Date of Crash   Time of Crash			of Massach	lusetts		RM	A DOCUM	ent Number
	City/Town lmington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	30	State Police Local Police MBTA Police Campus Police
24HR	Timiling Con	Police	Report	1	0	Latitude Longitude _		Campus Police Other:
AT INTERSEC	CTION:	< LOCA	TION >		NOT A	Γ INTER	SECTI	ON:
Route# Direction	Name of Roadway/Si	treet	Route# Direction	49 Address #	MAR1	ON ST Name of	Roadway	/Street
	At			····			<u></u>	
	67.1		Feet NS	E W of	Mile Ma	• arker	or	Exit Number
Route# Direction	Name of Intersecting Road  Also at Intersection v		Feet NS	E W of				
			Feet N S		Route#	Inters	ecting Roa	dway/Street
Route# Direction 1	Name of Intersecting Road	way/Street		JJ. 01		1.0	ndmark	
Please Select One Vehicle 1 1	#Occupants Hit	/Run Moped	Crash Report	1D# 23	_11			
of the renowing.								
	MA DOB/Age		<u> 283HH6</u>					21
Sex <b>F</b> Lic. Class D 19 19 Li		CDL Veh '	Year <b>2017</b>	Veh Make <u>B</u>	UICKS		Veh Co	onfig. <b>1</b>
Operator MEEHAN, HELE	N VICTORIA	Own	er <u>MEEHAN ,                                    </u>	PATRIC	IA J		Middle	
Address 14 BEECHING 7	AVE	Addr	ess 14 BEECH	ING AV				
City WILMINGTON S	tate <b>MA</b> Zip <b>0188</b>	7-1323 City	WILMINGTON	<u> </u>			-	87-1323
Insurance Company ARBELLA	MUTUAL INSU	JRANCE Vehic	le Action Prior to Crash	10		amaged Area	Code: 6	27 27 27
Vehicle Travel Direction:	Nesponding to Emer	rgency? 2 Even	Sequence 20 23	23 23	. 4.3	est Status:	1	28
Citation # (If Issued)			Harmful Event 23		•	/pe of Test: AC Test Resi	.10.	30
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	99 <sup>25</sup>	20	isp. Alcohol:		usp. Drug 2 32
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26		wed from sc	- 1	33
i i	erator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility
Operator	S	ee Above		1 1	4 0	0 10	1	
						] ]		
Please Select One	#Occupants		15 16		17	. 18		
Please Select One of the Following:	#Occupants Non	n-Motorist A Type	15 Action 16 I	Location	17 Condit	ion 18	☐ Hit/	Run Moped
of the Following: Venicle Z	DOB/Age	L.	15 Action 16 I		Condit	ion 18	<u> </u>	State
of the Following: Ventcle Z	DOB/Age	Reg #	Action		Condit	ion	Reg S	State21
of the Following: St. License # St. Lic. Class 19 19 License # Lic. Class 19 19 License # Licens	DOB/Age	Reg #  **DL Veh Y  ndorsement	Action I		Condit	ion	Reg S Veh Co	State21
of the Following: Ventce Z	DOB/Age	Reg #  DL Veh Y  ndorsement  Owne	Action I		Condit	ion	Reg S	State21
of the Following: Ventce Z	DOB/Age 20 C Ei	Reg # PDL Veh Y Indorsement Owno Middle Addre	/earV		Reg Type	ion	Reg S Veh Co	State21
of the Following: Ventce Z	DOB/Age 20 C Ei	Reg # PDL Veh Y Indorsement Owno Middle Addre	Action I	Veh Make	Reg Type	e	Reg S _ Veh Co  Middle	State
of the Following:  License # St.  Sex Lic. Class 19 19 Lic  Operator Last  Address St.  City St.  Insurance Company	DOB/Age	Reg #  DL	rear	Veh Make	Condit  Reg Type  First  Sta  22  Da  Te	te Z unaged Area st Status:	Reg S Veh Co  Middle	State
of the Following:  License # St.  Sex Lic. Class	DOB/Age	Reg #	Action I	veh Make	Condit Reg Type First Sta 22 Da 23 Te	te Z umaged Area st Status:	Reg S Veh Co Middle	State
of the Following: Ventcle Z	DOB/Age  C. Restrictions  C. Entriest  ate Zip	Reg #  DL Veh Y  ndorsement  Owne  Addre  City _  Vehic  gency? Event	rear Last  Last	Veh Make	Condit  Reg Type  First  Sta  22  Da  Te  Ty  BA	te Z unaged Area st Status:	Reg S Weh Co Middle	21 21 27 27 27 28 29
