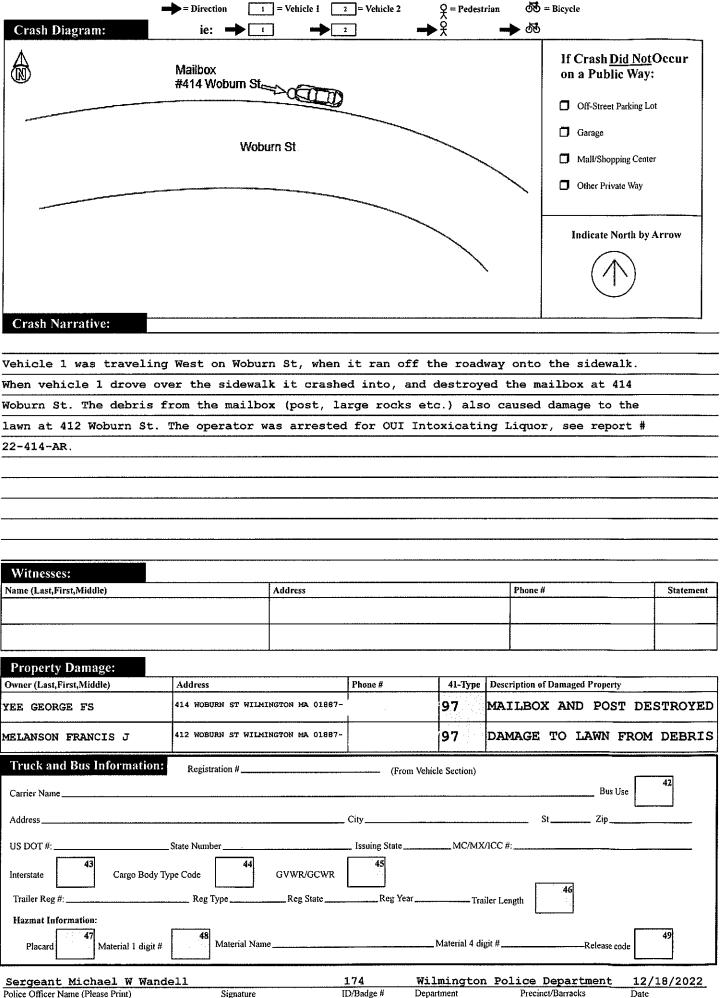
	Polic	e Use Only	Co	mmonweal	lth (of Massac	hus	etts	,		RM	V Doc	ument Number	
	Date of Crash 12/18/2022	Time of Crash	City/Town Tilmington	Motor '	Veh	icle Crash		lumber ehicles		4 10000	d Limit	30	State Police Local Police MBTA Police Campus Police	ă
	12/16/2022	24HR	TIMING CON	Poli	ice l	Report	1		0	Laut	ude gitude _		Campus Police Other:	5
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² 1	Route# Direct	ion	Name of Intersecting F	Roadway/Street		Feet N	SIEIM	of			1.	ındmarl	-	_
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⁶ 1			operator and all occupar				34 Seat	35 Safety	Airbag Ej	7 38 ect Trap	39 Injury	40 Transp.		7
	Name (Last First Mid Operato:			Address See Above		DOB/Age Se	Pos.	System 99	Status C	nde Code	Status 10	Code	Medical Facility	-
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	License #		St DOB/Age		Reg#				Reg T	/pe		Re	eg State21	-]
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			Viol. 2: Ch/Sec/Sub			Distracted by	26	IL		Susp. A. Towed f	ι		Susp. Drug: 32 33	
	Pleas	e fill out for operate	or/non-motorist and all o	ccupants involved			34 Seat	35 Safety	36 3 Airbag Ejo	ct Trap	39 Injury	40 Transp.		7
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Police Officer Name (Please Print)

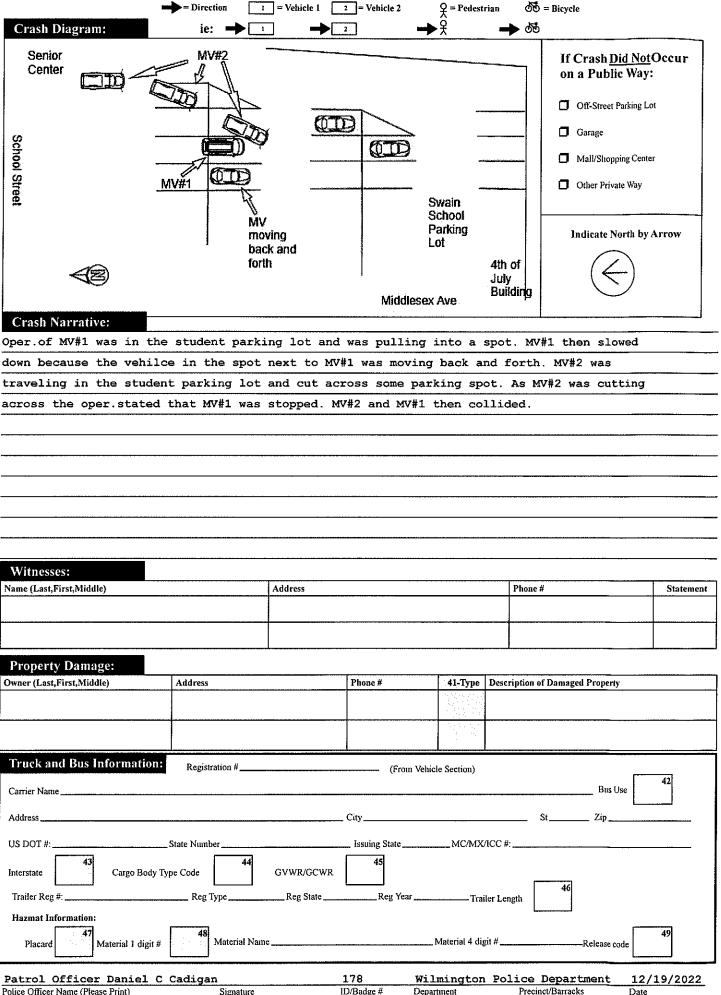
Signature

Department

Precinct/Barracks

Date

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	24HR	.n.r.i.g com	Police	Report	2	0	Longitude		Campus Police Other:	
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	····			Feet N S	E W of	Route#	inter	secting R	oadway/Street	
Route# Directio	n Nar	me of Intersecting Roa	dway/Street				L	andmark		
Please Select One of the Following:	Vehicle 12	#Occupants H	it/Run Moped	Crash Repor	t ID# 22	-40	1-A	C		
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Ser Lic, Cla		Restrictions	Endorsement					ven	Config.	┙┝
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Addres				ress 16 HOBSO			3.57	^-	007 006	_
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Viol. 3: Ch/Sec/Sub)			er Distracted by 0	26		owed from s	<u>1</u>	1 33	
Name (Last First Middle	Please fill out for opera	ator and all occupants	involved Address	DOB/Age Sex	34 35 Sent Safety Pos. System		Trap Injur Code Suan	y Transp.	Medical Facility	
Operator			See Above		1 1	4 0	0 10	1		
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of the Following:				Action	Location	Condi	tion	L H		ped
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Police Officer Name (Please Print)

