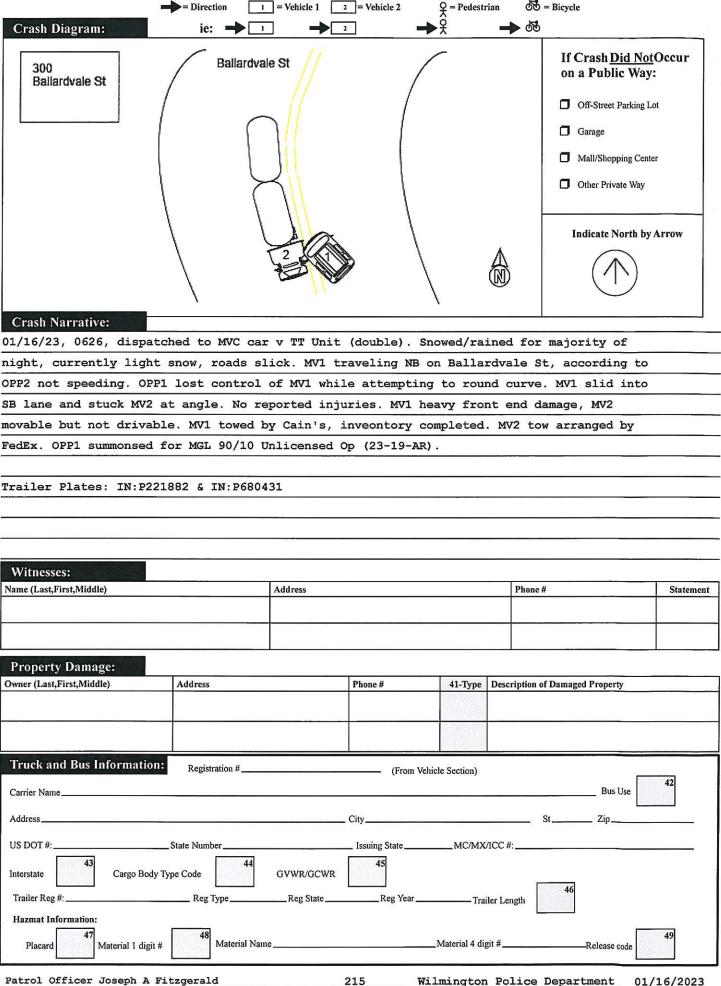
	Po	lice Use Only		Common	Commonwealth of Massachusetts					RMV Document Number					1
	Date of Crash 01/16/2023	Time of Crash	City/To Wilming		otor Vel	nicle Cra	sh [Number Vehicles		SPV	d Limit_	i	State Police Local Police	0000	
	01/10/2023	24HR	MITHITHE	ton	Police	Report		2	0	Laun	ude gitude		MBTA Police Campus Police Other:	_8	
		AT INTER	SECTION:	<	LOC	ATION	>		NOT	AT IN	TERS	ECTIO	ON:		
	Route# Dire	rtion	Name c	of Roadway/Street		Route# Direct		00 idress#	BA			E ST			2
¹ 2	- Routes Date	Olion .	rane	At							ame of K	.oadway/5	treet	-	
L	Route# Direc	etion	Name of Inter	secting Roadway/Stre	not	Feet	NSE	W of	Mile	- — Marker	• —		Exit Number	<u> </u>	
	Routes Dice			Intersection with	GG1		NSE	_	Route#	<u></u>	Intersect	ting Road	way/Street	_	5
² 4	Route# Direc	etion	Name of Inter	secting Roadway/Stre	eet	Feet	N S E	w of			Land	lmark		_	
3	Please Select C		e 1 <u>1</u> #Occupa	nts Hit/Run	Moped	Crash R	eport ID#	23	-1	3- <i>Z</i>					
	License # un		St DOE	N/Age	Rea	# <u>1VKN16</u>			Pan'	Time P(,	Reg Sta	M2	-	
	Sex M Lic.	10	19 Lic. Restriction	20		Year 2002			_			-	- 2	T 1	1
	Operator SA			NATIEL IN	nent	er RODRIG						, ven com	ug. <u></u>	┙┠	
⁴ 1	···	Last RACEY S	First	Middle		ess 10 LYN	,ası		First			Middle		_	
	City PEABC		State M7A 2			PEABODY				State M	A Zin	0196	0-572	9	
	1			NSURANCE	-	ale Action Prior to	Crash	1	22		ed Area C			27	
	Vehicle Travel D	irection: S	E W Respon	iding to Emergency?_	2 Even	t Sequence	23 23	23	23	Test Sta	itus:	1 2		_	
5	Citation # (If Iss	red) T2749	108			Harmful Event	1 24			Type of		2			
	-1			/Sec/Sub		er Contributing Co	de 9	25	25		est Result: Icohol: 2		p. Drug 2 3	22 7	 !
