	Pol	lice Use Only		C	Commony	vealth	of Mass	ach	use	etts	;			RM	V Doci	ument Nu	mber	
	Date of Crash 02/26/2023	Time of Crash		City/Town	Mot	tor Veh	icle Cra	sh		umber chicles		ا د۔۔	-	Limit	10	State P Local I MBTA	olice Police	<u> </u>
	02/26/2023	1839 24HR	Wilmi	ingto		Police	Report		2		0	- 1	Latitue Longit				s Police	5
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO	ΓΑΤ	`IN]	rer	SEC	TION:		
									26	^	MZ	TNT	Sī	p.				2 10
ī	Route# Dire	ection]	 	adway/Street		Route# Direc	tion		ess#	1,41	344			Roadw	vay/Street		
1					At		Feet	N S	EW	of			- •		or _			_
	Route# Dire	ction	Name	of Intersecti	ing Roadway/Street						Mi	le Mai	ker			Exit N	lumber	4 11
			•	Also at Inter	rsection with		ł	N S			Route	#		Interse	ecting I	Roadway/	Street	-
² 1	Route# Dire	ction	Name	of Intersecti	ing Roadway/Street		Feet	N S	EW	of								
	Please Select (One No.	e 1 <u>1</u> #	Occupante	Hit/Run	<u></u>	Crash I		V D 11 (1	2 2		1_			ndmarl	<u>K</u>		
³ 2	of the Followi		e <u>1 ±</u>	Occupains	Hit/Run	Moped												
	License #		St	_ DOB/Ag	e		# unknow										1A 21	- 12
	Sex Lic.	Class		trictions	CDL Endorsemen	ŧ	Year		Veh M	ake					Veh	Config.		 -
⁴ 1	Operator un	known Last	Fi	irst	Middle			Last			Fir	rst			Mi	iddle		-
Τ.	Address	·		,-··			ress								,.			-
				Zip_		- -	ala Antina Daina ta				22			Z i Area	ip Code:	27	27 2	7
	•	Direction: N S		Personding	g to Emergency?		cle Action Prior to		23	23	23		st Stat			28	<u> </u>	-
⁵ 2		sued)	. 	Responding	g to Emergency/		Hannful Event	<u> </u>	24			Ty	pe of]	Test:		29		
	,	-		1 2 Ch/Co	c/Sub		er Contributing Co	L		25	25			it Resu		30	rug 3	2 2 13
	Viol. 1: Ch/Sec/				c/Sub		er Distracted by		26	!_			•	conol: om sc		Susp. D	rug:	
⁶ з	7701. 5. 618 660				apants involved			一	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	<u></u>		-
	Name (Last First M				Address		DOB/Age	Sex	Pos.	System 99	Status	Code	Code	Status	Code	Medi	cal Facility	
	Operate	OF			See Above				1	99		_			_			_
								-										
								<u> </u>										
				<u> </u>		بندستور		<u> </u>		<u> </u>								_
⁷ 1	Please Select O of the Followi	One ng: Vehicle	2 1 #0	Occupants	Non-Motorist	A Type	15 Action	16 L	ocatio	on	17 C	onditi	on	18		Hit/Run	— Мор	ed
_	License # S6	3807146	St MA _	DOB/Age	<u> </u>	Reg	#2SCC77				Reg	Туре	PC		R	eg State 1	1A	
	Sex E Lic.	Class D 19 1	9 Lic. Resi	trictions 1	20 CDL		Year 2015	\	√eh M:	ake T	OYO	TA			Veh	Config.	1 21	
	Operator FI	ORENZA,	SHAR	Y A	Endorsemen!		er FIOREN	ZA,	S	HAR	Y Z					iddle		_
⁸ 1	Address 13	FIORENZ	A DR		lAutorie	Addr	ess 13 FIC	REI	NZA	DI		xı			MI			- L
	City WILM	INGTON	State M	Z Zip C	01887-442	1 City	MITWING	TON	<u> </u>								442	9914
	Insurance Comp	any LM GEN	ERAL	····		Vehic	ele Action Prior to		1	<u> </u>	22				Code:	6 ²⁷ 7	27 21]
	Vehicle Travel D	Direction: S	EW	Responding	to Emergency? 2	Even	t Sequence 2	23	23	23	23		st Stati oe of T			29		
⁹ 2	Citation # (If Iss	ued)				Most	Hannful Event	2	24	25	25			t Resu	ilt:	1 30		ŀ
\dashv	Viol. 1: Ch/Sec/S	Sub	Vio	l, 2; Ch/Sec	:/Sub	Drive	er Contributing Co		1	25	25	Sus	sp. Ald	ohol:	2 31		rug: 2 32	
ļ	Viol. 3: Ch/Sec/S		Vio				er Distracted by	0	26	16	76			om sci	ene?	2 33		
	Ple Name (Last First M		rator/non-in	otorist and	all occupants involve	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code		Transp. Code	Medi	cal Facility	
	Operate	or/Non-Mo	torist		See Above		$\geq \leq$	X	1	99	4	0	0	10	1			
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	= Direction	= Vehicle 1	= Vehicle 2	웃 = Pedestri	an 📆 = Bicycle	
Crash Diagram:	ie: 👈 🗀	→ □	<u> </u>	<u>}</u>	→ №	
Market Basket Lot					If Crash <u>Did No</u> on a Public Way	
					Off-Street Parking L	ot
					☐ Garage	
					☐ Mall/Shopping Cent	er
		r v ₂ i	1		Other Private Way	
	V1				Indicate North by	Arrow
				←		
Crash Narrative:		·		.,		
	023, I(Officer M	acGilvray) v	was assigned	as the s	tation officer for the	
4-12 tour. At said to						
vehicle struck her ve	shicle and fled.	Shary's vel	nicle (MAREG	2SCC77)	was parked at Market	
Basket when it was hi	it. It showed da	mage to the	left side re	ear bumbe	er and quarter panel.	
The surveillance does	ant cover where	her vehicle	was parked.	No furth	er solvability factors	
at this time.	·					
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information	Registration #		(From Veh	icle Section)	-	
Carrier Name		**************************************			Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:	, , ,
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	
Hazmat Information:						
Placard 47 Material 1 dig	rit # 48 Material Na	ne		_Material 4 digi	it #Release code	49
	Macciluray		004		Police Department 02	/26/2023

