	Pol	lice Use Only	monv	nonwealth of Massachusetts RMV Document Number													
	Date of Crash	Time of Crash		y/Town	] Mot	tor Veh	icle Cra	ısh			Number Injured	1 '	Limit,	35	Loca	Police I Police I Police I Police I Police I Police I I Police I I I I I I I I I I I I I I I I I I I	
	04/17/2023	1349 24HR	Wilmir	igton	]	Police :	Report		2	2	-	Latitu Longi			Cam Othe	pus Police	
		AT INTERS	ECTION	ĭ:	<	LOCA	TION	>	·	N	OT A	_		SEC	TION	;	1
																	2 10
	Route# Dire	ction	No	nne of Roadway/	Straat		Route# Direc	tion .	260 Addre		MAIN	1 S!	<u>r</u>	Doodu	vay/Stree		. []
<sup>1</sup> 1	Koule# Dite	C(IOII	144	At	Sireei		Routes Direc	JUON	Audie	33 #		140	ane or	Koaun	vay/Succ		-
							Feet	N S	EW	of —	Mile M	•	-	or _	Evit	Number	
	Route# Dire	ction		Intersecting Roa	<del></del>			N S	E W	c	Wille IVI	11 KCI			EAR	TAURIDES	6 11
			Als	so at Intersection	with					R	oute#		Interse	cting I	Roadway	/Street	
<sup>2</sup> 3	Route# Direc	ction	Name of	Intersecting Roa	dway/Street		Feet	N S	EW	of							
	Please Select (	Oug. 574			I		1							ndmarl	K.		1
<sup>3</sup> 2	of the Followi		<u>[</u>	ccupants H	it/Run	Moped	Crash I	Report	ID# 🔏	23-	12	U –	AC	,			
	License # <b>S1</b>	3399137	St MA	DOB/Age		Reg	649VT2				Reg Typ	e <u>PC</u>		R	eg State		12
	Sex <b>F</b> Lic.	Class D 19	Lic. Restric	ctions B 20	CDL	Velu	rear <b>2014</b>	\	/eh Mal	ke <b>MA</b>	ZDA			_ Veh	Config.	1 21	
	Operator TR	ODELLA,	CAROL		Endorsemen		er TRODEI		C.P	ROL		<u> </u>					
<sup>4</sup> 4		BENTON C			Middle	Addr	ess 37 BEI	NTOI	N C	IR	First			Mi	iddle		
	City <b>READ</b>	ING	<u>B</u> City.	READING	ļ			Sta	ıte <b>M</b>	<b>A</b> z	ip <b>0</b> :	1867	-1508				
		City READING State MA Zip 01867-1.  Insurance Company THE COMMERCE INSURANCE					le Action Prior to	) Crash	4	1 22			d Area			27 27	
	i ·	relations Company THE COMMERCE INSURANCE related to the relation of the responding to Emergency?					Sequence 1	23	<u></u>	23 23	T	est Stat	tus:		1 28		
<sup>5</sup> 1		sued)			Harmful Event	1	24			ype of			99 <sup>29</sup>				
		Sub		2. Ch/Pac/Sub			r Contributing Co		1 <sup>2</sup>	2.5	25		st Resu		1 30	32	1 13
							r Distracted by	0	26	<u> </u>			cohol:		33	Orug: 2 32	
<sup>6</sup> 2	V101. 3; CIVSec/	Sub — Please fill out fo		nd all occupants			T		34	35 3	5 37	38	39	40	<u> </u>		-
	Name (Last First M		1	na an oosapana	Address		DOB/Age	Sex		Safety Air System Sta		Trap Code	Injury Status	Transp. Code	Me	dical Facility	
	Operate	or			See Above		> <	X	1	99 4	0	0	8	1			
																	1
																	-
	D						15	16		1	71	<u> </u>	18		<u> </u>		1
<sup>7</sup> 2	Please Select C of the Followin		2 <u>1</u> _#Oc	ccupants N	on-Motorist .	A Type	Action	L	ocation	<u> </u>	Condi	tion		Ī	Hit/Run	Moped	
	License # S2	6236717	St <b>MA</b> _ 1	DOB/Ago		Reg #	7434EL				Reg Typ	PC		R	eg State		
	Sex <b>F</b> Lic. (	Class D 19	Lic. Restric		CDL		/ear <u>2007</u>	V	/eh Mal	ce <b>TO</b>	COTA			_ Veh	Config.	1 21	
	Operator <b>GE</b> (	ORGE, MA	RGARE!		Endorsement	Own	GEORGE	, M	IARG	ARE'	r Ma	RY			iddle		
<sup>8</sup> 2	Address 321	1 EVERGE	EEN D	R	Middle	Addr	ess <b>3211</b>	EVEI	RGRI	EEN	First DR			Mı	idale		
	City WILMI	INGTON	_ State MA	Zip 0188	7-1177	77 City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1177</b>									-1177	1 14	
	Insurance Compa	any CITIZE	NS INS	URANCE	COMPA	N Vehic	le Action Prior to	Crash	1	22	D	amage	d Area	Code:	1 27 2	27 8 27	<b>-</b>
	Vehicle Travel D	Insurance Company CITIZENS INSURANCE COMPAN  Vehicle Travel Direction: XSEW Responding to Emergency? 2				Event Sequence 1 23 23 23 Test Status: 1 28											
	Citation # (If Iss	* <u>*</u>				Most	Hannful Event	1	24	<del> </del>		pe of "			99 <sup>29</sup>		
2	,	·	Viol	2: Ch/Sec/Sub _		Drive	r Contributing Co	ode	 19 <sup>2</sup>	5 4	25		st Resu cohol:		1	Orug: 2 32	
	Viol. 1: Ch/Sec/Sub       —       Viol. 2: Ch/Sec/Sub         Viol. 3: Ch/Sec/Sub       —       Viol. 4: Ch/Sec/Sub					r Distracted by	99	26				rom sce		33 33	71tig.[2		
		ase fill out for oper							34	35 3	37	38	39	40			
	Name (Last First M	liddle)	<del></del>		Address		DOB/Age	Sex	Pus. S	Safety Air System Sta	us Code	Trup Code	Injury Status	Transp. Code	Мес	tical Facility	
	Operate	or/Non-Mot	orist		See Above			X	1 5	9 4	0	0	8	1			
								<u> </u>				L					
						<del>-</del>											

-	= Direction 1	= Vehicle 1	2 = Vehicle 2	S = Pedestria	an 🐠 = Bicy	⁄cle	
Crash Diagram:	ie: 👈 📑	→□	2	₽Ÿ	<b>→</b> №		
		260 Main Street				f Crash <u>Did Not</u> n a Public Way	II
					0	Off-Street Parking Le	ot
						Garage	
Main		<i>6</i> 5					
Street	V1		V2			Mall/Shopping Cente	т
	á					Other Private Way	
		F2	_				
						Indicate North by	Arrow
		****			~		
				<	<b>(S)</b>	$(\leftarrow)$	
			}				
Crash Narrative:							
On Monday April 17, 202	3 at approxima	ately 1:49pr	m I, Officer	Fortes w	as dispatch	ed to a two	
ar motor vehicle crash	in the area	of 260 Main	Street with	possible	injuries.	Upon	
rrival I observed Opl	outside her v	ehicle, she	stated she	had a gre	en light wa	s taking a	
eft into Wilmington Pla	aza fron Main	Street and	her vehicle	was stru	ck by V2 ti	aveling	
traight on Main Street	. Op2 stated :	she ran the	red light a	t the int	ersection o	lue to not	
aying attention and he	r vehicle str	uck V1 on th	ne front rig	ht/right	side of the	vehicle.	
oth operators were eva	luated by Wilm	mington Fire	e Department	for mino	r injuries	and both	
arties refused transpor	rt to the hosp	pital. Both	vehicles we	re towed	by Forrest	Towing to	
heir lot. An information	on exchange wa	as conducted	d and both o	perators	were picked	l up by	
amily members.							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
							<u>                                     </u>
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Dam	aged Property	
Jwiler (Last, First, who we')	Autress		1 Hone #	41-13 pc	ocserrphon or Data	aged Froperty	
Truck and Bus Information:	Registration #		(From Va	hicle Section)			
	110610111111111111111111111111111111111		(FIGHT VC	incie Section)		Bus Use	42
Carrier Name							
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		<del></del>
Interstate 43 Cargo Body Ty	me Code	GVWR/GCWR	45				
			Reg Year	m . 11	4	6	
Trailer Reg #:	Reg Type	reg state	Neg real		er Length		
Hazmat Information: 47	48					[	49
Placard Material 1 digit #	Material Nan	ne		Material 4 digi	#	Release code	
			000	. 1	D=13 D-		17/0000
Patrol Officer John A For Police Officer Name (Please Print)	ortes Signature			llmington partment	Police Depa Precinct/Bar		17/2023

