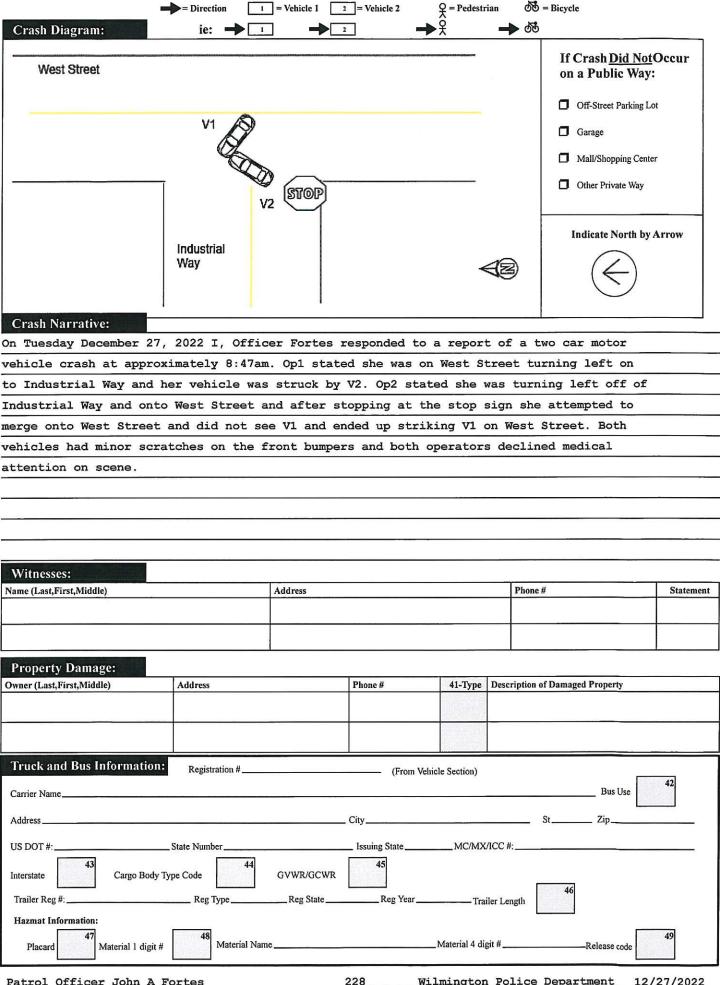
	Police Use Only	Com	monwealth	of Massa	chuse	tts		RMV Doc	cument Number	
	Date of Crash   Time of Crash   12/27/2022   0836   Wili	City/Town	Motor Vel	nicle Cra	sh Nur	mber Nun	mad I "	d Limit3	Local Police	0.0000
	12/21/2022 0836 WIII	mington	Police	Report	2	0	Latin	itude	MBTA Police Campus Police Other:	ᆸ
	AT INTERSECT	ION:	< LOC/	ATION :	>	NO'	ΓAT IN	TERSEC	CTION:	
	WEST ST									2
1_	Route# Direction	Name of Roadway/S	treet	Route# Direct	ion Addre	ss #	N	ame of Roads	way/Street	
1	INDUSTR	At Tat. Wav		Feet	N S E W	of — -		• — or .		_
		ne of Intersecting Road				Mi	le Marker		Exit Number	6 11
		Also at Intersection v	vith	1 -	N S E W	Route	#	Intersecting	Roadway/Street	-
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Road	way/Street	Feet [	N S E W	of		Landmar	1-	
<u></u>	Please Select One	#Occupants Hit.	/Run Moped	Crash P.	eport ID# <b>2</b>	22-4	13_		K	
3	of the Pullowing:								<del> </del>	
	10 10	E DOB/Age_		# 1358XC					7	1 12
	Sex F Lic. Class D Lic. R  Operator WRIGHT, BRITT	E	ndorsement	Year <u>2009</u> her <b>WRIGHT</b>					n Config.	┙┠──
41	Last	First APT 1	Middle	ess 276 ST	asl	Fis	31	М	liddle	-
	City PORTLAND State			PORTLAND				<b>E</b> Zip <b>O</b>	4101	_
	Insurance Company PROGRESSI	-		cle Action Prior to (	Г	22		d Area Code		27
<u></u>	Vehicle Travel Direction: X S E W	Responding to Emer	gency? 2 Even	t Sequence 1 2		23 23	Test Sta	tus:	1 28	_
5	Citation # (If Issued)		Most	Harmful Event	1 24		Type of		99 29	
	Viol. 1: Ch/Sec/Sub — \	Viol. 2: Ch/Sec/Sub —	Drive	ם T Contributing Cod	le <b>1</b> 2	25 25		st Result:  cohol: 2 31	1	32 <b>1</b> 13
<sup>6</sup> <b>1</b>	Viol. 3: Ch/Sec/Sub\	/iol. 4: Ch/Sec/Sub —	Drive	er Distracted by	0 26			rom scene?	2 33	┙ ┣━━┙
1	Please fill out for operat	tor and all occupants in	volved Address	DOB/Age	Seat 5	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	Medical Fseility	
	Operator	So	ee Above				0 0	10 1	Medical Pseinty	$\dashv$
									<del>                                      </del>	
										_
<u></u>	Please Select One	#0		15	16	17		18		_
<sup>7</sup> 3	of the Following:		-Motorist A Type	Action	Location	c	ondition		Hit/Run 🔲 Mop	ied
	10 10	DOB/Age		2BKK22			- "	R	21	<u>-</u>
	Sex Lic. Class D Lic. Re	estrictions 99 CI	dorsement	/ear 1998			S	Veh	Config. 1	]
<sup>8</sup> 1.	Operator SANTANA, DESTI	First	Middle	er <u>SANTANA</u>	si	Firs		Mi	iddle	-
		MA Zip 01841		ess 122 E I LAWRENCE				λ 7in Ω'	1841-200	-   14   14
	Insurance Company ALLSTATE I	•		le Action Prior to C	<u> </u>	22		d Area Code:		-, I
	Vehicle Travel Direction: SEW	Responding to Emerg		Sequence 1 23		3 23	Test Stat		1 28	<b>-</b>
9	Citation # (If Issued)	_		Harmful Event	1 24	الصلا	Type of		99 <sup>29</sup>	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub ————V	iol. 2; Ch/Sec/Sub	Drive	ے r Contributing Code	e <b>1</b> 25	5 25	BAC Tes Susp. Ale	cohol: 2 31	<u> </u>	2
	Viol. 3: Ch/Sec/Sub —————————V	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	D <sup>26</sup>			rom scene?	2 33	<b>-</b>
	Please fill out for operator/non-	•	nts involved	DOB/Age	Seat S	35 36 iafety Airbag ystem Status	37 38 Eject Trap Code Code	39 40 Injury Transp. Status Code	Administ Trackites	
	Operator/Non-Motorist	T	e Above		1 9			10 1	Medical Facility	
Ì	-									$\neg$
	:				<del>-    </del>					_
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l	T 17- 10364 CD 4 65 60HB	.1				11_		<u> </u>	<u> </u>	