Of the Following:  License # St.  Sex Lic. Class 19 19 19 Lic  Operator Last  Address St.  City St.  Insurance Company Vehicle Travel Direction: N S E W  Citation # (If Issued) Viol. 1; Ch/Sec/Sub	DOB/Age  C. Restrictions  C. Entriest  ate Zip	Reg #	le Action II	Veh Make	First  Sta  22  Da  Ty  B4  25  Su	te Z umaged Area st Status: pe of Test:	Reg S Veh Co  Middle  ip Code:  It:  31 Si	27 27 27 27 28 29 30
of the Following:  License # St.  Sex Lic. Class 19 19 19 Lic  Operator Last  Address St.  City St.  Insurance Company  Vehicle Travel Direction: N S E W.  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub	DOB/Age  C. Restrictions  C. Restrictions  C. Chiest  Ale	Reg # PDL Veh Y Indorsement  Owne  Middle Addre  City Vehic  gency? Event  Most  Drive	rear Last Last Last Last Last Last Last Last	23 23 23 24 25 26 34 35 35	Condit  Reg Type  First  Sta  22  Da  Te  Ty  B4  25  Su  To	te Z umaged Area st Status: pe of Test: AC Test Resu sp. Alcohol: wed from sec	Reg S Veh Co  Middle  ip Code:  It: 31 Si ene?	21 21 27 27 27 28 29 30 usp. Drug 32
Of the Following:  License # St_ Sex Lic. Class	DOB/Age  C. Restrictions  Plant  ate Zip Responding to Emergation  Viol. 2: Ch/Sec/Sub Plant  Viol. 4: Ch/Sec/Sub Plant  Tonon-motorist and all occupation	Reg # DL Veh Y Indorsement Own Middle Addre  City_ Vehic gency? Event Most Drive: Drive: ants involved Address	rear Last Last Last Last Last Last Last Last	23 23 23 24 25 26 34 35 Sofity Pos. System	Condit Reg Type First Sta 22 Da 23 Te Ty 25 Su To	te Z unaged Area st Status: pe of Test: AC Test Resu sp. Alcohol:[ wed from sco	Reg S Veh Co  Middle  ip Code:  It: 31     Si ene?	21 21 27 27 27 28 29 30 usp. Drug 32
Of the Following:  License # St_ Sex Lic. Class	DOB/Age  C. Restrictions  Plant  ate Zip Responding to Emergation  Viol. 2: Ch/Sec/Sub Plant  Viol. 4: Ch/Sec/Sub Plant  Tonon-motorist and all occupation	Reg #  IDL Veh Y  Indorsement  Owne  Middle Addre  City Vehic  gency? Event  Most  Drive  ants involved	dear Last  Last  Last  Last  Last  Last  Contributing Code  T Distracted by	23 23 23 24 25 26 Sofaly Sofaly	Condit  Reg Type  First  Sta  22  Da  Te  Ty  25  Su  To	te Z unaged Area st Status: pe of Test: AC Test Resu sp. Alcohol: wed from sca	Reg S Veh Co Middle ip Code: It: 31 Si ene?	27 27 27 27 28 29 30 Drug 32 33
of the Following:  License # St_ Sex Lic. Class	DOB/Age  C. Restrictions  Plant  ate Zip Responding to Emergation  Viol. 2: Ch/Sec/Sub Plant  Viol. 4: Ch/Sec/Sub Plant  Tonon-motorist and all occupation	Reg # DL Veh Y Indorsement Own Middle Addre  City_ Vehic gency? Event Most Drive: Drive: ants involved Address	dear Last  Last  Last  Last  Last  Last  Contributing Code  T Distracted by	23 23 23 24 25 26 34 35 Sofity Pos. System	Condit  Reg Type  First  Sta  22  Da  Te  Ty  25  Su  To	te Z unaged Area st Status: pe of Test: AC Test Resu sp. Alcohol: wed from sca	Reg S Veh Co Middle ip Code: It: 31 Si ene?	27 27 27 27 28 29 30 Drug 32 33
of the Following:  License # St.  Sex Lic. Class 19 19 19 Lic  Operator  Last  Address  City St.  Insurance Company  Vehicle Travel Direction: NSEW  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Please fill out for operator/in  Name (Last First Middle)	DOB/Age  C. Restrictions  Plant  ate Zip Responding to Emergation  Viol. 2: Ch/Sec/Sub Plant  Viol. 4: Ch/Sec/Sub Plant  Tonon-motorist and all occupation	Reg # DL Veh Y Indorsement Own Middle Addre  City_ Vehic gency? Event Most Drive: Drive: ants involved Address	dear Last  Last  Last  Last  Last  Last  Contributing Code  T Distracted by	23 23 23 24 25 26 34 35 Sofity Pos. System	Condit  Reg Type  First  Sta  22  Da  Te  Ty  25  Su  To	te Z unaged Area st Status: pe of Test: AC Test Resu sp. Alcohol: wed from sca	Reg S Veh Co Middle ip Code: It: 31 Si ene?	27 27 27 27 28 29 30 Drug 32 33