	Pol	lice Use Only		Com	monwe	alth (of Massa	ach	use	etts				RM	V Docu	ıment Num	ber	
	Date of Crash 02/27/2023	Time of Crash 1200 24HR		City/Town ington			icle Cra Report	sh		umber hicles	Nun Inju	red	Speed Latitu Longi		45	State Polic Local Poli MBTA Po Campus P	ice 📆	1
		AT INTER	SECTIO	ON:		LOCA		>							SEC	TION:		İ
1	Route# Dire	ction		Name of Roadway/	Street		Route# Direct	tion	34 Addi	ess#	RC	UT			HWY Roadw	ay/Street		2 10
11				At			Feet	N S	E W	of			_ •	_	or _			
	Route# Dire	ction		of Intersecting Roa							Mi	le Mai	rker			Exit Nu	mber	2 11
				Also at Intersection) With		Feet Feet				Route	#		Interse	cting R	Roadway/Str	eet	╟╢
² 1	Route# Direc	ction	Name	of Intersecting Roa	dway/Street			1112	1 1	VI				La	ndmark			
3	Please Select 6 of the Followi		e 1 1	Occupants H	it/Run	Moped	Crash R	teport	ID#	23	-6	2-	-A	C				
³ 2		9241843	St MA	DOB/Age	<u></u>	Reg #	1DC142				Res	Type	PC		Re	g State M	A	
	Sex F Lic.	10 1	9	strictions B 20	CDL		ear 2021										21	1 12
4	Operator BO	LT, MAR	EANNE		Middle	Own	er BOLT,	MAF	RIA	NNE	LC	UI	SE		Mic	ddle		
⁴ 1	Address 44	CHARNWO				Addr	ess <u>44 CH</u>	RN	WOC	D I	RD							
	City MEDF			MA Zip 0215		City	MEDFORD				22					2155-!		
		, ,		TUAL INS			le Action Prior to			3 23	22		maged st Stat		Code:	6 ²⁷ 4 ²	15 21	
⁵ 2	Vehicle Travel E		Xw	Responding to Em	ergency? 2		1 Sequence 1	23	23				pe of			29		
	1	sued)					Harmful Event r Contributing Co	1	1	25	25			st Resu		1 30		13
	Viol. 1: Ch/Sec/			ol. 2: Ch/Sec/Sub =				0	26	i				cohol: om se	2 31 ene?	Susp. Drug	g 2 32	
⁶ 1	VIOL 3. Ch/Sec/			r and all occupants			. Distributed by	<u> </u>	34	35 Safety	36	37	38	19	40	2		
	Name (Last First M	-			Address		DOB/Age	Sex	Seat Pos.	System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Lahey Clis		
	Operate	<u></u> .			See Above				1	1	4	0		8				
			·															
									_									
										<u> </u>			<u> </u>	10		· · · · · · · · · · · · · · · · · · ·		1
⁷ 6	Please Select C of the Followin		21#	Occupants No	on-Motorist A	Туре	Action	16 L	ocatio	n	17 C	onditi	on	18	<u> </u>	lit/Run	Moped	
	License # NHI	L12079506	-1	DOB/Age		Reg#	95315			··-·-	Reg	Туре	AP		Re	g State M2	21	
	Sex F Lic. 0		Lic. Res		CDL T Endorsement		ear 2016								_ Veh	Config. 7		
3 1	"	LLINS , A	Fi	irst	Middle		r ALBANE	Last			S	IN	C		Mid	ldle		
	Address 132 City SALEN	LANCAS!		MH Zip 030'	70		DRACUT	·VA	LN					۸ ،	01	926-1	2894	1 14
	-			res fire		•	le Action Prior to	Crach		3	22				Code:		7 27	
	Vehicle Travel D			Responding to Em			Sequence 7		23	23	23	Tes	st Stati	us:		1 28		
)	Citation # (If Iss	ued)				Most	Harmful Event	1	24				e of I		,,,	29 30		
2	Viol. 1: Ch/Sec/S	Sub ———	Vio	ol. 2: Ch/Sec/Sub		_ Drive	r Contributing Co	de	99	25	25			t Resu cohol:		Susp. Druj	g 2 32	
	Viol. 3: Ch/Sec/S	Sub —	Vio	ol. 4: Ch/Sec/Sub -		_ Drive:	r Distracted by	0	26					om sce		2 33		
	Ple Name (Last First M	-	rator/non-n	notorist and all occu	pants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical	Facility	
		or/Non-Mo	torist		See Above	•	><	X	1					10	1			
	• • • • • • • • • • • • • • • • • • • •																	
						·												