### Wilmington Police Department Images Associated with 23-120-AC





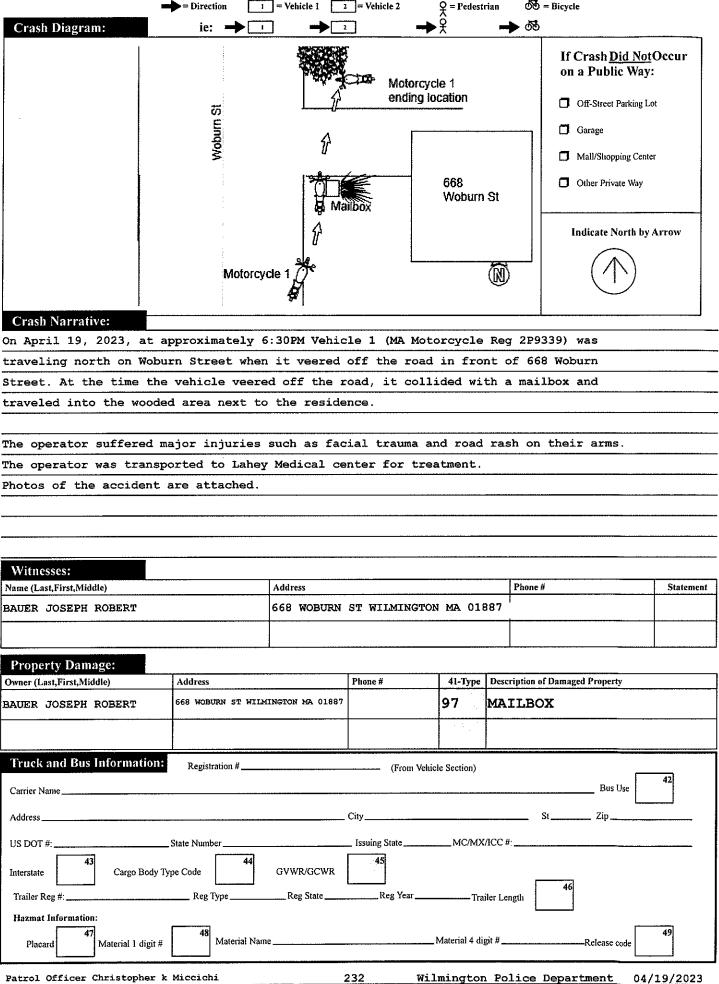
	Pol	lice Use Only	Con	ımonwealth	of Massach	usetts							
	Date of Crash 04/18/2023	Time of Crash 0845	City/Town	Motor Vel	nicle Crash	Number Vehicles		Speed Lim	it25	State Police Local Police MBTA Police			
	04/16/2023	24HR	ilmington	Police	Report	2	1	Latitude Longitude_		Campus Police	i		
		AT INTERSE	CTION:	< LOCA	ATION >		NOT A	r inter	RSEC	TION:			
										"	2 <sup>10</sup>		
	Route# Dire	ection	Name of Roadway	/Street	Route# Direction	Address #	AVAI	ON DE Name o		/ay/Street	_		
<sup>1</sup> 1			At		-						7		
<u> </u>			N. C. C. D.		Feet N S	E W of	Mile Ma	nrker	- or _	Exit Number	-		
	Route# Dire	ction	Name of Intersecting Roa Also at Intersection	<del></del>	Feet N S	E W of					9 11		
,		<u> </u>			Feet N S		Route#	Inter	secting F	Roadway/Street			
<sup>2</sup> 1	Route# Dire	ction	Name of Intersecting Roa	dway/Street				L	andmark	{	-		
	Please Select		1 #Occupants H	it/Run Moped	Crash Report	ID# 23	-12	1 - A	~				
3	of the Followi	mg,											
		L13944501 s	20		# <u>\$88720</u>					21	1 12		
	Sex M Lic	Class D	ic, Restrictions 1	Endorsement	Year 2017				Veh	Config. 1			
<sup>4</sup> 1	1	STER, MIC	First	Middle	ner VERIZON S		First			ddle	-		
1		LAWRENCE			ress 2200 W.						- [		
	_		State <b>NH</b> Zip <b>030</b>		DFW AIRPOR	RT				5261-0000 27 27 27 27	- [		
	_		MUTUAL FIRE		cle Action Prior to Crash		<del>_</del>	amaged Are	a Code;	1 27 27 27 28			
5	Vehicle Travel I	Direction: NXE	W Responding to Em	ergency? 2 Ever	nt Sequence 1 23	Type of Test:							
	Citation # (If Iss	sued)		Mos	t Harmful Event 1	24	В	AC Test Res	sult:	1 30	121		
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Cli/Sec/Sub -	Driv	er Contributing Code	1 25	25 St	ısp. Alcohol	2 31	Susp. Drug: 2 32	1 13		
<sup>6</sup> 1	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub -		er Distracted by	26		wed from s	cene?	1 33			
Τ	Name (Last First N		operator and all occupants	involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Statu	40 y Transp. s Code	Medical Facility			
	Operate			See Above		1 1	1 0	0 8	2	Lahey Clinic			
									$\perp$		_		
<sup>7</sup> 3	Please Select C of the Followin		L#Occupants DN	on-Motorist A Type	15 Action 16 1	Location	17 Condit	ion 18	l l	Hit/Run Moped			
_	License # S1	<b>1254390</b> s	t MA_DOB/Age	Reg	# <u>9MJ448</u>	<u> </u>	Reg Type	PC	Re	g State MA			
	Sex M Lic. 6	19 19	20	_	Year <b>2019</b>					Config. 1			
				Endorsement	er STRIBLEY			OMAS					
<sup>8</sup> 2	-	2 AVALON	First	Middle	ress 6132 AVA		First		Mic	ıldle			
	City WILM	INGTON	State <b>MA</b> Zip <b>0188</b>	87-1165 City	WILMINGTON		Sta	te MA	Zip <b>01</b>	887-1165	<b>1</b> 14		
	Insurance Comp	any SAFETY	INSURANCE C	OMPANY Vehi	cle Action Prior to Crash	4	22 Da	amaged Are	a Code:	8 27 27 27			
	Vehicle Travel D	Direction: X S E	W Responding to Em	ergency? 2 Ever	Event Sequence 1 23 23 23 23 Test Status: 1 28								
	Citation # (If Iss	<del>V., V., I I.</del>		Mos	t Harmful Event 1	24	•	pe of Test:		29 - 30			
<sup>9</sup> 2	Viol 1: Ch/Sec/5	Sub	Viol. 2: Ch/Sec/Sub =	Driv	er Contributing Code	19 <sup>25</sup>	25	AC Test Res isp. Alcohol		1			
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub _		er Distracted by 99	ا		wed from s		1 33			
			r/non-motorist and all occi			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		-		
	Name (Last First M			Address	DOB/Age Sex	Pos. System	Status Code	Code Status	s Code	Medical Facility	-		
	Operate	or/Non-Motor	TIST	See Above		1 1	3 0	0 10	1		-		
										·	_		