Patrol Officer John A Fortes

Wilmington Police Department

12/27/2022

Department

## Wilmington Police Department Images Associated with 22-413-AC

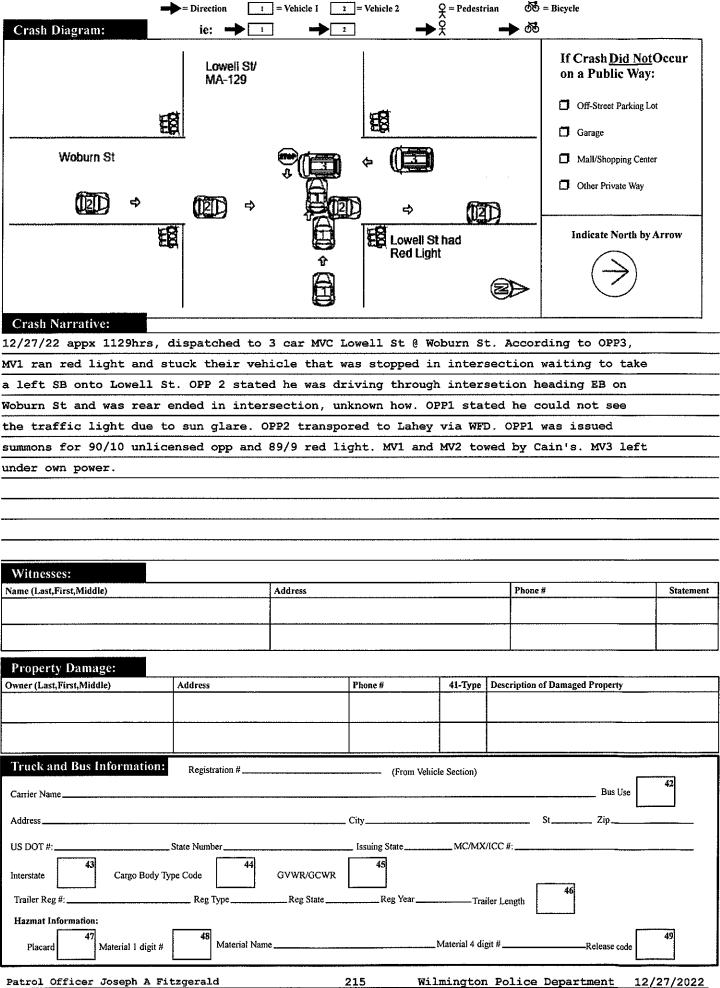




	Police Use Only	Com	monwealth	of Mass	achu	setts	5		RMV Do	cument Number				
	1 1	City/Town mington	Motor Vel	nicle Cra Report	Vehicles Injured			DPOCO	l Limit <u>2</u> de					
	24HR   AT INTERSECT	TION:		ATION	>	3	NOT /	Longi T IN	tude	Campus Police Other:	-			
							1,012							
1	Route# Direction LOWELL	ST Name of Roadway/S	treet	Route# Direc	tion A	ddress#		Na	une of Road	Iway/Street	2			
<sup>1</sup> 1		At		Feet	N S E	W of			or					
	Route# Direction WOBURN	ST me of Intersecting Road	way/Street					/larker	· 01	Exit Number	3 11			
		Also at Intersection	with		NSE		Route#		Intersecting	Roadway/Street	-			
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Road	way/Street	Feet	NSE	W of			Landma					
3	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash I	Report ID	<b>#22</b>	-41	4-	· · · · ·	un.				
<u></u>	License # NHN1 6253398 St.N	IH_ DOB/Age	Reg	# 5067148	3		Reg Ty	pe <b>PC</b>			12			
	Sex M Lic. Class 99 19 Lic.		DL Veh	Year <u>2017</u>	Vel	Make_	IISSA	N	Ve	ch Config. 2				
<sup>4</sup> 3	Operator SYLVESTER, SH	IANE MICHAE	Own	er SORTAN	ast		EN M		1	Middle	_			
3	Address 280 GROVE ST	APT 1		ess 280 GI		ST	APT				-			
	City MANCHESTER State	e <b>NH</b> Zip <b>0310.</b>	•	MANCHES					Zip <u>C</u> d Area Code		<u> </u>			
	Insurance Company  Vehicle Travel Direction: X S E W	Responding to Emer	_	cle Action Prior to	23 23	23		Test Stat		1 2 8	-			
<sup>5</sup> 1	Citation # (If Issued) <b>T2749106</b>		• •	t Sequence 1 Harmful Event	1 2	<u> </u>		Type of I	Test:	29				
	Viol. 1: Ch/Sec/Sub 90 10			er Contributing Co	ode 1	3 <sup>25</sup>	25		st Result:	30 1 Susp. Drug: 2 3	1 13			
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	7 2	6			om scene?	1 33	<b>┙</b> ┣━┛			
<sup>6</sup> 1	Please fill out for opera	ator and all occupants in	volved Address	DOB/Age		34 35 cal Safety os. System	36 37 Airbag Eje Status Coo	ı Trap	39 40 Injury Transp Status Code	Medical Facility	_			
	Operator	S	ee Above	LOB/Age	X i	99	1 0		10 1	Medical Facility				
	ANN MARIE GAGNON	615 UNION ST MANCHESTER, NH C	3104~6076	08/21/1976	F 3	99	1 0	0	10 1					
								+						
<sup>7</sup> 2	Please Select One of the Following: Vehicle 2.1	#Occupants Non	-Motorist A Type	15 Action	16 Loc	ation	17 Conc	ition	18	Hit/Run Mop	ed			
	License # <b>S18308352</b> St <b>M</b>	A_DOB/Age	Reg #	9TP187			Reg Ty	e PC	F	Reg State <b>MA</b>	_			
	<u> </u>	Er	idorsement	ear <u>2009</u>			ISSA	4	Ve	h Config. 21	]			
8 <sub>2</sub>	Operator SINGH, DILBAG	H First PT 4	Middle	er SINGH,	ast		First		N	fiddle	-			
		MA Zip 01801		ess 949 MA WOBURN	TIN S	ST A	PT 4		Zin O		-   14   14			
	Insurance Company GEICO GENE	•	<u> </u>	le Action Prior to	Crash	1			-	5 27 4 27 6 2				
	Vehicle Travel Direction: NSWW	Responding to Emerg			23 23	23		est Statu		1 28	1			
<sup>9</sup> 2	Citation # (If Issued)	_	Most	Harmful Event	1 24			ype of T AC Test		29				
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Co	de <b>1</b>	25	25	usp. Alc		Susp. Drug: 2	2			
	Viol. 3: Ch/Sec/Sub		Oriver Distracted by 0 26 Towed from scene? 1 33											
	Please fill out for operator/nor Name (Last First Middle)	-motorist and all occupa	ints involved Address	DOB/Age	Sex Po	at Safety	36 37 Airbeg Ejec Status Code	38 Trap Code	39 40 Injury Transp Status Code	Medical Facility				
	Operator/Non-Motorist	Se	e Above	$>\!\!<$	X 1	1	4 0	0	8 2	Lahey Clinic				
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				4.1				,					٦.