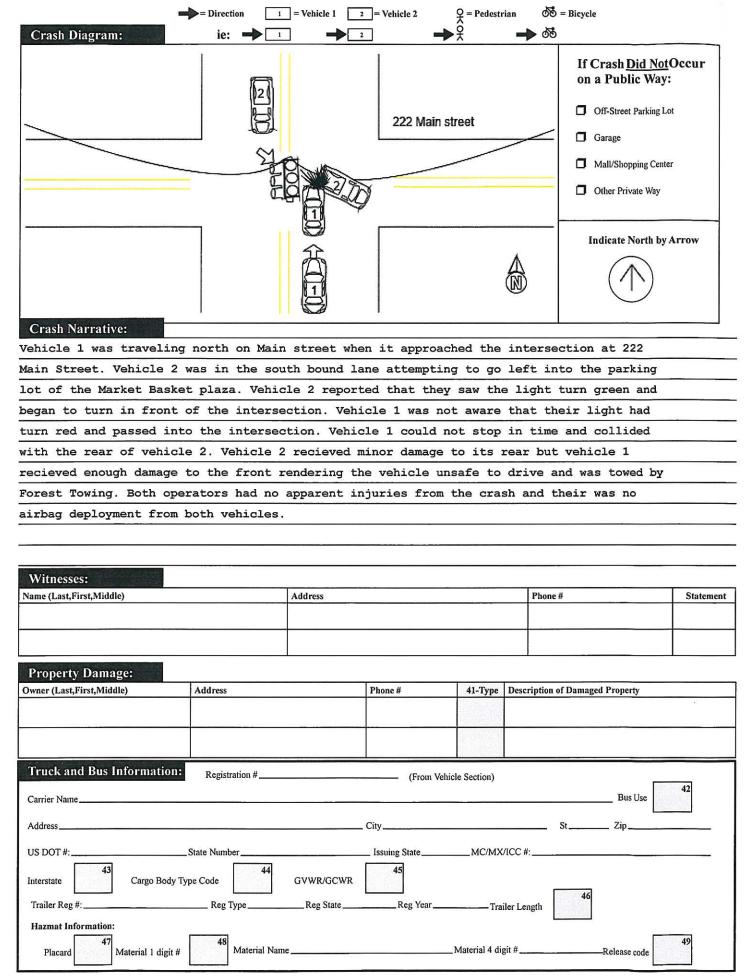
	= Direction	1 = Vehicle 1	= Vehicle 2	♀ = Pedestrian	Ø் = Bicycle	
Crash Diagram:	ie: 👈	→	: →	Ŷ.	→ 65	
					If Crash <u>Did Not</u> t on a Public Way:	
			ROUTE 62		Off-Street Parking Lo	t
					Garage	
					Mall/Shopping Center	.
_	V2	~				
		Ø	*		Other Private Way	
	as The second			4	Indicate North by	Arrow
	V1 RT 93 C	FF RAMP		(N		
Crash Narrative:						
Sir, on February 27,	2023. I (Officer	MacGilvray)	was assigne	d to s2 in	marked unit 32	
during the 8-4 tour.						
(rear-ended) V1 when						
stopped on the off ra	amp to take a ri	ght turn ont	o RT 62 V2 h	it her fro	om behind causing the	-
accident. Ms. Bolt (V1) was transpor	ted by EMS t	o Lahey Clin	ic. No vis	sible injury to Ms.	
Bolt (complained of m	minor neck and b	ack pain). V	71 was moved	to Marie D	r. I spoke to V1	
daughter who stated :	she would retrie	ve V1 later	today.			
			·			
Witnesses:		1	····		70	
Name (Last, First, Middle)		Address		,	Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	
]]		
Truck and Bus Informati	On: Projection #					
	Registration #		(From Vehi	cle Section)	Poss No.	42
Carrier Name					Bus Use	
Address			. City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate Cargo Bo	dy Type Code	GVWR/GCWR	45			
	Reg Type		Reg Year	Trailer I	angth 46	
Hazmat Information:	weg sype			Iralier L	Length	
47	48 Material Na	me		Material 4 dioù #	Release code	49
Placard Material 1 dig	511 //				-Actease coule	
			001 174		- 1 1	00 10000

Patrol Officer Paul Macgilvray
Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks

02/27/2023 Date

	Police Use Only	Com	monwealth	of Massacl	ausetts	;	RN	AV Docum	ient Number	: 14 (3-3)		
	Date of Crash Time of Crash	City/Town mington	Motor Ve	hicle Crash	Number Vehicles		Speed Lim	it 25	State Police Local Police MBTA Police			
	24HR	initing con	Police	Report	2	0	Latitude Longitude.		Campus Police Other:			
	AT INTERSECT	ION:	< LOC	ATION >		NOT A	r intei	RSECT	ION:			
					222	MAIN	I ST			2 10		
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #			f Roadway	/Street			
	_[At		Feet N S	E W of		_ • _	- or		_		
	Route# Direction Nan	ne of Intersecting Roady		- 110	EW.	Mile Ma	irker		Exit Number	8 11		
		Also at Intersection w	AIII	Feet NS		Route#	Inter	secting Ro	adway/Street	-		
² 4	Route# Direction Nat	ne of Intersecting Roady	vay/Street	Peet [N] 3	12 W 01		`	andmark		_		
1	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repor	t ID# 23	-63		andmark		7		
³ 2	of the Constant	A DOB/Age						_	- 3.63			
	19 19	20		g# <u>1BVJ29</u> 1 Year <u>2012</u>					1 21	1 12		
	Operator Div. Class D	xesinctions C	ndorsement	ner LAGUNILL				Veh C	ontig. 🔽	-		
⁴ 3	Address,	First	Middle	dress 7 REVERE		First		Middle	:	-		
	City State	, Zip_		WILMINGTON		Sta	te MA	Zip 018	387-6217	_		
	Insurance Company THE COMME	RCE INSURAN	NCE CO Vel	nicle Action Prior to Crasi	1		amaged Are	_		, i		
5	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Eve	ent Sequence 1 23	23 23	23	st Status:	1	28			
⁵ 1	Citation # (If Issued)		Mo	st Harmful Event 1	24	· ·	pe of Test: AC Test Res	ndt e	30			
	Viol. i: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Dri	ver Contributing Code	3 25	25	sp. Alcohol		Susp. Drug: 2 32	1 13		
⁶ 2	Viol. 3; Ch/Sec/Sub			ver Distracted by	26	To	wed from s		33	'		
	Please fill out for opera Name (Last First Middle)	tor and all occupants inv	/olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	7		
	Operator	Se	ee Above	X	1 1	4 0	0 10	1				
⁷ 2	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condit	on 18	□ ніс	/Run Mope	d		
		A DOB/Age	Pec	# 4VJE79		Reg Type	PC			4		
	19 19	20		Year 2018	Veh Make F (<u> </u>	_	onfig. 1	-		
	Operator ALMEIDA, KEVII	N FRANCIS	dorsement	ner ALMEIDA,			CIS		,g. <u>– </u>	_		
2	Address 6 HARVARD RD	First		Middle Last First Middle Address 6 HARVARD RD								
	City BILLERICA State	MA Zip 01821	-1407 City	BILLERICA		Stat	e <u>MA</u> 2	Zip 018	21-1407	_ 1 14		
	Insurance Company CITIZENS I	NSURANCE C	OMPAN Veh	icle Action Prior to Crash	4	_J	maged Area	Code: 4	27 27 27	J		
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2 Eve	nt Sequence 1 23	23 23		st Status: ne of Test:	1	28			
2	Citation # (If Issued)			t Harmful Event 1	24	BA	C Test Rest	ılt: 1	30			
	Viol. 1: Ch/Sec/Sub				1 ²⁵	Su:	p. Alcohol:		usp. Drug. 2 32			
	Viol. 3: Ch/Sec/Sub — \ Please fill out for operator/non-	/iol. 4: Ch/Sec/Sub —— -motorist and all occupa		er Distracted by 0	34 35	36 37	ved from sc	40		4		
	Name (Last First Middle)	•	Address	DOB/Age Sex	Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Code	Medical Facility			
ł	Operator/Non-Motorist	Sec	e Above		1 1	1 0	0 10	1		-		
								-		_		
										_		
	Fonu No. 10364 CRA-65 09/18											



