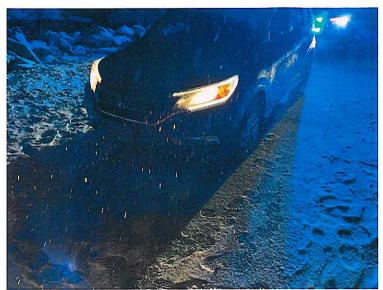


Patrol Officer Michael A Wilson

209

12/11/2022

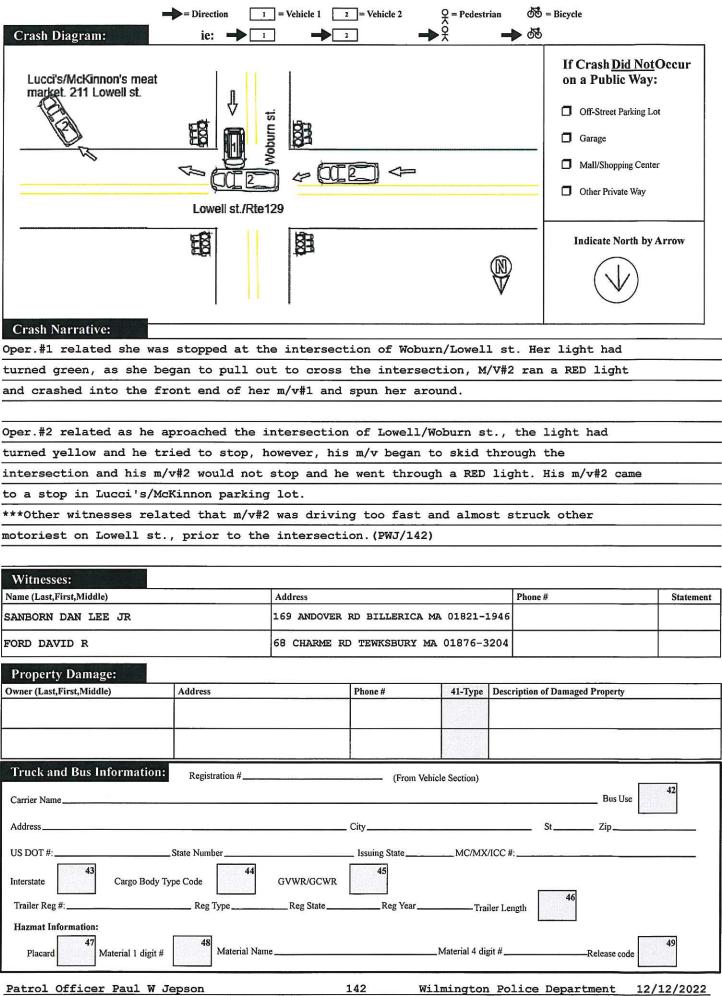




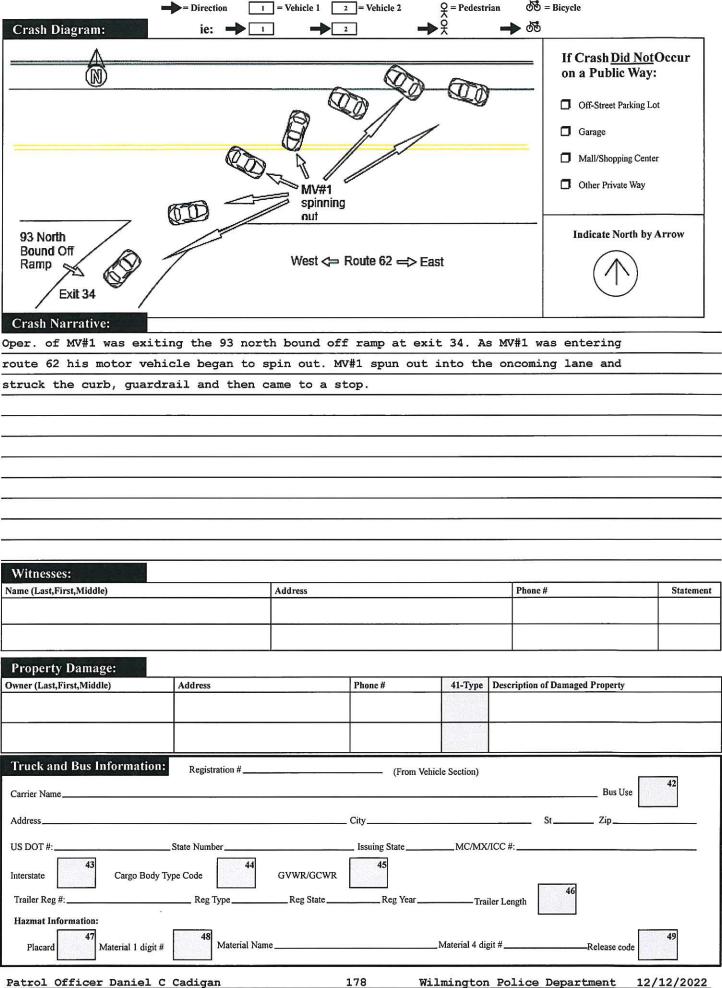




	Police Use Only	Com	monwealth	of Massacl	husett	S	RMV Document Number				
	Date of Crash Time of Crash 12/12/2022 0554 Wil:	City/Town mington	Motor Veh	icle Crash	Numbe Vehicle		Speed Limi	it <u>25</u>	State Police Local Police MBTA Police	0000	
	24HR	iiII iig con	Police	Report	2	1	Latitude Longitude_		Campus Police Other:	ă	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	T INTE	RSEC	TION:		
	WOBURN	ST								ŀ	2 10
1 _	Route# Direction	Name of Roadway/Si	treet	Route# Direction	Address #		Name o	f Roadw	/ay/Street		
¹ 4	129 E LOWELL	At CT		Feet N S	E W of			- or _			
		me of Intersecting Road				Mile M	arker		Exit Number		3 ¹¹
		Also at Intersection v	with		E W of	Route#	Inter	secting I	Roadway/Street	-	
² 2	Route# Direction Na	me of Intersecting Road	way/Street	Feet [N]	E W of		т	andmarl			
	Please Select One	#Occupants Hit.	/Run Moped	Crash Repor	- ID# 2 2	-30	• • • • • • • • • • • • • • • • • • • •				
3	of the Pollowing:										
	10 10	DOB/Age		# 22EC75					2	7	1 12
	Sex F Lic. Class 99 Lic. Coperator MARTINEZ , SHE	<u> </u>	Indorsement	Year 2016 Her MARTINE Z				Veh	Config. 1	╛╏	
⁴ 3	Address 5 OAKHURST TER	First	Middle	Last Cess 5 OAKHUE	•	First		Mi	iddle	-	
	City N READING Stat			N READING			oto MA	zin Oʻ	1864-113	_	
	Insurance Company CITIZENS	_	•	cle Action Prior to Cras		_	amaged Are			77	
	Vehicle Travel Direction:	Responding to Emer	_	t Sequence 7 23	23 23	23 T	est Status:		28	_	
⁵ 1	Citation # (If Issued)	_		Hannful Event 1	24		ype of Test:		30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	AC Test Resusp. Alcohol			52	1 13
6	Viol, 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		owed from s		1 33	┙┟	
⁶ 2	Please fill out for opera	ator and all occupants in	volved Address	DOM:	34 35 Scat Safety		38 39 Trap Injur				
	Operator Operator	s	ee Above	DOB/Age Sex	Pos. Syster	n Status Code	Code Statu		Medical Facility Winchester Hospital		
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	N 61 . 6			15 16		17	10			\dashv	
⁷ 2	of the Following: Vehicle 2.1	_#Occupants Non	n-Motorist A Type	Action 16	Location	Condi	tion 18		Hit/Run 🔲 Mor	ed	
		A DOB/Age	Reg	2KWX17		Reg Typ	e PC	Re	eg State MA		
	<u> </u>	E	ndorsement	Year 2017				Veh	Config. 2	1	
⁸ 1	Operator MERCER, WILLI	AM E	Middle	er MERCER,		M E First		Mis	ddle	-	
	Address 2 CONNOLLY RD			ess 2 CONNOI						-	14
	City BILLERICA State	_	_	BILLERICA			ite MA amaged Area	,	L821-503	6 7	
	Insurance Company PROGRESSI			t Sequence 23	h 1		amageu Are. est Status;	a Couc.	28		
	Vehicle Travel Direction: NS W Citation # (If Issued) T2749548	Responding to Emer		t sequence 1	24	l l	ype of Test:	Ì	29		
2	Viol. 1: Ch/Sec/Sub 89 9	 15-1-2 Chip(5.1 90		Harmful Event 1	2 ²⁵ 3	. 25	AC Test Res		30		
	Viol. 3: Ch/Sec/Sub			er Distracted by			usp. Alcohol owed from so	L	Susp. Drug: 3	2	
	Please fill out for operator/no			, , , , , , , , , , , , , , , , , , ,	34 35 Scat Safety	36 37	38 39 Trap Injury	40	<u>- </u>		
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	_	
	Operator/Non-Motorisi	Se	ee Above		1 1	2 0	0 10	1			
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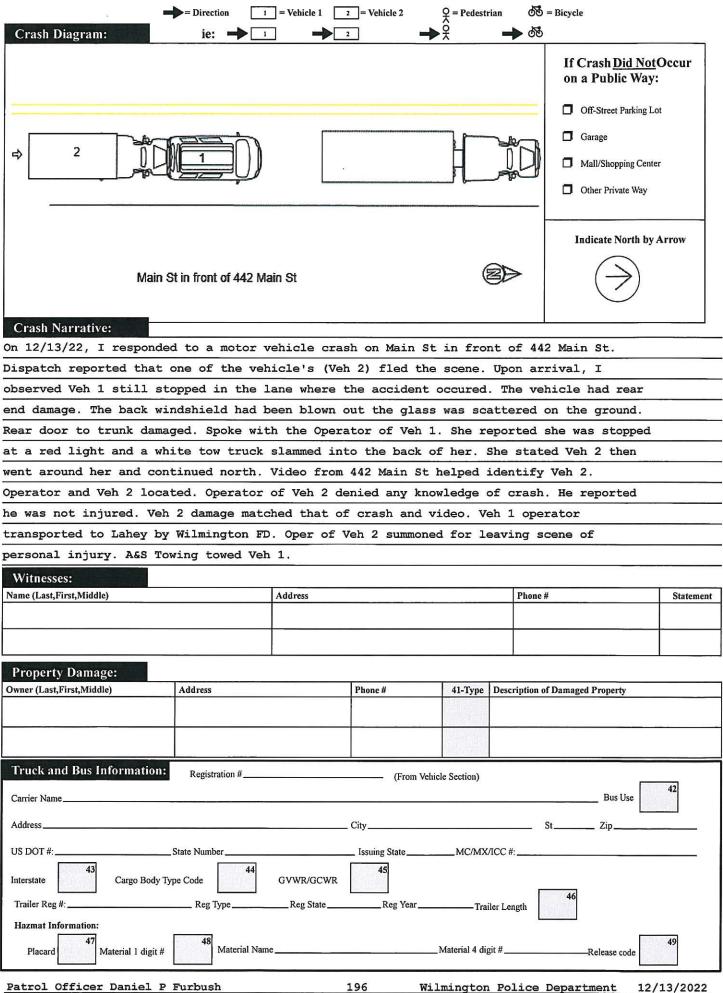


