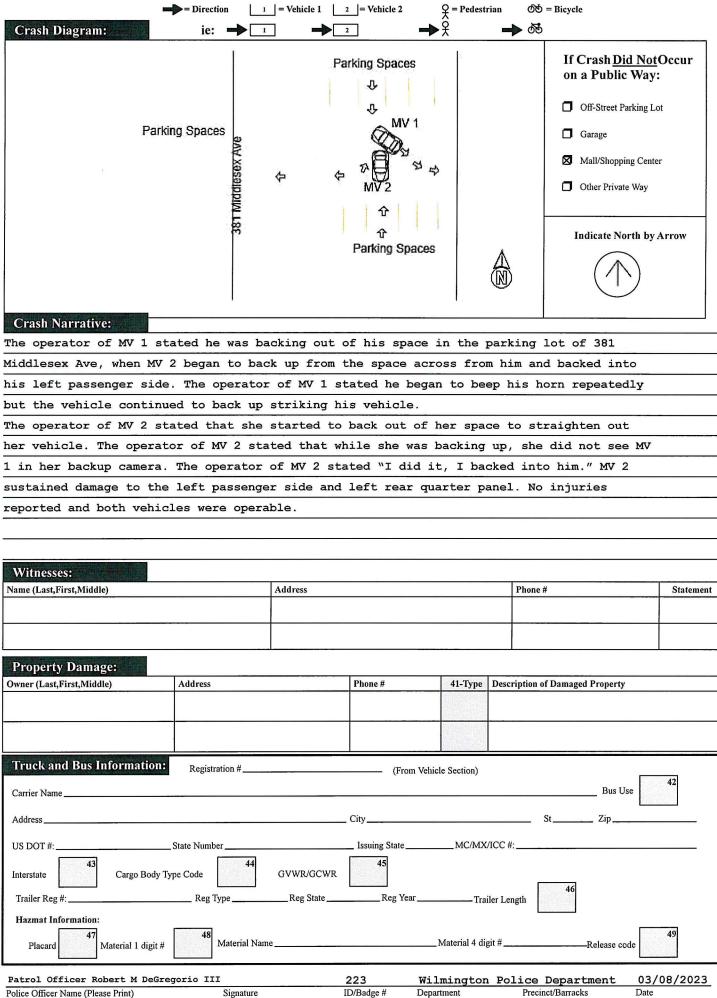
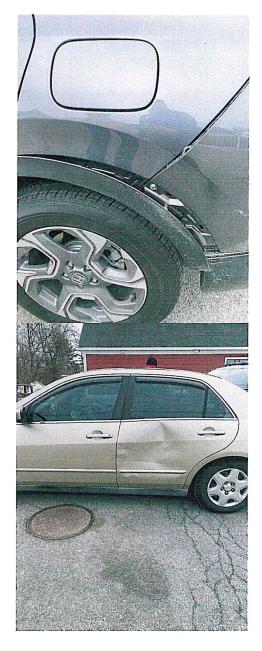
	Police Use Only Commonwealth of Massachusetts RMV Document Number																
		Time of Crash		City/Town	Mo	tor Veh	icle Cra	ash		umber hicles	Numl Injur	Jope	ed Limi	t	Loca	Police al Police TA Police upus Police	П
	03/08/2023	L 159 24HR	Wilmi	ingtor	n	Police	Report		2	incies	o	Lau	itude igitude _			TA Police	1
	AT INTERSECTION:				<		TION	>			NOT			SEC	TION		
		Atlanta Carlos Carlos C											2 10				
							l		38		MI	DDLI	ESEX	Z A	Æ_		
¹ 1	Route# Direction	on	1		adway/Street At		Route# Dire	ection	Addı	ess#			Name of	Roadv	vay/Stree	et	-
				•	nı		Feet	NS	EW	of		-	•	or _			.
