	Police Use Only	Comn	nonwealth	of Massa	chus	etts		R	MV Docu	ıment Number	
		City/Town	Motor Veh	icle Cras	$\mathbf{h} = \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	umber ehicles	Number Injured	Speed Li		Local Police	
	03/26/2023 0137 Wilm	ington	Police 1	Report	2			Latitude _ Longitud		MBTA Police Campus Police Other:	!
	AT INTERSECTION)N·		TION >					RSEC		
	ATTITERDECTIV	J1(1	1 BOCA	110.1			(OIA)	IIIII	ROLC	10111	10
				·	1		ROUT	E 12	5 HW	Y	2
1	Route# Direction	Name of Roadway/Stre	et	Route# Direction	on Add	ress#		Name	of Roadwa	ay/Street	
15		At		Foot IN	s XI w] _{of} _		• -	OF		
	Route# Direction Name	of Intersecting Roadwa	nv/Street		1. 1.	J 01	Mile Ma		- OI _	Exit Number	11
		Also at Intersection wi		Feet	SEW	of _					2 "
				Feet N	SEW	of	Coute#	Inte	ersecting R	toadway/Street	
² 3	Route# Direction Name	of Intersecting Roadwa	ny/Street			·			Landmark		
	Please Select One Vivasia 1	#Occupants Hit/R		Crash Re	ID#	22-	-02				7
³ 2	of the Following:	HIVE	un Moped	Crasn Re	port 1D#	<u> </u>	- 92	-AC			_
		DOB/Age	Reg	1YDT63			Reg Type	PC	Re		- 12
	Sex M Lic. Class D 19 Lic. Re		LVeh	Year 2021	Veh M	ake <u>TC</u>	YOTA		Velu	Config. 21	
	Operator HOLLAND, ANDRE	W CARTER	dorsement Own	er HOLLAN I	, AN	DREV	CAF	TER			_
⁴ 3	Address 88 WILDWOOD RD	First	Middle	ess 88 WIL	B1		First		Mid	idle	
_	City ANDOVER State	M7A 71. 01810		ANDOVER			p.	_{га} М2	7in ∩1	810-5125	-
						2	_		rea Code:		-
	Insurance Company THE COMMER			le Action Prior to C		<u> </u>		st Status:	ica code.	28	
⁵ 2	Vehicle Travel Direction: N S W	Responding to Emerge	ency? 2 Even	Sequence 1	23	23		pe of Test	: <u> </u>	29	
2	Citation # (If Issued)	-	Most	Harmful Event	L 24		В.	AC Test R	H	1 30	
	Viol. 1: Ch/Sec/Sub ————Vi	iol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	• 1	25	_ 25 Տւ	sp. Alcoh	ol. 2 31	Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/SubVi	iol. 4: Ch/Sec/Sub	Drive	r Distracted by) ²⁶			wed from		2 33	
⁶ 2	Please fill out for operato				34 Sent	35 Safety A	36 37 irbag Eject		9 40 ary Transp.		7
	Name (Last First Middle)		Address	DOB/Age	Sex Por.	System S	tatus Code	Code Sta	itus Code	Medical Facility	_
	Operator	See	Above		$X \mid 1$	1 4	0	0 10) 1		
											7
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⁷ 3	Please Select One of the Following:	Occupants Non-P	Motorist A Type	Action 2	Locati	on	Condit	ion	IS D	Iit/Run 🔲 Moped	ı
		DOB/Age	Post #	1GXP72	<u> </u>		Reg Type	PC	<u> </u>	g State MA	┪
	10 10	20	-	_{'еаг} 2008						_ 21	1
			lorsement				_		ven	Config. 1	
81	Operator ABBATE, OUINN F	LEWIS in	Middle	r ABBATE .	ı		First		Mid	ldle	·
	Address 160 STETSON RD			ess <u>160 STI</u>	TSON	I RD					- 14
	City NORWELL State	MA Zip 02061-	-2818 City	NORWELL			-		· -	061-2818	4
	Insurance Company SAFETY INS	URANCE CON	IPANY Vehic	le Action Prior to C	rash	1 22	J		ea Code:		
	Vehicle Travel Direction: NSWW	Responding to Emerge	ncy? 2 Event	Sequence 1 23	23	23 2	7	st Status:	1	1 28	
	Citation # (If Issued)		Most	Harmful Event	L 24		•	pe of Test		30	
2	Viol. 1: Ch/Sec/Sub ————Vi	nt 2: Ch/Sec/Sub	Drive	ے r Contributing Code	7	25	25	AC Test R sp. Alcoho		Susp. Drug 2 32	
				r Distracted by	26			sp. Alcon	· 2	33 Susp. Drug 2 33	
	Viol. 3: Ch/Sec/Sub Viol.	ol. 4: Ch/Sec/Sub ———			34		36 37	38 3	9 40	<u>- </u>	-
	Please fill out for operator/non-i	•	Address	DOB/Age	Seat Sex Pos.		rbag Eject	Trap Injo Code Sta	ary Transp.	Medical Facility	_
	Operator/Non-Motorist	See	Above		1	1 4	o	0 10	1		
Ì		1			1						
}						 			+-+		-
ļ									4-4		_

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: Carrier Name Bus Use 42 Address City St Zip US DOT # State Number Issuing State MC/MX/ICC #: Interstate 43 Curgo Body Type Code 44 GVWR/GCWR 45 Interstate 45 Curgo Body Type Code 46 GVWR/GCWR 47 Material 4 digit # Abdress Placard 47 Material 1 digit # Abdress Address Address Reg State Release code 49 Patrol Officer Shane A Foley 211 Wilmington Police Department 03/26/2023		= Direct	ion 1	= Vehicle 1	l 2 = Vehicle 2	Q = Pedest	rian 👌	\delta = Bicycle	
Ballardvale St Carab Narrative: If Crash Dist National Plane If Crash District Pl	Crash Diagram:	ie:	→	_	2	→ĝ	→ ₫	త ి	
Crash Narrative: Not I was attained that he was coming off of the I93 Interstate and was approaching the intersection of Ballardvale St et Rt. 125. The operator of MV 2 stated that he was coming off of the I93 Interstate and was approaching the intersection of Ballardvale St et Rt. 125. The operator of MV 2 stated that he was coming off of the I93 Interstate and was approaching the intersection of Ballardvale St et Rt. 125. The operator of MV 2 stated that he was coming off of the I93 Interstate and was approaching the intersection of Ballardvale St et Rt. 125. The operator of MV 2 stated that he was coming off of the I93 Interstate and was approaching the intersection of Ballardvale St et Rt. 125. The operator of MV 2 stated that he was coming off of the I93 Interstate and was approaching the intersection of MV 2 rear ending MV 1. Witnesses: None (Lant/First/Middle) Address Phone # Statement Truck and Bus Information: Registration # State Number							48	on a Public Way Off-Street Parking L	ot
Ri 125 Indicate North by Arrow Indicat								Other Private Way	
Truck and Bus Information: Registration ## Re				Rt 125				Indicate North by	Arrow
Truck and Bus Information: Registration ## Re	Crash Narrative:								
The operator of MV 2 stated that he was coming off of the I93 Interstate and was approaching the intersection of Ballardvale St @ Rt. 125. He noticed that he was in the wrong lane and needed to merge into the right hand lane. When he did so he admittedly said he was going too fast and when he jammed on the brakes the vehicle was not able to stop quickly enough. This resulted in MV 2 rear ending MV 1. Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Track and Bus Information: Registration # (From Vehicle Section) Currier Name		he rec	llight	at the	intersection	of Ballard	vale St	and Rt. 125.	
approaching the intersection of Ballardvale St @ Rt. 125. He noticed that he was in the wrong lane and needed to merge into the right hand lane. When he did so he admittedly said he was going too fast and when he jammed on the brakes the vehicle was not able to stop quickly enough. This resulted in MV 2 rear ending MV 1. Witnesses: Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Currier Name Carrier Name Carrier Name State Number State Number Insuing State MCAMCRCC # Interstate Address Reg Type Reg State Re									
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Nome (Last,First,Middle) Address Property Damage: Owner (Last,First,Middle) Address Place # 41-Type Description of Damaged Property Carrier Name									
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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: Carrier Name Bus Use 42 Address Ciry Str Lip US DOT # State Number Issuing State MC/MX/ICC # Trailer Reg # Reg Type Reg State Reg Sta									
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Property Damage: Owner (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name									
Property Damage: Owner (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name									
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Property Damage: Owner (Last, First, Middle)	Witnesses								
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Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name									
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Carrier Name		Address			Phone #	41-Type	Description	of Damaged Property	
Carrier Name									
Carrier Name									
Carrier Name								<u></u>	
Carrier Name	Truck and Bus Information:	Registra	ition#		(Fr	om Vehicle Section)			
Address City St St Zip US DOT#: State Number Issuing State MC/MX/ICC#: Interstate	Carrier Name				•	•		Bus Use	42
US DOT #:									
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard 47 Material 1 digit # 48 Material Name Material 4 digit # Release code 49 Patrol Officer Shane A Foley 211 Wilmington Police Department 03/26/2023	Address				City		· · · · · · · · · · · · · · · · · · ·	StZip	
Interstate Cargo Body Type Code GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard 47 Material 1 digit # 48 Material Name Material 4 digit # Release code 49 Patrol Officer Shane A Foley 211 Wilmington Police Department 03/26/2023	US DOT #:S	tate Numbe	er		Issuing State	MC/MX	/ICC #:		
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length		e Code	44	GVWR/GC					
Hazmat Information: Placard	<u> </u>	Į						46	
Placard Material I digit # Material Name Material 4 digit # Release code Patrol Officer Shane A Foley 211 Wilmington Police Department 03/26/2023		Reg Ty	ype	Keg Stat	e Reg Y	earTra	iler Length		
Placard Material 1 digit # Material Name Material 4 digit # Release code Patrol Officer Shane A Foley 211 Wilmington Police Department 03/26/2023	Hazmat Information:	10							40]
	Placard Material I digit #	***	Material Nam	ne		Material 4 di	git #	Release code	***
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date		oley	Signature						26/2023

Police Officer Name (Please Print)

