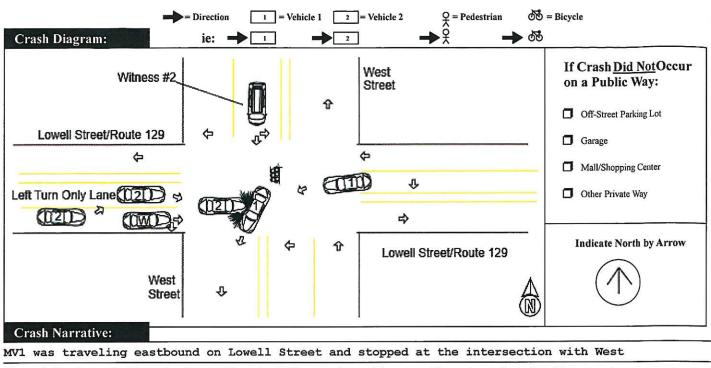
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Route# Direction Name of Intersecting Roadway/Street Landmin	Reg State MA Veh Config. 1 21 1 Middle 01851-2565	12
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Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Diver Distracted by 99 Townstanted by 99 Townstan		
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code St	odc Medical Facility Winchester	
Operator Secretor	Hospital	
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18	Hit/Run Moped	
	Reg State MA	
Sex M Lic. Class D M Lic. Restrictions B 20 CDL Veh Year 2014 Veh Make FORD Veh	Veh Config. 21	
Operator SPENCER, PAUL DARRYL 8 Owner SPENCER, PAUL DARRYL Last First Middle Last First		
2 Address 11 BROOK ST Address 11 BROOK ST	Middle	
City TEWKSBURY State MA Zip 01876-2413 City TEWKSBURY State MA Zip C	01876-2413 1	14
	ode: 8 27 1 27 2 27	
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Viol. 1: Ch/Sec/Sub 4 Viol. 2: Ch/Sec/Sub Driver Contributing Code 3 2 9 Susp. Alcohol. 2	31 Susp. Drug 2 32	
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 99 26 Towed from scene?		
Please fill out for operator/non-motorist and all occupants involved Seat Safety Airbug Eject Trap Injury Trans Name (Last First Middle) Address DOB/Age Sex Pos. System Satus Code Code Satus Code Code Code Code Satus Code	ınsp.	
Operator/Non-Motorist See Above 1 99 1 0 0 8 1		



MV1 was traveling eastbound on Lowell Street and stopped at the intersection with West
Street to turn left onto West Street. MV2 was traveling westbound on Lowell Street, in
traffic, approaching the intersection the intersection with West Street. The turn signal
was green for MV1, and the witness(#1) vehicle stopped and was waiting to turn right onto
West Street, and waved MV1 to turn left in front of it. MV2 saw that Witness #1 had
stopped and was waiting to turn right, and crossed the solid white line into the left turn
only lane and passed the stopped Witness #1 vehicle and continued straight ahead, through
the intersection, in violation of the posted pavement markings. As MV1 completed its left
turn, MV2 collided with the right side of the vehicle. MV1 suffered significant right side
damage, MV2 suffered significant front end damage. The operator of MV1 was transported by
the WFD and both vehicles were towed from the scene by A&S Towing. MV2 was cited.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
LOPEZ ROBERT P	161 FEDERAL ST WILMINGTON MA 01887-2511		
WARNER TYLER JAMES	238 BURLINGTON AVE WILMINGTON MA 01887-3153		

wner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
- 0				
Truck and Bus Informati	ion: Registration #	(From Ve	chicle Section)	42
arrier Name				Bus Use
		۵.		
Address		City		St Zip
	State Number			St Zip
JS DOT #:	State Number			