	Route# Direction	on	Name	of Intersecti	ng Roadway/Street						Mile	Marker			Exi	t Number	1011
			1	Also at Inter	section with		Feet	N S	EW	of	Route	-	Inters	ecting l	Roadwa	v/Street	10
2	Route# Direction		Nome	o C Intongo ati	ng Roadway/Street		Feet	N S	EW	of	TOUTO		more	ecting i	.coaawa,	yroucot	
² 1	Route# Direction	on	Name	or intersection	ng Roadway/Sireet								L	andmar	k		
3	Please Select On of the Following		11_#	Occupants	Hit/Run	Moped	Crash	Report	ID#	23	-6	8-2	AC				
3				-													-
	License # S46	40	St <u>MA</u>	_ DOB/A	20		# <u>1FEL91</u>									21	1 12
	Sex M Lic. Cla	ass D	Lic. Res	trictions 1	CDL Endorsemen	ıt	Year <u>2005</u>							Vel	Config.	1	
4	Operator MAN	CIA, FF	RANCI	SCO R	Middle	Own	er MANCI	A, I	FRA	NCI	SCO	R		м	iddle		-
⁴ 1	Address 3 MA	RSHALL	CIR	LOWR		Addı	ress 3 MAR	SHA	LL	CII	R LC	WR					
	City PEABOI	Y	State N	17A Zip C	1960-454	8 City	PEABODY	<u> </u>				State 1	1A_	Zip <u>0</u> :	1960	-4548	
	Insurance Compan	y GEICO	GENER	RAL IN	ISURANCE	C Vehi	cle Action Prior t	to Crash	ı	10	22	Dama	ged Area	a Code:	7 27	27 27	
	Vehicle Travel Dire				to Emergency? 2		t Sequence	23	23	23	23	Test S	tatus:		1 28		
5				responding	to Emergency:		t Harmful Event	1	24			Туре	f Test:		29		
	Citation # (If Issue	•						140		25	25		Test Res		30	District Land	_ 13
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Conditioning Code Susp. Alcohol: Susp. Alcohol: Susp. Drug:										Drug: 32	1					
⁶ 1	Viol. 3: Ch/Sec/Su				/Sub	Drive	er Distracted by	0					from so		2 33		
т_	Name (Last First Midd		for operator	and all occi	upants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 ject Tra	p Injury	40 Transp. Code	Me	edical Facility	
	Operator				See Above			X	1	1	4 0		10	1		30 (1995)	1
	operato.	-		-				4	<u> </u>				1			1 MA ANA	-
																	4
	Please Select On	e Vehicle	.1 #6	Occupants			15	16		190	17	, [18	П	Hit/Run		7
⁷ 9	of the Following		2	Occupants	Non-Motorist	A Type	Action		Locatio	n	Co	ndition		'	Hit/Run	Moped	
	License # S48		_	_ DOB/Age		Reg	4JSD38				Reg '	ype P	C	R	eg State		e
	Sex F Lic. Cla	19 19 19 19	Lic. Rest	rictions 1	20 CDL	Veh	Year 2019		Veh Ma	ake <u>H</u>	OND	.		Veh	Config.	1 21	
	Operator DIB	ACCO, J	ULIA	MARI	Endorsemen	t Own	er DIBAC	co,	JU:	LIA		RIE					
⁸ 99	Address 195	SALEM S	Fir ST A	PT 13	Middle 06	Addr	ess 195 S	Last ALE	M S	T	APT	13	06	Mi	ddle		
	City WILMIN		WILMING							Zip 0 :	1887	-4032	1 14				
	Insurance Company	ele Action Prior t		1	10	22		ged Area			5 27 27						
					2		758	23	23	23	23	Test St			1 28	respons Limbards	
	Vehicle Travel Dire			Responding	to Emergency? 2		t Sequence 1	10/6 955 5 A C C C	24			Туре	f Test:		29		
⁹ 2	Citation # (If Issue	d)				Most	Harmful Event	1	2004	1		BACT	est Res	ult:	30		
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 Susp. Alcohol: 31									31	Susp.	Drug: 32						
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33																
	Please fill out for operator/non-motorist and all occupants involved								34 Seat	35 Safety	Airbag	37 38 ject Tra	p Injury				Ţ