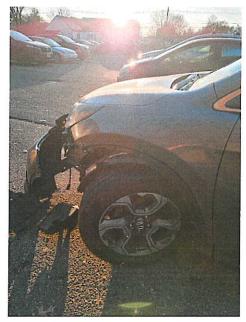
Signature

ID/Badge #

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 22-401-AC













Wilmington Police Department Images Associated with 22-401-AC



	Police Use Only Date of Crash Time of Crash City/Town Motor					ealth	of Massa	ichu	sett	S	Ŷ	RM	V Doci	ument Numl		
	Date of Crash 12/19/2022	1 1		City/Town	Mot	or Veh	icle Cra	sh	Numbe Vehicle		"" Obe	ed Limit	30	State Polic Local Polic MBTA Po	ce 🔀	1
	12/13/2022	24HR	A4 T TT[3]	ing con]	Police :	Report		2	0	Lan	tude gitude _		Campus P	olice 5	
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3	Please Select (of the Followin		: 1 1 _#	Occupants	lit/Run [Moped	Crash R	eport II	# 22	-4	02-	-AC	3			
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1	Viol. 3: Ch/Sec/S	Sub		l. 4: Ch/Sec/Sub and all occupants		Drive	T Distracted by	<u> </u>	34 35	36	37 38	from sc	ene?	1 33	******	4
	Name (Last First M		or operator	and an occupants	Address		DOB/Age		est Safety os. System	Airbug	Eject Trap Code Cod	n Injury		Medical F	acility	
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-	<i>Operato</i>	··/I von=1410t	VI ISL		See Above			4	-	 		-	-	_		
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Crash Diagram:				$\hat{\alpha}$			
	ie: 🔫	2	-	<u>}</u>	<u>→ №</u>		
MV 2 MV1 179 Salem St)		f Crash Did Not n a Public Way Off-Street Parking Lo Garage Mall/Shopping Cente Other Private Way Indicate North by	cot
			···· ·· · · · · · · · · · · · · · · ·				
Crash Narrative:	L 2 L1 - 1 - 1 - 1 - 1	· ·	14	7 :	- Ob -1-		
The operator of MV 1 sa							
stop at the railway for MV 1 sustained damage t						ended ner.	
The operator of MV 2 st						directly in	
her line of sight. Due							
rear ended her. MV 2 su							
EMS was on scene, but b							
from the scene by A&S.	-						
•							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Witnesses:		Address			Phone #		Statement
Witnesses:		Address			Phone #		Statement
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Witnesses: Name (Last,First,Middle) Property Damage:	T Address			L 41 Time I		and Proports	Statement
Witnesses: Name (Last,First,Middle)	Address		hone#	41-Type	Phone #	aged Property	Statement
Witnesses: Name (Last,First,Middle) Property Damage:	Address		hone #	41-Type		aged Property	Statement
Witnesses: Name (Last,First,Middle) Property Damage:	Address		hone #	41-Type		aged Property	Statement
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle)		P				aged Property	Statement
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information:				41-Type			Statement 42
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle)	Registration #	P	——— (From Vehi	cle Section)	Description of Dam:	Bus Use	
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information:	Registration #	P	——— (From Vehi	cle Section)	Description of Dam:	Bus Use	
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information: Carrier Name	Registration #	P P	(From Vehi	cle Section)	Description of Dami	Bus Use	42
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information: Carrier Name	Registration #	P P	(From Vehi	cle Section)	Description of Dami	Bus Use	42
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information: Carrier Name Address US DOT #: Interstate Cargo Body Ty	Registration # State Number Vpe Code 44	GVWR/GCWR	tyssuing State	cle Section) MC/MX/	Description of Dami	Bus Use	42
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registration # State Number Vpe Code 44	GVWR/GCWR	tyssuing State	cle Section) MC/MX/	Description of Dami	Bus Use	42
Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information: Carrier Name Address US DOT #: Interstate 43 Cargo Body Ty Trailer Reg #:	Registration # State Number /pe Code	GVWR/GCWR	ty (From Vehicle) ssuing State 45 Reg Year	cle Section) MC/MX/	Description of Dam: St CC #:	Bus Use Zip	42

Patrol Officer Robert M DeGregorio III

Wilmington Police Department
Department Precinct/Barracks

12/19/2022 Date

Wilmington Police Department Images Associated with 22-402-AC











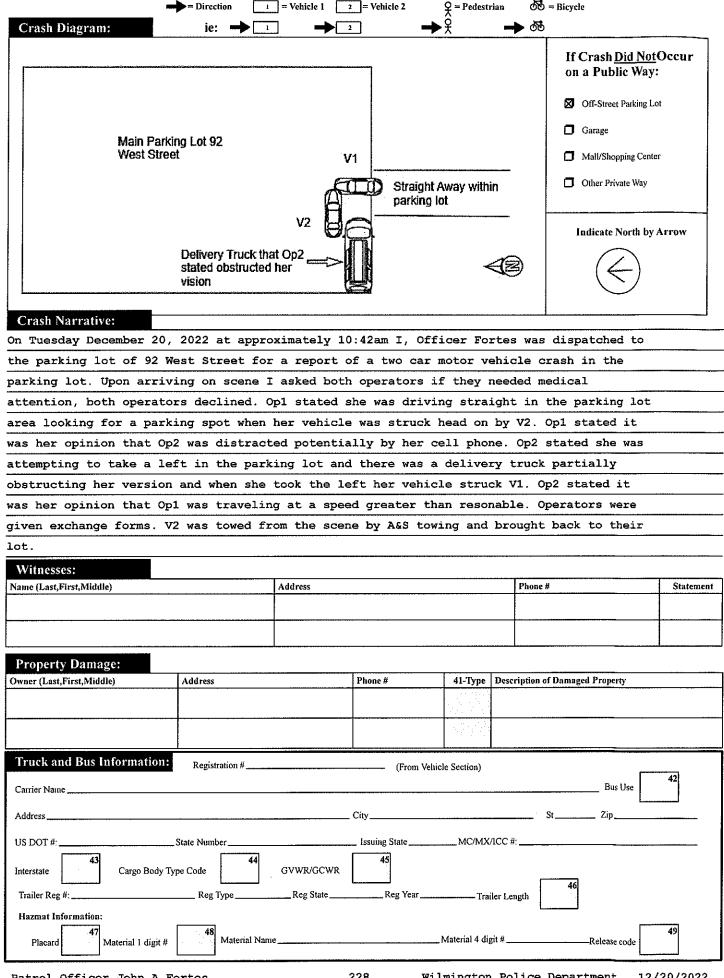


Wilmington Police Department Images Associated with 22-402-AC





Police Use Only	<u>Commonwealtl</u>	ı of Massach	usetts		RM	IV Docum	nent Number	
Date of Crash Time of Crash 12/20/2022 1042 Wilr	nington	hicle Crash	Number Vehicles	Indiana d	Speed Limi	10	Local Police S MBTA Police	
24HR	Police	Report	2 (^ I	Longitude_		Campus Police Cother:	<u> </u>
AT INTERSECT	ION: < LOG	CATION >	N	TA TO	`INTER	SECT	ION:	
		İ	00	ran om	am			
Route# Direction	Name of Roadway/Street	Route# Direction	92 Address #	WEST		Roadway	y/Street	_
	At	n Niel	elw e					
Route# Direction Nan	ne of Intersecting Roadway/Street	Feet NS	E W of -	Mile Ma	rker	or	Exit Number	_
Total Table	Also at Intersection with	Feet NS						
		Feet NS	EW of	Coute#	Inters	ecting Ro	adway/Street	-
Route# Direction Nam	ne of Intersecting Roadway/Street		_		Lí	ındmark		-
Please Select One Vehicle 11	#Occupants Hit/Run Mope	d Crash Report	D# 22-	-403	3-AC	7		٦
or the ronowing.								4
30 19	100	eg# 4849627					21	- [
Sex E Lic. Class D Lic. R	Endorsement	eh Year 2014 \		ep		Veh C	onfig. 1	ŀ
Operator GUERRA, MAXIE	First Middle	wner GUERRA M		First		Middl	e	-
Address 1410 COLUMBIA		idress 1410 COLU	JMBIA I		PT 7			-
City BOSTON State	MA Zip 02127 Ci	ty BOSTON		_	e <u>MA</u> 2	_		- I
Insurance Company	Vo	hicle Action Prior to Crash	1 22	J	maged Area	Code: 8	27 27 27 28	1
Vehicle Travel Direction: SEW	Responding to Emergency? 2 Ev	rent Sequence 1 23	23 23 2	~	st Status: pe of Test:	1	9 ²⁹	-
Citation # (If Issued)	М	ost Hannful Event	24	•	C Test Res	1	30	Į
Viol, 1: Ch/Sec/Sub	Viol, 2; Ch/Sec/Sub Di	iver Contributing Code	1 25	25	sp. Alcohol:		Susp. Drug: 2 32	:
Viol. 3: Clı/Sec/Sub	Viol, 4: Ch/Sec/Sub Di	iver Distracted by	26	To	wed from so	····	33	ŀ
-	tor and all occupants involved		Seat Safety Ai	36 37 irbag Eject	38 39 Trap Injury	10 Transp.		7
Name (Last First Middle) Operator	Address See Above	DOB/Age Sex	Pos. System St	atus Code	Code Status 0 10	Code 1	Medical Facility	\dashv
Operator	500710070		1 33 1	-	- 120	-		\dashv
						<u> </u>		4
Please Select One	#Occupants Non-Motorist A Type	15 Action 16 L	ocation 1	Condition	on 18	Пн	/Run Moped	
of the Following:	<u> </u>					Ι		4
10 10	20	g# <u>521CY6</u>		Reg Туре	<u>PC</u>	-	State MA 21	۱-
Sex E Lic. Class D Lic. R	estrictions CDL Ve	h Year <u>2007</u> V				Veh Co	onfig. 1	1
Operator <u>JANSEN</u> , SHETLI	First Middle	vner <u>JANSEN</u> , S		A First		Middle	:	-
Address 28 WYCLIFFE RD		dress 28 WYCLIE						╌┠
City EAST WALPOLE State	MA Zip 02032-1351 Ci	y EAST WALPO				-	32-1351	
Insurance Company AMERICAN F	'AMILY CONNECT P ve	hicle Action Prior to Crash	4 22	<u> </u>		Code: 2	27 1 27 8 27 28	1
Vehicle Travel Direction: NEW	Responding to Emergency? 2 Ev	ent Sequence 1 23 2	23 23 23	3	t Status: ne of Test:	1	20	1
Citation # (If Issued)	_ Me	ost Hannful Event	24		C Test Resi	1. 1.	30	
Viol. 1: Ch/Sec/Sub ————\	Viol. 2: Ch/Sec/Sub Dr	iver Contributing Code	18 ²⁵	25	p. Alcohol:	<u>+</u> _	Susp. Drug: 2 32	
Viol. 3: Ch/Sec/Sub	Viol. 4: Clı/Sec/Sub Dr	iver Distracted by	26	Tov	ved from sc		33	
•	-motorist and all occupants involved	DODA:	Seat Safety Air	16 37 rbag Eject	38 39 Trap Injury	40 Transp.		1
Name (Last First Middle) Operator/Non-Motorist	Address See Above	DOB/Age Sex	Pos. System Sta	otus Code	Code Status 0 10	Code 1	Medical Facility	\dashv
Operator/Ivon=tytotortst	Set Above		1 33 3		10	-		4
							·	
								-