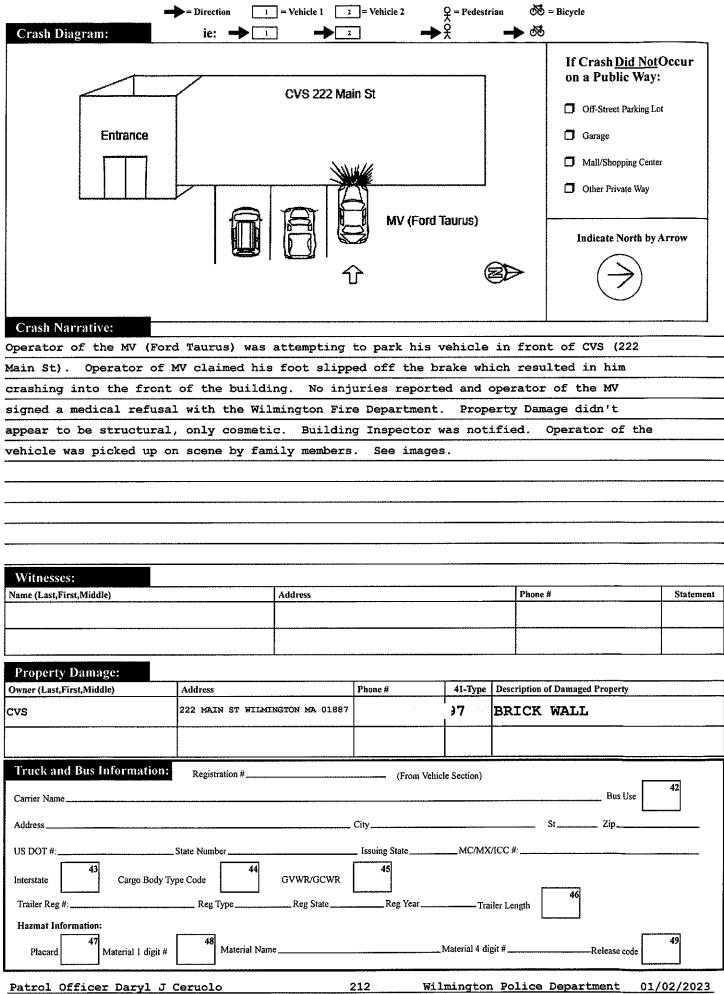
Patrol Officer Michael A Wilson

209 ID/Badge# Wilmington Police Department

01/01/2023

	Poli	ice Use Only		Com	ımonwe	alth c	of Mass	ach	use	tts			RMV	/ Docu	ment Nu	mber	
	Date of Crash 01/02/2023	Time of Crash	wil.	City/Town	1		icle Cra	ısh			*	Speed Latitud	Limit_	5	State Po Local P MBTA	olice 🔯 Police 🗀	
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² 1	Route# Direc	tion	Nam	e of Intersecting Roa	idway/Street		1 000	ىتىت	,				Lan	ıdmark	:	 	-
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	1	GA, SHE		F	CDL Endorsement		MAGA,							_ /0	Conding.		
⁴ 1	1	Lasi OAKDALE		First	Middle		ss 41 OA	Last			First			Mid	idle		
	City WILM I	NGTON	State	MA Zip 0188	87-4015	City J	WILMING	TON			Sta	te M Z	Zi	ip 01	.887-	-4015	
	Insurance Compa	any ALLST2	ATE 1	NSURANCE	COMPAN	Vehic	le Action Prior to	o Crasiı	1	. 22	Da	ımageo	l Area	Code:	1 ²⁷ 2	27 27	
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⁵ 2	Citation # (If Iss	ued)		_		Most	Hannful Event	35	24		B	-	t Resu	lt:	30		
	Viol. 1: Ch/Sec/S	Sub		Viol. 2: Ch/Sec/Sub -		Drive	r Contributing C	ode		⁵ 97	Su	sp. Ale	ohol:	2 31	_	rug 32	30 ¹³
⁶ 1	Viol. 3: Ch/Sec/S			Viol. 4: Ch/Sec/Sub -		_ Drive	Distracted by	99	26				om sce		2 33		