	Police Use Only	monwealth (alth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash 12/12/2022 0747 W	City/Town	Motor Veh	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	lumber ehicles	Numb Injure	a Proce	l Limit	30	State Police Local Police MBTA Police	
	12/12/2022 0747 W 24HR	ilmington	Police 1	Report	1		0	Latitu Longi			Campus Police Other:	<u> </u>
	AT INTERSE	ECTION:	< LOCA	TION >			NOT	AT IN	TER	SEC	TION:	
					24		BOI	TITLE .	60	LITATU	,	1 10
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	34 on Add	ress#	KU	JTE Na			/ay/Street	
¹ 1		At		Feet N	SEW	of				or		İ
	Route# Direction	Name of Intersecting Road	way/Street		1-1-1] "	Mile	Marker		· -	Exit Number	11
		Also at Intersection	with	_	SEW	_	Route#		Interse	ecting F	Roadway/Street	- 💾
² 2	Route# Direction	Name of Intersecting Road	way/Street	Feet N	SEW	of						_
	Diame Caland One			1						ndmarl	k	-
3	Please Select One of the Following:	1 #Occupants Hit	t/Run Moped	Crash Re	port ID#	22	-3	92-	AC	•		_]
	License # SA2230826	St MA_ DOB/Age	Reg i	1ZJS77			Reg	уре РС	;	R	eg State MA	12
	Sex.M Lic. Class D	Lic. Restrictions 1 20	CDL Veh '	Year 2016	Veh N	lake O	ther-	not li	ste	i Veh	Config. 21	3
,	Operator MONTANEZ, F			er MONTANE	Z, A	NGE	I I	JIS	JR	Mi	iddle	-
⁴ 1	Address 60 BREWSTER	RD	Addr	ess 60 BRE	NSTE	R RI						-
	City WEYMOUTH	State MA Zip 0219	1-1426 City	NORTH WE	YMOU	TH_				-	2191-142	¬ 1
	Insurance Company GEICO G	ANCE C Vehic	ele Action Prior to C		6	22	Damage		Code:	2 27 4 27 2° 28]	
⁵ 2	Vehicle Travel Direction: NSD	rgency? 99 Even	t Sequence 24 23		23	23	Test Sta Type of			29		
2	Citation # (If Issued)	•			24 24	1		BAC Te		ult:	30	127
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25	25	Susp. A	lcohol:	31		24 ¹³
⁶ 2		Viol. 4: Ch/Sec/Sub	 	r Distracted by				Towed f	.,		1 33	
	Please fill out for Name (Last First Middle)	operator and all occupants in	nvolved Address	DOB/Age	Seat Pos.	35 Safety System	36 Airbag 1 Status C	37 38 ject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	S	See Above	\sim	X	99	2 0	0	10	1		
									1			
						 		+	\vdash			_
	Please Select One			15	16	<u> </u>	17		18		<u> </u>	\dashv
⁷ 6	of the Following: Vehicle 2	#Occupants No	n-Motorist A Type	Action	Locati	on	Co	ndition			Hit/Run 🔲 Mop	ed
	[St DOB/Age	Reg #	<i></i>			Reg 1	уре		R	eg State 21	_
	Sex Lic. Class 19 19		CDL Veh Y	lear	Veh N	lake				Veh	Config.	
81	Operatorlast	First	Middle	erLas	st.		First			Mi	iddle	
<u> </u>	Address			ess								
	City	_ State Zip	City_				22	State			27 27 2	_ 1
	Insurance Company		Vehic	ele Action Prior to C		031		Damage Test Sta		Code:	27 27 2° 28	ן ני
	Vehicle Travel Direction: N S E	Responding to Eme	rgency? Even	Sequence 23	23	23	23	Type of			29	
92	Citation # (If Issued)	Citation # (If Issued)				25	25	BAC Te	st Resi	ılt:	30	_
	Viol. 1: Ch/Sec/Sub ————		r Contributing Code	26			Susp. Al				4	
	Viol, 3: Ch/Sec/Sub			r Distracted by	34	35	36	Towed f	rom sc	ene?	33	
	Please fill out for operat	tor/non-motorist and all occup	Address	DOB/Age	Sex Pos.	Safety System	Airbag F	ject Trap ode Code	Injury	Transp.	Medical Facility	
	Operator/Non-Moto	orist s	Gee Above		X_1							
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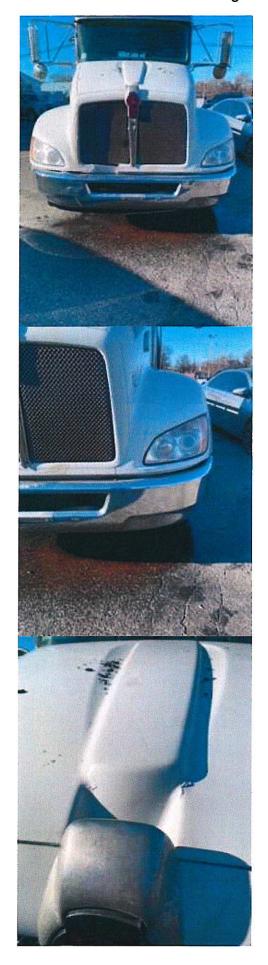


