	Pol	ice Use Only	ealth (	of Massa	ich	use	etts			•	RMV	<b>Доси</b>	ment Nu					
	Date of Crash 01/22/2023	Time of Crash	1	City/Town	Mote	or Veh	icle Cra	sh		mber hicles	Num	""	eed L		30	State Po Local P MBTA	olice 🗵	
	01/22/2023	24HR	1	ington	F	Police 1	Report		2		0	LE	mude mgitu				s Police	i
		AT INTER	SECTIO	N:	<	LOCA	TION :	>			NOT	[ AT ]	(NT	ERS	ECT	rion:		
									360	<b>~</b>	12.75	LLA	יחם	₹ <b>72</b> T	. Er	СT		2 10
ī .	Route# Direc	ction	]	Name of Roadway/	Street		Route# Direct	ion	Addre							ay/Street		
<sup>1</sup> 1				At			Feet [	N S	E W	of ·					or _			
	Route# Direc	ction	Name	of Intersecting Roa	dway/Street						Mi	le Mark	er			Exit N	lumber	2 11
				Also at Intersection	n with		Feet				Route	<del></del>	In	itersec	cting R	loadway/S	Street	
<sup>2</sup> <b>2</b>	Route# Direc	ction	Name	of Intersecting Roa	dway/Street		Feet	NISI	EW	of				•				_
	Please Select C	One 🔯	e 1 <b>1</b> _#	Occupants D	it/Run	<u> </u>	Crash R				1	ο_	7. /		dmark			1
3	of the Followi	ng: Venic		H	ut/Run L	Moped												4
		0301163	St <b>MA</b>	DOB/Age	· · · · · · · · · · · · · · · · · · ·	-	# <u>2NFM38</u>									[	21	<b>1</b> 12
	Sex <b>M</b> Lic.	Class 99	Lic. Res	strictions	CDL Endorsement		Year 2007									- 1		
<sup>4</sup> 1				GENSY	Middle		er SUAZO	ast			Fig	rsl			LTG Mid	RACI	Α	•
1		CENTRE		- 0011	20 1607		ess 267 CE				<u>A</u> .	PT 2			0.5		1607	•
				MA Zip 0213		•	JAMAICA		ſ		22						-1627 27 27	-
	-			RAL INSUE			cle Action Prior to		23	1 23	23		Status			2 1 28		
5	Vehicle Travel D	nued) 77513		Responding to Em	ergency? Z		i bequence 11	1	24			Туре	of Te	est	Į	29		
L				ol. 2: Ch/Sec/Sub =			Harmful Event or Contributing Co	ш		25	25		Test			1 30	32	<b>1</b> 13
				oi. 2: Cn/Sec/Sub = ol. 4: Ch/Sec/Sub =			_	0	26	_	1	Susp	. Alco ed fro	_	31 ne?	Susp. Di	nig: 2 32	
<sup>6</sup> 1	viol, 5; Ch/Sec/.			r and all occupants			l Distriction of		34 Scal	35 Safety	36 Airbag	37	38	39	40 Transp.	<u> </u>		-
	Name (Last First M			1	Address		DOB/Age	Sex	Pos.	System	Status	Code (	2ode :	Status	Code	Medic	cal Facility	╣
	Operate	<u> </u>			See Above				1	1	4	0 0		10	1			
																	••••	
						_												_
<sup>7</sup> 1	Please Select C of the Followin		e 2 <b>1_</b> #	Occupants N	on-Motorist A	Туре	15 Action	16 1	ocatio	n	17	Condition	n	18	☐ F	lit/Run	<b>П</b> Морес	i
	License # S1	3761263	St <b>MA</b>	DOB/Age		Reg	# <u>9CJ642</u>				Reg	у Туре 💄	PC		Re	g State N	1/A	
	Sex.M Lic.	Class D	19 Lic. Res	strictions 1 20	CDL	Veh	Year <b>2017</b>	\	√eh Ma	ike <b>N</b>	ISS	AN			_ Veh	Config.	1 21	
	Operator BO	WLEY, P	AUL C		Endorsement	Own	er LEELMA	N,	PA'	TRI	CIF	JE	AN		Mic			
<sup>8</sup> 2	Address 30	RAILROA	d st	APT 401		Addr	ess 30 RAI	LR	OAD	Sī	ra C	APT	40	1	Mic	dale		
	City <b>ANDO</b>	/ER	State 1	<u>//A</u> Zip 0181	LO-3565	City.	ANDOVER	<del></del>									3565	<b>1</b> 14
	Insurance Comp	any PLYMOU	JTH RO	OCK ASSUE	RANCE C	Z Vehic	cle Action Prior to	Crash		<u> </u>	22				Code:	6 <sup>27</sup>	27 27	
	Vehicle Travel D	Direction: S	EW	Responding to Em	ergency? 2	Even	t Sequence 1	23	23	23	23		Status of Te		ŀ	29		
<sup>9</sup> <b>2</b>	Citation # (If Iss	ued)				Most	Harmful Event	1	24		4.5	BAC	Test		lt:	1 30		
	Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/Sub -			er Contributing Co		-1.	25	25	Susp	, Alco	_			rug: 2 32	
				ol. 4: Ch/Sec/Sub -			er Distracted by	0	26	35	36		ed fro	m sce	ne?	2 33		_
	Ple Name (Last First M	-	erator/non-n	notorist and all occ	upants involve Address	a	DOB/Age	Sex	Seat Pos.	Solety System	Airbag Status	Eject '	Trap	Injury	Transp. Code	Modic	al Facility	_
	Operate	or/Non-Me	otorist		See Above		> <	X	1	1	4	0 0	]	10	1			
			. ——															

Form No. 10364 CRA-65 09/18

Crash Diagram:		1 2		<b>→</b> 65	
366 Ballardvale Stree				If	Crash <u>Did Not</u> Occur a Public Way:  Off-Street Parking Lot
020	Mo <sup>e</sup>	(= (120)	\$ (III)		Garage
	JU)				Mall/Shopping Center
					Other Private Way
					Indicate North by Arrow
***************************************				<b>₹</b>	$(\leftarrow)$
Crash Narrative:  Vehicle 1 and vehicle	2 were traveli	ng North down Ba	lardvale Stree	when vehic	Le 2 had to
brake suddenly due to					
each other on the road	dway vehicle 1	did not have enou	igh time to brai	ce themselve	s and
collided with the rear	of vehicle 2.	Vehicle 1 had re	ecieved minor da	amage to the	front
right side of their ve	hicle and vehi	cle 2 had minor o	damage to its le	eft rear sid	e. neither
vehicle had airbag der	oloyment from t	he accident. Both	operators had	no apparent	injuries
and declined medical s	service.				
Witnesses:					
Name (Last,First,Middle)		Address		Phone #	Statement
		1			
Property Damage:					,
Property Damage: Owner (Last, First, Middle)	Address	Phone	# 41-Type	Description of Dama	ged Property
	Address	Phone	# 41-Type	Description of Dama	ged Property
	Address	Phone	# 41-Type	Description of Dama	ged Property
	Address	Phone	# 41-Type	Description of Dama	ged Property
		Phone		Description of Dama	
Owner (Last,First,Middle)				Description of Dama	ged Property  Bus Use  42
Owner (Last,First,Middle)  Truck and Bus Information	Registration #		- (From Vehicle Section)		Bus Use 42
Owner (Last,First,Middle)  Truck and Bus Information  Carrier Name  Address	Registration #	City	- (From Vehicle Section)	St	Bus Use
Owner (Last, First, Middle)  Truck and Bus Information Carrier Name Address US DOT #: 43	Registration #  State Number	City	- (From Vehicle Section)	St	Bus Use
Owner (Last, First, Middle)  Truck and Bus Information  Carrier Name  Address  US DOT #:  Interstate  Cargo Body	Registration #  State Number  Type Code 44	CityIssuin	- (From Vehicle Section)  g StateMC/MX	St	Bus Use 42 Zip
Owner (Last, First, Middle)  Truck and Bus Information  Carrier Name  Address  US DOT #:  Interstate  43  Cargo Body  Trailer Reg #:	Registration #  State Number  Type Code 44	CityIssuin	- (From Vehicle Section)  g StateMC/MX	St	Bus Use 42 Zip
Owner (Last, First, Middle)  Truck and Bus Information  Carrier Name  Address  US DOT #:  Interstate  Cargo Body	Registration #  State Number  Type Code	CityIssuin	- (From Vehicle Section)  g StateMC/MX  S  Reg YearTra	St	Bus Use 42 Zip

Patrol Officer Thomas Lawrenson
Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks

01/22/2023

Signature

222 ID/Badge#

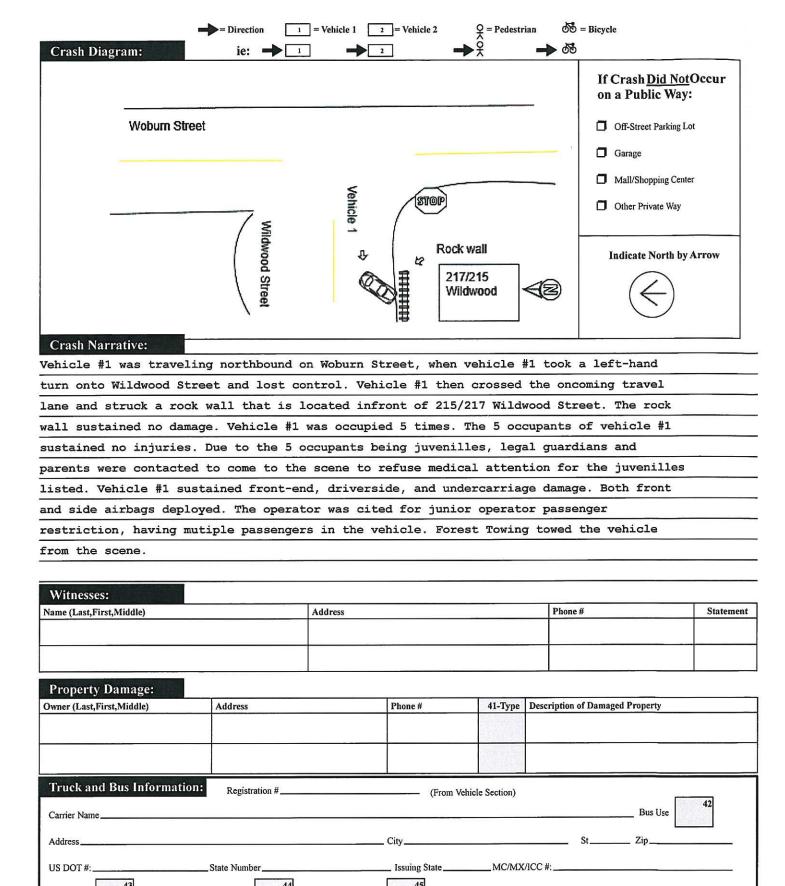
Date

	Pol	lice Use Only	Com	monwealth (	of Massa	chus	etts			RMV	Docum	nent Number		
	Date of Crash	Time of Crash	City/Town	Motor Veh	icle Cras	sh 🖔	lumber ehicles	Numbe Injuree	, Jopen		30	State Police Local Police MBTA Police		
	01/23/2023	1020 Wi	lmington	Police 1	Report	2		0	Latitud Longit			Campus Police	<u> </u>	
		AT INTERSEC	TION:	< LOCA	TION >	>		NOT.	AT IN	ERS	ECT	ION:		
						_58	•	MTE	DLES	שפ	74 17 17	7		2 <sup>10</sup>
li .	Route# Dire	ction	Name of Roadway/S	treet	Route# Direct		ress#	MILL		me of R				
<sup>1</sup> 1			At		Feet	N S E V	of .		•		or			
	Route# Dire	ction 1	Name of Intersecting Road	way/Street				Mile	Marker			Exit Number		2 11
		!	Also at Intersection	with		NSEV	_	Route#		Intersec	ting Ro	padway/Street	— F	
<sup>2</sup> <b>4</b>	Route# Direc	ction 1	Name of Intersecting Road	way/Street	Feet	N S E V	of							
7	Please Select	000 574 1	", In			**	^ ^	~ ~ /	\ 3		dmark			
3	of the Followi	ng: Vehicle 1.1	#Occupants Hit	/Run Moped	Crash R	eport ID#	23	-20	)-A	<u>C</u>				
	License # S4		MA_DOB/Age	Reg i	#2SD346			Reg T	уре <b>РС</b>		Reg	State MA	21	1 12
	Sex M Lic.		I	Endorsement	Year <u>2015</u>	Veh N	1ake <u>S</u>	UBAF	U		_ Veh C	Config. 1		
4	Operator MC	CARTHY, MI	CHAEL JOSE	Middle	er MCCART	asi		LA 7	NN		Midd	ile		
<sup>4</sup> 2		AWRENCE C			ess 5 LAWR		CT							
	ľ		tate <b>MA</b> Zip <b>0188</b>	_	WILMING'	CON		22				887-191 27 27	27	
	Insurance Comp	pany FARMERS		cle Action Prior to		1	23	Damage Test Stat		Jode: 5	28	<u> </u>		
<sup>5</sup> <b>1</b>	Vehicle Travel I	LE.N1.		T Dodgestee	23 23	23	23	Type of		ľ	29			
	1	sued)					25	25	BAC Tes	st Resul		30	_,	13
	Viol. 1; Ch/Sec/		— Viol. 2: Ch/Sec/Sub —	<u>.</u> .	er Contributing Co			<u>.</u>	Susp. Al	_	$\overline{}$		32	1
<sup>6</sup> 3	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub perator and all occupants in		er Distracted by	O 26	35	36	Towed fi	rom scer	ne? 2			
	Name (Last First A	-		Address	DOB/Age	Sex Pos.	Safety	Airbag E Status C	jeet Trap ode Code	Injury	Transp. Code	Medical Facility		
	Operat	or	5	See Above	$\geq$	$X^1$	1	4 0	0	10	1			
	Please Select 0	One X Vehicle 21	#Occupants No	n-Motorist A Type	15 Action	16 Locat	ion	17	ıdition	18	Пн	it/Run 🗀 Me	oped	
<sup>7</sup> 2	of the Followi	ng:		<u>L</u>		Locat							opeo	
		19 19	MA DOB/Agc		# 4KC922				уре <u>РС</u>				21	
	Sex <b>F</b> Lic.	Class D Li	c. Restrictions 1	Endorsement	Year <b>2014</b> er <b>FERRA</b> I						_ Veh C	Config. 1	┙	
<sup>8</sup> 1	-	MOODY ST	Plist MORAY	Middle	er FERRAL ess 84 MOC	ast		First	UK		Midd	ile		
_			tate <b>MA</b> Zip <b>0184</b>		NORTH AL				State M7	7	<sub>0</sub> 01	845-17:	14	<b>4</b> 14
	•		ERCE INSURA	_	cle Action Prior to			22	Damage				27	
	Vehicle Travel I				t Sequence	23 23	23	23	Test Stat	us:	1	28		
ío.	Citation # (If Iss					1 24			Type of		<u> </u>	30		
<sup>9</sup> 2	,	•			er Contributing Co		25	25	BAC Tes Susp. Al			Susp. Drug:2	32	
			— Viol, 4: Ch/Sec/Sub —		-	0 26	IL	L	Towed fi	L		22	┛╽	
	Plo	ease fill out for operators	/non-motorist and all occu	pants involved		34 Sea	35 Safety	36 Airbag E	17 38 ject Trap ode Code		40 Transp.			
	Name (Last First &	or/Non-Motor	ict	Address See Above	DOB/Age	Sex Pos	System	Status C	ode Code	Status	Code 1	Medical Facility	<u> </u>	
	Operati		131	Sec AUGYG		<u> </u>		-						