Patrol Officer John A Fortes

228

Wilmington Police Department

12/20/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

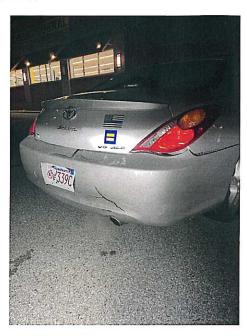
Department

	Police Use Only	Commo	onwealth (of Massac	husett	S		RMV	Document	•	•.
	Date of Crash Time of Crash 12/20/2022 1723 Wil:		icle Crash	Numb Vehic		rad Dipot	d Limit	35 St	ate Police ical Police BTA Police		
	24HR	mington	Police 1	Report	2	0	Lain	ude gitude	Ca	nmpus Police ther:	ă
	AT INTERSECT	ION:	< LOCA	TION >		NOT	'AT IN	TERSI	ECTIO	N:	
					273	347	TN C	ш			2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction	Address		IN S		oadway/Str	eet	_[
¹ 4		At		Feet N	S E W of			• — (or.		
	Route# Direction Nam	me of Intersecting Roadway/	Street			Mil	e Marker	•	Ex	vit Number	
		Also at Intersection with	·	Feet N	S E W of	Route	_	Intersecti	ing Roadw	av/Street	- 🔼
² 1	Route# Direction Nar	ne of Intersecting Roadway/	Street	Feet N	S E W of						
<u>.</u>	Name Charles	I		T				Land	mark		4
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repo	rt ID# 2 .	2-4	04-	AC			
	License # S06607266 St M	A DOB/Ag	Reg #	JF339C		Reg	Туре РС	;	_ Reg Stat		12
	Sex M Lic. Class D 19 Lic. I	Restrictions 1 20 CDL	Veli \	/ear <u>2004</u>	Velı Make	TOYO	TA		Veh Confi	g. 1 21	1
	Operator MCCARTHY, JOA	CHIM DANIEL		er MCCARTHY	, JOP			IEL	Middle	_	_
⁴ 1	Address 28 APPLETON ST			ess 28 APPLI	ETON :	Fin ST	••		Madie		_
	City MALDEN State	MA Zip 02148-	7605 City 1	MALDEN	······································			-		8-7605	<u> </u>
	Insurance Company PROGRESSI	VE DIRECT IN	SURA Vehic	le Action Prior to Cras	sh 2	22			ode: 4 27	 	7]
5	Vehicle Travel Direction: NEW	Responding to Emergence	y? 2 Event	Sequence 23	23 23	23	Test Sta		1 28	1	
	Citation # (If Issued)		Most	Harmful Event 1	24		Type of BAC Te	1est; est Result:		1	
	Viol. 1: Cli/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 ²⁵	25		lcohol: 2		. Drug 2 32	1 13
6	Viol. 3: Cl/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			from scene		,	¹
⁶ 1	Please fill out for opera	ntor and all occupants involve		DOB/Age Sex	34 35 Seat Safe Por. Syst	36 ty Airbag am Status	37 38 Eject Trap Code Code	Injury Tre	40 ansp	Medical Facility	7
	Operator	See A			1 1		0	10 1		Acolesi i aesitig	
											
						+					_
		<u> </u>		7.E 1.C		17		10			4
1	Please Select One of the Following:	#Occupants Non-Mo	torist A Type	Action 16	Location	17 C	ondition	18	Hit/Ru	п 🔲 Море	ed
	License # S81.793358 St M	A _ DOB/Agt	Reg #	6YR868		Reg	Туре РС		_ Reg State		_
	Sex F Lic. Class D 19 19 Lic. R	Lestrictions 1 20 CDL_	Veh Y	ear 2010	Velı Make	NISS	AN		Veh Config	, 1 21	
<u> </u>	Operator FEBBO ISABEL	LA MARA		r FEBBO, K	IMBER	LY R	ENEE		Middle		-
<u> </u>	Address 29 DORCHESTER			ss 29 DORCE	ESTE	ST	•				-
	City WILMINGTON State	MA Zip 01887-2	272 City 1	WILMINGTO	N			-		7-2272	- +
	Insurance Company THE COMMER	RCE INSURANCE	E CO Vehicl	e Action Prior to Cras		22			1 27	2 ²⁷ 8 ²⁷	
	Vehicle Travel Direction: N E W	Responding to Emergency	y? 2 Event	Sequence 1 23	23 23	23	Test Star		29		
2	Citation # (If Issued)		Most 1	Hammful Event 1	24			st Result:	30		
_	Viol. 1: Clı/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drives	Contributing Code	5 25	25	Susp. Al	cohol: 2		Drug 2 32]
		Viol. 4: Ch/Sec/Sub ———		Distracted by 0	26			rom scene			_
	Please fill out for operator/nor. Name (Last First Middle)	n-motorist and all occupants i		DOB/Age Sex	Sent Sufe Pos. Syste	y Airbag in Status	37 38 Eject Trap Code Code	Injury Tra	insp. ode M	fedical Facility	
	Operator/Non-Motorist	See Al	bove	\searrow X	1 1	4 0	0	10 1			