	Police Use Only	Com	monwealth	of Mass	ach	usett	S		RM	V Docus	ment Number		
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Cra	ısh	Numbe Vehicle		Jopee	d Limit	25	State Police Local Police	8	1
	12/27/2022 1129 Wilr	mington	Police	Report		3	1 1	Lann	ude itude		MBTA Police Campus Police Other:		
	AT INTERSECTI	ION:			>			AT IN		SECT			
						•••	1.01	788 311	A 2015	5.50	10111		10
	LOWELL												2
11	Route# Direction	Name of Roadway/S	treet	Route# Direc	tion	Address #		N	ame of	Roadwa	y/Street		
1	tronima (	At		Feet	N S	E W of			• —	ог			
		ST ne of Intersecting Road	way/Street				Mil	e Marker			Exit Number		11
		Also at Intersection v	with	Feet	NS	E W of	Route	<u></u>	T., 4	-4' D	oadway/Street		3
[2	D 4 8 Di 44	CY	10.	Feet	N S	E W of	Route	<del>y</del>	mierse	cung At	oagway/Sueet		
<sup>2</sup> 1	Route# Direction Nam	ne of Intersecting Road	way/Street						Laı	ndmark			_
3	Please Select One Vehicle 34	#Occupants Hit.	/Run Moped	Crash I	Report l	ID# <b>2 2</b>	-4	14-	AC	•			
	of the Following:	<u> </u>											1
L	10 10	A DOB/Age		# <u>3xLV87</u>			_					21	<b>1</b> 12
	Sex M Lic. Class D Lic. R	estrictions 99 C	DL Veh	Year <u>2022</u>	v	eh Make 🌡	OODG	E		Veh C	Config. 1		
IA .	Operator TRIMARCHI, LEI			er TRIMAR	CHI	, LE	E MI	CHAE	<u>L</u>	Midd	tle .		1
<sup>4</sup> 3	Address 7 FERNVIEW AVE	APT 7	Add	ress 7 FERI	VIE	W AV	E 7	APT 7	!				
L	City NORTH ANDOVER State	MA Zip 0184!	<b>5-4458</b> City	NORTH A	NDO'	VER		State M	<b>A</b> z	ip <b>01</b>	845-445	58_	1
	Insurance Company PROGRESSIV	E DIRECT	INSURA Vehi	cle Action Prior to	Crash	2	22	Damage	ed Area	Code: 8	27 27	27	
	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Ever	nt Sequence	23 2	23 23	23	Test Sta	tus:	1	28		ĺ
<sup>5</sup> 1	Citation # (If Issued)	, ,		t Harmful Event	1	24		Type of	Test:	L	29		1
	,	T 1 0 01/0 10 1			<u> </u>	1 25	25	BAC Te	-				13
	Viol. 1: Ch/Sec/Sub ———— \			er Contributing Co	<u>r</u>	26		Susp. A	-		Susp. Drug:2	32	1
<sup>6</sup> 1		/iol. 4: Ch/Sec/Sub		er Distracted by	0		16	Towed 1	TOM SC	ene? 2			1
-	Please fill out for operat Name (Last First Middle)	or and all occupants in	Volved Address	DOB/Age	Sex	34 35 Seat Safety Pos. System	36 Airbeg Status	37 38 Eject Trap Code Code	Injury	Transp. Code	Medical Facility		
	Operator	S	ee Above	$\sim$	X	1 1	4 (	0	10	1			
	DONNA TRIMARCHI	57 GLEN RD WILMINGTON, MA C	11 887	01/25/1949	F	3 1	4 (	0	10	1			
					-		1			_			
		i			M	4 1	4 (	0	10	1			
					M	6 1	4 (	0	10	1	_		[
<sup>7</sup> 2	Please Select One Vehicle 4	#Occupants Non	-Motorist A Type	15 Action	16 L	ocation	17 C	ondition	18	П н	it/Run Mo	ped	
2	or the ronowing:												
	License # St St	DOB/Age	Reg	#			Reg	Туре		Reg	State	<u> </u>	
		estrictions C	DL Veh '	Year	Ve	eh Make_				Veh C	Config.		İ
* <sub>2</sub>	Operator	First	Middle Own	er	Lasi		Firs			Midd	le		
2	Address		Addr	ess							·	_	,,,
	City State_	Zip	City.					State	Z	ip	<u> </u>		<b>1</b> 14
ļ	Insurance Company		Vehic	cle Action Prior to	Crash		22	Damage	d Area	Code:		27	
	Vehicle Travel Direction: N S E W	Responding to Emerg	gency? Even	t Sequence	23 2	3 23	23	Test Star		L	28	- [	
	Citation # (If Issued)	_	Most	: Harmful Event		24		Type of		.  -	29		
'2	Viol. 1: Ch/Sec/Sub ————————V	ial 2- Ch/Saa/Sub		er Contributing Co	de T	25	25	BAC Te	- г		30	32	
				er Distracted by		L 26		Susp. Al Towed f	L		Susp. Drug:	<u> </u>	
ļ	Viol. 3: Ch/Sec/SubV			. Distracted by		34 35	36	37 38	39	40	لتح		
	Name (Last First Middle)	motorist and an occupa	Address	DOB/Age		Sent Safety Pos. System	Airbag I Status	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	Se	e Above		X	1							
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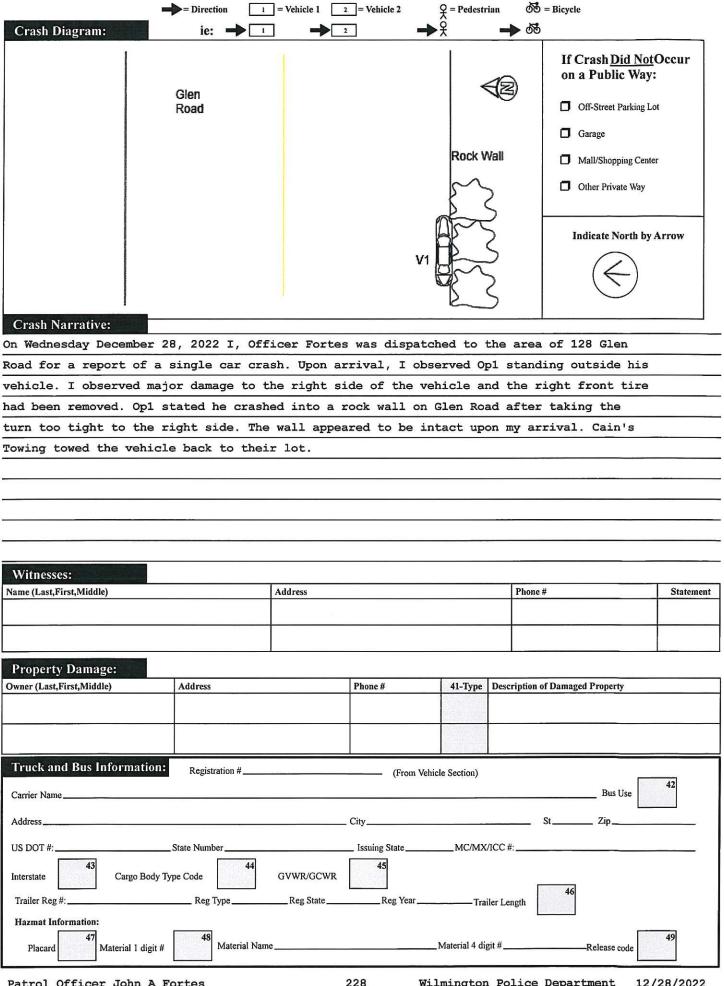