	Viol. 3; Ch/Sec/S			/Sec/Sub ———			0 26	!			from scen		~	- F	<u>. </u>
⁶ 7			for operator and all	occupants involved			34 Ser		Airbag E	37 38 ject Trap	Injury Tr	40 ransp.	<u></u>	\dashv	
	Nome (Last First Mi			Address See Abov		DOB/Age	Sex Por			lode Code	Status C	Code	Medical Facility		
	Operato			See Abov			^ 1	+	- 0	-	1.0	<u> </u>			
										_		<u> </u>			
				· · · · · · · · · · · · · · · · · · ·											
71	Please Select O of the Followin		2 1 #Occupan	nts Non-Motori	ist A Type	15 Action	16 Loca	tion	17 Co	ndition	18	Hit/Ri	л 🔲 Мор	ed	
	License # 218	10 10	_ St_ CT _ DOB	Age	-	3031290			-	уре ТІ		Reg Stat		<u>- </u>	
	Sex.M Lic. C	lass A	Lic. Restrictions	CDL_Endorsem		_{(ear} <u>2023</u>	Veh I	Make Ot	her-	not li	sted	Veh Confi	g. 11 "		
32	Operator HAF	Last	RONE DEN	ETRIUS Middle			asi		ACK!	AGE	SYST	EM II	NC	-	
	Address 70 I					ess 1000 F								- -	1
			State Z	ip <u>06051</u>	_	MOON TOW			22		•	1510		- 4	
	Insurance Compa	-				le Action Prior to (, ,	23	23	Test Sta		ode: 8 27	-	ן נ'	
	Vehicle Travel Di		E W Respons	ding to Emergency?		Sequence 1	3 23	43		Type of		29			
2	Citation # (If Issue	•	 -				- -	25	25		st Result:				
	Ì			/Sec/Sub		r Contributing Cod	26				cohol: 2		. Drug 2 32	<u> </u>	
	Viol. 3: Ch/Sec/Su		Viol. 4: Ch	Sec/Sub and all occupants invo		r Distracted by	0 20	35	36	Towed t	rom scene	e? 1 33		_	
	Nome (Lost First Mid	-	ator/non-motorist a	Address	oived	DOB/Age	Sex Pos	Safety	Airbag E	ect Trap ode Code	Injury Tre	acsp.	Medical Facility		
	Operato	r/Non-Mot	orist	See Above	·		\times 1	1	4 0	0	10 1				
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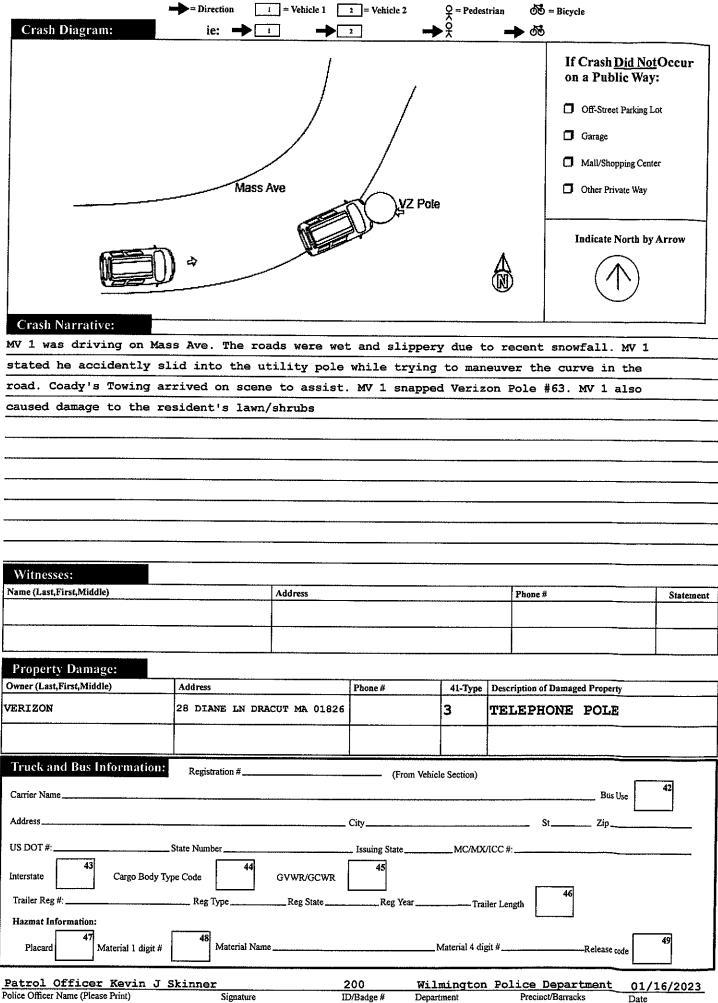