	= Direction [1	= Vehicle 1	= Vehicle 2	♀ Pedestria	n 🕳 = Bicycle		
Crash Diagram:	ie: 👈 🔟	<b>→</b> □	<b>→</b>	웃	→ 5%		
Marion St		Oriveway 14 Marion St	Driveway 46 Marion St		on a	rash <u>Did Not O</u> Public Way:  ff-Street Parking Lot  arage  tall/Shopping Center	ecur
		<u> </u>			٥	ther Private Way	
			Oriveway 9 Marion St	1/41/1 THE LABOR SERVICE SERVICES AND THE SERVICES AND TH	Inc	licate North by A	rrow
Crash Narrative:			- 44 \				
4/9/23 @ appx. 8:35pm, M	<u></u>				****		
pole and fled going sout							
unaware struck pole, jus							
St informing struck pole		_					
laying in yard but light					hazard, Dam	age to	
vehicle cosmetic only. (	OP1 stated not	injured. S	See 23-417-OF.				
							-
110 1111			·				
			···········				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
FANIKOS NICHOLAS JAMES		44 MARION ST	WILMINGTON MA	01887-31	48		
11-11-11-1							
		<u> </u>					
Property Damage:	<b>1</b>		T	I I			
Owner (Last, First, Middle)	Address		Phone #		escription of Damaged	Property	
READING MUNCIPAL LIGHT DEPT	230 ASH ST READ	OING MA 01867	1	4 I	IGHT POLE		
							:
Truck and Bus Information:				L			
	Registration #		(From Vehicle	e Section)		Due II.	42
Carrier Name			From Vehicl	e Section)		Bus Use	42
Carrier Name					St		
Address			City			Zip	
Address	State Number		City		C#:	Zip	
Address US DOT #: 43	State Number44	GVWR/GCWR	City	MC/MX/IC	C #:	Zip	
Address	State Number44	GVWR/GCWR	City	MC/MX/IC	C #:	Zip	
Address	State Number	GVWR/GCWR Reg State	City	MC/MX/IC	C #:	Zip	