Department

	Police Use Only	monwealth	of Mass	ach	uset	ts			RM	V Doci	ment Number			
	Date of Crash Time of Crash	Motor Vel	icle Cra	ısh	Numb Vehic		ımber iured	1 .	l Limit	25	— Local Police			
	12/27/2022 1541 Wilr 24HR	mington	Police	Report		2	0	Juicu	Latitu Longi			MBTA Police Campus Police Other:	1	
	AT INTERSECTI	< LOCA	TION	>		NO	)TA	Γ IN	TER	SEC	TION:	1 _		
		•				160 GROVE AVE								
<sup>1</sup> <b>1</b>	Route# Direction	Name of Roadway/St	reet	Route# Direc	tion	Address	#		Na	ime of	Roadw	ay/Street	-	
				Feet	N S	E W of		 ∕iile M:	•	· —	or _	Exit Number		
	Route# Direction Nam	e of Intersecting Roady Also at Intersection w		Feet	NS	E W of	7,	ALIC IVI	arker			Ext Number	2 11	
						E W of	Rou	ite#		Interse	ecting R	Roadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Nam	e of Intersecting Roady	vay/Street	Landmark										
3	Please Select One of the Following:	#Occupants Hit/	Run Moped											
<u> </u>	License # <b>S47226336</b> St <b>M</b>	A_ DOB/Age	Reg	# 2BMS97			R	eg Typ	e PC		Re	eg State <b>MA</b>	12	
	Sex F Lic. Class D 19 19 Lic. R		DL Veh	Year <b>2021</b>	v	eh Make	VOL	KSW	IAGI	en_	Veh	Config. 21	1	
<u> </u>	Operator LOMBARDI, KRIS			er LOMBAR	DI,	KRI		N .	<u> </u>		Mic	ddie		
41	Address 50 WINTER ST			ess <u>50 WI</u>		ST								
		MA Zip 0187	•	TEWKSBU	RY		22					1876		
	Insurance Company PLYMOUTH R	OCK ASSURA	ANCE C Vehic	ele Action Prior to		1	22		amageo		Code:	1 27 8 27 2 27		
5	Vehicle Travel Direction: N S W	Responding to Emerg	gency? 2 Even	t Sequence 1		23 23	23		ype of T		ľ	29		
	Citation # (If Issued)	_		Harmful Event	<u></u>	24	2	_	AC Tes			30	13	
	Viol. 1: Ch/Sec/Sub —\			er Contributing Co		19 <sup>25</sup>		_J S		•	2 31		1	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	riol. 4: Ch/Sec/Sub		r Distracted by	5	34 3:	36	T(	owed fr	rom sc	ene?	1 33	_	
L.,	Name (Last First Middle)	or and an occupants in	Address	DOB/Age	Sex	Scat Saf Pos. Syst	ty Airba	Eject	Trap	Injury Status	Transp. Code	Medical Facility	-	
	Operator	Se	ee Above	$>\!\!<$	X	1 1	4	0	0	10	1			
													]	
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action	16 L	ocation	17	Condi	tion	18	☐ F	Hit/Run Moped		
	License # <b>SA0171344</b> St <b>M7</b>	DOB/Age,	Reg #	R47319			Re	д Тур	CO		Re	g State MA	1	
		strictions 99 20 CI	OL Veh Y	ear <u>2014</u>	Ve	eh Make.	TOY	OTA	·		Veh	Config. 21		
<sup>8</sup> 2	Operator OLIVEIRA, DOMI	NIC THOMA	Middle	r MASSAC	اعفرا		- 1	irst		100	<b>I. <u>I.</u></b> Мід			
	Address 345 WOBURN ST			ess 2 PARK		<u> </u>	A.F	T F					14	
		MA Zip 01887		WESTFOR			22				ip <b>01</b>	.886 1 27 5 27 6 27		
	Insurance Company THE COMMER		_	le Action Prior to		3 23	23		st Stati		Code.	28		
	Vehicle Travel Direction: NSXW	Responding to Emerg		Sequence 1	ᆂ	24		Ту	pe of T	est:	ĺ	29		
<sup>9</sup> 2	Citation # (If Issued)			Harmful Event r Contributing Co	<u> </u>		2:		AC Tes	•		30		
		iol. 2: Ch/Sec/Sub iol. 4: Ch/Sec/Sub		_		26		_	isp. Alc		<del></del>	Susp. Drug: 2 32		
	Please fill out for operator/non-	•	nts involved	DOD#		34 35 Scat Safe Pos. Syste	y   Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	New Jones	1	
	Operator/Non-Motorist		e Above	DOB/Age	Ž	Pos. Syste	m Status	0			1	Medical Facility	1	
	GREGORY FAWCETT	756 WESTFORD ST LOWELL, MA 01851-	-2939	07/06/1953	M S	3 1	4	0	0	10	1			
						5 1	4	0			1			
						+	<del> </del>	-	-		-			