<u> </u>	Name (Last First M		for opera	tor and all occupants	involved Address		DOB/Age	Sex	34 Scat : Pos. 8	35 36 Safety Airbo System Statu	g Eject s Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medic	al Facility	
	Operate	or			See Above		><	X	1	L 4	0	o	10	1			
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	Sex Lic. (Operator	Liass	Lic. K	estrictions	CDL Endorsement		ear	\	en Max	:e				_ ven	Connig. [
⁸ 1	Address	Last		First	Middle		985	Last			First			Mid	idle		
			State	Zip							Sta	te	Zi	ip			1 14
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⁹ 2	Citation # (If Issu	ued)				Most 1	Harmful Event		24		-	pe of T AC Tes	fest: it Resul	lt:	30		
2	Viol. 1; Ch/Sec/S	Sub	\	viol. 2: Ch/Sec/Sub -		_ Drive	Contributing C	ode	2	5 2	5	sp. Alo		31	Susp. Dr	rug. 32	
	Viol. 3; Ch/Sec/S	Sub	١١	/iol. 4: Ch/Sec/Sub =		Driver	Distracted by		26		То		om sce		33]
	Ple: Name (Last First Mi	•	erator/non	-motorist and all occ	upants involved		DOB/Age	Sex	34 Seat 2 Pos. S	35 36 Safety Airbe system State	g Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medic	al Facility	
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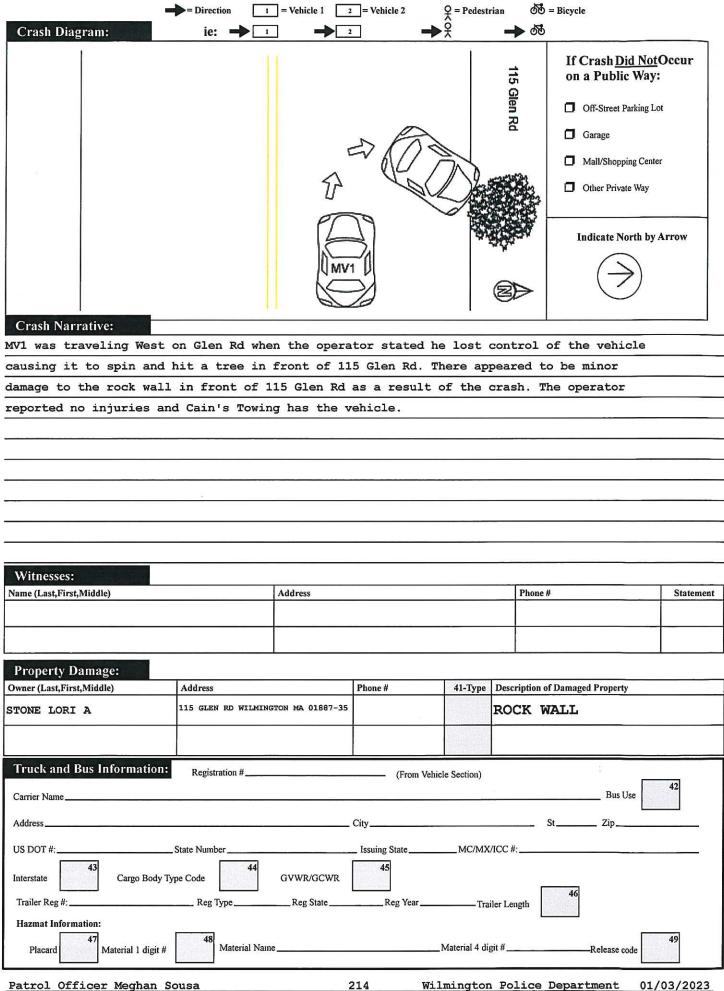
ID/Badge #