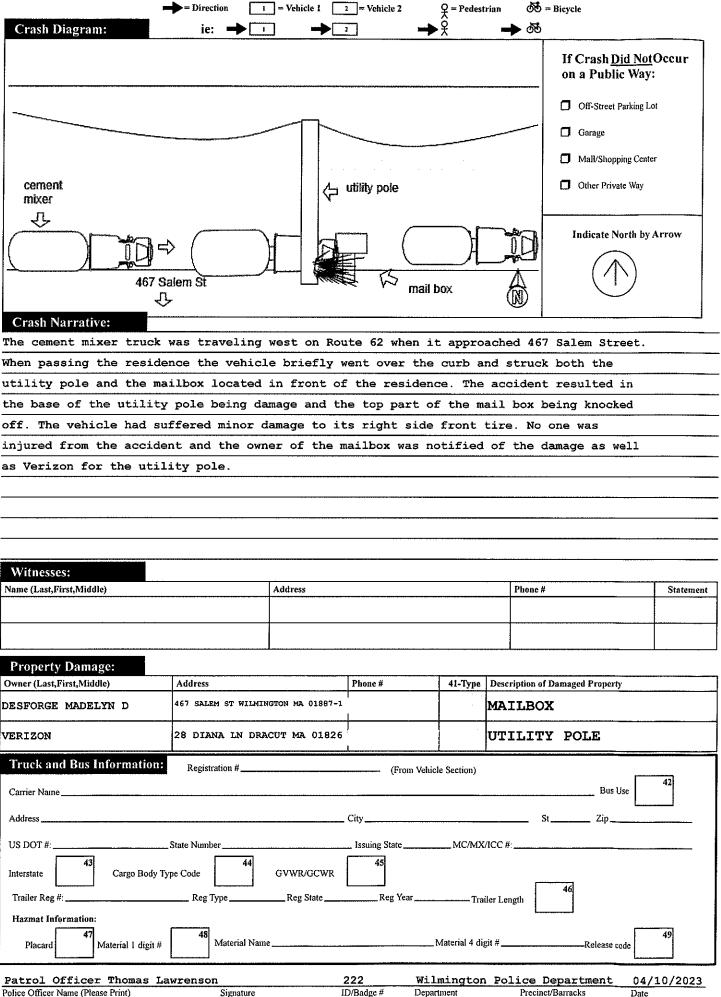
Department

## Wilmington Police Department Images Associated with 23-114-AC





		_1
Date of Crash   Time of Crash   City/Town   Motor Vehicle Crash   Number   Speed Limit   Latitude	40 State Police Local Police MBTA Police Campus Police	]
Police Report 1 0 Landide Longitude	Campus Police Other.	]
AT INTERSECTION: < LOCATION > NOT AT INTERS	SECTION:	ļ
467 SALEM ST		2 10
Route# Direction Name of Roadway/Street Route# Direction Address # Name of F	Roadway/Street	
Feet NSEW of •	or	
Route# Direction Name of Intersecting Roadway/Street Mile Marker	Exit Number	1 11
Also at Intersection with Feet N S E W of Route# Intersection Feet N S E W of Route# Intersection with Route# Intersectio	cting Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street	dınark	
Please Select One National 1 #Occupants Daysup. Dwg. Comb. 11 #Occupants		1
of the Following.		1
License # <u>S64201445</u> St <u>MA</u> DOB/Age Reg # <u>4731B</u> Reg Type <u>AP</u> Sex <u>M</u> Lic. Class a 19 19 Lic. Restrictions 20 CDL Veh Year 2015 Veh Make Other-not listed	2.1	3 <sup>12</sup>
Sex M Lic. Class A 1 Lic. Restrictions CDL Veh Year 2015 Veh Make Other-not listed Endorsement Operator HIRALDO, PEDRO ALEXANDER Owner TCF NATIONAL BANK	_ Veh Config. 13	
4 Last First Middle Last First	Middle PT 801	
	55305-0000	
Insurance Company THE TRAVELERS INDEMNITY C Vehicle Action Prior to Crash 1 22 Damaged Area Company		
Vehicle Travel Direction: NSEX Responding to Emergency? 2 Event Sequence 22 3 1 23 23 Test Status:	1 28	
Citation # (If Issued) Most Hamful Event 22 24	29	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 19 25 Susp. Alcohol: 2	1 Susp. Drug: 2 32	22 <sup>13</sup>
Viol 3: Ch/Sec/Sub Driver Distracted by 9 26 Towed from see		
	40 Transp. Code Medical Facility	
	1	
Please Select One Taylor a #Occupants Taylor Tis 16 17 17 18		l
1 Please Select One of the Following: Wehicle 2 #Occupants Non-Motorist A Type 13 Action 10 Location 17 Condition 18	Hit/Run Moped	
License # St DOB/Age Reg # Reg Type  19 19 20	21	
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make	Veh Config.	
Operator Owner Last First Middle Lest First	Middle	
Address         Address           City         State         Zip         City         State         Zip		1 14
Insurance Company Vehicle Action Prior to Crash Damaged Area C		
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 Test Status:	28	
Type of Test:  Citation # (If Issued)	30	
2 Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 25 Susp. Alcohol:	31 Susp. Drug: 32	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Towed from scen	<del></del>	
	40 fransp. Code Medical Facility	
Operator/Non-Motorist See Above 1		



