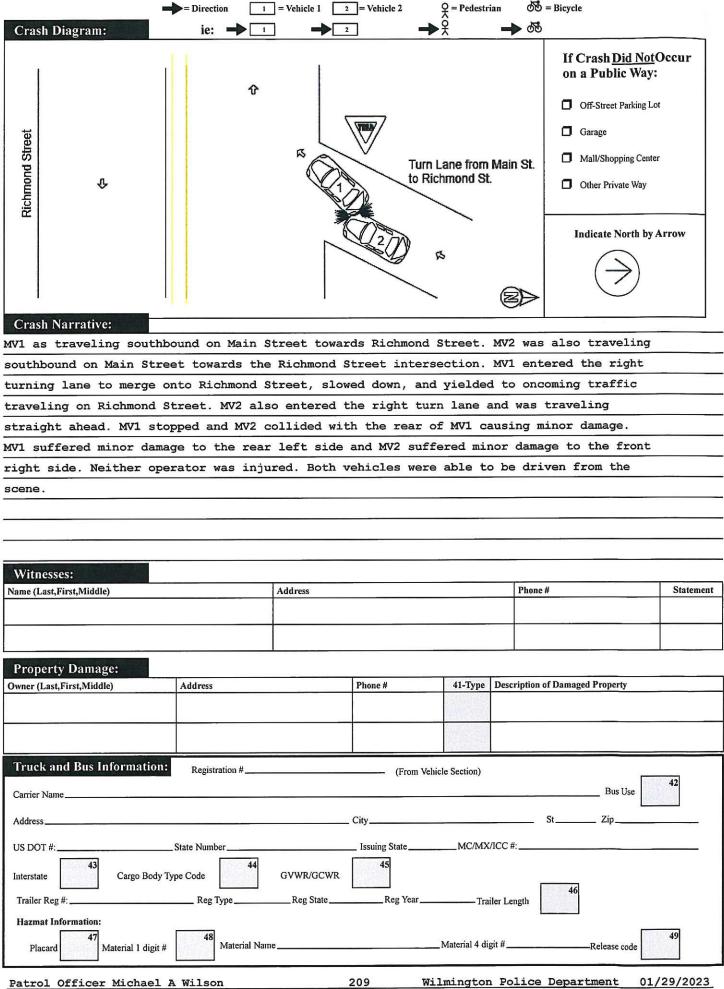
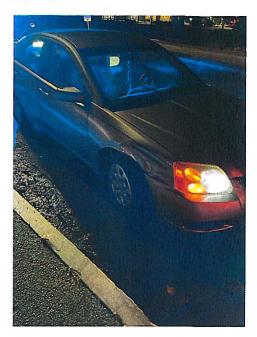
	Police Use Only	lth of Massachusetts							RMV Document Number							
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	01/29/2023 1836	HR WIIN	ington	Poli	ce R	Report		2		0	Latitu Longi			Campus Police	<u> </u>	
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			Also at Intersection v	with	-	Feet [Feet [Route		Interse	ecting R	Roadway/Street		
² 2	Route# Direction	Name	of Intersecting Road	way/Street	_ -	reet [Mal	[E VY	01			La	ndmark	7		
	Please Select One	ehicle 1 <u>1</u> #	Occupants Hit	t/Run M	nned	Crash R	enort	ID# 2	23	_ 3	4 – A		Talla.	<u> </u>		
3	of the Following:													- \(\alpha\)		
	License # S5361484	19	DOB/Ag			145VZ4 ar 2014									21	1 12
	Sex F Lic. Class D Operator WALSH,	L!	E	CDL Endorsement		WALSH,					VA1		ven	Conng.		
⁴ 5	Address 55 SEMIN	Fi	irst	Middle		s 55 SEM	Last			Firs	l		Mi	ddle		
-	City WALTHAM			1-0811		ALTHAM					State M	A _ 7	ip 0 2	2451-08	11	
	Insurance Company THE		_		-	Action Prior to			6	22				6 ²⁷ 5 ²⁷ 7		
		NXEW	Responding to Eme		Event 5	Sequence 1	23	23	23	23	Test Sta			28	_	
⁵ 1	Citation # (If Issued)				Most F	lannful Event	1	24			Type of BAC Te		ı]t·	29 30		
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6	Viol. 3: Ch/Sec/Sub	Vie	ol. 4: Ch/Sec/Sub —		Driver	Distracted by	0	26			Towed	•		2 33		
⁶ 1	Please fil Name (Løst First Middle)	l out for operator	r and all occupants ir	nvolved Address		DOB/Age	Sex	34 Sent Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code		40 Transp. Code	Medical Faci	lity	