	= Direction 1	= Vehicle 1 2	]= Vehicle 2	우 = Pedestrian	ooo = Bicycle	
Crash Diagram:	ie: 👈 🔟	2	<b>→</b>	2	<b>→</b> №	
			⇔ Avalon Dr		If Crash <u>Did</u> on a Public V	Vay:
					Garage	
			<b>\</b>		☐ Mall/Shopping	•
					Other Private W	
					Indicate North	h by Arrow
		<del>ি</del> Ballardvale St		(2		,
Crash Narrative:						
Vehicle 1 was traveli						
Vehicle 2 approached						
Street. Vehicle 2 was		• • •				
Vehicle 1 could not s						
l manage to drag vehi						of
Avalon Drive. Both ve						
Towing. The operator						
for possible minor in	juries. The oper	ator of vehi	.cle 2 stated	i they we	re uninjured and	
signed a medical refu	sal form.					
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:		.1				
Owner (Last, First, Middle)	Address		Phone #	41-Type De	escription of Damaged Property	
Truck and Bus Informatio	Registration #		(From Vehic	le Section)		
Carrier Name			(Ton ton		Bus Use	42
Address		(	City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C #:	
43	44	cynm coum	45			
	y Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	
Hazmat Information:	<u>[</u>					49
Placard Material 1 digi	t# Material Nac	te		Material 4 digit #	Release code	
Patrol Officer Thomas						04/18/2023
Police Officer Name (Please Print)	Signature	ID	/Badge # Depar	tment	Precinct/Barracks	Date

Police Officer Name (Please Print)

ID/Badge#

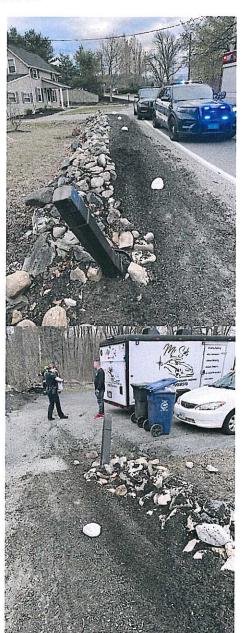
	Police Use Only	Comr	nonwealth (	Ith of Massachusetts RMV Document Number									
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	sh	Number Vehicles		Opte	Limit	30	- Local Police	0800	
	04/19/2023 <b>1831 Wil</b>	mington	Police 1	Report		1	1	Latitu Longi			MBTA Police Campus Police Other:	_占	
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT A	T IN	TER	SECT	ΓΙΟΝ:		
												2	10
	Route# Direction	Name of Roadway/Str	reet	Route# Directi		ddress#	WOB	URN N:	ST ame of	Rnadsy	ay/Street		
1		At									4,000		
				Feet	N S E	W of	— — Mile N	• farker	•	or _	Exit Number	- -	
	Route# Direction Na	me of Intersecting Roadw Also at Intersection w		Feet [	N S E	w of						1	- 11
				_	N S E		Route#		Interse	ecting R	Loadway/Street		
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roadw	/ay/Street						La	ndmark			
	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Re	enort ID	<b># 23</b>	-12	2-					
3	of the Following.	<u> </u>										_	
	License # <b>SA6870275</b> St <b>1</b>	20		2P9339								1 5	12
		Restrictions 1 CI	ndorsement	Year <u>2021</u>					DSOI	Veh	Config. 3	JF	
4	Operator <u>LUTHER</u> , RUSSE	Eirst LEE	Middle	er <b>BRADIS</b> E	ast		LICE First	K		Mid	ldle		
<sup>4</sup> 1	Address 37 ADAMS ST	<del></del>		ess 37 ADA		ST			-				
	City <b>LAWRENCE</b> State			S LAWREN	ICE_					-	843-192	I	
	Insurance Company LM GENERA	L INSURANCE		le Action Prior to C		4	<del></del>			Code:	11 <sup>27</sup> 27	27	
5	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	Sequence 31 2				Fest Stat Type of			29		
	Citation # (If Issued) 928217AB	_	Most	Harmful Event	31 2		1	BAC Te		alt:	1 30		
	Viol. 1; Ch/Sec/Sub 90 10	Viol. 2: Ch/Sec/Sub <u>90</u>	24 Drive	r Contributing Cod	le <b>1</b>	4 <sup>25</sup> 9	25	Susp. Al	cohol:	1 31	Susp. Drug: 2	32 3	o 13
<sup>6</sup> 1	Viol. 3; Ch/Sec/Sub 90 24	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 20	6		Towed f	rom sc	ene?	1 33		
1	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	rolved Address	DOB/Age	Sex P	34 35 eat Safety os. System		38 t Trap e Code	39 Injury Status	40 Transp. Code	Medical Facility		
,	Operator		ee Above		X j		5 1	0	7		Lahey Clinic		
									<del> </del>				
								-	-				
						_		_	-				
							<u> </u>						
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants  Non-	Motorist A Type	15 Action	16 Loc	ation	17 Cond	ition	18	П	lit/Run 🔲 Mo	ped	
	License #St	DOB/Age	Reg #	·			 Reg Ty <sub>l</sub>	ne L		I Re	g State		
	19 19	20	_	ear							2	1	
	Operator	En	dorsement	er								<b>-</b>	
81	Last	First	Middle	La ess	st		First			Mid	ldle		
	CityStat	e Zip	City_				S	ate	Z	.ip		1	14
	Insurance Company										27		
	Vehicle Travel Direction: NSEW	Responding to Emerg	encv?Event	Sequence 2:	3 23	23	23	est Stat	เนร		28		
	Citation # (If Issued)	_	•	Hannful Event	24	1		ype of		-	29		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	L r Contributing Code	e [	25	25	SAC Tes	ſ	ilt: 31	30	32	
	Viol. 3: Ch/Sec/Sub	•	r Distracted by	26	   	•	iusp. Ale Towed fr	ι		Susp. Drug:	ا ت		
ł	Please fill out for operator/no			- L	3 Se		36 37 Airbag Ejec	38	39 Injury	40 Transp.		_	
-	Name (Last First Middle)	1	Address	DOB/Age	Sex Po	os. System				Code	Medical Facility		
-	Operator/Non-Motoris	! Se	e Above		$X ^1$	L			<u> </u>				