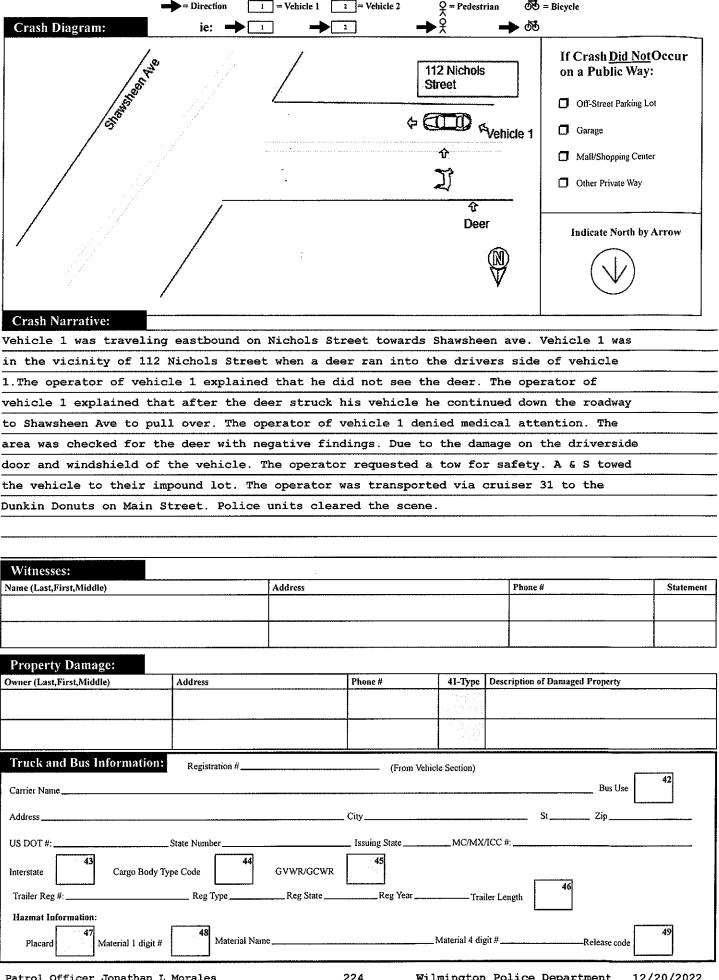
→	= Direction 1	= Vehicle 1	2 = Vehicle	2 \qquad = Pedestrian	🕏 = Bicycle	
Crash Diagram:	ie: 🕕 🔟] → [2	→Ŷ	→ №	
Santander (280 Main Street)		Control management of the control of	(2	mards oast Beef 79 Main reel)	If Crash <u>Did</u> on a Public on a Public on a Public of off-Street Pari	Way:
Wilmington		E			Mall/Shopping	g Center
Plaza		6.64			Other Private	Way
		Table 1 - Contract Co		(K	Indicate Nor	th by Arrow
Crash Narrative:	`					
V1 was sitting stopped at	the red liq	ght when V2	came fi	om the rear and	d rear ended vehic	le
1. Both vehicle operators	declined me	edical atte	ntion a	nd no airbags we	ere deployed. Both	
vehicles were able to be	driven from	the scene.	Vehicle	a 1 sustained mi	nor damage to the	
rear bumper and vehicle 2	sustained o	lamage to t	he front	: bumper.		
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Duamanta Damaga						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	
						t 11-11-
Truck and Bus Information:	Registration #			From Vehicle Section)		
Carrier Name				Prom venice Section)	Bus Use	42
Address			City		St Zip	
US DOT #:Sta	ste Number		Issuing St	ite MC/MX/ICC	: #·	
· 43	44		45			
Interstate Cargo Body Type	Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg	Year Trailer L	ength	
Hazmat Information:						(2)
Placard Material I digit #	Material Nam	ne		Material 4 digit #	Release cod	e 49
Patrol Officer Michael R Dil	orenzo		217	Wilmington P	olice Department	12/20/2022
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 22-404-AC





	Police Use Only	nonwealth	of Massach	usetts	:	R	MV Docu	ment Number			
	Date of Crash Time of Crash 12/20/2022 1714 Wiln	ington		icle Crash	Number Vehicles		Speed Lim	it <u>35</u>	State Police Local Police MBTA Police	080	
	24HR	irigcon	Police	Report	1	0	Lantude Longitude		Campus Police Other:	ā	
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INTE	RSECT	ΓΙΟΝ:	\Box	
						112	NICH	OT C	em	ŀ	2 10
1	Route# Direction	Name of Roadway/Stro	eet	Route# Direction	Address #	<u> </u>		of Roadwa			
¹ 4		At		Feet N S	X W of			- or			
	Route# Direction Name	e of Intersecting Roadw	ay/Street			Mile M	arker		Exit Number	_	111
		Also at Intersection wi	th	Feet N S		Route#			Oadway/Street	- F	
² 1	Route# Direction Nam	e of Intersecting Roadw	ay/Street	Feet N S	E W of						
	Please Select One Value 17	<u></u>		<u> </u>	00	40		andmark		\dashv	
3	of the Following:	#Occupants Hit/F	Run Moped	Crash Report	ID# ZZ	-40	5 - A	<u> </u>		_	
	License # S78618238 St M	A DOB/Ag	Reg	# 8WL446		Reg Typ	e PC	Re	g State MA	- [1 ¹²
	Sex M Lic. Class D D Lic. R	estrictions 1 CE	OL Veh 'dorsement	Year <u>2018</u>	Veh Make <u>C</u>	HEVRO	LET	Veh (Config. 1	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
4	Operator OBRIEN, ROBER'	P First	Middle	er <u>OBRIEN , I</u>		· J		Mid	idie	-	
1	Address 37 CHAPMAN RD			ess 37 CHAPM	AN RD					_	
	City WAKEFIELD State			WAKEFIELD				_	880-494	_ I	
	Insurance Company THE COMMER			cle Action Prior to Crash			amaged Are	a Code: g	3 27 7 27 6 2 28	<u>"</u>	
⁵ 2	Vehicle Travel Direction: N S W	Responding to Emerg	·	t Sequence 6 23	23 23		ype of Test:	1	29		
	Citation # (If Issued)	_		Harmful Event 5	24	35	AC Test Re		30	_	13
	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub ——		er Contributing Code	25	S ₁	usp. Alcoho		Susp. Drug: 2	32] [5	5
5 1	Viol. 3: Ch/Sec/Sub ———\			er Distracted by	34 35	To 36 37	owed from s		L 33	_	
	Please fill out for operat Name (Last First Middle)	•	Olved Address	DOB/Age Sex	Sent Sufety Pos. System	Airbag Eject Status Code	Trap Injur	y Transp. is Code	Modical Facility		
	Operator	See	e Above	$\times X$	1 0	4 0	0 10	3	NOT TRANSPORTE		
,	Please Select One Vehicle 2	#Occupants Non-i	Motorist A Type	15 Action 16 L	ocation	17 Condi	18		lit/Run Mo	ned l	
1	of the Following:							<u> </u>			
	19 19	DOB/Age		ł		_			2	<u> </u>	
	<u> </u>		lorsement	/ear \	/eh Make			Veh C	Config.	J	
1		First	Middle	ErLast		First		Midd	dle	-	
	Address State	7in		288		Sto	te	7in		_	14
	Insurance Company			le Action Prior to Crash		7.21	amaged Are		27 27 1	- 17	
	Vehicle Travel Direction: NSEW	Responding to Emerge		,	23 23	 23 Te	st Status:		28	-	
	Citation # (If Issued)		• —	Harmful Event	24	-	pe of Test:	. -	29 30		
2	Viol. 1: Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	AC Test Res isp. Alcohol			12	
		iol. 4: Ch/Sec/Sub ——		r Distracted by	26		wed from s	`	33	-	
	Please fill out for operator/non-	•			34 35 Seat Sufety	36 37 Airbag Eject	38 39 Trap Injur			_	
	Name (Last First Middle) Operator/Non-Motorist		Address : Above	DOBVAge Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility		
	opermon ton-mounts	560									
										_	
								-	-	_	



Patrol Officer Jonathan L Morales

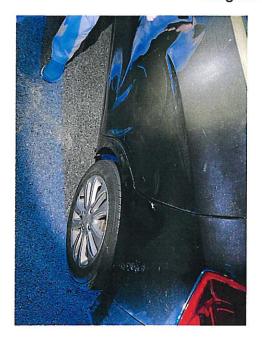
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Wilmington Police Department