Wilmington Police Department Images Associated with 23-2-AC





	Police Use Only	Con	nmonwealth	of Massach	usetts	RMV Document Number	1414412
	Date of Crash Time of Crash 01/03/2023 2258	City/Town Wilmington	Motor Veh	icle Crash	Number Number Vehicles Injured	Speed Limit 25 State Police Local Police MBTA Police	
	01/03/2023 2238	<u> </u>	Police	Report	1 0	Langitude Campus Police Other.	<u>, </u>
	AT INTE	RSECTION:	< LOCA	ATION >	NOT A	T INTERSECTION:	
					121 GLE	N RD	2 10
¹ 4	Route# Direction	Name of Roadway	//Street	Route# Direction	Address #	Name of Roadway/Street	
4	-	At		Feet NS		• - or	
	Route# Direction	Name of Intersecting Ro		Feet N S	Mile M	larker Exit Numbe	1 11
		Also at Intersection	n with	Feet N S	Route#	Intersecting Roadway/Street	
² 3	Route# Direction	Name of Intersecting Ro	adway/Street	reet [11]5]		Landmark	
L	Please Select One Vehi	cle 11 #Occupants	Hit/Run Moped	Crash Report	ID# 23-3-		
3	of the Following:						
l	License # SA3810372	19 20	1			pe PC Reg State MA Veh Config. 1	21 1 12
	Sex M Lic. Class D Operator STEVENS,	Lic. Restrictions 1	Endorsement	rear ZOTO \			
⁴ 1	Address 16 SOUTH	First	Middle	ress 16 SOUTH	First	Middle	
	City WILMINGTON	State MA Zip 018		WILMINGTON		tate MA Zip 01887-16	01
	Insurance Company THE C			cle Action Prior to Crash		Damaged Area Code: 1 27 27	27
	Vehicle Travel Direction: N			nt Sequence 21 23		Fest Status: 1 28	
5	Citation # (If Issued)		Mos		24	Type of Test: 29 BAC Test Result: 1 30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	20 25	Susp. Alcohol: 2 31 Susp. Drug. 2	32 21 ¹³
6	Viol, 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	- a c	Fowed from scene? 1 33	_
⁶ 2		ut for operator and all occupant	s involved	DOB/Age Sex	34 35 36 37 Seat Safety Airbag Ejec Pos. System Status Cod	t Trap Injury Transp. c Code Status Code Medical Facili	lito
	Name (Lust First Middle) Operator		See Above	100,0374,00 365	1 1 1 0	0 10 1	.,
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⁷ 1	Please Select One of the Following:	cle 2#Occupants	Non-Motorist A Type	Action 16 L	ocation 17 Cond	lition 18	Moped
	License #	St DOB/Age	1	#	Reg Typ	peReg State	707
	Sex Lic. Class 19	Lic. Restrictions 20	CDL Veh	Year\	/eh Make	Veh Config.	21
⁸ 1	Operator	First		er	First	Middle	
<u>T</u>	Address		Add	ress			
	City	State Zip	City			Damaged Area Code: 27 27	1
	Insurance Company	···		cle Action Prior to Crash		Damaged Area Code: 27 27 27 Cest Status: 28	<u> </u>
	_		• • —	it sequence		Type of Test: 29	
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	Viol. 3: Ch/Sec/Sub Please fill out for o	perator/non-motorist and all oc		er Distracted by	34 35 36 37	38 39 40	
	Name (Last First Middle)	· 	Address	DOB/Age Sex	Seat Safety Airbag Ejec Pos. System Status Cod	t Trap Injury Transp.	ity
	Operator/Non-M	otorist	See Above	$\nearrow\!$	1		