= Direct	ion 1 = Vehicle	1 2 = Vehicle 2	♀ = Pedestrian	Ø = Bicycle	
Crash Diagram: ie:	<b>→</b> 1	2	<b>→</b> Ĥ -	<b>→</b> ₩	
		2	→ X • • • • • • • • • • • • • • • • • •	If Crash Don a Public Off-Street F Garage Mall/Shopp Other Priva	Parking Lot
Crash Narrative:			The same and the same		
12/27/22 at appx 1545hrs, disp					
traveling on Lake St towards T	ewksbury. OPP	2 student drive	er w/ instruc	tor. WIT1 stated	MV1
slowed down to take turn onto	Grove Ave. MV	l traveling beh	ind MV2. OPP	1 admitted looki	ng
down for second and when looks	ed up saw MV2's	s brake lights.	MV1 rear en	ded MV2. Heavy	
damage to both MVs. Front of M	NV1 and rear o	f MV2. All part	cies denied m	edical. Cain's t	owed
both vehicles.					
Witnesses:	T			Di //	
Name (Last,First,Middle)	Address		W 15 01076 401	Phone #	Statement
PARIS YORK ANDREAS	105 LAK	EVIEW AVE TEWKSBUF	RY MA 01876-431	7	
	L				
Property Damage: Owner (Last,First,Middle) Address		Phone #	41-Type Des	scription of Damaged Property	
Owner (Last, First, Middle) Address		r none #	41-1ype Des	scription of Damaged Froperty	,
			经系统经验证据		
Truck and Bus Information: Registre	ation #	(From	Vehicle Section)		(0)
Carrier Name				Bus U	Jse 42
Address		City		St Zin	SEE CONTROL OF
US DOT #:State Numb	er	Issuing State	MC/MX/ICC	#:	
Interstate Cargo Body Type Code	44 GVWR/G	CWR 45			
Interstate Cargo Body Type Code	GVWR/G	CWR		46	
Interstate Cargo Body Type Code  Trailer Reg #: Reg T	GVWR/G	CWR	Trailer L	ength 46	
Interstate Cargo Body Type Code  Trailer Reg #: Reg T  Hazmat Information:	GVWR/G	CWR Reg Year		ength	
Interstate Cargo Body Type Code  Trailer Reg #: Reg T  Hazmat Information:	GVWR/G	CWR Reg Year		ength 46 Release c	
Interstate Cargo Body Type Code  Trailer Reg #: Reg T  Hazmat Information:  47  48	GVWR/G iypeReg Sta	CWR Reg Year		ength	