12/20/2022

Department

Wilmington Police Department Images Associated with 22-405-AC



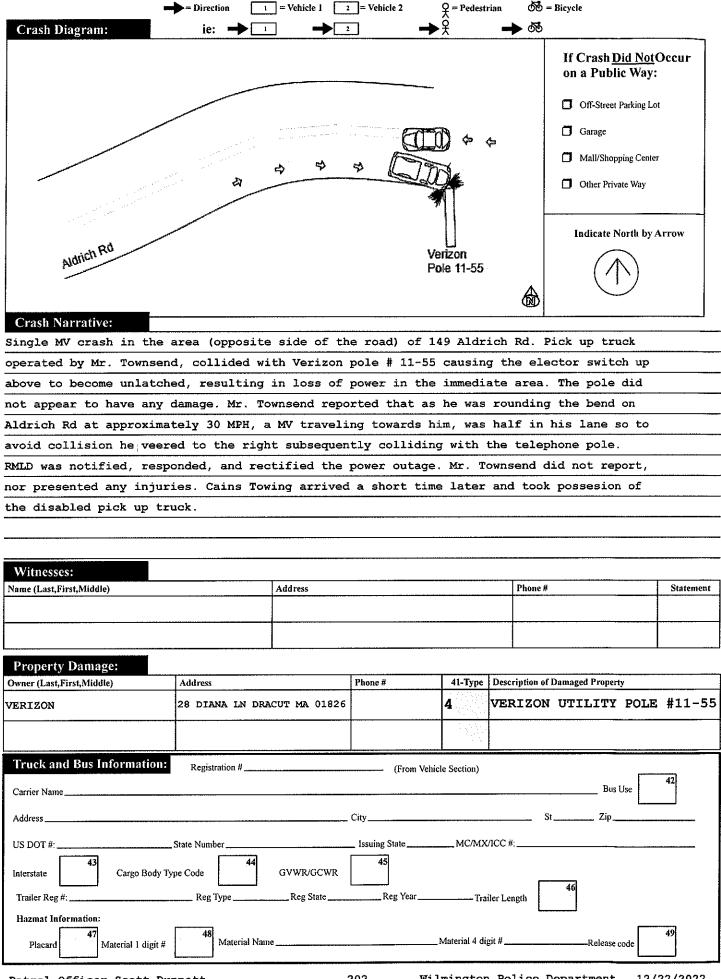


	Police	ce Use Only		C	ommon	wealth	of Massa	ichi	ısett	S		RN	IV Doc	ument Numb		
	Date of Crash	Time of Crash		City/Town	Mo	tor Veh	icle Cra	sh	Numbe Vehicle			eed Lim	it35	State Police Local Polic MBTA Poli	e 3 0]
	12/21/2022	1959 24HR	MITW:	ington	•	Police :	Report		2	2	Li	titude ngitude _		Campus Po	lice 🗖	
	<u> </u>	AT INTERS	ECTIO	ON:	<	LOCA	TION	>		NO		~~		TION:		1
								<u> </u>								2 10
		···		N. (D.	1 (0		D 4 B 75'		804		BUR	N S		(6)		
¹ 4	Route# Direct	tion		Name of Road			Route# Direct	tion .	Address #			Name o	t Roadv	vay/Street		1
*					•		Feet	NSE	w of				- or .			
	Route# Direct	tion	Name	of Intersectin	g Roadway/Stree	t				Mi	le Mark	er		Exit Num	ber	2 11
				Also at Inters	ection with		Feet			Route		Inter	secting l	Roadway/Stre	et	<u> </u>
² 2	Route# Direct	tion	Name	of Intersecting	g Roadway/Stree	t	Feet	NSF	E W of							
2					•	1	<u> </u>					I.	andmar	k		┨
3	Please Select O of the Followin		11	Occupants [Hit/Run	Moped	Crash R	leport I	D# 2 2	2-4	06	-A	\mathbf{C}			
	License # NHL	13951568	S st NH	DOR/Age		Reg	# <u>4332029</u>)		Rei	Tyne I	PC	R	eg State NH		_
	Sex M Lic. C	10 1	9	strictions	20 CDL	_	Year 2011								21	1 12
		, mass D] 210. 110.	L	Endorsome	ent								Comig.		<u> </u>
⁴ 1	Operator JEFFREYS, RICHARD WARREN Last First Middle						er JEFFRE	Last		Fi	rst	TATATE:	М	íddle		
1		Address 8 MACLARNON RD					ess 8 MACI	ARN	ON F							
							SALEM							3079	22	
	Insurance Compa	ny CONCOR	D GEI	NERAL I	MUTUAL :		cle Action Prior to		2	22		aged Are	a Code:	5 27 27 28	27	
5	Vehicle Travel Di	rection: S	EW	Responding	to Emergency? 2	Even	t Sequence 1	23 2	3 23	23		Status: of Test:		29		Ì
~	Citation # (If Issu	ned)				Most	Harmful Event	1	24			Test Re	solt.	30		
	Viol. 1: Ch/Sec/S	ub	Vi	ol. 2: Cli/Sec/	Sub	Drive	er Contributing Co	de [22 ²⁵	20 ²⁵		Alcohol		Susp. Drug:	32	1 13
	Viol, 3: Cli/Sec/S	ub	Vi	ol. 4; Ch/Sec/:	Sub	Drive	er Distracted by	5	26		Towe	d from s	cene?	1 33		
⁶ 1		Please fill out f							34 35 Seat Safe		37 Eject 1	is 39				1
	Name (Last First Mic			1	Address		DOB/Age		Pos. Syste	n Status	Code C	ode Statu	s Code	Medical Fe	cility	$\left\{ \right.$
	Operato	r		-	See Above			A	1 1	4	0 0	8	1			-
							,									
	Please Select Or	574	۹ "	<u> </u>	 ,		15	16		17		18		<u> </u>		1
⁷ 1	of the Following		2#	Occupants	Non-Motoris	t A Type	Action	Lo	cation	(Condition	1		Hit/Run	Moped	
	License # NHL	12910426	St.NH	DOB/Ag		Reg	4952375	<u> </u>		Reg	з Туре _1	C	R	eg State NH		
	Sex M Lic. C	lass D 19	Lic. Res	trictions	20 CDL	Veh '	rear 2016	Ve	h Make_	CHEV	ROL	ET	Veh	Config. 2	21	
	Operator GII	MAN, DA	VID '	THOMAS	Endorseme		er GILMAN	, D2	AVID	THO	MAS					
⁸ 1	Address 135	LAWRENC	E RD	lest 	Middle	Addr	ess <u>135</u> LA	WRE	NCE	RD "	rst		Mi	iddla		
	City SALEM		State 1	IH Zip O	3079	City_	SALEM				_ State_	NH	Zip 0 .	3079		1 14
	Insurance Compar	ny TRAVEL	ERS	INS.		Vehic	le Action Prior to	Crash	1	22	Dama	aged Are	a Code:	1 27 27	27	<u> </u>
	Vehicle Travel Dia	K			o Emergency? 2	Even	Sequence 1	23 2	3 23	23	Test :	Status:		28		
	Citation # (If Issu				<i>3</i> ,		Hannful Event	1	24		Туре	of Test:		29		
⁹ 2	,	•		12010 #	N 1		r Contributing Co	L	9 25	25		Test Res		30	32	
	Viol. 1: Ch/Sec/Su						_		26			Alcohol d from s		Susp. Drug:		
ļ	Viol. 3: Ch/Sec/Su	se fill out for oper		ol. 4: Ch/Sec/S			I Distracted by		34 35	36		NB 39	40	1 -		ļ
	Plea Name (Last First Mid		atot/HOII-II	INTO LOS ABILI 31	Address	*5U	DOB/Age		Seat Safet Pos. Syste	/ Airbag	Eject T	rap Injur ode Statu	Transp. Code	Medical Fa	icility	
	Operato	r/Non-Moi	torist		See Above			X	1 1	1	0 0	8	1		ļ	
								M								
ŀ	· · · · · · · · · · · · · · · · · · ·			 				\vdash								
								\vdash					-			
																1

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	ØØ = Bicycle	
Trash Diagram:	ie: →	1 →	2	→ 윘 -	→ 656	
						sh <u>Did Not</u> Occur ublic Way:
the state of the s	Woburn st.				☐ Off-S	treet Parking Lot
					☐ Garag	ge
					☐ Mall/	Shopping Center
	→ <u>2</u> <u>1</u>				Other	Private Way
804	Wobum st.				Indica	nte North by Arrow
	alog Devices			3	> (\supset
rash Narrative:						
r.#1 Related he w	as traveling st	raight on Wol	burn st., w	hen his m/v#	l's brake lig	hts
rted going off. H	e stopped his m	/v#1 in the :	middle of t	he roadway.	(He thought h	e had
led off the roadw	ay and parked)	as he was ge	tting out o	f his m/v#1,	m/v#2 came f	rom
ind and crashed i	nto his m/v#1.					
#01 h		animbe on Wal		-/ i- f-o-	t of him atom	nod
r.#2 related he w						
time and crashed			e crine or c	ne crasm., n	e was unable	co scop
				+ (TTTT / 1 4 2)		
*(Both oper.'s ref	used medical tre	eatment at the	ne scene)**	* (PWJ/142)		1 2 3 1 1 1 1 1