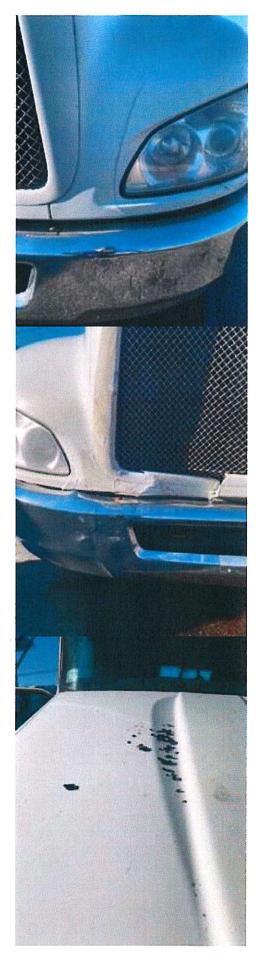
Wilmington Police Department

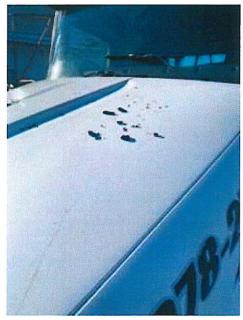
	Pol	lice Use Only		Commonw	vealth (th of Massachusetts						RMV Document Number					
	Date of Crash 12/13/2022	Time of Crash	City/Town lmingto		tor Veh	icle Cra	sh		ımber hicles	Nun Inje	a i'	Speed Latitus	Limit	35	Locai	Police Po	
	12/13/2022	24HR	THE HIG CO.	"]	Police 1	Report		2		1	- 1	Lautus Longit				ous Police	
		AT INTERSEC	TION:	<	LOCA	TION	>			NO'	ΓΑΊ	'IN'	ΓER	SEC	TION	:	
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			Also at Inte	rsection with			NS			Route	 e#		Interse	ecting I	Roadway	/Street	
² 1	Route# Dire	ction 1	Name of Intersect	ing Roadway/Street		Feet	NS	E W	of				-				
	Please Select 0	One	#Oagunants	<u> </u>					2.2		0.01			ndmarl	<u>K</u>		†
3	of the Followi		#Occupants	Hit/Run	Moped	Crash R											1
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	Sex F Líc.	Class D 19 Li	c. Restrictions	CDL	Veh '	rear <u>2022</u>	v	/eh Ma	ake E	ORI				Veh	Config.	1 "	<u> </u>
Δ	Operator PA	RK, SAERO	First	Middle	Own	er LEE , J	UN Last	HE	2	Fi	irst			м	iddle		
⁴ 1	Address 38	GREY COACE	LN		Addr	ess 38 GRE	Y	COA	CH	LN							
		I NG s	-		-	READING										-1366	
	Insurance Comp	Dany AMERICAN	FAMILY	CONNECT	le Action Prior to		1	1	22		image st Stat		Code:	5 ²⁷ 28	27 27		
5	Vehicle Travel I	Direction: SEV	V Respondin	g to Emergency? 2	t Sequence 1	23 :	23	23	23		si siai pe of 1			29			
	Citation # (If Iss	sued)			Most	Hannful Event	1	24			BA	-	st Resu	alt:	1 30		
	Viol. 1: Ch/Sec/	Sub	- Viol. 2: Ch/Se	c/Sub	Drive	r Contributing Co	de	<u> </u>	25	25	Su	sp. Al-	cohol:	2 ³¹	Susp.	Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/	Sub —	—Viol. 4: Ch/Se	c/Sub ————	Drive	r Distracted by	0	26					rom sc		1 33		
1	Name (Last First N	Please fill out for op	erator and all occ	cupants involved		DOB/Age	Sex	34 Scot Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Мо	diest Facility	
	Operate	or		See Above		><	X	1	1	4	0	0	8	2	Lahey (Clinic]
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⁷ 1	of the Followi		#Occupants	Non-Motorist	A Type	Action	L	ocatio	n	°	Conditi	ion			Hit/Run	Moped	
	License # S8	4527965 St	MA_ DOB/Ag	e. 20	_	2672E					з Туре			R	eg State_	MA 21	
	Sex.MLic.	<u></u>	. Restrictions B	CDL Endorsement	t	/ear 2011								Veh	Config.	6	
8 1	-	UKIS, BRIA	First	Middle		AUTO B	Jasi,			IC		C		Mi	iddle		
т.		ANGLE ST	APT 1	01051 0041		ess <u>17–19</u>	HIG	3H	ST								14
	City LOWE		•	01851-3341	•	READING		ſ		22				ip U . Code:		27 27	
		eany EMPLOYER	_			le Action Prior to		<u> </u> 23	23	23		st Stat		Couc.	1 28		ļ
	Vehicle Travel D	E-X		g to Emergency? 2		Sequence 1		24			Ty	pe of ?	Test:		29		
⁹ 2	,	ued) 718710AF				Harmful Event	<u> </u>		25	9 ²⁵	1		st Resu		1 30		
	7101, 2. 010 000 000 — — — — — — — — — — — — — —					r Contributing Co	 _	10 26	1	y *-	J		•	2 31	Susp. 1	Drug: 2 32	
	Viol, 3: Ch/Sec/	Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved				r Distracted by	99	34	35	36	37	wed fr	om sc	ene?	2 "		
	Name (Last First M	•	non-motorist and	Address	vu	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status		Me	dical Facility	-
	Operate	or/Non-Motori	ist	See Above		\geq	X	1	99	4	0	0	10	1			
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12/13/2022