	Operator		5	See Above			Ž	1	1		0	10	1		.,	
												<u> </u>				
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	Please Select One	ehicle 2 1 _#	Occupants Dis			15	16 ,			17	ondition	18		Hit/Run 🔲 🏻	Moped	
⁷ 2	of the Following:			n-Motorist A Ty	<u> </u>	Action		Locatio			L	-	1		ropeu	
	License # S194587	19	DOB/Age		-	WS9076				-	Type PC			eg State MA	21	
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⁸ 2	Operator BENOIT, Last Address 2 WALKER	F i	rst	Middle		BENOIT S 2 WALK	ast			Firs	t	, , , , , , , , , , , , , , , , , , , 	Mi	iddle		
	City WILMINGTON		1A Zin 0188	7-3749		ILMING					State M	A _ 2	Zip 0]	1887-37	749	2 14
	Insurance Company SAFI				-	Action Prior to			1	22				2 27 3 27	27	
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9 .	Citation # (If Issued)				Most I	Hannful Event	1	24			Type of BAC To		ılt:	30		
⁹ 2	Viol. 1: Clt/Sec/Sub	Vio	ol. 2; Ch/Sec/Sub		Driver	Contributing Co	de	5	²⁵ 1	9 ²⁵	Susp. A				32	
	Viol. 3: Ch/Sec/Sub	Vic	ol. 4. Ch/Sec/Sub		Driver	Distracted by	0	26			Towed			2 33		
	Please fill out fo	or operator/non-n	notorist and all occup	pants involved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Code		40 Transp. Code	Medical Faci	lity	
:	Operator/Non-	Motorist	S	See Above		$\supset <$	X	1	1	4 (0	10	1			
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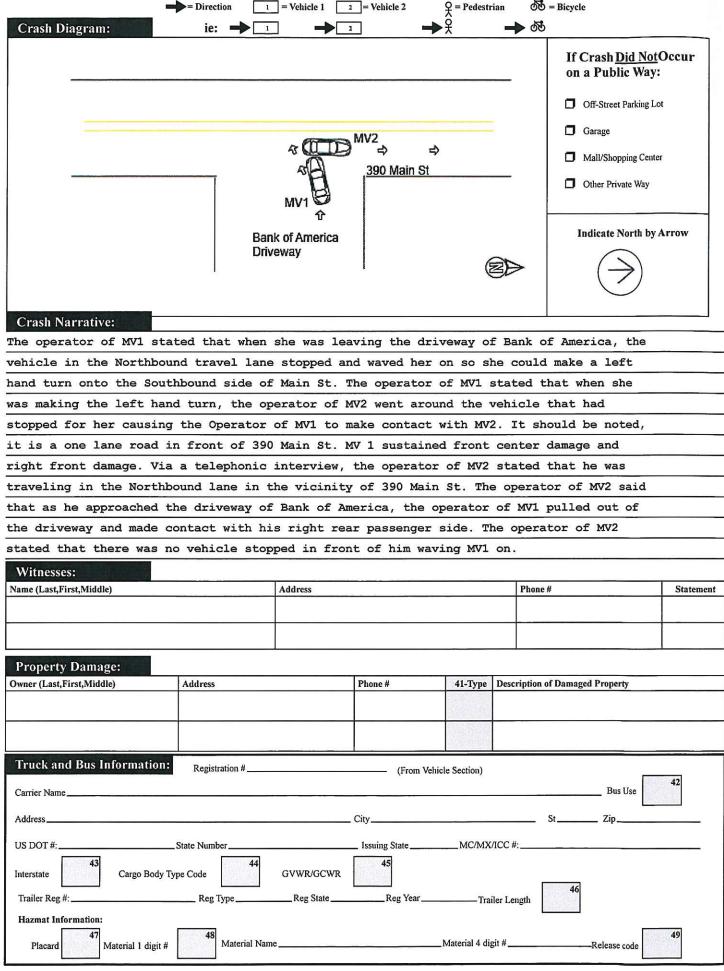