= Direction 1	= Vehicle 1 2 = Vehicle	옷 = Pedestria	n 📆 = Bicycle	
Crash Diagram: ie: 👈 🗓	2	<b>→</b> 🖁	→ 55	
Clark St			If Crash Did Not on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Cente	at
Middlesex Ave Clark St	Middlesex Ave	(	Indicate North by	Arrow
Crash Narrative:				
MV 1 and MV 2 were stopped at the sto				
proceeding through the intersection b	ut stopped to doub	le check to e	nsure no one was	
coming before continuing on, that was	when MV 2 rear-en	ded MV 1. MV	l stated the same	
series of events. No injuries, no tow	•			
			——————————————————————————————————————	
Witnesses:	1			T 0
Name (Last, First, Middle)	Address		Phone #	Statement
				1
Property Damage:			4.00	
Owner (Last, First, Middle) Address	Phone #	41-Type 1	Description of Damaged Property	
Truck and Bus Information: Registration #	(	rom Vehicle Section)		
Carrier Name	·		Bus Use	42
Address	City		St Zip	
US DOT #:State Number	Issuina Sta	e MC/MX/II	CC #:	
43 5126 Number 44	Issuing Sta			<del></del>
Interstate Cargo Body Type Code	GVWR/GCWR		<del></del>	
Trailer Reg #: Reg Type	Reg State Reg	YearTraile	r Length	;
Hazmat Information:				
Placard 47 Material I digit # 48 Material Nam	e	Material 4 digit	#Release code	49
Patrol Officer Kevin J Skinner	200	Wilmington	Police Department 01/	23/2023
Police Officer Name (Please Print) Signature	ID/Badge #	Department	Precinct/Barracks Date	20/2023

Police Officer Name (Please Print)

Description		Pol	ice Use Only		Com	monwealth	of Massa	chi	ıset	tts		7.0	RMV	V Docu	ıment Number	
AT INTERSECTION:    ACTION   NOTATINTERSECTION:		1			•	Motor Vel	nicle Cra	sh				Dp000		30	State Police Local Police MBTA Police	
1		01/23/2023			ington	Police	Report		1		. •	Lauto			Campus Police Other:	<u> </u>
Name of Reachway/Street			AT INTER	SECTION	ON:	< LOCA	ATION :	>		N	TO	AT IN	rer!	SEC	TION:	
Rouse    Direction   Name of Readway/Street   Rouse    Direction   Address   Name of Roadway/Street   Landmark   Name of Roadway/Street   Landmark   Name of Roadway/Street   Landmark   Name of Roadway/Street   Landmark   Name of Intersection with   Pree   N.   S.   E.   Vol.   S.   E.   Vol.   Name of Intersection with   Pree   N.   S.   E.   Vol.   Name of Intersection with   Name of Intersection   Name of Inters			יאדד.ו	מטטענ	. СП											2 10
Readow   Direction   Name of Intersecting Readowsy/Street   Ashe at Intersecting Readowsy/Street   Intersecting Readowsy/S	ī	Route# Direc		JNOOL	Name of Roadway/S	Street	Route# Direct	ion .	Addres	s#		Na	me of l	Roadw	ay/Street	
Received   Direction   Nature of Intersecting Roadway/Street   Proc.   No.   S.   E.   W.   of Foundation   Proc.   No.   Endourage   Proc.   Proc.   No.   Endourage   Proc.   Pr	1		MODI	TDN C			Feet	N S I	EW o	ıf —		•	_	or _		_
Transport   Tran		Route# Dire				lway/Street				···· ····	Mile	e Marker			Exit Number	1 11
Name of Interacting Road-way/Street   Landmark   Reces Select One   Crash Report IDM 23 - 21 - AC					Also at Intersection	with	1			R	Route#	<del>-</del>	Interse	ecting F	Roadway/Street	
Lectics   State   St	<sup>2</sup> 5	Route# Direc	ction	Name	e of Intersecting Road	lway/Street	Feet [	NISI	<u>. W</u> 0	of —			Ι	ndmark	,	_
License				a 15	#Occupants   Hi	t/Run Mened	Crash R	aport I	ס אַת	3-	-2	1 _ 2		numar	`	7
Sex M   Lic Class   9   9   9   1sc. Restrictions   9   7   2   2   2   2   3   3   4   4   4   4   4   4   4   4	3		ng:			· nnee.									. 1/2	-
Operator			[19]	<b>1</b> 9	20										21	- 1 12
Address   Addr			Class D D	Lic. Re	estrictions 97	Endorsement								ven	Config. 2	
City   State   Zip   City   WILMINGTON   State   MA   Zip   Damaged Area Code   30 7   27   7   7   7   7   7   7   7   7	4 1	· ·	Last		First	Middle	1	.ast			Firs	i		Mi	ddle	_
Insurance Company NORFOLK & DEDHAM MUTUAL F   Valicle Action Prior to Crash   4   22   Damaged Area Code   10 27   29   20 27   27   27   27   27   27   27			***************************************	State	Zio							State M	z	io <b>0</b> 1	 1887-2204	_
Vehicle Travel Direction:   S   E   W   Responding to Emergency?   Event Sequence   2 2 3 3 0 3 2 3 2 3   Test Status:   2 2 3   Test Status:   2 2 3   Test Status:   2 3 3 3 3 3   Test Status:   2 3 3 3 3 3 3   Test Status:   2 3 3 3 3 3 3   Test St		Ť	oany <u>NORFO</u>						4	22	2					3 <b> </b>
Citation # (If Issued) 776136AB   Most Harmful Event   30 24   BAC Test Result: 1, 1 30   Susp. Alcohol. 2 31 Susp. Drug. 2 32   2713   Viol. 1: Ch/Sec/Sub   20 8   Viol. 2: Ch/Sec/Sub   Driver Contributing Code   7, 15   20 25   Susp. Alcohol. 2 31 Susp. Drug. 2 32   2713   Viol. 3: Ch/Sec/Sub   Driver Distracted by   6 26   Towed from scene? 2 33   Susp. Drug. 2 32   2713   Viol. 3: Ch/Sec/Sub   Driver Distracted by   6 26   Towed from scene? 2 33   Susp. Drug. 2 32   2713   Viol. 3: Ch/Sec/Sub   Driver Distracted by   6 26   Towed from scene? 2 33   Viol. 3: Ch/Sec/Sub   Driver Distracted by   6 26   Towed from scene? 2 33   Viol. 3: Ch/Sec/Sub   Driver Distracted by   6 26   Towed from scene? 2 33   Viol. 3: Ch/Sec/Sub   Driver Distracted by   6 26   Towed from scene? 2 33   Viol. 3: Ch/Sec/Sub   Driver Distracted by   6 26   Towed from scene? 2 33   Viol. 3: Ch/Sec/Sub   Driver Distracted by   6 26   Towed from scene? 2 33   Viol. 3: Ch/Sec/Sub   Driver Distracted by   6 26   Viol. 3: Ch/Sec/Sub   Driver Distracted by   2 0 0 0 10 1 1   Viol. 3: Ch/Sec/Sub   Driver Distracted by   2 0 0 0 10 1 1   Viol. 3: Ch/Sec/Sub   Driver Distracted by   2 0 0 0 10 1 1   Viol. 3: Ch/Sec/Sub   Driver Distracted by   Viol. 4:							nt Sequence 20	23 2	23 2	23 2	23				1 28	
Viol. 1: CluSec/Sub   90   8   Viol. 2: CluSec/Sub   Driver Contributing Code   7   25   20   25   Stasp Actachol. 2   31   Stasp Drug 2   32   27   32   Viol. 3: CluSec/Sub   Viol. 4: CluSec/Sub   Driver Distracted by   6   26   Towed from scene?   2   33   Stasp Drug 2   32   27   32   Viol. 3: CluSec/Sub   Driver Distracted by   6   26   Towed from scene?   2   33   Stasp Drug 2   32   27   32   Viol. 3: CluSec/Sub   Driver Distracted by   6   26   Towed from scene?   2   33   Stasp Drug 2   32   27   32   Viol. 3: CluSec/Sub   Driver Distracted by   6   26   Towed from scene?   2   33   Viol. 3: CluSec/Sub   Driver Distracted by   6   26   Towed from scene?   2   33   Viol. 3: CluSec/Sub   Driver Distracted by   6   26   Towed from scene?   2   33   Viol. 3: CluSec/Sub   Driver Distracted by   6   26   Towed from scene?   2   33   Viol. 3: CluSec/Sub   Driver Distracted by   7   Viol. 4: CluSec/Sub	5	Citation # (If Iss	-		<del></del>						1	•		de:	30	
Figure   F		Viol. 1: Ch/Sec/	Sub 90	8 v	iol. 2: Ch/Sec/Sub —	Driv	er Contributing Co	de	7 2	5 20	25		-		<u> </u>	27 <sup>13</sup>
Non-Motorist A   Type   15   Action   17   Condition   18   Hit/Run   Moped   Modes	6	Viol. 3; Ch/Sec/	Sub	V	iol. 4: Ch/Sec/Sub —	Driv	er Distracted by	6	26				-			<u></u> i
Please Select One of the Following:   1   99   3   0   0   10   1	ັ2	Name of not First A		for operate	or and all occupants i		DOB/Age	Say	Scat S	Saicly A	36 irbag		Injury		Medical Facility	
F   3   99   1   0   0   10   1								Ŵ		-					The state of the s	
Please Select One of the Following:					<u> </u>			F	5 9	9 2		0	10	1		
Please Solect One of the Followings								F	3 9	9 1		0	10	1		
Please Solect One of the Following: Vehicle 1#Occupants  Non-Motorist A Type							<u> </u>	<del> </del>	6 9	9 2		) 0	10	1		
of the Following:    Condition   Condition		Planea Salact (	Dry 1574			<u> </u>	15	16			17	<u> </u>	<u> </u>			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL	<sup>7</sup> 3			e 1	#Occupants No	on-Motorist A Type	Action	Lo	ocation		C	ondition		<b>L</b>	Hit/Run Mop	ed
SexLic. Class   Lic. Restrictions   CDL	\	License #	19	_	20	_	# 2174YH				Reg	Туре		R		-
Address Address Address Address Address State Zip City State Zip Damaged Area Code: 27 27 27 27   Insurance Company Vehicle Action Prior to Crash Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 23 23 23 23 23 23 23 24   Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 24   Word Harmful Event Prior to Crash Sadars Status: Type of Test: 29   Most Harmful Event Prior to Crash Sadars Status: Type of Test: 30   Susp. Alcohol: 31 Susp. Drug: 32   Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Code States Code Medical Focility  Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Pox. System Status Code Code States Code Medical Focility  Operator/Non-Motorist See Above 1 1    Address Middle Maddress Middle    Address Middle State Status: Status Status Middle    Address Middle State Status: Status Status Status Code Code States Code Medical Focility		Sex Lic.	Class	Lic, Re	estrictions	Endorsement		V	eh Mak	e			······································	Veh	Config.	
CityStateZipCityStateZip	<sup>8</sup> 1	_	],ast		First	Middle	1	Ast			Firs	a		Mi	iddle	-
Vehicle Action Prior to Crash  Test Status:  28  Type of Test:  29  BAC Test Result:  30  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  Viol. 3: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Namo (Last First Middle)  Namo (Last First Middle)  Operator/Non-Motorist  See Above  Damaged Area Code:  27 27 27  Again  Test Status:  30  BAC Test Result:  30  Susp. Alcohol:  31 Susp. Drug:  32  Towed from scene?  233  Please fill out for operator/non-motorist and all occupants involved Namo (Last First Middle)  Operator/Non-Motorist  See Above				State	7 in							State	7	'in		4 14
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 Test Status: 28  Type of Test: 29  Most Harmful Event 24  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug. 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Driver Driver Driver Distracted by Driver Dri		•		State_	z.p	·			Г	22	2			•	27 27 2	ī
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Nost Harmful Event  24  Type of Test:  BAC Test Result:  Susp. Alcohol:  31 Susp. Drug:  32  Viol. 3: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Operator/Non-Motorist  See Above  Towe of Test:  BAC Test Result:  Susp. Drug:  32  Towed from scene?  2 33  DXIB/Age  Sext.  Safety Airbag System Shatus  Code Code Status  Medical Focility  Medical Focility		•		EW	Responding to Eme	<del>,</del>			23 2	3 2	23	Test Stat	us:			-
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by Driver Distracted by 26 Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility  Operator/Non-Motorist See Above 1 1 Medical Facility	0		<u> </u>				st Harmful Event		24					14.		
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by  Please fill out for operator/non-motorist and all occupants involved Namo (Last First Middle)  Namo (Last First Middle)  New of from scene?  2 33  Please fill out for operator/non-motorist and all occupants involved Namo (Last First Middle)  New of from scene?  2 33  Please fill out for operator/non-motorist and all occupants involved Namo (Last First Middle)  New of from scene?  2 33  New of from scene?  2 34  New of from scene?  2 34  New of from scene?  2 33  New of from scene?  2 33  New of from scene?  2 33  New of from scene?  2 34  New of from scene?  3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2	·	•			Driv	er Contributing Co	de	2	5	25				——————————————————————————————————————	2
Name (Last First Middle)  Address  DOB/Age  Sex   Safety   Airbag   Eject   Trop   Injury   Transp.   Code   Code   Status   Code   Medical Facility    Operator/Non-Motorist   See Above		Viol. 3; Ch/Sec/	Sub ———	Driv	er Distracted by		26	-		•	E			]		
Operator/Non-Motorist See Above 1			•	erator/non-	motorist and all occu	•	fW HVA ca	Sm	Scat S	Safety A	iroag	37 38 Eject Trop Code Code	Injury	Transp.	Medical Encility	
				otorist				X	1	, 3					TABLES AND A STATE OF THE STATE	
					ŧ .			м	6 9	9 2		0	10	1		
									$\dashv$		$\dashv$					
									_		$\dashv$		-			_