Patrol Officer Joseph A Fitzgerald

215 ID/Badge #

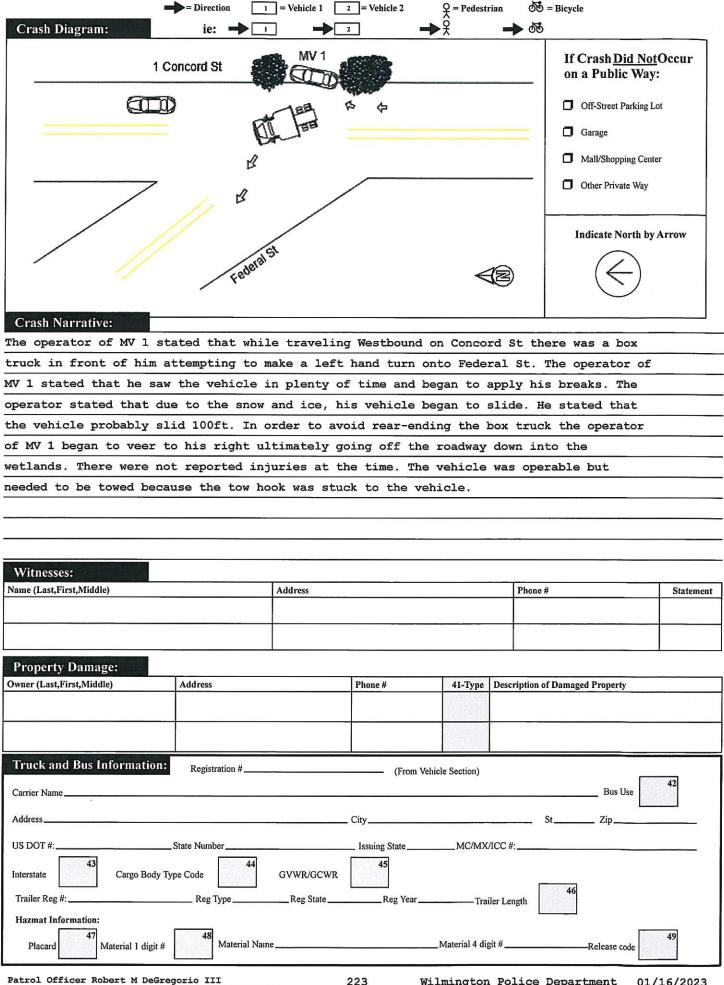
01/16/2023

	Pol	lice Use Only		Com	monweal	lth	of Mass	ach	usett	S	Γ	RN	AV Docu	ment Number		7	
	Date of Crash 01/16/2023	Time of Crash 0751 24HR		City/Town ington	l		iicle Cra Report	sh	Number Vehicle		ured La	eed Lim titude ngitude .		State Police Local Police MBTA Police Campus Police Other:	0000		
		AT INTER	SECTI	ON:	< L	OC.	TION	>		NO	TATI	<u> </u>				1	
	Route# Dire	ction		Name of Roadway/S	treet		Route# Direc	tion	16		ASS		f Roadwa	av/Street		2	
¹ 1				At			Feet	N S	EW of	 	ile Marke	• –	- or			11	
	Route# Direc	ction	Name	of Intersecting Road Also at Intersection			Feet NSEW of										
² 4	Route# Direc	ction	Name	of Intersecting Road					EW of	Rout	e#			oadway/Street			
	Please Select ()ne 🔽		#Occupants Hit		Moped Crash Report ID# 23-14-AC											
3	of the Followi		Crash Report ID# 23-14-AC Reg # F29315 Reg Type CO Reg State MA														
	License # S7	9426557	St. MZ	DOB/Ag		Reg	# F29315			Re	g Type 🕻	0	Re			1 12	
	Sex M Lic.	Class D	CDL Veh Year 2021 Veh Make FORD Veh Config 8														
4	Operator LO	PEZ PER	EZ, I		PABIO Middle	Own	er EAST C	OAS	ST TR	99	SERV	ICE	LLC Mid	klic			
⁴ 1.	Address 63	HIGH RO	CK ST	APT 2		Addr	ess 24 DU S	STI	N RD								
	City LYNN		State]	MA Zip 0190	2-3898	City_	READING				State]	MA_	Zip 01	867-15	16		
	Insurance Compa	any THE CO	MMER (CE INSURA	NCE CO	Vehic	ele Action Prior to	Crash	1	22			a Code:		27		
5	Vehicle Travel D	irection:	EW	Responding to Emer	gency? <u>2</u>	Even	t Sequence 22	23	23 23	23		itatus:	1	1 28 1 29			
	Citation # (If Issu	ued)		-		Most	Harmful Event	22	24			of Test: Test Res	1	30			
	Viol. 1: Ch/Sec/S	Sub	Vi	iol. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de	1 25	25	1			Susp. Drug:2	32	22 ¹³	
	Viol. 3: Ch/Sec/S	Sub	Vi	iol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26			d from s		33	_		
⁶ 3		Please fill out	for operato	or and all occupants in	volved			<u> </u>	34 35 Seat Safet	36 Airbag	37 : Eject Ti	8 39 sp Injury	40 Transp.			1	
	Name (Last First Mi				Address		DOB/Age	Sex	Pos. System	n Status	Code C	de Status	Code	Medical Facility			
	Operato)r			ee Above			X	1 1	4	0 0	10	1				
	ALEXANDER T	omas-lopez		24 MASS AVE LYNN, MA 01904				M	3 1	4	0 0	10	1				
		· · · · · · · · · · · · · · · · · · ·													\neg		
⁷ 1	Please Select O of the Followin	ne g: Vehicle	2#	Occupants Non	-Motorist A Typ	oe _	15 Action	16 L	ocation	17	Condition	18	Пн	lit/Run Mo	ped	1	
	License #		St	DOB/Age		Reg#				Reg	з Туре		Reį	g State			
	Sex Lic. C		Lic. Res	Е1	DL ndorsement		/ear		/eh Make_				Veh (Config.	21		
81	Address	Last	Fi	irst	Middle	Addre	1 	ast		Fi	rst		Midd	ile .			
	City		State	Zip		City_					_ State_	:	Zip			4 14	
	Insurance Compa						le Action Prior to			22		ged Area	· -	27 27	27		
	Vehicle Travel Di		r w	Responding to Emerg	rencu?				23 23	23	Test S	tatus:		28	-		
	Citation # (If Issue	L		responding to Emerg			· <u></u>		24		Type (of Test:		29			
2	,	•					Harmful Event	<u> </u>	25	25		lest Res		30			
				ol. 2; Ch/Sec/Sub ——			Contributing Co	de [26		_	Alcohol:			32		
				ol. 4: Ch/Sec/Sub ——		Drive	Distracted by			1 36 1		from so	<u> </u>	33			
	Plea Name (Last First Mid	-	rator/non-m	notorist and all occupa	ents involved Address	·	DOB/Age	Sex	34 35 Seat Safety Pos. System	36 Airbag Status	37 3 Eject Tr Code Co	p Injury	40 Transp. Code	Medical Facility			
	Operator	Operator/Non-Motorist See Above					X	1									
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CDP1 11-24-60