Wilmington Police Department Images Associated with 23-34-AC





Direction Dir	Police Use Only	Cor	nmonwealth	of Massacl	husetts	3		RMV Document Number								
AT INTERSECTION: Control Contro		1	Motor Vel	nicle Crash	Number Vehicles		DP000	Speed Limit Local Police								
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Routed Direction Name of Roadway/Street An An Feet NS EW of Market Total Name of Roadway/Street					300	MAT	NI CIT	1		2						
Foot S E W of Mile Marker C Each Number	Route# Direction	Name of Roadwa	y/Street													
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Routed Direction		Also at Intersecti	on with			Route#	I	ntersecting	Roadway/Street	— <u> </u>						
Note Create Property Prop	Route# Direction	Name of Intersecting Re	oadway/Street	Feet N S E W of Landmark												
License # \$42098781 St MA DOB/Age Reg # 1DBW37 Reg Type PC Reg State MA Poble Age Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg # 1DBW37 Reg # 1DBW37 Reg # 1DBW37 Reg Type PC Reg State MA Reg # 1DBW37 Reg # 1D	Discon Coloni Oraș Ezi		I _—													
See F Lie Class 19 19 Lie Restrictions 2 20 20 20 20 20 20 20		e 1 #Occupants	Hit/Run Moped	Crash Repor	rt 1D# 2 3	-35	-A	<u> </u>								
See F Lie Cless 1	License # S42098781	St MA _ DOB/Age	Reg	# <u>1DBW37</u>		Reg T	ре <u>РС</u>	1	Reg State MA							
Operator PIERCE, SHAUNA CAROL ANN MARI Los Free Models Address 33 HEATH ST City TEWKSBURY State MA Zip 01876-4017 City TEWK	Sex F Lic. Class D	Lic. Restrictions 20		Year 2010	Veh Make	FORD		Ve	ch Config. 1							
Address 33 HEATH ST City TEWKSBURY State MA Zip 01876-4017 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: NSE Responding to Emergency? 2. Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Driver Contributing Code None Material Event Please fill out for operator and all occupants involved None (Last Fine Makido) Operator None-Material Event I 24 Driver Distracted by 0 26 Tower fine scener? 2 33 Please fill out for operator and all occupants involved None (Last Fine Makido) Operator None-Material Event I 99 4 0 0 10 1 I 99 4 0 0 10 1 I White Restrictions B College Reg # 3AKX23 Reg Type PC Reg State MA Address 288 SALEM RD City BILLERICA State MA Zip 01821-2105 Insurance Company UNITED SERVICES AUTOMOBIL Vehicle Travel Direction: SE EIW Responding to Emergency? 2. City BILLERICA State MA Zip 01821-2105 Insurance Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to Crash Lice (Liss Company UNITED SERVICES AUTOMOBIL Vehicle Action Prior to	Operator PIERCE, SI	HAUNA CAROL A	NN MARI Ow.	ent												
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Vehicle Travel Direction: NS E Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23	City TEWKSBURY	State MA Zip 018	376-4017 City	TEWKSBURY												
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Name (Last First Middle)	Viol, 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		Towed fr	om scene?	2 33							
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hi/Run Moped		for operator and all occupan		DOB/Age Set	Seat Safet	/ Airbag Ej	et Trap	Injury Trans		iitv						
Condition Cond				X		1		10 1		-						
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Condition Cond				15 16		17		18 —								
Sex M. Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator COLLINS , JEFFREY T Last First Middle Address 288 SALEM RD City BILLERICA State MA Zip 01821-2105 Insurance Company UNITED SERVICES AUTOMOBIL Vehicle Travel Direction: SEW Responding to Emergency? 2 Citation # (If Issued) Wesponding to Emergency? 2 Wesponding to Emergency? 2 Wesponding to Emergency? 2 Nost Hannful Event 1 24 Most Hannful Event 1 24 Most Hannful Event 1 25 Susp. Alcohol: 31 Susp. Drug 32 Towed from scene? 2 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Veh Year 2022 Veh Make HYUNDAI Veh Config. 1 21 Owner COLLINS , JEFFREY T Last First Middle Address 288 SALEM RD City BILLERICA State MA Zip 01821-2105 1 State MA Zip 01821-2105 1 Last First Middle Address 288 SALEM RD City BILLERICA State MA Zip 01821-2105 1 Test Status: 1 28 Type of Test: 30 Susp. Alcohol: 31 Susp. Drug 32 Towed from scene? 2 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Veh Config. 1 21 Owner COLLINS , JEFFREY T Address 288 SALEM RD City BILLERICA State MA Zip 01821-2105 1 Test Status: 1 28 Type of Test: 30 Susp. Alcohol: 31 Susp. Drug 32 Towed from scene? 2 33 Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Address Sale SALEM RD Owner COLLINS , JEFFREY T Owner COLLINS , JEFFREY T Address 288 SALEM RD Owner COLLINS , JEFFREY T Address 288 SALEM RD Owner COLLINS , JEFFREY T Address 288 SALEM RD Owner COLLINS , JEFFREY T Address 288 SALEM RD Owner COLLINS , JEFFREY T Address 288 SALEM RD Owner COLLINS , JEFFREY T Address 288 SALEM RD Owner COLLINS , JEFFREY T Address 288 SALEM RD Owner COLLINS , JEFFREY T Address 288 SALEM RD Owner COLLINS , JEFFREY T Address 288 SALEM RD Owner Collins , Jeffrey T Address 288 SALEM RD Owner Collins , Jeffrey T Middle Address Sale SALEM RD Ow		e 21 #Occupants	Non-Motorist A Type	Action 10	Location	Con	dition		Hit/Run N	1oped						
Sex M. Lic. Class D. Lic. Restrictions B. CDL. Operator COLLINS, JEFFREY T Address 288 SALEM RD City BILLERICA State MA Zip 01821-2105 Insurance Company UNITED SERVICES AUTOMOBIL Vehicle Travel Direction: SEW Responding to Emergency? 2 Vehicle Travel Direction: Wis EW Responding to Emergency? 2 Vehicle Travel Direction: Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Calculated States Sales S	License # S18346208	St. MA DOB/Age	Reg	# <u>3AKX23</u>		Reg T	ре РС		Reg State MA							
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Viol. 2: Ch/Sec/Sub	Citation # (If Issued)		Mos	st Hannful Event 1					_							
Viol. 4: Ch/Sec/Sub Differ Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Name (Last First Middle) North Distracted by Differ Dis	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	<u> </u>	25	Susp. Alc	ohol: 3	Susp. Drug:	32						
Name (Last First Middle) Seat Safety Airbag Eject Trap Injury Transp. Name (Last First Middle) Address DOB/Age Sev Pos. System Status Code Code Status Code Medical Facility	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26				<u> </u>							
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Patrol Officer Robert M DeGregorio III