	Police Use	e Only	Con	nmonweal	lth c	of Massa	chu	setts	3		RM	V Doc	ument N		
	Date of Crash Time 03/27/2023 063	of Crash	City/Town Lmington	Motor `	Veh	icle Cras	sh [Number Vehicles			d Limit	35	5 State Local	Police Police A Police	
	03/21/2023 083	24HR	LINITING COIL	Poli	ice l	Report		2	0	1	itude			us Police 🔲	
	AT	INTERSEC	TION:	< L	OCA'	TION >	>		NOT	AT IN	TER	SEC	TION:		
							3	21	Ma	IN S	m				2 10
1	Route# Direction		Name of Roadway	//Street		Route# Direction		ddress #	NIA.			Roady	vay/Street		<u> </u>
12			At			Feet R	N S E	Wof				. 01			
	Route# Direction	N	ame of Intersecting Ro	adway/Street	—[1001			Mile	Marker		٠, -	Exit	Number	8 11
			Also at Intersection	n with			N S E	_	Route#		Inters	ectine l	Roadway/	/Street	ļ
² 1	Route# Direction	N	ame of Intersecting Ro	adway/Street		Feet [N S E	w of				· - · · · · · · · · · · ·	,		
<u> </u>		<u>. </u>				1						ndmarl	k		-
3	Please Select One of the Following:	Vehicle 1.1	#Occupants	Hit/Run M	oped	Crash Re	port ID	<i>*</i> 23	-94	1 – A	C				
	License # <u>\$2553</u>	5954 St]	MA_DOB/Age		Reg#	5RAM40			Reg T	уре РС	;	R	eg State	MA	12
	Sex M Lic. Class	19 19 Lic	Restrictions 99 20	CDL	Veh Y	ear 2004	Veh	Make_ E	ORD			Veh	Config.	1 21	1
	Operator WALSH	, ARTHU	R EDWARD	Middle	Owne	WALSH,		HUR		ARD			iddle		
⁴ 1	Address 17 SHE			AMMAN	Addre	ss 17 SHE		LD	First DR			Mi	trane		
	City BILLERIC	CA Sta	nte MA Zip 018	21	City .	BILLERIC	Α	·····		State M	A 2	Zip O	1821	····	
	Insurance Company T	HE COMME	ERCE INSUR	ANCE CO	Vehic	le Action Prior to C	Crash	4	22	Damage		Code:		27 27	
5	Vehicle Travel Direction	n: XSEW	Responding to Er	nergency? 2	Event	Sequence 1 23	3 23	23	23	Test Sta Type of			1 ²⁸ 99 ²⁹		
-	Citation # (If Issued)				Most 1	Harmful Event	1 24			BAC Te			30		
	Viol. 1: Ch/Sec/Sub —		-Viol. 2: Ch/Sec/Sub		Drive	Contributing Code		25	25	Susp. A	lcohol:	2 31	Susp. D	nug: 2 32	1 13
6 1	Viol. 3: Ch/Sec/Sub —		- Viol. 4: Ch/Sec/Sub		Driver	Distracted by	0 26	}		Towed i	from sc	ene?	2 33		
1	Ple Name (Last First Middle)	ase fill out for ope	rator and all occupants	involved Address		DOB/Age	Sex Po	at Safety	36 Airbag E Status C	7 38 ect Trap sde Code	39 Injury Status	40 Transp. Code	Medi	ical Facility	
	Operator			See Above			X		4 0	0	10	1			1
															1
										-					-
							-	+		-	╂				-
						15	16		17	<u> </u>	18	 	L T		4
⁷ 1	Please Select One of the Following:	Vehicle 21	#Occupants N	lon-Motorist A Ty	pe	15 Action	Loca	ition	Cor	dition	10		Hit/Run	Moped	
	License # S1866 !	9 883 st 1	A DOB/Ag		Reg#	469KY8			Reg T	ype PC		Re	eg State <u>1</u>		1
	Sex F Lic. Class	19 19 Lic.	Restrictions 99 20	CDL Endorsement	Veh Ye	ear <u>2009</u>	Veh	Make I	TOYO'	Α		Veh	Config.	1 21	
₹	Operator BOUR	CHANNY	First	Middle	Owne	r SOTH, S	OPH	AL	First			Mir	iddle		
³ 1	Address 93 BLO	SSOM ST		 	Addre	ss 93 BLOS	SSOM	ST							1.4
	City LOWELL	Sta	te MA Zip 018	52-4519	City_	LOWELL								-4519	1 14
	Insurance Company G	EICO GEN	ERAL INSU	RANCE C	Vehicl	e Action Prior to C	rash	1	22	Damage		Code:	2 27	27 27	
	Vehicle Travel Direction	s E w	Responding to En	iergency? 2	Event	Sequence 1 23	3 23	23	23	Test Star Type of			99 29		
2	Citation # (If Issued)				Most I	Harmful Event	1 24	<u> </u>		BAC Te		ŀ	1 30		
	Viol, 1: Cli/Sec/Sub —		- Viol. 2: Ch/Sec/Sub -		Driver	Contributing Code			9 25	Susp. Al	cohol:	2 ³¹	Susp. D	rug 2 32	
	Viol. 3: Ch/Sec/Sub		- Viol. 4: Ch/Sec/Sub -		Driver	Distracted by	99 26			Towed f			2 33		
	Please fill Name (Last First Middle)	out for operator/n	on-motorist and all occ	upants involved Address		DOB/Age	Sex Po	nt Safety	36 3 Airbag Ej Status Co	ect Trap	39 Injury Status	40 Transp. Code	Medi	cal Facility	
	Operator/Ne	on-Motoris	et	See Above			X 1	99	4 0	0	10	1			
							Ì						-		1
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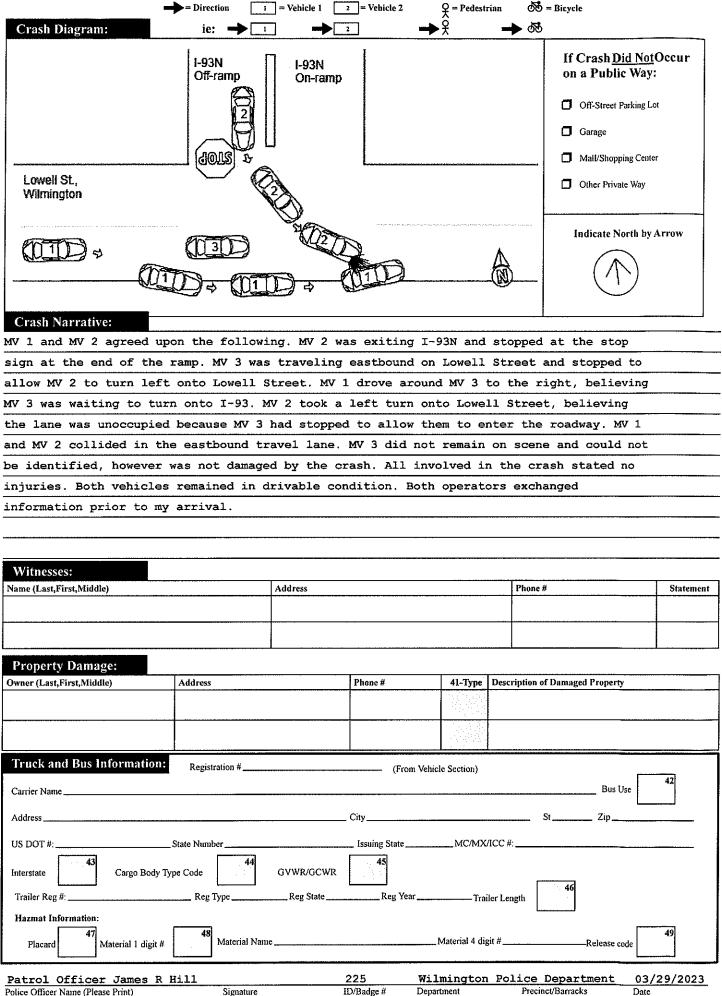
	= Direction	1	= Vehicle 1	2 = Vehicle 2	ਊ = Ped	estrian 💇) = Bicycle	
Crash Diagram:	ie:	→ □] → [2	→ŝ	→ %	•	
							If Crash <u>Did</u> on a Public V	
A CONTROL OF THE CONT							Off-Street Park	ing Lot
							☐ Garage	
							Mall/Shopping	Center
							Other Private W	/ay
							Indicate North	h by Arrow
)
								'
Crash Narrative:								
n Monday March 27, 2	2023 at app	roxima	tely 6:15a	um I was d	ispatched	to a repo	ort of a two	
otor vehicle crash a	at 321 Main	Stree	t near Dun	kin Donut	s. Upon az	rival I c	bserved Op1 a	nd
p2 standing outside	their vehi	cles.	Op1 stated	l he was t	aking a le	ft turn c	off on Main	
treet into the Dunki	in Donuts p	arking	lot and h	is vehicl	e was stud	k in the	rear by V2. O	p2
tated she was travel	ling behind	V1 on	Main Stre	et and wa	s unaware	that V1 w	as turning in	to
he parking lot due t	to her not	observ	ing a use	of a dire	ctional si	gnal by C	p1. Both	
perators were given	informatio	n exch	ange forms	and decl	ined medic	al attent	ion. Both	
ehicles were driveab	ble and bot	h part	ies left t	he scene	without fu	rther inc	ident.	
Witnesses:								
lame (Last,First,Middle)			Address			Phone	#	Statement
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	41-Ty ₁	e Description	of Damaged Property	
Truck and Bus Information	On: Deciment	#						
Carrier Name	Registratio	on #		(Fro	m Vehicle Section		Bus Use	42
Address				City			StZip	
US DOT #:	State Number_			Issuing State	MC/N	4X/ICC #:		
Interstate 43 Cargo Bo	dy Type Code	44	GVWR/GCWR	45		r		
Trailer Reg #:	Reg Type		Reg State	Reg Ye	ar	Trailer Length	46	
Hazmat Information:	48							
Placard Material I dig	git# 1 1V12	iterial Name	:		Material 4	digit #	Release code	49
Placard Material 1 dig	git# livia	iterial Name	2		Material 4	digit#	Release code	49