	Police Use Only	Com	monwealth	of Massach	usetts		RMV	Document Number	7							
	Date of Crash Time of Crash	City/Town	Motor Vel	hicle Crash	Number Vehicles	Injured	Speed Limit_	30 State Police Local Police	080							
	01/16/2023 0831 Wiln 24HR	nington	Police	Report	1	1	atitude ongitude	MBTA Police Campus Police Other:	8							
	AT INTERSECTI	ON:	< LOC.	ATION >		NOT AT	INTERS	ECTION:								
					1	CONC	ORD SI		2 10							
^l 1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name of R	oadway/Street	_							
	_	711		Feet NS	E W of				_							
	Route# Direction Nam	e of Intersecting Road		Mile Marker Exit Number												
		Also at Intersection	with	Feet NSEW of												
² 4	Route# Direction Nam	e of Intersecting Road	way/Street	Feet NSEW of												
L	Please Select One	#Occupants His	_	tandmark Crash Report ID# 23-15-AC												
3	of the Following:		/Run Moped	Crash Report	ID# Z 3		AC		_							
	License # S42953624 St M7	DOB/Age	_	# 20NL18		•		21	- 12							
	Sex M Lic. Class D D Lic. R	estrictions L	Indorsement	Year 2016				Veh Config. 1								
⁴ 1	Operator PEARSON, KEITI	First	Middle	wner PEARSON, KEITH A												
1	Address 30 MILLER RD	ess 30 MILLER RD Address 30 MILLER RD														
	1	MA Zip 0188	•	WILMINGTON				01887-3512	- I							
	Insurance Company SAFETY INS	SURANCE CO	OMPANY Vehi	cle Action Prior to Crash		<u></u>	naged Area C : Status:	Code: 8 27 27 27 27								
5	Vehicle Travel Direction: N S E	Responding to Emer	rgency? 2 Ever	nt Sequence 21 23	23 23	43	e of Test:	29								
	Citation # (If Issued)		Mos	t Harmful Event 21		BA	C Test Result	30	10							
	Viol. 1: Ch/Sec/Sub ———— V	iol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	11 25	25 Sus	p. Alcohol:	31 Susp. Drug: 32	21 ¹³							
⁶ 3		iol. 4: Ch/Sec/Sub —		er Distracted by 0	26		ed from scen									
	Please fill out for operate Name (Last First Middle)	or and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System			40 junsp. Code Medical Facility								
	Operator	s	ee Above	\times	1 1	4 0 0	10 1									
									_							
	Please Select One	<u> </u>		15 16		17	18		_							
4	of the Following:	#Occupants Non	-Motorist A Type	Action	ocation	Conditio	n 19	Hit/Run Mope	d							
		DOB/Age	Reg	#		Reg Type_			-							
	Sex Lic. Class 19 19 Lic. Re	strictions C	DL Veh	Year \	/eh Make			Veh Config. 21								
B.	Operator	irst	Middle Own	erLast		First		Middle	-							
1	Address		Addr	Last First Middle Address												
				033			CityStateZip									
	City State_	Zip	City		·····		•	(— — — — — — — — — — — — — — — — — — —	4 14							
	CityState Insurance Company	Zip	·	ele Action Prior to Crash		Dan	aged Area C	ode: 27 27 27	- 4 14							
		Zip Zip Responding to Emerg	Vehic	ele Action Prior to Crash	23 23	Dam Z3 Test	•	(— — — — — — — — — — — — — — — — — — —	4 14							
2	Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued)	Responding to Emer	Vehic gency? Even Most	cle Action Prior to Crash	23 23	Dani Z3 Test Type	naged Area C Status:	ode: 27 27 27 27 28 29	4 14							
2	Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Viol. 1: Ch/Sec/Sub	Responding to Emerged.	Vehic gency? Even Most	ele Action Prior to Crash	23 23 24 25	Dant 23 Test Type BAC	naged Area C Status: of Test:	ode: 27 27 27 27 28 29 30 31 Susp. Drug. 32	4 14							
2	Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Viol. 1: Ch/Sec/Sub Vi	Responding to Emergonic Col. 2: Ch/Sec/Sub ——ol. 4: Ch/Sec/Sub ——	Vehice gency? Even Most Drive	cle Action Prior to Crash t Sequence 23 Harmful Event	23 23 23 24 25 26	Dan Test Type BAC 25 Susp Tow	status: c of Test: C Test Result: Alcohol: ed from scen	ode: 27 27 27 27 28 29 30 31 Susp. Drug. 32 e? 33	4 14							
2	Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Viol. 1: Ch/Sec/Sub	Responding to Emergonic Col. 2: Ch/Sec/Sub ——ol. 4: Ch/Sec/Sub ——	Vehice gency? Even Most Drive	cle Action Prior to Crash at Sequence 23 Harmful Event er Contributing Code	23 23 24 25	22 Dan Test Type BAC 25 Susp Tow 35 37 Alrhog Eject	Status: c of Test: C Test Result: c Alcohol: ed from scen	ode: 27 27 27 27 28 29 30 31 Susp. Drug. 32	4 14							
2	Insurance Company Vehicle Travel Direction: NSEW Citation # (If Issued) Viol. 1: Ch/Sec/Sub Vi Viol. 3: Ch/Sec/Sub Vi Please fill out for operator/non-r	Responding to Emergon of the Ch/Sec/Sub — ol. 4: Ch/Sec/Sub — notorist and all occupants	Vehice gency? Even Most Drive Drive	cle Action Prior to Crash at Sequence 23 Harmful Event cr Contributing Code ar Distracted by	23 23 24 25 25 26 34 35 Sent Safety	22 Darr 23 Test Type BAC 25 Susp Tow	Status: c of Test: C Test Result: c Alcohol: ed from scen	ode: 27 27 27 27 28 29 30 31 Susp. Drug 32 e? 33	4 14							
2	Insurance Company Vehicle Travel Direction: N S E W Citation # (If Issued) Viol. 1: Ch/Sec/Sub Vi Viol. 3: Ch/Sec/Sub Vi Please fill out for operator/non-r Name (Last First Middle)	Responding to Emergon of the Ch/Sec/Sub — ol. 4: Ch/Sec/Sub — notorist and all occupants	Vehice gency? Even Most Drive Drive ants involved Address	cle Action Prior to Crash at Sequence 23 Harmful Event cr Contributing Code ar Distracted by	23 23 23 24 25 26 25 Safety Pos. System	22 Darr 23 Test Type BAC 25 Susp Tow	Status: c of Test: C Test Result: c Alcohol: ed from scen	ode: 27 27 27 27 28 29 30 31 Susp. Drug 32 e? 33	4 14							
2	Insurance Company Vehicle Travel Direction: N S E W Citation # (If Issued) Viol. 1: Ch/Sec/Sub Vi Viol. 3: Ch/Sec/Sub Vi Please fill out for operator/non-r Name (Last First Middle)	Responding to Emergon of the Ch/Sec/Sub — ol. 4: Ch/Sec/Sub — notorist and all occupants	Vehice gency? Even Most Drive Drive ants involved Address	cle Action Prior to Crash at Sequence 23 Harmful Event cr Contributing Code ar Distracted by	23 23 23 24 25 26 25 Safety Pos. System	22 Darr 23 Test Type BAC 25 Susp Tow	Status: c of Test: C Test Result: c Alcohol: ed from scen	ode: 27 27 27 27 28 29 30 31 Susp. Drug 32 e? 33	4 14							



Patrol Officer Robert M DeGregorio III

Signature

ID/Badge #

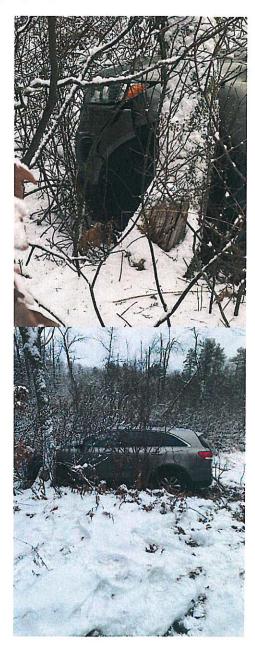
Wilmington Police Department Department Precinct/Barracks

01/16/2023

Police Officer Name (Please Print)