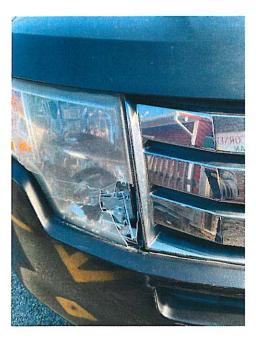
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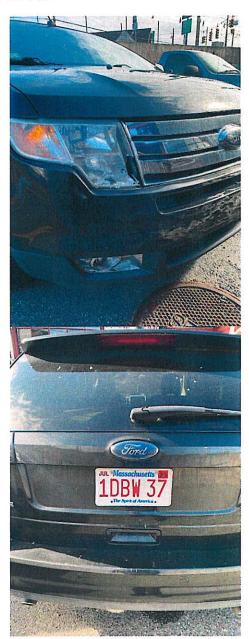
Wilmington Police Department

01/30/2023

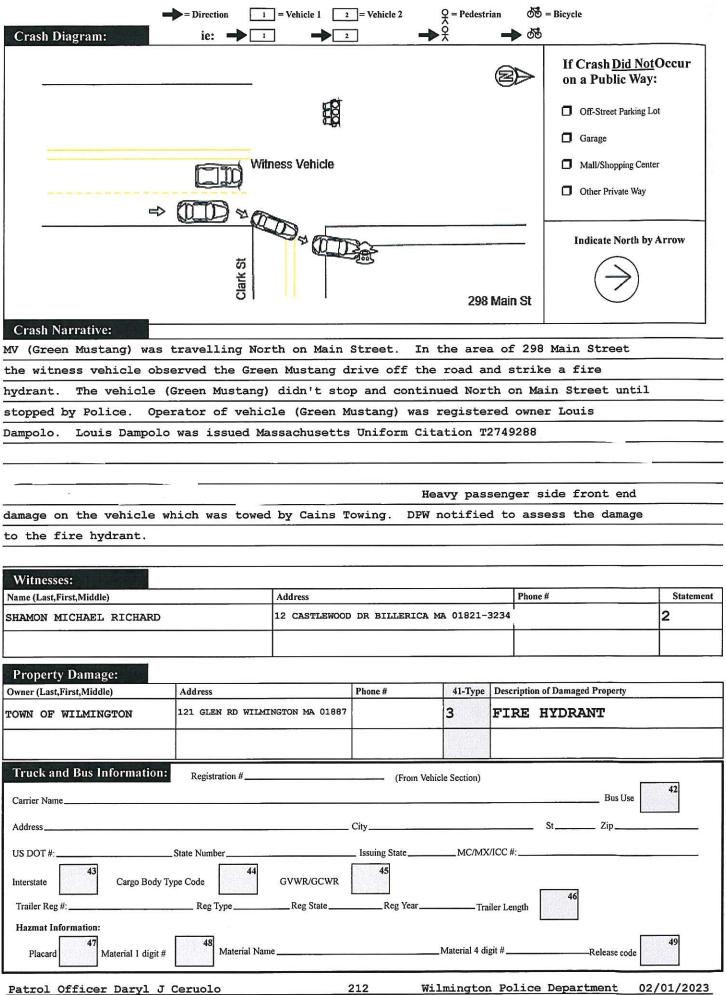
Wilmington Police Department Images Associated with 23-35-AC