# Wilmington Police Department Images Associated with 23-122-AC







	Police Use Only	<u> </u>	nonwealth (	wealth of Massachusetts RMV Document Number								
	Date of Crash   Time of Crash	City/Town mington	Motor Veh		h Numb Vehic			d Limit_	25	State Police Local Police MBTA Police		
	24HR	ming con	Police 1	Report	2	0	Laint			Campus Police (	5	
	AT INTERSECT	ION:	< LOCA	TION >		NOT	AT IN	TERS	SECT	ION:		
	MIDDLES										<b>2</b> 10	
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str At	eet	Route# Direction	Address	#	N	ame of F	Roadway	y/Street	_	
	JEFFERS			Feet N	S E W of		— • Marker	•	or	Exit Number	-	
	Route# Direction Na	me of Intersecting Roadw Also at Intersection w	<u> </u>	Feet N	S E W of		(VIGINO)		*	23/11 (13/110-11	2 11	
					S E W of	Route#		Intersec	cting Ro	oadway/Street		
<sup>2</sup> 1	Route# Direction Nat	ne of Intersecting Roadw	ay/Street		<del>,</del>			Lan	ıdınark			
3	Please Select One of the Following:	_#Occupants    Hit/I	Run Moped	Crash Repo	ort ID# <b>2</b>	3-12	23-	AC	•			
	License # <b>S45718642</b> St <b>M</b>	A_ DOB/Age	Reg	M8111A		Reg T	уре <u>С</u> І		Reg	State MA	- 12	
	Sex <b>F</b> Lic. Class D 19 19 Lic. I	Restrictions 20 CI	OL Veli Y	(ear <u>2013</u>	_ Veh Make	FORD			_ Veh C	Config. 2	1	
	Operator CAVANAUGH , SA	MANTHA PAI	GE Own	er WILMING	CON TO	OWN OF	DE	PT I	POLI	ICE	-	
<sup>4</sup> 1	Address 1 ADELAIDE ST			ess 1 ADELA	IDE S				Mico		-	
	City WILMINGTON State	e <b>MA</b> Zip <b>0188</b>	7 City_	WILMINGTO	DN				-	887-2 <b>71</b> 9	, I	
	Insurance Company MIIA		Vehic	le Action Prior to Cra		22	Damage		Code: 1	27 27 27 28		
5	Vehicle Travel Direction: NSWW	Responding to Emerg	ency? 2 Event	Sequence 1 23	23 23	23	Test Star Type of		1	29		
	Citation # (If Issued)	····	Most	Harmful Event 1	24		BAC Te		lt:	30	121	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	5 25	25	Susp. Al	lcohol: 2	2 31	Susp. Drug: 2 32	1 13	
<sup>6</sup> 1		Viol. 4: Clı/Sec/Sub		r Distracted by	26	. 1 1 .	Towed f			33		
	Please fill out for opera	ntor and all occupants inv	olved Address	DOB/Age Si	Seat Sa	fety Airbag E	7 38 ect Trop de Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	Se	e Above	>>>	1 1	4 0	0	10	1			
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Cor	dition	18	Hi	t/Run Mope	d	
	License # NHL18731789 St N	H DOB/Ags		s67783	<u> </u>	Reg T	ne CO		Reg	State MA		
	19 19	Lestrictions 20 CE	DL Veh Y		_ Veh Make					31		
	Operator MITIAEV, ALEX		dorsement Owner	r UNITED E	PARCEI		ICE	INC	3		_	
81	Address 410 ELK RUN RD	First	Middle Addre	ess 15 ARLI	NGTON	ST			Middl	le		
	City HUDSON State	NH Zip 03051	City_	WATERTOWN	<u> </u>	:	itate <u>M</u>	AZij	p <u>024</u>	472-5002	<b>1</b> 14	
	Insurance Company LIBERTY M	JTUAL FIRE	INSUR Vehic	Note: Prior to Crash 2 22 Damaged Area Code: 0 27 27 27 27								
	Vehicle Travel Direction: NSWW	Responding to Emerge	ency? 2 Event	Event Sequence								
<sup>9</sup> 2	Citation # (If Issued)	<u></u>	Most	Harmful Event 1	24		BAC Tes		t:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	Contributing Code	1 25	25	Susp. Al-	cohol: 2	31 5	Susp. Drug: 2 32		
L		Viol. 4: Ch/Sec/Sub ——		Distracted by 0	26		Towed fi		<u> </u>	33	_]	
	Please fill out for operator/nor Name (Last First Middle)	•	nts involved Address	DOB/Age Se	34 3 Seat Sai x Pos. Sys		et Trap	39 Injury 1 Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motorist	Sea	e Above	$\triangleright$	1 1	<b>4</b> 0	0	10 1	1			
										<del>-</del> -		

	= Direction 1	= Vehicle 1	= Vehicle 2	र् = Pedestriai	n ಹ = Bicycle	
Crash Diagram:	ie: 📥 🗆		2	₽Ŷ	→ 55	
Middlesex Ave		ME			If Crash <u>Did No</u> on a Public Wa	
				_U)	Off-Street Parking	Lot
		V2		V1	☐ Garage	
		£			☐ Mall/Shopping Cen	ter
					Other Private Way	
					Indicate North b	y Arrow
	Jefferson Rd	al extension and the second and the				
Crash Narrative:						
V1 & V2 were travelin	g east on Middle	esex Avenue	. V2 stopped	to turn 1	eft on to Jefferson	
Road. V1 rear ended V			damage. V1	sustained	minor front end	
damage. No parties co	mplianed of inju	ries.				
			<del></del>			
Witnesses:					,	
Name (Last,First,Middle)		Address			Phone #	Statement
		Д				
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
		<u> </u>				
Touch and Due Informatio						
Truck and Bus Informatio	Registration #		(From Ve	hicle Section)	Bus Use	42
Cartier Name			Cir.		St Zip	
Address						
US DOT #:	State Number		Issuing State	MC/MX/IC	C #;	
Interstate Cargo Boo	iy Type Code	GVWR/GCWR			46	
Trailer Reg #:  Hazmat Information:	Reg Type	Keg State	Keg Year	Trailer	Length	;
Placard Material 1 digi	it # 48 Material Nam	ne	***************************************	Material 4 digit #	#Release code	49
Sergeant Matthew D St			180 W	ilmington 1	Police Department 04	/20/2023

	Pol	ice Use Only	Com	monwealth	n of Massachusetts RMV Document Number								
	Date of Crash 04/20/2023	Time of Crash	City/Town Tilmington	Motor Veh	icle Crasl	h Num Vehic		1 25000	Limit_	30 State Poli Local Pol MBTA Po	ice 🔀	]	
	04/20/2023	24HR	TIMING CON	Police 1	Report	1	0	Latitu Longi	•	Campus I	Police		
		AT INTERSE	ECTION:	< LOCA	TION >		NOT.	AT IN	TERS	ECTION:			
						278	CAT	EM :	em			2 10	
ī	Route# Direc	ction	Name of Roadway/S	treet	Route# Direction					oadway/Street			
1			At		Feet N	S E W o	f		(	or			
	Route# Direc	etion	Name of Intersecting Road	way/Street			Mile	Marker		Exit Nu	mber	1 11	
			Also at Intersection	vith		S E W o	Route#		Intersect	ing Roadway/Str	reet		
<sup>2</sup> <b>1</b>	Route# Direc	ction	Name of Intersecting Road	way/Street	Feet N	S E W of	f		····				
_	Please Select (	Dine 57	1 #0				<u> </u>		Land	mark		1	
3	of the Followi		1 #Occupants Hit	/Run Moped	Crash Rep	ort ID# Z	3-12	<u> </u>	AC				
	License # \$9		St.MA DOB/Age	. Reg	2BDW57		Reg T	уре <b>РС</b>		Reg State M	21	12	
	Sex M Lic.	Class D 19	Lic. Restrictions 1 20	DL Veh '	Year <b>2018</b>	_ Veh Make	CHEVE	OLET	<u> </u>	Veh Config. 1			
4		ATES, LUP	First	Middle Own	er <b>COATES</b> , Lavi		First			Middle			
<sup>4</sup> 1		OOLIDGE :			ess 8 COOLI								
	-		State <b>MA</b> Zip <b>0182</b>	•	BILLERICA		22			01821-2			
	_		MUTUAL INSU		ele Action Prior to Cra		<del></del>	22 Damaged Area Code: 1 27 10 27 27  23 Test Status: 1 28					
⁵ <b>2</b>	Vehicle Travel D	V V 1	<del></del> -	•	t Sequence 23			Type of	Test:	29			
		ued)			Harmful Event 2	<del>3</del>	25		st Result:			23 <sup>13</sup>	
			Viol. 2; Ch/Sec/Sub —		er Contributing Code	20 25			cohol: 2	<del></del>	g 32	23	
<sup>6</sup> 1	Viol. 3: Cli/Sec/S	···	Viol. 4; Ch/Sec/Sub — operator and all occupants in		er Distracted by 1		35 36 3	7 38	39	*' <u> </u>		<b>]</b>	
	Name (Last First M	iddle)	[	Address	DOB/Age S	ex Pos. Sy	afety Airbag Ej stein Status Co		Status C	ansp. Code Medical	Facility		
	Operate	or	S	ee Above		1 1	1 0	0	10 1				
<sup>7</sup> 1	Please Select C		#Occupants Nor	-Motorist A Type	15 Action 16	Location	17 Con	dition	18	Hit/Run	Moped	1	
1	w.					]	D T-			Reg State			
	Sex Lic. C	19 19	St DOB/Age Lic. Restrictions C	•	/ear						21		
	Operator	.1033	E	ndorsement Owne	pr	_				von connig.			
<sup>8</sup> 2	Address	Last	First	Middle	Last		First			Middle			
			State Zip	City_	·		9	State	Zip			1 14	
	Insurance Compa	any		Vehic	27 5 27 27 27 27								
	Vehicle Travel D	irection: NSE	W Responding to Emer	gency? Event	Event Sequence								
9_	Citation # (If Issu	ied)		Most	Harmful Event	24		Type of T BAC Tes	test: st Result:	30			
<sup>9</sup> 2	Viol. 1: Ch/Sec/S	iub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	Susp. Ale		31 Susp. Drug	g. 32		
	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Clı/Sec/Sub	Drive	r Distracted by	26		Towed fr	om scene	2 33	J		
	Pie: Name (Last First Mi	•	or/non-motorist and all occup	ants involved	DOB/Age Se	Seat Sa	35 36 3 dety Airbag Eje stem Status Co	et Trap	Injury Tn	40 ansp. ode Medical	Facility		
		or/Non-Moto	rist s	ee Above		1					· ·		
-													
-													
			İ					1	1	1			