Patrol Officer Jonathan L Morales

Material 1 digit #

Cargo Body Type Code

224

GVWR/GCWR

Wilmington Police Department

01/23/2023

Material Name

Reg Type\_

Reg State \_\_\_\_\_Reg Year \_\_\_\_\_Trailer Length

\_\_\_\_\_Material 4 digit #\_\_\_

Interstate

Trailer Reg #:\_

**Hazmat Information:** 







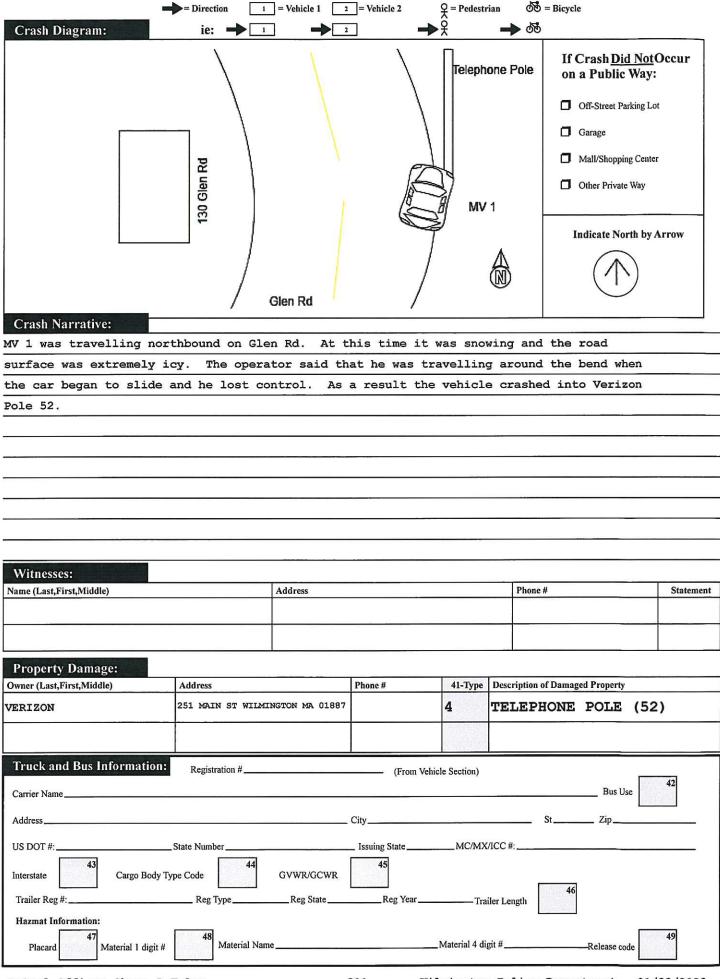


	Police Use Only	Com	monwealth o	of Massa	chus	etts			RMV	Docur	nent Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h \bigcap_v	lumber ehicles	Numbe	1   5,000	Limit_	30	State Police Local Police MBTA Police	0080	
	01/23/2023 <b>1546</b> W 24HR	/ilmington	Police 1	Report	2		o ĺ	Latitud Longit			Campus Police Other:	<u> </u>	
	AT INTERSE	ECTION:	< LOCA	TION >			NOT	AT IN	ERS	ECT	ION:		
	BITE T	NOMON AND											2 <sup>10</sup>
1	Route# Direction	NGTON AVE  Name of Roadway/St	treet	Route# Direction	on Ado	lress#		Na	me of R	loadwa	y/Street		
1		At		Feet N	SEV	vof .		•	_	ог			
	Route# Direction DELL	Name of Intersecting Road	way/Street				Mile I	Marker			Exit Numbe	ī	2 11
		Also at Intersection v	with		SEV		Route#		Intersec	ting R	oadway/Street		
<sup>2</sup> 2	Route# Direction	Name of Intersecting Road	way/Street	Feet N	SEV	of .							
	Di C. J		I \							dmark			
<sup>3</sup> 4	Please Select One of the Following:	1 #Occupants Hit	/Run Moped	Crash Re	port ID#	23	-22	2-A	C				
		St MA DOB/Age	Reg #	SB45967			_ Reg T	уре <b>В</b>		Re	g State MA	21	1 12
	Sex <b>F</b> Lic. Class D 19 19	Lic. Restrictions 1 20	CDL Veh Y	ear <b>2019</b>	Veh N	/lake				Veh (	Config. 5	21	
	Operator CASHMAN , DA			er NRT BUS	INC		First			Mid	dle		
<sup>4</sup> 1	Address 79 FAIRFIEL	D ST	Addr	ess 230 MA	IN S	T							
	City <b>LOWELL</b>			NORTH RE	ADIN		_			-	864-31		
	Insurance Company OLD REE	PUBLIC INSURA	NCE CO Vehic	le Action Prior to C			22	Damaged Test Stat		Code:	27 4 27 28	21	
5	Vehicle Travel Direction: NS	Responding to Eme	rgency? 2 Even	Sequence 1		23	23	Type of		1	29		
	Citation # (If Issued)	<u>_</u>	Most	Harmful Event	1 24			BAC Tes		t:	<u>30</u>		_ 13
	Viol. 1: Clı/Sec/Sub ————	Viol, 2: Ch/Sec/Sub	Drive	r Contributing Cod	بنطس	25	25	Susp. Ale	cohol: 2	31	Susp. Drug:2	32	1 '3
<sup>6</sup> 3	Viol. 3: Clı/Sec/Sub	Viol, 4: Ch/Sec/Sub —	Drive	r Distracted by	0 26			Towed fi		الم	2 33		
<u>ح</u>	Please fill out for Name (Last First Middle)	r operator and all occupants in	nvolved Address	DOB/Age	Sex Pos	35 Safety System	Airbag E	7 38 cci Trap ode Code	39 Injury Status	40 Transp. Code	Medical Facili	ity	
	Operator	S	See Above	$\sim$	X 1	1	4 0	o	10	1			
	Plant C. L. A. C. T.			15	16		17		18				
<sup>7</sup> 3	Please Select One of the Following:	21 #Occupants No	n-Motorist A Type	Action	Locat	ion	Con	ndition		H	lit/Run 🔲 N	Aoped	
	,	St MA DOB/Age	Reg i	2GFG78			Reg T	уре <b>РС</b>		Re	g State MA	27	
	Sex_F Lic. Class D 19 19		CDL Veh Y	/ear <b>2011</b>	Veh N	Aake N	ISSA	N		_ Veh (	Config. 1	21	
8	Operator, Last	. First	Own	er CUNNING		KA	YLE] First	GH S	SHE	Mid	dle		
<sup>8</sup> 1	Address	<u></u>	Addr	ess 306 BU	RLIN	GTO1							. 14
		State Zip L	City	WILMINGT	ON_		<del></del> 1				887-31		4 '
	Insurance Company THE COM	MERCE INSURA	NCE CO Vehic	ele Action Prior to C		<u> </u>	22	Damage Test Stat		Code:	1 27 2 27 8 28	27	
	Vehicle Travel Direction: NS	Responding to Eme	rgency? 2 Even	Sequence 1 2	3 23	23	23	Type of			29		
9 <b>1</b>	Citation # (If Issued)		Most	Harmful Event	1 24	اامو		BAC Te		lt:	1 30		
	Viol. 1: Ch/Sec/Sub	Viol, 2: Ch/Sec/Sub —	Drive	r Contributing Cod	26	25	25	Susp. Al	-		Susp. Drug 2	32	
	Viol, 3: Ch/Sec/Sub			r Distracted by	0 26	1 10	76 1	Towed fi		ne?	2 33		
	Please fill out for opera Name (Last First Middle)	tor/non-motorist and all occup	pants involved Address	DOB/Age	Sex Pos	t Safety	36 Airbag E Status C	17 38 jeet Trap ode Code		Transp. Code	Medical Facil	lity	
	Operator/Non-Mote	orist	See Above		X 1	1	4 0	0	10	1	_		
									$  \cdot  $		12 111111111111111111111111111111111111		

	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestrian	\delta = Bicycle	
Crash Diagram:	ie: →	<u>→</u> □	2	<b>→</b> 発	<b>→</b> №	
(D <sub>2</sub>					on a Pul	n Did NotOccur blic Way: eet Parking Lot nopping Center
					Other P	rivate Way
						e North by Arrow
Crash Narrative:						
Vehicle # 1 stopped o	on Burlington Av	ve Vehicle #	2 slid on	the snow and	d into the rear	of
vehicle #1						
					.,, , , ,	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damaged Pro	perty
		· · · · · · · · · · · · · · · · · · ·				
Truck and Bus Informati	On: Registration #		(From V	ehicle Section)		
Carrier Name					r	Bus Use 42
*44			Citt		St 75	in .
	State Number			MC/MX/IC	C #:	
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45			
	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:				Traner	- Sangin	
47	48			Bankanin a melel		49
Placard Material 1 di	git # Material Na	une		iviaterial 4 digit #	Rele	ise code
Patrol Officer Antho	ny Fiore		164 V	Jilminaton I	Police Departmen	nt 01/23/2023
Police Officer Name (Please Print)	ny Flore Signature			epartment	Precinct/Barracks	Date

CDP1 11-24-00

	Police Use Only	Com	monwealth	of Massach	usetts		RN	IV Docu	ıment Namber		
	Date of Crash   Time of Crash   01/23/2023   2022   Wil	City/Town mington	Motor Ve	hicle Crash	Number Vehicles	Number Injured	Speed Lim	it20	State Police Local Police MBTA Police	0800	
	24HR	ming con	Police	Report	1	1	Lantude Longitude_		Campus Police Other:	Ğ	
	AT INTERSECT	ION:	< LOC	ATION >		NOT A	ΓINTE	RSEC	TION:		
					130	GLEN	חם ז			2 <sup>1</sup>	10
1 .	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #			f Roadw	ay/Street		
<sup>1</sup> 4		At		Feet N S	E W of		•	- or _	····		
	Route# Direction Na	me of Intersecting Road		·		Mile Ma	arker		Exit Number	-11	11
		Also at Intersection v	with	Feet N S		Route#	Inter	secting R	Roadway/Street	-	
<sup>2</sup> 5	Route# Direction Na	me of Intersecting Road	way/Street	Feet N S	E W of		7	andmark		_	
	Please Select One	#Occupants Hit	t/Run Moped	Crash Report	1D# 2 3	-23		anumark		_	
<sup>3</sup> <b>4</b>	of the ronowing:									4	
	10 10	1A DOB/Age							2:	1	12
			Endorsement	Year 2019				Veh	Config.	<sup>」</sup>	
<sup>4</sup> 1	Operator PICANCO, FERN j.ast Address 82 WILLOW ST	First	Middle	ner <u>PICANCO ,</u> l.ast lress <b>82 WILLO</b> '		First	<u> </u>	Mic	ddle		
_		te <b>MA</b> Zip <b>0187</b>		TEWKSBURY	M ST	Cr.	ua M∆	7in 01	L876-438	_	
	Insurance Company THE COMME	_		icle Action Prior to Crash	1	_	amaged Are	,		7	
	Vehicle Travel Direction: SEW	Responding to Emer		nt Sequence 23	23 23		est Status:		1 28	<b>-</b>	
<sup>5</sup> 2	Citation # (If Issued)		• •	st Harmful Event 22	24	•	ype of Test:	ŀ	29		
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub		ver Contributing Code	1 25	25	AC Test Re usp. Alcohol		1 30 Susp. Drug 2 3	231	3
	Viol. 3: Ch/Sec/Sub			ver Distracted by	26		owed from s		1 33	٦ 📙	١
<sup>6</sup> 4	,	ator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur	y Transp.		_	
	Name (Last First Middle)  Operator		Address See Above	DOB/Age Sex	Pos. System	Status Code 3 0	Code Statu		Medical Facility  Lahey Clinic	-	
	4										
										$\dashv$	
	Please Select One	<del></del>	Г	15 16		17	18		I,		
<sup>7</sup> 1	of the Following: Vehicle 2	#Occupants Nor	n-Motorist A Type	Action	Location	Condit	tion	] <b>  - !</b> !	Hit/Run 🔲 Mop	ed	
	License # St	DOB/Age	Reg	#		Reg Type	e	Re	eg State21	-1	
	Sex Lic. Class Lic. 1	Restrictions C	CDL Veli Endorsement	YearV	Veh Make			Veh		]	
<sup>8</sup> 1	Operator	First	Middle	nerLast		First		Mic	ddle	-	
	Address Stat	. 7:-		ress		Che	te	7:-		- <b>4</b>	4
	Insurance Company	-		icle Action Prior to Crash			amaged Are	r	27 27 2	<u> </u>	ا
	Vehicle Travel Direction: NSEW				23 23	Te	est Status:	İ	28	_	
	Citation # (If Issued)			st Harmful Event	24	•	pe of Test:		29 30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub		Dri	/er Contributing Code	25	25	AC Test Res isp. Alcohol		ل_	12	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		wed from s	<u> </u>	33 33	1	
	Please fill out for operator/no		oants involved	<u>.</u>	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur	y Transp.		-	
	Name (Last First Middle)  Operator/Non-Motoris	<i>t</i> s	Address See Above	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	$\dashv$	
				+						$\dashv$	
							<del>                                     </del>	+	<u></u>		
								1			
					1 1	1					