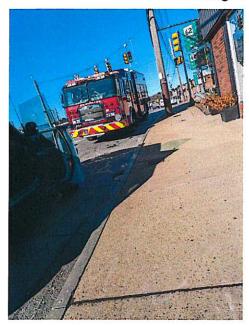






















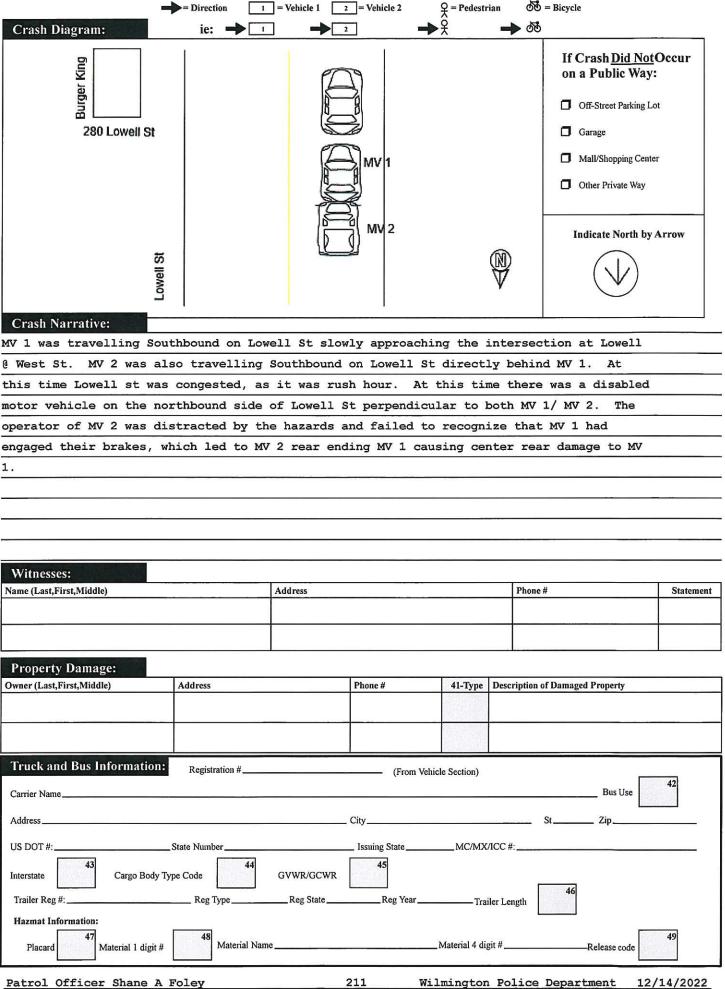




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	Date of Crash 12/14/2022	Time of Crash	1	City/Town			icle Cra	sh		ımber hicles	Num Inju	ا~ا ند.	eed Li			State Pol Local Po MBTA P	dice 🔯	
	,,	24HR	<u> </u>				Report		2		1	Lo	ongitud	e		Campus Other:	Police 🔲	
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									18	7	ΜI	DDL	ESE	x z	AVE			2 1
¹ 1	Route# Dire	ction	1	Name of Roadway	/Street		Route# Direct	tion	Addr	ess#			Name	of Ro	adway/	/Street		-
т				At		l	Feet	N S	EW	of			• -	<u> </u>	r	Y 3.5		
	Route# Dire	ction		of Intersecting Ro			Feet	NI C	r w		Mil	e Mark	er			Exit No	ımber	3 11
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² 2	Route# Dire	ction	Name	of Intersecting Ro	adway/Street		reet [14 2	15 [17]	OI				Lando	nark			
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3	of the Followi	ing:				-												-
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		ERICA		/A Zin 018	21-1131		BILLERIO			<u></u>		_ State	MA	Zin	018	321-	1131	
		oany SAFET					le Action Prior to			2	22				ode: 6		27 27	
	Vehicle Travel I		* 7 1	Responding to Er			,		23	23	23		Status:		1	28		
⁵ 1	•	sued)			5 ,		· L	ī	24				of Tes		<u> </u>	30		
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub		_ Drive	r Contributing Co	de	1	25	25		Test F . Alcol		31 S		ug: 2 32	1 13
	Viol. 3; Ch/Sec/	'Sub	Vic	ol. 4: Ch/Sec/Sub		_ Drive	r Distracted by	0	26					scene		33	<u>Z</u>	H
⁶ 1			for operator	and all occupants					34 Scat	35 Safety	36 Airbeg	Eject	Frap In	jury Tra	40 ansp.		n) Facility	1
	Name (Last First N				Address See Above		DOB/Age	Sex	Pos.	System O	Status 4	Code 0			ode	Medica	п гасику	
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	N		_	<u> </u>			15	16		<u> </u>	17		<u> </u>	18 -				
⁷ 3	Please Select C of the Followi		e 2 <u>1</u> #	Occupants	Non-Motorist A	Туре	Action	I	Locatio	ա	C	onditio	1	<u>"] -</u>	Hit	/Run	Moped	
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	Sex M Lic.	Class A	Lic. Resi	<u> </u>	CDL T Endorsement									······································	Veh Co	onfig.	10 21	
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	City SHIRI			1A Zip 014		•	CHELMSFO		ſ		22				018 de: 97		3307 27 27	
	i	any ZURICE					le Action Prior to	Crash	23	4	23		Status:		,uc. 97	28		
	Vehicle Travel D		[E W	Responding to En	nergency? <u>∠</u>		Sequence 1		24			Турс	of Tes	t:		29		
2	Citation # (If Iss			1 0 01 10 10 1			Harmful Event r Contributing Co	1		25	25		Test F		21 -	30	22	
							· ·	0	26				. Alcol ed from	iol: 2 i scene		33 Dr	ug 2 32	
		Sub				_ DILYEI	- Sistanted by	<u>~</u>	34 Scat	35 Safety	36 Airbag	37	38		10			1
	Name (Last First M	fiddle)			Address		DOB/Age	Sex	Pos.	System	Status	Code (Pode Su	alus Co	ode	Medica	l Facility	
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	= Direction	1 = Vehicle 1	2 = Vehicle 2	र् = Pedestria	n 🐠 = Bicycle	
Crash Diagram:	ie: →	<u> </u>	2	→ ♀	→ №	
						sh <u>Did Not</u> Occur ıblic Way:
					☐ off-si	treet Parking Lot
					☐ Garag	
			3 00			Shopping Center
		_ &	$\frac{2}{3}$		Other	Private Way
C.						
<u>U</u>			,	,	Andrea .	te North by Arrow
	(_			4		$\downarrow \downarrow)$
1						
Crash Narrative:					L	
/ehicle #1 was stoppe	ed on Middlese	x Ave waiti	ng for a gr	een light to	make a left ha	nd turn
					ear end of vehi	cle #2
railer came into con	ntact with the	rear of Ve	hicle # 1 c	ausing damage	ð.	
			····			
						<u> </u>
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged Pro	perty
Truck and Bus Informati	on: Registration#_		(Fro	om Vehicle Section)		
Carrier Name				, , , , , , , , , , , , , , , , , , ,		Bus Use 42
Address			City	14-11-14-14-14-14-14-14-14-14-14-14-14-1	St 2	
US DOT #:						
43	4	14	45	WC/WA/I	···	<u> </u>
	ody Type Code	GVWR/GCW			46	
	Reg Type	Reg State_	Reg Ye	arTraile	r Length	
Hazmat Information:	48					49
Placard Material 1 dig		Name		Material 4 digit	#Rele	ase code
Patrol Officer Antho	ov Fiore	······································	164	Wilminator	Police Departme	nt 12/14/2022
Police Officer Name (Please Print)	Signatu	ıre	ID/Badge #	Department Department	Precinct/Barracks	Date