	Police Use Only	Comi	monwealth of Massachusetts							RMV Document Number					
	Date of Crash Time of Crash 02/01/2023 2030 Wil:	City/Town mington	Motor Veh	icle Cras	sh	Numbe Vehicle			ed Limit	35	State Police Local Police MBTA Police Campus Police				
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¹ 4	Route# Direction	Name of Roadway/St	reet	Route# Directi		Address #				Roadw	/ay/Street				
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² 1	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet [NISIE	W of						_			
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3	or the Ponowing.	#Occupants Hit	l	Crash Ro								4			
	10 10	DOB/Age	•	2ZGX16							21	5 ¹²			
	Sex M Lic. Class D Lic.	Restrictions 1 C	ndorsement	/ear_ 2013						Veh	Config. 1				
⁴ 1	Operator DAMPOLO, LOUI	S ANTHONY First	Middle		ast		F	NTHO	/A	Mi	iddle	-			
1	Address 9 BRADFORD RD	0100		ss 9 BRAD		D RD)				1056 1501	-			
	City TEWKSBURY State	_	_	TEWKSBUF			22		ged Area		1876-1501 27 27 27 27	-			
	Insurance Company ARBELLA M			le Action Prior to		1 3 23	23	Test S		a Coue.	2				
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	Viol. 1: Ch/Sec/Sub 90 24E					26	21	ј осор.	Alcohol	L.:	Susp. Drug: 1 32	30			
⁶ 1		ator and all occupants in		. Distracted by		34 35	36		8 39	40		-			
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	Operator	s	ee Above		X	1 99	4	0 0	10	2	Hospital	_			
										ļ		4			
⁷ 3	Please Select One Vehicle 2	#Occupants Non	-Motorist A Type	15 Action	16 Lo	cation	17	Condition	18		Hit/Run Moped	!			
3		DOB/Age	Parti			L	Pai	r Tyme	·	P.	ea State	-			
	19 19	20	•	/ear							21				
	Operator	E	ndorsement Owne												
⁸ 1	Last Address	First	Middle	L 255	ast		Fi	irst		Mi	iddle				
	CityStat	e Zip	City_					State_		Zip		1 14			
	Insurance Company		Vehic	le Action Prior to	Crash		22	Dama	ged Area	ı Code:	 				
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Event	Sequence 2	23 2	3 23	23	Test S			28				
⁹ 2	Citation # (If Issued)		Most	Hannful Event		24			of Test: Test Res	ult:	30				
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Coc	de [25	25	t	Alcohol		Susp. Drug: 32				
	Viol, 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	7	26		Towe	33						
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occup	ants involved	DOB/Age		34 35 Seat Safet Pos. Syste	36 Airbog n Status	Eject Ta	8 39 ap Injury de Status	40 Transp Code	Medical Facility]			
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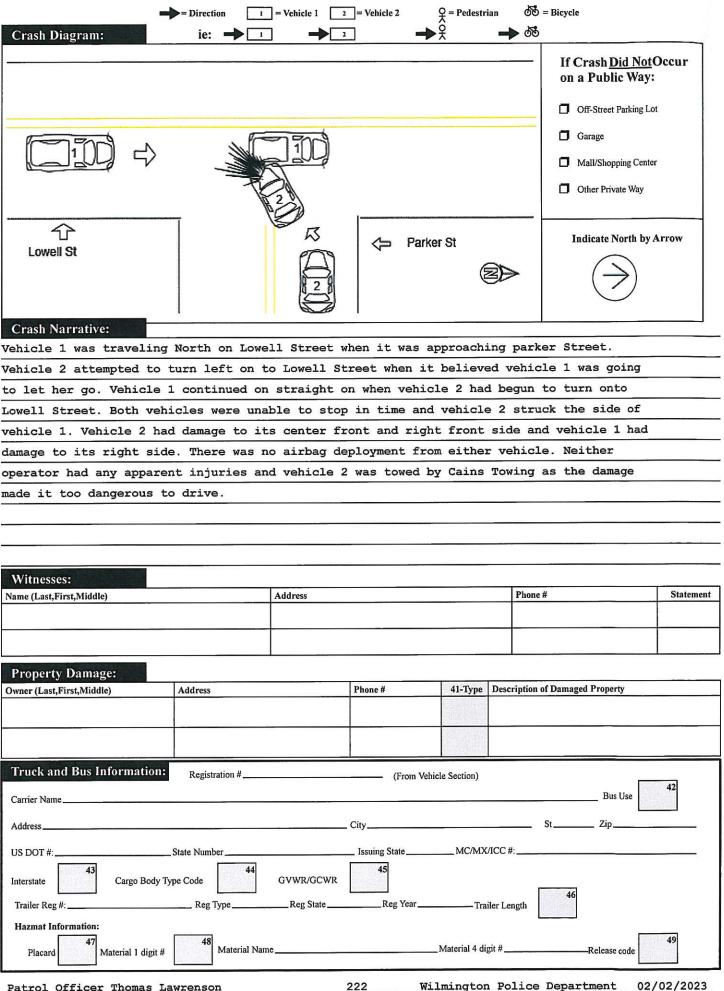


Police Officer Name (Please Print)