Vitnesses: me (Last,First,Middle)		Address	•••		Phone #	Statemen
ne (Last, Prist, Windle)		Address			T none "	
roperty Damage:						<u> , 1 </u>
ner (Last,First,Middle)	Address		Phone #	41-Type Des	cription of Damaged Pr	operty
uck and Bus Informat	on: Registration#		(From \	/ehicle Section)		
rrier Name				,		Bus Use 42
dress			City		St	Zip
DOT#:	State Number		Issuing State	MC/MX/ICC	#:	
43	ody Type Code	GVWR/GCWR	45			
	Reg Type		Reg Year_	Trailer I	ength 46	
azmat Information:			~ ~			
Placard 47 Material I d	git # 48 Material N	ame		Material 4 digit #	Re	ease code
						<u> </u>
trol Officer Paul e Officer Name (Please Print)	W Jepson Signature			Wilmington Po Department	olice Departme Precinct/Barracks	ant 12/21/2022 Date

	Police Use Only	Commo	nwealth	of Massa	chus	etts			RMV	Docu	ment Number	
	1 1	City/Town Nington	Iotor Veh	icle Cra	sh [Number /ehicles	Number Injured	Speed Latitu	Limit_	25	State Police Local Police MBTA Police	
	24HR	ing con	Police :	Report	1		0	Longi			Campus Police Other:	<u> </u>
	AT INTERSECTION	ON:	< LOCA	TION :	>		NOT A	T IN	ΓERS	SECT	rion:	
						١٥	3 T D			_		2 10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion Add	iress#	ALD!	Na Na	me of R	Roadwa	ay/Street	
¹ 4		At		r [N S E V			_				
	Route# Direction Name	of Intersecting Roadway/S	Street	Peet [NSE	7] or	Mile M	arker		or _	Exit Number	
		Also at Intersection with		Feet [N S E V	V of	Route#		1-4	: D	oadway/Street	_ 1
2			:	Feet [N S E V	v of	Koute#		mersec	cung K	.oagway/Sileet	
² 1	Route# Direction Name	e of Intersecting Roadway/S	arreet						Lan	ıdmark		_
3	Please Select One of the Following:	#Occupants Hit/Run	Moped M	Crash R	eport ID#	22	-40	8-	AC			
		DOB/Age	Pag	# SRS871			Pec Tse	e PC		Re	or State MA	
	10 19	estrictions 99 20 CDL	•	Year 2006							21	1 12
	Operator TOWNSEND, THON	Endors	sement	er TOWNSE								J
1	Address 430 MIDDLESEX	First Mic	ldle		ast		First	***	****	Mid	idie	
	City WILMINGTON State			WILMING'		<u> </u>		ata MZ	3 7:	. 01	887-4110	_
	Insurance Company PROGRESSIV			cle Action Prior to		1	_	Damageo				- I
				[<u>-</u>		23		est Stat		1	1 28	
5 2	Vehicle Travel Direction: N S E	Responding to Emergency				<u>.</u>		ype of T	Test:		29	
	Citation # (If Issued)	.			الم عدا	25	25	AC Tes	Γ.		1 30	2 22 ¹³
	Viol. 1: Ch/Sec/Sub — V			er Contributing Co		ا	;	usp. Ale owed fr	12		Susp. Drug 2 32	4 22
·1	Viol, 3; Ch/Sec/Sub — V	iol. 4: Ch/Sec/Sub or and all occupants involve		er Distracted by	O 26	35	36 37	38	om sce	ne? 2	2 30	_
	Please IIII OUI for operati Name (Last First Middle)	or and all occupants involve		DOB/Age	Sex Pos	Safety	Airbag Ejec Status Cod	Trap Code		Transp. Code	Medical Facility	_
	Operator	See Al	oove	><	X^{1}	1	4 0	0	10	1		
			•									
						+		 				
	N C-l-u Ora-			15	16		17	┸┌	18			
1	Please Select One of the Following:	#Occupants Non-Mo	torist A Type	Action	Locat	ion	Cond	ition		H	lit/Run Mop	ed
	License #St	DOB/Age	Reg	¥			Reg Ty _l	ıe		Re		-
	Sex Lic. Class 19 19 Lic. Re	estrictions 20 CDL_ Endors		Year	Veli N	/lake				_ Veh (Config. 21	
	Operator	First Mid	Own	er	nst		First			Mid	die	
³ 1	Address			ess								_
	CityState_	Zip	City				S1	ate	Zi	р		_ 1 14
	Insurance Company		Vehic	cle Action Prior to	Crash			amageo		Code:	27 27 2	7
	Vehicle Travel Direction: NSEW	Responding to Emergency	y? Even	t Sequence	23 23	23	23	est Stat		-	28	
·····	Citation # (If Issued)	-	Most	Harmful Event	24			SAC Tes		lt:	30	
2	Viol. 1; Ch/Sec/Sub ———V	iol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de	25	25	usp. Ale	-	31	Susp. Drug: 32	2
	Viol, 3: Ch/Sec/Sub ————V	iol, 4: Ch/Sec/Sub	Drive	er Distracted by	26		7	owed fi	om sce	ne?	33	_
	Please fill out for operator/non-	•		DODU	34 Seal		36 37 Airbag Ejec			40 Transp. Code	14, 015 - 25.	7
	Name (Last First Middle) Operator/Non-Motorist	Adda See Al		DOB/Age	Sex Pos	System	Status Cod	Code	Status	code	Medical Facility	_
	Operator/Ivon-Motorist	Jee At			<u> </u>	+						\dashv
						-						_



