Police Use Only		Com	monwealt	th o	f Massa	ich	us	etts	\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RM	V Doc	ument	Number	:
Date of Crash Time of Cras 03/19/2023 1125	1	City/Town ington	Motor V			sh		umber chicles		mber ured	Speed	i Limit	3!	[	le Police al Police TA Police	
24H		ing con	Polic	ce R	Report		2		0		1	iue itude		Car Oth	nous Police er:	
AT INTE	RSECTIO	DN:	< LC	CAT	ION >	>			NO	<b>T</b> A]	ΓΙΝ	TER	SEC	TIO	V:	
							27	9	3.4	3 T N	7 (*)	<b></b>				2
Route# Direction		Name of Roadway/	Street		Route# Directi	ion	27 Addi	ress#	M	HTI	I S'		Roady	vay/Stre	et	_ -
		At			Feet [	N S	FW	۔۔۔۔						-		
Route# Direction	Name	of Intersecting Road	dwav/Street		reet [	NIO	12 11	J OI	M	ile Ma	arker		· or .	Ex	it Number	ᆣ
		Also at Intersection	<del> </del>	┨.	Feet	N S	EW	of	D	- 44		T - 4		n	(Ct-oot	3 
Route# Direction	Name	of Intersecting Road	J /Ct	-	Feet	N S	EW	of	Rout	CIF		mers	ecting .	Roadwa	y/Street	
Route# Direction	Name	of intersecting Road	uway/oueet									La	ındınar	k		
Please Select One of the Following:	icle 1 <u>3</u>	Occupants H	it/Run 🔲 Mop	ped	Crash Ro	eport	ID#	23	-8	35	-A	C				
License # <b>S6855189</b> 7	7 St MA	DOB/Ag		Reg#	2CY393				Re	g Tyn:	. PC	!	Ŕ	eg State	MA.	
Sex <b>F</b> Lic. Class D		20			ar 2023										21	1
Operator MASON, DI		لـــــا	Endorsement		MASON,										·	,
Address 5 FAULKNE	F	irst	Middle		s 5 FAUL	12n			F	irst			М	iddle		
City WILMINGTON		MA Zin 0188			ILMINGI					Sta	te MZ	A 7	zin <b>O</b> :	188'	7-3502	2
Insurance Company FARME		•		-	Action Prior to (			4	22						1 27 2 2	I
Vehicle Travel Direction:		Responding to Eme			Sequence 12		23	23	23		st Stat			1 28	<u> </u>	<b>-</b>
Citation # (If Issued)		reoponemis to zam			Ε	1	24			Ту	pe of	Test:		29		
Viol. 1: Ch/Sec/Sub		ol 2: Ch/Sac/Sub			Contributing Cod		4	25	25	3		st Rest		1 30	n 30	,  -
Viol. 1: Ch/Sec/Sub ————————————————————————————————————						0	26			<b>j</b> 50		rom sc	2 31 ene?	2 33	Drug: 2	
		r and all occupants i				•	34	35	36	37	38	39	10			-
Name (Last First Middle)	•	T	Address		DOB/Age	Sex	Seat Fos.	Safety System	<del>                                     </del>	Eject Code	Trap Code	Injury Statua	Code	M	Jedical Facility	_
Operator	· · · · · · · · · · · · · · · · · · ·	5 FAULKNER AVE	See Above			X	1	1	4	0	0	10	1	ļ		_
KEVIN MASON		WILMINGTON, MA	01887-3502		07/06/1963	М	3	1	4	0	0	10	1			
KRISTINA MASON		5 FAULKNER AVE WILLMINGTON, MA	A 01887		06/27/2003	М	4	1	4	0	0	10	1			
Please Select One   Vehi	cla 2.3 #	Occupants No	n-Motorist A Type		15 Action	16	Locatio	, [	17	Condit	ion	18	Ì,	Hit/Rur	Море	a.i
of the Conoung.							Joean	"L					1			
License # <b>S74431868</b>	St <b>MA</b>	_ DOB/Age			1RZA41									eg State	_ 21	
Sex M Lic. Class D	Lic. Res	· · ·	Endorsement		ar <u>2015</u>									Config	L	
Operator BEVILACOUA	Pi	ISTOPHER (	Middle		BEVILAC	ısi	-			int STO	PHI	SK.		RLE	S	-
Address 221 LAKE I		es 0100			221 LA									1000	1.00	_  _
City SOUTH HAMILT					OUTH HA		ı		22				ip <u>U                                    </u>		2-1626	- I
Insurance Company THE C					Action Prior to C		23	23	23		st Stat		Code.	1 28	4 -	]
	XEW	Responding to Eme	•		equence 1	<u> </u>	24			Ту	pe of	Test:		29		
Citation # (If Issued)					£	1		25	25	1		st Resu		1 <sup>30</sup>		
Viol. 1: Ch/Sec/Sub	Vic	ol. 2: Ch/Sec/Sub —			Contributing Cod		26			] Su			2 31		Drug 2 32	<sup>2</sup>
Viol. 3: Ch/Sec/Sub		ol. 4: Ch/Sec/Sub —		Univer I	Distracted by	0	34	35	36	To 37	38	rom sc	ene?	2 33		_
Please fill out for o	perator/non-n	notorist and all occu	pants involved Address		DOB/Age	Sex	Sest Pos	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	М	edical Facility	
Operator/Non-M	otorist		See Above		><	X	1	1	1	0	0	10	1			
JENNIFER BEVILACQUA		221 LAKE DR SOUTH HAMILTON,	MA 01982-1626		7		3	1	1	0	0	10	1			
					<del>                                     </del>		6	1	1	0	0	10	1			$\dashv$
									ļ							-
1							<u> </u>						L l			