Wilmington Police Department Images Associated with 23-94-AC





	Police Use Only	monwealth	of Massa	chus	etts	3	d.	RM	V Docu	ment Number			
	Date of Crash Time of Crash 03/29/2023 0757 Wilr	City/Town mington	Motor Veh	icle Cras	$\mathbf{h} = \begin{bmatrix} 1 \\ 2 \end{bmatrix}$	Number /ehicles		.a opo	d Limi	40	State Police Local Police MBTA Police	080	
	24HR	arng con	Police	Report	2		o Č	Latti	tude gitude_		Campus Police Other:	_ <u></u>	
	AT INTERSECT	ION:	< LOCA	TION >			NOT	AT IN	ITER	SECT	TION:		
					33	2	Τ.Ο	WELL	. ст	,			2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Directio		ress#					ay/Street		
1		At		Feet N	SEW	of		_		or			
	Route# Direction Nan	ne of Intersecting Roady	vay/Street			-	Mile	Marker		-	Exit Number		4 11
		Also at Intersection w	vith		SEW	_	Route#		-931		oadway/Street		
² 1	Route# Direction Nan	ne of Intersecting Roady	vay/Street	Feet N	SEW	of of	<u></u>						
	Please Select One Vivier 12	#O								ndmark			
3	of the Following: Vehicle 12	_#Occupants	Run Moped	Crash Rep	port ID#	<u> </u>	-9) — <i>F</i>	IC.		<u> </u>		l
	License # NHL11301354 St N	H_ DOB/Ag	Reg	5061109			Reg	уре Р (3	Re		21	1 12
		E. E.	ndorsement	Year <u>2023</u>							Config. 1		-
4	Operator MARTIN , KIMMA	First	Middle	er MARTIN ,	t		First	SATE	CONT	ON Mide	dle		
⁴ 2	Address 18 FLINTLOCK R			ess 18 FLIN	1TLO	CK :		.					
	City SALEM State	NH Zip 0307	City_	SALEM		_				Zip <u>03</u>		27	
	Insurance Company			le Action Prior to Ci		1	22	Damag Test Sta		Code:	7 27 27	<u>ב</u> "	
⁵ 1	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	Sequence 1 23	24	23	23	Type of		-	29		
<u> </u>	Citation # (If Issued)			Harmful Event 1		25	25	BAC T	est Res		L 30	_	_ 13
	Viol. 1; Ch/Sec/Sub ————			r Contributing Code		25		Susp. A			Susp. Drug: 2	32	1
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			r Distracted by	34	35	36	Towed		ene? 2	2 33		
	Name (Last First Middle)	tor and an occupants inv	Address	DOB/Age :	Sex Pos.	Safety System	Airbag E	ject Trap ode Code	Injury	Trunsp. Code	Medical Facility		
	Operator	Se	ee Above	>>>	1	1	4 0	0	10	1			
	· I	1 .		;	3	1	4 0	0	10	1			
7	Please Select One Vehicle 22	#Occupants Non-	-Motorist A Type	15 Action 1	6 Locati	<u></u>	17 Co	ndition	18	П	it/Run Mo	ped	: !
3	of the rollowing:				Locuit	<u> </u>				<u> </u>		.pca	ı
	10 10	DOB/Agt	_	2MKV78				уре РС			g State MA	21	ı
	<u> </u>	En	dorsement	ear 2014			_			Veh (Config. 1	╝	ı
³ ₁	Operator BLESSING, NICE Last Address 23 PARKWAY RD	IOLAS DAVI First	Middle	er <u>BLESSIN</u> (Last ess <u>23 PARK</u>	-		First	UK.		Midd	Ile		i
		MA Zip 02180		STONEHAM	MEXI	NU		Sinia M	A 2	s. 02	180-282	,	1 14
	Insurance Company ARBELLA M	-	-	le Action Prior to Cr	ash	4	22			Code: 2		27	
	Vehicle Travel Direction: NS W	Responding to Emerg		Sequence 23	23	23	23	Test Sta		1	28	_	
	Citation # (If Issued)		· • ——	Hamnful Event 1	24			Type of		L	29		
2	Viol. 1: Ch/Sec/Sub ————\			r Contributing Code		25	25	BAC To Susp. A			30 Susp. Drug: 2	32	
		viol. 4: Ch/Sec/Sub ——		r Distracted by	26			Towed:			33 33]	
	Please fill out for operator/non-	motorist and all occupa			34 Seat	35 Safety	Airbag E	7 38 ect Trap	39 Injury	40 Transp.			
	Name (Last First Middle) Operator/Non-Motorist	1	Address e Above	DOB/Age S	Sex Pos.	System 1	Status C	xde Code	Status 10	Code	Medical Facility		
	Operator/Ivon-Motorist		C/100/C	├	\ -	 		-					
ŀ		-		F	3	1	4 0	0	10	1	····		



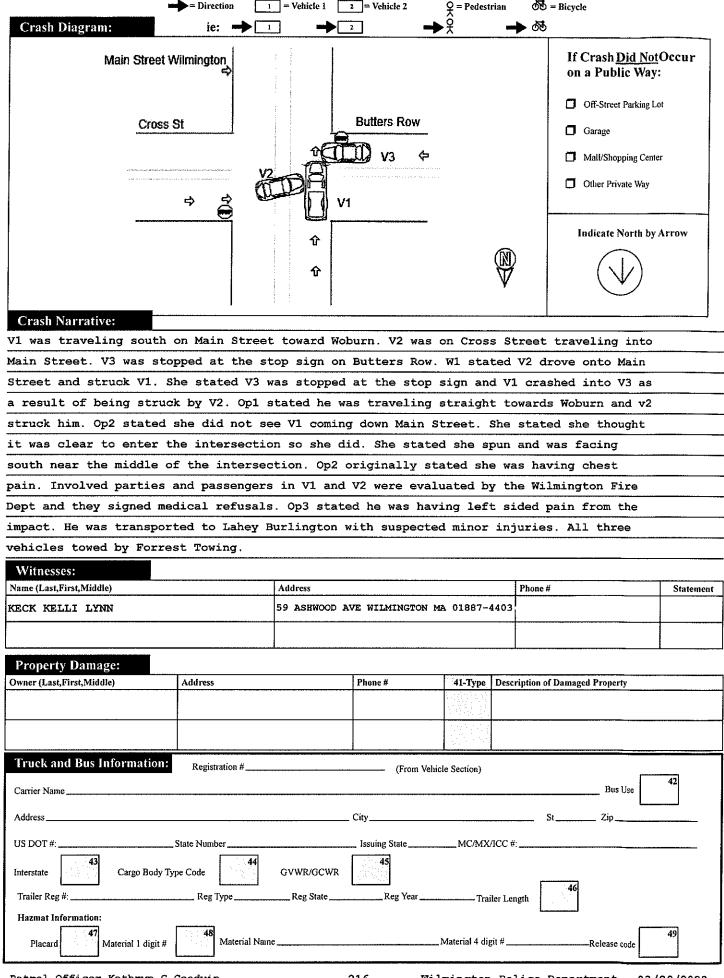
Wilmington Police Department Images Associated with 23-95-AC





	Police Use Only	Commonw	ealth	of Massa	ach	lus	etts	}			RM	V Doc	ument Number		
	1 1	City/Town Moto	or Veh	icle Cra	sh		lumber ehicles		mber ured	l 1	d Limit	4(State Police Local Police MBTA Police	0800	
	24HR	Ington F	Police	Report		3		2		Latiti Long			Campus Police Other:	ă	
	AT INTERSECTION	ON: <	LOCA	TION	>			NO	T A ?	ΓIN	TER	SEC	TION:	_	
	BUTTERSR	OW												ŀ	2 10
¹ 1	Route# Direction	Name of Roadway/Street		Route# Direct	tion	Add	ress #			N	ame of	Roady	vay/Street		
1	MAIN ST	At		Feet	N S	EW	of					or _			
		of Intersecting Roadway/Street		1	lvi e	le lu	1 .	М	ile Ma	ırker			Exit Number	-	3 11
		Also at Intersection with		Feet Feet			-	Rout	e#	_	Interse	ecting l	Roadway/Street	-	. <u></u>
² 1	Route# Direction Name	of Intersecting Roadway/Street		reet [14 3	E **] or				La	ndmarl	lr	[
3	Please Select One Vehicle 12	#Occupants Hit/Run	Moped	Crash R	Renort	ID#	<u> </u>	0	6	<u> </u>					
3	of the Pollowing:												. \/3		
	License # S23059226 St MP Sex M Lic. Class D Lic. Re	20	_	# <u>2SNT84</u> Year <u>1991</u>										T :	1 12
	Operator FITCH, JACOB E	Endorsement		er FITCH .					Z	<u> 116</u> .	<u>.</u>	ven	Config. 2	┙┠	
⁴ 2	Address 6 BAY ST	irst Middle		ess 6 BAY	Lost		444	F	irst			Mi	iddle		
	City WILMINGTON State	MA Zip 01887-2940	_	WILMING'					Sta	te M	A _ z	ip 0 :	1887-294	0	
	Insurance Company PLYMOUTH R	-	-	le Action Prior to			1	22				Code:		27	
	Vehicle Travel Direction: NXEW	Responding to Emergency? 2	Event	Sequence 1	23	23	23	23		st Star			1 28		
⁵ 1	Citation # (If Issued)	-	Most	Harmful Event	1	24				pe of	Test: st Resi	ılt.	30		
	Viol, 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub ————	Drive	r Contributing Co	de	1	25	25			cohol:		Susp. Drug: 2	32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub ————Vi	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	0	26			To	wed f	rom sc	ene?	1 33		
1	Please fill out for operato Name (Last First Middle)	r and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbug Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	See Above		$\overline{}$	X	1	99	4	0	0	10	1			
			·	/	_	3	99	4	0	0	10	1			
						ļ		!						_	
							 				 				