	Pol	lice Use Only		Comr	monwealth of Massachusetts							RMV Document Number				
	Date of Crash	Time of Crash	ı	City/Town	Motor Veh	icle Cra	sh		nber icles	Num Injur	-4 John	ed Limit	3(State Police Local Police MBTA Police Campus Police		
	12/14/2022	24HR	MITITIE	ington	Police 1	Report		2		0	Lau	tude gitude _		Campus Police Other:		
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								2 10								
	Route# Dire	ection]	Name of Roadway/Str	eet	Route# Direct	tion	272 Addre		TO	WELI			vay/Street		
¹ 4				At		T	NI C	E W	- C							
	Route# Dire	ction	Name	of Intersecting Roadw	/av/Street	Feet	MIS	E W	or -	Mil	e Marker	• –	or _	Exit Number	ii	
				Also at Intersection w		Feet	N S	EW.	of .	Route	-	Tutana	aatina l	Roadway/Street	2	
2	Route# Dire	etion	None	of Intersecting Roadw	and Stroot	Feet	N S	E W	of	Kouice	,	IIIICIS	ecung 1	(Coadway/Street		
² 1	Route# Dire	ction	Name	or intersecting Roadw	/ay/Sireei				-			La	ndmari	k	1	
³99	Please Select to of the Followi	One Vehicle	e 1 <u>1</u> #	Occupants Hit/I	Run Moped	Crash R	Report	1D# 2	22	-3	95-	-A(3			
99		2095532	Sr MA	DOB/Age	Reg	# <u>7845EY</u>				Reg	Tyne P	<u> </u>	R	eg State MA	-	
	Sex F Lic.	19 1	19	20		Year 2018								21	1 12	
		RRIER, N		Er	ndorsement	er VERRIE							,,,,,			
⁴ 1		Lust KURCHIA	Fi	irst	Middle		i.ast			Fin	t		М	iddle		
				VA Zip 0186		READING					State N	ſA ·	7in 0	1867-1070		
	-			AL INSURAN	_	cle Action Prior to		[:	1	22		ed Area				
	Vehicle Travel I			Responding to Emerg					23	23	Test S			1 28		
⁵ 2		sued)	M	responding to Emerg		Harmful Event	1	24	1		Туре	f Test:		29		
				ol. 2; Ch/Sec/Sub ——		er Contributing Co		1 2	25	25		est Res		1 30	13	
						er Distracted by	7	26	l			Alcohol:		Susp. Drug 2 32	<u> </u>	
⁶ 1	Viol, 3; Ch/Sec/			ol. 4: Ch/Sec/Sub r and all occupants inv		Distracted by		34	35	36	37 38	39	40		1	
	Name (Last First N	Middle)		1	Address	DOB/Age	Sex		Safety System	Airbag Status	Eject Tra Code Co	p Injury le Status	Transp. Code	Medical Facility	-	
	Operate	or		Se	e Above		X	1	1	4	0	10	1			
									******			<u> </u>			1	
	Please Select (One Navata	. 1 #	Occupants Non-	-Motorist A Type	15 Action	16 ,	ocation		17	ondition	18		Hit/Run Moped	1	
⁷ 1	of the Followi	mg:			··· L			.Ocairoi.				_	ЦΞ		4	
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	City DANB			T Zip 0681.	•	IRVING				22		ed Area		5063 27 27 27 27		
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⁹ 2	Citation # (If Iss	,					1		.5	25		est Res		1 30		
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	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub —		er Distracted by	0	34	35	36	Towed	from so	ene?	2 33	1	
	Ple Name (Last First M	•	erator/non-n	notorist and all occupa	nts involved Address	DOB/Age	Sex	Seat	Safety	Airbag	Eject Tra Code Cod	p Injury	Transp.	Medical Facility	_	
	Operate	or/Non-Mo	torist	Se	e Above	\sim	X	1	1	4	0	10	1			
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	Pol	lice Use Only	Co	mmonwealt	monwealth of Massachusetts						RMV Document Number				
	Date of Crash 12/15/2022	Time of Crash	City/Town ilmington	Motor V	ehicle C	rash	Number Vehicles		Lobert	l Limit.	30	State P Local P MBTA	Police 🔯		
	12, 13, 2022	24HR	-		ce Repor	t	1	0		tude			ıs Police 🔲		
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							7	CLA	RK :	ST				2 10	
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7	-		At		Fe	et NS	E W of		_ •	. —	or _				
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			Also at Intersect	ion with		et NS		Route#		Interse	cting R	Roadway/S	Street		
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3	of the Followi	ng												1	
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⁴ 1	Operator,	Last	First	Middle	Owner <u>DE</u> FI Address <u>25</u> L	L.ost		First	OIC:	2	Mic	ddle			
<u></u>	Address. City_		State Zip 1		City WILMIN				tota Mi	A 7	N1	887-	-2545		
	·		SUALTY INS		Vehicle Action Price		1					1 27 2			
	Vehicle Travel I		_		Event Sequence		23 23	23	Test Star	tus:		1. 28			
5		sued)			Most Harmful Ever		24		Type of			29 30			
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¢	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sul) ————————————————————————————————————	Driver Distracted b	у О	26		Towed f	-		1 33	···812	╟┈	
⁶ 1			operator and all occupar				34 35 Seat Safety		et Trap		40 Transp.			1	
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			<u> </u>			12		15	<u> </u>	7.0					
⁷ 1	Please Select C of the Followi		#Occupants	Non-Motorist A Typ	e 15 Action	16 L	ocation	17 Con-	fition	18	<u></u> :	lit/Run	Moped		
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8.	Operator	Losi	First	Middle	Owner	Last		First			Mid	idle			
1	Address				Address									_ 14	
			StateZip		City			S	tate Damage			27	27 27	1	
	Insurance Comp	· ——		_	Vehicle Action Prio		23 23		Damage Test Stat		Code	28	21 21		
		Direction: NSE			Event Sequence		24 25		Type of	Test:	-	29			
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		****	r/non-motorist and all o		Direct Distracted D	<u>' </u>	34 35	36 37	38	39	40				
	Name (Last First M	liddle)		Address	DOB/Age	Sex	Sest Safety Pos. System		n Trap le Code	Injury Status	Transp. Code	Media	al Facility		
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									_						

		= Direction 1	= Vehicle 1	= Vehicle 2	♀ Pedesti	ian 🚳 =	Bicycle	
Crash I	Diagram:	ie: 👈 🔟	→ [2	□ =	₽Ŝ	→ ₩		
_	Verizon Utility sy Pole						If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center	ot
							Other Private Way	
	7 Clark Street						Indicate North by	Arrow
Crash N	Narrative:	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la						
Constitution of the last	was traveling W	est on Clark S	Street towar	d Main Stre	et. Vehi	cle left	the roadway to	
the rig	ht side where it	collided with	Verizon Wo	oden Utilit	y Pole #	3. Operat	or stated the	-
vehicle	pulled to the r	ight just pric	or to the cr	ash. Operat	ors moth	er was on	scene and	
stated	that the vehicle	was just work	ed on and h	ad axle iss	ues. Mot	ner signe	d a medical	
refusal	for her son. Fro	ont airbags we	ere deployed	and vehicle	e was to	wed due t	o being	
disable	d. Pole sustaine	d minor damage	and Verizo	on was notif	ied.			
Witness	ses:							
	First,Middle)		Address			Phone #		Statement
							3100	
			<u> </u>					<u> </u>
	y Damage:	T		Tare in	100.22	I		
•	t,First,Middle)	Address 404 MAIN ST WILMI	NCTON MA 01997	Phone #	41-Type	•	Damaged Property	
VERIZON		WWW PAIN SI WILLIAM	INGION MA 01667	×1.55	4	WOODEN	UTILITY POI	1E:
Truck a	nd Bus Information:	Registration #		(From Vel	nicle Section)			
Carrier Nan	ne			(Hom vo	mete dection,		Bus Use	42
Address				City		•	fig.	NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O