ID/Badge#

Department Precinct/Barracks Date

	Police Use Only	Comi	monwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash 02/02/2023 1416 Will	City/Town nington	Motor Veh	icle Cra	sh [Number Vehicles	Numb Injure		Speed Limit 40 State Police Local Police MBTA Police				
	24HR	in ing con	Police 1	Report	2		0	- 1	itude		Campus Other:		
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1	Route# Direction	Name of Roadway/St	reet										
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		Also at Intersection w	rith	_	NSEV		Route		Interse	ecting F	Roadway/S	treet	
² 1	Route# Direction Nar	ne of Intersecting Roady	vay/Street	Feet [N S E V	V] of							
	Please Select One Nation 11	#Osouponto D vv			. *****	22	_ 2	7 X		ndmark	<u> </u>		1
3	of the Following:	#Occupants Hit/			eport ID#	23	-3	/ - A					1
	License # S15170235 St M	A DOB/Age					-				1	21	1 12
	Sex M Lic. Class D Lic. I	Restrictions C	ndorsement	Year <u>2006</u>						Veh	Config.	1 3	
⁴ 2	Operator <u>CALLANAN</u> , <u>DAN</u>	TEL PAUL First	Middle	er CALLAN	ast		EL Firs	PAUL		Mi	iddle	·	
2	Address 107 ADAMS RD	0107/		ess 107 AD		RD					1000	2650	
	City TEWKSBURY State	•	-	TEWKSBU			22	State M. Damage				27 27	
	Insurance Company THE COMME			ele Action Prior to	Crash 23 23	23	23	Test Sta		Couc.	1 28		
⁵ 1	Vehicle Travel Direction: SEW	Responding to Emer	-	· Sequence 1				Type of	Test:		29		
_	Citation # (If Issued)				<u> </u>	25	25	BAC Te			1 30	- 201	13
	Viol. 1: Ch/Sec/Sub			er Contributing Co er Distracted by	de 1.			Susp. A			22	ug 2 32	
⁶ 1 .	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	viol, 4; Ch/Sec/Sub		Distracted by	34		36	37 38	39	40	2 33		
	Nome (Last First Middle)		Address	DOB/Age	Sex Pos	. System	Status	Eject Trap Code Code	Status	Transp. Code	Medic	al Facility	
	Operator	S	ee Above		X^1	1	4 (0	10	1			
⁷ 3	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action	16 Loca	tion	17 Co	ondition	18		Hit/Run [Moped	
3		A DOB/Age	Page	83WK54		L	Pag	Туре РС	•		eg State X	ΓΔ.	l
	_ 19 19	20		Year 2018	Veh l	Make F			4		Config.	1 21	
	Operator LANGONE CARL	E	ndorsement	er LANGON									
⁸ 2	Address 14 GREEN MEADO	First	Middle	ess 14 GRE	ast		Firs			Mi	iddle		
		MA Zip 0188	7-4618 City	WILMING	ron			State M	A 2	Zip 0 :	1887-	4618	1 14
	Insurance Company THE COMME	RCE INSURAL	ICE CO Vehi	ele Action Prior to	Crash	4	22	Damage	ed Area	Code:	1 27	27 27	
	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Even	t Sequence 1	23 23	23	23	Test Sta			1 28 29		
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1 24			Type of BAC Te		ult:	30		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Co	de 4	25	25	Susp. A			Susp. Dr	rug 2 32	1
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	0 26				ved from scene? 1 33				
	Please fill out for operator/not	n-motorist and all occup	ants involved Address	DOB/Age	Sex Pos	t Safety	36 Airbag Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medic	al Facility	[
	Operator/Non-Motorist	. s	ee Above	\sim	X_1	1	4 (10	1			
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						-		 	+	 			
		1			ı İ	1	I	1	1	1	l		1