Patrol Officer Shane A Foley

211

Wilmington Police Department

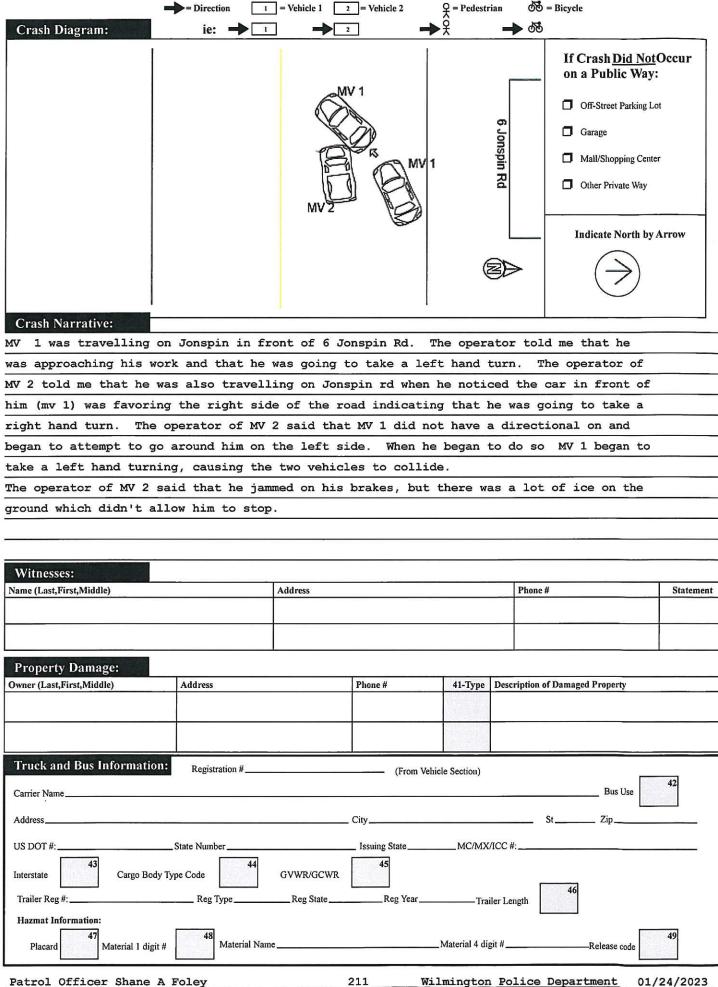
01/23/2023

	Pol	lice Use Only	ımonwea	lth o	of Massa	ach	use	etts				RMV	7 Docu	ument Nu	and a committee			
	Date of Crash 01/24/2023	Time of Crash 1006 24HR		City/Town Lngton	ł		icle Cra Report	sh		ımber hicles	Nun Inju O	red L	peed I atitude	e	30	MBTA Campi	Police 🙎 A Police 🔲 us Police 🔲	
		AT INTERS	SECTIO	N:				>			<u> </u>		- <del>-</del>		SEC	Other:		
	Route# Dire	ection	)	Name of Roadway	/Street		Route# Direct	tion	13.		SI	IAWS				E.		2
1				At			Feet	N S	E W	of	Mi	le Mark	- •		or _		Number	1
	Route# Dire	ction		of Intersecting Roa			20 Feet	N S			Route					RD Roadway/	'Street	2 '
2	Route# Dire	ction	Name	of Intersecting Roa	adway/Street		1001	1-1						Lan	ıdmark	ς .		-
3	Please Select of the Followi		11#	Occupants	lit/Run .	Moped	Crash R	teport	ID#	23	-2	4-	A	C				
	License # <b>24</b> Sex <b>F</b> Lic.	0914316 Class D 19 15	9	DOB/Age	CDLEndorsement		1ZJM45 Year 2018										21	1 1:
	1 '	UHANE, J	Fi	CA	Middle		er JATVA,	Last			Fi	rst				iddle		
1		GRATMAN		TT - 10E	E0		ess <u>225 L</u> ]			ON	RD		PT			1004	2204	
	· ·	T VERNON Dany GOVERN Direction: N S	MENT	-	ES INSU	Vehic	chelms For the Action Prior to	Crash	[	23	22	Dan		Area (			-3384 27 <sub>6</sub> 27	
1		sued)		Responding to En	nergency / _=			1	24	25	25	BA	e of To C Test	Resul		29 1 30		1;
	Viol. 1: Cli/Sec/ Viol. 3: Ch/Sec/	'Sub					r Contributing Co r Distracted by	de O	26		23	Sus	p. Alcoved fro	_		Susp. D 2 33	Drug 2 32	1
2		Please fill out f		and all occupants	involved				34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap		40 Transp.			1
	Operate				Address See Above		DOB/Age	Sex	Pos. 1	System 1	Sistus 4	Code 0		Status 10	Code 1	Modi	lical Facility	1
				<u> </u>														_
3	Please Select C of the Followi					Гуре	15 Action	16 L	ocatio	ո	17	onditio	n	18	<u> </u>	Hit/Run	Moped	
	License # un	10 10	3	DOB/Age 07	/20/2003	_	4RFS78				_	Type_	PC			eg State 1	MZA 21	
	Sex M Lic.	Class 99 RON, LUC	Lic. Res	trictions 1	CDL Endorsement		(ear <u>2016</u> er DE SOU	\ 'Z.Z.			_		ΔT.Ω	···········	_ Veh	Config.		
1	1	JUDSON S	Fi	PT 1	Middle		es 22 JUL	Lusi			AP	rst			Mie	ddle		
	City <b>MALD</b>	an	State <b>N</b>	<b>IA</b> Zip <b>021</b>	96	City.	MALDEN					_ State	MA	Zi	ip <b>02</b>	2148		4 14
	Insurance Comp	any <b>GEICO</b>	GENEF	CAL INSU	RANCE C	Vehic	le Action Prior to	Crash	[		22				Code:	1 <sup>27</sup> 2	27 <sub>8</sub> 27	
	Vehicle Travel I	لسلسا	E 🗙	Responding to En	nergency? 2		Sequence 1		23	23	23		Status e of Te			29		
2	Citation # (If Iss	*	) P	1.2.61/6./6.1			Harmful Event r Contributing Co	1		25	25		C Test	_		1 30	. 20	
	]	Sub				r Collabuding Co r Distracted by	99	26	ــاــــ			p. Alco ved fro			Susp. D 1 33	onig 2 32		
		ease fill out for oper					DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Liject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mari	ical Facility	1
		or/Non-Mot	torist		See Above		IXXIVAGE:	Ż	1	1		0 (			1	Medi	will geliß	-
													1					
					-,													
																		1

-	= Direction 1	= Vehicle 1	= Vehicle 2	웃 = Pedestrian	Ø  ■ Bicycle	
Crash Diagram:	ie: → 🔟		: <b>-</b>	<b>&gt;</b> ♀ -	<b>→</b> ॐ	
					If Crash Did Note on a Public Way:  Off-Street Parking Lot Garage Mail/Shopping Cente	xt
(D)	20010			A N	Indicate North by	Arrow
Crash Narrative:						
Vehicle #1 stopped in t	traffice vhicle	#2 could r	not stop and	drove into	the back of Vehicle	
#1						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
		<u> </u>			<u> </u>	I
Property Damage: Owner (Last,First,Middle)	Address	·	Phone #	41-Type Des	scription of Damaged Property	
Onte (Lastrastonale)	7 Iduitos		1 Holle 6	12 1,90 200	eripion of Damageo 210post,	
Truck and Bus Information:	Registration #		(From Veh	ticle Section)		42
Carrier Name					Bus Use	
Address			. City		St Zip	
					#:	
43	State Number	· · · · · · · · · · · · · · · · · · ·	Issuing State	MC/MA/ICC	r.	
Interstate Cargo Body 7	Type Code Reg Type	GVWR/GCWR		vn −11− ×	46	
•	Neg type	reg state	Reg real	railer L	ængui	
Hazmat Information:  47 Placard Material 1 digit #	48 Material Nan	ne		Material 4 digit #_	Release code	49
Patrol Officer Anthony	<b>T1</b> :		1.64 77	l-it D	olice Department 01/	/24/2023

Department

	Poi	alth e	of Massa	ich	use	tts			RM	V Docı	ıment Nu							
:	Date of Crash	Time of Crash		City/Town	Motor Ve		icle Cra	sh		mber iicles	Num Inju	PP	ed Limit	30	State Po Local P MBTA	olice Police Police	080	
	01/24/2023	1655 24HR	į.	ington	Po	lice ]	Report		2		0	Lan	tude gitude _			s Police	ă	
		AT INTER	SECTIO	N:	<	LOCA	TION :	>			NOT	AT I	TER	SEC	TION:		_	
									6		.TO	NSP.	N R	חי			2	2 10
1	Route# Dire	ction		Name of Roadway/S	treet		Route# Direct	ion	Addre	ss#					/ay/Street			
<sup>1</sup> 3				At			Feet	N S	E W	of -				or _				
	Route# Direct	ction	Name	of Intersecting Road	way/Street						Mil	e Marker			Exit N	Vumber	┵,	4 11
				Also at Intersection	with		Feet				Route	#	Inters	ecting F	Roadway/S	Street	-	
<sup>2</sup> 1	Route# Direct	ction	Name	of Intersecting Road	way/Street		Feet	NS	EW	of -		-0	7	1				
	Please Select	One Vehic	1 #	Occupants Hit		Moped	Crash R		<i>(</i>	22.	_ ^	6_7		indmarl				
<sup>3</sup> 97	of the Followi	ng:			/Run		_1											
		2956340	19	_ DOB/Age			9VL736									21	<u>-</u> -	1 12
	Sex.M_ Lic.	Class D	Lic. Res	ر لــــــــا	CDL Endorsement		/ear <u>2002</u>							Veh	Config.	1	J  -	
41	_	Last	Fi	S MICHAE	Middle		er GRENIE	.ast			Fir	ITCHA	Mil.	Mi	iddle		-	
		ONG HIL		1A Zip 0196	9-2206		ess 3 LONG ROWLEY	<del>, П</del> .	امأدادها	KL	<u> </u>	Z+ 7	(7 <u>2</u> )	շ <sub>iո</sub> Ո՞	1969-	-220	_	
	_			CE INSURA		_	le Action Prior to	Crach	ſ	1	22				3 27 2		<u> </u>	
	Vehicle Travel I	-		Responding to Eme			Sequence 1		23 23	23	23	Test S			1 <sup>28</sup>	<u> </u>	-	
<sup>5</sup> 2		sued)		responding to Ente	igency i <u></u>		Harmful Event	1	24				f Test:		29		ı	
		-		ol. 2: Ch/Sec/Sub			r Contributing Co	de	1	25	25		Cest Res Alcohol		1 30 Suen D	rug: 2 3	12 1	1 13
				ol. 4: Ch/Sec/Sub —			_	o	26	!			from s		2 33	105.[2	-¹ F	
<sup>6</sup> 4				and all occupants in					34 Scat	35 Safety	36 Airbag	37 33 Eject Tra	39 p Injury	40 Transp.			_	
	Name (Last First Manne (Last F			Ţ.,	Address See Above		DOR/Age	Sex	Pos.	System	Status	Code Co	e Status	Code 1	Medi	cal Facility		
	Орегии			·							-		+	<u> </u>			$\dashv$	
																	_	
																	$\dashv$	
				<u> </u>											-		_	
<sup>7</sup> 1	Please Select O of the Followi		le 2 <b>.1</b> #	Occupants No.	n-Motorist A	Туре	Action	16 L	ocatio	n	17 C	ondition	18	<b>                                   </b>	Hit/Run	<b>М</b> ор	ed	
	License # S6	1703368	_	DOB/Age		Reg#	2LCS91				_ Reg	Туре 🗜	C	R	eg State 1		<u> </u>	
	Sex M Lic.	Class D	Lic, Res		CDL	Veh Y	ear <u>2012</u>	v	eh Ma	ke <b>G</b> l	MC			Veh	Config.	1 21	] [	
<sup>8</sup> 1	•	Last	Fi	DAN NICHO			r STAMAT	Jep.,	•		Fir		HOI	AS	ddle		-	
1		LANSING					ess <u>57 LAN</u>		1G	AVE								_ 14
	•			7A Zip 0183		City	HAVERHI	LI.	Г		22				1832-		9 년 기	1
	_			AL INSUR			le Action Prior to			23	23	Test S	ged Area	Code:	7 27			
	Vehicle Travel E	FG.		Responding to Eme	rgency? 2		Sequence 11	23 [-	24			Туре	f Test:		29		Ì	
<sup>9</sup> 2	Citation # (If Iss	•					Harmful Event	<u>L</u>		25	25		est Res		1 30	<u> </u>	<u>,</u>	
				ol. 2: Ch/Sec/Sub			r Contributing Co	0	26	_			Alcohol: from se		Susp. Da	nig 2 3	ן ב	
				ol. 4: Ch/Sec/Sub — notorist and all occuj			. ~istacted by	<u> </u>	34 Snot	35 Safatu	36 Aichea	37 3	39	40	<u> </u>			
}	Name (Last First M	fiddle)			Address		DOB/Age	Sex			Airbog Status	Eject Tre Code Co		Code	Media	cal Facility		
	Operate	or/Non-Me	otorist		See Above			$\triangle$	1	1	4	0 0	10	1				
ļ		····										_	-	ļ		"	$\dashv$	
			<del></del>									_						
							1											



Patrol Officer Shane A Foley

Wilmington Police Department

Department

	Pol	ice Use Only	monwealth	of Massac	huse	etts		4. 11.	RMV	Docur	ment Number		
	Date of Crash 01/24/2023	Time of Crash	City/Town	Motor Veh	icle Crasl	h Ni			Speed 3		40	State Police Local Police MBTA Police	
	01/24/2023	24HR		Police	Report	1	0	Ť	Latitud Longitu			Campus Police Other:	
		AT INTERSE	CTION:	< LOCA	TION >		N	OT AT	INT	ERS	SECT	TION:	
						82.	5 1	MAIN	STP	1			2 10
<b>1</b> 4	Route# Direc	otion	Name of Roadway/S	Street	Route# Direction						Roadwa	sy/Street	_
4			At		Feet N	S E W	of —	. — -	•	_	or		_
	Route# Direc	ction	Name of Intersecting Road		_ [x;	الماماء		Mile Ma	rker			Exit Number	1 11
			Also at Intersection	with		S E W	Re	oute#	I	ntersec	cting Ro	oadway/Street	
<sup>2</sup> 1	Route# Direc	etion	Name of Intersecting Road	lway/Street	Peet [1	3 2 7	oı			ľ.an	dmark		_
	Please Select C		1 #Occupants Hi	t/Run Moped	Crash Rep	ort ID#	23-	27.	- A (				
3	of the Followi	ng: 1—		<u> </u>								- 3/3	_
		10 10	St MA DOB/Age 20	_	# <u>1868LO</u> Year <u>2019</u>							g State MA	7 12
	Sex.M. Lic.	LVEZ, ROD	ic. Restrictions 1	Endorsement	rear ZOIS				T-22.11	. <b></b>	_ ven c	Conng.	
<sup>4</sup> 1	_	Last RANDON CT	First	Middle	Last ress 3 BRAND			First	3		Midd	dle	<del></del>
	City WOBU		State <b>MA</b> Zip <b>0180</b>		WOBURN				te MA	Zi	р <b>01</b>	801-416	_   _
			SIVE DIRECT	_	cle Action Prior to Cr	ash	1 22				_	27 27 27 2 27	7 I
5	Vehicle Travel D	Direction: NXE	W Responding to Eme	rgency? 2 Ever	nt Sequence 40 23	23 35	23 23	Ί	st Statu		1	28	
3	Citation # (If Iss	ued)		Mos	<del></del>	5 <sup>24</sup>		-	pe of To AC Test		lt: -	30	
	Viol. 1: Ch/Sec/	Su <b>b</b>	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	99	25	25	sp. Alc	_		Susp. Drug: 2	3013
<sup>6</sup> 2	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	9 26			wed fro			33	
2	Name (Last First M		operator and all occupants in	ivolved Address	DOB/Age S	34 Seat Sex Pos.	35 3 Safety Air System Sta	oag Eject	38 Trap Code		40 Transp. Code	Medical Facility	
	Operate	or		See Above	$\rightarrow \rightarrow$	$\sqrt{1}$	99 4	0	0	10	1		
						1							
												***************************************	
7	Please Select C		#Occupants No	n-Motorist A Type	15 Action 10	6 Locatio	1	7 Condit	ion	18		it/Run Mope	-
<sup>7</sup> 1	of the Followin	ig:							<u> </u>	<u> </u>			
	License #	19 19	t DOB/Age	Reg				Reg Type				21	-
	Sex Lic. (	Jiass 1.	ic, Restrictions C	Endorsement	Year	Ven Ma	1KC				_ Ven C	Config.	
<sup>8</sup> 1	Operator	Last	First	Middle	Last			First			Midd	ile .	
			State Zip					Star	te	Zij	р		4 14
	-				cle Action Prior to Cr	Γ	22	Da	ımaged	Area (	Code:	27 27 27	<u> </u>
	Vehicle Travel D	rirection: NSE	W Responding to Eme	rgency? Even	t Sequence 23	23	23 23	1	st Statu		-	28	
<sup>9</sup> 2	Citation # (If Iss	ued)	<u> </u>	Mos	Hannful Event	24		•	pe of To AC Test		lt:	30	
2	Viol. 1: Ch/Sec/S	Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code		25	25	sp. Alce	_	<del></del>	Susp. Drug: 32	
	Viol. 3: Cl <sub>1</sub> /Sec/S	3: Cli/Sec/Sub — Viol. 4: Cli/Sec/Sub — D				26	y		wed fro			33	
	Ple Name (Last First M	-	r/non-motorist and all occup	oants involved Address	DOB/Age S	34 Seat Sex Pos.	35 30 Safety Airl System State	nag Eject			40 Transp. Code	Medical Facility	
	Operate	or/Non-Motor	rist S	See Above		1				T			
												-	