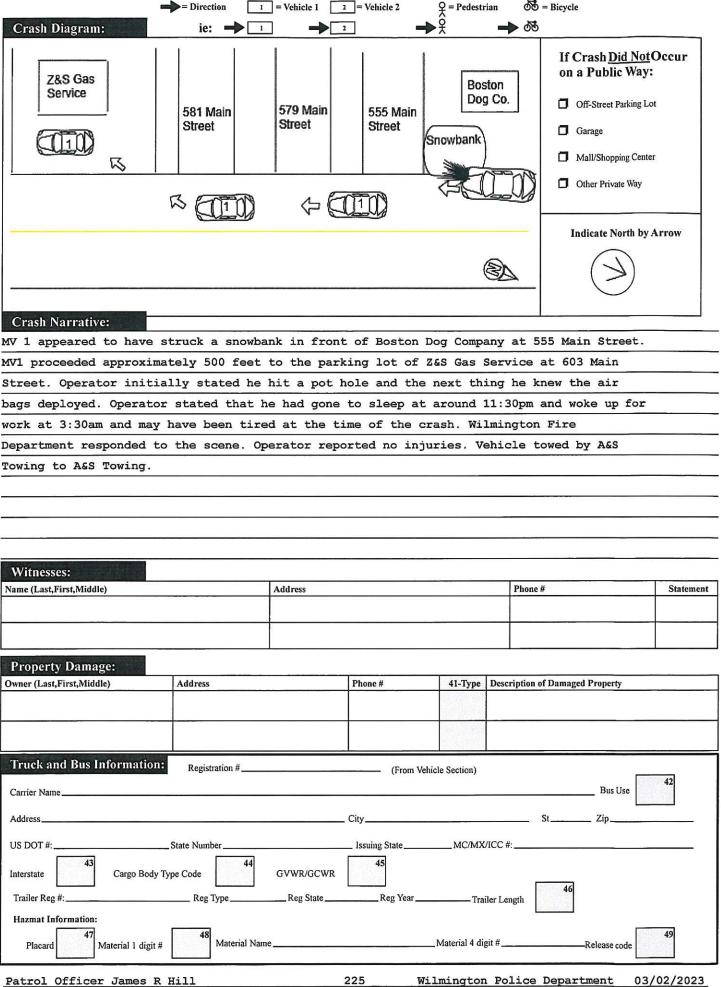
Patrol Officer Thomas Lawrenson

222

Wilmington Police Department

02/28/2023

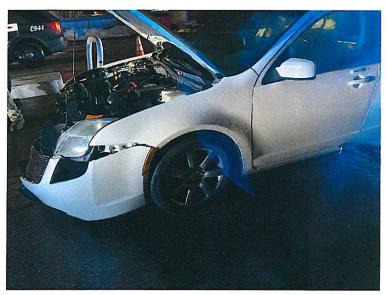
	Pol	lice Use Only	ealth	of Mass	ach	ius	etts	i		1.1	RM	V Doc	ument Numbe	r				
	Date of Crash 03/02/2023	Time of Crash	1	City/Town ington	or Veh	icle Cra	sh		umber chicles			Speed Latitud	Limit	35	State Police Local Police MBTA Polic		1	
	037 027 2023	24HR	147711]	Police	Report		1		0	i i	Lantite			Campus Pol Other		
		AT INTER	SECTIO	ON:	<	LOCA	TION	>		-	NO	ΓAΊ	'IN'	FER	SEC	TION:		<u> </u>
	-								60	3	MZ	IN	SI	ŗ				2 10
¹ 4	Route# Dire	ction		Name of Roadway/	Street		Route# Direc	tion		ess#					Roady	vay/Street		
4	1			At			Feet	N S	EW	of			- •	_	or _			
	Route# Dire	ction	·	of Intersecting Road	<u>-</u>		····		T I	1	Mi	le Mai	ker			Exit Num	oer	1 11
				Also at Intersection	with			N S		-	Route	#		Interse	ecting l	Roadway/Stree	t	
² 3	Route# Dire	ection	Name	of Intersecting Road	dway/Street		Feet	NIS	EW	ot				ĭ a	ndmar		·	
	Please Select		o i 1. #	Occupants H	it/Pun	Moped	Crash I	Danaet	1D#	23	6	1.	- 2		11(IIII)		-	1
3	of the Followi	ng: —																4
l	1	1390971	19	DOB/Age_05/		•	# 1GKH38										21	7 12
	Sex.M Lic.	LSON, Z	_		CDL Endorsement		Year <u>2011</u>					UK	<u> </u>		Veh	Config.		\vdash
⁴ 1	1 '	Last	F	CHINSON	Middle		er FAUCI, ess 190 E:	Last			Fi	st			M	iddle		
	1			MA Zip 0182			SAUGUS	2. S. E.	43h	<u>.</u>		Stat	. MZ	A 7	/in O	1906-4	250	
				R INSURAN		•	ele Action Prior to	Crash	·- ···································	1	22				-	8 27 1 27		
,	Vehicle Travel D		Xw	Responding to Em				23 35		23	23	Tes	st Stat	us:		1 28		
5		sued)	<u> </u>				Harmful Event	27		L_			pe of 7			30		
	Viol, 1: Ch/Sec/	/Sub	Vic	ol. 2: Ch/Sec/Sub -		Drive	er Contributing Co		21	25	25			t Resu	uit: 2 31	1	32	30 ¹³
6	Viol. 3: Ch/Sec/	'Sub	Vie	ol. 4: Ch/Sec/Sub		Drive	er Distracted by	0	26					om sc		1 33	<u></u>	
⁶ 2			for operator	r and all occupants i					34 Scat	35 Safety	36 Airbag	37 Dject	38 Trap	39 Injury	40 Transp.			1
	Name (Last First M Operate				Address See Above		DOB/Age	Sex	Pos.	System 1	Status 3	Code	Code	Status 10	Code 1	Medical Fac	alily	1
									<u> </u>								····	
								-	<u> </u>	ļ								-
								 	<u> </u>									
	Diama Entant (<u> </u>			15	16			17			18	I			1
⁷ 1	Please Select C of the Followin		2#	Occupants No	n-Motorist A	Туре	Action	ı	Locatio	m	C	onditi	on	10		Hit/Run	Moped	
	License #	101 1	St	DOB/Age		Reg #	·				Reg	Туре			R	eg State	21	
	Sex Lic. (Class 19 1	Lic. Res	trictions	CDL Endorsement	Veh	Year	'	Veh M	ake					_ Veh	Config.		
⁸ 2	Operator	Last	Fi	rsi	Middle	Own	er	Lasi			Fir	st			Mi	ddle	···-	
_	Address		_			_	ess								_			14
				Zip		-	1 Aut Bit de				22				ip Code:	27 27	27	
	Insurance Compa Vehicle Travel D		·	Responding to Eme			le Action Prior to	23	23	23	23		t Stati			28		
		ued)		responding to Ellie	agency:		Harmful Event		24	L		Туг	e of T	est:		29		
⁹ 2		,		ol. 2: Ch/Sec/Sub —			r Contributing Co	L ođe		25	25			t Resu	ılt: 31	30	32	
				ol. 4: Ch/Sec/Sub			r Distracted by		26				sp. Alc wed fir	om sce		Susp. Drug:		
	Ple	ase fill out for ope		notorist and all occu	pants involved		1		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		···	
	Name (Last First M	or/Non-Mo	toriet		Address See Above		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical Fac	ality	
	Operate	/1/1 \ UII=1¥XU	witst		oce Moove			ightharpoons	<u> </u>									
-												_						
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Wilmington Police Department Images Associated with 23-64-AC