Crash Diagram:	ie:	= Vehicle 1	2 = Vehicle 2	₹ = Pedestri	an ⊙⊙ = I	icycle	
BOARD AND AND AND AND AND AND AND AND AND AN	Main Street,	Wilmington, M	JA			If Crash <u>Did Not</u> on a Public Way	
						Off-Street Parking La	ot
-12/Activities (c)	##OPPORTUNITIES	ENGAL MA		<del>untocorn</del> .	A		·
						☐ Garage	[
		and the statement of the control of		A commentation of Assessment	,	Mall/Shopping Cente	er
→ (021)	_ <b>→ ([2])</b>	→ (1)2				Other Private Way	
⇒ <u>(030</u> )		D A				Indicate North by	Arrow
Speedway 273 Main Wilmingto	St.,			*	<b>3</b> 8		
Crash Narrative:							
MV 1 and MV 2 were in							
Main Street coming ou							
allow MV 1 to take a							
l struck MV 2, which							
could not see MV 2 be							
and could not be iden							
injuries were caused	by the crash. Al	T INVOING	stated the	re were no	injuries	•	
							<del></del>
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
			• •				
					<u> </u>		<u> </u>
Property Damage:	Latter		Phone #	41 7	D		
Owner (Last,First,Middle)	Address		ritoite #	41-Type	Description of D	amaged Property	
Truck and Bus Informatio	Registration #		(From	Vehicle Section)			42
Carrier Name			***************************************			Bus Use	
Address			_ City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	(CC #:		
43	ly Type Code	GVWR/GCWR	45				<del></del>
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:						أسسن	
Placard Material I digi	t # 48 Material Nan	ne		Material 4 digi	it#	Release code	49
Patrol Officer James	D Will		225	Wilmington	Police De	partment 03	/19/2023

# Wilmington Police Department Images Associated with 23-85-AC





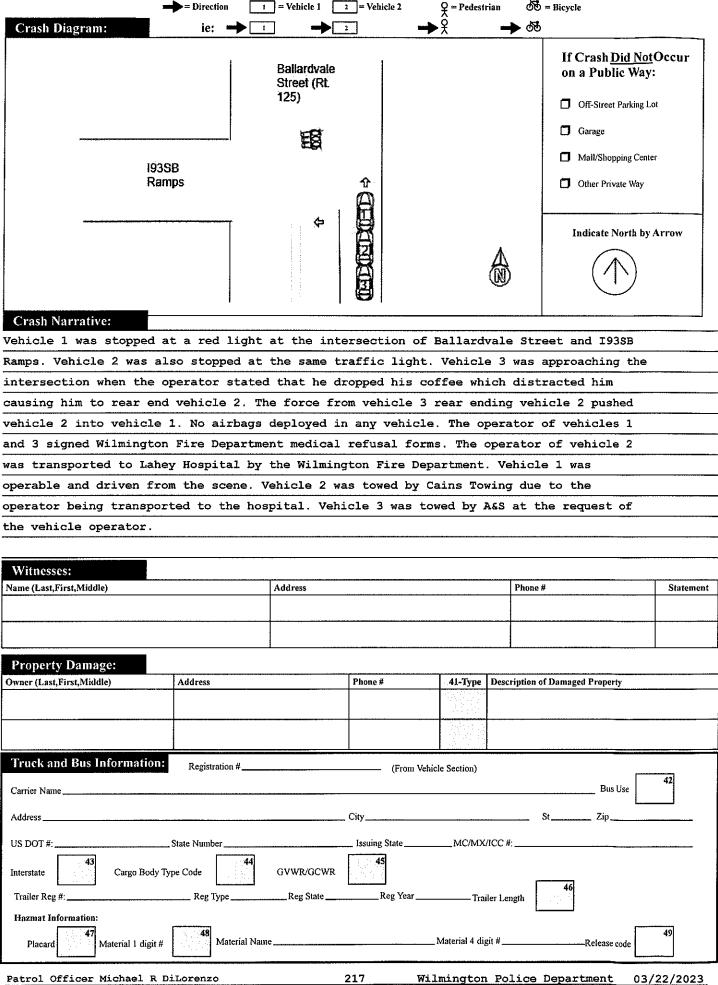


	Poi	lice Use Only		Con	nmonwe	ealth (	of Massa	ach	use	etts				RM	V Doc	ument N		
	Date of Crash 03/21/2023	Time of Crash	1	City/Town ington	Moto	r Veh	icle Cra	sh		umber hicles	Nua Inje	a	Speed Latitu	Limit	20	Local	Police   Police  A Police	
	03/21/2023	24HR	1	rng con	Pe	olice ]	Report		2		0		Lantui Longit				ous Police	ă
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	T AT	'IN'	rer	SEC	TION	:	
						Ì			21	_		`T-TFII	<b>.</b> .	cm				2
	Route# Dire	ction		Name of Roadway	/Street		Route# Direct	tion	31 Addr		<u> 11</u>	)WE				/ay/Stree	1	
1				At			Feet	NR	FW	م. ا								
	Route# Dire	ction	Name	of Intersecting Ro	adwav/Street		reet	14 5	12111	01	Mi	le Mai	ker		O1	Exit	Number	
				Also at Intersection			Feet	N S	EW	of	Route			Intoss	ation 1	Roadway	Ctroot	3
	<del>7</del>	-41	31	-CI	1/544		Feet	N S	EW	of	Kout	5#		merse	eung r	xoauway	/Succi	
1	Route# Dire	ction	Name	of Intersecting Ro	adway/Street									La	ndınarl	k .		
	Please Select ( of the Followi	One Vehicl	e 1 <b>2</b>	#Occupants	Iit/Run	Moped	Crash R	leport	ID#	23	-8	6-	-A	C				
		3160221	s، <b>M</b>	DOB/Age _		Rea f	2KHA43				Rec	ı Time	PC		R	ea State	MA	- _
	Sex M Lic.	10	19	strictions 1 20	CDL		ear 2005										21	_  ı ˈ
		<u> </u>		DAM JOHN	Endorsement		r ROSENB								ven	Comig.		<b> </b>
1		Last ELM ST	ı	ipst	Middle			Last		, <del>.</del>	Fi	rst	V		М	iddle		_
_				MA Zip 018	RO-1446		WAKEFIE		<u> </u>				MZ		O.	1 9 9 0	-1446	-
										4	22				.ip_ <b></b> . Code:		27 2	- I
	· ·			EMPLOYE			le Action Prior to	Crash 23	23	23	23		st Stati		0000.	28		<b>』</b>
		Direction: X S		Responding to En	nergency?		ocquence 1		24			Туј	pe of T	Гest:		29		l
		sued)		-				1		25	25		C Tes	t Resu		30	<del></del>	, <u> </u>
	Viol. 1; Ch/Sec/	Sub	Vi	ol. 2: Ch/Sec/Sub -			r Contributing Co	·		عات		Sus	•	cohol:			Orug: 32	<u> </u>
1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	99	34	35	36	To:	wed fr	om sc	ene?	2 33		_
	Name (Last First M		tor operate	or and all occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Mec	dical Facility	
	Operate	or			See Above		><	X	1	1	4	0	0	10	1			
	ASHLYN BUCH	KLEY		25 COLUMBIA ST WILMINGTON, MA				F	3	1	4	0	0	10	1			
										ļ								
					· · · · · · · · · · · · · · · · · · ·			<u> </u>										
				<u> </u>				1		<u> </u>	12			10			<u> </u>	
1	Please Select C of the Followin		e 2 <u>1</u>	Occupants N	lon-Motorist A	Туре	Action	16 I	Locatio	n	17	Conditi	on	18		Hit/Run	Море	ed
	License # S9	1020287	St <b>MA</b>	_ DOB/Ag		Reg#	117KL6				Reg	з Туре.	PC		R	eg State	MA	
	Sex M Lic. (	Class D 19 1	Lic. Re	strictions 1 20	CDL	Veh Y	ear <b>2023</b>	\	Veh Ma	ake O	ther	-not	1i:	sted	L Veh	Config.	1 21	
		<u> </u>	_ <u>S. NA</u>	GSEN BHA	Endorsement URAO	Owne	r CHANKA	PUF	Æ,	NA			BHA	UR	AO			_
1		2 ARBOR		inst	Middle	Addre	ess <b>7112 A</b>	Lasi ARB	OR	DR	Fi	taf			Mi	ddle		_
				MA Zip 015	45-6034	City_	SHREWSBU	URY	F			_ State	e <u>M</u> A	z	.tp <b>0</b> ]	L545	-6034	<u>1</u>
	Insurance Comp	any AMERIC	AN F	AMILY COL	NNECT P	Vehic	le Action Prior to	Crash		3	22	Dai	maged	l Area	Code:	3 27	27 27	7 -
	Vehicle Travel D		Mwl	Responding to En	_	Event	Sequence 7	23	23	23	23	Tes	t Stati	us:		28		
	Citation # (If Iss					Most	Harmful Event	1	24				e of T			30		
2	,	,	Vi	ol. 2: Ch/Sec/Sub -		Drive	r Contributing Co		99	25	25		.C Tes sp. Alc	t Resu	ilt: 31		)ma 32	a
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub -			ū	99	26	JL			•	om sc		33 33	710g	]
ļ				notorist and all occ					34 Sant	35 Safetii	36 Airbau	37 Eject	38 Trap	39	40 Transp.			
	Name (Last First M	fiddle)		1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Code	Code	Injury Status	Code	Мес	fical Facility	-
	Operate	or/Non-Mo	otorist		See Above			X	1	1	4	0	0	10	1	<del></del>		_
																		$\neg$