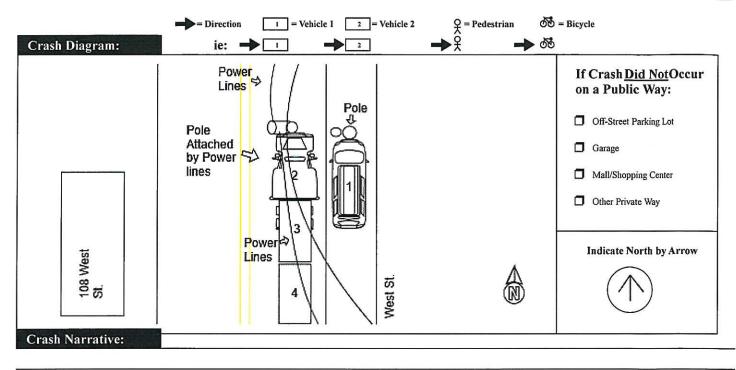
Patrol Officer Meghan Sousa

Police Officer Name (Please Print)

Signature

ID/Badge #

	Pol	ice Use Only		Com	monwea	lth c	of Massa	ich	use	tts			RM	V Docu	ıment Nu	ımber	
	Date of Crash 01/03/2023	Time of Crash	l	City/Town ington			icle Cra	sh		nber icles	Numb Injure	۳۶۹۰ د	d Limit	30	Local I]
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6	Viol. 3: Ch/Sec/	Sub	Vi	iol. 4: Ch/Sec/Sub		Drive	r Distracted by	99	26	-1		Towed			1 33		
⁶ 2	Name (Last First M		for operate	or and all occupants in	volved		DOB/Age	Sex		Safety /	l gedai/	37 38 ject Tran	Injury	40 Transp. Code	1 fadi	ical Facility	1
	Operate			S	ee Above		DO35/Age	Ž		System 5 99 3			10	1	Medi	ical Facility	
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		3652560 19 1	9	DOB/Age			3028470								eg State 🚨	21	
	Sex M Lic. (strictions B C	DL T indorsement		ear 2017								- '		
⁸ 1		EZ, RUBE Lasi Marsh Hi	F	irst	Middle		ss 1000 F	ast			First	3.G.E.	212	Mic	dele	<u></u>	
				CT Zip 0677	0		MOON TO					State P	A 2	ip 15	108		4 14
	•	any LIBER]		=		-	le Action Prior to		1	7	_	Damag				27 27	
	Vehicle Travel D	oirection: S	EW	Responding to Emer	gency?_2	Event	Sequence 22	23	23 2	23 2	23	Test Sta			1 ²⁸ 29		
⁹ 2	Citation # (If Iss	ued)				Most	Hannful Event	22	24			Type of BAC To		ılt:	30		
	Viol. 1: Ch/Sec/S	Sub	Ví	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	<u> </u>	5	25	Susp. A	,		Susp. D	rug:2 32	
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	Ple Name (Last First M	•	rator/non-r	notorist and all occup	ants involved Address		DOB/Age	Sex		Safety A	tirbag E	37 38 ject Trap ode Code		40 Transp. Code	Medie	cal Facility	
	Operato	or/Non-Mo	torist	S	ee Above		><	X	1	9 4	0	0	10	1			
1		2.6511.6															,



MV 1 was travelling north bound on West St. as he made the curve before 108 West St. The operator stated the rear of the van lost grip. MV1 then went onto the sidewalk and struck the utility pole on the sidewalk. The operator stated he was probably going too fast for conditions. When MV1 struck the pole, it broke the utility pole at the top where the power lines attach. A 10-foot piece of pole with power lines remain in midair in the center of the road. While waiting for police response, MV2 (towing trailer 3 & 4) was travelling north bound on West St. Due to the lighting conditions the operator of MV2 did not see the broken pole and collided with it. The pole struck MV2, as it happened one of the wires detached from the pole and got caught on the top of MV3 trailer. MV3 trailer sustained minor damage from the wire getting caught and breaking off.

Name (Last, First, Wilddie)	Address			Phone #		Statement
Property Damage:						
Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of l	Damaged Propert	у
RMLD	230 ASH ST READING MA	01867	4	Utility	pole and	d Conductors
Truck and Bus Information: Carrier Name Address US DOT #:		City				
Interstate 43 Cargo Body Typ Trailer Reg #: Hazmat Information: 47 Placard Material 1 digit #	pe Code 44 GVWR/G	CWR 45	Tra	iler Length	46	

Patrol Officer Brian Tavares

Police Officer Name (Please Print)

Signature

T . . .