	Police Use Only	Comm	onwealth	of Massacl	husetts		RMV D	ocument Number	
	Date of Crash Time of Crash 03/02/2023 2152 Wiln	City/Town	Motor Veh	icle Crash	Number Vehicles	Indused	specu Dani.	30 State Police Local Police MBTA Police	
	03/02/2023 2152 Wiln	nington	Police :	Report	1	ا ` ا	Latitude Longitude	Campus Police Other:	3
	AT INTERSECT	ON:	< LOCA	TION >		NOT AT	INTERSE	CTION:	
									2 10
	Route# Direction	Name of Roadway/Stree		Route# Direction	414 Address #	WOBUI	RN ST Name of Roa	adway/Street	_
¹ 4		At	······	_ [5,17]					
	Route# Direction Nam	ne of Intersecting Roadway	u/Street	Feet N S	SEW of -	Mile Mar	er e or	Exit Number	
	Treate 1	Also at Intersection with		Feet N S	EW of				. 1
<u> </u>				Feet NS	SEW of	Route#	Intersection	ng Roadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadway	y/Street				Lands	ıark	
3	Please Select One of the Following:	#Occupants Hit/Ru	un Moped	Crash Repo	rt ID# 23	-65-	-AC		
		HDOB/Age	Pon	 #_JKP9554		Don Time	DC .	Bas Store OH	
	19 19	Lestrictions 20 CDI		Year 2019				21	4 12
	Operator GREEN, OWEN LI	Ende	orsement	er EAN HOLD				/en Config.	
⁴ 1	Address 6363 UPPERRIDG	First 1	Middle	er <u>E. 1. 1783</u> RF		First		Middle	-
	City CANAL WNCHESTER State						○ 12 ~:	A E O A 1	-
		OR Zip 43110		CINCINNAT	· ·	_	e OH Zip <u>-</u> maged Area Co		<u>-</u>
	Insurance Company	D 1		cle Action Prior to Cras	sh 1 23 23		t Status:	1 28	
5	Vehicle Travel Direction: SEW	Responding to Emerger		t Sequence 35 ²³			e of Test:	29	
	Citation # (If Issued)			Hammful Event 35	<u>* </u>	25	C Test Result:	1 30	13
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	Sus	· <u>E</u>	31 Susp. Drug 2 32	30 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by 7	34 35	Tov	ved from scene		
	Name (Last First Middle)	tor and all occupants invol	ddress	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Tran Code Status Co	nsp. de Medical Facility	
	Operator	See .	Above	\times	1 1	1 0	0 7 2	Lahey Clinic	
				; F	4 0	1 0	0 8 2	Winchester Hospital	
				15 16	1 1 1	17	18		-
1	of the Following: Vehicle 2	#Occupants Non-M	lotorist A Type	Action	Location	Condition	м	Hit/Run Mope	d
		DOB/Age	Reg #	f		_ Reg Type _			_
	Sex Lic. Class 19 19 Lic. R	estrictions 20 CDL	Veh Y	/ear	Veh Make		v	/eh Config. 21	
,	Operator		Owne	erlasi		First		Middle	_
1	Address	1431		255		I-125t		Midale	
	CityState	Zip	City_	<u> </u>		State	Zip_		_ 1 14
	Insurance Company		Veluic	le Action Prior to Cras	h 2	Dan	naged Area Cod	ie: 27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergen	icy? Event	Sequence 23	23 23		Status:	28	
,	Citation # (If Issued)	<u></u>	Most	Harmful Event	24		e of Test: C Test Result;	30	
2	Viol. 1: Ch/Sec/Sub ————V	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25		31 Susp. Drug 32	
	Viol. 3: Ch/Sec/Sub	/iol, 4: Ch/Sec/Sub ——	Drive	r Distracted by	26		ed from scene?	 	
	Please fill out for operator/non-	-			34 35 Seat Safety	Airbag Eject	38 39 40 Trap Injury Tran	sp.	7
	Name (Last First Middle) Operator/Non-Motorist		Ahoue	DOB/Age Sex	Pos. System	Status Code	Code Status Cod	de Medical Facility	-
ļ	Operator/19011-1910torist	See A	Above		1				-
Į									