	Please Select One Vehicle 22	Occupants Day Manufact	m	15	16	Locatio		17	Condit	 	18	 [,			
2	of the ronowing:			Action		-ocain)11						Hit/Run Mo	pea	
	19 19	DOB/Ag	-	6KE921					з Туре	PC			eg State MA	T	
	Sex F Lic. Class D Lic. Res	A SCHILLER	_	^{'ear} <u>2017</u> er JAGELE I					ירט	TT.1	T T D	_ Veh	Config. 1	-	
³ 1	Address 45 TOWPATH DR	irst Middle		es 45 TOW	,ast			Fi			<u> </u>	Mi	ddfe	_	
		1A Zip 01887-3917	_	WILMING					_ Stat	te M Z	A z	ip 0 1	L887-391	_ 7	14
	Insurance Company LIBERTY MU	-	-	le Action Prior to	Crash	ĺ	6	22				Code:		27]	
	Vehicle Travel Direction: NSE	Responding to Emergency? 2	Event	Sequence 1 2	23	23	23	23		st Stat			1 28		
,	Citation # (If Issued)		Most	Harmful Event	1	24				pe of Tes	lest: st Resu	ılt:	30		
2	Viol. 1: Ch/Sec/Sub ——————————Vio	of, 2: Ch/Sec/Sub	Drive	r Contributing Cod	de	1	25	25			cohol:		Susp. Drug 2 3	32	
	Viol. 3: Ch/Sec/SubVio	of, 4: Ch/Sec/Sub	Drive	Distracted by	0_	26			***************************************		oni sce	<u>l</u>	1 33		
	Please fill out for operator/non-n Name (Last First Middle)	notorist and all occupants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Sufety System	36 Airbog Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motorist	See Above		> <	X	1	99	2	0	0	8	1			
		,		,		3	99	2	0	0	10	1			
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	Police Use Only	Comm	onwealth	of Massacl	ıusetts	S	RA	IV Docu	ıment Number	
	Date of Crash Time of Crash 03/29/2023 1710 W:	City/Town ilmington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	it40	State Police Local Police MBTA Police	8000
	24HR	r rin ring com	Police 1	Report	3	2	Latitude Longitude_		Campus Police Other:	ă
	AT INTERSE	CTION:	< LOCA	TION >		NOT A	T INTE	RSEC	TION:	
	BUTTE	RSROW								2 10
1_	Route# Direction	Name of Roadway/Stree	t	Route# Direction	Address #		Name o	f Roadw	ay/Street	
1	MAIN :	At Stri		Feet N S	E W of			- or		_
	Route# Direction	Name of Intersecting Roadway		E.T.		Mile M	arker		Exit Number	3 11
		Also at Intersection with	1	Feet NS		Route#	Inter	secting R	Roadway/Street	-
² 1	Route# Direction	Name of Intersecting Roadway	//Street	reet [11]3	IE W OI		<u> </u>	andmark	-	_
	Please Select One Vehicle 3	1 #Occupants Hit/Ru	ın Moped	Crash Repor	t ID# 23	-96		angmark		
3	of the Pollowing.			<u> </u>					3.57	_
	10 10	ot MA DOB/Ag		F 1FJL11 Year 2016					21	1 12
		Lic. Restrictions 99 CDL Endo	orsement	er FENTON,				Veh	Config. 1	
⁴ 2	Operator FENTON, PHI Last Address 111 CHESTNUT		Middle	er FLANTON, Last ess 111 CHES		First ST	141	Mid	fdle	_
	City WILMINGTON			WILMINGTO			ate MA	7in 01	887-3913	3
	Insurance Company ARBELLA			le Action Prior to Cras	75.5		amaged Are			- ł
	Vehicle Travel Direction: N S			Sequence 23	23 23	23 T	est Status:		1 28	-
⁵ 1	Citation # (If Issued)		Most	Harmful Event 1	24	•	ype of Test:		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	AC Test Res usp. Alcohol	,	Susp. Drug: 2	1 13
<u> </u>	Vîol, 3; Clı/Sec/Sub	Viol. 4; Ch/Sec/Sub	Drive	r Distracted by	26		owed from s	-	1 33	┛┣━━╛
⁶ 1	Please fill out for o	operator and all occupants invol-	ved Idress	DOB/Age Sex	34 35 Sest Safety Pos. System		38 39 Trap Injury Code Status		Medical Facility	
	Operator -		Above	LOGIAGE SEA	Pos. System	3 0	0 8	+	Lahey Clinic	
										-
								+-+		
	Please Select One			15 16		17	18			_
⁷ 2	of the Following:	#Occupants Non-M	otorist A Type	Action	Location	Condi	tion	H	lit/Run Mope	ed
	License # S	t DOB/Age	Reg #			Reg Typ	e	Re	g State21	_
	Sex Lic. Class L	ic, Restrictions CDL	Veli Y	ear	Veh Make			Veh (
§	Operator	First M	1iddle	Lası		First		Mid	idie	-
	Address			SSS		5 .		···		- <u>14</u>
	CityS Insurance Company	•	•	le Action Prior to Crasl	. 38		ite 2 amaged Area		27 27 27	
	Vehicle Travel Direction: NSE			Sequence 23	23 23		est Status:		28	-
	Citation # (If Issued)		,	Hannful Event	24	•	pe of Test:	F	29	
2	Viol. 1: Ch/Sec/Sub			Contributing Code	25	25	AC Test Res isp. Alcohol:		Susp. Drug. 32	
	Viol. 3: Ch/Sec/Sub			Distracted by	26		wed from so	\vdash	33]
	Please fill out for operator	r/non-motorist and all occupants	sinvolved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		_
	Name (Last First Middle) Operator/Non-Motor		Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	operator/1 tota-11200/	3607			 					_
										_
								-		



Patrol Officer Kathryn C Goodwin

216

Wilmington Police Department

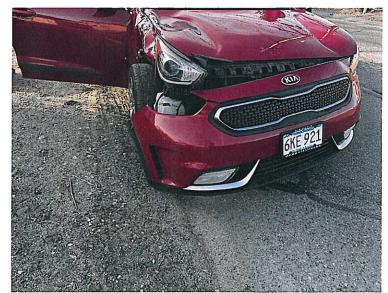
03/29/2023

Wilmington Police Department Images Associated with 23-96-AC









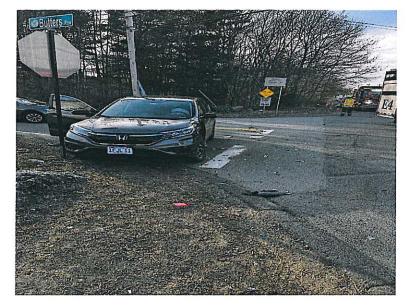




Wilmington Police Department Images Associated with 23-96-AC







	Police Use Only	Comn	nonwealth	of Massach	usetts	;	RM	V Docum	ent Number]
	1	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit Latitude	45	State Police Local Police MBTA Police Campus Police	1
	03/30/2023 1416 Wilm 24HR	ington	Police :	Report	2	o Î	Latitude Longitude		Campus Police Other:	
	AT INTERSECTION	N:	< LOCA	TION >		NOT A	T INTER	SECTI	ON:	<u> </u>
					34	חווים	E 62	שונוע		2 10
1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #	KOOI		Roadway/	/Street	-
¹ 1		Αt		Feet N S	W of			or		
	Route# Direction Name	e of Intersecting Roadw	ay/Street			Mile Ma	arker		Exit Number	2 11
		Also at Intersection wi	ith	Feet N S		Route#	Inters	ecting Roa	ndway/Street	F
² 1	Route# Direction Name	of Intersecting Roadwa	ay/Street	Feet N S	EW of					
	Please Select One Vivalent 1					07		ndmark		_
3	Please Select One of the Following:	#Occupants Hit/F	Run Moped	Crash Repor	t ID# 2 3	-97	-AC			4
		DOB/A	. Reg	#TC4880		Reg Typ	PC_	Reg S	State MA 21	1 12
			dorsement	Year 2012		-		Veh Co	onfig. 1	
4	Operator <u>CUSHING</u> , <u>SUZAN</u>	First	Middle	er <u>CUSHING,</u> Last		First		Middle		
⁴ 1	Address 9 BRIDLE PATH 1			ess 9 BRIDLE	PATH					
	City METHUEN State			METHUEN		_		•	3 44-1571 27 27 27	
	Insurance Company THE HANOVE	R INSURANC	E COM Vehic	cle Action Prior to Crash			amaged Area est Status:	Code: 5	27 27 27	
⁵ 2	Vehicle Travel Direction: N S W	Responding to Emerg	ency? 2 Even	t Sequence 1 23	23 23	23	pe of Test:	1	29	
	Citation # (If Issued)	•		Harmful Event 1	24		AC Test Resi	-	30	_ 13
	Viol. 1; Ch/Sec/SubV			er Contributing Code	26		isp. Alcohol:		Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			er Distracted by 0	34 35	To 36 37	wed from sc	ene? 2	33	4
	Please fill out for operate Name (Last First Middle)	-	olved Address	DOB/Age Sex	Scat Safety Pos. System	Airbag Ejeci Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	Ser	e Above	$\times x$	1 1	4 0	0 10	1		
										1
										1
	Please Select One Vehicle 21	#Occupants The	M 4 1 4 4 To 11	15 16		17 Condit	18	Hit/		1
⁷ 1	of the Following:	Non-	Motorist A Type		Location			<u></u>		4
	License # SA5560746 St MA	DOB/Age		4HJ946			PC	Reg S	State MA 21	
	Sex F Lic. Class D 99 Lic. Re	strictions 1 CD	dorsement		Veh Make <u>N</u>				onfig. 1	
§ 1	Operator FITZGERALD, SH	AE MAIRE	Middle	er FITZGERA		EPHAN First	IE RE	NEE Middle	<u></u>	
_	Address 8 MARIE DR	M78 m: 01907		ess 8 MARIE			. 1/474	. 010	87-0000	1 14
		MA Zip 01887		WILMINGTON	_		te <u>IVIA</u> Z amaged Area		27 8 27 27	
	Insurance Company THE STANDA			le Action Prior to Crash	23 23		st Status:	_	28	
	Vehicle Travel Direction: NSWW	Responding to Emerge	•	1 1	24		pe of Test:		29	
1	Citation # (If Issued)	-1 2. CL/0 - /C.1		Harmful Event 1 T Contributing Code	20 ²⁵ 5	25	AC Test Resu	11. 1	30	
	Viol. 1: Ch/Sec/Sub Vi	ol. 2: Ch/Sec/Sub ——— ol. 4: Ch/Sec/Sub ———		r Distracted by	26		sp. Alcohol: wed from sc		usp. Drug: 2 32 33	
	Viol. 3: Cli/Sec/Sub — Vi Please fill out for operator/non-i				34 35 Sent Safety	36 37	38 39	40		1
	Name (Last First Middle)	1	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Transp. Code	Medical Facility	-
	Operator/Non-Motorist	See	e Above		1 1	4 0	0 10	1	-	-