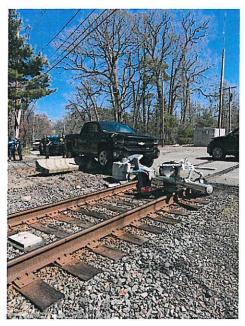
	= Direction 1	= Vehicle 1 2	= Vehicle 2	♀ Pedestr	ian 👧	) = Bicycle	
Crash Diagram:	ie: 👈 📑	<b>→</b>	<b>□</b> →	₽Š	<b>→</b> ðē		
Train utility		ete slab				If Crash Did Not on a Public Way  Off-Street Parking Lo Garage Mall/Shopping Cente	ot
Salem Street					<b>≪</b> 3	Indicate North by	Arrow
Crash Narrative:	1	- Cala- Ch-			-FF	1 duana arran a	
Motor vehicle 1 was t							
concrete slab and cra							
the reason for the cr also stated that he w							
was towed by Cains an							
denied medical attent		r venicie r	stated He (	114 1156 1	iave airy	injuttes and	
delited medical accent							
		· · · · · · · · · · · · · · · · · · ·					
			,				
Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
							<u></u>
Property Damage:			<b>,</b>				
Owner (Last,First,Middle)	Address		Phone #		_	of Damaged Property	
KEOLIS	470 ATLANTIC AVE I	BOSTON MA 02210			TRAIN	UTILITY LIGH	IT/POLE
Truck and Bus Information							
Truck and bus informatio	Registration #		(From Veh	icle Section)			42
Carrier Name			- Amilian			Bus Use	
Address			City			St Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/	ICC #:		
43	iy Type Code	GVWR/GCWR	45				
	Reg Type		Reg Year	Trai	ler Length	46	
Hazmat Information:				<del>_</del>	· [		
Placard 47 Material 1 dig	it # 48 Material Nam	e		_Material 4 dig	rit #	Release code	49

Patrol Officer Michael W Powers
Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks

04/20/2023 Date

## Wilmington Police Department Images Associated with 23-124-AC





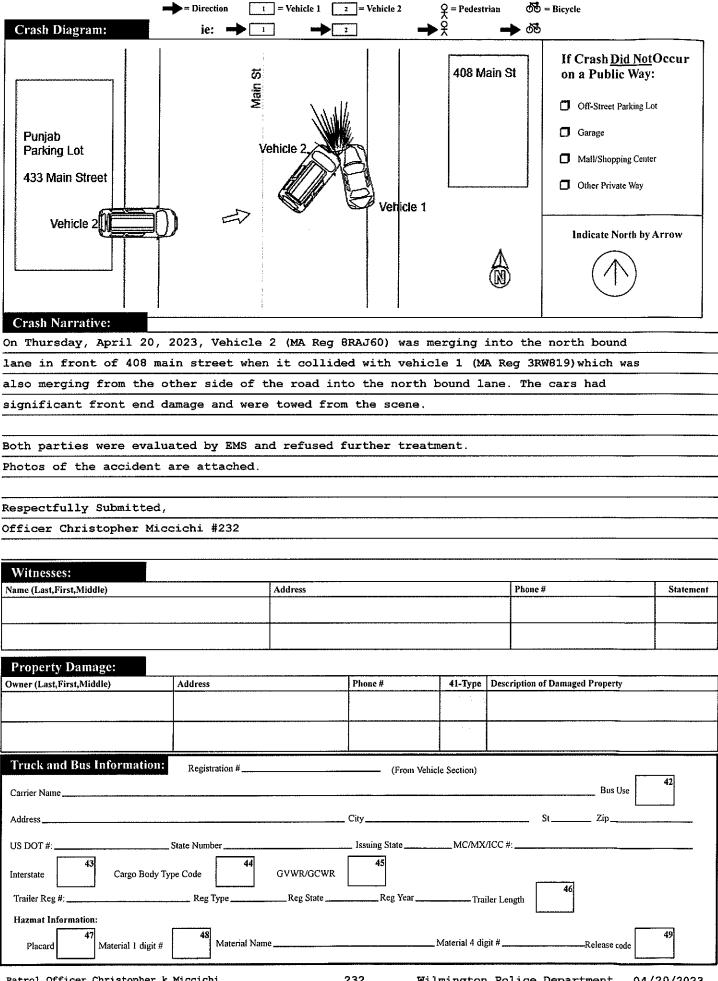




	Police Use Only		Comr			of Massa		iuse	etts			RMV Document Number					
	Date of Crash   Time of Crash   04/20/2023   1427	City Wilmir	y/Town	Moto	r Veh	icle Cra	sh		mber hicles	Num Injur	.d   154	eed Lim	it_3(	State Poli Local Poli MBTA Po	ice 🔯		
	24HR	1	.g co	P	olice l	Report		2		0		titude ngitude		Campus I Other:	Police 🗖		
	AT INTER	SECTION	l:	<	LOCA	TION	>			NOT	AT I	NTE	RSEC	TION:		<b> </b>	
								284	4	SA	LEM	ST				2 10	
<sup>1</sup> 1	Route# Direction	Na	me of Roadway/Str	eet		Route# Direc	tion	Addre					f Roady	vay/Street			
1			At			Feet	N S	E W	of			•	- or _				
	Route# Direction		Intersecting Roadw			-	N C	Ir lw		Mile	Marke		ONTY	Exit Nu	mber	2 11	
		Als	so at Intersection w	ith				E W		Route			ONY secting l	Roadway/Str	reet	<b> </b>	
<sup>2</sup> 1	Route# Direction	Name of	Intersecting Roadw	ay/Street		reet	11 5	IEIT.	OI			1	andmar				
	Please Select One Vehic	le <b>13</b> #Oc	cupants Hit/I	Run	Moped	Crash R		ID# 2	23	-1	25					1	
3	or the Ponowing:													- >41		-	
	License # <u>\$95508793</u>	St <b>MA</b> :	20	.,		5HBY11 ear 2023				_					2.1	1 12	
	Sex_F Lic. Class D	Lic. Restric	chons L Ci	OL dorsement		r BORGES					אונדר		Ven	Config.	•		
41	Address 5 OAK ST	First		Middle			Last		<del></del>	Firs			М	iddle			
	City WILMINGTON	State MA	7 jn 01887	-3812		WILMING'					State	MA	7in 0	1887-3	3812		
	Insurance Company THE CO			•	le Action Prior to		ſ	2	22			a Code:		7 27			
					f	23		23	23	Test :	Status:		1 28				
5		hicle Travel Direction: NSEX Responding to Emergency?_ ation # (If Issued)						24			• • •	of Test:		29 30			
	Viol. 1: Ch/Sec/Sub	tion # (If Issued)					ıde	1	25	25		Test Re Alcoho			g: 32	<b>1</b> 13	
	Viol. 3: Ch/Sec/Sub	Viol. 4				Distracted by	0	26				d from s	<u> </u>	2 33	B.[Z]		
<sup>6</sup> 1		for operator an	nd all occupants inv					34 Seat	35 Safety	36 Airbag	Eject T	8 39 ap Injur	y Transp.				
	Name (Last First Middle)  Operator			Address e Above		DOB/Age	Sex	1 .	System 1	Status C		xle Statu	s Code	Medical	Pacility		
}							<u> </u>	╀┈┤	4	4 0	0	10	1				
ŀ						+	<del> </del>	-	4	4 0		10	1				
ŀ	,						Γ	6	4	4 (		10	+				
			<u> </u>			16	127			12			<u> </u>	<u> </u>		 	
<sup>7</sup> 3	of the Following:	e 2. <b>1</b> _#Oco	cupants Non-	Motorist A	Туре	15 Action	16 I	Location	n	17 Co	ndition	18	֓֞֞֜֞֜֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Hit/Run	Moped		
	License # S94034965	St <b>MA</b> I			Reg#	17P320				Reg	Гуре 🗜	C	R	eg State MZ			
	Sex M Lic. Class D	Lic, Restric	tions 20 CE	L dorsement	Veh Y	ear <u>2006</u>		Veh Ma	ke <b>L</b>	INC	OLN		Veh	Config. 1	21		
8	Operator POWERS , W.	First		Middle		r POWERS	last			First			Mi	ddle	<u></u>		
	Address 250 NESMIT		APT 9			ss 250 NE	SM	ITH	SI	. A	PT					_ 14	
	City <b>LOWELL</b>		Zip 01852			LOWELL		Г	_	22			Zip <b>O</b> ] a Code:	1852-2		1	
	Insurance Company THE ST		sponding to Emerg			e Action Prior to			23	23	Test S	_	a Coue.	28	1 -1		
	Vehicle Travel Direction: NS	Event Sequence 1 Type of Test: 29															
2	Citation # (If Issued)		!	1		25 1	9 <sup>25</sup>		Test Res		30	120					
	/iol. 1: Ch/Sec/SubViot. 2: Ch/Sec/SubViot. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub					Contributing Co	0	26	_	<b>9</b>		Alcohol d from s	2 31 cene?	Susp. Drug	2 32		
L	Viol. 3: Ch/Sec/Sub ————————————————————————————————————				Dilvei	Districted by	<u>Ľ</u>	34	35 E-Con.	36 Alisha - 1	37 3	8 39	40				
-	Nume (Lust First Middle)			Address	······	DOB/Age	Sex	Pos.	_	Status C	Code Co		s Code	Medical I	Facility		
-	Operator/Non-Mo	piorist	Sei	e Above			A	1	1	4 0	0	10	1				
_											$\perp$						

	-	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian 🐠 :	= Bicycle	
Crash Diagrai	n:	ie: 🖚	<b>→</b> □	2	·ĝ	→ №		
	Salem St	Anthony Ave	MV1		N MV2		If Crash Did No on a Public Way  Off-Street Parking I  Garage  Mall/Shopping Cent Other Private Way  Indicate North by	ot er
Crash Narrati	ve:							1
		<del>-</del>		t. MV1 slowed				
vehicle to pu	ll out of A	Anthony Ave a	and onto Sale	em St. MV1 wa	as struc	ek from b	ehind by MV2.	
MV1 had rear	end damage	and MV2 had	heavy front	end damage.	MV2 was	Towed b	y Forrest	
Towing, No i	njuries rep	ported.						
	······································							
Witnesses:								
Name (Last, First, Midd	lle)		Address			Phone #		Statement
Property Dama Owner (Last, First, Mid		Address		Phone #	41-Type	Description of	Damaged Property	
Owner (East, Prist, Prist,		Audicas		T HONE IF	41-1906	Description of	Damaged Froperty	
Truck and Bus	Information:	Registration #		(From Vehic	le Section)			43
Carrier Name							Bus Use	42
Address				_ City		S	Zip	
				·				
US DOT #:		State Number		Issuing State	MC/MX/	ICC #:		
Interstate	Cargo Body Typ		GVWR/GCWR			Г	46	
Trailer Reg #:		Reg Type	Reg State	Reg Year	Trai	ler Length		
Hazmat Information	:	40						40
Placard 47	Material 1 digit #	48 Material Na	me		Material 4 dig	it #	Release code	49
Patrol Office	r Darvl J (	Ceruolo		212 Wil	mington	Police D	epartment 04	/20/2023

	Pol	ice Use Only		Comi	monwea	ılth (	of Massachusetts RMV Document Number												
	Date of Crash 04/20/2023	Time of Crash		City/Town ington			icle Cra	sh		umber chicles		sead	Speed Latitu	l Limit	3:	Loca	Police I Police TA Police		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24HR	77 4 441	111g CO11	Pol	lice l	Report		2		0			tude			pus Police	ă	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO	ТАТ	'IN'	TER	SEC	TION	l:		1
									40	8	MO	AIN	S	יי				2	10
<sup>1</sup> 1	Route# Direc	ction		Name of Roadway/St	reet		Route# Direct	tion		ess#					Roadv	vay/Stree	et		
				At			Feet	N S	EW	of					or _			_	
	Route# Direc	ction	Name	of Intersecting Roady				N a	l p lov	 1 .	M	ile Ma	rker			Exit	Number	4	11
				Also at Intersection w	/ith		Feet Feet				Route	e#		Interse	ecting l	Roadway	y/Street	-	
<sup>2</sup> <b>1</b>	Route# Direc	ction	Name	of Intersecting Roady	vay/Street		reet	1112	LEIT	l oı				1 a	ndmarl		·		
L	Please Select (		11 /	Occupants Hit/	Run D	Moped	Crash R	enart	· ID#	23	_1	26	<u> </u>					7	
3	of the Followi	11 K.															./3	-	
····			9	DOB/Age			3RW819										21	1	12
	Sex M Lic.	E		strictions 1 C	DL ndorsement		ear <u>2012</u> F <b>ZHANG</b> ,				OIC	71.A			Veh	Config.	<u> </u>		
<sup>4</sup> 1	1	NG, JI Y Last LEVELANI	,	irat Z	Middle		es 2 CLEV	Last				irst			Мі	iddle		_	
				MA Zip 01887	7-2819		WILMING'				•	Stat	е М7	A 7	in <b>0</b>	1887	-2819	-	
				RD FIRE IN		-	le Action Prior to			6	22							7 J	
	Vehicle Travel D			Responding to Emer			<del></del>	23	23	23	23 Test Status: 28						1		
5		ued)					· <u>L</u>	ī	24	Type of Test: 29  BAC Test Result: 1 30									
	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	1	25	25	1		st Rest cohol:		1	Drug 2 32	1	13
<i>c</i>	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26					rom sc		1 33		<b>-</b>	_
<sup>6</sup> 1			or operato	r and all occupants in			hony		34 Seat	35 Safety	36 Airbag	37 Eject Code	38 Trap	39 Injury	40 Transp.	,,		7	
	Name (Last First M  Operate			Se	Address ee Above		DOB/Age	Sex	Pas,	System 1	Status 4		Code	Status 10	Code 1	Me	dical Facility	_	
																		$\dashv$	
										<u> </u>				<del>                                     </del>				_	
										<u> </u>									
	Diama Salast O			<u> </u>			15	16			17			18	<u>                                     </u>		<b>]</b>	$\dashv$	
<sup>7</sup> 1	Please Select O of the Followin		2 <b>1</b> _#	Occupants Non-	-Motorist A	Гуре	Action	1	Locatio	n		Conditi	on			Hit/Run	<b>Ш</b> Море	ed	
	License # S70	0862943	ח	_ DOB/Agt		Reg#	8RAJ60				Reg	у Туре	PC		R	eg State	MA 21	-	
	Sex <b>F</b> Lic. C	I <del></del>	Lic. Res	strictions 1 Cl	OL ndorsement		ear <u>2018</u>					A			_ Veh	Config.			
8 1		, MARGAR	Fi	irst	Middle		EK, MA	aut.			Fis	nel			Mi	ddle		-	
		WHIPPLE		43 - 0197 <i>6</i>	1 522		ss <u>329 WH</u> PEWKSBUI		PLE	- KI	)		3.77		. 01	1076	-1533	1	4
	-	ty <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876</b> Surance Company <b>safeco insurance co</b>					e Action Prior to			4	22				•	3 27 2		, I	
	Vehicle Travel D	5.7		gency? 2		Sequence 7		23	23	23		st Stati			1 28		,		
	Citation # (If Issu	F3i	geney :			ī	24				pe of T			29					
<sup>9</sup> 2	•	•	Vir	ol. 2: Ch/Sec/Sub ——		Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32								a <b>I</b>					
	Viol. 3; Ch/Sec/S			ol. 4: Ch/Sec/Sub			· ·	0	26	<b></b> i				om sc	-	33 33	√148-[2	1	
ŀ	Ple	ase fill out for oper		notorist and all occupa	ints involved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		<u> </u>	7	
	Operato	or/Non-Moi	torist	Se	Address ee Above	<del>.</del>	DOH/Age	Sex	Pos.	System 1		Code O	Code 0	Status 10	Code 1	Mec	dical Facility		
ŀ	Oper with		<b>***</b>	See Above					-								<del> </del>		
																		_	
	·							ļ						-			-		
														1					