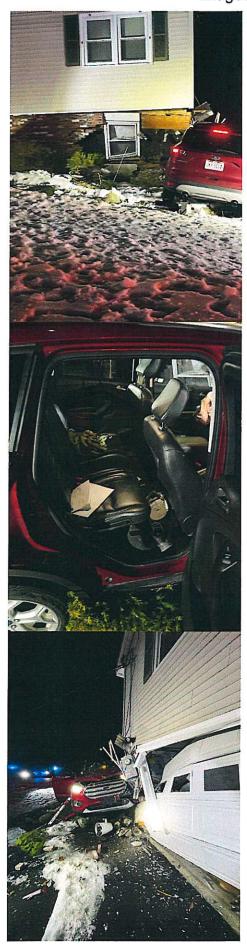
Cyceh Diaguary		= Vehicle 1	2 = Vehicle 2	Q = Pedestri	an ੴ = Bio → ੴ	ycle	
Crash Diagram:	ie: → 1			Chero	kee Ln	If Crash <u>Did Not</u>	
±5						on a Public Way:	
Woburn St	· · · · · · · · · · · · · · · · · · ·				(Off-Street Parking Lo	t
W &	A 412 \	Woburn St			(Garage	
\ \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					(Mall/Shopping Center	r
	\$					Other Private Way	
						. <u></u>	
	\$ A1A	Woburn St				Indicate North by	Arrow
		Trought Of					
Crash Narrative:	· · · · · · · · · · · · · · · · · · ·						
MV1 was traveling Sout	h on Woburn St.	The operat	or reported	losing c	ontrol of	vehicle	
which resulted in the	vehicle leaving	the road a	and hitting t	he front	right sid	e of 414	
Woburn St.							
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Dan	naged Property	
YEE GEORGE FEESING	414 WOBURN ST WILMI	INGTON MA 01887-			Inspector de	emed house unir	nhabitable
						, , , , , , , , , , , , , , , , , , , ,	
Truck and Bus Information	Registration #		(From Vehi	cle Section)			
Carrier Name					***************************************	Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body		GVWR/GCWR	45			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Name	e		_Material 4 digi	t#	Release code	49
Patrol Officer Mechan	C-11-7-		214 55.	1 m i n +	Police Pro	ertment 03/	02/2022

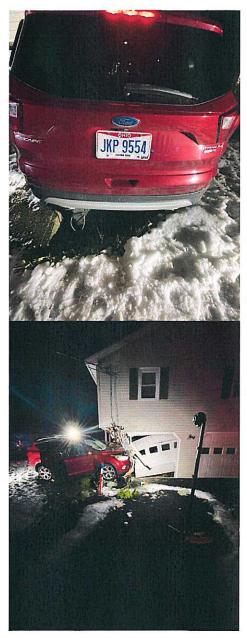
Wilmington Police Department Images Associated with 23-65-AC





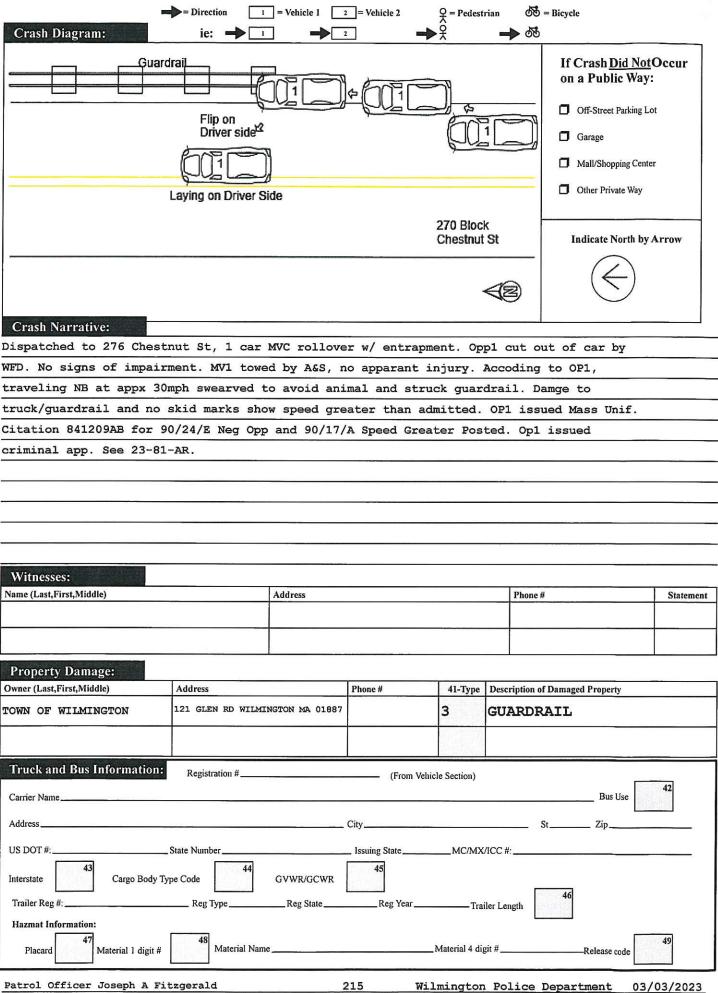
Wilmington Police Department Images Associated with 23-65-AC