US DOT #:	43	State Number		Issuing State	MC/MX	/ICC #:		
Interstate	Cargo Body Ty	pe Code	GVWR/GCWR				46	
Trailer Reg		Reg Type	Reg State	Reg Year	——— Tra	iler Length	ar de la	
Hazmat In	nformation:	48					3873	49
Placard	Material 1 digit #	Material Nam	ne		_Material 4 di	git #	Release code	
Patrol C	officer Michael R D	i Lorenzo	į	017 W	ilminator	Police	epartment 12/	15/2022





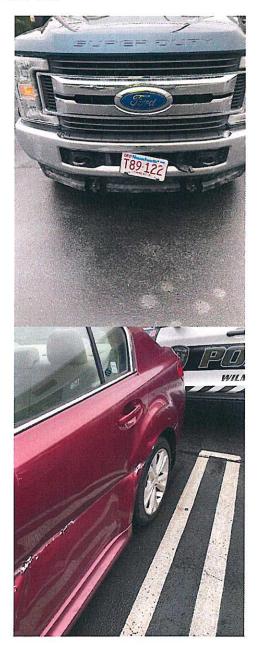
	Pol	ice Use Only		monwealth of Massach					chusetts					V Docı	ıment Nu	mber		
	Date of Crash 12/15/2022	Time of Crash	Motor	· Veh	icle Cra	sh		unber hicles	Nur Inji		Speed Latitud		10	Local I				
	12/13/2022	24HR	MITILL	ngton	Po	lice l	Report		2		0		Latitut				ıs Police 📮	<u>i</u>
		AT INTER	SECTIO	N:	<	LOCA	TION :	>			NO'	T AT	'IN'	TER:	SEC'	TION:		
									<u>35.</u>	5	M.	ממז	T.E.S	EX.	ΑV	/TE!		2 10
1	Route# Direc	ction	1	Vame of Roadway/	Street		Route# Direct	ion	Addr							ay/Street		
1				At			Feet	N S	E W	of			- •		or _			_
	Route# Direc	ction		of Intersecting Roa				М	ile Ma	rker			Exit I	Number	3 11			
			4	Also at Intersection	with		EW		Rout	e#		Interse	ecting F	Roadway/	Street			
² 2	Route# Direc	ction	Name	of Intersecting Roa	dway/Street	/ay/Street N S E W of Landmark												_
	Please Select (One 🔯 Vobia	le 1 1 #	Occupants D 4	it/Run	Moped	Crock D	22		20'	7_					_		
3		of the Following: License # S68814431 St MA DOB/Age																
			Reg # T89122 Reg Type CO Reg State M												7 12			
	Sex.M Lic.			trictions B	CDL Endorsement		ear 2018									Config.	1	
⁴ 1		ESCIO,	DAVID Fi	M rst	Middle		P D CRES	ast			l.	irst	CO	TN	C Mi	iddle		-
<u> </u>	Address 8 D		Dec. 3.	7A Zip 0182	21 - 2772		ess 100 BI BILLERIO		cKl	<u>ua</u>	AV		. M7	٠	· Λ·	1021	-0000	-
				E INSUR		-	le Action Prior to			10	22					97 27	27 27	
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5		aued)	N	responding to En	ergency:		1=	1	24			Ту	pe of T	Γest:		29		
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				ol. 4: Ch/Sec/Sub =		_	•	99	26				sp. Alo wed fr		-	33 33	mg 2 - 2	
⁶ 2	VIOL S. CIPSCO.			and all occupants					34 Scal	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First M				Address See Above		DOB/Age	Sex	Pos.	System	Status 4	Code	Code	Status 10	Code	Medi	ical Facility	-
	Operate				See Above				1	-	*	-			<u> </u>			-
																		-
							_											_
										<u> </u>	<u> </u>							_
⁷ 1	Please Select C of the Followi		e 2 2 _#	Occupants No	on-Motorist A	Туре	15 Action	16 I	Locatio	on	17	Conditi	ion	18	 	Hit/Run	Морес	1
	License # S4	7366235	St MA	_ DOB/Age		Reg #	595WPE				Re	д Туре	PC		R	eg State 1	MA.	_
	Sex_ F Lic. (Class D	Lic. Rest		CDL Endorsement	Veh Y	ear 2013		Veh Ma	ake S	UB?	ARU			Veh	Config.	1 21	
×	Operator DA	VIS, JO	Y ANN		Middle	Owne	DAVIS,	J	ME	S M	AT	CHE	W		Mi	ddle		-
81	Address 41	SHADY L	ANE D	R	1771-200	Addre	ss 41 SHA	ĎΥ	LA	NE	DR							14
	City WILM	INGTON	State M	A Zip 0188	37-1931	City J	WILMING!	CON									-1931	_ 1 14
	Insurance Comp	any FARME	RS PRO	PERTY &	CASUAL	Vehic	le Action Prior to	Crash		<u> </u>	22		maged st Stati		Code:	o ²⁷	27 27	
	Vehicle Travel D	Direction: S	EW	Responding to Em-	ergency? 2	Event	Sequence 1	23	23	23	23		si Siaii pe of T			29		
⁹ 2	Citation # (If Iss	ued)				Most	Harmful Event	1	24	251	26		AC Tes	t Resu	dt:	30		
_	Viol. 1: Ch/Sec/s	Sub	Vio	l, 2: Ch/Sec/Sub -			r Contributing Co		77	25	25	Su	sp. Alc	E			rug: ₂ 32	
	Viol. 3: Ch/Sec/S			l. 4: Ch/Sec/Sub —		_ Drive	r Distracted by	99	26	35	36	To:	wed fr	om sce	ene?	2 33		4
	Ple Name (Last First M		erator/non-m	otorist and all occu	pants involved Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	ical Facility	_
	Operate	or/Non-Ma	otorist		See Above		><	X	1	1	4	0	0	10	1			
	VIRGINIA MO	ORDUE		41 SHADY LANE I WILMINGTON, MA			10/27/1951	F	3	1	4	0	0	10	1			

	= Direction	= Vehicle 1 2 =	Vehicle 2	关 = Pedestr	ian OO	= Bicycle	
Crash Diagram:	ie: 👈 🗔	2	→	옷	→ ₩		
						If Crash Did Not on a Public Way Off-Street Parking L Garage	•
			_				
355 Middlesex Ave	Parking Lot		[]v2	P	\$	Mall/Shopping Center Other Private Way	er
√ ®			V1			Indicate North by	Arrow
Crash Narrative:							
V1 was backing into a	parking spot at	the 355 Midd	lesex Ave r	parking	lot. He	was stopped	
halfway out of the pa							
and struck the front							
parking lot and V1 su							
vehicles is consisten							
stopped position as s							
on the front passenge							
driver's side doors.	There are no can	meras in the a	rea. No par	ties w	ere inju	red and no	
vehicles were towed.							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:		1		1 42 50	In		
Owner (Last,First,Middle)	Address	Pi	ione #	41-Type	Description o	f Damaged Property	
							· · · · · · · · · · · · · · · · · · ·
Truck and Bus Information	n: Registration #	1	— (From Vehic	le Section)			42
Carrier Name						Bus Use	
Address		Cit	у			St Zip	
US DOT #:	State Number	Is	ssuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Boo	dy Type Code	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46	
Hazmat Information:					L		
Placard 47 Material 1 dig	it # 48 Material Nam	ne		Material 4 di	git #	Release code	49
D-11 0661 D-11	T Stobbins	211	7 772 3	_:	Dalies	Donortmont 12	/1 = /2022