Wilmington Police Department Images Associated with 23-15-AC





	Police Use Only Co				nmonwealth of Massachusetts						RMV Document Number]	
	Date of Crash 01/18/2023	Time of Crash 1756 24HR		City/Town ington			icle Cra Report	ısh	Nun Vehi		njured L	peed Lim atitude ongitude		5 State Police Local Police MBTA Police Campus Police Other:		
		AT INTER	SECTIO	ON:	<	LOCA	TION	>		N	OT AT	INTE	RSEC	TION:		1
<u> </u>	Route# Dire	ction		Name of Roadway	/Street		Route# Direc		280 Addres		LOWEI			vay/Street		2
¹ 4				At			Feet	N S	E W c		 Mile Mark		- or _	Exit Numbe		
	Route# Dire	ction	Name	Also at Intersection	····		•	N S		f	ute#		secting l	Roadway/Street		2
² 1	Route# Direc	ction	Name	of Intersecting Roa	adway/Street		Feet	N S	E W o	f 		L	andmarl	k_		,
³ 2	Please Select 0 of the Followi		e 1 .1	#Occupants H	lit/Run 🛄 1	Moped	Crash I	Report I	D# 2	3-	16-	AC				
	Sex. F Lic.	3868326 Class D 19 LISSOVA	Lic. Re	DOB/Agestrictions 1 20	CDL Endorsement	Veh Y	# <mark>3JAS61</mark> /ear <u>2020</u> er ROLNIK	v	eh Mak	e HON				eg State MA	21	1
⁴ 1		ORING A	VE A	MA Zip 019	Middle	Addre	ess 1 LOR	Last ING			First PT 1			iddle	F A	
⁵ 2	Insurance Comp Vehicle Travel D	any SAFET	Y INS	URANCE C	OMPANY	Vehic Event	SWAMPSC elle Action Prior to E Sequence 1	Crash 23 2	1 23 2 24	22 3 23	Dan Test		_	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	· `		Vi	ol. 2: Ch/Sec/Sub = ol. 4: Ch/Sec/Sub =		Drive	Harmful Event r Contributing Co	de [1 ^{2:}	5	Susp	Test Re	2 31	30 Susp. Drug: 2	32	1 1:
1	Name (Last First M		for operato	r and all occupants	involved Address		DOB/Age	Sex	Seat 5	35 36 afety Airbo ystem State	g Eject s Code	38 39 Trap Injur Code Statu	y Transp.	Medical Facilit	ty	
	Operato	or			See Above	····	\times	X	1 1	4	0 0	10	1			
1	Please Select O of the Followin		2 1 #	Occupants No	on-Motorist A	Гуре	15 Action	16 Lo	ocation	17	Condition	18		Hit/Run M	oped	-
1	Sex M Lic. C	License # S20797774 St MA DOB/Age. Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator COMTOIS, NICHOLAS GANLEY								HYU	eg Type] NDAI S GA	_	Veh	eg State MA Config. 1	21	
2	Address 12				Middle	Addre	ss 12 GOF		ST		rux.		19131			_ 14
ı	City CHELMSFORD State MA Zip 01824-29 Insurance Company PROGRESSIVE CASUALTY I					Vehicl	le Action Prior to		1 2	22 3 23	Dam		٠.	1824-29 4 27 6 27 5		1 '
2	Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/S	ed)		Responding to Emo		Most l	Sequence 1 Harmful Event Contributing Co	1	24 L 25		BAC	of Test: Test Res		29 1 30 Susp. Drug: 2	32	· [
	Viol. 3: Ch/Sec/S	iol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 26						Towed from scene? 1 33				
	Name (Last First Mid	idie)		notorist and all occu	Address		DOB/Age	Sex	Seat Sa Pos. Sy	35 36 afety Airba stem Statu	g Eject : Code C	38 39 Trap Injury Code Status	Code	Medical Facility	,	
	Operato	r/Non-Mo	iorist		See Above			\bigcap	1 9	9 4	0 0	8	1		-	

	Police Use Only	Com	monwealth	of Massa	husatt	·c	DMW	Document Number	7
	Date of Crash Time of Crash	City/Town	-	hicle Cras			Speed Limit_		_
	1 1	mington		Report	Vehicle	s Injured	Latitude	Local Police MBTA Police Campus Police	
	AT INTERSECT	YON.			3	2	Longitude	Other:	
	AT INTERSECT	ION:	< LOC	CATION >		NOTA	T INTERS	ECTION:	10
					280	LOW	ELL ST		2 "
1 .	Route# Direction	Name of Roadway/S	Street	Route# Direction	n Address#		Name of Ro	oadway/Street	
4		At		Feet N	S E W of			or	_
	Route# Direction Name	me of Intersecting Road	iway/Street			Mile M	arker	Exit Number	2 11
		Also at Intersection	with		S E W of	Route#	Intersect	ing Roadway/Street	
² 1	Route# Direction Name	me of Intersecting Road	lway/Street	Feet N	S E W of			,	
<u> </u>				<u> </u>			Land	mark	4
³ 2	Please Select One of the Following:	#Occupants Hi	t/Run Moped	Crash Rep	ort ID# 2 3	3-16	-AC		
	License # S76559502 St M	A_DOB/Agc	Re	g# <u>811AM9</u>		Reg Typ	e PC	Reg State MA	
	Sex M Lic. Class D 19 Lic. I	Restrictions 1 20		h Year <u>2009</u>				21	1 12
	Operator COOLIDGE, CHA	RLES E	Endorsement Ox	vner COOLIDG					
⁴ 1	Address 8 PARK AVE	First	Middle	dress 8 PARK	•	First		Middle	
L	City WAKEFIELD State	MA Zip 0188		y WAKEFIEL		St	ate MA Zin	01880-2173	
	Insurance Company SAFETY IN	SURANCE CO		nicle Action Prior to C	F		-	ode: 8 27 2 27 1 27	
	Vehicle Travel Direction: NSXW	Responding to Eme	rgency? 2 Ev	ent Sequence 1 23	23 23	23 T	est Status:	1 28	'
⁵ 2	Citation # (If Issued)	_		ost Harmful Event 1	24		ype of Test:	29	
L	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub		ver Contributing Code	99 25	25	AC Test Result:		13
	Viol. 3: Ch/Sec/Sub			, ,	9 26		usp. Alcohol: 2		
⁶ 1	Please fill out for opera			voi Distracted by	34 35	36 37	38 39	40	┥
	Name (Lust First Middle)	<u> </u>	Address	DOB/Age :	Seat Safety ex Pos. System	y Airbag Eject n Status Code	Trap Injury Tra Code Status C	ansp. Code Medical Facility	_
	Operator	S	See Above	\sim	1 1	4 0	0 8 1		
7	Please Select One Vehicle 4	#Occupants Nor	1-Motorist A Type	15 Action 1	Location	17 Condi	18	Hit/Run Moped	_
⁷ 1	of the Following:	1101	1-Motorist A Type	Action	Location	Condi	doa	Hit/Run Moped	<u>'</u>
	License # St	DOB/Age	Re	ş#		Reg Type	e	Reg State 21	·
		estrictions C	DL Vel indorsement	Year	_ Veh Make			Veh Config.	
⁸ 2	Operator	First	Middle Ow	nerLast		First		Middle	.
<u>~</u>	Address		Ade	lress					. 14
	City State	Zip	City	1			iteZip_		1
	Insurance Company		Vel	icle Action Prior to Cr			amaged Area Co est Status:	nde: 27 27 27 27	1
	Vehicle Travel Direction: N S E W	Responding to Emer	gency? Eve	nt Sequence 23	23 23	43	pe of Test:	29	
2	Citation # (If Issued)	_	Мо	st Hannful Event	24	В	AC Test Result:	30	
\dashv	Viol. I: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub —	Dri	ver Contributing Code	25	25 St	isp. Alcohol:	31 Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26	· · · · · · · · · · · · · · · · · · ·	owed from scene		_
ļ	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupa	ants involved Address	DOB/Age S	34 35 Seat Safety Ex Pos. System		Trap Injury Tra	nsp. Medical Facility	
Ī			······································		/			T	7
	Operator/Non-Motorist	Se	ee Above	\rightarrow	(1				
Ì	Operator/Non-Motorist	Se	ee Above						_
	Operator/Non-Motorist	Se	ee Above		1				