	= Direction 1	= Vehicle 1 2	= Vehicle 2	Pedestr		= Bicycle	
Crash Diagram:	ie: -> 1			<u>¥</u> V <b>Q</b>	→ 5% 1 1D	If Crash <u>Did Not</u> on a Public Way	50
Main St						Off-Street Parking L	ot
			V1			M	
			_ 2			☐ Garage	
V1 V1	V1 _	۸ (				■ Mall/Shopping Cent	er
<b>□</b> ⇒ <b>□</b>	m m	~ ~				Other Private Way	
	Fieldstone wall				Ì	Indicate North by	Arrow
	825 M	ain St				Indicate North by	Allow
						$(\leftarrow)$	
Crash Narrative:							
V1 was traveling NB	on in the vicinit	y of 825 Ma	in St. While	travel:	ing the (	OPR stated he	
struck the snowbank		54F			45		
wall, it threw a lar				- Andrew			
to its tire, grill,		888				188	
where it stopped and							
Main St were uninjur							
towing to their faci							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	1	Statement
					12 1		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
MORSE DONALD B	825 MAIN ST WILMING	FTON MA 01887-33		97	WINDOW	İ	
Truck and Bus Informat	on: Registration #		(From Veh	icle Section)		505	42
Carrier Name	<u> </u>					Bus Use	42
Address			City			St Zip	<del></del>
US DOT #:	State Number		_ Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo B	ody Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46	
Hazmat Information:	<u> </u>				let let		
Placard 47 Material 1 di	git # 48 Material Nam	e		_Material 4 di	git #	Release code	49
Patrol Officer Michael	l E Tobacca		100 174	1-4	Dalies	Department 01	/24/2022

Wilmine Department

01/24/2023 Date

	Pol	lice Use Only		Co	ommonw	ealth (	of Mass	ach	use	etts		÷	RM	V Doci	ument Num	and the second	
	Date of Crash 01/24/2023	Time of Crash	I .	City/Town			icle Cra	sh		ımber hicles	Numl Injur	500	d Limit	1.5	State Pol Local Po MBTA P	lice 🔯	]
	01,24,2010	24HR		-	I		Report		2		0		gitude _		Campus Other:	Police 🛄	_
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NOT	AT IN	TER	SEC	TION:		10
									26	0	MA	IN S					2 "
1 <b>4</b>	Route# Dire	ction	1	Name of Road At		-	Route# Direc	tion	Addr	ess#		j	lame of	Roadw	vay/Street		-
4				, ru			Feet	N S	E W	of		– — Marker	•	or _	Exit Nu		
	Route# Dire	ction		of Intersecting Also at Interse	Roadway/Street		Feet	N S	E W	of	14111	: IVIdi KCI			LAK INC	moer	3 11
								N S		:'	Route	1	Inters	ecting I	Roadway/St	reet	
<sup>2</sup> 2	Route# Dire	ction	Name	of Intersecting	Roadway/Street								La	ındmarl	k		<u>.</u>
3	Please Select of the Followi	One Vehic	le 1 <u>0</u> #	Occupants	Hit/Run	Moped	Crash I	Report	ID#	23	-2	8-2	7C				]
³99	License #		St	DOB/Age_		Pegi	3RE122				Rea	Type P	7	R	ea State M		┨
	SexLic.	19	19	trictions	20	-	/ear 2014								Г	21	1 12
		iverles			CDL Endorsement		er GAMBLE				AS	JAME					
41	Address	Last	Fi	rst	Middle		ess 8 ELD	Last			Firs	I		M	iddle		
	City		State	Zip			BILLERI					State <b>1</b>	<b>IA</b> :	Zip <b>O</b>	1821-	3212	
	Insurance Comp	oany PLYMO	UTH RO	OCK ASS	URANCE (	<u>C</u> Vehic	le Action Prior to	Crash		11	22	Damag	ed Area	Code:	7 27 8	27 27	
5	Vehicle Travel I	Direction: N S	S E W	Responding to	Emergency? 2	Even	Sequence 2	23	23	23	23	Test St Type o			28		
<sup>5</sup> 2	Citation # (If Iss	sued)				Most	Hannful Event	2	24				i iesi. est Res	ult:	30		
	Viol. 1: Ch/Sec/	'Sub	Vic	ol. 2: Ch/Sec/S	iub ———	Drive	r Contributing Co	ode	1	25	25	Susp.	Alcohol:	2 31	Susp. Dru	ıg 2 32	2 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/				ub ———	Drive	r Distracted by	0	26				from so		2 33		
<u>T</u>	Name (Last First N		t for operator	and all occup	ants involved Address		DOB/Age	Sex	34 Scat Pos.	35 Sufety System	36 Airbag Status	37 38 Eject Tra Code Coc	n Injury		Medica	l Facility	
	Operat	or			See Above		$\geq$	X	1	1	4 (	0	10	1			
																	1
																	1
7	Please Select C		le 2 <b>1</b> #6	Occupants	Non-Motorist A	у Туре	15 Action	16	Locatio	n	17 <sub>C</sub>	ndition	18	Ø	Hit/Run	Moped	1
<sup>7</sup> 1	of the Followi	ng:		_		L						L					$\mathbf{I}$
	Sex Lic.	19	St 19 Lic. Rest	_ DOB/Age_	20 CDL	<del>-</del>	unknowi (ear				_				Γ	21	1
	Operator Un		Lic. Resi		Endorsement		ar		ACIT 141	are				ven	Conng.		
81	Address	Last	Fis	st	Middle		ess	Last			Fits	ı		M	iddle		
	City		State	Zip		_ City_						State_	2	Zip			1 14
	Insurance Comp	eany			<u></u>	Vehic	le Action Prior to	Crash		99	22		ed Area	Code:		27 27	
	Vehicle Travel D	Direction: N S	EW	Responding to	Emergency?	Even	Sequence 2	23	23	23	23	Test St			1 <sup>28</sup>		
<sup>9</sup> 2	Citation # (If Iss	sued)				Most	Hannful Event	2	24			Type o	est Res	ult:	30		
	Viol. 1: Ch/Sec/	Sub ———	Vio	il. 2: Ch/Sec/S	ub ———	Drive	r Contributing Co	ode	22	25	25		Alcohol:			g 99 <sup>32</sup>	
	Viol. 3: Ch/Sec/	Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub				Drive	r Distracted by	99	26				from so		2 33		]
	Ple Name (Last First M	-	erator/non-m	otorist and all	occupants involve	:d	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Tra Code Cod	ո հա <u>յ</u> ալայ	40 Transp. Code	Medical	Facility	
	Operate	or/Non-Mo	otorist		See Above		><	X	1	99	4 (	0	10	1			
							<u> </u>										1

	Direction 1	= Vehicle 1	z = Vehicle 2	♀ P¢destrian	OO = Bicycle	
Crash Diagram:	ie: → 1	<u></u> →□	<u> </u>	<u>·</u> X →	> 060 	
					If Crash <u>Did N</u> on a Public Wa	
					Off-Street Parking	g Lot
					☐ Garage	
MARKE	т				Mall/Shopping Co	enter
BASKE LOT	Γ		<b>V</b> 1		Other Private Wa	,
	V2 <b>(</b>					
					Indicate North	by Arrow
Crash Narrative:						
Sir on January 24,2023,	I (Officer Ma	cGilvray) v	vas assigned	to s2 in max	ked unit 37 durin	9
the 4-12 tour. At said	time I was dis	patched to	the Market B	asket Lot or	a report of a	
past hit and run crash.	On location I	spoke to t	the operator	of V1 who st	ated an unknown	
person struck his vehic	le and left th	e lot. Surv	veillance vid	eo from Mark	et Basket was not	
able to capture the veh	icle in questi	on. Damage	on V1 showed	front bumpe	er and drivers sid	a
damage.						
		······································				
Witnesses:		Larr			Phone #	64-44
Name (Last, First, Middle)		Address		1	rnone #	Statement
Property Damage:		<b></b>				
Owner (Last, First, Middle)	Address		Phone #	41-Type Descri	ption of Damaged Property	
					v	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)	r**	
Carrier Name	······································	<del>** *** * ** * * * * * * * * * * * * * </del>			Bus Use	42
Address			City		St Zip	·
US DOT #:	State Number		Issuing State	MC/MX/ICC#:		
Interstate 43 Cargo Body T	ype Code 44	GVWR/GCWR	45			
Trailer Reg #:	·	Dag State	Reg Vest	T 0 1	46	
	Keg Type	Reg State	reg teat	Framer Leng	gui	
Hazmat Information: 47	48				Г	49
Placard Material 1 digit #	Material Nam	e		_Material 4 digit #	Release code	
Patrol Officer Paul Mac						1/24/2023
Police Officer Name (Please Print)	Signature		ID/Badge# Dep	artment	Precinct/Barracks Da	ite

	Police Use Only	Comm	onwealth o	of Massa	chu	setts	<b>;</b>		RM	V Docu	ıment Number					
	Date of Crash   Time of Crash   01/25/2023   <b>0812</b>   <b>Wil</b>	City/Town ]	Motor Veh	icle Cras	sh [	Number Vehicles		1 lober	d Limit.	30	State Police Local Police MBTA Police					
	24HR	ming con	Police I	Report		2	0	Lann	itude		Campus Polic					
	AT INTERSECT	ION:	< LOCA	ΓION >	>		NOT	AT IN	TER	SEC	TION:					
					2	355	MTI	DLE	e pv	78.57	ПEP		1 10			
[ <del>]</del>	Route# Direction	Name of Roadway/Stree		Route# Directi		ddress #	PILI				ay/Street					
11		Aŧ		Feet	N S E	Wof		<b>.</b> (		or						
	Route# Direction Na	me of Intersecting Roadway	//Street				Mile	Marker		·	Exit Numbe	)T	2 11			
		Also at Intersection with	ı		N S E		Route#	<u></u>	Interse	ecting F	Roadway/Street					
<sup>2</sup> <b>2</b>	Route# Direction Na	me of Intersecting Roadway	//Street	Feet F	N S E	W of	***************************************			_	*					
_	Please Select One Vivilia 12	<b>"</b> 0	<u></u>					` =		ndmark						
3	of the Following: Vehicle 12	#Occupants Hit/Ru	ın Moped	Crash Re	eport ID	* <b>Z</b> 3	-2:	) – A	IC .							
	License # NHL10118220 St N	<b>NH</b> DOB/Age	Reg#	Reg # 4703642 Reg Type PC Reg State NH												
	Sex M Lic. Class B 19 Lic.	Veh Y	ear <u>2023</u>	Vel	Make 1	OYO	'A		_ Veh	Config. 1	21					
4	Operator MACAULAY, AAR		r <b>MACAUL</b>	AY,	AARC	N J	SON		Mi	ddle						
<sup>4</sup> 1	Address 121 CLUFF XINC	RD APT 7	Addre	ss 121 CL	UFF	XIN	G RD	AP	<u>T 7</u>	<u></u>						
	City <b>SALEM</b> Stat	e <b>NH</b> Zip <b>03079</b>	City _	SALEM				State N								
	Insurance Company <b>GEICO INS</b>	URANCE	Vehicl	le Action Prior to	Crash	2	22			Code:	6 <sup>27</sup> 5 <sup>27</sup>	27				
5	Vehicle Travel Direction: NSWW	Responding to Emergen	ncy? 2 Event	Sequence 1 2	23 23	23	23	Test Sta Type of			29					
	Citation # (If Issued)	AANDANIAA	Most :	Hannful Event	1 <sup>2</sup>	4		BAC Te		ılt:	30		<u></u>			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Coo	de <b>1</b>	25	25	Susp. A	lcohol:			32	1 13			
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol, 4: Ch/Sec/Sub	Drive	Distracted by	0 ²	6		Towed f	from sc	ene?	1 33					
1	Please fill out for oper Name (Last First Middle)	rator and all occupants invol	ved	DOB/Age	5	34 3.5 Seat Safety Pos. System	Airosg E	37 38 ject Trap ode Code	39 Injury Status	40 Transp. Code	Modical Faci	lity				
	Operator	See .	Above			1 1	4 0	0	10	1						
:					F 4	4	4 0	0	10	1			į			
													ĺ			
	Please Select One Name 2	I In		15	16		17	<u></u>	18	╠			İ			
<sup>7</sup> 1	of the Following: Vehicle 24	#Occupants Non-M	Iotorist A Type	Action	Loc	ation		ndition		<u> </u>		/loped				
	10 10	DOB/Age	_	3TLE74			-	уре <u>РС</u>		Re	eg State MA	21				
	Sex M Lic. Class D Lic. 1	Restrictions CDL Endo	orsement			Make <b>E</b>				Veh	Config. 1	_				
<sup>8</sup> 1	Operator MCCAULEY, BRI	First A	⁄liddle	- MCCAULI	ast		First			Mis	ddle	—				
_	Address 31 SALEM ST	201007		ss 31 SAL		ST							<b>1</b> 4			
	-	e MA Zip 01887	-	VILMINGT			22	State <b>M</b> Damage				27				
	Insurance Company THE COMME	Responding to Emergen		e Action Prior to 0	Crash 3 23	23	23	Test Sta		Couc.	2 28 1 28					
	Vehicle Travel Direction: NSWW	•	Event Sequence 1 Type of Test: 29													
<sup>9</sup> 2	Citation # (If Issued)		l	<u>, , , , , , , , , , , , , , , , , , , </u>		2 <sup>25</sup>	BAC Te	-		1 30						
	Viol. 1: Ch/Sec/Sub		Contributing Cod		<del>_</del>	2	Susp. A			Susp. Drug 2	32					
-	Viol. 3: Ch/Sec/Sub ————————————————————————————————————		Distracted by	<del></del>	34 35		Towed f	39	40	1 ]						
	Name (Last First Middle)	Idress	DOB/Age	s	Seat Safety System	Airbag E	ode Code	Injury Status	Transp. Code	Medical Facil	ity					
	Operator/Non-Motoris	Above	><	X	1 1	4 0	0	10	1							
	, ,,,,,															
								1				$\overline{}$				