	Name (Last First Midd		4000204		Address		DOB/Age	Sex	Pos.	System 1	Status (Code Coo		Code	М	edical Facility	1
	Operator	·/Non-Mo	torist		See Above			\checkmark	1	1	4 0	0	10	1			4
						3000		+									7
							1		1					1			

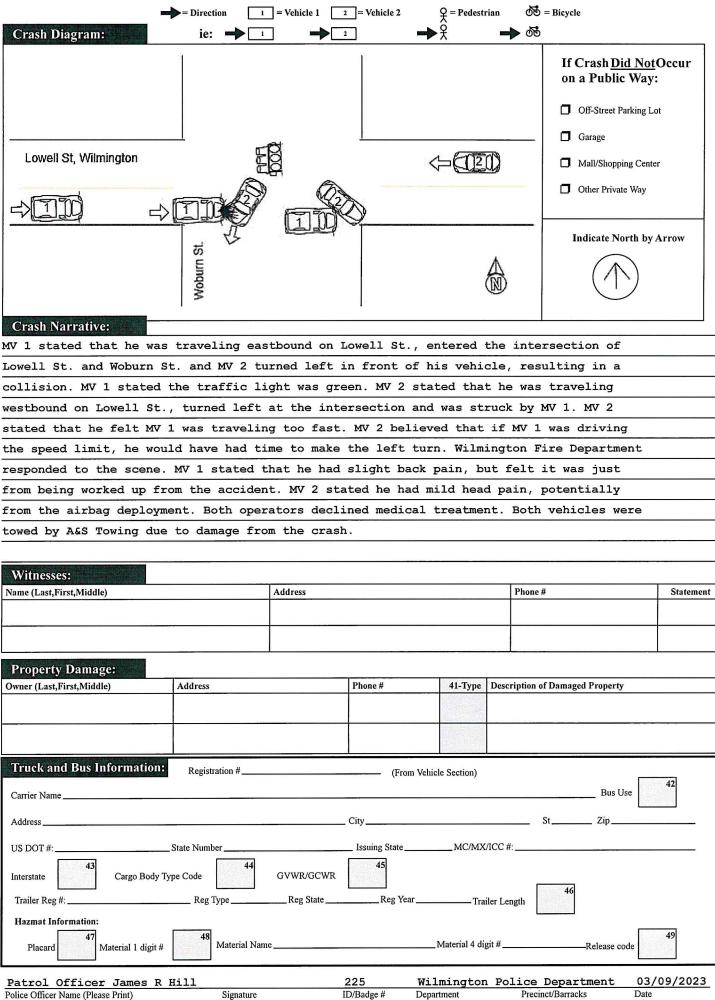


Wilmington Police Department Images Associated with 23-68-AC





	Police Use Only Commonwealth of Massachusetts RMV Document Number												
		City/Town Mongton		icle Cra	sh	Number Vehicles		DPCC	d Limit	25	State Police Local Police MBTA Police Campus Police		
	24HR	ing con	Police :	Report		2	0	VIII.0000000000000000000000000000000000	itude		Campus Police Other:	i	
	AT INTERSECTIO	N: <	LOCA	TION	>		NOT A	T IN	TER	SECT	ΓΙΟΝ:	1	
										2 10			
	Route# Direction LOWELL ST	Name of Roadway/Street		Route# Direc	tion -	Address #	- 13 <u></u>	N		D == J	ay/Street	_[
¹ 2	Kone# Breenon is	At		- Koule# Direc	iioii .	Address #		,IN:	ame or	Roadwa	ay/Street	-	
	WOBURN ST	Feet	NSI	E W of			• —	or _		.			
	Route# Direction Name of	of Intersecting Roadway/Stre	eet				Mile	/arker			Exit Number	3 11	
	· ·	Also at Intersection with			NS		Route#		Interse	ecting R	oadway/Street		
² 1	Route# Direction Name of	of Intersecting Roadway/Stre	eet	Feet	NSE	W of							
Landmark													
3	Please Select One of the Following: Vehicle 1_1#0	Occupants Hit/Run	Moped Moped	Crash R	Report I	D# 2 3	-69	$-\mathbf{A}$	C				
8		DOD''		. 2 та272				DC	•			┨	
	License # S51114551 St MA	20		# <u>2JW272</u>							21	1 12	
	Sex M Lic. Class D Lic. Rest	trictions 1 CDL Endorsen	nent	Year 2019						Veh (Config. 1		
4	Operator CLARK, JAMES MI	ICHAEL JR st Middle	Own	er CLARK,	JAI Last	MES 1	IICHA First	EL .	JR	Mid	dle		
⁴ 3	Address 39 BELLFLOWER RI	D	Addr	ess 39 BEI	LFL	OWER	RD						
	City BILLERICA State M	(A Zip 01821-00	00 City	BILLERI	CA		S	tate M	A z	ip 01	821-0000		
	Insurance Company NORFOLK & D	EDHAM MUTUAI	F Vehic	ele Action Prior to	Crash	1	22	Damage	d Area	Code:	27 8 27 2 27		
	Vehicle Travel Direction: N S W 1	Responding to Emergency?	2 Even	t Sequence 1	23 2	200	23	Test Sta	tus:	1	28		
⁵ 1	Citation # (If Issued)	responding to Emergency .		700	1	24		Type of	Test:	2	29		
					73873265	25	25	BAC Te			30	_ 13	
	Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code Susp. Alcohol: 2 Susp. Drug: 2 32										1		
⁶ 1	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 26 Towed from scene? 1 33												
	Please fill out for operator Name (Last First Middle)		DOB/Age		34 35 Seat Safety Pos. System		t Trap	39 Injury Status	40 Transp. Code	Medical Facility			
	Operator	Address See Abov	re		V	1 1	4 0	0	10	1		1	
	operator.					_		+				1	
												4	
											•		
	Please Select One Vivilia 21 #0		農	15	16		17	100	18			1	
⁷ 2	of the Following: Vehicle 21 #C	Occupants Non-Motor	ist A Type	Action	Lo	cation	Cond	lition		Н	it/Run Moped		
	License # S16684414 St MA	DOB/Ag	:g#	1DKJ29			Reg Ty	ne <u>PC</u>		Reg	State MA		
	Sex M Lic. Class D 19 Lic. Restr	rictions 1 20 CDL	Veh 3	Year 2015	Ve	h Make <u></u>	CURA			_ Veh C	Config. 1 21		