		= Direction	= Vehicle 1	2 = Vehicle 2	Pedestrian	CONTRACTOR OF THE STATE OF THE	
Crasl	n Diagram:	ie: →□	_ →□	2	▶ 発	→ №	
						If Crash <u>Did N</u> on a Public Wa	
						☐ Off-Street Parking	Lot
						☐ Garage	
•	····					☐ Mall/Shopping Ce	nter
			~~			Other Private Way	
		V3 (11)V2	OD M				
						Indicate North b	oy Arrow
					É		
					Ų		
Crash	Narrative:		2	,			
Sir, c	n January 18,2023	, I was assign	ned to s2 i	n marked uni	t 32 durin	g the 4-12 tour. At	
said t	ime I responded t	o the area of	280 Lowell	Street for	a three ca	r motor vehicle	
crash.	On location I sp	oke to all th	ree operato	rs. V3 state	d while fo	llowing the flow of	
traffi	c he struck V2 wh	ich as a resu	lt struck V	1. V1 and V2	stated th	e same as V3. V2 and	
V3 wer	e towed by A&S To	w. No injurie:	s reported	on scene. Em	s was on s	cene on my arrival.	
All pa	rties declined me	dical attention	on on scene	•			
				447			
	San Company						
Witne			Lin			Im. "	
Name (La	st,First,Middle)		Address			Phone #	Statement
							_
	rty Damage:	T		100 to 100			
Owner (L	ast,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
<u> </u>		-					
Truck	and Bus Information:	Registration #		(From Ve	hicle Section)	Fig. 1	
Carrier N	Jame				N-19	Bus Use	42
Address.				_ City		St Zip	**
US DOT	#:	State Number		Issuing State	MC/MX/IC	C#:	
Interstate	43 Cargo Body T	ype Code 44	GVWR/GCWR	45			
Trailer F	Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length 46	
Hazmat	Information:					Constitution .	
Plac	ard Material 1 digit #	48 Material Nan	ne		Material 4 digit #	Release code	49