	Pol	lice Use Only		Con	nmonwea	alth o	of Mass	ach	ıuse	etts				RM	V Doci	ument Nu		
	Date of Crash 03/03/2023	Time of Crash	1	City/Town ington	Motor	·Veh	icle Cra	ash		umber hicles	Nun Inju	4	peed atitud	Limit.	20	Local	Police D Police S A Police D	
	03, 03, 2023	24HR	P1				Report		1	<u> </u>	0		ongit			Campi Other:	us Police 🔲	
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO	AT	INT	ER:	SEC	TION:	:	10
									27	6	CE	ES?	INU	ľľ	ST			2 10
1 _	Route# Dire	ction		Name of Roadway	/Street		Route# Dire	ction		ess#					Roadw	/ay/Street		_
¹ 5				At			Feet	N S	EW	of			- •		or _			
	Route# Dire	ction		of Intersecting Ro				ا ا ا	I re law		Mi	le Marl	ker			Exit l	Number	1 11
				Also at Intersection	n with			N S			Route	 -]	Interse	cting F	Roadway/	Street	
² 1	Route# Dire	ction	Name	of Intersecting Ro	adway/Street		Feet	[N]3	EW	of				I n.	ndmarl			_
	Please Select		. 1 #	Occupants	Jit/Pun	Moped	Crash	Danast	· ID#	23	6	6-	. 7		ngina i			_
3	of the Followi	ing:																_
		2877288 19 1	9	DOB/Age]		L5135					-					21	2 12
	Sex M Lic.			strictions	CDL Endorsement		/ear <u>2011</u>									Config.	<u> </u>	
⁴ 1		RIEN, WI		M JUSEPI inst	Middle		er OBRIEI ess 38 CR	Last			Fi	ızı		<u> </u>	Mi	ddle		1
4	1	ERICA		//A zin 018	21-5420		BILLERI			<u>ND</u>		State	MZ	7	is 01	1821	-5420	
		oany THE CC		•		•	le Action Prior t			1	22					11 27	27 27	
	Vehicle Travel I		E W	Responding to En			Sequence 40			23	23		t Stati			1 28	اا	
5		sued) 84120		trasponante la 20			Harmful Event						e of T			29		
	1			oi. 2: Ch/Sec/Sub	90 17		r Contributing C		10	25	25			t Resu cohol:		Suen F	Orug: 2 32	24 ¹³
		Sub					r Distracted by	7	26					om sc		1 33	"" ⁸ [2]	
⁶ 1			for operator	r and all occupants				Ì	34 Seat	35 Safety	36 Airbag	37 Eject	38 Тгар	39 Injury	40 Transp.			-
	Name (Last First M				Address See Above		DOB/Age	Sex	Pos.	System 1	Status 3		Code	Status 10	Code 1	Med	lical Facility	1
	Operati							4	┿	-		-	-					-
								+										_
								-	ļ									_
				<u>!</u>					.l	<u> </u>	-			10				4
⁷ 1	Please Select C of the Followin		2#	Occupants N	lon-Motorist A	Туре	Action	16	Locatio	m	17 C	Conditio	ո	18	-	Hit/Run	Moped	
	License #			DOB/Age		Reg#					Reg	Туре_	,		R	eg State_		.]
	SexLic.	Class 19 1	Lic. Res	trictions 20	CDL Endorsement	Veh Y	'ear	,	Veh M	ake					_ Veh	Config.	21	
8 ₂	Operator	Last	Fi	rsi	Middle	Owne	er	[.ast			Fit	xI.			М	ådie		
2	Address					Addre	ess											. 14
	City		State	Zip		City_			i		22	_ State			` I	27	27 27	1
	Insurance Comp				·		le Action Prior to	o Crash	23	23	23		naged : Statu		Code:	28	-11 -11	
	Vehicle Travel D	<u> </u>		Responding to En	nergency?		Sequence		24	23		Тур	e of T	est:		29		
⁹ 2		ued)					Harmful Event	<u> </u>	<u> </u>	25	25			t Resu		30	[İ
							r Contributing C r Distracted by	oae	26				p. Alc æd fo	ohol: om sce	31	Susp. D	Orug 32	
ļ		ase fill out for ope				_ Dilve	Distracted by		34	35	36	37	38	39	10			4
	Name (Last First M	liddle)		1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trup Code	Injury Status	Transp. Code	Med	ical Facility	-
	O perate	or/Non-Mo	torist		See Above			X	1								· · · · · · · · · · · · · · · · · · ·	4
																		_
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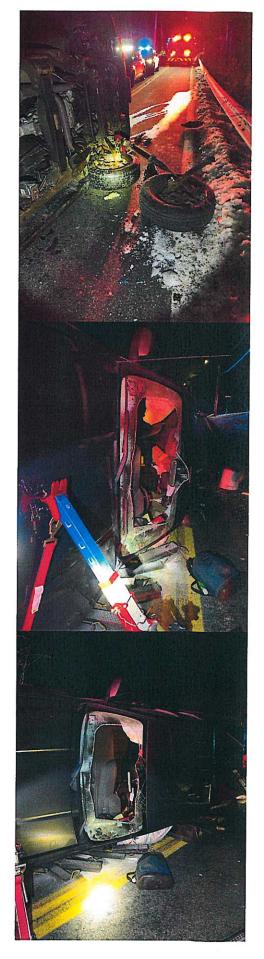
Wilmington Police Department Images Associated with 23-66-AC