## Wilmington Police Department Images Associated with 23-115-AC

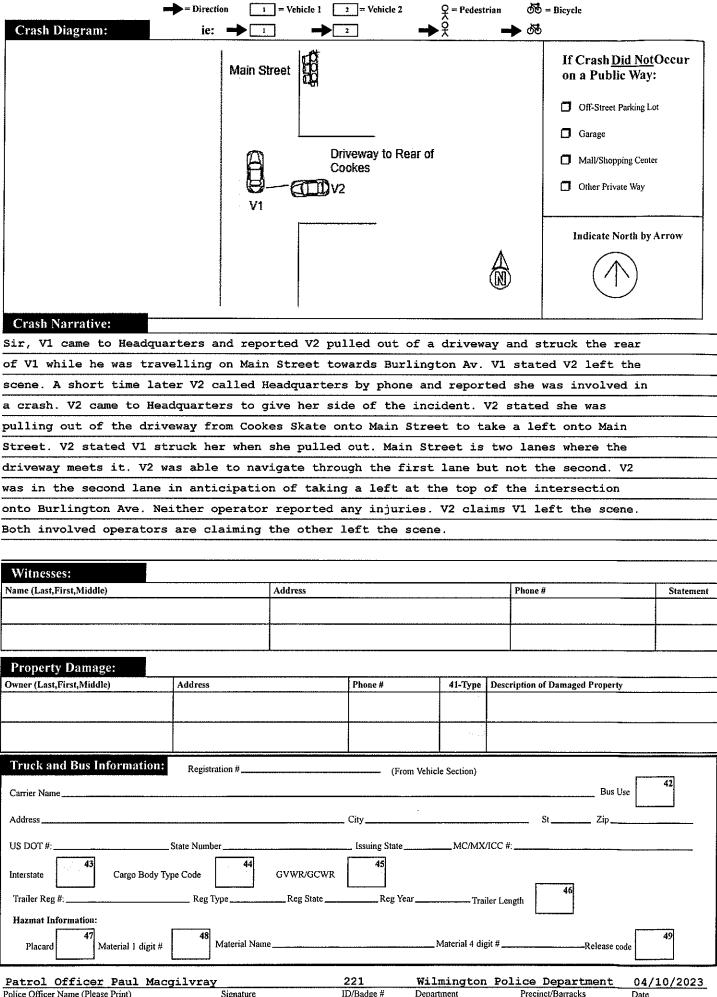




# Wilmington Police Department Images Associated with 23-115-AC



	Pol	ice Use Only	Com	monwealth	of Massa	achi	usett	S		+31	RM	V Doc	ument N		
	Date of Crash	Time of Crash	City/Town	Motor Veh	icle Cra	sh	Numbe Vehicle		mber	1 .	d Limit	30	Loca	e Police  al Police  TA Police  pus Police	
	04/10/2023	1343 Wil	mington	Police	Report		2	0	ured	Latitu Longi				TA Police  pus Police	<b>!</b>
		AT INTERSEC	ΓΙΟΝ:			>	1	L	T A'	· · · · · ·		SEC	TION		
															2 10
							446		AIN	<u> </u>	T				2 "
<sup>1</sup> 1	Route# Dire	ction	Name of Roadway/S	freet	Route# Direc	tion	Address #			Na	ame of	Roadv	vay/Stree	et	_
			Ai		Feet	N S	E W of			_ •		or _			.
	Route# Direc	ction N	ame of Intersecting Road	way/Street				М	ile Ma	ırker			Exit	t Number	3 11
			Also at Intersection	with	`		EW of	Rout	e#		Inters	ecting l	Roadway	y/Street	
<sup>2</sup> <b>1</b>	Route# Direc	etion N	ame of Intersecting Road	way/Street	Feet	N S	E W of					v	•	,	
1				,.							La	ndmar	k		
<sup>3</sup> 97	Please Select O of the Followi		#Occupants Hit	/Run Moped	Crash R	eport I	D# <b>2</b> 3	3-1	1	6-	AC	•			
97			MA DOB/Ag	Page	# 8VBF50			n.	- T	PC	ı	n	54-4-	MZ	┫
			20											21	1 12
	Sex M Lic.		E	Indorsement	Year 2018							Veh	Config.	<u>T</u>	<b></b>
<sup>4</sup> 1	-	OW, EDWARD	First	Middle	er CHOW,	Last		F	NG-	NAI	<u> </u>	Мі	iddle		-
1		REDWOOD LN			ess <u>50 REC</u>	)WOC	D LN								-
	City <b>SEEK</b>	ONK Sta	te <b>MA</b> Zip <b>0277</b>	1-3235 City	SEEKONK									_3235	-
	Insurance Comp	any GEICO GEN	ERAL INSUR	ANCE C Vehic	ele Action Prior to	Crash	1	22				Code:	4 27 3	3 27 27	
5	Vehicle Travel D	irection: X S E W	Responding to Emer	gency? 2 Even	t Sequence 1	23 2	23 23	23		st Stat			1 28 29		
<sup>5</sup> 2	Citation # (If Iss	ued)		Most	Harmful Event	1	24		_	pe of	Test: st Resi	.la.	_ 30		
	Viol. 1: Ch/Sec/S	Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Co	de [	1 25	25	3			2 31	1	Drug 2 32	<b>1</b> 13
	Viol 3: Ch/Sec/5	Sub	- Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0	26				rom sc		33	21.08.12	
<sup>6</sup> 1	TOTAL DE CHARGO		rator and all occupants in		<del>,</del>	<u> </u>	34 35	36	37	38	39	40			+
	Name (Last First M	iddle)		Address	DOB/Age	Sex	Seat Safet Pos. System		Eject Code	Trap Code	Injury Status	Transp. Code	Мо	odical Facility	_
	Operate	)r	S	ee Above	$\times$	X	1 99	4	0	0	10	1			
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_			-	<del></del>				-			<u> </u>				_
							L				1.0			1	_
<sup>7</sup> <b>1</b>	Please Select O of the Followin		#Occupants Nor	-Motorist A Type	Action	16 Lc	ecation	17	Condit	ion	18	<b>-</b>	Hit/Run	Moped M	
	License # S98	3786245 St 1	IA DOB/Ag	Ren #	481Y		·	Rei	y Type	PC		Re	eg State	MA MA	1
	Sex <b>F</b> Lic. C	19 19	20	_	ear 2022	Va	d Maka F		5 .,,,				Config.	21	
		MANO, KRIST	FN M	ndorsement	ARMANO							- ACII	Coinig.		
84		Last ANDERS RD	First	Middle	es 9 LAND	ast			rs)			Mic	ddie		•
			NO 02100				RD			3/7		. 00	1100	1400	14
	City <b>STONE</b>		e MA Zip 02180		STONEHAL			22					2 27 3	-1409 27 27	
ŀ	Insurance Compa	my THE STAND	ARD FIRE II		le Action Prior to	<del> </del>	4			anageo st Stati		Coue;	2 28		
1	Vehicle Travel D	irection: NSE	Responding to Emer	gency? 2 Event	Sequence 1	23 2	<u></u>	23		pe of T			29		
, 2	Citation # (If Issu	ied)		Most	Harmful Event	1 2	24		-	_	t Resu	lt:	1 <sup>30</sup>		
	Viol. 1: Ch/Sec/S	ub	Viol. 2; Ch/Sec/Sub	Drive	r Contributing Coo		9 25	25	Su	sp. Alc	cohol:	2 31	Susp. I	Drug: 2 32	
]	Viol. 3: Ch/Sec/S	ub	Viol, 4; Ch/Sec/Sub	Drive	r Distracted by	0	26		To	wed fr	om sce	ene?	2 33		
		ase fill out for operator/no	on-motorist and all occup		PVVIII		34 35 Sent Sofety		37 Eject Code	38 Trap	39 Injury	40 Transp.	.,	E10. 22	7
	Operato	or/Non-Motoris	1 9	Address ee Above	DOB/Age		Pos. System			Code 0	Status 10	Code 1	Med	dical Facility	1
	орегию		31			$\hookrightarrow$			-				·		-
													··· <u>·</u>		_
						T							-		