= Dir	ection 1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	<b>්</b> ම ≃ Bicycle	
Crash Diagram: i	e: → 🔟 →	2	<b>→</b> ऱ	→ ೲ	
				If Crash <u>Di</u> on a Public	d NotOccur Way:
			<del></del>	Off-Street Pa	arking Lot
		The same of the sa	Mark Peter Assessment and Chance as a second second second second second	Garage	
~ √2	len tum	only lane	Ħ	☐ Mall/Shoppii	ng Center
v1 DTA					İ
				Other Private	e way
	316 lowell stree	et	_	Indicate No	rth by Arrow
		0.000	street		
	1	,			
Crash Narrative: This area of lowell street i	s wide enough for	two lanes	However this	area is prior to	
where the road is marked int		two ranes	TOWEAST CHITS	area is prior to	
V1 stated he was going stra	ight, V2 was in f	ront of v1	out was on the	e left side of the	<u> </u>
ane. v2 atttempted to tur	n right and pull	into the pa	arking lot of	316 Lowell and wa	ıs
truck by v1. V1 stated tha	t he just pulled	in front of	him quickly	to take the turn.	
le thought v2 was going to ta	ake the left turn	•			
72 stated he attempted to	turn right into t	he parking :	lot, when v1	struck him on the	
side. V1 was behind him					
****					
Witnesses: Name (Last,First,Middle)	Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle) Addres	e	Phone #	41-Type Do	scription of Damaged Property	
Audies		1 Houe #	41-Type D.	scription of Damaged 1 Toperty	
Truck and Bus Information: Region	stration #	(F	m Vehicle Section)		
Carrier Name		(rio	venicle Section)	Bus Us	42
Address		City		St Zip	
				-	
US DOT #:State Nur	44	Issuing State _	MC/MX/ICC	J#;	
Interstate Cargo Body Type Code	GVWR/GCW			<u> </u>	
Trailer Reg #: Reg	g TypeReg State	Reg Ye	arTrailer l	Length 46	
Hazmat Information:	5				- 70
Placard Material I digit #	Material Name		Material 4 digit #	Release coo	de 49
	<del>-</del>				
Patrol Officer Brian D Thornt Police Officer Name (Please Print)	on Signature	190 ID/Badge #	Wilmington P Department	Olice Department Precinct/Barracks	03/21/2023 Date