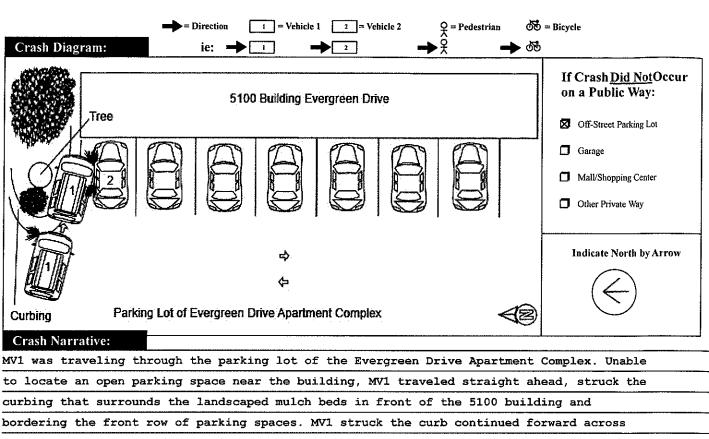
-	= Direction	= Vehicle 1	2 = Vehicle 2	주 = Pedestrian	a 📆 = Bicycle	
Crash Diagram:	ie: → 📑	→ [<u>2</u> →	≥ ₹	→ 55	
THE SE					If Crash <u>I</u> on a Publ	oid NotOccur ic Way:
					☐ Off-Street	Parking Lot
		Niss	an V#2		☐ Garage	
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the second second	☐ Mall/Shop	ping Center
	11544		andra a constituit de la constituit de l		Other Priv	
_	Jeep V#1		Rte 62 ove	r 193	Outer rav	are tray
		Earts Row		(Indicate N	North by Arrow
Crash Narrative:						
Operator #1 was traveli	_		<u></u>			was
traveling in the opposit						- 1
explained that she obser						
and continue traveling : end damage to Vehicle #						ır
moment, and when she lo						cle #
1. Operator # 2 informed						
her vehicle prior to the						
attention. Vehicle #2 wa						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
		 -				
Property Damage:					•	
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Proper	ty
Truck and Bus Information:	Registration #		(From Vehi	cle Section)	Bus	42 Use 42
Address			_ City		St Zip_	
LIC DOT #-	Stata Number		Irsuina State	MC/MY/IC	C#:	
43	44		45			
Interstate Cargo Body Ty		GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	
Hazmat Information:	18					49
Placard Material 1 digit #	Material Nam	e		Material 4 digit	Release	code
Dobus 1 0655 7	Monales		224 ***	Iminata 1	Police Department	03/30/2022
Patrol Officer Jonathan L Police Officer Name (Please Print)	Morales Signature			entment	Precinct/Barracks	03/30/2023 Date

	Police Use Only	iwealth	of Massac	hus	etts	\$		insiin EAR Val	RMV	Docur	ment Number	i		
	Date of Crash Time of Crash 03/31/2023 0856 Wil	City/Town Maington		icle Crash		lumber ehicles		urad	Speed Latitud	_	35	State Police Local Police MBTA Police	CBC	
	24HR		Police :	Report	2		0		Longit			Campus Police Other:		
	AT INTERSECT	YION: <	LOCA	TION >			NO	TAT	'INT	ΓERS	ECT	TION:		
		EN AVE												2 ¹⁰
ⁱ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	Add	ress #			Naı	me of R	oadwa	y/Street		
	MOORE S			Feet N	SEW	of		ile Ma	— •	_	от	Exit Number		
	Route# Direction Na	me of Intersecting Roadway/Stre Also at Intersection with	ect	Feet N	S E W	of		1410						3 11
				Feet N		_	Rou	e#	1	Intersect	ting Ro	oadway/Street	_	
² 2	Route# Direction Na	me of Intersecting Roadway/Stre	eet							Land	lmark			
3	Please Select One of the Following:	#Occupants	Moped	Crash Repo	rt ID#	23	- 9	98-	-A	С				
	License # S54970626 St M	IA DOB/A _E	Reg #	SB1A1BD			Re	д Туре	SB		Reg	g State MA		12
	Sex M Lic, Class B Lic, 19 Lic, 1	Restrictions 1 20 CDL	Veh Y	Year 2024									il	1 12
	Operator GRIMES, MICHA	EL SCOTT First Middle	Own	er MIDWEST	BUS	SZ			NC				_	
⁴ 2	Address 440 FOSTER RD	rust Middle		ess 23889 W	40	CH_		irst			Midd	ile		
	City TEWKSBURY State	e MA Zip 01876	City_	SHAWNEE							_	226-228	4	
	Insurance Company OLD REPUB	LIC INSURANCE	CO Vehic	le Action Prior to Cras	sh	1	22			l Area C	ode: 7	27 10 27	27	
⁵ 1	Vehicle Travel Direction: NSWW	Responding to Emergency?	2 Event	Sequence 23	23	23	23		st Statu pe of T		1	29		
Т	Citation # (If Issued)		Most	Harmful Event 1	24			ВА		t Result:	1	30		12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25	25	Su	sp. Alc	ohol: 2	31	Susp. Drug: 2	32	1 13
6 1		Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	1 25	1 50			om scen		33	[
-	Please fill out for opera	ator and all occupants involved Address		DOB/Age Ser	Seal Pos.	35 Safety System		37 Eject Code	18 Trap Code	Injury To	40 ransp. Code	Medical Facility		
	Operator	See Abov	⁄e	$>\!\!<\!\!\!>$	1	1	4	0	0	10 1				
					11	7	5	0	0	10 1	•			
		1		, ,	11	7	5	О	0	10 1				
					11	7	5	0	0	10 1				
⁷ 3	Please Select One of the Following:	#Occupants Non-Motori	ist A Type	15 Action 16	Locati	on	17	Conditi	on	18	Hi	it/Run 🔲 Mo	ped	
_	License # St	DOB/Age	Reg #	SB1A1BD		<u> </u>	Re	g Type .			_ Reg	State		
	Sex Lic. Class 19 19 Lic. F	Restrictions CDL CDL		ear	Veh M	ake					Veh C	Config. 2	.1	
3 .	Operator	First Middle		erLast			F	irat			Middl	le		
1	Address		Addre	ess										_ 14
	City State	e Zip	City_				22			Zip		27 27	- 27	1
	Insurance Company			le Action Prior to Cras	h 23	23	23		maged t Statu	Area Co	ode:	27 27 :	<u>"</u>	
Î	Vehicle Travel Direction: NSEW	Responding to Emergency?_		Sequence 23	24	43			e of Te			29		
1	Citation # (If Issued)			Harmful Event	<u> </u>	25	25		C Test	Result:		30	_	
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26	l_		Sus	p, Alco ved fro	ohol: om scene		Susp. Drug:	32	
ļ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	viol. 4: Ch/Sec/Sub			34	35 Section	36 Aidean	37	38	39	10		_	
-	Name (Last First Middle)	Address		DOB/Age Sex	Seat Pos.	Safety System		Eject Code	Trap Code	Injury Tr Status C	ansp. Ode	Medical Facility	\dashv	
ļ	Operator/Non-Motorist	See Above	e 		1	_	_				_		_	
H					11	ļ <u>.</u>				10 1	_		_	
H				 	11	7	5	0	0 :	10 1	\perp			
1		<u>I</u>		· · · · · · · · · · · · · · · · · · ·	11	7	5	0	0 :	10 1				