Patrol Officer Christopher k Miccichi

232

Wilmington Police Department

04/20/2023

## Wilmington Police Department Images Associated with 23-126-AC





	Police Use Only Commonwealth of Massachusetts			;	RM								
	Date of Crash 04/21/2023	Tîme of Craslı 1109 Wi	City/Town  Imington	Motor Vel	nicle Crash	Number Vehicles		Speed Limi Latitude	25	State Police Local Police MBTA Police	0000		
	04/21/2023	24HR	I I MILING CON	Police	Report	2	0	Lannide		Campus Police Other:			
		AT INTERSEC	CTION:	< LOCA	TION >		NOT A	T INTER	SECT	ION:			
						110	CHES	TNUT	ST		2 10		
1_	Route# Direc	ction	Name of Roadway/S	Street	Route# Direction	Address #			Roadwa	y/Street			
1			At		Feet N S	E W of		_ • _	ог				
	Route# Direc	ction	Name of Intersecting Road		- Nic	1 E 32	Mile Ma	ırker		Exit Number	4 11		
			Also at Intersection	with	Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of								
<sup>2</sup> 1	Route# Direc	etion	Name of Intersecting Road	lway/Street	Landmark								
3	Please Select (	One Vehicle 1	#Occupants Hi	t/Run Moped	Crash Repor	t ID# 23	-12						
3	of the Followi	"6"								- 1/3			
	License #	19 19	t DOB/Age ic. Restrictions 20	_	# <b>T84233</b> Year <b>2013</b>				-	21	1 12		
	Sex Lic.		sc. Restrictions	Endorsement	rear <b>ZOIJ</b>						.   ———————————————————————————————————		
<sup>4</sup> 1	1	iverless 1	First	Middle	ress 26 NEWTO		First	- A-1 5 \ Y - A-1 \ C	Middi	lie	-		
			StateZip				Sta	nte MA	Zin <b>02</b>	148			
		any	•	,	cle Action Prior to Cras			amaged Area	-		7		
		Oirection: NSE	_	ergency? 2 Even	it Sequence 23	23 23	23 Te	est Status:	1	28			
5	Citation # (If Iss	ued)		Mos	t Harmful Event 1	24	•	pe of Test: AC Test Res		30			
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	isp. Alcohol:		Susp. Drug. 2 3	2 2 13		
6	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so	·	22	<b>-</b>		
<sup>6</sup> 1	Nome (Last Firm M		perator and all occupants in	nvolved Address	DOB/Age Sex	34 35 Sept Sufety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility			
	Operate		:	See Above	XX	1							
	Please Select O	ne Vehicle 21	#Occupants No	No.	15 16	Y	17	. 18	Пн	it/Run 🔲 Mop			
<sup>7</sup> 1	of the Followin	ig:		n-Motorist A Type		Location	Condit		<u> </u>		<u>ea</u>		
	License # S11	10 10	MA DOB/Age_		# <u>786AHK</u>		Reg Type		_	State MA 21	<u> </u>		
	Sex M Lic. C	Class D M Li	I	Endorsement	Veh Year 2011 Veh Make CHEVROLET Veh Config. 1								
<sup>8</sup> 1	Address 45	l.ast	BERT F	Middle	Owner TANCRETO, ROBERT F  Lost First Middle  Address 45 MILL RD								
	City WILMI		State <b>MA</b> Zip <b>0188</b>		WILMINGTO		Sta	te <b>MA</b> 2	in <b>01</b> 8	887	1 14		
			ERCE INSURA	•	ele Action Prior to Cras	T		imaged Area	_		7 -		
	- ·				Event Sequence 2 23 23 23 23 Test Status; 1 28								
9 _	Citation # (If Issu	ied)		Most	Harmful Event 2	24	-	pe of Test: AC Test Resi	ult:	30			
2	Viol. 1: Ch/Sec/S	Sub	Viol. 2; Ch/Sec/Sub	Drive	er Contributing Code	20 25	25	sp. Alcohol:		Susp. Drug 2 3	2		
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Drive	Driver Distracted by 5 26 Towed from scene? 1 33								
Ì	Ple: Name (Last First Mi	•	non-motorist and all occup	oants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility			
	·····	or/Non-Motor	ist	See Above	$\times$	1 1	4 0	0 10	1				
Ì													
ŀ											1		

	= Direction	= Vehicle 1	2 = Vehicle 2	₹ = Pedestr	ian \delta = Bicycle	
Crash Diagram:	ie: 👈 🔟	<b>→</b>	2	<u> 옷</u>	→ 👼	
111 Chestnut St Driveway	If Crash Did Not on a Public Way:  Off-Street Parking Let Garage Mall/Shopping Cente Other Private Way	nt .				
	Indicate North by	Arrow				
Crash Narrative:						
V1 was parked on the s		<del>-</del>			<del>, "</del>	
operator of V2 said he						
					ger side. VI had damage	
to the rear driver's s					iriveable. No alroags	<u> </u>
were deployed. No one :	reported injuri	es. Photos	are attached.			
					***************************************	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
DASILVA AIRSON P		26 NEWTON	ST MALDEN MA 0	21		
	··· · · · · · · · · · · · · · · · · ·					
Property Damage:				I I		· · · · · · · · · · · · · · · · · · ·
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicl	e Section)		
Carrier Name					Bus Use	42
Address			. City		St Zip	
*** DOM: #					ICC#:	
US DOT #:  43 Interstate Cargo Body	State Number44	GVWR/GCWR	Issuing State	MC/MX/	ICC #:	
Trailer Reg #:		Reg State	Reg Year	Trai	er Lengti	
Hazmat Information:				1141		
Placard 47 Material 1 digit #	48 Material Nam	e	1	Material 4 dig	it #Release code	49
	Stebbins				Police Department 04/	4