	Police	e Use Only	Com	monwea	lth (	of Massa	ach	us	etts	3		1 1 1	RM	V Doc	ument Nu		
	1 1	Time of Crash	City/Town mington	Motor	Veh	icle Cra	sh		umber elnicles		mber ured	•	Limit	2(	— Locai	Police Po	
	04/10/2023	24HR	iiIIIg con	Pol	ice l	Report		2		0		Latitu Longi				ıs Police	
		AT INTERSECT	ION:	< 1	ЮCA	TION	>			NO	T A I	ſ IN'	TER	SEC	TION:		
								48	2	3.4	T D D	TTO	SEX	70.1	723		2 10
1	Route# Directi	on	Name of Roadway/S	Street		Route# Direc	tion		ress #	171.	יוטי				vay/Street		
<sup>1</sup> 1			At			Feet	NS	ΕW	of			•		or.			
	Route# Direction	on Nar	ne of Intersecting Road	dway/Street					J 0.	М	ile Ma	rker		· -	Exit N	Vumber	8 11
			Also at Intersection	with			NS		-	Rout	 e#		Interse	ecting l	Roadway/	Street	<u> </u>
<sup>2</sup> <b>1</b>	Route# Direction	on Nar	ne of Intersecting Road	dway/Street		Feet	N S	E W	of								
	Diana Salast On													ndmar	k		1
3	Please Select On of the Following	Vehicle 1.1	#Occupants Hi	t/Run M	loped	Crash R	Report	ID#	23	-1	.1'	7-	AC	<u>;                                    </u>			_
	License #_S00		A DOB/Age		Reg#	1CAD42				Re	g Туре	PC		R	eg State 1		12
	Sex M Lic. Cla		j= i	CDL Endorsement	Veh Y	ear <u>2017</u>	<b>`</b>	Veh M	ake <u>N</u>	ISS	SAN			_ Vel	Config.	1 21	1
Ā	Operator HIN	KLE, JAMES	T First	Middle	Owne	r HINKLE	, E	PAM	ΕLA		irst			М	iddle		
<sup>4</sup> 5		ITE PINE D			Addre	ess 3 WHIT		PIN	IE I								İ
		ETOWN State	-		City_	GEORGET	OWN									-1712	
	Insurance Compan	y THE STAND	ARD FIRE I	NSURAN	Vehic	le Action Prior to			1	22			d Area	Code:	6 27	27 27	
<sup>5</sup> 2	Vehicle Travel Dire	ection: SEW	Responding to Eme	ergency? <u>2</u>	Event	Sequence 1	23	23	23	23		st Stat pe of			29		
2	Citation # (If Issue	d)			Most	Harinful Event	1	24			В/	-	st Resu	ılt:	30		120
	Viol. 1: Ch/Sec/Sul	b	Viol. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de	1	25	25	Su	sp. Ale	cohot:	31		rug. 32	<b>1</b> 13
<sup>6</sup> 1	Viol. 3; Ch/Sec/Sul	b			Drive	Distracted by	1_	26					rom sc		2 33		
т	Name (Last First Midd	Please fill out for opera	tor and all occupants it	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airleog Statur	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Media	ent Facility	
	Operator	•	;	See Above		>>	X	1	0	4	0	0	10	1			
																	1
	Please Select One	2	#0			15	16		<u> </u>	17		. [	18				1
1	of the Following:	venicie 22	_#Occupants No	n-Motorist A Ty	уре	Action		ocatio	OH)		Conditi	ION			Hit/Run	Moped	
	License # <u><b>S681</b></u>	10 10	A DOB/Age		-	2EZJ27	-				g Type			R	eg State <u>M</u>	1A 21	
	Sex M Lic. Cla	iss D Lic. R	estrictions 1	CDL Endorsement			\					ER_		Veh	Config.	1	
4	Į i	ES, JAMES I	First	Middle		- HANNON	Lost			Fi	ısı			Mi	ddle		
-		STMINISTER	MA Zip 0182	1-3012		ss <u>8 WEST</u>		NS.T	ER	KD		MZ		. 01	1021_	3012	1 14
	City BILLER	ARBELLA M			•	BILLERIC e Action Prior to			٦	22			Area	•		27 27	
	Vehicle Travel Dire	K-A	Responding to Eme					23	23	23		st Stati			28 1		
	Citation # (If Issued		Responding to Ente	igency :		· L	l 1	24	!_		Ту	pe of 7	Test:		29		
2	,	)	— Viol. 3: Ch/Son/Sub			Contributing Co.		1	25	25			t Resu	lt: <b>31</b>	30	32	
	Viol. 1: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub		viol, 2: Ch/Sec/Sub — Viol, 4: Ch/Sec/Sub —			•	0	26			•	sp. Ald wed fr	conol: com sce		Susp. Dr	ug. "	
		e fill out for operator/non		pants involved				34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Last First Middle		<u> </u>	Address	-	DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code 1	Medic	al Facility	
	Operator	/Non-Motorist		See Above	· · · · · · · · · · · · · · · · · · ·			1		4							
ı	<u> </u>					<del> </del>		11	4	5	0	0	10	1			
						ļ											

=	= Direction 1	= Vehicle 1	2 = Vehicle 2	र् = Pedesti	rian 🕭 =	Bicycle	
Crash Diagram:	ie: → 🔟	<b>→</b> □	2	₽Ŝ	<b>→</b> №		
Middlesex Avenue						If Crash Did Not on a Public Way  Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way  Indicate North by	cot
						•	
Crash Narrative:							
MV 1 was traveling Nort	h onto Middles	ex Aveune.	While MV1 ma	ade a cor	mplete st	op to yield,	
MV2 hit MV1, striking t	he operator's	rear side o	of the vehic	le.MV1 aı	nd MV2 dr	ove away from	
the scene, not requiring	a tow. All pa	rties invol	lved refused	medical	attentio	n. No air bag	
was deployed.	·····						
		···					
				<del> </del>			·
	<u></u>						
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Owner (Last,First,Wildlife)	Address		Thone #	4x-1ype	Description of	Jamagea 1 Toperty	
					***************************************		
Truck and Bus Information:	Registration #		(From Veh	nicle Section)			
Carrier Name						Bus Use	42
Address			. City		St	Zip	
							_
US DOT #:	State Number		Issuing State	NC/N/A/	300 #		
Interstate Cargo Body Ty		GVWR/GCWR			_	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length		
Hazmat Information:	48					<del></del>	49
Placard Material 1 digit #	Material Nam	e		_Material 4 dig	pit #	Release code	
Patrol Officer Zacharv A 1	Leighton		227 Wi	lmington	Police D	epartment 04/	10/2023