	Pol	lice Use Only		(<u>Com</u> n	10nv	vealth	of N	Aass	acl	hus	ett	S			RM	IV Doc	cument	Number		
	Date of Crash 03/31/2023	Time of Crash	Wilm	City/Town	n		tor Ve			ash		Number Vehicles		mber jured	1	d Limi ude	t <u>3</u>	- - Lo	ate Police scal Police BTA Police	080	
		24HR	77.2.2.			-	Police	Rep	ort		2		0			itude		— C	unpus Police her:		
		AT INTER	SECTI	ON:		<	LOC	ATIO	V	>			NO	TA	ΓIN	TEF	SEC	CTIO	N:		<u> </u>
	l		VSHEE	N AVE				.													2 10
¹ 1	Route# Dire	ction		Name of Ro	oadway/Stre At	et		Route	# Dire	ction	Ade	iress#			N	ame of	Roady	way/Str	eet		
<u> </u>	<u> </u>	MOOF	RE ST	1				 _	Feet	N S	EV	of				. —	or .		is Mountain		
	Route# Dire	ction	Name	e of Intersect	ing Roadwa			-	Feet	NS	TEIV	VI .c	N	lile Ma	arker			E	cit Number		3 11
				Also at Inte	ascellon wit	••				N S		_	Rou	te#		Inters	ecting	Roadw	ay/Street		⁻
² 2	Route# Direc	ction	Name	of Intersect	ing Roadwa	y/Street					1-1	7 or				La	andmar	k			
3	Please Select (of the Followi		. <u>18</u>	#Occupants	☐ Hit/R	บก	Moped		Crash	Repor	t ID#	23	3 – 9	98	-A	C					
	License #		St	DOB/Ag	ge	L	Reg	# SB	LA1B	D			Re	eg Typ	e		R	Reg Stat	e		10
	Sex Lic.	Class 19 1	9	stríctions	20	Llorsement														21	1 12
	Operator	Last						ner											- L		
⁴ 2	Address			First		Middle	Add	ress		Lasi			ı	First			М	fiddle			
	City		State_	Zip_			City							Sta	ite	2	Zip				
	Insurance Comp	алу					Veh	icle Actio	on Prior to	o Crasi	h		22	D	amage	d Area	Code:	27	27	27	
5	Vehicle Travel D	Direction: NS	EW	Respondin	g to Emerge	лсу?	Eve	nt Seque	nce :	23	23	23	23		est Sta			28			
⁵ 1	Citation # (If Iss	ued)		_			Mos	t Harmfi	ıl Event		24			_	/pe of AC Te	Test; st Res	ult:	30			
	Viol. 1: Ch/Sec/S	Sub	V	iol. 2: Ch/Se	c/Sub ——		Driv	er Contr	ibuting C	ode	4.1	25	25	5		cohol:		Susp	. Drug:	32	1 13
⁶ 1	Viol. 3: Ch/Sec/S	Sub	Vi	iol. 4: Ch/Se	c/Sub		Driv	er Distra	cted by		26			To	wed f	rom sc	ene?	1 33			
1	Nome (Last First M	Please fill out	for operato	or and all occ	-	ived ddress			OB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		dedical Facility		
	Operate	•	•••			Above			× -	$\sqrt{}$	1	- System	368183	Code	Code	Satus	Code	-	neutent Pacifity		
				+						Y	11	7	5	0	0	10	1				
								-		1	<u> </u>	 	 	 		-	-				
							***************************************			╁—	-	_									
													1	<u> </u>	<u> </u>	10					
⁷ 3	Please Select O of the Followin		21	Occupants	Non-M	Iotorist A	A Type	15 A	ction	16	Locati	on	17	Condit	ion	18	🗖	Hit/Ru	n 🔲 Mo	ped	
	License # S95	373544	St MA	_ DOB/Age			Reg	# <u>5DC</u>	:528				Re	g Type	PC		R	eg State			
	Sex M Lic. C	Class D 19 19	Lic, Res	strictions 1	20 CDL	orsement	Veh	Year <u>2</u>	017		Veh M	lake S	UB/	ARU			Veh	Config	. 1 2	1	
§ 1	Operator LE Z	ARY, EDW	ARD F	FRANC	IS	√iiddle	Own	er <u>LE</u>	ARY,	MZ Lasi	ARY	L	F	irst			Mi	idále		[
1		MOORE ST					Adda	ess 14	MO	ORE	S'	<u> </u>									14
	City WILMI			MA Zip (-	WIL	MING	TON	1								7-373	_ I	1
	Insurance Compa	my LIBERT	Y MU	TUAL	INSUR	ANCE	Vehi	cle Actio	n Prior to	Crash		6	22		ımageo st Stat		Code:	1 ²⁷	2 27 8	27]	
	Vehicle Travel Di	اسبلبيا	لللا	Responding	to Emerger	ncy?_2	Even	t Sequer	ce <u>1</u>	²³	23	23	23		pe of T			1 29		Ì	
1		red) 889106						Harmfu		1	24	25	ne		AC Tes	st Resu	ilt:	1 ³⁰			
	Viol. 1: Ch/Sec/S	lub 89 1	8Vi	ol. 2: Ch/Sec	:/Sub				buting Co	_	26	25	25] Su		cohol:			Drug 2	32	
g	Viol. 3: Ch/Sec/S	ubase fill out for oper		ol. 4: Ch/Sec		o invol		er Distra	eted by	99	26	35	36	To 37	wed fr	om sc	ene?	1 33			
	Plea Name (Last First Mis		at01/110N-11	notorist and :	•	S INVOLVE Idress	u	D	OB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap	Injury Status	Transp. Code	М	edical Facility		
	Operato	r/Non-Moi	torist		See A	Above		\geq	\leq	X	1	1	1	0	0	10	1				

	= Direction	ı = Vehicle 1	2 = Vehicle 2	ਊ = Pedestri	an 🕳 =	Bicycle	
Crash Diagram:	ie: 👈	<u> </u>	2	→ ĝ	→ №		
4		1				If Crash Did Not on a Public Way Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way	t ot
			STOP			Indicate North by	Arrow
Crash Narrative:							
Vehicle #1 (Bus #7) wa					ehicle #2	failed to	
stop at stop sign and	excelerated in	nto the side	of Vehicle	#1			
						<u> </u>	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
D							<u> </u>
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
Truck and Bus Information	Registration #		(From V	/ehicle Section)			
Carrier Name						Bus Use	42
Address			City		SI	Zip	
US DOT #:	State Number44		Issuing State	MC/MX/I	CC #:		
Interstate Cargo Body		GVWR/GCWR					
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	er Length	46	
Hazmat Information:					L	لسسم	
Placard Material 1 digit #	# 48 Material Na	me		Material 4 digit	#	Release code	49
Patrol Officer Anthony	Fiore		164 V	Vilminator	Police De	enartment 03/	31/2023

	Police Use Only	Commo	nwealth	of Massac	huse	etts			RMV Do	cument N	umber	
	Date of Crash Time of Crash 03/30/2023 2257 Wilm	City/Town M	lotor Veh	icle Cras	$h \begin{bmatrix} N \\ V_0 \end{bmatrix}$	umber chicles	Number Injured	DP000 L		Local	Police Police Police Police	
	03/30/2023 2257 Wilm 24HR	ington	Police :	Report	2	J0,03	0	Latitude Longitu		Camp Other	ous Police 🔲	
	AT INTERSECTION	ON:	< LOCA	TION >			NOT A	T INT	ERSEC	CTION	:]
					F-4	0 3				_		2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction	51 Addi	ess#	EVE.		EN DI e of Road		t	-
4		At		Feet N	SEW] _{of}				-]
	Route# Direction Name	e of Intersecting Roadway/Str	reet	rect [A	1912111	Ju	Mile M	arker	— ur	Exit 1	Number	11
		Also at Intersection with		Feet N	SEW	of .	Route#	In	tersecting	Roadway	/Street]3
² 1	Route# Direction Name	e of Intersecting Roadway/Str	reet	Feet N	SEW	of	reducor	10	cersconing	rcoadway/	Bileet	
1				<u> </u>					Landmar	k		-
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Rep	ort ID#	23	-99	-A(
	License # S82364908 St MA	DOB/Age	. Reg /	# 1713B			Reg Ty	e DL	R	Reg State	MA	12
	Sex M Lic. Class D Lic, Re	estrictions 20 CDL_	Veli \	Year 2006	Veh Ma	ake Ot	her-no	t lis	ted _{Vel}	h Config.	1 21	3 '2
	Operator SMITH BRYAN C	Endorses EHRISTOPHER	ment Own	er DISCOUN'	r Au	TO		3				
1	Address 5131 EVERGREEN			Ess <u>73 N MA</u>	IN S	T	First			liddle		
	City WILMINGTON State	MA Zip 01887-11	L81 City	MIDDLETON	1		St	ate MA	Zip _ O _	<u> 1949</u>	-1718	
	Insurance Company REPUBLIC-FI	RANKLIN INS.	CO Vehic	ele Action Prior to Cr	ash	1	22 D	Damaged A	Area Code:	2 27 3	27 27	
	Vehicle Travel Direction: NSWW	Responding to Emergency?	2 Event	Sequence 41 23	23 2	23	~~	est Status		2 28		
,	Citation # (If Issued) 888695AB	-	Most	Harmful Event 2	24			ype of Test I		2 29		
	Viol. 1: Ch/Sec/Sub 90 24 Vi	iol, 2: Ch/Sec/Sub 90	24 Drive	r Contributing Code	10	²⁵ 9	25		hol: 1 31	1)rug: 99 32	20 ¹³
5	Viol. 3: Ch/Sec/Sub — Vi	ol. 4: Ch/Sec/Sub	Drive	r Distracted by 5	26			owed from		3 33	لت	
'1 	Please fill out for operato	or and all occupants involved		DOB/Age S	34 Seat ex Pos.	35 Safety System	36 37 Airbag Eject Status Code	Trup h	39 40 njury Transp. tatus Code	1	ical Facility	1
	Operator	See Abor		2000/48	/ .		4 0	1	0 2	Winchest Hospital	ter	1
	•				+			+-+		<u> </u>		-
								+				1
									-			-
					1		15		10			•
1	Please Select One of the Following:	Occupants Non-Meter	rist A Type	Action 16	Locatio	n	17 Condi	tion		Hit/Run	Moped	
	License #St	DOB/Age	Reg#	86L540			Reg Typ	e PC	R	eg State 🖍	1A	1
	Sex Lic. Class 19 19 Lic. Res	strictions CDL	Veh Y	ear <u>2006</u>	_ Veh Ma	ke K	(A		Veh	Config.	1 21	
	Operator Driverless M.V		Owne	r GIANNELI	I,	CER	RY MZ	RIE	3.43	iddle		
1	Address			ss 19 LAKE	ST	AP	т 2		141			
	City State	Zip	City_	WAKEFIELD)		Sta	ite MA	_ Zip <u>0</u> 3		-3129	1 14
	Insurance Company PROGRESSIVE	DIRECT INSU	JRA Vehicl	le Action Prior to Cra	sh [11 2	╝	_	rea Code:	8 ²⁷ 7	6 27	
	Vehicle Travel Direction: NSWW	Responding to Emergency?	2 Event	Sequence 2 23		23	ិ័	est Status: ope of Tes		29		
2	Citation # (If Issued)		Most 3	Harmful Event 2	24	10	, в	AC Test F		30		
	Viol. 1: Ch/Sec/Sub ————Viol	ol. 2: Ch/Sec/Sub ———	Driver	Contributing Code		25	25 Si	ısp. Alcol	ol: 2 31		rug: 2 32	
	Viol. 3: Ch/Sec/Sub ————————Vio		Distracted by	26			wed from		2 33]	
	Please fill out for operator/non-m Name (Last First Middle)	notorist and all occupants invi	olved	DOB/Age Se	34 Seat x Pos.	35 Safety System	36 37 Airbag Eject Status Code	Trap In	39 40 jury Transp. atus Code	Medic	al Facility	
	Operator/Non-Motorist	See Abov	/e		1	0 4	1 0	0 1	0 1			
						\exists						
						$\neg \dagger$						1



MV1 was traveling through the parking lot of the Evergreen Drive Apartment Complex. Unable to locate an open parking space near the building, MV1 traveled straight ahead, struck the curbing that surrounds the landscaped mulch beds in front of the 5100 building and bordering the front row of parking spaces. MV1 struck the curb continued forward across the grass and mulch beds, nearly struck a tree, and finally collided with MV2 which was parked and unoccupied. MV1 finally came to rest(not in an authorized or marked parking space) and leaning against the parked MV2. The operator of MV1 then exited and entered his apartment. A subsequent investigation revealed the operator and he was subsequently cited and arrested. Reference Arrest Report #23-118-AR. MV1 was towed from the scene by Forrest Towing. MV1 suffered minor damage to its front right and right side. MV2 suffered minor damage to it rear left, left, and front left side. No injuries as a result of the crash.