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 🚳 :	= Bicycle	
Crash Diagram:	ie: ->[	ı →[	2	<b>→</b> 🖁	→ №		
355 Middlesex Ave			nce to 355 esex Ave	353 Midd	llesex Ave	If Crash <u>Did Not</u> on a Public Way	
		<del></del>				Off-Street Parking L	ot
						☐ Garage	
		Car waiting to				■ Mall/Shopping Cent	ar .
(ASSOLD)		turn left	Mid	dlanov Ava 14/ile	nington	55=25	
⇒ 12				dlesex Ave Wilr Westbound = ⇔Eastbound	- 1	Other Private Way	
	,					Indicate North by	Arrow
				1			
			nce to the		10	$(\leftarrow)$	
Whitefield Field		White	field Field	1	10		
Crash Narrative:							
ON 1/25/23 I RESPONDE	D TO A 2 CAR C	RASH. THERE	WERE NO I	NJURIES AND	ALL INVO	DLVED WERE	
WEARING SEATBELTS. IT	WAS REPORTED	BY OPERATOR	OF VEH 1	THAT HE WAS	STOPPED	FOR A CAR THAT	
WAS IN FRONT OF HIM W	HICH WAS WAITI	NG TO TURN	LEFT INTO	THE LOT OF	355 MIDDI	LESEX. HE	
STATED THAT VEH 2 REA	R ENDED HIM. V	EH 2 OPERAT	OR REPORTE	D THAT HE W	AS TRAVE	LING STRAIGHT	
AND WAS UNABLE TO STO	P IN TIME. HE	REPORTED A	POSSIBLE M	ECHANICAL I	SSUE WITH	H HIS TIE ROD	
AS THE CAUSE FOR NOT	BEING ABLE TO	AVOID THE C	RASH. VEH	1 HAD TODDL	ER PASSEN	IGER WHO WAS IN	
THE PROPER CAR SEAT (	NO INJURIES).V	EH 1 HAD DAI	MAGE TO TH	E REAR BUMP	ER, TRUCE	, REAR DRIVERS	
QUARTER PANEL AND POS	SIBLY EXHAUST.	VEH 2 HAD I	DAMAGE TO	HOOD, FRONT	PASSENGE	ER HEADLIGHT,	
FRONT PASSENGER QUART	ER PANEL AND F	RONT BUMPER	. BOTH VEH	ICLES WERE	DRIVABLE	AND VEH 2 WAS	
DRIVEN TO NEARBY GARA	GE.						
Witnesses:		Lane			l ni		T 64 4 1
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of	Damaged Property	
Truck and Bus Informatio	Registration #		(Fro	om Vehicle Section)		1000	42
Carrier Name						Bus Use	
Address			City		5	St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Ye	arTra	iler Length	46	
Hazmat Information:			0-2000				
Placard 47 Material 1 digi	t # 48 Material 1	Name		Material 4 di	git #	Release code	49
						<u></u>	

Department

01/25/2023 Date















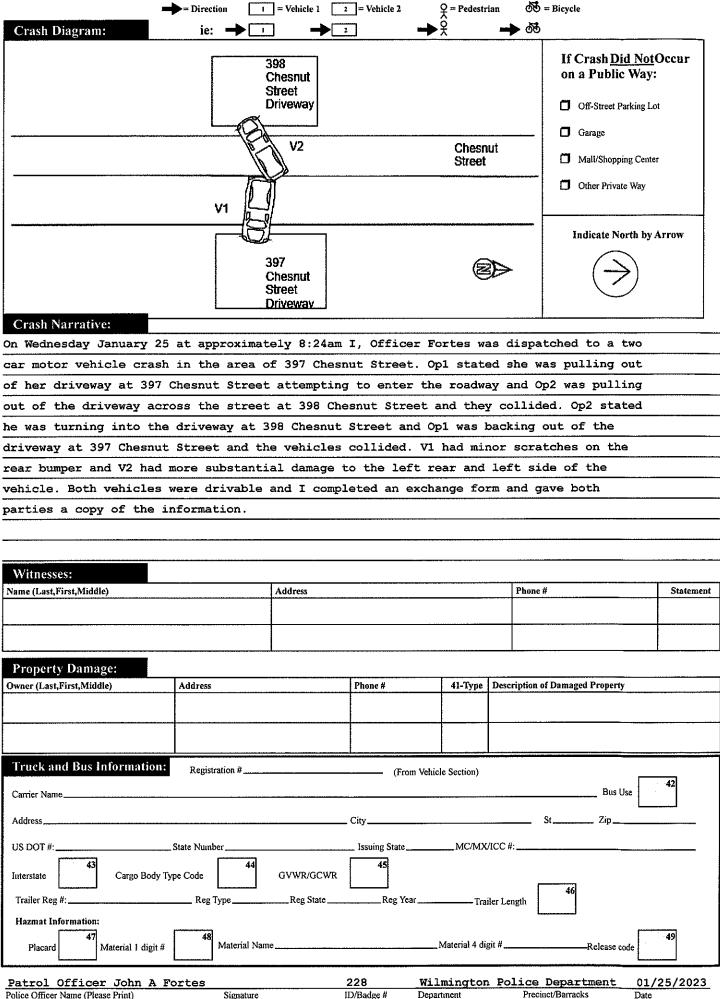








	Pol	ice Use Only		Com	monweal	lth o	f Massa	echu	setts	5		RMV	Docum	nent Number				
	Date of Crash	Time of Crash		City/Town	Motor '	Vehi	icle Cra	sh	Number		ISPECE	Limit_	25	State Police Local Police	0800			
	01/25/2023	0823 24HR	Wilmi	ington	Poli	ice F	Report		2	Injur O	Latitu Longi			MBTA Police Campus Police Other:	-8			
		AT INTERS	SECTIO	N:	< L	OCA'	ΓION :	>		NOT	AT IN	ΓERS	ECT	ION:		L		
									^=	<b>611</b>		· · · ·				2 10		
<u> </u>	Route# Direc	ction	1	Name of Roadway/	Street		Route# Direct		<b>97</b> ddress #	СН	ESTNI Na	me of R	<b>T</b> oadway	y/Street		 		
<sup>1</sup> <b>1</b>				At			Feet	N S E	Wof			<del></del> .	OF			: i		
	Route# Direc	ction	Name	of Intersecting Road	dway/Street					Mil	e Marker		01	Exit Number		<b>7</b> 11		
				Also at Intersection	. with			N S E		Route	<del>-</del>	Intersect	ting Ro	adway/Street	-			
<sup>2</sup> 1	Route# Direc		Name	of Intersecting Road	dway/Street		Feet	N S E	W of							i		
<u> </u>													imark		-	!		
3	Please Select C of the Followi		11#	Occupants H	it/Run Me	oped	Crash R	eport ID	#23	-3	0-A	C						
	License #_S2	2915102		_ DOB/Age		Reg # <b>2BA177</b> Reg Type <b>PC</b> Reg State <b>MA</b>												
	Sex_F Lic.	Class D M	Lic. Res	trictions 99 20	CDL Endorsement	Veh Ye	ear <u>2015</u>	Veł	Make_	HEV	ROLE	<u> </u>	Veh C	Config. 1	] [			
[ <del></del>	Operator <b>VA</b>	REY, CHE	RYL		Middle	Owne	r VAREY,	CHE	RYL	MAR	IE		Middl	le				
<sup>4</sup> <b>1</b>	Address <u>397</u>	CHESTN																
	City WILM	INGTON	State 1	1A Zip 0188	37-3360	City 💃	VILMING.	ron					_	887-336	- 1			
	Insurance Comp	any <b>OUINCY</b>	MUTU	JAL FIRE	INSURA	Vehic	e Action Prior to		10	22	Damage		ode: 5	27 27	27			
5	Vehicle Travel D	Direction: N S	Xw	Responding to Em	ergency? 2	Event	Sequence 1	23 23	<u> </u>	23	Test Stat		1	9 <sup>29</sup>				
<u></u>	Citation # (If Iss	ued)	····		Most Harmful Event BAC Test Result:										ļ	13		
	Viol. 1: Ch/Sec/	Sub ————	Vio	ol. 2: Ch/Sec/Sub —	h/Sec/Sub Driver Contributing Code 19 25 Susp. Alcohol: 2 31 Susp. Drug										32	<b>1</b> 13		
<sup>6</sup> 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub —		Driver	Distracted by	0 2	<u>」</u>	1 1	Towed f			33				
<u> </u>	Name (Last First M		for operator	r and all occupants i	involved Address		DOB/Age	5	14 35 cat Safety os. Systen		37 38 Eject Trap Code Code		ransp. Code	Medical Facility				
	Operate	o <b>r</b>			See Above		><	X	L o	4	0	10 1	·					
													$\neg$					
					<del></del>	<del></del>								·	$\dashv$			
	Please Select (	)ne 57	<b>4</b> "				15	16	╌╴	17		18						
<sup>7</sup> <b>1</b>	of the Followi		2.17	Occupants No	on-Motorist A Ty	ре	Action	Loc	ation	C	ondition		Hi	it/Run 🔲 Mo	ped			
	License # SA	10 14	_	DOB/Age	<u>.</u>	_	<u>AV15553</u>				Туре <u>РС</u>		Reg	State CT	1			
	Sex M Lic. (	Class 99	Lic. Res	trictions	CDL Endorsement		ear 2011						Veh C	Config. 1	ן נ			
<sup>8</sup> 2	=	Last	Fi	CARLOS HE	ENRIQUE Middle		CARFAS	ast		Fin	LC		Middl	le	-			
2		4 SARATO					ss 434 CO		ISS .	AVE					_	_ 14		
				IA Zip 0212			VATERBUI		<u> </u>	22		_		708-415	27	1		
	,	-		NCE GROU			e Action Prior to		23	Щ,	Test Stat		oge: 6	27 7 27 28	<u> </u>			
		Vehicle Travel Direction: NSEX Responding to Emergency? 2						Event Sequence 1 2 2 2 2 Type of Test: 99 29										
<sup>9</sup> 2	Citation # (If Issued) 778903AB						BAC Test Result: 1 30								,			
	Viol. 1: Ch/Sec/Sub 90 1.0 Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Contributing Co		<u> </u>		Susp. Al	<u></u>		Susp. Drug 2	32			
ľ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————					Driver	Distracted by	U	4 35	36	Towed fi	39	40					
	Name (Lust First M	iddle)		I COLOR MINI ME OCCU	Address		DOB/Age	Sex P	sat Safety os. System	Airbag	Eject Trap Code Code	Injury : T	ransp. Code	Medical Facility				
	Operate	Operator/Non-Motorist See Above						X	0	4 (	0	10 1	-	<del>-</del>				



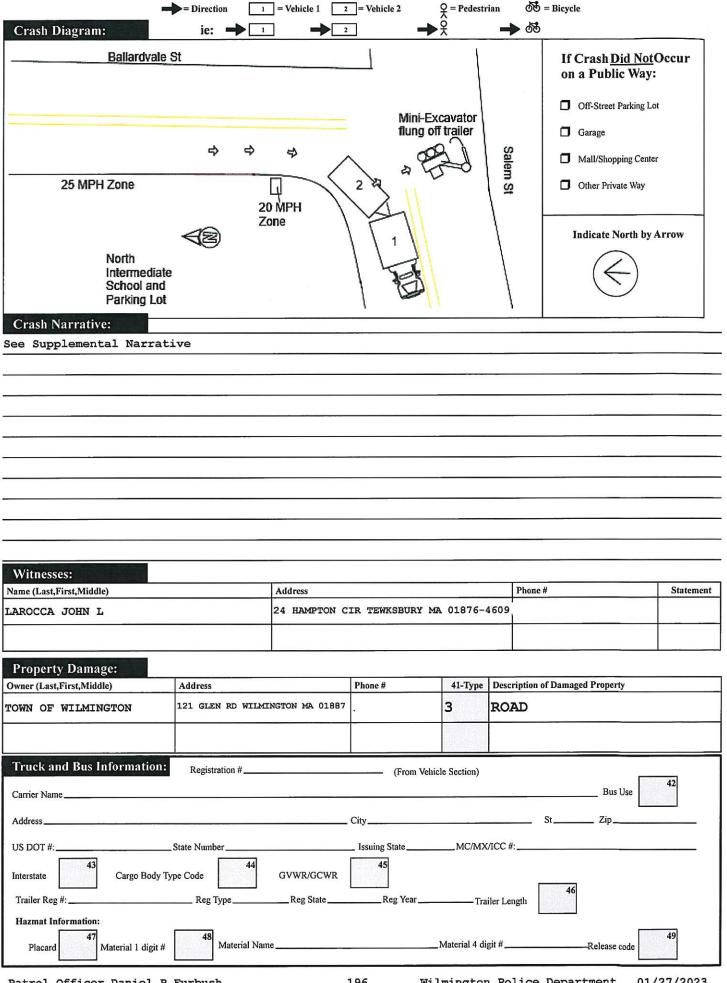
Police Officer Name (Please Print)