Patrol Officer Scott Dunnett

202

Wilmington Police Department

12/22/2022

Department

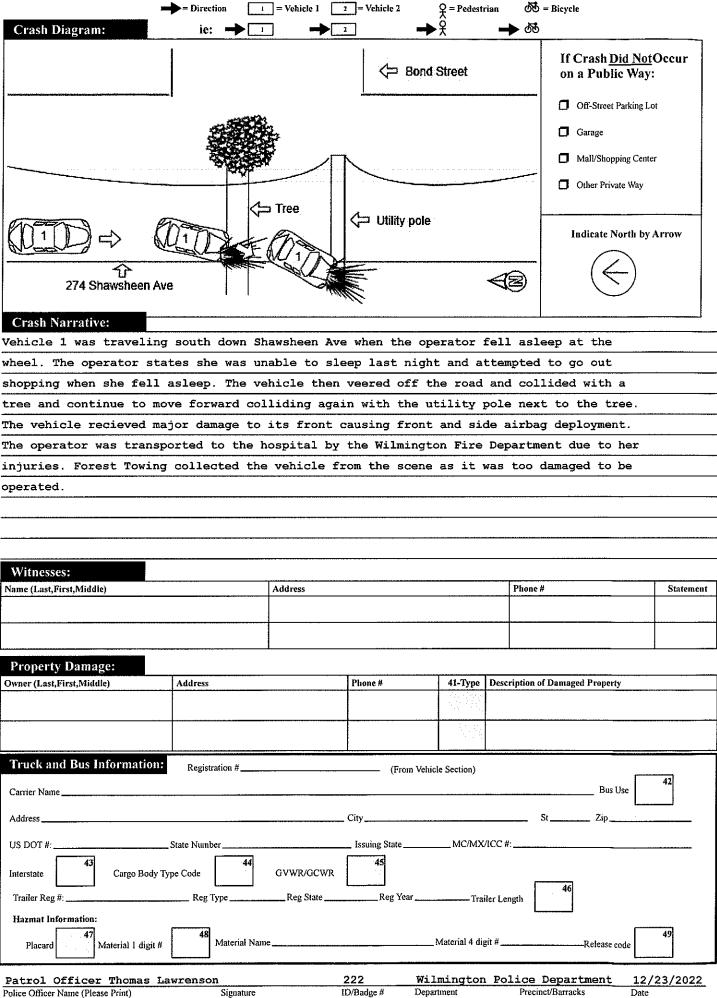
	Police Use Only	Common	nwealth	of Massa	chuset	tts	RN	IV Docu	ıment Number	
		City/Town M	otor Veh	icle Cras	h Nun	iber Number cles Injured	DPOOR DIM	it 20	Local Police	
	12/22/2022 1014 Wilm 24HR	ington	Police	Report	1	o Injured	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	LOCA			NOT A	T INTE			1
										10
							ISON I		·····	
1	Route# Direction	Name of Roadway/Street At		Route# Direction	on Addres	is #	Name o	f Roadw	/ay/Street	-
<u> </u>		Al		Feet N	SEW	of — —	- • -	– or –		
	Route# Direction Name	of Intersecting Roadway/Str	reet			Mile N	farker		Exit Number	11
		Also at Intersection with		Feet N	SEW	Route#	Inter	secting F	Roadway/Street	
2	Route# Direction Name	of Intersecting Roadway/Str		Feet N	SEW	of	1			
² 2	Route# Direction Name	e of intersecting Roadway/Str	eei				L	andmark	ζ	1
3	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Re	port ID# 2	2-40	9-A	C		
3	of the Following:									-
		DOB/Age.	•	1AB86W			-		21	3 12
	Sex F Lic. Class A Lic. Re	estrictions CDL	ment	/ear <u>2022</u>						
4	Operator WHITE, LISA Y	First Middle	Own	er U HAUL C	CO OF I	MASSACH First	USETTS	AND Mi	OHIO INC	
⁴ 1	Address 835 HUNTINGTON	AVE APT 20	03 Addr	ess 145 MI	LK ST	FL A	T 3RD			
	City BOSTON State	MA Zip 02115-62	2 51 City	METHUEN		S	tate MA	Zip 0 🕽	L844-4664	
	Insurance Company REPWEST IN	SURANCE COMP	ANY Vehic	le Action Prior to C	Crash 4	22	Damaged Are	a Code:	7 27 27 27	
	Vehicle Travel Direction: X S E W	Responding to Emergency?	2 Even	Sequence 35	3 23 2	3 23	Test Status:		1 28	
5	Citation # (If Issued)				35 ²⁴	<u> </u>	Type of Test:		29	
				r Contributing Code		el 9e	BAC Test Re		1 30	30 ¹³
	Viol. 1: Cli/Sec/Sub ———— V.			, r	<u> </u>		Susp. Alcohol		22	30
⁵ 1	Viol. 3: Ch/Sec/SubV			r Distracted by	J 34	35 36 37	Towed from s		2 33	_
	Please fill out for operato Name (Last First Middle)	or and all occupants involved Address		DOB/Age	Seat 8	Safety Airbug Eje System Status Coo	at Trap Injur	y Transp.	Medical Facility	
	Operator	See Abo	ve		1 1	. 4 0	0 10	1		
										1
										-
										-
7	Please Select One Vehicle 2	#Occupants Non-Moto	rist A Type	15 Action	16 Location	17 Con	lition 18		Hit/Run Moped	
3	of the Following:		· L		╝					-
	License # St	DOB/Age	-						21	
	Sex Lic. Class Lic. Re	strictions CDL_ Endorser	Veh \	ear	Veh Mak	e		Veh	Config.	
3	Operator	First Middle	Own	er	at .	First		Mie	ddle	
1	Address		Addr	≥ss						- 14
	CityState_	Zip	City			S	tate	Zip		1 "
	Insurance Company		Vehic	le Action Prior to C	Crash	22	Damaged Are	a Code:		
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Even	Sequence 23	3 23 2	'J	Test Status:		28	
	Citation # (If Issued)	_	Most	Hannful Event	24		Type of Test:		30	
2	Viol. 1: Ch/Sec/Sub —————Vi	-1 2. Cl./P/Sub	Drive	L. r Contributing Code	. 2	5 25	BAC Test Re			
				r Distracted by	26		Susp. Alcohol Fowed from s	ʻ.I	Susp. Drug: 32	
ļ	Viol. 3: Ch/Sec/SubVi			I Distracted by	34	35 36 37				4
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants inv		DOB/Age	Seat S	Safety Airbag Ejo ystem Status Coo	at Trap Injur	y Transp.	Medical Facility	_
	Operator/Non-Motorist	See Abo	ve		1					
	-					· · · · -				1
				+		- - - 		+		-
										4
		1								

	= Direction	1 = Vehicle 1	= Vehicle 2	Q = Pedestria	n 📆 = Bicycl	е	
Crash Diagram:	ie: →		2	<u>}</u>	→ №	·····	 -
Madison Rd	,					Crash <u>Did Not</u> a Public Way:	t t
ß.					o	Off-Street Parking Lo	ot
TO X						Garage	
*)	>					Mall/Shopping Cente	er .
	\sim		1			Other Private Way	
Ę						Odici i iivaic way	
ζο:						ndicate North by	Arrow
				,	<u>۸</u> .	and cancer (contain by)	
			<⇒ Scigliar	10 St	(K	(Λ)	
				`			
Crash Narrative:							
ehicle 1 was traveli	ng down Sciglia	ano St attemp	ting to tur	n left unt	o Madison F	d toward	
arker St. Vehicle en	ded up taking t	o sharp of a	turn on th	e road and	l its traile	r collided	
ith the fire hydrant	on the corner	of the stree	et. The coll	ison broke	the hydran	t by the	
ase causing water to	spill out on t	the street. I	The vehicle	recived da	mage to its	left side	
ear tire that was re	placed by a rep	pair crew. Th	ne operator	was uninju	red and no	one else	
as involved in the c	rash.						
The state of the s						·	
Witnesses:							
ame (Last,First,Middle)		Address		Phone #	one # Stat		
Property Damage:							
wner (Last,First,Middle)	Address		Phone #		-	n of Damaged Property	
OWN OF WILMINGTON	121 GLEN RD WILL	MINGTON MA 01887		F	'IRE HYDR	ANT	
Truck and Bus Informatio	Registration #		(From Ve	hicle Section)			<u> </u>
Carrier Name			(2.0			Bus Use	42
			City		St	Zip	
US DOT #:							
43	State Number 44		issuing State		· · · · · · · · · · · · · · · · · · ·		
nterstate Cargo Bod	y Type Code	GVWR/GCWR			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer	Length		
Hazmat Information:	48						49
Placard Material 1 digit		ame		Material 4 digit	#	—Release code	
1 066:	•		000 77	: 1	D-1: D		(22/222
Patrol Officer Thomas olice Officer Name (Please Print)	Lawrenson Signature			nartment	Police Depar Precinct/Barra		<u> /22/2022</u>