Witnesses:

Name (Last, First, Middle)

Address

Phone # Statement ENGLISH JESSICA

Statement ENGLISH JESSICA

ENGLISH JESSICA	5121 EVERGE	EEN DR WILMIN						
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	n of Damag	ed Property	
					_	•		
Truck and Bus Information:	Registration #		(From Ve	hicle Section)				
Carrier Name					Bus Use	42		
Address			_ City			St	Zip	
US DOT#:	State Number		Issuing State	MC/MX	/ICC #:			
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	40		
Hazmat Information:								
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 di	git #		-Release code	49

Patrol Officer Michael A Wilson

209

Wilmington Police Department

03/31/2023

	Police Use Only Commonwealth of Massachusetts RMV Document Number												
	1 1	City/Town Nington	Aotor Veh	icle Cras	h [Number /ehicles			d Limit	30	State Police Local Police MBTA Police	080	[
	24HR	ing con	Police 1	Report	1		1	Lann			Campus Police Other:	_ <u>_</u>	
	AT INTERSECTION	ON:	< LOCA	TION >			NOT A	AT IN	TER	SEC?	FION:		
	129 W LOWELL S	T											2 10
¹ 4	Route# Direction	Name of Roadway/Street At		Route# Direction	on Ado	iress #		Na	une of	Roadwa	ay/Street		
4	38 N MAIN ST	At		Feet N	SEV	V of		(or _	F : M t		L
		of Intersecting Roadway/S	Street	Ts	SEV	<u> </u>	Mile	/arker			Exit Number		1 11
		Also at Intersection with			SEV		Route#		Interse	ecting R	oadway/Street	_	
² 3	Route# Direction Name	of Intersecting Roadway/S	Street	reet [1	13 2	7 61			La	ndmark			
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	port ID#	23	-10	0-	AC	;			
	License # SA0300559 St MA	DOB/Ag	Reg #	4SKR11			Reg Ty	pe PC		Re	g State MA		12
		20		_{(ear} <u>2023</u>								21	3 12
	Operator ASSILA, KARIMA			er ASSILA,	FOU	JAD				Mid			
⁴ 3	Address 65 FOUNTAIN LN			ess 65 FOU	'TAI	N LI	First Al	PT 2		Mid	idie	_	
	City WEYMOUTH State]	MA Zip 02190-2	2130 City	WEYMOUTH			5	tate M	A_ z	ip 02	190-213	30	
	Insurance Company THE COMMER	CE INSURANCE	E CO Vehic	le Action Prior to C	rash	1				Code:	2 97	27	
5	Vehicle Travel Direction: N S E	Responding to Emergency	y?_2 Event	Sequence 20 23	23	23	23	Test Star Type of		-	28		
⁵ 1	Citation # (If Issued)	-	Most	Harmful Event	23 24			BAC Te		ılt:	30		
	Viol. 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub	Drive	r Contributing Code		²⁵ 1	2 25	Susp. Al	cohol:	31	Susp. Drug:	32	23 ¹³
⁶ 2	Viol. 3: Ch/Sec/SubV			r Distracted by	26			Towed f		Ľ	1 33		
2	Please fill out for operato Name (Last First Middle)	or and all occupants involve		DOB/Age	Sex Pos.		36 31 Airbag Eje Status Co	et Trap	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	See At	pove	\triangleright	$\sqrt{1}$	1	4 0	o	10	1			
	DARCY SILVA	15 BUCKINGHAM DR BILLERICA, MA 01921-	-3201	1 -	6	0	4 0	0	8	1			
7	Please Select One Vehicle 2	Occupants Non-Mot	torist A Type	15 Action 1	Locat	ion	17 Con	dition	18	П	lit/Run Me	ped	
⁷ 3	of the Following:	DOB/Age	P #				Dan Tu	<u></u>		Pa	a State		
	19 19	strictions 20 CDL_		ear				-			- 3	21	
	Operator	Endors	ement Owne									_	
⁸ 1	Last F	rirst Mid	dle	l.as	ł		First			Mid	dle		
	City State_	Zip	City_				s	tate	Z	.ip			4 14
	Insurance Company		Vehic	le Action Prior to C	rash		22	Damage	d Area	Code:		27	
	Vehicle Travel Direction: NSEW	Responding to Emergency	/? Event	Sequence 23	23	23	**	Fest Stat		-	28	İ	
⁹ 2	Citation # (If Issued)		Most	Harmful Event	24	•		Type of BAC Te		ult:	30		
2	Viol. 1; Ch/Sec/Sub ———Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25	Susp. Al	Г		Susp. Drug:	32	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Drive				26			Towed fi	rom sce	ene?	33		
Ī	Please fill out for operator/non-r	notorist and all occupants i		DOB/Age	34 Seat Sex Pos.	35 Safety Syxtem	36 37 Airbag Eje Status Cox	t Trap	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motorist	See Ab	pove	> <	1								
											<u>-</u>		
ľ													

	= Direction	= Vehicle 1 2	= Vehicle 2	Q = Pedest	rian 🕳 = B	licycle	
Crash Diagram:	ie: 👈 🗆] → [:	_	₽Ŝ	→ ₩		
	Rte.38/Main :	st.	<u> </u>			If Crash Did Noon a Public Wa	y:
586 Main st.						■ Mall/Shopping Ce ■ Other Private Way	
Rte.	129/Lowell st.	in C		Curbing	Traffic light/pole	Indicate North b	y Arrow
Crash Narrative:							
Oper.#1 Related her	m/v slid on wet pa	aved roadwa	y and her m	/v#1 str	ick the cui	rbing and	
then struck the traf	fic light and pole	e. Her m/v#	1 drove up	over the	curbing a	nd sidewalk,	
prior to striking th							
***The operator of m							
the operator was hit							
she was affraid of h	er driver and want	ted to get	out, prior	to the c	rash***(PW	7/142)	
							
						· · · · · · · · · · · · · · · · · · ·	
							···
Witnesses:						<u></u>	
Name (Last, First, Middle)		Address			Phone #		Statement
						······	
Property Damage:	·············						
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Da	maged Property	
MASS HIGHWAY	519 APPLETON ST	ARLINGTON MA		19 34 57 64	-	LIGHT AND	POTÆ
Truck and Bus Information	On: Registration #						
Carrier Name	Registration #		(From Vel	hicle Section)		Bus Use	42
Address			City		St	Zip	
US DOT#:	State Number			MC/MX/	TCC #:		
	ody Type Code	GVWR/GCWR	45 Pag Vans	_		46	
	Reg Type	weg prate	Reg Year	———Trai	ler Length		
Hazmat Information: 47 Placard Material 1 dig	git # 48 Material Name			Material 4 dig	it #	Release code	49
<u> </u>	W. Tongon		42 W-		Police Por		

04/01/2023

Wilmington Police Department Images Associated with 23-100-AC













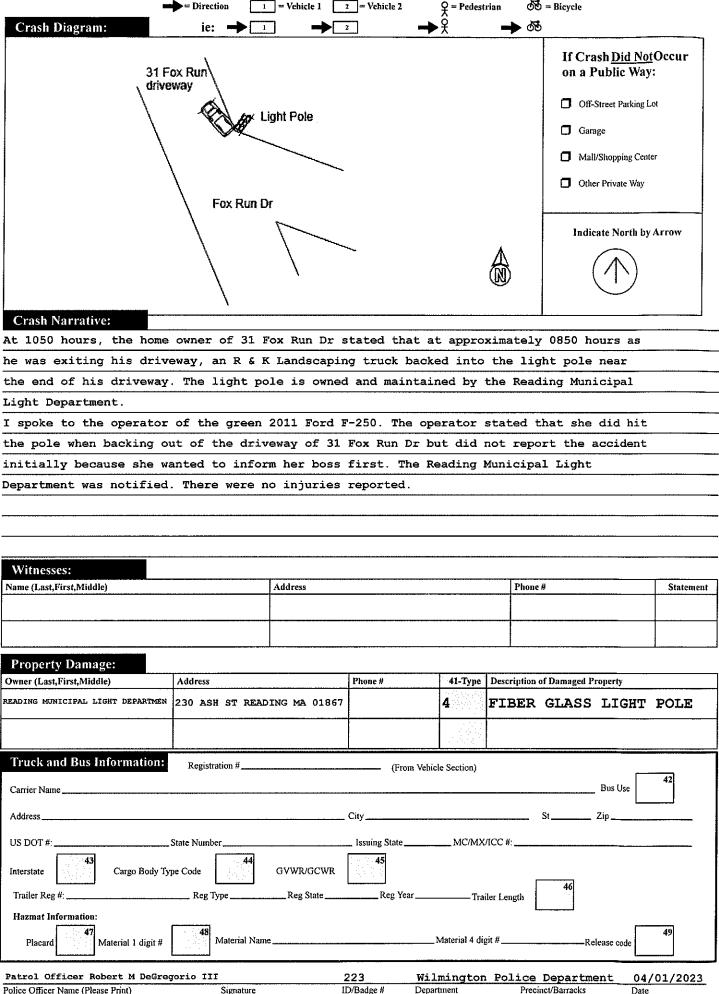
Wilmington Police Department Images Associated with 23-100-AC