Department

01/18/2023 Date

											·					_
	Police Use Only Commonweal					h e	of Massa	ach	usett	S		RM	V Docu	ıment Number		
	Date of Crash	Time of Crash		City/Town	Motor V	eh	icle Cra	sh	Numbe Vehicle		Johee	d Limit	35	Local Police		1
	01/19/2023	1605 24HR	1	mington	Polic	e l	Report		1	0	Land	ude itude		MBTA Police Campus Police Other:		
		AT INTE		ION:				>	'	NO3	ΓAT IN		SEC'			1
																1
						_			585		BURN					2
¹ 1	Route# Dire	ction		Name of Roadway/St	treet	*	Route# Direc	tion	Address #		N	ame of	Roadw	ay/Street		-
]			At			Feet	NS	E W of		<u> </u>		or _			
	Route# Dire	ction	Nan	ne of Intersecting Road	way/Street	-				Mil	e Marker			Exit Number		
				Also at Intersection v	with		Feet	N S	E W of	Route	_	Inters	ection R	Roadway/Street		<u> </u>
2	Route# Direc		NT	- Clarantin Book			Feet	N S	E W of	Koute	п	nnois	comig i	coauway/oucci		
² 2	Route# Dire	cuon	Ivan	ne of Intersecting Roady	way/street							La	ndmark			_
2	Please Select C of the Followi		le 11	_#Occupants Hit	/Run Mop	Moped Crash Report ID# 23-17-AC										
³ 3		ng:											-			-
	1	55433 <u>95</u>	St. M 19	A_ DOB/Ags			2RKA36								21	7 17
	Sex_F_ Lic.	Class D	Lic. F	testrictions 1 C	DL	Veh Y	ear <u>2018</u>	············	Veh Make 🛓	Jeep			Veh	Config. 1		Ľ_
4	Operator PU	CCIO, S	OFIA			Owne	r PUCCIO	i s	OFIA	Fir	st.		Mi	ddle		
⁴ 1.	Address 13	ARLENE	AVE			Addre	ss 13 ARI	EN	E AVE		•		wik			
	City WILM	INGTON	State	MA Zip 0188	7-1111 (City J	WILMING!	TON			State M	A _ 2	Zip 01	887-111	1	
	Insurance Comp	any THE C	OMME	RCE INSURAL			le Action Prior to			22	Damage	d Area	Code:	1 27 3 27 7	27	
	Vehicle Travel D		SEW	Responding to Emer			Sequence 22		23 23	23	Test Sta	tus:	Ì	99 ²⁸		1
5 2				Responding to Enter	-				24		Type of	Test:		29		
	Citation # (If Iss	•						22		25	BAC Te			1 30	_	13
	Viol. 1; Ch/Sec/S	Sub ———	,	Viol. 2: Ch/Sec/Sub —	I	Drive	Contributing Co	de	22	23	Susp. A	lcohol:	2 31		32	22 ¹³
 ⁶ 2	Viol. 3; Ch/Sec/S	Sub		Viol. 4: Ch/Sec/Sub —	I	Oriver	Distracted by	5	26		Towed i	rom sc	епе?	1 33		
2	Name (Last First M		t for opera	tor and all occupants in	volved Address		DOB/Age	Sex	34 35 Scat Safety Pas. System		37 38 Eject Trap Code Code		40 Transp. Code	Medical Facility		
	Operato			Se	ee Above		Dobrige	Ÿ	1 1		0 0	10	1	Medical Facility		
	- Operate								<u> </u>	-			-	_		ĺ
																ļ
	Please Select O						15	16		17		18				1
1	of the Followin	Yehicl	le 2	#Occupants Non-	-Motorist A Type		Action	1	ocation _		ondition			lit/Run Mo	ped	
	License #		St	DOB/Age	R	leg#.				Reg	Туре		Re	g State		
	Sex Lic. C	class 19	19 Lic. R	estrictions 20 CI	DL V	/eh Ye	ear	v	/eh Make				Veh	Config. 2	1	
ĺ	Operator	LL			ndorsement		r								-	
1	-	Lasi		First	Middle		£	ast		Firs	1		Mid	idie	_	İ
	Address						ss								_	14
	City		State	Zip		City_				22	State			27 27	 27]	4
	Insurance Compa				V	ehicle	e Action Prior to		<u> </u>	<u>_</u>	Damage Test Star		Code:	27 27 2	ك	
	Vehicle Travel Di	rection: N S	EW	Responding to Emerg	gency? E	vent	Sequence 2	23	23 23	23	Type of		}	29	ı	i.
2	Citation # (If Issu	ed)		_	M	lost I	Harmful Event		24		BAC Te		ılt:	30		
4	Viol. 1: Ch/Sec/S	ub ———	v	iol. 2: Ch/Sec/Sub		river	Contributing Cod	de	25	25	Susp. Al				32	
	Viol. 3: Ch/Sec/Si	ub	v	iol, 4: Ch/Sec/Sub		river	Distracted by		26		Towed f	L		33	-	
				motorist and all occupa				L	34 35 Seat Safety	36 Airbag	37 38 Ejest Trap	39 Injury	40 Transp.	==		
	Name (Last First Mic	idie)		•	Address		DOB/Age	Sex	Pos. System		Ejest Trap Code Code	Status	Code	Medical Facility		
ĺ	Operato	r/Non-Mo	torist	Se	e Above		\sim	X	1							
ŀ															\dashv	
ŀ										\vdash			$\vdash \vdash$	<u> </u>		
							1		 							

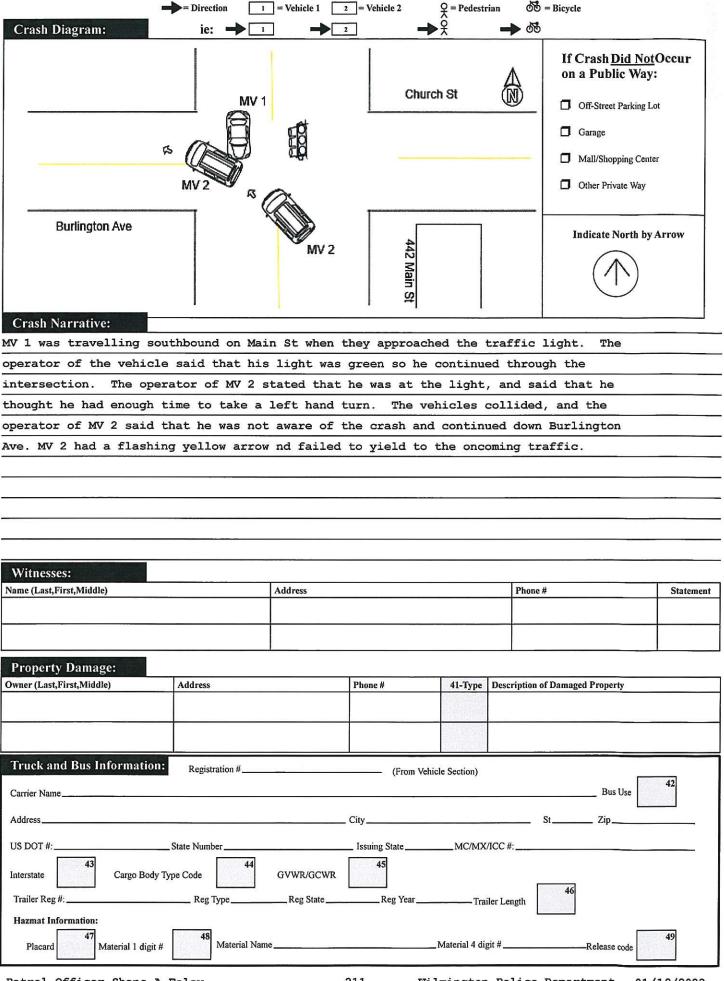
-	= Direction	= Vehicle 1	z = Vehicle 2	♀ Pedest	rian 🐬	5 = Bicycle		
Crash Diagram:	ie: 🖚	→	2	₽Š	→ 5	.		
Wildwood St 285 Woburn St			Telephone Pole	584 V	(a)	If Crash D on a Publi Off-Street I Garage Mall/Shopp Other Priva	c Way: Parking Lot	
Crash Narrative:								
The operator of MV 1 wa	s travelling	northbound o	n Woburn St	. Accor	ding to	the operato	r	
she got the sensation t	o sneeze and !	began to sne	eze. She st	tated th	at she	lost control	of	
th vehicle, causing her	to go off of	the roadway	and collid	ing into	RMLD P	ole, as well	as	
a rock wall on the prop	· · · · · · · · · · · · · · · · · · ·							·
				 				· · · · · · · · · · · · · · · · · · ·
								