	Operator PARE, COLE ALBE	nent Own	ner PARE, COLE ALBERT										
⁸ 2	Address 34 MARSHALL AVE	st Middle		ess 34 MAR	ast		First			Midd	lle		
		A Zip 01851-48		LOWELL				ata MZ	Δ 7	in 01	851-4812	1 14	
	•									2007	27 3 27 27		
	Insurance Company THE COMMERC		_	le Action Prior to	201	4	SREET .	Test Stat		2000	28		
	Vehicle Travel Direction: N E W	2 Even	ent Sequence 23 23 23 23 1 1 1 25 29 Type of Test: 29										
⁹ 2	Citation # (If Issued)	Citation # (If Issued) Mos						BAC Te		lt: 1	30		
2	25 25									Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub ———— Viol. 4: Ch/Sec/Sub ——— Driver Distracted by 9 26 Towed from scene									. 33				
	Please fill out for operator/non-mo	THE REPORT OF THE PARTY OF THE	olved			34 35 Seat Safety	36 37 Airbag Ejec	38 t Trap	39 Injury	40 Transp.		1	
	Name (Last First Middle)	Address		DOB/Age	Sex	Pos. System	Status Cod	e Code	Status	Code	Medical Facility	-	
	Operator/Non-Motorist	See Abov	e		X	1 1	1 0	0	10	1		1	
												1	
						_		-		\vdash		1	
		î			1		1 [1			1	



CDP1 11-24-00

Wilmington Police Department Images Associated with 23-69-AC





Police Use Only Commonwealth of Massachusetts RMV									MV Doc	ocument Number				
	Establish of contains a second of the second	City/Town	Aotor Veh	icle Cra	sh	Numb			peed Lin	nit3	Local Police	0800		
	03/09/2023 1423 Wilmi	ington	Police 1	Report		2	0		atitude _ ongitude		MBTA Police Campus Police Other:	8		
	AT INTERSECTIO		>		NO'				TION:	-				
												2 10		
	LOWELL ST													
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	ion	Address	#		Name	of Roady	way/Street			
	PARKER S			Feet	N S I	E W of				— or .		_		
		of Intersecting Roadway/	Street				Mi	ile Marl	ker		Exit Number	3 11		
		Also at Intersection with		Feet	N S I	E W of	Route	<u>-</u> -	Inte	rsecting	Roadway/Street	_ []		
2	Post Biodia	CI	24	Feet	N S I	E W of	Roun	-11	mic	rscenng	Roadway/Street			
² 1	Route# Direction Name of Intersecting Roadway/Street										k			
3	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash R	eport I	D# 2:	3-7	0-	·AC					
3	of the Following:													
	License # SA7350197 St MA	_ DOB/Age		<u>2VKY95</u>							2	1 1 12		
	Sex M Lic. Class D 19 19 Lic. Res	trictions 1 CDL	Veh '	Year <u>2005</u>	Ve	eh Make	TOYO	ATC		Vel	Config. 1			
	Operator FOX, DILLON SA	MVED		er FOX , A	LIS	ON J	ANE	rst		N/	liddle	_		
⁴ 2	Address 4232 HORSESHOE			ess 4232 H	ORS	ESH								
	City WILMINGTON State N	1A Zip 01887	City_	City WILMINGTON State MA Zip 01887-6005										
	Insurance Company PROGRESSIVE			ele Action Prior to	Crash	4	22	Dan	naged Are	ea Code	2 27 27 2	27		
		Responding to Emergence		access.		23 23	23	Test	Status:		28	-		
⁵ 1	,	Responding to Emergence		Bequence 1		24		Тур	e of Test:		29			
	Citation # (If Issued)						25		C Test Re	esult:	30	13		
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug. 32										32 1			
⁶ 1	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 7 26 Towed from scene? 1 33													