Wilmington Police Department Images Associated with 23-66-AC





Wilmington Police Department Images Associated with 23-66-AC



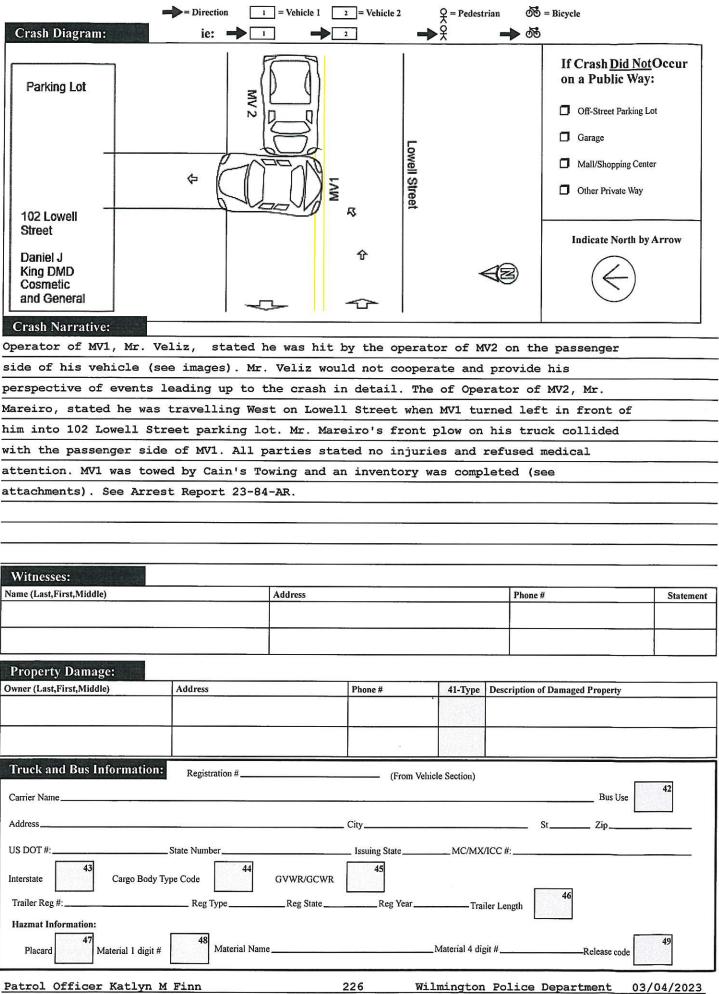


Wilmington Police Department Images Associated with 23-66-AC





	Police U	Use Only	•	Commonw	ealth	of Mass	ach	use	etts				RM	V Doc	ument l	Number	
		me of Crash 758 W:	City/Town ilmingto	an I		nicle Cra	ish		unber hicles			Speed Latitu	Limit	40	Loca	e Police al Police RA Police	
		24HR		" 1		Report		2		0		Longit				npus Police 🔲	1
	A	Γ INTERSE	CTION:	<	LOC	ATION	>			NO	TAT	'IN'	rer	SEC	TION	V:	10
								10:	2	L	OWE:						2 "
¹ 3	Route# Direction		Name of R	Roadway/Street At		Route# Direc	ction	Addr	ess#			Na	me of	Roadw	/ay/Stre	et	-
٦						Feet	N S	E W	of ·	— .	ile Mar	•	_	or _	Fvi	t Number	<u> </u>
	Route# Direction			eting Roadway/Street tersection with		Feet	N S	E W	of	141	HE IVIA	ikei			LA	Tumou	3 11
						I	NS			Rout	e#		Interse	ecting I	Roadwa	y/Street	<u> </u>
² 2	Route# Direction		Name of Intersec	eting Roadway/Street									La	ndmari	k		
3	Please Select One of the Following:	Vehicle 1	1#Occupants	Hit/Run	Moped	Crash l	Report	ID#	23	-6	57-	-A	C		•		
	License # S330	16075	St MA_ DOB/A	L	Reg	# <u>5HZ284</u>				Re	g Tyne	PC		R	eg State	MA	<u> </u>
	Sex M Lic, Clas	10 10	Lic. Restrictions	20 CDL	_	Year 2020									_	21	1 12
	Operator VELI		YM	Endorsement	Оw	ner VELIZ,	. ME	LI	SSA	_A1	NN_						
⁴ 1	Address 84 SY	CAMORE	ST APT		Add	ress 84 SY (Last CAMO	ORE	_sī	F.	irst APT	<u> </u>		Mi	iddle		
	City SOMERV	ILLE	State MA Zip	02145-3720	City	SOMERVI	LLE				Stat	e M 7	1 z	ip 0 2	2145	5-3720	
	Insurance Company	THE COM	MERCE IN	SURANCE CO	O	cle Action Prior to	o Crash		4	22	Da	mageo	l Area	Code:		27 27	
5	Vehicle Travel Direc	tion: NS	W Respondi	ng to Emergency? 2	Ever	it Sequence 1	23	23	23	23		st Stat			2 28		
	Citation # (If Issued)	T319031	.0		Mos	t Hannful Event	1	24			ВА	pe of T AC Tes	rest: st Rest	ılt:	2 30		
	Viol. 1: Ch/Sec/Sub	90 24	Viol. 2: ClvS	ec/Sub 90 2	24 Driv	er Contributing C	ode	10	²⁵ 9	7 25	Su	sp. Ak	cohol:	1 ³¹	Susp.	Drug: 99 32	1 13
⁶ 1	Viol. 3: Cli/Sec/Sub		Viol. 4: Clı/S	ec/Sub	Driv	er Distracted by	0	26			To	wed fr	om sc	ene?	3 ³³		
<u> </u>	Name (Lest First Middle)	Please fill out for	operator and all or	ccupants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Ejest Code	38 Trap Code	39 Injury Status	40 Transp. Code	м	ledical Facility	
	Operator			See Above		\times	X	1	99	4	0	0	10	1]
																	1
	Please Select One	M	3 #Ogguannie	Non-Motorist A		15	16 .			17			18			Б	
⁷ 1	of the Following:		Z#Occupants	Non-Motorist A		Action		ocatio	n		Conditi	L		L	Hit/Run	<u></u>	
	License # <u>S626</u>	10 10	St. MA DOB/A	20	-	# <u>9DB373</u>		·							eg State	21	
	Sex.M Lic. Class		ic. Restrictions	CDL Endorsement		Year 2012								Veh	Config.	2	
⁸ 1	Operator MARE Las Address 72 LO	at .	First	VIS Middle		er MAREIF ess 72 LO	Last		STI T	Pi	DAV.	TZ		Mi	ddle		
				01887-2911		WILMING					Stat	. MZ			1887	7-2911	1 14
	Ī			NSURANCE (cle Action Prior to		F	1	22				Code:		27 27	
	Vehicle Travel Direct	, , , , , , , , , , , , , , , , , , , 		ng to Emergency? 2		t Sequence		23	23	<u>_</u> 23	Tes	st Stati	us:		1 28		
	Citation # (If Issued).					Harmful Event	1	24	- 1			pe of T			30		
⁹ 2	Viol. 1: Ch/Sec/Sub -		Viol. 2; Ch/S	ec/Sub ————	Drive	er Contributing Co	ode	 1	25	25	1		t Rest			Drug: 2 32	
				ec/Sub		er Distracted by	0	26		***********			om sc		2 33	E1	
		all out for operato	or/non-motorist and	d all occupants involve	d			34 Seat	35 Salicty	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First Middle) Operator/	Non-Motor	rist	Address See Above		DOB/Age	Sex	Pos.	System 99	Status 4	Code 0	Code 0	Status 10	Code 1	M	edical Facility	
	- Poratorii	IIIUIUI	55	555.100.0		/	F	<u>.</u> 6		- 4		0	10	1			
							-	-	-	*		-		-			
ĺ	Form No. 10364 CRA-65 09/1	8															



ID/Badge#

Date

Wilmington Police Department Images Associated with 23-67-AC