206 ID/Badge# Wilmington Police Department
Department Precinct/Barracks

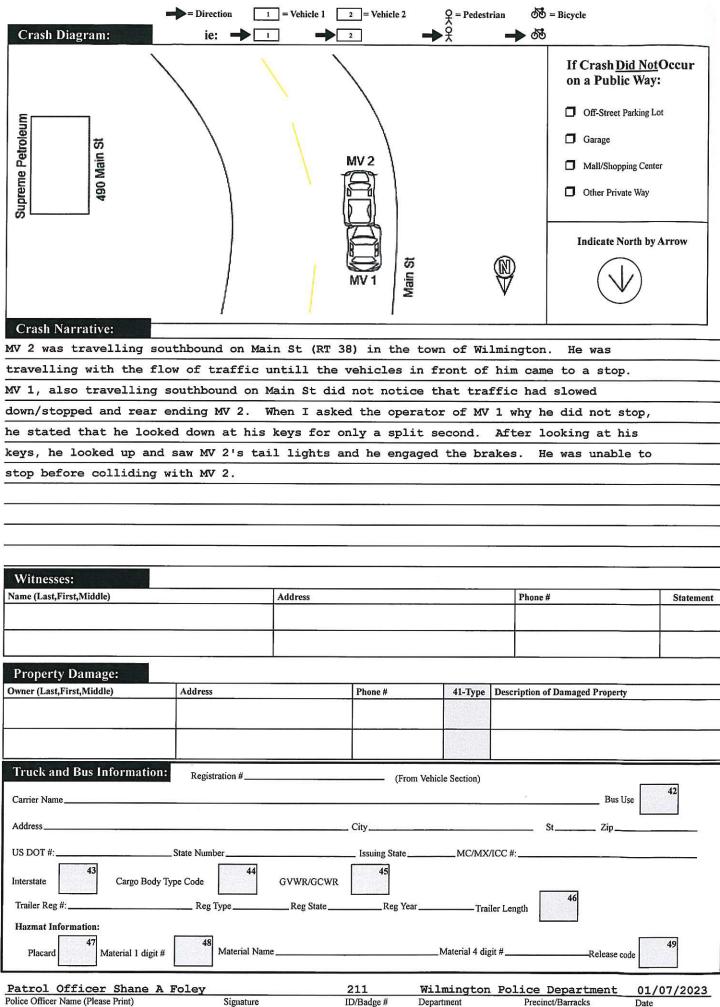
01/04/2023 Date

Witnesses:

(f (F) (B(111))