	Police Use Only	Con	nmonwealth	of Massach	usetts		RM	V Docun	nent Number	
	Date of Crash   Time of Crash   03/22/2023   0659	City/Town Wilmington		nicle Crash	Number Vehicles	Number Injured	Speed Limi Latitude	35	State Police Local Police MBTA Police Campus Police	
	24HR	WI THITING CON		Report	3	1	Longitude		Campus Police Cother:	
	AT INTER	SECTION:	< LOC	ATION >		NOT A	r inter	SECT	ION:	
										2
	Route# Direction BAL.	LARDVALE ST  Name of Roadway	/Street	Route# Direction	Address #		Name of	Roadwa	y/Street	-
1		At		n Ne	ew .	•				
	Route# Direction 193	SB HWY  Name of Intersecting Ro	adway/Street	Feet N S	E W of	Mile Ma	rker	. or	Exit Number	1
	Tours Director	Also at Intersection		Feet N S	E W of				1 10	[7]
				Feet N S	E W of	Route#	Inters	ecting Re	oadway/Street	
<sup>2</sup> 1	Route# Direction	Name of Intersecting Ro	adway/Street				L	ındmark		_
3	Please Select One Vehic	e 11 #Occupants ] j	Iit/Run Moped	Crash Report	1D# 23	-87	-AC			
3	of the ronowing.	<u> </u>							\	-
	License # <u>S80792835</u>		_	# <u>513GP6</u>					21	1 12
	Sex M Lic. Class D		Endorsement	Year 2020 v				Veh C	Config. 1	-
4_	Operator <u>LEGERE</u> , <u>C</u>	First	Middle	ner <u>LEGERE</u> C		S GEF	ARD	Midd	le	
<sup>4</sup> 3	Address 7 YOUNG ST			ress 7 YOUNG	ST					
	City TEWKSBURY	State <b>MA</b> Zip <b>018</b>	76-3335 City	TEWKSBURY					876-3335	
	Insurance Company CITIZI	ENS INSURANCE	COMPAN Veh	cle Action Prior to Crash			amaged Area	Code: 5	27 27 27	
5	Vehicle Travel Direction:	Responding to Er	nergency? 2 Ever	nt Sequence 23	23 23		est Status: ype of Test:	1	29	
1	Citation # (If Issued)		Mos	t Harmful Event 1	24	-	AC Test Res	ult: 1	30	
	Viol. 1: Ch/Sec/Sub	Viol, 2; Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	isp. Alcohol		Susp. Drug 2 32	1 13
·	Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub	Driv	er Distracted by	26	Te	owed from so	$\vdash$	33	
<b>1</b>	Please fill out	for operator and all occupants			34 35 Sept Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	-
	Operator		See Above		1 12	* 0		-		-
										_
	Please Select One	e 21 #Occupants	lon-Motorist A Type	15 Action 16 I	ocation	17 Condit	18		t/Run Moped	1
3	of the Pollowing:	e z = "Occupiants"	<u>~ L</u>		Jocation			<u> </u>	intenti	_
	License # <u>\$83171621</u>	St <b>MA</b> _ DOB/Age_	_	# <u>R99490</u>		Reg Type	CO_	Reg	State MA 21	
	Sex M Lic. Class D	Lic. Restrictions B	Endorsement		/eh Make 🗜			Veh C		
3 _	Operator COTONE, M	ATTHEW T	Middle	er DEMOULAS	SUPER	MKTS First	INC	Midd	le	
<b>1</b>	Address 41 BRAND A	VE	Add	ress 875 EAST	ST					14
	City WILMINGTON	State MA Zip 018	87-2010 City	TEWKSBURY				-	<u>876-1469</u>	1 "
	Insurance Company THE TI	RAVELERS INDE	MNITY C Vehi	cle Action Prior to Crash	2		amaged Area	Code: 8		
	Vehicle Travel Direction:	E W Responding to En	nergency? 2 Ever	nt Sequence 1 23	23 23	23	est Status:	1	28	
	Citation # (If Issued)		Mos	t Harmful Event 1	24	•	/pe of Test: AC Test Res	ult:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	isp. Alcohol:		Susp. Drug 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	n. '	er Distracted by	26		wed from so	<del></del>	33	
		erator/non-motorist and all occ			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	1	Address	DOB/Age Sex	Pos System	Status Code	Code Status	Code	Medical Facility  whey Clinic	-
	Operator/Non-Mo	otorist	See Above		1 1	4 0	0 9	2		-
						$\neg \vdash$		$\Box$		
	1			1						

	Police Use Only	Comi	nonwealth	of Massac	huset	ts		RMV Doc	ument Number			
	Date of Crash Time of Crash 03/22/2023 0659 Will	City/Town nington	Motor Vel	hicle Crasl	h Numi Vehic		I DPOOL		State Police Local Police MBTA Police			
	24HR	aring com	Police	Report	3	1	Latitud Longitu		Campus Police Other:			
	AT INTERSECT	ION:	< LOC.	ATION >		NOT.	AT INT	ERSEC	TION:			
	BALLARD'	VALE ST									2	10
<sup>1</sup> 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address	#	Nan	ne of Roadw	/ay/Street			
1	193SB H	At wv		Feet N	S E W of		•	or _				
		ne of Intersecting Roady		- N.	e e w		Marker		Exit Number		7	11
		Also at Intersection w	ath		SEW of	Route#		ntersecting I	Roadway/Street		<u> </u>	
<sup>2</sup> 1	Route# Direction Nan	ne of Intersecting Roady	/ay/Street	reet [N	3 2 11 0			Landmark	•			
3	Please Select One Vehicle 31	#Occupants Hit/	Run Moped	Crash Ren	ort ID# <b>2</b>	3-85	7 <b>– 2</b> (				1	
3	of the Following:			L					. 147			
	19 19	A DOB/Age		# T61245 Year 2011					_ :	21	1	12
	Operator SMITH, JASON	testrictions C	ndorsement	ner CUBBY O				ven	Config. 1	┙		
<sup>4</sup> 3	Address 8 GARRISON ST	First	Middle	Last ress 20 MEDF		First	L77	Mi	ddle			
	City <b>BILLERICA</b> State	MA Zip 01821		SOMERVILI				Zip <b>0</b> 2	2143-423	33		
	Insurance Company IMPERIUM			icle Action Prior to Cr				Area Code:		27		
	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Eve	nt Sequence 23	23 23	23	Test Statu		1 28	_		
<sup>5</sup> <b>1</b>	Citation # (If Issued)	***	Mos	t Harmful Event 1	24		Type of To BAC Test		29			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	99 <sup>25</sup>	25		ohol: 2 31	Susp. Drug: 2	32	1 '	13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26				1 33	_,		
1	Please fill out for opera	tor and all occupants inv	/olved Address	DOB/Age S		5 36 3 lety Airbag Ej tem Status Co	et Trap	39 40 Injury Trausp. Status Code	Medical Facility			
	Operator	Se	e Above		1 1	4 0	0	10 1				
	- Color Colo								***************************************			
7	Please Select One Vehicle 4	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Con	dition	18	lit/Run   Ma	ped		
′3	of the rollowing:			1.4 Table	[	N. 15						
	19 19	DOB/Age		#		•	•	Re	2	可		
	Sex Lic. Class Lic. R Operator		dorsement	Year				ven	Conng.	-		
<sup>8</sup> 1	Last Address_	First	Middle	Last		First		Mis	Sille			
	CityState	Zip	City				tate	Zip			1 i	4
	Insurance Company		Vehi	cle Action Prior to Cra	ısh	22	Damaged .	Area Code:		27		
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Ever	t Sequence 23	23 23		Test Status Type of Te	ł	28			
2	Citation # (If Issued)	<b></b>	Mos	t Harmful Event	24		BAC Test	ŀ	30			
	Viol. 1: Ch/Sec/Sub	/iol. 2; Ch/Sec/Sub	Driv	er Contributing Code	25	25	Susp. Alco	ohol: 31		32		
	Viol. 3: Ch/Sec/Sub			er Distracted by	26			m scene?	33			
	Please fill out for operator/non Name (Last First Middle)	' <del>-</del> '	nts involved Address	DOB/Age Se	Seat Sai Pos. Sys	ety Airbag Eje	ei Trap	39 40 Injury Transp. Status Code	Medical Facility			
	Operator/Non-Motorist	Se	e Above	>>>	1							