		7										
	Police Use Only	Com	monwealth	of Massa	achu	setts		R	MV Docu	ment Number		
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Cra	sh	Number Vehicles		Speed Lin	<sub>tit25</sub>	State Police Local Police		
	12/28/2022 <b>0733</b> Wil	mington	Police	Report	].		Injured O	Latitude _ Longitude		MBTA Police Campus Police	0000	
	AT INTERSECT	TION:			> 1		NOT AT	······		Other:	-	
			200/				NOI A	I II VI II.	ROEC .	TON.	-	10
				<u> </u>		28_	GLEN	RD			2	?
<sup>1</sup> 2	Route# Direction	Name of Roadway/S	treet	Route# Direc	tion Ac	ldress#		Name (	of Roadwa	ay/Street		
2		At		Feet	N S E	w of -		•	- or _		أ	
	Route# Direction Na	me of Intersecting Road	way/Street				Mile Ma	rker		Exit Number		11
		Also at Intersection	with	Feet	N S E		Route#	Inte	reacting D	oadway/Street	_	•
2	Route# Direction Na			Feet	N S E		Router	nic	secting K	oauway/oueet		
<sup>2</sup> <b>1</b>	Route# Direction 192	me of Intersecting Road	way/outcei			_			andmark			
3	Please Select One of the Following: Vehicle 11	#Occupants Hit	/Run Moped	Crash R	teport ID#	22-	-41	6-A	C			
		<b>.</b>									_	
<del></del>	10 10	A DOB/Age 20		# 1MXR18						21	7 7	, 12
	Sex M Lic. Class D Lic.	Restrictions 99	CDL Veh Endorsement	Year <b>2019</b>	Veh	Make <b>J∈</b>	ep		Veh	Config. 1	] [_	
Δ.	Operator LAWRENSON, JA	MES C	Own	er LAWREN	SON,	ELIZ	ZABET	H M	Mid	die	-	
<sup>4</sup> 1	Address 3 DEXTER ST		Add	ress 3 DEXT	ER S	T				<del></del>	_	
	City WILMINGTON Stat	e <b>MA</b> Zip <b>0188</b> '	7-0000 City	WILMING'	TON		Sta	te MA	Zip <b>01</b>	<u> 887-371</u>	6	
	Insurance Company PLYMOUTH	ROCK ASSUR	ANCE C Vehi	cle Action Prior to	Crash	1 2	2 Da	amaged Are	ea Code:	2 27 3 27 2	7	
	Vehicle Travel Direction: NSWW	Responding to Emer	rgency? 2 Even	t Sequence 10	23 23	23	23 Te	st Status:	2	1 28		
<sup>5</sup> 2	Citation # (If Issued)	_	Mns		10 24		Ty	pe of Test:	9	99 <sup>29</sup>		
L	† ` ` ` `	V:-1 2. Cl (C (C. )		er Contributing Co		25	25	AC Test Re		1 30	<u> </u>	O <sup>13</sup>
	Viol. 1: Ch/Sec/Sub			_			Su	sp. Alcoho	-	Susp. Drug: 2 3		0
<sup>6</sup> 1		Viol. 4: Ch/Sec/Sub —		er Distracted by	<u> </u>	1 30 1		wed from :	Ľ	L	_	
	Please fill out for oper Name (Last First Middle)	ator and all occupants in	Volved Address	DOB/Age	Sex Pos	I Safety A	36 37 Airbeg Eject Status Code	Trup Inju Code State	ry Transp.	Modical Facility		
	Operator	s	ee Above		X 1	99 4	0	0 10	1			
						+ +				······································		
				-		+			+		_	
										·		
7	Please Select One Vehicle 2	#Occupants Non	-Motorist A Type	15 Action	16 Loca	ion	17 Conditi	on 18	Пн	lit/Run Mop	.,	
<sup>7</sup> 1	of the Following:	1,700	L. Iypo		Loca		Conditi	on	]	TOTAL CONTRACTOR	-	
	License # St St St	DOB/Age	Reg #	¥			Reg Type		Re	g State	-1	
	Sex Lic. Class Lic. I		DL Veh 1	Year	Veh 1	/lake			Veh (	Config.		
8	Operator	First	_	er	asi		First		Mide		_	
<sup>8</sup> 1	Address			ess	an		rust		Mod		_	
	City State	2 Zip	City_				Stat	e	Zip	-	_  1	14
	Insurance Company		Vehic	le Action Prior to	Crash	22	2 Da	maged Are	a Code:	27 27 27	7  -	
	Vehicle Travel Direction: NSEW	Responding to Emerg	pency? Even	Sequence 2	23 23	23 2	Tes	st Status:		28	<sup>-</sup>	
	Citation # (If Issued)		•	Harmful Event	24		Тур	pe of Test:		29		
<sup>9</sup> 2	·			1	<u> </u>	25	25	C Test Re		30	,	
	Viol. 1: Ch/Sec/Sub			r Contributing Cod	1e		Sus	p. Alcohol	Ч-	Susp. Drug: 32	9	
	Viol. 3: Ch/Sec/Sub			r Distracted by		35		wed from s		_"]		
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occupa	ants involved Address	DOB/Age	34 Sea Sex Pos	Safety A	36 37 irbag Eject tatus Code	38 39 Trep Injur Code Statu	y Transp.	Medical Facility		
Ì	Operator/Non-Motorist	· Se	ee Above		$X_1$					<del></del>		
	<u>-</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>_</b>	++	-	$\neg + \neg$		<del></del>	-	
						++		_	+	_	_	
									<u> </u>			



Patrol Officer John A Fortes

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Wilmington Police Department