	Pol	ice Use Only		Com	monwealth	of Massa	chu	setts			RMV	Docum	ent Number	1
	Date of Crash 01/03/2023		Wilm	City/Town	Motor Vel	-	sh	Number Vehicles	Numbe Injure		Limit_	30	State Police Local Police MBTA Police Campus Police	
	01/03/2023	24HR	•	Ling con		Report		4	0	Longi			Campus Police Other:	
		AT INTER	SECTI	ON:	< LOC.	ATION :	>		NOT	AT IN	TERS	ECTI	ION:	10
							1	.08	WES					2 1
¹ 4	Route# Dire	ction		Name of Roadway/S	treet	Route# Direct	ion A	ddress #		Na	me of R	oadway	/Street	-
-						Feet	X S E	w of	Mile	• Marker	· —	or	Exit Number	
	Route# Direc	ction	Name	e of Intersecting Road Also at Intersection		Feet [N S E	w of						1 11
<u> </u>		. 				1 -	NSE		Route#		Intersec	ting Roa	adway/Street	
² 3	Route# Dire	ction	Nam	e of Intersecting Road	way/Street	<u> </u>					Land	dmark		-
3	Please Select 0 of the Followi		le 3 0	#Occupants Hit	/Run Moped	Crash R	eport ID	#23	-4-	-AC	•			
	License #		_	DOB/Age	Reg	# P628267			Reg T	уре АР)	Reg		12
	Sex Lic.	Class 19	Lic. Re		indorsement	Year 2017								
4	Operator D x	<u>iverles</u>	s M.	7 . First	Middle	ner FEDEX	ast		PACKI First	AGE :	SYST	'E'M Middle	INC	
1						iress 1000 F		X DR			n	151	100	
				Zip JTUAL		PITTSBUI		1	22	State P Z Damage	· -	_		
	į į	Direction:		Responding to Eme		nt Sequence 11			23	Test Stat		1	28	
5		sued)						4		Type of		.	30	
L	Viol. 1: Ch/Sec/	Sub	V	/iol. 2: Ch/Sec/Sub	Dri	ver Contributing Co	de 1	25	25	BAC Te Susp. Al	-		Susp. Drug: 2 32	22 ¹³
6_	Viol. 3: Ch/Sec/	Sub ———	V	/iol. 4: Ch/Sec/Sub —	Driv	ver Distracted by	0 2	6		Towed f	_	-	33	
⁶ 2	Name (Last First M		t for operat	or and all occupants in	ivolved Address	DOB/Age		34 35 Seat Safety Pos. System	Airbag E	37 38 ject Trap ode Code		40 Fransp. Code	Medical Facility	1
	Operate	or		5	See Above	\sim	X	1						
														1
]
⁷ 1	Please Select C		e 4 0	#Occupants No	n-Motorist A Type	15 Action	16 Loc	cation	17 Co	ıdition	18	Hit	t/Run Moped]
	License #		St	DOB/Age	Reg	# P439684			Reg T	уре АР	·	Reg	State IN	1
	Sex Lic.	Class 19	19 Lic. Re	estrictions 20	CDL Veh	Year 2015	Vel	n Make O	ther-	ot li	sted	_ Veh Co	onfig. 11 21	
81	Operator Dr	iverles	s M.\	7. First	Ow	ner FEDEX	GROU	JND I	ACKI First	\GE	SYSI	EM Middle	INC	
	Address					iress <u>1000</u> F					_			_ 14
	<u> </u>			Zip	·	PITTSBUI			22	State <u>P7</u> Damage		_		4
	·	any LIBER '		Responding to Eme		icle Action Prior to		23	23	Test Stat		1	28	
0		ued)		-			99 ²	:4		Type of			30	
⁹ 2	Viol. 1; Ch/Sec/	Sub	V	iol. 2: Ch/Sec/Sub	Driv	ver Contributing Co	<u></u>	25	25	BAC Te	_		Susp. Drug: 2 32	
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	Ple Name (Last First M	•	erator/non-	motorist and all occup	oants involved Address	DOB/Age		34 35 Seat Safety Pos. System	Airbag E	37 38 jeet Trap ode Code		40 Fransp. Code	Medical Facility	
		or/Non-Me	otorist	S	ee Above	\times	X	1						
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Date of Crash	Ce Use Only Time of Crash	City/Town	Commonwe: Motor		icle Cra		Nu	mber	Nun		Speed	Limit	altarketa.	State Police Local Police	· 🗀
01/07/2023	1630 24HR	Wilmingto			Report		Vel 2	hic le s	Inji O	ıred	Latitu Longi			MBTA Pol Campus Po Other:	ice 🗖