# Wilmington Police Department Images Associated with 23-87-AC





	Pol	ice Use Only	e de l'est	Co	mmonv	vealth (	of Mass	ach	us	etts	5			RM	V Doc	ument Ni		
	Date of Crash 03/21/2023	Time of Crash	1	City/Town ington	Mo	tor Veh	icle Cra	ısh		umber hicles		mber ured	Ι'	1 Limit	1	Local .	Police Police Police Police Police Police Police Police	
	03/21/2023	24HR	MITTI	Tild con		Police 1	Report		2		0		Latitu Longi	. —		Campi Other:	us Police	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	TA]	ΓIN	TER	SEC	TION:		1
																		2 10
	Route# Direc	ction		Name of Roady	way/Street		Route# Direc	ction	21 Add	ess#	<u>B</u>	ALI			LE Roady	ST vay/Street		╌├╌╌╌┘
<sup>1</sup> 4				At						 1								_
L	Route# Direc	<del></del>	NI	-ET 4	Roadway/Street		Feet	N S	EW	of	— М	ile Ma	— ∙ ırker		or .	Exit l	Number	·
	Kuller Die	CHQH	Name	Also at Intersec			Feet	N S	EW	of								7 11
							Feet	NS	EW	of	Rout	e#		Inters	ecting	Roadway/	Street	
<sup>2</sup> 1	Route# Direc	ction	Name	of Intersecting	Roadway/Street									La	ndmar	k		-
	Please Select ( of the Followi		e 11	#Occupants	Hit/Run	Moped	Crash I	Report	ID#	23	<b> 8</b>	38	A	C				
<sup>3</sup> 2			s. M7													. 1	M73	-
		3582997		DOB/Age_	20		2JAD89										21	1 12
		Class D		strictions 1	CDL Endorsemen	ı <b>t</b>	/ear <u>2019</u>					.EUE	19_I	DE/IN/	<b>⊆</b> Vel	Config.	<u> </u>	J
<sup>4</sup> 1	1 '	ERN, LA	F	First	Middle		AHERN,	Last			F	irst	.,.		М	iddle		
1		ASHWOOD					ess 49 ASI			AV	<u>e</u>							
	l '	INGTON		-		-	WILMING	TON			22						-4403 27 27	
		any THE CO		CE INSU	RANCE C	O Vehic	le Action Prior to	,			22		amage st Stat		Code:	6 27 5	21 21	
<sup>5</sup> 2	Vehicle Travel D	Pirection: S	EW	Responding to	Emergency? 2	Event	Sequence 2	23	23	23	23		pe of			29		
2	Citation # (If Iss	ued)		-		Most	Hannful Event	2	24	,		В	•	st Resi	uit:	1 30		
	Viol. 1: Ch/Sec/	Sub	Vi	iol, 2; Ch/Sec/St	ıb	Drive	r Contributing Co	ode	1	25	25	Տա	sp. Al	cohol;	2 31	Susp. D	nug: 2 32	2 13
<sup>6</sup> 1	Viol, 3; Ch/Sec/	Sub	Vi	iol. 4: Ch/Sec/Su	ıbdı	Drive	r Distracted by	0	26			To	wed fi	rom sc	ene?	2 33		
1	Name (Last First M		for operato	or and all occupa	uits involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	ical Facility	1
	Operate				See Above		DOBINGE	Ŵ	1	O	4	0	0	10	1	ivieui	loar Facility	1
														ļ				-
						-		ļ					_	_				4
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																		1
<sup>7</sup> 1	Please Select C of the Followir		2 <b>1</b> #	Occupants	Non-Motorist	A Type	15 Action	16 1	Locatio	ın 🔚	17	Condit	ion	18		Hit/Run	Moped	
T	License # S69	<u> </u>	c. M2	DOB/Age_			T72341					д Туре	PC			eg State A	42 <u>)</u>	-
	Sex M Lic. (	10 1	9		20 CDL	_	ear 2021		7-1- N.C.	alaa W						eg State <b>L</b> Config.	21	
		OSBY, SE	_J		Endorsement	t	r TROMBA						· p		ven	Connig.	<u>+</u>	
<sup>8</sup> 1	•	Last 01 INWO	F:	irst	Middle		ss 106 S	Lasi			Fi	irst			Mi	ıkile		
	City WOBUR				801-5179		LINCOLN					Stal	e M7	<b>A</b> 7	in 0:	L773-	-4700	14
	•	IN THE CO		•		-	le Action Prior to			10	22				Code:		27 27	
	Vehicle Travel D		E X		Emergency? 2		Sequence 2		23	23	23		st Stat			1 28		
	Citation # (If Issu	L	I E IX	Responding to	Emergency -		· E	2	24			Ту	pe of I	Test:		29		
<sup>9</sup> 2	,	•					r Contributing Co		99	25	25	1		st Resu		1 30		
		Sub					-	<u>'</u>	26							Susp. D	rug 2 32	
ļ	Viol, 3: Ch/Sec/S	ase fill out for ope		ol. 4: Cli/Sec/Su			Distracted by	99	34	35	36	37	38	om sc	40	2 55		4
	Name (Last First Mi	-		notorist and all (	Address	· · · · · · · · · · · · · · · · · · ·	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Trunsp. Code	Medic	cal Facility	
	Operato	r/Non-Mo	torist		See Above		$\geq \leq$	X	1	1	4	0	0	10	1			
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				<u> </u>					<u> </u>									1

•	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 🚳 =	= Bicycle	
Crash Diagram:	ie: 🖚 📑	□ →□	2	<del>Š</del>	→ 🔊		
PARKING LOT	TARGET STORE		Sic ————————————————————————————————————	DE LOT	<b>D</b>	If Crash Did Not on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way  Indicate North by	ot r
					$\triangle$		
					(M)	(1)	
Crash Narrative:							
Sir on March 22,2023, I	[ was assigned	as the stat	tion officer of	luring	the 4-12	tour. At said	
time Oparator of V1 rep	orted an unkno	own vehicle	(V2) struck V	71 on M	arch,21,2	023 while	
parked at the Target St	ore on Ballard	dvale Street	t and fled the	scene	. The cra	sh occurred	
approximately between 8							
possibly a vehicle with			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
bumper and center damag					-	. Photos of	
damage are attached. Aw	raiting possibl	le surveilla	ance video at	this t	ime.		
Witnesses:				•			
Name (Last,First,Middle)		Address			Phone #		Statement
		<u> </u>					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	December	Damaged Property	
Owner (Last, First, Wildlie)	Aduless		T none #	41-xype	Description of	Damaged 1 Toperty	
Truck and Bus Information:	Registration #		(From Vehicle	e Section)			42
Carrier Name						Bus Use	7.2
Address			City		S	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate Cargo Body T	44	GVWR/GCWR	45				<del></del>
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Length	46	
Hazmat Information:					L		
Placard Material 1 digit #	48 Material Nam	ne		Material 4 di	git #	Release code	49
Patrol Officer Paul Mac	:1		221 Wil		Police I	lanautmant 02/	22/2023

Police Officer Name (Please Print)

Signature

1D/Badge#

Department Precinct/Barracks

Date

#### Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER PAUL MACGILVRAY

Ref: 23-88-AC

\*\*\* A short time after completion of this report surveillance identified V2.