	Police Use Only Com			amonwealth of Massachusetts RMV Document Number										
	Date of Crash 04/01/2023	Time of Crash	City/Town mington	Motor Veh	icle Cras	$\mathbf{h} = \begin{bmatrix} 1 \\ 3 \end{bmatrix}$	Vumber /ehicles		4 1000	d Limi	10	State Police Local Police MBTA Police	0800	
	04/01/2023	24HR	aring con	Police	Report	1		0	Lan	ude gitude _		Campus Police Other:	_ <u>G</u>	
		AT INTERSECT	ION:	< LOCA	TION >			NOT	AT IN	TER	SEC	ΓΙΟΝ:		
						31		FO	KRUN	םת ו	,			2 10
1	Route# Dire	ection	Name of Roadway/S	treet	Route# Directio		lress #					ay/Street		
1	_		At		Feet N	SEV	V of		_	• —	or _			
	Route# Dire	ction Nas	ne of Intersecting Road					Mile	Marker			Exit Number		7 11
			Also at Intersection v	vith	Feet N		_	Route#		Inters	ecting R	Loadway/Street		
² 3	Route# Dire	ction Nar	ne of Intersecting Road	way/Street	Feet N	SEV	V] of							
	Please Select	One	_#Occupants		Crash Rep		22	1	\ 1		ndmark			
3	of the Followi	ing: Venicle 12		1										
	į	10 10	A DOB/Age		# 1TCR49			_					21	12
	Sex F Lic.		E	ndorsement	Year 2011							Config. 2	ال	
⁴ 1		RCIA JUAREZ		Middle	er GOME Z – M		-	First			ANT.			
7	İ	HAWTHORNE S			ess <u>37 BAY</u>	VIE	N A				^ -	000 070		
		State	•	•	LYNN cle Action Prior to Cr		10	22			Code:	902-373	27	
	Vehicle Travel E		Responding to Emer		Sequence 23		23	23	Test St		1	1 28		
5		sued)	Responding to Enter			3 24	:		Type of	Test:		29		
	· ·	Sub	Vial 2: Ch/Sec/Sub		er Contributing Code		25	25	BAC T		ılt: 31	30	32	23 ¹³
		Sub			· -	9 26			Susp. A Towed		L	22		
⁶ 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Please fill out for opera				34 Sent	35 Safety		37 38 jeet Trap	39	40 Transp.			
	Name (Last First M			Address ee Above	DOB/Age S	sex Pos.	System 99	Status 0	ode Code	Status 10	Code 1	Medical Facility		
	Operati		3	ee Above	+	7	3 3	33 3	33	10	-			
						_	-		_					
							ļ							
				····			<u> </u>							
⁷ 9	Please Select C of the Followin		#Occupants Non	-Motorist A Type	Action 16	Locati	on	17 Co	dition	18	П	lit/Run 🔲 Mo	ped	
	License #	St	DOB/Age	Reg #	· · · · · · · · · · · · · · · · · · ·	<u> </u>	h	Reg 7	уре		Re _l			
	Sex Lic. (Class 19 19 Lic. R		DL Veh Y	/ear	Veh M	lake				Veh (Config. 2	1	
R	Operator	Last	First	Owne	erLast			First			Mids	Ha	_	
4	Address				ess			rust			IVIIIA			
	City	State	Zip	City_				_	State				_	1 14
	Insurance Compa	any		Vehic	le Action Prior to Cra		<u> </u>	22	Damage Test Sta		Code:	27 27	27]	
	Vehicle Travel D	Pirection: N S E W	Responding to Emer	gency? Event	Sequence 23	23	23	23	Type of		-	29		
2	Citation # (If Issi	ued)	_	Most	Harmful Event	24	251	25	BAC Te	st Resu	ılt:	30		
_	Viol, 1: Ch/Sec/S	Sub ———— V		r Contributing Code	26	25	25	Susp. A	ı		045p. D105.	32		
ļ	Viol. 3; Ch/Sec/Sub ————————————————————————————————————				Lunarian de la constantina della constantina del						ene?	33		
ļ	Ple Name (Last First Mi	•	-motorist and all occupa	Address	DOB/Age S	Seal ex Pos.	Safety System	Airbag E	cet Trap sde Code	lajury	Transp. Code	Medical Facility		
	Operate	or/Non-Motorist	Se	ee Above	>>>	1								
İ														



Wilmington Police Department Images Associated with 23-101-AC





	Police Use Only Commonwealth of Massachusetts RMV Document Number												
	Date of Crash Time of Crash 04/01/2023 1151 Wilm	City/Town M ington	otor Veh	icle Cra	sh	Numbe Vehicle		nber S	peed Lin	nit 3	O State Local	Police Po]
	24HR	iriig coii	Police 1	Report		2	0	L	ongitude_	-071,	Camp Other:	us Police	
	AT INTERSECTI	ON:	LOCA	TION	>		NO'	TAT	INTE	RSEC	TION:		<u> </u>
				38	c	943	MZ	AIN	द्रम				2 10
ſi	Route# Direction	Name of Roadway/Street		Route# Direc	tion A	Address #		* = 14	Name	of Road	way/Street		
¹ 1		At		Feet	NSE	w of			- • -	— or			
	Route# Direction Name	e of Intersecting Roadway/Stre	eet				Mi	ile Mark	cer		Exit l	Number	2 11
		Also at Intersection with		Feet NSEW of Route# Intersecting Roadway/Street									
² 2	Route# Direction Name	e of Intersecting Roadway/Stre	eet	Feet	NSE	W of							
	Please Select One Nation 12	#0ammanta Di	<u></u>					^^		Landmar	'k	******	1
³ 3	of the Following:	#Occupants Hit/Run	Moped	Crash F	Report IE	»# Z :	? — I	.02	-A	C			_
	License # SA7150359 St MZ	DOB/Age		3PBJ94								21	1 12
		estrictions CDL CDL	nent	'ear <u>2009</u>						Vel	h Config.	1	<u>ا</u>
4	Operator BEALS, TYLER F	ROBERT First Middle		r BEALS,	Last		DA\ Fi	ID rst		M	fiddle		
⁴ 1	Address 69 WEST ST			ess 69 WES		T							
	City WILMINGTON State	-		WILMING	TON	19.1	22					27 27	
	Insurance Company VERMONT MU			le Action Prior to		1			naged Ar Status:	ea Code	2 27 1	21 21	
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emergency?		T.	23 23	1	23		e of Test		29		
	Citation # (If Issued)	_			1	4 25 -	25		C Test Re		30		_ 13
	Viol. 1: Ch/Sec/Sub ————V			r Contributing Co		9 ²⁵ 5		Sust	o. Alcoho			orug: 2 32	1
⁶ 2	Viol. 3; Ch/Sec/SubV	iol. 4: Ch/Sec/Sub or and all occupants involved	Drive	r Distracted by	-,	34 35	36	Tow 37	ed from		1 33		ļ
	Name (Last First Middle)	Address		DOB/Age	8	Seat Safety Sos. System	Airbag	Eject Code (Trap Inju Code Stat	ry Transp.	Medi	ical Facility	1
	Operator	See Abov	/e	$\geq \leq$	X	1 1	4	0 0	10	1			
	1	1		.1	, ,	1	4	0 0	10	1			
7	Please Select One	#Occupants Non-Motor	ist A Type	15 Action	16 Loc	ation	17	Condition	1	8	Hit/Run	Moped	1
⁷ 1	of the Following:		100	13.14						<u> </u>			-
	10 10	DOB/Agt 20	-	8LHW40					PC		eg State 🗜	1A 21	
		strictions M CDL Endorsem	ent	ear <u>2006</u> r RYOU ,						Vel:	Config.	<u>L</u>	
⁸ 1	Operator RYOU, TAESUNG Last Address 3202 POULIOT PI	First Middle		ss 3202 F	asi		Fis	rst	1. 1.1	М	iddle	,,	
		MA Zip 01887-00		WILMING!			5 M .	State	MA	7in 0	1887-	-0000	4 14
	Insurance Company PLYMOUTH R	•	•	e Action Prior to		2	22					27 1 27	-
	Vehicle Travel Direction: SEW	Responding to Emergency?	_	Sequence 1	23 23		23		Status:		1 28		
	Citation # (If Issued)	_		٠ ائــــــــــــــــــــــــــــــــــــ	1 2	4	I		of Test:		30		
ຶ 2	Viol. 1: Ch/Sec/Sub ————Vi	iol. 2: Ch/Sec/Sub	Driver	Contributing Co	de 1	25	25		Test Re			32	
	7107. 1. CIBOCO/BIO				iver Contributing Code 26 Susp. Alcohol 2 31 Susp. Drug 2 32 iver Distracted by O 26 Towed from scene? 1 33								
	Please fill out for operator/non-	motorist and all occupants invo	olved		s	34 35 eat Safety		Eject	38 39 Frap Inju	y Transp.			†
	Name (Last First Middle) Operator/Non-Motorist	Address See Above	P	DOB/Age	Sex P	os. Systen	Stetus		Code State	is Code	Medic	eal Facility	
	-	3202 POULIOT PL	•				-						1
	HYEONGU KANG	WILMINGTON, MA 01887			м 3	1	4	0 0	10	1	<u> </u>		

	= Direction	1 = Vehicle 1 2 = V	/ehicle 2	rian 💇 = Bicycle	
Crash Diagram:	ie: 🖚	1 2	→ ĝ	→ ॐ	
		945 Main St		on a Pul	a <u>Did Not</u> Occur blic Way: tet Parking Lot
				☐ Garage	
Main Stree	t (Route 38)			☐ Mall/Sh	opping Center
				Other P	rivate Way
		ers me en eksisten britanismerker kunter i Samer 1879 ander 18 keise austressände an 18. der 18. de	M. 1997 WATSBERG LESSON IS TRANSPORT AND STORE		
	1000200	4		Indicate	North by Arrow
	7/1/10	27			\supset
		2.1			
Crash Narrative:					
MV1 and MV2 were both	-				
stopped traffic ahead					
brush where it struck					
complained of injury.					te
front end damage and	heavy rear end	damage. Both ve	hicles were towe	d by A&S Towing.	
			<u> </u>		
Witnesses:					
Name (Last, First, Middle)		Address		Phone #	Statement
Property Damage:					
Owner (Last,First,Middle)	Address	Phor	ne # 41-Type	Description of Damaged Prop	erty
Truck and Bus Informatio	n: Registration #		— (From Vehicle Section)		
Carrier Name				В	us Use 42
Address		City_		St Zip)
US DOT #:	State Number	Issu	ing StateMC/MX	/ICC #:	
43	44	1.45	45		***
	ly Type Code	GVWR/GCWR		46	
Trailer Reg #:	Reg Type	Reg State	Reg YearTra	ler Length	
Hazmat Information:	/Ael				49
Placard Material I digi	t# Material Nas	ne	Material 4 di	git#Releas	se code

| Sergeant Matthew D Stavro | Police Officer Name (Please Print) |

Wilmington Police Department
Department Precinct/Barracks

04/01/2023 Date