Patrol Officer Thomas Lawrenson

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

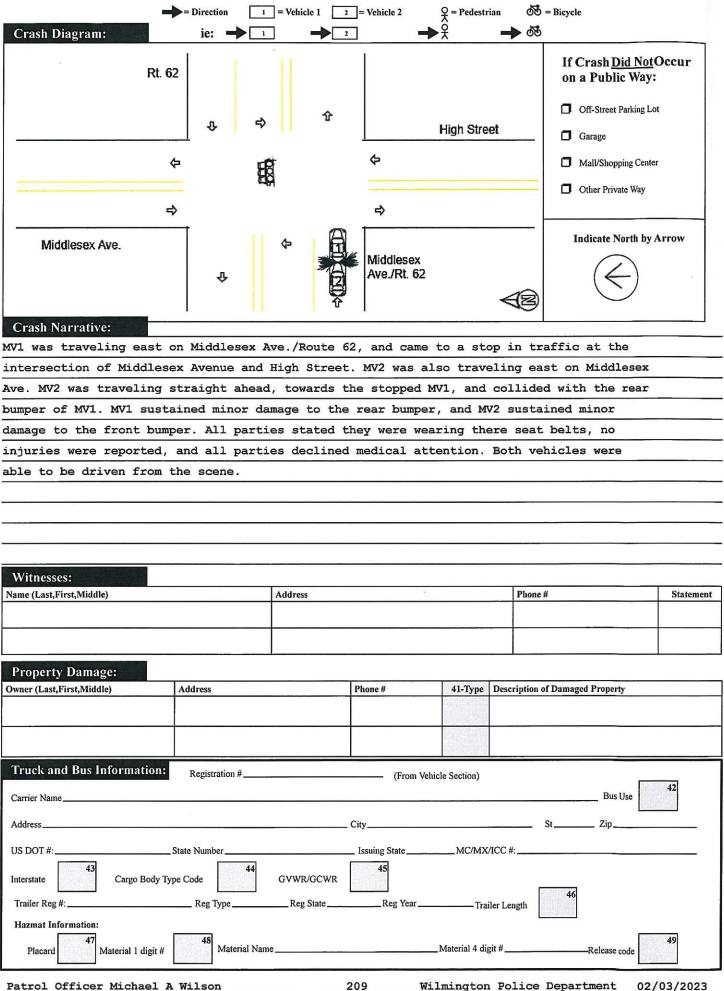
Precinct/Barracks

Date

Pol	ice Use Only		Com	monwea	lth o	of Massa	ich	use	tts				RMV	/ Docu	ıment N		
Date of Crash 02/02/2023	Time of Crash 1544 24HR	1	City/Town ington	1		icle Cra Report	sh		mber hicles	Num Inju O	red L	peed L atitude	e	35	Local MBT	Police I Police A Police ous Police	0800
	AT INTER	SECTIO	N:	< I	LOCA	TION :	>	-		NO	_		• • • •	SEC'	TION	:	
Route# Direc	ction		Name of Roadway/	Street		Route# Direct		11:	ess#	WE	ST	ST Nam		Roadw	/ay/Stree	t	2
Route# Direct	ction		of Intersecting Roa			Feet Feet				Mil	e Mark	er		or _	Exit	Number	_
Route# Direc	ction		of Intersecting Roa			Feet				Route	#	In			Roadway	/Street	
Please Select C		le 1 1 #	Occupants H	lit/Run 🔲 N	Aoped	Crash R	eport	ID#	23		8-	A		ndmark	<u> </u>		
License # <u>S8</u>	3357014 Class D	19 Lic. Res	DOB/Ags 20 strictions 1	CDLEndorsement	Veh Y	VT2P31		Veh Ma	ke L	INC	OLN					1 2	1
Address 26	BELMONT	RD	CIS ANTHO		Addr	er VISCIO ess 26 BEI BILLERI(MO]			Fi	rsi	MA	Zi		1821	-203	— - - - -
Vehicle Travel I	-	S E 🗙	NSURANCE Responding to En		Event	ele Action Prior to t Sequence 1 Harmful Event		23 24	23	23	Test Typ	naged : Status e of Te C Test	s: est:		27 28 29 30	27	27
Viol. 1: Ch/Sec/	Sub	Vie		involved		er Contributing Co	de O	26 34	25	25 36	Tow	p. Alco red fro	-	31 ene?	Susp. 1 33	Drug	32 1
Name (Last First M	(iddle)	. Tor operator	. and an overpand	Address See Above		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status 1		Code	Status	Transp. Code	Mo	edical Facility	
Please Select C		e 2 2 _#	Occupants N	on-Motorist A 1	Гуре	15 Action	16 1	ocatio.	n .	17	Conditio	n i	18		Hit/Run	П Мој	ped
License # S1 . Sex F Lic. (Operator SU .	10	Lic. Res	DOB/Age	CDLEndorsement	Veh Y	1PHD71 /ear 2019 er CHEKMA				MW		PC		_ Veh	eg State. Config.	MA 2	
City STONE		State 1	/A Zip 0218			ess 3 LEDG STONEHAI		ST		22						-310	I
Insurance Comp Vehicle Travel D Citation # (If Iss	Direction: N		CK ASSUI		Event	t Sequence 1		23 24	23	23	Test Typ	Status e of Te	s: est:		27 28 29 30	27 2	27
Viol. 3; Ch/Sec/	Sub	Vic	bl. 2; Ch/Sec/Sub = bl. 4; Ch/Sec/Sub =			r Contributing Co	de 4	26	25	25	Sus _l Tow	C Test o. Alco ved fro	ohol:	31 ene?		Drug:	32
Name (Last First M	=		notorist and all occ	upants involved Address See Above		DOB/Age	Sex	Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	Code .	Status	40 Transp. Code	Ma	dical Facility	
<u> </u>							м	5	4	4	0 () !	99	1			

	= Direction 1	= Vehicle 1 2	= Vehicle 2	주 = Pedestri	ian ÓT6 ≕	Bicycle	
Crash Diagram:	ie: → 1]	→	ĝ	→ ॐ		
West st.	v2	istrial way				If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
Crash Narrative:							
The driver of V1 was						trial Way and	
struck his Vehicle on	the right side.	Driver of	f v2 stated	that sh	ne was lo	oking at her	
navigation and was no	t sure which way	to go. She	pulled out	and hit	: V1		
				······································			
Witnesses:							
		Address			Phone #		Statement
Name (Last, First, Middle)		Audress			1 tione is	***************************************	Statement
		1					I
Property Damage:							
Owner (Last,First,Middle)	Address	P	hone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	n: Registration #		(From Vehic	e Section)			42
Carrier Name	· · · · · · · · · · · · · · · · · · ·					Bus Use	42
Address		Ci	itv		S	tt	
					•		
	State Number			MC/MX/	/ICC #:		<u>.</u>
Interstate Cargo Boo	dy Type Code	GVWR/GCWR	45				
		L			Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length		
Hazmat Information:							
Placard Material 1 dig	it # 48 Material Nam	e	1	Material 4 dig	git #	-Release code	49
Patrol Officer Brian	D Whereter	1 6	an wil	minetes	Police T)enartment 02/	02/2023