V2 was contacted and Mr. Crosby immediately admitted to striking V1. V2 stated

he panicked because it was a "company vehicle". Mr. Crosby came to

Headquarters and was cooperative and genuine in admitting fault.

Respectfully submitted Officer MacGilvray 221

### Wilmington Police Department Images Associated with 23-88-AC







	Police Use Only	Comm	onwealth (	of Massa	chus(	etts			RMV	/ Docus	ment Number	11/2	
	I I	City/Town	Motor Veh	icle Cras	sh $\begin{bmatrix} N \\ V \end{bmatrix}$	umber ehicles	Number Injured	1.	Limit_	35	State Police Local Police MBTA Police		
	24HR	ington	Police 1	Report	2	1	)	Latitud Longit			Campus Police	_ ដ	
	AT INTERSECTION	N:	< LOCA	TION >	>	N	OT A	ΓINΊ	ΓERS	SECT	TION:		
		•				_			_				2
	Route# Direction	Name of Roadway/Stree	et	Route# Directi	on Add	ress#	MAIN			Roadwa	ıy/Street		
1		At											
	Route# Direction Name	of Intersecting Roadwa	r/Street	Feet [	N S E W	of —	– – – Mile Ma	• nrker		or _	Exit Number		
		Also at Intersection with		Feet	NSEW	of _						]	3
				Feet	N S E W	of	loute#	1	Intersec	eting Ro	oadway/Street	1	
1	Route# Direction Name	of Intersecting Roadway	y/Street	_					Lan	dmark			
	Please Select One Vehicle 11 #	Occupants Hit/Re	un Moped	Crash Re	port ID#	23-	-89	- A	C.				
	or the Tonowing.			L									
	10 10	DOB/Ag	_	9HK241			• • • •					21	1
	Sex E Lic. Class D Lic. Res		orsement	Year <b>2022</b>						_ Veh (	Config. 1	╜╏	
	Operator FRISSORA, MARL	rst .	Middle		est		First			Midd	dje		
1	Address 101 BALSAM PL			ess 101 BA									
	City <b>TEWKSBURY</b> State <b>1</b>			TEWKSBUF	Υ					· _	876-46	36 27	
	Insurance Company PLYMOUTH RO	CK ASSURAL	NCE C Vehic	le Action Prior to (		4 22	J		l Area (	Code: 7	27 6 27		
	Vehicle Travel Direction: NXEW	Responding to Emerger	ncy? 2 Even	Sequence 1		23 2		est Stati pe of T		1	29		
	Citation # (If Issued)		Most	Harmful Event	1 24			•	t Resul	t: 1	30		
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2; Ch/Sec/Sub ——	Drive	r Contributing Cod	e 6	25	25 St	ısp. Alc	cohol: 2	31	Susp. Drug 2	32	1
	Viol. 3: Ch/Sec/SubVio	ol, 4: Ch/Sec/Sub ——	Drive	r Distracted by	0 26		To	owed fr	om sce	ne? 2	33		
1	Please fill out for operator			DODA	34 Seai	Safety A	36 37 irbag Eject	38 Trap		40 Transp.	N. C. 1002	$\Box$	
	Name (Last First Middle)  Operator		Above	DOB/Age	Sex Pos.	System Si	atus Code	Code	Status 10	Code 1	Medical Facilit	y	
	Орегию	500			\\ \	-  -				$\dashv$			
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	Please Select One Vehicle 21 #0	Occupants Non-N	lotorist A Type	15 Action	16 Location	on [	Condit	ion	18	□н	it/Run 🔲 M	oped	
9	of the Pollowing.			177770									
	19 19	_ DOB/Agc		1ZKF79			Reg Type	<u> </u>			g State <u>MA</u>	21	
		rictions 1 CDI Ende	orsement	/ear_2006			W			_ Veh C	Config.	╝╏	
1	Operator KIYINGI, FRANK	st )	Middle	KIYINGI	<b>151</b>		First			Midd	He		
	Address 21 WALNUT ST	- 00143		ess 21 WAL		5 <u>T</u>					142 20	 	- ·
		A Zip 02143-		SOMERVII		_ 22	-		Zi <sub>l</sub> l Area (	_	143-30 27 27	$\frac{57}{27}$	т
	Insurance Company GEICO GENER			le Action Prior to C		23 2	<u> </u>	amageu est Statu		-Oue. 18	28		
	Vehicle Travel Direction: SEW	Responding to Emerger	ncy?_2 Event	Sequence 1	3 23	23 2	3	pe of T		Ė	29	ļ	
2	Citation # (If Issued)		Most	Harmful Event	1 24	251		AC Test	t Result	t: 1	30		
	Viol. 1: Ch/Sec/Sub — Vio	l. 2: Ch/Sec/Sub	Drive	r Contributing Cod		25	25 Su	ısp. Alc	ohol: 2	31	Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/Sub — Vio	1, 4: Ch/Sec/Sub	Drive	r Distracted by	0 26			wed fro	om scer		33		
	Please fill out for operator/non-m Name (Last First Middle)	•	s involved	DOB/Age	Sex Pos.	Safety Ai	36 37 rbag Eject atus Code	38 Trap Code	39 Injury Status	40 Fransp. Code	Medical Facilit	, ]	
	Operator/Non-Motorist		Above		X 1	1 4	0		10				
	4						+	$\vdash$	$\vdash$	$\dashv$			
							_	$\vdash \vdash$	$\dashv$				