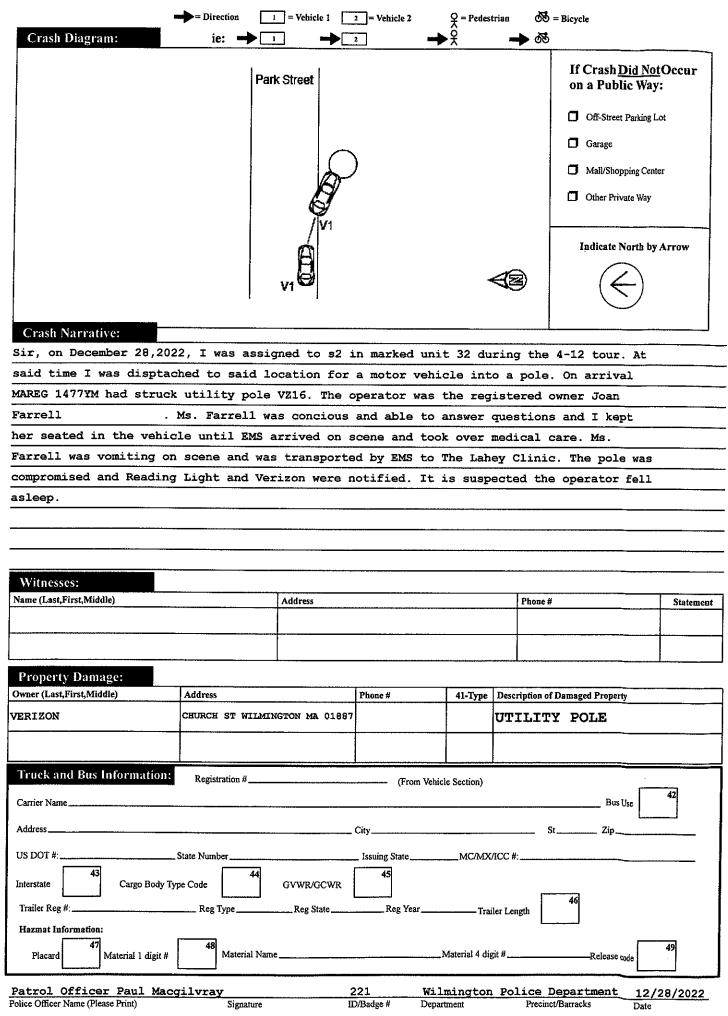
12/28/2022

## Wilmington Police Department Images Associated with 22-416-AC





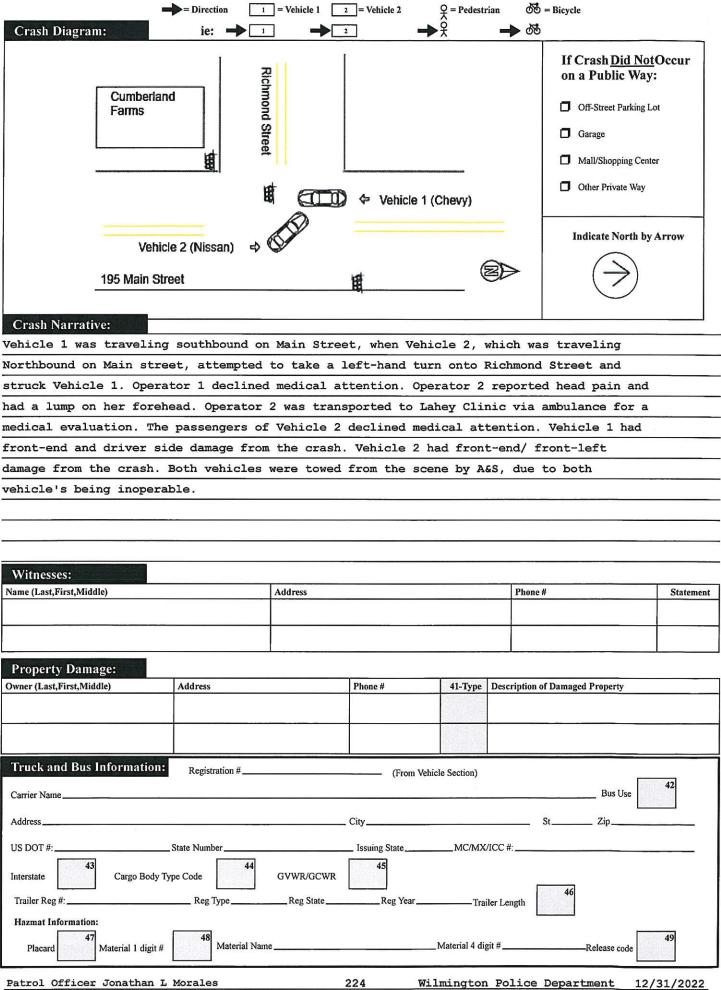
	Pol	lice Use Only		Com	monwealt	th c	of Mass	ach	use	tts			RM	V Docu	ment Number		]
	Date of Crash 12/28/2022	Time of Crash	Wiln	City/Town	Motor V			ish			Yumber Injured	Spee	d Limit	35	State Police Local Police MBTA Police	080	
		24HR			-		Report		1	1		i i	itude		Campus Police Other:		
		AT INTER	SECTI	ON:	< L.O	OCA	TION	>		N	OT A	T IN	TER	SECT	TION:		1 _
[1	Route# Direc	ction		Name of Roadway/St	reet		Route# Dire	ction	48 Addre		PARI			Roadwa	ny/Street		2 10
4				At			Feet	NS	E W	of —		(		or			
	Route# Direc	ction	Nam	e of Intersecting Roady		<u> </u>					Mile M	arker			Exit Number		11
				Also at Intersection w	vith				EW,	Re	oute#		Inters	ecting Re	oadway/Street	<b>—</b>	
<sup>2</sup> 1	Route# Direc	ction	Nam	e of Intersecting Roady	vay/Street		Feet	INIS	EW	of —	-		La	ndmark			
<sup>3</sup> 2	Please Select C of the Followin		e 1. <b>1</b>	#Occupants Hit/	Run 🔲 Mop	ed	Crash 1	Report	10# 2	2-	41	7-	AC	;			
	License # <b>S4</b>			DOB/Age		Reg#.	1477YM				Reg Typ	e <u>PC</u>	;	Reg		<del></del>	12
	Sex F Lic. (	Class D D		E:	ndorsement		ear <u>2015</u>							Veh (	Config. 1	21	1
<sup>4</sup> <b>1</b>		FREE POR		<b>DOROTHY</b> First	Middle		r FARREI ss 29 FRI	Last			First	CHY		Midd	ile	-	
				MA Zip 01887			VILMING			<i>D</i>	Str	ate M	A 2	in <b>01</b>	887-153	—   32	
				UAL FIRE 1			e Action Prior to		Г	22					27 2 27 8		
	Vehicle Travel D	irection: N S	Xw	Responding to Emer			Sequence 22			3 23	Ti	est Sta	tus:	1	28	_	
<sup>5</sup> 2	Citation # (If Issu	ued)		<u>.</u>	7	Most F	Harmful Event	22	24	1		ype of	Test: st Resi	.lt: -	30	ı	
	Viol. 1: Ch/Sec/S	Sub	ν	iol. 2: Ch/Sec/Sub	I	Driver	Contributing Co	ode	21 <sup>2</sup>	5	25				Susp. Drug 2	32	22 <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub —		Driver	Distracted by	99	26		To		rom sc		33		
	Name (Last First Mi		for operate	or and all occupants inv	volved Address		DOB/Age	Sex	Scat 3	35 36 Selety Airt ystem Stat	ng Éject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operato	)r		Se	e Above		$\geq$	X	1 1	. 3	o	0	8	2 1.	ahey Clinic		
<sup>7</sup> 1	Please Select O of the Followin		2#	Occupants Non-	Motorist A Type		15 Action	16 I	ocation	17	Condi	tion	18	☐ Hi	it/Run 🔲 Mo	ped	
	License #	19 1	_	DOB/Age	R	leg#_				F	Reg Type	<b></b>		Reg	-	_	
	Sex Lic. C	lass	Lic. Re	strictions CI	DLV dorsement	/eh Ye	ar	\	/eh Mak	e	·	w		_ Veh C	Config.	<u>ן</u> [	
31	Operator	Last	F	irst	Middle	Owner Addres:	·	Last			First			Midd	le	-	
	City		State _	Zip							Sta	te	z	ip		_ [:	1 14
	Insurance Compar	ny			v	/ehicle	Action Prior to	Crash	Γ	22	Da	amage	d Area	Code:		27	
Ī	Vehicle Travel Di	rection: NS	EW	Responding to Emerg	ency? E	event S	Sequence	23	23 2	3 23		st Stat		-	28		
2	Citation # (If Issue	ed)			N	Aost H	Iarmful Event		24	н	B	pe of ' AC Tes	rest: st Resu	1t:	30		
-	Viol. 1: Ch/Sec/Su	ıb	Vie	ol. 2: Ch/Sec/Sub ——	D	Driver (	Contributing Co	de	2:		25 Su	sp. Al	cohol:	31		32	
L				ol. 4: Ch/Sec/Sub		Priver I	Distracted by	<u> </u>	26	35 36		wed fr	om sce	ene?	33		
	Plea: Name (Last First Mid	-	rator/non-n	notorist and all occupa	nts involved		DOB/Age	Sex	Seat S	35 36 afety Airb stem Stati	ng Eject	38 Trap Code	Injury	Transp. Code	Medical Facility		
	Operator	r/Non-Moi	torist	Se	e Above		$\geq \leq$	X	1						-		
														T			