Police Use Only Commonwealth of Massachusetts RMV Document Nu						<i>*</i> .				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	1 - 1	Speed Limit	35	State Police Local Police MBTA Police Campus Police	
	12/23/2022 0026 Wili	mington	Police 1	Report	1	1	Latitude Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT AT	INTER	SECTI	ON:	1
	· · · · · · · · · · · · · · · · · · ·									2 10
	División	Name of Roadway/Stree		Route# Direction	430 Address #	SALE	M ST Name of	Dagdung	(Ctroat	.[]
14	Route# Direction	At		Koutes Direction	Addiess		Name of	Koaoway	75(reel	1
				Feet N	S E W of	Mile Ma	_ •	or	Exit Number	
	Route# Direction Na	ne of Intersecting Roadway		E (N	S E W of	White Ivia	IKCI	•	ZAN Prantoci	1 11
		Also at Intersection with				Route#	Interse	cting Roa	ndway/Street	
² 3	Route# Direction Na	ne of Intersecting Roadway	/Street	Feet [N]	S E W of					
	Planas Salast One					4 4		ndmark		-
3	Please Select One of the Following:	#Occupants Hit/Ru	m Moped	Crash Repo	rt ID# 22	-41	T-AC			
		A DOB/A _L	Reg #	14L110		Reg Туро	PC	Reg		12
	Sex.M Lic. Class D 19 19 Lic. I	Restrictions 99 20 CDL	Veh \	/ear 2015	_ Veh Make <u></u>	ODGE	, ,	Veh Co	onfig. 1 21	3
	Operator DELANEY, JON		Own-	er DELANEY	JON I					
⁴ 1	Address 35 SHERIDAN ST		Middle	Last ess 35 SHER		First		Middle	:	
	City WOBURN State		3444 City	WOBURN		Sta	te MA Z	ip 018	301-3444	
	Insurance Company THE STAND			le Action Prior to Cra	sh 1				27 2 27 8 27	
	Vehicle Travel Direction: NSWW			Sequence 40 23			st Status:	2	28	
5	Citation # (If Issued) T2749105			Harmful Event 2;		T ₎	pe of Test:	97	, 29	
	Viol. 1: Ch/Sec/Sub 90 24K			r Contributing Code	10 25 9	25	AC Test Resu	<u> </u>	30	22 ¹³
					9 26		sp. Alcohol:		Susp. Drug 2 32	22
⁶ 2	Viol. 3: Ch/Sec/Sub 90 24E			r Distracted by	34 35	36 37	38 39	ene? 1		
	Please IIII out for opera	ator and all occupants invol	vea Mress	DOB/Age Se	Seat Safety	Airbag Eject	Trup Injury Code Status	Transp. Code	Medical Facility	
	Operator	See .	Above		1 99	3 0	0 9		nchester spital	
					<u> </u>					
1						15				1
⁷ 1	Please Select One of the Following:	#Occupants Non-M	otorist A Type	Action 16	Location	Condit	ion 18	Hit	/Run Moped	
	License # St_	DOB/Age	Reg #			Reg Type		Reg	State	
	19 19	20		'ear				_	21	
	Operator	Endo	orsement	≥r						
⁸ 2	Last	Pirst N	/iddle	Last SS		First		Middle		
	CityState	7 in				Sta	te Z	in		1 14
		s 21р_ <u></u>		le Action Prior to Cra	elı		amaged Area		27 27 27	
	Insurance Company No. 17 18 18 18 18 18 18 18 18 18 18 18 18 18	D		Sequence 23	23 23	Te	st Status:		28	
	Vehicle Travel Direction: NSEW	Responding to Emergen	,		24	T _y	pe of Test:		29	E
⁹ 2	Citation # (If Issued)	_		Harmful Event	25	B	AC Test Resu		30	
	Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ———		r Contributing Code	26	Su	sp. Alcohol:		32 33 34 32 32	
		Viol. 4: Ch/Sec/Sub		r Distracted by		Tc	wed from sco	ene?		1
	Please fill out for operator/no Name (Last First Middle)	•	s involved	DOB/Aga Se	Seat Sufety	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility]
	Operator/Non-Motorist	See /	Above		1					
	_									1
				+ -	-					1
			·····		-				·	-

Crash Diagram:	= Direction	= Vehicle 1	= Vehicle 2	오 = Pedestri	ian 🐠 = ➡ 🚳	Bicycle			
Woburn St		ie: → 1 → 2 → ★ → 66 430 Salem St Salem St (MA-62)				If Crash Did NotOccur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center			
						Other Private Way			
©1D ©1D Sidewalk		lity Pole		<u>Car F</u>	arts	Indicate North by	y Arrow		
Crash Narrative:									
12/23/22 at appx. 12									
to Win Hosp. Would n									
pole determine MV1 t									
vehicle and crashed	into pole. OPP1 }	celieved to	be under in	fluance c	f alcoho	1.			
See 22-419-AR (T2749	105). OPP1 transp	ported to Wi	n Hosp by W	FD. MV1 t	owed by	Cain's.			
Witnesses:					Diago #		T State and		
Name (Last,First,Middle)		Address			Phone #		Statement		
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property			
			-						
Truck and Bus Informati	on: "								
Carrier Name	Registration #		———— (From Ve	hicle Section)		Bus Use	42		
Address			City		S	Zip			
US DOT #:									
43	44	GVWR/GCWR	45						
	ody Type Code Reg Type		Reg Year	TenB	er Length	46			
Hazmat Information:			7.05 Toll		or rougii	*			
Placard 47 Material 1 di	git # 48 Material Nan	ne		Material 4 dig	it #	Release code	49		
Patrol Officer Joseph A	A Fitzgerald		215 W	ilmington			/23/2022		
Police Officer Name (Please Print)	Signature	J	D/Badge# De	partment	Precinc	t/Barracks Date	=		

Police Use Only	Comm	onwealth (of Massach	usetts		RM	V Documen	化砂砂气 电流流流 化二氯甲基	
Date of Crash Time of Crash 12/23/2022 1154 Will	City/Town Lmington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit Latitude	r	tate Police	
24HR	iming con	Police 1	Report	1	1	Lantude Longitude	c	ampus Police	
AT INTERSEC	< LOCA		NOT AT INTERSEC			N:			
									2
Route# Direction	Name of Roadway/Stree	et	Route# Direction	274 Address #	SHAW	SHEEN Name of	AVE Roadway/St	treet	-
	At			1560			,		
Route# Direction N	ame of Intersecting Roadway	UStraat	Feet N S	E W of	Míle Ma	rker	or	xit Number	
Kodien Direction 14	Also at Intersection with		Feet NS	EW of					1
			Feet N S	E W of	Route#	Inters	ecting Roads	way/Street	
Route# Direction N	ame of Intersecting Roadway	y/Street				La	ındmark	<u></u>	-
Please Select One Vehicle 11	#Occupants Hit/Ru	un Moped	Crash Report	1D# 22	-41	2-AC	*		1
of the ronowing:								1.73	-
10 10	MA_ DOB/Ag		5BVZ60					21	3
500 200, 00000 D		orsement	/ear <u>2015</u>				Veh Conf	ig. 1	-
Operator MARCHESI, MI	First	Middle	MARCHESI Last	•	First	YN	Middle		
Address 12 FAIRVIEW A			ess 12 FAIRV						
City WILMINGTON Sta			WILMINGTON	1				7-2417	ŀ
Insurance Company GOVERNMEN	IT EMPLOYEES		le Action Prior to Crash		<u> </u>	amaged Area st Status:	Code: 1 2		
Vehicle Travel Direction: N E W	Responding to Emerger	ncy? 2 Event	Sequence 21 23 22	23 23		pe of Test:	1 2	4	
Citation # (If Issued)		Most	Harmful Event 21	24	-	AC Test Resi	alt: 1 3	0	L
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	21 25	25 Տւ	sp. Alcohol:	2 31 Sus	p. Drug: 2 32	21
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	wed from sc	ene? 1 3	3	
	rator and all occupants invol			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Trunsp		1
Name (Last First Middle) Operator		Above	DOB/Age Sex	Pos. System	Status Code	Code Status		Medical Facility y Clinic	1
Operator				\ <u>^</u>					-
									4
									_
Please Select One Vehicle 2	#Occupants Non-M	Iotorist A Type	15 Action 16	Location	17 Condit	ion 18	☐ Hit/R	un Moped	1
of the Following:							<u> </u>		-
19 19	DOB/Age	-					_	21	
Sex Lic, Class Lic.	Restrictions CDL Ende	orsement	ear	Veh Make			Veh Confi	g.	
OperatorLast	First N	Middle	rLası		First		Middle	 _	
Address			ss						-
CitySta	-	•			==1	te Z nnaged Area	·	27 27	1
Insurance Company		Vehic	le Action Prior to Crash			imageu Area st Status:	28		
Vehicle Travel Direction: NSEW	Responding to Emergen	icy? Event	Sequence 23	23 23	.23	pe of Test:	25		
Citation # (If Issued)		Most	Hammful Event	24		AC Test Resu	ılt: 30	, 	
Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	Contributing Code	25	25 Su	sp. Alcohol:	31 Sus	Drug: 32	
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	Distracted by	26	То	wed from sc	епе? 33	B	_
Please fill out for operator/no Name (Last First Middle)	•	s involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	18 19 Trap Injury Code Status	40 Transp. Code	Medical Facility	
Operator/Non-Motoris		Above		1					1
									-
							 		-
									_



Signature

Wilmington Police Department Images Associated with 22-412-AC