	Police U	Jse Only		Con	alth c	alth of Massachusetts								RMV Document Number						
	1 1	me of Crash	1	City/Town	Moto	r Vehi	icle Cra	sh		ımber hicles	Num	ا ا	Speed Limit 35 State Police Local Police MBTA Police			Police 🔯				
	02/03/2023	24HR	MITH	ington	Po	olice I	Report		2		0	lr	atitud ongitu				ıs Police]		
	A.	INTER:	SECTIO)N:	<	LOCA	ΓΙΟΝ	>			TON	AT	INT	ERS	SEC	TION:		<u></u>		
		HIGH	1 CM															2 10		
1	Route# Direction			Name of Roadway	/Street		Route# Direct	tion	Addr	ess#			Nan	ne of I	Roadw	ay/Street				
¹ 4	<u> </u>			At			Feet	N S	EW	of					or _					
	Route# Direction		Name	of Intersecting Roa	idway/Street						Mil	e Mark	er			Exit 1	Number	2 11		
				Also at Intersection	n with		Feet				Route	# -	I	nterse	cting F	Roadway/	Street	F		
² 1	Route# Direction		Name	of Intersecting Roz	idway/Street		Feet	NS	EW	of								_		
	Please Select One	⊠ 1	.3 /	Occupants H			Crash R			2 2		Ω_	7.		ndmarl	<u> </u>		1		
3	of the Following:			H	lit/Run	Moped												-		
	License # <u>S548</u>	10 1	St MA	DOB/Age			8TE955										MA 21	1 12		
	Sex.M Lic. Clas.	5 B	Lic. Re	strictions	CDL Endorsement		ear <u>2011</u>								_ Veh	Config.	1			
⁴ 3	Operator PENN	st	F	itzi	Middle		PENNEY	Last			Fir	LAF st	KK_		Mi	ddle				
3	Address 76 HZ				30-3314		ss 76 HAN		TON	_A\			747		. O	1020	_2214			
	City HAVERH Insurance Company			•		-	HAVERHI le Action Prior to			2	22						-3314 27 ₄ 27			
	Vehicle Travel Direc	,	Xw	Responding to En			Sequence	Crash 23	23	2 23	23		Statu			28	194			
⁵ 1	Citation # (If Issued)			Responding to En	lergency:		Harmful Event	- -	24	tang in		Тур	e of T	est:		29				
	Viol. 1: Ch/Sec/Sub			ol 2: Ch/Sac/Sub			Contributing Co	de	<u> </u>	25	25			Resu		1 30 1 Suns F	nug: 2 32	1 13		
	Viol. 3: Ch/Sec/Sub			ol. 4: Ch/Sec/Sub -			_	99	26					onor:E	2 31 ene?	33 33	nug 2 **			
⁶ 1				r and all occupants			<u> </u>	<u> </u>	34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	~		-		
	Name (Last First Middle)	·			Address		DOB/Age	Sex	Pos.	System 1	Status	Code 0 (Code	Status	Code 1	Med	ical Facility	-		
	Operator			76 HAMILTON AN	See Above				-	<u> </u>			-					-		
	REBECCA PENNE	x	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HAVERHILL, MA	01830-3314			F	3	1	4	0 0	-	10	1		111	4		
								ļ				_								
				<u> </u>																
⁷ 2	Please Select One of the Following:	🔀 Vehicle	2 1	Occupants N	on-Motorist A	Туре	15 Action	16	Locatio	n n	17 C	onditio	ո	18		Hit/Run	Moped Moped			
	License # S218	92325	St MA	DOB/Age		Reg#	9PD286				Reg	Туре	PC		R	eg State	ΜA	1		
	Sex F Lic. Class	19 1 D	Dic. Res	strictions 20	CDL	. Veh Y	ear 2019	·	Veh Ma	ake T	OYO	TA	,		Veh	Config.	1 21			
8 .	Operator JACO	вs, л	JLIA .	A	Middle	Owne	, JACOBS	, (CHA	RLE	S S	şı			Mi	ddle				
⁸ 2	Address 59 HY	DE AV	<u>.</u>			Addre	ss 59 HYI	Œ.	AVE									14		
	City NEWTON	1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	State 1	MA Zip 024!	58-2333	City.	NEWTON										-2333	2 14		
	Insurance Company_	SAFETY	INS	URANCE C	OMPANY	Vehicl	le Action Prior to	Crash		<u> </u>	22		naged Statu		Code:	1 27 28	27 27			
	Vehicle Travel Direct	tion: N S	Xw	Responding to En	ergency? 2	Event	Sequence 1	23	23	23	23		e of T			29				
⁹ 2	Citation # (If Issued)						Harmful Event	1	24	25	25			t Resu		1 30				
	Viol. 1: Ch/Sec/Sub		· 22								orug: 2 32									
	Viol. 3: Ch/Sec/Sub					Driver	Distracted by	99	26 34	35	36	Tow 37	ed fro	39 39	40	2 33		4		
	Please : Name (Last First Middle)	пи ош тог оре	:14(UT/11011-1	notorist and all occ	Address		DOB/Age	Sex	Sent Pos.	Safety System	Airbag Status	Eject	Trap		Transp. Code	Med	ical Facility	1		
	Operator/	Non-Mo	torist		See Above		$\geq \leq$	X	1	1	4	0 (10	1					



Patrol Officer Michael A Wilson

Wilmington Police Department

02/03/2023

Wilmington Police Department Images Associated with 23-39-AC