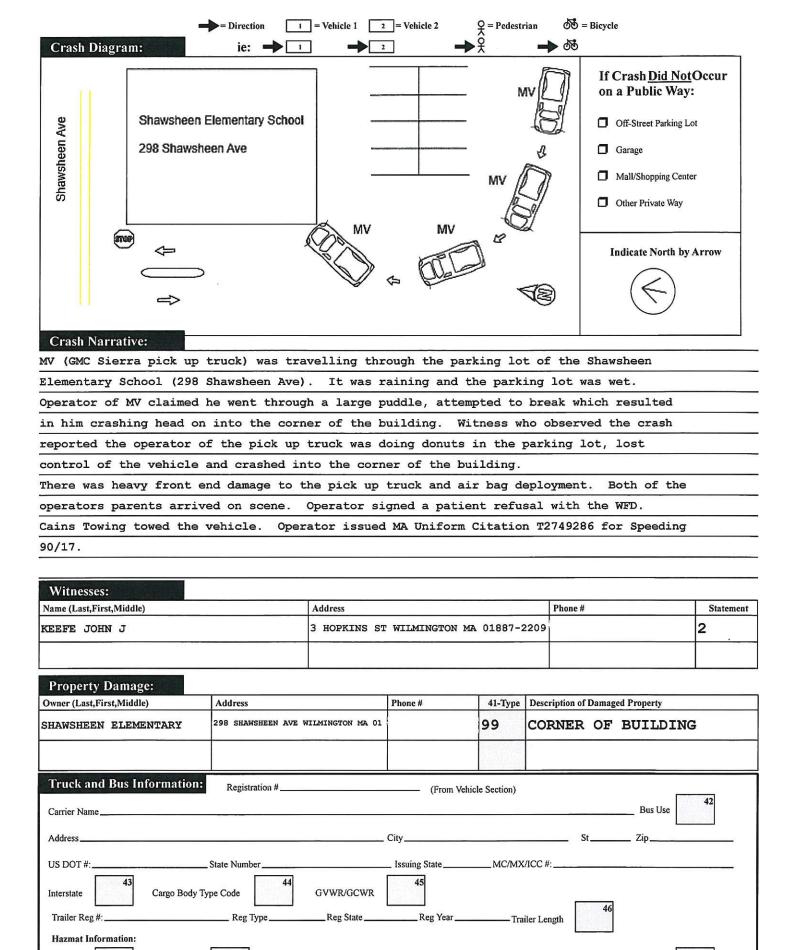
Wilmington Police Department
Department Precinct/Barracks

12/15/2022 Date





	Police Use Only	Comr	monwealth of Massachusetts						RMV Document Number						
	Date of Crash Time of Crash 12/15/2022 2139 Wil:	City/Town mington	Motor Veh	Numbe Vehicle			d Limit	5 State Police Local Police MBTA Police	<u> </u>						
	24HR 24HR	airing con	Police	Report	1	0	1	itude	Campus Police Other:	ō					
	AT INTERSECT	ION:	< LOCA	TION >		NOT	AT IN	TERSI	ECTION:	10					
					298 SHAWSHEEN AVE										
1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #				oadway/Street						
¹ 4	_	At		Feet N S	SEW of — — or										
	Route# Direction Na	ne of Intersecting Roadw	vay/Street		Mile Marker Exit Number										
		Also at Intersection w	rith .	Feet NS		Route#		Intersecti	ing Roadway/Street	-					
² 3	Route# Direction Na	ne of Intersecting Roadw	vay/Street	Feet N S	E W of			T .	. 1						
	Please Select One	#Occupants Hit/		Crash Report	15# 2 2)_2(00-	Landi	mark						
3	of the Following:	1	-	<u> </u>											
	19 19	A DOB/Age,		# 1YZM17					2	9912					
	Sex.M. Lic. Class D Lic.	Restrictions 1 C	ndorsement	Year <u>2017</u> v					Veh Config. 1						
⁴ 1	Operator,	First	Middle	er MAGUIRE,		First	JOA	NNE	Middle	-					
1	Address_			ress 110 NICHO					01007 100	_					
	City Stat	ŕ		WILMINGTON				-	$01887 - 162$ ode: $\begin{vmatrix} 27 & 27 \\ 2 & 27 \end{vmatrix}$	27					
	Insurance Company ALLSTATE			cle Action Prior to Crash	23 23	23	Test Sta		1 2 8	_					
5	Vehicle Travel Direction: SEW Citation # (If Issued) T2749286	Responding to Emerg		1 Sequence 197	24		Type of	Test:	29						
	Viol. 1: Ch/Sec/Sub 90 17			t Harmful Event 97 er Contributing Code		10 ²⁵		st Result:		32 30 ¹³					
				er Distracted by	26	10		lcohol: 2		32 30					
⁶ 2	Viol, 3: Ch/Sec/Sub ————————————————————————————————————	ator and all occupants inv		CI Distracted by	34 35	36	37 38	39	40						
	Name (Last First Middle)		Address	DOB/Age Sex	Scat Safet Pos. System	m Status C	ject Trap ode Code	Status C	ansp. Code Medical Facility	_					
	Operator	Se	ee Above		1 1	1 0	0	10 1							
							<u> </u>								
⁷ 1	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	15 Action 16 I	Location	17 Co	ndition	18	Hit/Run 🔲 Mo	ped					
<u> </u>		DOB/Age	Reg	#	<u> </u>	Reg 7	ype		Reg State	_					
	19 19	Restrictions 20 CI	DL Veh	Year\	√eh Make_	•	- *		2	II					
	Operatorlast	First Er	ndorsement	lerlast					Middle	_					
⁸ 99	Address	Fitst		ess		First			Middle						
	City State	e Zip	City				State	Zip		4 ¹⁴					
	Insurance Company		Vehi	cle Action Prior to Crash		22	_	ed Area Co		27					
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Even	nt Sequence 23	23 23	23	Test Sta Type of		28						
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	24		••	st Result:	⊢						
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25	25	Susp. Al	lcohol:	31 Susp. Drug:	32					
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26			from scene							
	Please fill out for operator/no	n-motorist and all occupa	ants involved		34 35 Seat Safet Pos. System	y Airbag E	37 38 jeet Trap ode Code	Injury Tra	40 ansp. Code Medical Facility	1					
	Name (Last First Middle)		Address	DOB/Age Sex	 			\leftarrow	Medicas Lucinas						
	Name (Last First Middle) Operator/Non-Motoris		Address ee Above	DOB/Age Sex	1				Medical Lacini						
			· · · · · · · · · · · · · · · · · · ·	DOU/Age Sex	1				separate property						
			· · · · · · · · · · · · · · · · · · ·	DOUA/ge Scx	1										



Patrol Officer Daryl J Ceruolo

Material 1 digit #

212

Wilmington Police Department

12/15/2022

Police Officer Name (Please Print)