				<u> </u>				
								
Witnesses:								
Name (Last,First,Middle)		Address		······································	Phone	e#	S	Statement
					_	······································		
Property Damage:	T		I	T =	I			
Owner (Last,First,Middle)	Address		Phone #	41-Type		of Damaged Property		
WOLFF MARYA E	584 WOBURN ST WILM	INGTON MA 01887-	Ì	97	ROCK	WALL		
READING MUNICIPAL LIGHT DEPARTMEN	230 ASH ST REAL	DING MA 01867		3	TELPH	ONE POLE	(#142)	
Truck and Bus Information:	Registration #		(From Veh	icle Section)				1
Carrier Name						Bus U	se 42	;
Address		······	City			St Zip		
US DOT #:	State Number		Issuing State	MC/MX	ЛСС #:			
43	44		45					
Interstate Cargo Body Ty	pe Code	GVWR/GCWR			ı	46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	TU		
Hazmat Information:					1			_
Placard Material 1 digit #	48 Material Nam	ne		_Material 4 dis	git #	Release co	de 49	
							<u> </u>	
Patrol Officer Shane A I	Foley		211 Wi	<u>lmi</u> ngtor	Police	Department	01/19/	2023
Police Officer Name (Please Print)	Signature			artment		inct/Barracks	Date	

Wilmington Police Department Images Associated with 23-17-AC





							_					
	Police Use Only	Com	monwealth	of Massa	ichus	etts		RM	V Docui	ment Number		
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Cras	sh [Injured 1	eed Limit	30	State Police Local Police	0800	
	01/19/2023 1858 Wili	nington	Police	Report	2		. L	titude ngitude _		MBTA Police Campus Police Other.	8	
	AT INTERSECT	ION:	<u> </u>		>	t <u></u>	OT AT	· -	SECT			
											┪	10
					44		MAIN				_ 2	_
1 4	Route# Direction	Name of Roadway/S	treet	Route# Direct	ion Ad	dress #		Name of	Roadwa	y/Street		
-4	4	ы		Feet	NSEV	vof —		• —	or		_	
	Route# Direction Nan	ne of Intersecting Road	way/Street				Mile Marke	er .		Exit Number	— <u> </u>	11
		Also at Intersection v	with	Feet	NSEV		oute#	Inters	ecting Re	padway/Street	- -	لــ
² 3	Route# Direction Nam	ne of Intersecting Road	way/Street	Feet [NSEV		5 4.6 ,	22.02	-o.mg r.c			
3	TOURS DISCHOOL TRUE	ic of finersecting Road	wayroucci					La	ındmark			
³ 2	Please Select One of the Following:	_#Occupants Hit	/Run Moped	Crash R	eport ID#	23-	18-	AC				
2	License # SA8790146 St M	7		. i								
	10 10	20		# 2BB925						State MA 21		12
	Sex M Lic. Class D Lic. R	estrictions 1 C	ndorsement	Year 2011					Veh (Config. 1		
4	Operator	First	Middle Own	er LAFFEY	, ME	HAN	BETH First		Midd	lle .		
⁴ 4	Address		Addi	ess 264 AP	ACHE	WAY					_	
	City State	_Zip.	City	TEWKSBUF	RY		State	MA 2	ip 01	<u>876-462</u>	ᆚ	
	Insurance Company GOVERNMENT	EMPLOYEE:	S INSU Vehi	cle Action Prior to (Crash	1 22	Dama	aged Area	Code: 1	27 2 27 3 2	7	
	Vehicle Travel Direction: N K E W	Responding to Emer	gency? 2 Even	t Sequence 1 2	3 23	23 23	Test :	Status:	1	28		
⁵ 2	Citation # (If Issued)		Mos	Harmful Event	1 24	-	••	of Test:	L	29		
	Viol. 1: Ch/Sec/Sub ————V	Eal 2. Chicarient		er Contributing Cod		25	26	Test Rest		30	, <u> </u>	13
				ľ		_		Alcohol:		Susp. Drug: 2 32	" <u> </u>	
⁶ 2	Viol. 3: Ch/Sec/Sub Please fill out for operat	/iol. 4: Ch/Sec/Sub —		er Distracted by	0 29	35 3		d from sc	40 40		_	
	Name (Last First Middle)	or and an occupants in	Address	DOB/Age	Sex Pos.	Safety Air	bag Ejeel T	ap Injury ode Status		Medical Facility		
	Operator	S	ee Above		X_1	1 4	0 0	10	1			
			·		F 3	1 4	0 0	10	1			
				1		 						
		+			F 5	1 4	0 0	10	1			
⁷ 2	Please Select One of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	15 Action	16 Locati	on 1'	Condition	18	☐ Hi	it/Run Mope	d	
	License # S23944940 St M7	DOB/Age	Reg #	V18650			Reg Type I	С	Reg	State MA		
	Sex M Lic. Class D 19 19 Lic. Re	estrictions 20 Cl	DL Veh '	_{(ear} 2019	Veh M	íake FO I	3 D		_ Veh C	Config 1 21		
		W KENT	ndorsement Own	mKL STO	ONE I	LC				•		
⁸ 1	Address 9 CHESTERFIELD	First	Middle	ess 625 MA	ist		First		Middl	le	_	
	City BILLERICA State			WILMINGT			State 1	√12 0. 7	± 015	887-3215	1 14	4
	Insurance Company GREEN MOUN	-	*	le Action Prior to C		22		ged Area	_		,	_
				1 2		23 23	Test S		1	28		
	Vehicle Travel Direction: SEW	Responding to Emerg		Sequence 1	1 2		Type -	of Test:	-	29		
2	Citation # (If Issued) T2749176	_		Harmful Event	<u>* </u>	05		Test Resu	ilt: 1	30		
-		iol. 2: Ch/Sec/Sub <u>89</u>		r Contributing Code		²⁵ 1	25 Susp.	Alcohol:	2 31	Susp. Drug: 2 32		
	Viol. 3: Ch/Sec/Sub 90 17 V	iol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	0 26		Towe	i from sce	ene? 2	33		
	Please fill out for operator/non-	motorist and all occupa		DON/A	34 Scat	35 36 Safety Airb	ag Eject Tr	թ [հայար	40 Transp.			
	Name (Last First Middle) Operator/Non-Motorist	9.0	e Above	DOB/Age	Sex Pos.	System Stat	us Code Co		Code 1	Medical Facility	1	
	Specialorii von-mourist	36			<u> </u>		+ +		-	-		
							\bot					
											7	



Patrol Officer Shane A Foley

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Wilmington Police Department

01/19/2023

Department