Sienature





License # St DOB/Age Reg # D34730 Reg Type TR Reg State MA  Sex Lic. Class 19 19 19 Lic. Restrictions 20 CDL Endorsement  Operator Driverless M.V.  Operator Driverless M.V.  City State Zip City State Zip Damaged Area Code: 8 27 7 27 27  Vehicle Travel Direction: NXE W Responding to Emergency? 2 Event Sequence 35 23 43 23 23 23 23 Test Status: 28  Citation # (If Issued) Most Harmful Event 43 24  Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub Flease fill out for operator/non-motorist and all occupants involved Sate Sufey Airbeg Egica Top pigy Transp.	ſ	Pol	ice Use Only		Com	monwea	alth c	of Mass	ach	use	etts				RM	V Doc	ument N	Number	
AT INTERSECTION:    Control   Contro				''''			sh							2(	ـــا Loca	Police I al Police I TA Police I			
Routed Direction Name of Readmay/Street  Routed Direction Name of Readmay/Street  Routed Direction Name of Readmay/Street  Routed Direction Name of Intersecting Readmay/Street  Also at Intersection with Feet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Reader Intersecting Readmay/Street  Peet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Cash Report IDs 23 - 31 - AC  Read Reader Direction Name of Readmay/Street  Peet NISEW of Mile Marker or Each Intersecting Readmay/Street  Peet NISEW of Mile Marker or Each Intersection Readmay/Street  Peet NISEW of Mile Marker or Each Intersection Readmay/Street  Peet NISEW or Mile Marker or Each Intersection Readmay/Street  Peet NISEW or Mile Marker or Each Intersection Readmay/Street  Peet NISEW or Mile Marker or Each Intersection Readmay/Street  Peet NISEW or Mile Marker or Each Intersection Readmay/Street  Peet NISEW or Mile Marker or Each Intersection Readmay/Street  Peet NISEW or Mile Marker or Each Intersection Readmay/Street  Read NISEW or Marker Intersection Name or				4	9	<u></u>				2		0					Cam	pus Police 🔲	
Roads Direction Name of Readway/Street  Roads Direction Name of Intersecting Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Roads Direction Name of Roadway/Street  Road Name of Roadway/Street  Roads Direction Name of Roadway/Street  Road Name of Roadway/Street  Roads Direction Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of Roadway/Street  Road Name of R	ŀ		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO'	T A T	IN.	TER	SEC	TION	l:	1_
Reads Direction Name of Readways/Street  Reads Direction Name of Readways/Street  After at Intersecting Readways/Street  After at Intersecting Readways/Street  After at Intersecting Readways/Street  After at Intersecting Readways/Street  Reads Direction Name of Intersecting Readways/Street  After at Intersecting Readways/Street  Feet IN S E W of Model Intersecting Readways/Street  Feet IN S E W of Readways Readways/Street  Intersecting Readways/Street  Intersection with Intersecting Readways/Street  Intersection Will Explain Intersecting Readways/Street  Readways/Street  Intersection Will Explain Intersecting Readways/Street  Intersection Will Explain Intersecting Readways/Street  Intersection Will Explain Intersecting Readways/Street  Intersection Will Explain Intersecting Readways/Street  Intersection Will Explain Intersecting Readways/Street  Intersection Will Explain Intersecting Readways/Street  Intersection Will Explain Intersecting Readways/Street  Intersection Will Explain Intersecting Readways/Street  Intersection Will Explain Intersecting Readways/Street  Intersection Will Explain Intersecting Readways/Street  Intersection Will Explain Intersection Intersection Intersection Will Explain Intersecting Readways/Street  Intersection Will Ex										32	n	SZ	ΔТ.Б	M S	द्रम				2 1
Routed Direction Name of Intersecting Readway/Street  Also at Intersection with  Routed Direction  Name of Intersecting Readway/Street  Feet NS E N of Revers Intersecting Readway/Street  Pleans Select One of The Interventing Readway/Street  I Routed Direction  Name of Intersecting Readway/Street  Pleans Select One of the Interventing Readway/Street  I Address Select One of the Interventing Readway/Street  I Leadmark  Leadmark  Pleans Select One of the Interventing Readway/Street  I Leadmark  I Leadmark  Read Name of Intersecting Readway/Street  Leadmark  Leadm		Route# Direc	ction			Street		Route# Direc	tion							Roadv	vay/Stree	et	
Route   Direction   Name of Intersecting Readway/Street   Also at Intersecting Readway/Street   1	1				At			Feet	N S	EW	of			_ •		or _			
Routed   Direction   Name of Intersecting Roadway/Street   Name of Intersecting Roadway/Street   Landmark		Route# Direc	ction	Name	of Intersecting Road	dway/Street						М	ile Ma	rker			Exit	Number	T
Rester   Direction   Name of Intersecting Roadway/Street   Landmurk   Landmurk					Also at Intersection	with						Rout	e#		Interse	ecting l	Roadway	y/Street	<u> </u>
Tens Sect On   State   12		Route# Direc		Name	of Intersecting Road	dway/Street		Feet	N S	EW	of								_
License # SB2470481   St MA   DOBAge   Reg # M29899   Reg Type CO   Reg State MA   Technology	_	Diagon Calant	A					<u> </u>								ndınar	<u>k</u>		-
Sex M. Lie. Class   19   19   Lie. Restrictions   20   CDL				le L <b>2</b> #	Occupants Hi	t/Run	Moped	Crash I	Report	ID#	23	-3	31.	-A	.C				
Sex   Martine   Lie. Class	$\dashv$	License # <b>S8</b>		_	DOB/Age		Reg#	W29899				Re	д Туре	CO	,	R	eg State		}
Operator MAYO. MICHAEL FRANCIS    Malle   Maddess   Address   Addr		Sex M Lic.	Class A	Lic. Res	strictions <b>B</b>		Veh Y	ear <u>2021</u>		Veh M	ake <b>E</b>	ORI				Veh	Config.	6 21	
Address   FARM ST	_	Operator <b>MA</b>	YO, MIC	HAEL F	FRANCIS		Owne	MT MAY	0 (	COR	POR	AT.	ION				iddla		
Insurance Company CONTINENTAL CASUALTY COMP   Vehicle Travel Direction:   N   E   W   Responding to Emergency? 2   Event Sequence   97   23   23   23   23   23   23   23   2					Addre	ss <b>27 BE</b>	\R	HII	L	RD				IVI					
Vehicle Travel Direction:   N   E   W   Responding to Emergency?   Event Sequence   Sq. 23   23   23   23   23   23   23   23		City WAKE	FIELD	0-3501	ئه City	STONEHA	M				Sta	te <b>M</b>	<b>A</b> 2	Zip_ <b>O</b>	2180	-1074			
Vehicle Travel Direction:   NXE   W   Responding to Emergency   2   Event Sequence   37   23   24   25   25   25   25   25   25   25	ŀ	Insurance Comp	any CONTIN	Y COMP	Vehicl	le Action Prior to	Crash	ı	1	22				Code:	<u> </u>	27 27			
Citation # (If Issued) 782295AB		Vehicle Travel D	<del> </del>					Sequence 97	23	23	23	23					<u> </u>		
Viol. 1: CN/Sec/Sub 90 16   Viol. 2: Ch/Sec/Sub 90 9   Driver Contributing Code 19 25   2 25   Susp. Alcohol: 1 3   Susp. Drus 2 32   40		Citation # (If Iss	ion # (If Issued) 782295AB					Harmful Event	97				-	-		ult:	100		
Viol. 3: Clv/Sec/Sub		Viol. 1: Ch/Sec/						Contributing Co	ode	19	<sup>25</sup> 2	25	1				_	Drug 2 32	40 <sup>1</sup>
Name (Last First Model)   Non-Motorist A   Type   See Above   Non-Motorist A   Type   No		Viol, 3: Ch/Sec/S					Driver	Distracted by	99	26			To	wed fi	rom sc	ene?	2 33		
Operator   See Above     1	1	Marrie (Luct Fire) M	Please fill out for operator and all occupants invol-					DOR/A co	Sau	Seat	Salety	Airbag	Eject	Trap	lojury	Transp.		adical Panility	
Picase Solect One of the Following:   Vehicle 20	f		<del>-</del>						$\nabla$	1			<b></b>		<b>†</b>	†		anean a nearry	
Please Select One of the Following: Vehicle 20 #Occupants Non-Motorist A Type Is Action I6 Location I7 Condition I8 Hit/Run Moped  License # St DOB/Age Reg #D34730 Reg Type TR Reg State MA  Sex Lic. Class I9 19 Lic. Restrictions 20 CDL Endorsement  Operator Driverless M.V.  Operator Driverless M.V.  Address Address Address Address State Zip City State Zip State Zip State Stat	r	MATTHEW MAY	ro						м	3	1	4	0	0	10	1			
Condition   Cond	F													-					
Condition   Cond	-								-										-
Operator Driverless M.V.  City State Zip City State Zip City State Zip City State Zip Damaged Area Code: 8 27 7 27 27 Vehicle Travel Direction: NXEW Responding to Emergency? 2 Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 3 33  Please fill out for operator/non-motorist and all occupants involved Sate Safes MA  Type Action Location Condition Hit/Run Moped  Reg # D34730 Reg Type TR Reg State MA  Veh Config. 97 21  Veh Year 1988 Veh Make Veh Config. 97 21  Owner MT MAYO CORPORATION  City State Zip State Zip Damaged Area Code: 8 27 7 27 27  Type of Test: 29  Most Harmful Event 43 24  BAC Test Result: 30  Susp. Drug 32  Towed from scene? 3 33  Please fill out for operator/non-motorist and all occupants involved								15	16			15	<u> </u>	<u> </u>	10				-
SexLic. Class 19 19 Lic. Restrictions 20 CDLEndorsement  Operator Driverless M.V.  Operator Driverless M.V.  Address	3			e 2 <b>0</b> #	Occupants No	n-Motorist A	Туре	Action	16 I	Locatio	n	(	Condit	ion	18		Hit/Run	Moped	
SexLic. Class   Lic. Restrictions   CDL	[	License #		St	_ DOB/Age		Reg#	D34730				Re	д Туре	TR		R	eg State		
Owner MT MAYO CORPORATION  Last First Middle  Address  City State Zip City Company CONTINENTAL CASUALTY COMP  Vehicle Travel Direction: NXE W Responding to Emergency? 2  Citation # (If Issued) Driver Contributing Code  Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by  Please fill out for operator/non-motorist and all occupants involved  Owner MT MAYO CORPORATION  First Middle  Address  City State Zip Damaged Area Code: 8 27 7 27 27  Test Status: 28  Type of Test: 29  Susp. Alcohol: 31 Susp. Drug: 32  Towed from scene? 3 33  Please fill out for operator/non-motorist and all occupants involved  Owner MT MAYO CORPORATION  First Middle  Address  Last First Middle  Address  1 22  Damaged Area Code: 8 27 7 27 27  Test Status: 28  Type of Test: 30  Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub Towed from scene? 3 33  Please fill out for operator/non-motorist and all occupants involved		Sex Lic. 0	Class 19 1	Lic. Res	trictions	CDL	Veh Ye	ear <b>1988</b>		Veh Ma	ke					Veh	Config.	97 21	
Address	·	Operator <b>Dr</b>	iverles	s M.V			Owne	MT MAY	<u>O</u> (	OR	POR					M	dille		
City State Zip City State Zip Damaged Area Code: 8 27 7 27 27  Vehicle Travel Direction: N E W Responding to Emergency? 2 Event Sequence 35 23 43 23 23 23 Test Status: 28  Type of Test: 29  Most Harmful Event 43 24  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Seat Safety Airbag Eject Trap Injury Transp.	1 I						Addre	ss	1.4101										
Vehicle Travel Direction: N E W Responding to Emergency? 2 Event Sequence 3 23 43 23 23 Test Status: Type of Test: 29  Most Harmful Event 43 24 BAC Test Result: 30  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Susp. Back Test Result: 30  Please fill out for operator/non-motorist and all occupants involved 34 35 36 37 38 39 40 15 15 15 15 15 15 15 15 15 15 15 15 15	](	City		State	Zip		City_									-			1 '
Vehicle Travel Direction: N E W Responding to Emergency? Event Sequence 35 23 43 23 23 23 Type of Test: 29  Most Harmful Event 43 24 Type of Test: 30  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 3 33  Please fill out for operator/non-motorist and all occupants involved 34 35 Safety Airbag Eject Trap Injury Transp.	1	Insurance Comp	any <b>CONTIN</b>	VENTAI	CASUALT	Y COMP	Vehicl	e Action Prior to	Crash		1	22				Code:		27 27	
Citation # (If Issued)		Vehicle Travel D	irection: N	EW	Responding to Eme	ergency? 2	Event	Sequence 35	<sup>23</sup> 43	23	23	23							
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 26 Towed from scene? 3 33  Please fill out for operator/non-motorist and all occupants involved 34 Safety Airbag Eject Trap Injury Transp.	<b>,</b>						Most l	Harmful Event	43				B/	•		ılt:			
Please fill out for operator/non-motorist and all occupants involved    Sect   Safety   Airbag   Eject   Trop   Injury   Transp.		/iol. 1: Ch/Sec/Sub ————Viol. 2: Ch/Sec/Sub ————					Driver	Contributing Co	de	Ц,	25	25	Su	sp. Ale	cohol:	31	Susp.	Drug: 32	
Seat Safety Airbag Eject Trap Injury Transp.	Į,						. Driver	Distracted by									3 33		
isanic (cast rist soluta) Acores ( DODAGE   Sex   rist soluta   Code   Code   Saluta   Code   Medical racting			Please fill out for operator/non-motorist and all occupants involve Name (Last First Middle)  Address					DOB/Age	Sex			36 Airbag Status					Mo	dical Facility	
Operator/Non-Motorist See Above 1	Ī	Operato	Operator/Non-Motorist See Above					> <	X	1									
																		1	
	H														_				
	F														<u> </u>	ļ,	<u>.</u>		-



Patrol Officer Daniel P Furbush

196

Wilmington Police Department

01/27/2023

Department

#### Wilmington Police Department

Page: 1

#### NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 23-31-AC

The following is a brief summary of events that occured on 01/27/23 during a motor vehicle crash.

On Friday January 27, 2023, I, Officer Furbush was assigned uniformed patrol in marked cruiser 39, Traffic and Safety Unit, working the 7a-3p shift. At approximately 1245 hrs, I was dispatched to the area of 320/337 Salem St for a report of a crash. Dispatch reported that an excavator tipped over and was now laying in the roadway. There were no reported injuries. Officer Fiore (Car S-1/ Traffic and Safety) also responded.

Upon arrival, I observed a yellow Caterpillar 306CR on its side in front of 337 Salem St. There was a trailer (Veh 2) sitting in the driveway to the North Intermediate School (320 Salem St). There was a dump truck (Veh 1) backed up to the excavator with a chain attached and the operator and passenger were trying to flip the excavator. The excavator was on its side and had suffered heavy damage. The operator of the truck was Mr. Michael Mayo of Wakefield. His passenger was Mr. Matthew Mayo of Stoneham. Both are owners of the vehicles/equipment involved and both are owners of MT Mayo Corporation listed out Woburn but based out of 71 Alexander Rd Billerica.

Michael reported he driving the 2021 Ford F750 Dump truck with Ma commercial tags W29899 (Veh 1) and was traveling on Ballardvale St towards Salem St. When he came up to the bend, which the Ballardvale St turns into Salem St, the excavator rolled off the 1988 black TR utility trailer with Ma trailer tags D34730 (Veh 2). Michael reported that the excavator was properly chained to the trailer but he was not sure how the excavator fell off the trailer. I observed several small gouges in the pavement. I also observed a large deep gouge. These gouges were in the same lane as the direction the truck and trailer were traveling (see photos). The trailer (Veh 2) had some damage especially near the tie down areas like the area gave a little from the force of the excavator being pulled from the trailer. The Truck had damage at the trailer hitch. The top part of the hitch was broken and bent in the same direction showing the trailer leaned hard to the left on the bend.

Based on the damage to the trailer and the trailer hitch of the truck adding the fact that the excavator was thrown to the left, it was clear the truck was traveling way to fast (over the speed limit) which caused the accident when the truck and trailer entered the bend. Based on evidence from damage to the equipment and the road, it is clear that the vehicle was traveling at least 10 mph over the posted speed limit. I estimated speed at 35+ MPH in a 25 MPH. The vehicle than entered a 20 MPH zone right before the bend. The truck entered the bend and the trailer lost control. The trailer leaned hard to the left digging into the roadway causing the damage to the road. At the same time, the chains, still attached to the trailer, started to pull hard on the trailer causing the damage I observed. This was supported by the top part of the trailer hitch bending and actually snapping left as the trailer was leaning to the left. Finally the chains gave away and the excavator was thrown from the trailer.

Michael did not deny going faster than the posted limit. He also did not deny passing a no truck sign meaning he was not supposed to be on that road. He just told me that he was trying to get to his shop. The RMV showed the trailer was expired. Cains Towing was notified and towed the trailer. Matthew and Michael was able to right the excavator and a private tow was called. Wilmington Department of Public Works was notified and the Highway Division sent a crew for clean up. They also filled the gouges in with hot top. Massachusetts State Police truck team was contacted but were unable to respond due to call volume. Michael was issued Massachusetts Uniformed Citation 782295AB for speed, unregistered motor vehicle and for restricted way.

On Monday January 30, 2023, Mr. John Larocca came into the lobby of the Police Station requesting to speak with any of the involved officers who booked the crash. John reported that he was traveling on Salem St at the same time as the crash. He stated he was at the end traveling to opposite direction of the truck and trailer.