	AT INTER	SECTION:		LOCA		>			1-	ΓΑΊ			SECT	TION:	
Route# Direc	tion	Name of R	oadway/Street		Route# Direc		474 Addre		<u>M2</u>	1IN			Roadwa	y/Street	
			At	······································											
Route# Direc	tion	Name of Intersec	ting Roadway/Street		Feet	NS	EW	of		ile Ma			or	Exit Nun	iber
Routes Direc	aron		ersection with		Feet	N S	E W	of							
					Feet	N S	E W	of	Route	e#		Interse	ecting R	oadway/Stre	et
Route# Direc	tion	Name of Intersec	ting Roadway/Street									La	ndmark		
Please Select C of the Followi		e 11 #Occupants	Hit/Run	Moped	Crash F	Report I	id# 🏻	23	-5	-2	AC				
License #		St_ MA DOB/A	ge (Reg#	4DTD61				Re	α Τνρα	PC		Re	g State MZ	
	Class D		20	_	ear <u>2008</u>										21
Operator_	2	_, _	Endorsement		FARREI										
Address	1 net	torst	мини	Addre	ss 29 MAI	Last PLEV	100	D Z		irst			Mid	dle	
City.	_	State . Zip.		City .	BILLERI	CA				Sta	te M 7	A _ 2	Zip 01	821-1	619
Insurance Comp	any GARRIS	ON PROPER	TY & CASUA	Vehic	le Action Prior to	Crash		1.	22	Da	amage	d Area	Code:	27 2 2	e ²⁷
Vehicle Travel D	irection: N	E W Respondir	ng to Emergency? 2	Event	Sequence 1	23	23	23	23		st Stat			28 1	
Citation # (If Iss	ued)			Most :	Harmful Event	1	24			-	pe of	Test: st Resi		29 30	
Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Se	ec/Sub	_ Drives	r Contributing Co	ode	20	25	25			,	2 31	Susp. Drug	32
Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Se	ec/Sub	Drive	Distracted by	5	26					rom sc		33	<u>- </u>
		for operator and all oc	•				34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		
Operato	· · · · · · · · · · · · · · · · · · ·		Address See Above		DOB/Age	Sex		System 1	Status 4	Code	Code	Status 10	Code 1	Medical F	acility
											ļ	<u> </u>			
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Please Select O of the Followin		21_#Occupants	Non-Motorist A	Туре	Action	16 L	ocatio	n ·	17	Condit	ion	18	H	lit/Run 🔲	Moped
License # S74	156614	St_ MA DOB/Ag	<u> </u>	Reg#	1WHB48				Reg	з Туре	PC		Re	g State MA	
Sex M Lic. C	lass D	9 Lic. Restrictions 1	CDL_ Endorsement	Veh Y	ear 2014	ν	eh Ma	ke C	HEY	RO	LET	<u> </u>	Veh (Config. 1	21
Operator RAV	SON, JE	ESSE A	Endorsement	Owne	r RAWSON	, J	ESS	SE	A						
Address 12	BĒLVA RI	D	Middle	Addre	ss 12 BEI	VA	RD		Fi	rst			Mid	die	
City NORTH	BILLERIC	A State MA Zip	01862-3037	City_1	NORTH B	ILL	ERI	CA		Stat	te M	A z	ip 01	862-3	037
Insurance Compa	my NORFOL	K & DEDHA	M MUTUAL F	Vehici	e Action Prior to	Crash		1	22				Code:		27
Vehicle Travel D	irection: N	E W Respondin	g to Emergency? 2	Event	Sequence 1	23 7	23	23	23		st Stat pe of '		1	28	
Citation # (If Issu	ned)			Most l	Harmful Event	1	24			-	-	iesi. st Rest	ılt:	30	
Viol. I: Ch/Sec/S	ub	Viol. 2: Ch/Se	c/Sub	_ Driver	Contributing Co	de	1	25	25	Su	sp. Al	cohol:	2 31	Susp. Drug	2 32
Viol. 3: Ch/Sec/S	ub	Viol. 4: Ch/Se	c/Sub	Driver	Distracted by	0	26			То	wed fi	rom so	ene?	33	
Plea Name (Last First Mi	•	rator/non-motorist and	all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical F	acility
	r/Non-Mo	torist	See Above			X	_	1	4	0	0	10	1		
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Police Officer Name (Please Print)

Signature