Signature

Material Name

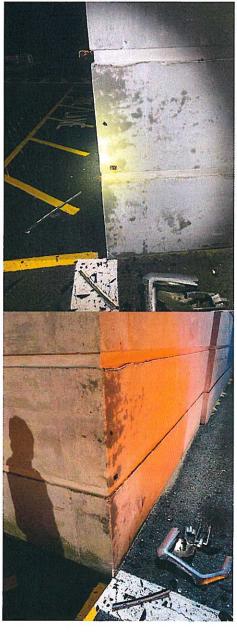
ID/Badge #

______Material 4 digit #___

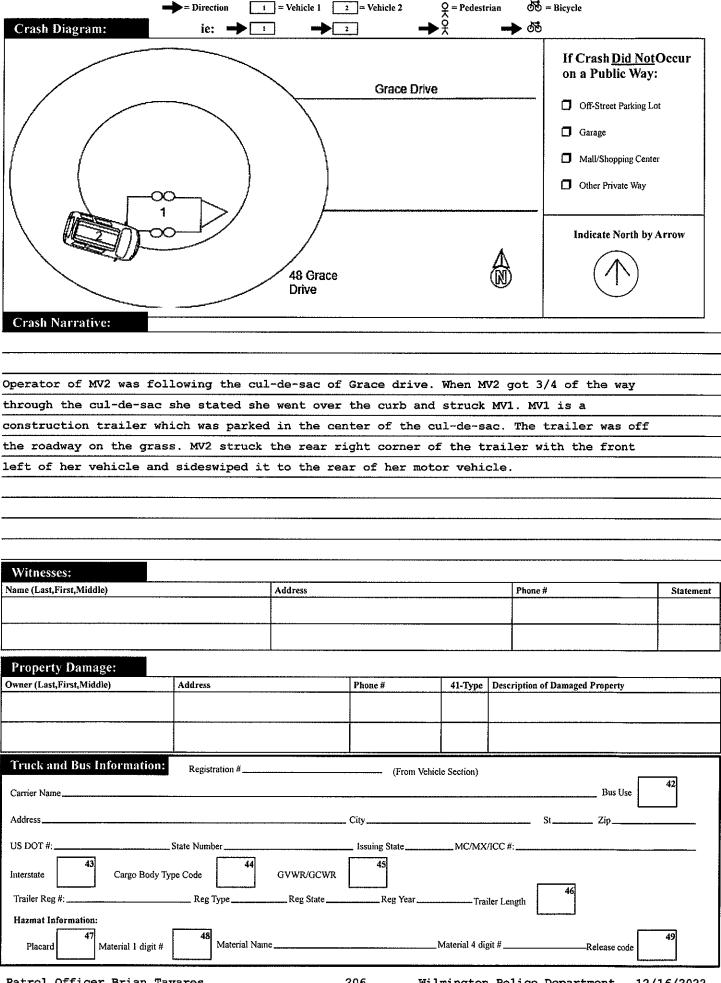
Department Precinct/Barracks Date







	Pol	mmonwe	monwealth of Massachusetts							RMV Document Number										
	Date of Crash 12/16/2022	Time of Crash		City/Town	Moto	r Veh	icle Cra	sh		umber ehicles		الدمده	Speed Latitu	Limit	3(Loca	e Police al Police TA Police	080		
	12/10/2022	24HR	84 T TYTE	ing con	Pe	olice l	Report		2		0	- 1	Lautu Longi				ipus Police	Ğ		
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO	TA T	IN	TER	SEC	TION	V:			
									48		C1	RAC	स्ट इंट	פר					2 10	
1 .	Route# Dire	ction		Name of Roadw	ay/Street		Route# Direc	tion		ress#					Roadv	vay/Stre	et			
¹ 4				At			Feet	N S	EW	of				. —	or _			_		
	Route# Dire	ction		of Intersecting I							Mile Marker Exit Number									
				Also at Intersect	tion with		Feet			-	Rout	e#		Interse	ecting I	Roadwa	y/Street	-		
² 3	Route# Dire	etion	Name	of Intersecting F	Roadway/Street		Feet	NS	EW	of										
	Please Select 0	One Vehicle	-0 +	(Oggunganta						22		-	_		ındınarl	<u> </u>				
3	of the Followi		· 1 <u>V</u> "	Occupants	Hit/Run	Moped	Crash F	leport.	ID#			9:) — —	AC	<u>, </u>					
	License #	19 1	St	DOB/Age	20		B65907											<u> </u>	7 12	
	Sex Lic.	Class	_	strictions	CDL Endorsement	DL Veh Year 2012 Veh Make Other-not listed Veh Config. 97												֓֞֞֞֜֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡		
⁴ 1	Operator D	iverless	<u> M. V</u>	irst	Middle			f.ast			ATII	NG irst	IN	2	М	iddle		-		
<u>T</u>	Address	Address 124 POND ST													_					
			•	WILMING		1		22					4 27	7-376	27					
	Insurance Comp		-	ele Action Prior to	Crash 23	23	23	23		st Stat		Code.	1 28	1	┙╽					
⁵ 2	Vehicle Travel I	<u> </u>	<u> </u>	Responding to	Emergency? 2		Sequence 1	1	24			Ту	pe of	Test:		29				
	i i	sued)		.1. 2. 61./6/6.	b		Harmful Event or Contributing Co		<u> </u>	25	25	1		st Resi		1 30		-	13	
					b		_	0	26	_				cohol: rom sc	2 31	Susp.	Drug 2	32	2	
⁶ 2	viol. 3: Cluseda			r and all occupar			in Distracted by		34	35	36	37	38	39	40	2				
	Name (Last First M		-	-	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	м	ledical Facility			
	Operate	or			See Above			X	1					ļ	<u> </u>			_		
								-		ļ					<u> </u>					
								<u> </u>	ļ					<u> </u>						
⁷ 1	Please Select C		21_#	Occupants	Non-Motorist A	Туре	15 Action	16 1	Locatio	on	17	Conditi	ion	18		Hit/Run	Moj	ped		
	License # S3		St MA	DOB/Age,		Reg t				<u> </u>	Red	д Туре	PC	l	R	eg State	MA			
	Sex F Lic. (19 19	9		CDL	_	ear 2020		Veh M	ake_L						Config.	_ 2	1		
		EN, MIA	J	<u> </u>	- Endorsement		CHEN,				<u>'A</u>									
⁸ 1	Address 111	LOCUST	ST Fi	^{rst} <u>АРТ 47-</u>	Middle - A	. Addre	ess 111 L C	Last CU :	ST	ST		rsi PT	47	-A	Mi	idéle				
	City WOBUF	RN	State 1	1A Zip 01	801-3889	City]	WOBURN					Stat	e M Z	_ 2	ip 0 1	1801	L-388	9	1 14	
	Insurance Comp	any ESURAN	CE IN	ISURANCI	E COMPAN	Vehic	le Action Prior to	Crash	· [1	22				Code:		3 ²⁷ 6	27		
	Vehicle Travel D	Direction: N S	$\mathbf{X}\mathbf{w}$	Responding to 1	Emergency? 2	Event	Sequence 2	23	23	23	23		st Stat pe of∃			1 ²⁸				
2	Citation # (If Iss	ued)				Most	Harmful Event	2	24			•		iesi. ii Resi	ılt:	1 30				
-	Viol. 1: Ch/Sec/S	Sub	——Vio	ol. 2: Ch/Sec/Sub	b	Drive	r Contributing Co	de	<u> </u>	²⁵ 9	25	1		cohol:		Susp.	Drug 2	32		
ļ	Viol. 3: Ch/Sec/S	<u>.</u>			b	Drive	r Distracted by	99	_	,				om sc		2 33				
	Ple Name (Last First M	ase fill out for oper	rator/non-n	notorist and all o	ccupants involved		DOH/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	edical Pacility			
	Operate	or/Non-Mot	torist		See Above		> <	X	1	99	4	0	0	10	1.					
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Patrol Officer Brian Tavares

206

Wilmington Police Department

12/16/2022