### Wilmington Police Department

Page: 2

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

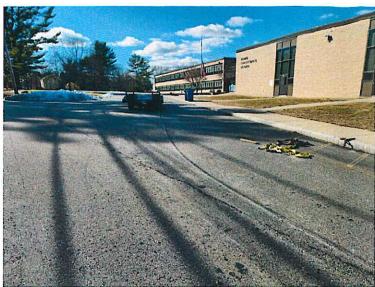
Ref: 23-31-AC

He stated he witnessed the truck traveling very fast for the area. He stated he believed the truck was going almost double the limit when the vehicle entered the 20 MPH zone. He stated he witnessed the truck take the bend too fast and witnessed the crash. He stated the excavator actually was thrown directly behind his vehicle missing it by only a few feet.

Respectfully submitted,

Officer Daniel Furbush, Badge #196 Wilmington Police Department









































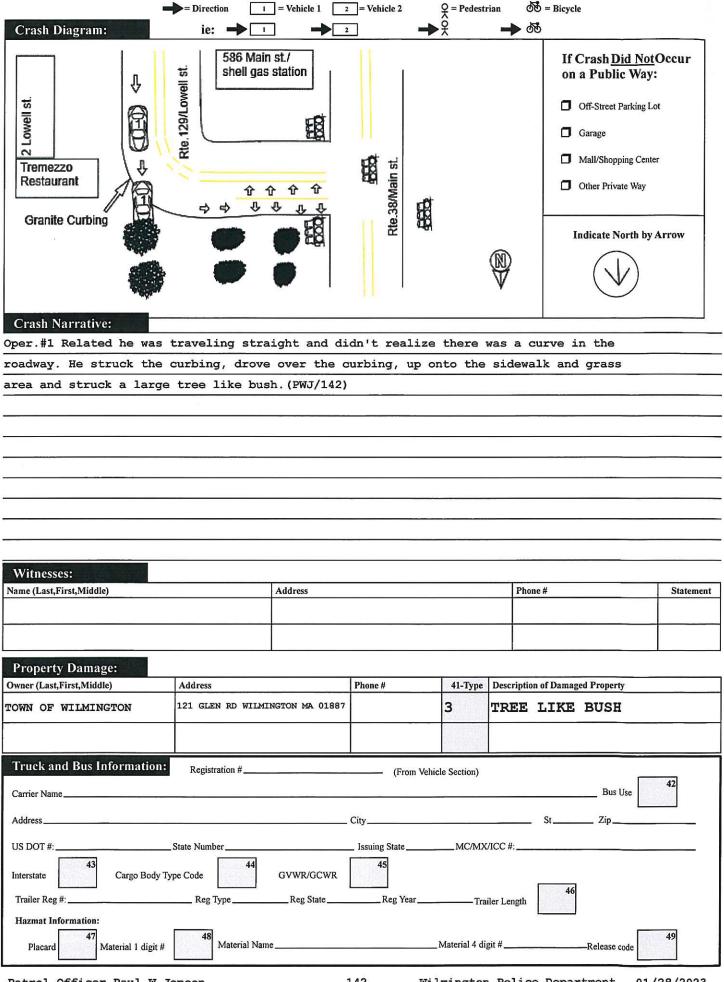
	Pol	lice Use Only	Com	monwealth	of Massa	chus	etts		RMV D	ocument Number	
	Date of Crash 01/27/2023	Time of Crash 2010 W:	City/Town ilmington	Motor Ve	hicle Cras	sh N			d Limit	State Police Local Police MBTA Police	1
	02/2//2023	24HR		<u></u>	Report	1	0	i	gitude	Campus Police Other:	
		AT INTERSE	CTION:	< LOC	ATION >		NO	T AT IN	TERSE	CTION:	_ 10
						2	D	ADANT	DR		2 "
<sup>1</sup> 4	Route# Dire	ection	Name of Roadway/	Street	Route# Direction	on Addi	ress #		lame of Roa	dway/Street	_
					Feet [	SEW		 Iile Marker	• — or	Exit Number	·
	Route# Dire	ction	Name of Intersecting Roa Also at Intersection	············	Feet I	N S E W		THE IMARKET		Latt 1 throot	1011
r <del></del>	<u> </u>				· i	N S E W	Rou	te#	Intersectin	g Roadway/Street	
<sup>2</sup> 1	Route# Dire	ction	Name of Intersecting Roa	1way/Street					Landm	ark	-
3	Please Select of the Followi		1#Occupants	it/Run Moped	Crash Re	port ID#	23-3	32 <i>-1</i>	/C		
	License # <u>S 9</u>	5805488	St MA DOB/Age	Re	g # 2WSX75		R	eg Type <b>P</b> (	3		12
	Sex M Lic.	Class 19 19 I	Lic. Restrictions 20	CDL Ve	h Year <b>2012</b>	Veh M	ake <b>TOY</b>	OTA	v	/eh Config. 21	1 "
4	Operator MO	RIARTY, C			vner MORIART	Y, C	ALEB	T First		Middle	.]
<sup>4</sup> 1		BEACON ST			dress 10 BEA		šT				
	<b>1</b>		State <b>MA</b> Zip <b>0218</b>		y STONEHAM		22		-	02180-1402 ie: 27 27 27 27	
	·		SIVE CASUALI		hicle Action Prior to C	I	11 <sup>22</sup> 23 23	Damag Test St	ed Area Coo atus:	1e: 7 27 27 27 27 27 28	
5	Vehicle Travel I				in sequence 1	1 24	23 23	Туре о	f Test:	99 29	
	•	sued)	Viol. 2: Ch/Sec/Sub _		ost Harmful Event iver Contributing Cod	<u> </u>	25 2	e-	est Result:	1 30	2 13
	Viol. 1: Ch/Sec/		— Viol. 2: Ch/Sec/Sub =		r	0 26			Alcohol: 2		
<sup>6</sup> 1	VIOL 3. CIPSCO		operator and all occupants			34 Scat	35 36 Safety Airba	37 38	39 40		4
	Name (Last First N  Operate	· · · · · · · · · · · · · · · · · · ·		Address See Above	DOB/Age	Sax Pos.	System Status	Code Cod	Status Co.		-
	Operation					\ <u>'</u>					-
											-
											-
	Dt				15	16	17		18		4
<sup>7</sup> 1	Please Select ( of the Followi		#Occupants	on-Motorist A Type	Action	Location	on 1	Condition		Hit/Run Moped	
	License #	19 19	DOB/Age	Re	g#		Re	eg Type		Reg State 21	
	Sex Lic.		Lic. Restrictions	CDL Vel Endorsement	Year	Veh M	ake		V	eh Config.	
<sup>8</sup> 1	Operator	Last	First	Middle	vnerla	st	1	First		Middle	
	Address		StateZip	,	y			State.	Zip		<b>1</b> 14
	Insurance Comp				hicle Action Prior to C		22		ed Area Cod	1 -1 -1	
	Vehicle Travel D	Direction: N S E	W Responding to Eme	ergency? Ev	ent Sequence 2:	3 23	23 23	Test Sta		28	
<sup>9</sup> 2	Citation # (If Iss	sued)	<del></del>	Мс	st Hannful Event	24		Type of BAC T	Test: est Result:	30	
2	Viol. 1: Ch/Sec/	Sub —	Dri	ver Contributing Cod		25 2	5		31 Susp. Drug 32		
		Sub ———		ver Distracted by	26	1	.,	from scene?			
	Ple Name (Last First M		r/non-motorist and all occu	pants involved Address	DOR/Age	Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trup Code Code	39 40 Injury Trans Status Cod	sp.	
	Operate	or/Non-Moto	rist	See Above		X 1					
											]
											1

	-	= Directio	on 1	= Vehicle 1	2 ≃ Vehicl	e 2	= Pedestri	an OO	= Bicycle	
Crash Diagrar	n:	ie:	<b>→</b>	] →	2	<b>→</b> રે		<b>→</b> %		
									If Crash <u>Did</u> on a Public	
									Off-Street Par	king Lot
Dadant									Garage	_
Drive									☐ Mall/Shopping	o Center
									Other Private	
									Ouler Private	way
									Indicate Nor	th hy Arrow
										\ \
		<b>V</b> 1				2 Dađa: Drive	nt	<b>₹</b>	$\subseteq$	
Crash Narrati	ve:						•			
On Friday Jan		)23 At	approxi	mately 8	:12pm I,	Officer	Fortes	was di	spatched to	2
Dadant Drive	for a repor	ct of a	parked	vehicle	struck w	ith dama	ge. Up	on arri	val I observ	ed
Opl exiting t	he residend	ce of 2	Dadant	Drive.	Op1 state	d he par	ked hi	s vehic	le outside 2	
Dadant Drive										
8:00pm he not										
of red plasti				ight or	other ref	lective	light	found or	n the ground	by
the drivers s	ide door or	the g	round.							
Witnesses: Name (Last, First, Midd	lle)			Address				Phone i	ш	Statem and
Name (Last, First, Mice	неј			Address				Phone	<del>!</del>	Statement
			······································							
				<u> </u>						
Property Dama		T 4 4 4			D #		41.75	D	6D	
Owner (Last,First,Mid	aie)	Address			Phone #		41-Type	Description o	f Damaged Property	
									·-	
Truck and Bus	Information:	Registra	tion#			(From Vehicle S	Section)			
Carrier Name		<del> </del>							Bus Use	: 42
Address		<u></u>			City				St Zip	
US DOT #:		State Number	Ť		Issuing S	tate	MC/MX/	ICC #:		
Interstate 43	Cargo Body Ty	pe Code	44	GVWR/GCW	/R 45					
Trailer Reg #:		Reg Ty	pe			g Year	Trail	er Length	46	
Hazmat Information				-			.,411	. 3		
Placard 47	Material 1 digit #	48 N	Aaterial Nam	e		Ma	terial 4 dig	ít #	Release cod	e 49
Patrol Office	er John A Fo	ortes			228	Wilmi	ingtor	Police	Department	01/27/2023
Police Officer Name (Ple			Signature		ID/Badge #	Departme			ict/Barracks	Date





	Pol	lice Use Only		Com	monwea	lth c	of Massa	ach	use	tts			RM	V Doc	ument Nu		
	Date of Crash 01/28/2023	Time of Crash			icle Cra	sh		mber hi <b>cle</b> s	Num Inju	Lope.	d Limit	20	State Po Local P MBTA	olice 🔼			
	01/25/2025	24HR	71 & 21114	.ngton			Report		1		0	Lon	gitude_		Campu Other:	s Police	
		AT INTERS	ECTIO	N:	< ,	LOCA	ΓΙΟΝ	>			NO	FAT IN	TER	SEC	TION:		10
							129 W		2		LC	WELI	, ST				2 10
<sup>I</sup> 4	Route# Dire	ction	ì	Name of Roadway/ At	Street		Route# Direc	tion	Addr	ess#		1	iame of	Roadw	vay/Street		•
4				Al			Feet	N S	E W	of			•	or _	F. a N	lumber	L
	Route# Dire	ction		of Intersecting Roa			Faat	NS	E W	of.	Mι	le Marker			EXII	umber	1 11
			1	Also at Intersection	win				E W		Route	#	Inters	ecting l	Roadway/S	Street	
<sup>2</sup> 2	Route# Dire	ction	Name	of Intersecting Roa	dway/Street		reer		2 11	01			La	undmarl	k		
1	Please Select		1_#	Occupants H	it/Run 🔲 N	Moped	Crash F	Report	ID#	23	-3	3-2					1
3	of the Followi	1850657		_ DOB/Age			2VHM43								aa Stata N	<i>(</i> Δ	<u> </u>
	Sex M Lic.	10 10	-	20	CDL		ear 2017									21	<b>4</b> 12
		RNANDEZ,	J		Endorsement		HERNAN							_ '	· Comig.		
<sup>4</sup> 3	ī <sup>-</sup>	Last MYRTLE S	Fi	PT 3R	Middle		ss 52 MYI	Last			Fit	r 3r		М	iddle		
	City <b>LAWR!</b>			<b>IA</b> Zip <b>018</b>	41		LAWRENC					_ State_	<b>IA</b> :	Zip_ <b>O</b> :	1841-	-3162	
	Insurance Comp	oany ARBELI	A MU	rual ins	URANCE	Vehic	le Action Prior to	Crash		1	22	Damag	ed Area	Code:	1 27 10	27 27	
-	Vehicle Travel I	Direction: N S	EX	Responding to Em	ergency? 2	Event	Sequence 20	23 21	23	23	23	Test St			28		
<sup>5</sup> 1	Citation # (If Iss	sued) <b>T2749</b>	561			Most	Hannful Event	20				Type o	f Test: est Res	ult	30		
	Viol. 1; Ch/Sec/	Sub 89	4AVic	ol. 2: Ch/Sec/Sub	90 23	Drive	Contributing Co	ode	19	<sup>25</sup> 9	25		Alcohol		Susp. D	rug: 32	20 <sup>13</sup>
<sup>6</sup> 1	Viol. 3; Ch/Sec/	Sub ———	——Vio	ol. 4: Ch/Sec/Sub =		. Drive	Distracted by	99	26			Towed	from se	ene?	1 33		
1	Name (Last First N		or operator	and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Tra Code Cox	p Injury		Media	al Facility	
	Operate	or			See Above		$\supset \subset$	X	1	1	1	0 0	10	1			
																	1
									lacksquare				+				
	Please Select C	One Voltale	2#(	Occupants N	on-Motorist A	T	15	16	Locatio	. [	17	Condition	18		Hit/Run	Moped	
<sup>7</sup> 3	of the Followi	ng: Venicle			on-iviotorist A	Гуре	Action									Noped	-
	License #	19 19	_	_ DOB/Age		Reg#										21	
	Sex Lic.	Class	Lic. Rest	trictions	CDL Endorsement		еаг	`	Veh Ma	ike				Veh	Config.		
<sup>8</sup> 1	Operator	Last	Fù	21	Middle		ss	Last			Fir	est		М	iddle		
			State	Zin			58					_ State		7.in			1 14
	Insurance Comp		5.0.0	2.p		•	e Action Prior to				22	Damag		•	27	27 27	
	Vehicle Travel E	- -	E W	Responding to Em	ergency?	Event	Sequence	23	23	23	23	Test St	atus:		28		
9	Citation # (If Iss	ued)				Most	Harmful Event		24	I		Type o	f Test: est Res	ult-	30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/	Sub	Vic	1. 2: Ch/Sec/Sub		Drive	Contributing Co	de		25	25		licohol:			nug: 32	
	Viol. 3: Ch/Sec/	Sub	Vio	l. 4: Ch/Sec/Sub		Drive	Distracted by		26			-	from so		33		
	Ple Name (Last First M	ease fill out for oper	ator/non-m	otorist and all occu	pants involved		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Tra Code Coc	Injury	40 Transp. Code	Modic	al Facility	
		or/Non-Moi	torist		See Above			X	1	,					aricali.		
	<del>-</del>																
		<u> </u>											+-	$\vdash$			
						·							+	ļ			
							1						1				İ



Patrol Officer Paul W Jepson

142 ID/Badge # Wilmington Police Department

01/28/2023