	= Direction	ı = Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: ➡□	<u> </u> [	2	<b>→</b> ĝ :	<b>→</b> 65	
S	uper Petroleum 30 Main Street				If Crash <u>Did No</u> on a Public Wa	
					Off-Street Parking	Lot
3 4					☐ Garage	[
						nter
Q 4					Other Private Way	ļ
	(121) ¢	a	2004			
					Indicate North b	y Arrow
	A -					
				V		
Main Street, Wiln	nington, MA					
Crash Narrative:			4			
MV1 and MV2 agreed u (490 Main St) when i						
the left turn, secon						
declined medical tre					······································	······································
police involvement h				····		
driveable condition.						•
						<del></del> ,
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Informati	OII: Registration #		(From	Vehicle Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
43	44		45			
	ody Type Code	GVWR/GCWR			: :46	
Trailer Reg #:	Reg Type	Reg State	Keg Year	Trailer I	ength	
Hazmat Information: 47	48	ma		Motarial A Ainis #	Release code	49
Placard Material 1 di	git # Material Na	me		ividectini 4 digil #	Kelease code	

Patrol Officer James R Hill Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks

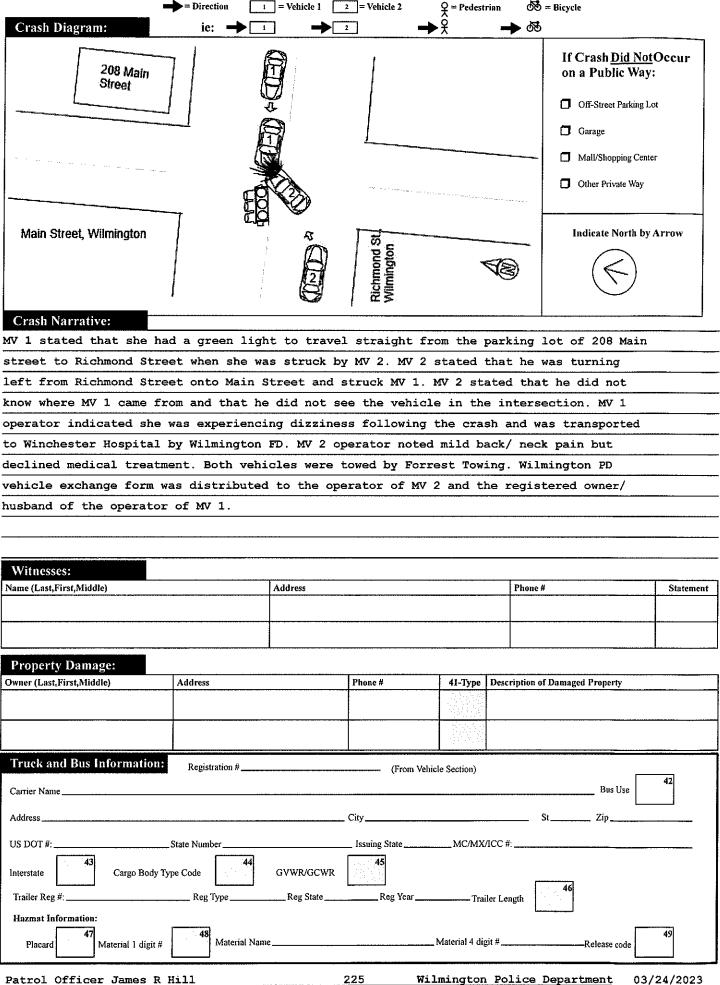
03/23/2023

# Wilmington Police Department Images Associated with 23-89-AC

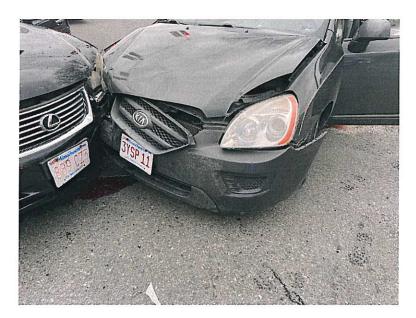




	Police Use Only	Commo	nwealth (	of Massa	achu	isetts	5		RM	V Docui	ment Numb		
	1 1	City/Town M	Iotor Veh	icle Cra	sh	Number Vehicles		lobes.	d Limit	35	State Police Local Police MBTA Poli	: <u>6</u>	
	24HR 24HR	riig con	Police 3	Report		2	2	Lauri	itude		Campus Po	lice	
	AT INTERSECTION	ON:	< LOCA	TION :	>		NOT	T IN	TER	SECT	TION:		1
	MAIN ST		,										2 10
1.		Name of Roadway/Street		Route# Direct	ion A	Address #		N	ame of	Roadwa	ıy/Street		
<sup>1</sup> 1	- DIOUNGOND	At		Feet F	NSE	w of			•	or			
	Route# Direction RICHMOND Name	of Intersecting Roadway/St	treet				Mile l	Aarker			Exit Num	ber	3 11
		Also at Intersection with		Feet [	N S E	W of	Route#		Interc	ection Re	oadway/Stre		3
<sup>2</sup> 2	Route# Direction Name	of Intersecting Roadway/St	treet	Feet [	N S E	w of				ındmark			
	Please Select One Valvebiale 17	#Occupants Hit/Run	Moped	Crook D	1r	~ J 3	-90	<u> </u>		пстак			1
3	or are concurring.												
		DOB/Age		889CZ3								21	<b>1</b> 12
	<u> </u>	strictions 1 CDL_ Endorse	ement	rear <u>2008</u>						Veh C	Config. 1		
A	Operator CAZEAU, CHERYL	irst Midd	Owne	er <u>CAZEAU</u>	, NI	COL	AS First			Midd	dle		
<sup>4</sup> 3	Address 36 CARY ST		Addre	ess 36 CAR	Y S	T						<del></del>	
	City WILMINGTON State 1	MA Zip 01887-1	837 City 1	WILMING	CON			tate M	<b>A</b> z	Zip <b>01</b>	887-1		
	Insurance Company PLYMOUTH RO	OCK ASSURANC	E C Vehic	le Action Prior to	Crash	1				Code: 1		27	
5	Vehicle Travel Direction: N S E	Responding to Emergency	? <u>2</u> Event	Sequence 1 2	23 23	23	43	Test Sta		1	28		
<sup>5</sup> 1	Citation # (If Issued)	•	Most	Harmful Event	1 2	4		Type of BAC Te		111.	30		
	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2; Ch/Sec/Sub	Drive	r Contributing Cod	de 1	25	25	Susp. Al			Susp. Drug:	2 32	<b>1</b> 13
6	Viol. 3; Ch/Sec/Sub ———Vi	ol. 4; Ch/Sec/Sub	Drive	r Distracted by	0 2	6		Towed f	1	<b></b>	33		
<sup>6</sup> 1	Please fill out for operato	r and all occupants involved				34 35 Seat Safety	36 3 Airbag Eje	38 et Trap	39 Injury	40 Transp.			
	Name (Last First Middle)	Addres		DOB/Age	Sux 1	Pos System	Status Co		Status	Code	Medical Fa	eility	
	Operator	See Abo	ove			1 1	4 0	0	8	2 н	lospital		
7	Please Select One	Occupants Non-Moto	orist A Type	15 Action	16	ation	17 Con	lition	18	Пн	it/Run	Moned	
<sup>7</sup> 2	of the Pollowing: —			34		AllOII		<u> </u>		<del></del> - · · ·		Mobea	
	10 10	_ DOB/Age_	_	3YSP11				ре <u>РС</u>			State MA	21	
	Sex M Lic. Class D Lic. Res	trictions 1 CDL_ Endorse	ment	ear <u>2008</u>						Velı C	Config. 1		
8 -	Operator RYAN, CHRISTOP	HER JOHN	Owne	er <u>RYAN, C</u>	CHRI	STOR	HER First	JOH	<u> </u>	Midd	le		