1	Please fill out for operator	ed	34 35 36 37 38 39 40											
	Operator	See A		DOBIAGE	Ŝ	1 1	5	0 (Wedicai Pacinty			
	Operator	1			\sim		+		-					
	Please Select One Nation 21 #6			15	16	. 0	17		1	8				
⁷ 3	of the Following: Vehicle 2.1 #0	Occupants Non-Mo	torist A Type	Action	Lo	ocation	C	Conditio	n		Hit/Run Mor	ed		
	License # S93355120 St MA	DOB/A	Reg #	1AP638			Reg	Type _	PC	R	eg State MA	_		
	Sex F Lic. Class D 19 19 Lic. Rest	trictions 1 20 CDL_		Year 2018	Ve	eh Make_	FORE)		Veh	Config. 2			
	Operator MARTIN, JERELEI	EN R	sement Own	er MARTIN	, S!	TEPH	EN E	?				-		
⁸ 1	Address 135 NICHOLS ST	rst Mie	idle	ess 135 NI	ast		Fi	rst		М	iddle			
	City WILMINGTON State M	ra ∞ 01887=1		WILMING				Ctata	MZ	7:- O	1887-162	7 1 14		
		•					22		anaged Area Code: 27 27 27					
	Insurance Company THE HANOVER INSURANCE COM Venicle Action Prior to Crash									28				
	Vehicle Travel Direction: SEW	Event Sequence 23 23 23 23 Type of Test: 29												
⁹ 2	Citation # (If Issued)		Most	Harmful Event	1	24		BAG	C Test Re	sult:	30			
	Viol. 1: Ch/Sec/Sub — Vio	ol, 2: Ch/Sec/Sub ———	Drive	r Contributing Cod	de [1 25	25	Susp	o. Alcoho	ol: 31	Susp. Drug: 3	52		
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 26 Towed from scene? 2 33								2 33	_				
	Please fill out for operator/non-m					34 35 Seat Safe	y Airbag	37 Eject	38 39 Trap Inju	ry Transp.	9 11 121 12000			
	Name (Last First Middle)	Addı		DOB/Age	Sex	Pos. Syste	m Status	Code	Code Stati	us Code	Medical Facility			
	Operator/Non-Motorist	See A	oove		Δ	1 1	5	0 0	10	1		_		
					\dashv		+							

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 👈	-	2	→ ♀	→ №	
35 Lowell Street						ash <u>Did Not</u> Occur Public Way:
	V2	<u>.</u>			☐ Off-	Street Parking Lot
· c }		(0)			☐ Gara	ıge
	6	Ã			☐ Mall	/Shopping Center
	.,				☐ Othe	er Private Way
	Ī	AT.	⊖			
	v1				Indic	ate North by Arrow
	parker street	r û t		2	>	\supset
Crash Narrative:						
The Driver of V1 st	ated he was attem	pting to tu	rn left on	to Lowell st	treet from Par	rker
Street. A vehicle	across the way i	n the parki	ng lot had	waved him o	n. He then pu	ılled on
to Lowell Street an	d hit v2. He did	not see v2	•			
v2 was traveling no		100	due to the l	ousy interse	ection. V1 p	pulled
out of parker and	hit her on the	right side.	1012			
			W . St. J.			
						-

=						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
			200			
Property Damage:	f.					
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged P	roperty
Truck and Bus Informa	tion: Registration #		(From \	ehicle Section)		
Carrier Name						Bus Use 42
Address			_ City		St	Zip
US DOT #:	State Number		Issuing State	MC/MX/ICO	C#:	
43	44		45			
经工工工工工工	Body Type Code	GVWR/GCWR	Des Vess		46	
	Reg Type	Reg State	Keg Year_	Trailer	Length	
Hazmat Information: 47 Placard Material I	digit # 48 Material Na	me		Material 4 digit #	Re	elease code
Patrol Officer Bria		- 412-0-0			olice Departm	
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinct/Barracks	Date