Department

## Wilmington Police Department Images Associated with 23-117-AC





	Police Use Only	Comr	nonwealth	of Massach	usetts	5	RM	V Docum	ent Number	
	Date of Crash   Time of Crash   04/13/2023   1549   Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limit	40	State Police Local Police MBTA Police	
	24HR	Mington	Police :	Report	2	0	Latitude Longitude _		Campus Police Other:	ă
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	SECT	ION:	
	LOWELL	СT								2 10
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadway	/Street	
<sup>1</sup> 1	I93NBR3	At T DAMO		Feet N S	E W of		_ • _	or		_
		ine of Intersecting Roadw	ay/Street			Mile Ma	arker		Exit Number	3 11
		Also at Intersection w	ith	Feet NS		Route#	Inters	ecting Roa	adway/Street	- []
<sup>2</sup> 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	Feet N S	EW of					
	Please Select One Value 1	#O				4 4		ındmark		
3	of the Following:	#Occupants Hit/I	Run Moped	Crash Report	ID# 23	<u>-TT</u>	8-AC			
	License # NHL19221921 St N	IH DOB/Age.	. Reg	5094758		Reg Type	PC_	Reg	State NH 21	12
		Fn Fn	OL Veh Y	Year <u>2020</u>	Veh Make 👤	ODGE		Veh Co	onfig. 1	<u> </u>
4	Operator CLARKE, ELLIC		Middle	er <b>GRAINGER</b> ,		First		Middle		-
<sup>4</sup> 1	Address 23 ROCKY RIDGI			ess <u>1003A LA</u>	CONIA	RD				_
	City WINDHAM Stat		City_	TILTON			te <u>NH</u> 2	_		_
	Insurance Company STATE FAF	M	Vehic	le Action Prior to Crash		ᆜ, "	amaged Area est Status:	Code:	27 27 27	ן נ'
5	Vehicle Travel Direction: N S W	Responding to Emerg	ency? 2 Even	Sequence 1 23	23 23		pe of Test:	1	29	
	Citation # (If Issued)			Hannful Event 1	24		AC Test Resi	ult: 1	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub		r Contributing Code	26 25		sp. Alcohol:		Susp. Drug. 2 32	
<sup>6</sup> 1		Viol. 4: Ch/Sec/Sub ——		r Distracted by 0	26 34 35	To 36 37	owed from so	ene? 1	33	
	Please fill out for oper Name (Last First Middle)	ator and all occupants inve	Dived Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	Sea	Above .	$\times X$	1 1	4 0	0 10	1		
<del></del>	Please Select One	#Occupants Aran	Motorist A Type	15 Action 16 L	ocation	17 Condit	18	Hit	m	_
3	or the vollowing:				Location			nu/	/Run Mope	
	10 10	A_ DOB/Age	_	2JLW69		Reg Type			State MA 21	-
	Sex Lic. Class D Lic. I	Restrictions 1 CD	lorsement		/eh Make <b>L</b>		over	Veh Co	onfig. <b>1</b>	
1	Operator KARIMOVA, IRY	First	Middle	r KARIMOVA,		First	205	Middle		-
	Address 175 NORTH AVE	APT 305		ess 175 NORTI	H AVE	APT		. 010	90 33E1	- 14
	City WAKEFIELD State  Insurance Company THE HANOV	MA Zip 01880		WAKEFIELD			te <b>IVIA</b> Z unaged Area		$\frac{80-3251}{27_2}$	, I
		Responding to Emerge		Sequence 23	1 23 23		st Status:	1	28	]
	Vehicle Travel Direction: NSE	Responding to Emerge	•	Hannful Event 1	24	ту	pe of Test:		29	
2	, ,	— 2016 616 61		<u> </u>	1 <sup>25</sup>	25	AC Test Resu	1	30	,
	Viol. 1; Ch/Sec/Sub ————————————————————————————————————	Viol. 2: Ch/Sec/Sub ——— Viol. 4: Ch/Sec/Sub ———		r Distracted by	26	Su	sp. Alcohol: wed from sc		usp. Drug: 2 32	
	Please fill out for operator/no				34 35 Seed Safety	36 37	38 39	40		_
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System		Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	See	Above		1 1	4 0	0 10	1		
										_
			·							

	= Direction	= Vehicle 1	2 = Vehicle 2	♀ = Pedestria	n 020 =	Bicycle	
Crash Diagram:	ie: 👈 🗔	<b>→</b> □	<u> </u>	▶Ŷ	<b>→</b> №		
	₽ <b>₽</b>	193 Ran	NB On			If Crash Did Not on a Public Way  Off-Street Parking L  Garage  Mall/Shopping Cent  Other Private Way	: ot
	Lowell Street (Rt.129)	Earlier en autor son autorion de regenerando por	ner in democratische State (Constitution of Constitution of Co	(2)		Indicate North by	Arrow
Crash Narrative:					I		
	ning left onto the						
Lowell Street. Vel	nicle 1 began to tur	rn and cros	sed into vehi	cle 2's 1	ane of	travel.	
	with vehicle 1. Th						
	declined medical at						
	ne scene by A&S Town		being inopera	ble from	the dam	age. Operators	
arranged for priva	tes rides from the	scene.					
						•••	
						<del></del>	
		<del></del>			· · · · · · · · · · · · · · · · · · ·		
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Tvame (Last, First, Windle)		Address			I lione #		Statement
	***************************************						
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of	Damaged Property	
Truck and Bus Inform	nation: Registration #		(From Vehi	cle Section)		· · · · · · · · · · · · · · · · · · ·	<u></u>
Carrier Name			(Tion ven	cie Section)		Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State		°C #:		
43	44		45				
Interstate Carg	go Body Type Code	GVWR/GCWR			Γ	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length		
Hazmat Information:							
Placard 47 Material	1 digit # 48 Material Nam	ne		Material 4 digit	#	Release code	49
Patrol Officer Micha	el P Dilarence		217 Wi	lmington	Police P	epartment 04	/13/2023
Police Officer Name (Please Print				riment		Barracks Date	13/2023