1	Address 204 SPRINGS RD	APT 5	Addre	ss 204 SP	RING	GS RI		T 5					_ 14
		<u>//A</u> Zip 01730-13	•	BEDFORD						_	730-1		1
	Insurance Company AMICA MUTUA	L INSURANCE	CO Vehicle	le Action Prior to C	Crash	4				Code: 1	27 27	27	
	Vehicle Travel Direction: SEW	Responding to Emergency?	2 Event	Sequence 1 2	3 23	23		Γest Stat Γype of '		1	28		
2	Citation # (If Issued)		Most 1	Harmful Event	1 <sup>2</sup>	4		i ype 01 BAC Tes		ılt:	30		
2	Viol. 1: Ch/Sec/Sub ————————————————————————————————————	ol. 2: Ch/Sec/Sub	Driver	r Contributing Cod	le <b>4</b>	25	25	Susp. Al-			Susp. Drug.	2 32	
	Viol. 3: Ch/Sec/Sub — Viol	ol. 4: Ch/Sec/Sub	Driver	Distracted by	99 <sup>2</sup>	6		Fowed fr			33		
	Please fill out for operator/non-u	•		Pon.	s	34 35 eat Safety	36 37 Airbag Ejo	38 t Trap	39 Injury	40 Transp.			ı
	Name (Last First Middle)  Operator/Non-Motorist	Address See Abo		DOB/Age		os. System	Status Cox	e Code	Status 9	Code 1	Medical Fac	ality	
	operator/indianation ist	500 700			<del></del>	-  -	<del>-</del>	<del> </del>		$\vdash$			
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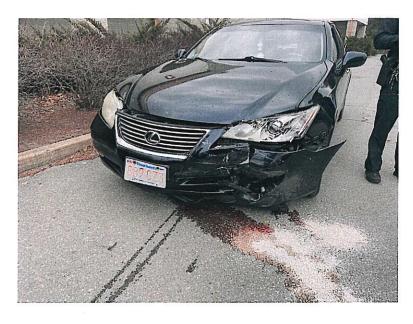
### Wilmington Police Department Images Associated with 23-90-AC













Date of Corab   Time of Cloub   CrysTrom   Motor Vehicle Crash   Police Report   2   1   1   1   1   1   1   1   1   1		Police Use Only	Common	wealth (	of Massa	ch	use	etts				RM	V Doci	ument Number		
AT INTERSECTION:    AT INTERSECTION:   A   A   A   A   A   A   A   A   A			City/Town Mo			sh				المسا			30	Local Police	080	
Routed Direction Name of Roadway/Street All Pirection Name of Intersecting Roadway/Street Allow at Intersecting Roadway/Street Intersect at I		1 1	ing con	Police ]	Report		2		1.					Campus Police	ă	
Routest   Direction   Name of Readway/Street   Routest   Direction   Name of Intersecting Readway/Street   Abo at Intersecting Readway/Street   Abo at Intersecting Readway/Street   Abo at Intersecting Readway/Street   Abo at Intersecting Readway/Street   Feet   N   E   W   of   Mile Market   Direction   Abo at Intersecting Readway/Street   Abo at Intersecting Readway/Street   Feet   N   E   W   of   Routest   Direction   Direction   Direction   Abo at Intersecting Readway/Street   Abo at Intersecting Readway/Street   Landmark   Lan		AT INTERSECTI	ON:	LOCA	TION >	·			NO.	ГΑΊ	'IN'	ΓER	SEC'	TION:		
Peer   NS   E   W   Feer							474	1	MZ	MTM	g:	r				2 <sup>10</sup>
Routes Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Power INS EW of Montest Intersecting Roadway/Street  Routes Direction Name of Intersecting Roadway/Street  Routes Intersecting Roadway/Street  Lindmark  Crush Report IDS 23-91-AC  Reg 5219010 Reg 7pp PC Reg State NH Operator  Reg 5219010 Reg 7pp PC Reg State NH Operator  Vol. 12. Cliss 19 19 16. Respection 10 10 10 10 10 10 10 10 10 10 10 10 10	1	Route# Direction			Route# Directi	on	Addre	ess #		2			Roadw	/ay/Street		
Routed   Direction   Name of Intersecting Roadway/Street   Also at Intersecting Roadway/Street   Feet   N   E   V   of Routed   Direction   Directio	1		At		Feet	N S	E W	of			- •		or _			
Also at Intersection with Feet [N]S E[W] of Feet		Route# Direction Nam		et					Mi	le Ma	rker			Exit Number	_	
Rear Squet One   Name of Intersecting Roadway/Street   Landmark   Please Squet One   Market One   Please Squet One   Market One   Please Squet O			Also at Intersection with		_				Route	#		Interse	ecting F	Roadway/Street	-	
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Name (Law Firm Middle)    Address   DOB/Age   Sex   Seath   Signer   Signer	<sup>6</sup> 1			Dilve	Distracted by	<u> </u>	34	35	36	37	38	39	40	2		
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Please fill out for operator/non-motorist and all occupants involved  Name (Last First Middle)  Address  DOB/Age  Sex  DOB/Age  DOB/Age  DOB/Age  Sex  DOB/Age  D		-	•	olved	DOB/Age	Sex	Seat	Safety	Airbag	Eject	Trap	Injury	Transp.	Medical Facility		
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