CDP1 11-24-00

	Police Use Only	Com	monwealth	of Mass	ach	usett	S		RM	IV Doc	ument Number	7
	Date of Crash Time of Crash	City/Town	<b>Motor Vel</b>	nicle Cra	ısh	Numbe Vehicle			ed Limi	t <u>3</u> !	5 State Police Local Police	
	12/31/2022 1635 Wilm	ington	Police	Report		2	<b>1</b>	La	itude ngitude _		MBTA Police Campus Police Other:	8
	AT INTERSECTI	ON:	< LOCA	ATION	>		NO	TATI	NTEF	SEC	TION:	
												2 10
<u>,                                     </u>	Route# Direction RICHMOND	ST Name of Roadway/St	reet	Route# Direc	ction	Address #			Name of	Roadv	way/Street	-
¹ <b>4</b>		At		Feet	NS	E W of				- 05		
	Route# Direction MAIN ST Name	e of Intersecting Roads	way/Street	7 001			M	lile Marke	r	01 _	Exit Number	9 11
		Also at Intersection w	vith			E W of	Rou	 te#	Inters	ecting ]	Roadway/Street	-   -
<sup>2</sup> 3	Route# Direction Name	e of Intersecting Roady	vay/Street	Feet	N S	E W of						
	Please Select One Variation 1			<u> </u>						andmarl	k	-
<sup>3</sup> 2	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash I	Report 1	D# 22	! — 4	118	-A(	<i>:</i>		
L	License # 564509217 St M7	DOB/Age	Reg	# <u>6CA511</u>			Re	g Type 🗜	C	R	teg State MA 21	12
	Sex M Lic. Class D Lic. Re	E	ndorsement	Year <b>2017</b>							1 Config. 1	
<sup>4</sup> 3	Operator PURINGTON MIC	Fürst	Middle	er PURING	Last			irst	AMES		liddle	-
3	Address 163 WHITTEMORE			ess <u>163 WI</u>		EMOR	E S	T				-
		MA Zip 01876	_	TEWKSBU			22		ged Area		$\frac{1876 - 1543}{8^{27} 7^{27} 1^{27}}$	- I
	Insurance Company ARBELLA MU			cle Action Prior to		23 23	23	Test S		1 COUC.	28	]
<sup>5</sup> 2	Vehicle Travel Direction: N E W	Responding to Emer	•	t Sequence 1		24		Туре	of Test:		29	
L	Citation # (If Issued)			Harmful Event	<u> </u>	1 25	25	el .	Test Res		1 30	13
	Viol. 1: Ch/Sec/SubV			er Contributing Co er Distracted by		26		Susp.	Alcohol:		Susp. Drug: 2 32	<u> </u>
<sup>6</sup> 2	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub —— or and all occupants inv		I Distracted by	<u> </u>	34 35	36	37 3	39	40	[1]	4
	Name (Last First Middle)	•	Address	DOB/Age	Sex	Scat Safet Pos. System		Code Co	$\dashv$	Code	Medical Facility	
	Operator	Se	ee Above		X	1 99	4	0 0	10	1		_
							ļ					_
<sup>7</sup> 3	Please Select One of the Following:	Occupants Non-	-Motorist A Type	15 Action	16 Lo	ocation	17	Condition	18		Hit∕Run ☐ Mope	:d
$\dashv$	License # NHL17582998 St NH	_ DOB/Age,	Reg #	488478	<u> </u>		Re	g Туре <b>Р</b>	C	R	eg State NH	_]
		En	dorsement	<sub>Year</sub> 2011				SAN		Veh	Config. 21	
8 <sub>1</sub>	Operator PHRAKONEKHAM,	KAREN J	Middle	er PHRAKO	ast		KAI	REN (	<u> </u>	Мі	iddle	-
	Address 26 PINE LN			ess 26 PIN		N			***		3100	14
	City MANCHESTER State ]	=	•	MANCHES'			22		IH Z ged Area			- 4
	Insurance Company CNAC INSUR			le Action Prior to	Crash 23 2	3 23	23	Test S		Couc.	1 28	
	Vehicle Travel Direction: SEW	Responding to Emerg	•	Sequence 1		24		Туре	f Test:		29	
<b>'</b> 2	Citation # (If Issued)	.1 0. 00/0 (0.1		rammu Event r Contributing Co	<u> </u>	1 25	25		est Res	أتم	1 30	
	Viol. 1: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Ch/Sec/Sub — Ch/Sec/Sub — Ch/Sec/Sub — Ch/Sec/Sub — C			•		26	_1,	•	Alcohol: from so	Ь—Н	Susp. Drug: 2 32 1 33	
Ţ	Please fill out for operator/non-n	•	nts involved	DOB/Age		34 35 Seat Safety Pos. System		37 31 Eject Tre Code Co	p Injury	40 Transp. Code	Medical Facility	7
ŀ	Operator/Non-Motorist		e Above		X	1 1	99	0 0	8		Labey Clinic	1
	KAI MARCESI	26 PINE LN MANCHESTER, NH 01	1887	07/06/2001	м 3	3 99	4	0 0	10	1.		1
ŀ		,			м	5 99	4	0 0	10	1	<del></del>	7
ŀ												1

Enem No. 10354 FDA 5500118



Patrol Officer Jonathan L Morales

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12/31/2022

## Wilmington Police Department Images Associated with 22-418-AC