## Wilmington Police Department Images Associated with 23-118-AC





	Police Use Only	Commo	nwealth (	of Massacl	husett	S	RM	IV Docun	nent Number	]
	Date of Crash   Time of Crash	City/Town M	lotor Veh	icle Crash	Numbe Vehicle		Speed Limi	t <u>35</u>	State Police Local Police MBTA Police Campus Police	1
	04/14/2023   <b>1231</b>   <b>Wiln</b> 24HR	nington	Police 1	Report	2	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	Γ INTER	RSECT	ION:	
					400	\				2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	496 Address #	MAIN		f Roadway	y/Street	·
1		At		Feet N S	S E W of					
	Route# Direction Nam	e of Intersecting Roadway/Str	reet	reet [17]:	7   12   14   OI	Mile M	arker	- or	Exit Number	11
		Also at Intersection with		Feet N S	E W of	Route#	Interes	entina Da	padway/Street	2
<sup>2</sup> 1	Route# Direction Nam	e of Intersecting Roadway/Str	roat	Feet N S	E W of	Router	HHCIS	ecting rec	adway/oncer	
1	- Notice Direction 14min	o or minorassining residentially see					L	andmark		_
3	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Crash Repor	rt ID# <b>2</b> 3	3-11	9-A(	3		
	License #_SA9040496 St M	A_ DOB/Age	Reg #	3XPV68		Reg Typ	e PC	Reg	State MA	_ 12
	_ 19 19	estrictions 20 CDL_	Veli \	Year <b>2011</b>				_	Config. 21	1 "
	Operator GOMES DA SILVI	Endorser	ment Own	er GOMES DA						
<sup>4</sup> 1	Address <b>54 FIRST AVE</b>	First Middle	le	ess <b>54 FIRS</b> 1		First		Midd	le	
	City <b>WOONSOCKET</b> State	RI Zip 02155-63	328 City	WOONSOCKE'	r	Sta	nte <b>RI</b>	Zip <b>02</b>	155-6328	
	Insurance Company THE COMMER	CE INSURANCE	CO Vehío	ele Action Prior to Cras	h 1	<b>22</b> D	amaged Area	Code: 1	27 27 27	
_	Vehicle Travel Direction: SEW	Responding to Emergency?	2 Even	Sequence 23	23 23	23 T	est Status:	1	28	
5	Citation # (If Issued)	_		Harmful Event 1	24		ype of Test:	.	30	
	Viol. 1: Ch/Sec/Sub — \	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19 25	25	AC Test Res .isp. Alcohol:		Susp. Drug 2 32	<b>1</b> 13
		/iol, 4; Ch/Sec/Sub		r Distracted by	26		owed from so		72	
<b>1</b>	Please fill out for operat	or and all occupants involved			34 35 Seat Safety	36 37 Airbag Eject	18 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	Address See Abo		DOB/Age Sex	Pos. System		Code Status		Medical Facility	1
	Operator	See Abo	ive		1 1		0 10	-		4
					<u> </u>			<u> </u>		-
· -	Please Select One of the Following:	#Occupants Non-Motor	rist A Type	15 Action 16	Location	17 Condi	ion 18	Hi	t/Run Moped	
1		DOB/Aga	Pog #	185S80	<u></u>	Pon Tran	PC	Pag	State MA	1
		estrictions 20 CDL		ear 2020	Vals Malca F		<u> </u>		onfig. 21	
	Operator VELOZO, JOANN	Endorsen	ment	VELOZO E			TNC	ven c	oning.	
2	Address 70 GEORGIA RD	First Middle		Last ess 936 MAIN		First		Middl	ie	
	City <b>TEWKSBURY</b> State	MA Zin 01876-41		WOBURN		Sta	te MA 2	Zin 018	801-1221	2 14
	Insurance Company UTICA NATI			le Action Prior to Cras	a 2	_	amaged Area			
	Vehicle Travel Direction: SEW	Responding to Emergency?		Sequence 23	23 23	Te	est Status:	1	28	
	Citation # (If Issued)			Harmful Event 1	24	•	pe of Test:	-	29	
2	Viol. 1: Ch/Sec/Sub — V	fol 2: Ch/Sec/Sub		r Contributing Code	1 25	25	AC Test Resi		30	
	Viol. 3: Ch/Sec/Sub V			r Distracted by	26		isp. Alcohol; owed from so	<del></del>	Susp. Drug: 2 32	
	Please fill out for operator/non-				34 35 Seat Safety	36 37	38 39 Trap Injury	40		J
	Name (Last First Middle)	Address		DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Non-Motorist	See Abov	ve		1 1	4 0	0 10	1		-
									···- <u>-</u> -	

= Dia	rection i = Vehicle 1	1	Q = Pedestria	n 📆 = Bicyc	ele
Crash Diagram:	ie: 👈 🔟 💻	<b>→</b> Z	<b>→</b> 🖁	<b>→</b> №	
			AGENCIES ON THE REPORT OF THE SECOND PROPERTY		Crash <u>Did Not</u> Occur a Public Way:
				0	Off-Street Parking Lot
				0	Garage
				o	Mall/Shopping Center
MID		DE	2	0	Other Private Way
(No PP)					Indicate North by Arrow
	496 Main Street		Œ	<b>3</b> >	$\bigcirc$
Crash Narrative:					
Vehicles 1 and 2 were travel			<del></del>		
ahead of them. Vehicle 2 beg					
Vehicle 1 did not react fast					
2. Both vehicles recieved ve					
towed from the scene but the owners at 496 Main Street to			<del> </del>	<del></del>	
the proper ID to drive the v		ite in the park	ing for aue	to her ho	c naving
the proper 12 to drive the v					
Witnesses:					
Name (Last, First, Middle)	Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle) Addre		Phone #	41-Type D	escription of Dama	ged Property
Truck and Bus Information: Reg	gistration #	(From \	ehicle Section)		
Carrier Name					Bus Use 42
Address		City		St	Zip
US DOT #:State Nu	uniber	Issuing State	MC/MX/IC	C #:	
Interstate Cargo Body Type Code	LJ			46	1
	eg TypeReg Stat	teReg Year_	——Trailer	Length	
Hazmat Information:  47 Placard Material 1 digit #					
	48 Material Name		Material 4 digit	<del></del>	Polence code

04/14/2023 Date

Department