## Wilmington Police Department Images Associated with 23-127-AC





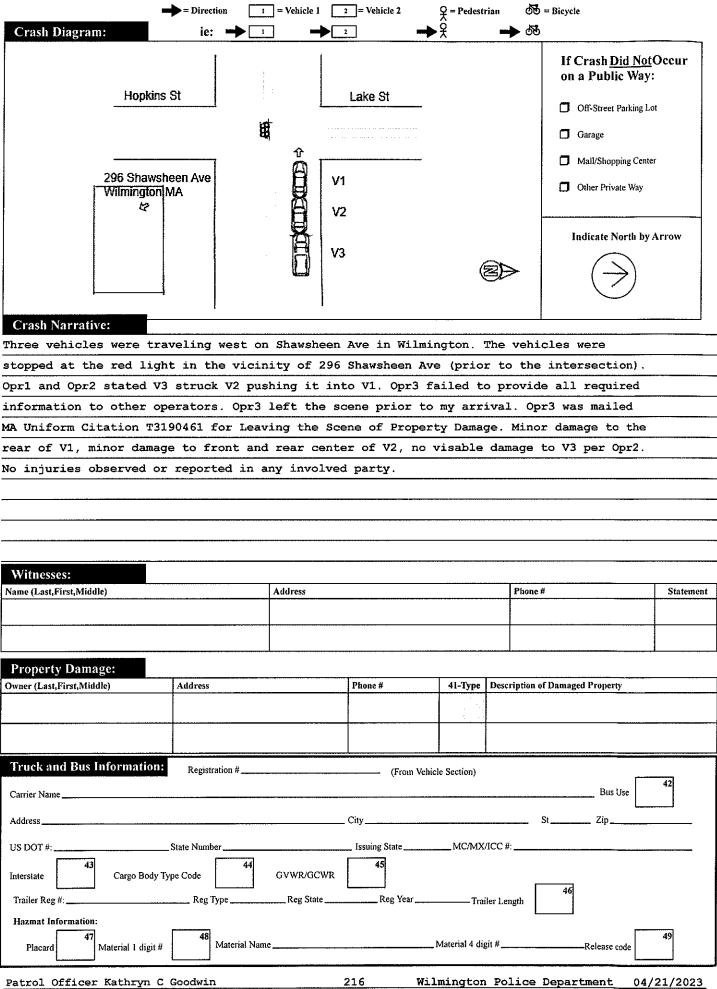






	Police Use Only	Con	nmonwealth	monwealth of Massachusetts RMV Document								
	Date of Crash   Time of Crash   04/21/2023   1740	City/Town Wilmington	Motor Vel	nicle Crash	Number Vehicles	Number Injured	Speed Limit	25 State Police Local Police MBTA Police				
	24HR		Police	Report	3	0	Longitude	Campus Police Other.	ă			
	AT INTER	RSECTION:	< LOCA	ATION >		NOT AT	INTERS	ECTION:	_ 10			
				296 SHAWSHEEN AVE								
1 .	Route# Direction	Name of Roadway	/Street	Route# Direction	Address #			oadway/Street				
1		At		Feet N S	EW of		• (	or				
	Route# Direction	Name of Intersecting Ro				Mile Ma	rker	Exit Number	2 11			
		Also at Intersection	n with	Feet NSEW of Route# Intersecting Roadway/Street								
<sup>2</sup> 1	Route# Direction	Name of Intersecting Ro	adway/Street	Feet NSEW of								
	Please Select One Value	le 13 #Occupants 1	lit/Run Moped	Crash Report	1D# 2 2	129		так	7			
3	of the Following:											
	License # <b>SA4750991</b>	St_ <b>MA</b> DOB/Age		# 1YBA69				21	1 12			
	Sex <b>F</b> Lic. Class D	Lic. Restrictions 1	Endorsement	Year 2007		_		Veh Config. 1				
4 3	Operator FONE, KAY	First	Middle	ner <u>SMITH</u> , <u>JE</u>		First		Middle	-			
3	Address 31 BELLFLC			ress 31 BELLF	LOWER		\/ <b>&gt;</b>	01001 2011	-			
	City <b>BILLERICA</b> Insurance Company <b>LIBER</b>	-	_	BILLERICA			te <b>MA</b> Zip unaged Area C	01821-3019	- I			
				cle Action Prior to Crash	23 23		st Status:	1 28	_			
<sup>5</sup> 1	Citation # (If Issued)			t Harmful Event 1	24	l <sub>Ty</sub>	pe of Test:	29				
	Viol. 1: Ch/Sec/Sub -			<u> </u>	1 25	25	C Test Result:		1 13			
		Viol. 4: Ch/Sec/Sub		er Distracted by	26		sp. Alcohol: 2 wed from scen		1 -			
<sup>6</sup> 1		t for operator and all occupants			34 35 Seat Sufety	36 37 Airbag Eject	38 39	40 ensp.	-			
	Name (Last First Middle)	<u> </u>	Address	DOB/Age Sex	Pos. System	Status Code	Code Status C	Pode Medical Facility	$\dashv$			
	Operator		See Above		1 -		0 10 1		_			
				<del>-  </del>	3 1	4 0	0 10 1		····			
				F	6 1	4 0	0 10 1					
			· · · · · · · · · · · · · · · · · · ·									
<sup>7</sup> 2	Please Select One of the Following:	ie 21 #Occupants N	on-Motorist A Type	15 Action 16 L	ocation	17 Conditi	on 18	☐ Hit/Run ☐ Mope	ed b			
	License # NHL1523316	4 St NH DOB/Age	Reg	# <u>4654265</u>		Reg Type	PC	_ Reg State NH	╛			
		19 Lic. Restrictions 1 20	CDL Veh		/eh Make <b>N</b>			Veh Config. 21				
	Operator SAMUELS,	CHERYL A	Endorsement Own	er SAMUELS,	RICHA	RD W			_			
<sup>5</sup> 1	Address 93 DUBLIN	AVE		ress 93 DUBLII	N AVE	First		Middle				
	City NASHUA	State <u>NH</u> Zip <u>030</u>	<b>63</b> City	NASHUA		Stat	e <b>NH</b> Zip	03063	_ 1 14			
	Insurance Company	nsurance Company				Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 5 27 27						
	Vehicle Travel Direction: N S	ergency? 2 Even	Event Sequence 23 23 23 23 Test Status: 1 28 29									
· <sub>2</sub>	Citation # (If Issued)		Most	Harmful Event 1	24	BA	C Test Result:	30				
_	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	1 25	25 Su:	sp. Alcohol: 2	31 Susp. Drug 2 32	]			
ļ	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 Towed from scene? 2 33								
	Please fill out for op Name (Last First Middle)	erator/non-motorist and all occ	upants involved  Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	Trap Injusy Tra	40 ansp. lode Medical Facility				
	Operator/Non-Mo	otorist -	See Above	><X	1 1	1 0	0 10 1					
ľ												
ļ												
ļ												

	Police Use Only Comp			monwealth of Massachusetts				RM	RMV Document Number		
	Date of Crash 04/21/2023	Time of Crask 1740 Wil	City/Town mington	Motor Ve	hicle Crash	Number Vehicles		Speed Limi	it <u>25</u>	State Police Local Police MBTA Police	
	04/21/2023	24HR	MITING COIL	Police	Report	3	o Î	Latitude Longitude_		Campus Police Other:	<u> </u>
		AT INTERSECT	MON:	< LOC	ATION >		NOT A	Γ INTE¥	RSEC	TION:	4
						296	SHAW	SHEEN	J 2017	rre:	2 10
<sup>1</sup> 1	Route# Dire	ction	Name of Roadway/S	reet	Route# Direction	Address #				vay/Street	
1			At		Fcet N S	E W of		_ • _	- or _		_
	Route# Dire	ction Na	nne of Intersecting Road								
			Also at Intersection v	vith		Route# Intersecting Roadway/Street					
<sup>2</sup> <b>1</b>	Route# Dire	ction N	ame of Intersecting Road	Feet NSEW of  Landmark						<u>.</u>	
	Please Select 0		#Occupants Hit	/Run Moped	Crash Repor	t ID# 23	-12				7
3	of the Followi	104-								. 1/3	_
		4950776 St 1	20		# 6TM862 Year 2004					21	<b>1</b> 12
	Sex M Lic.	L AGUILA GR	ع لــــــــا	ndorsement	ner <u>DEL AGUI</u>						
<sup>4</sup> 3		BOUROUE ST	First	Middle	tress 23 BOURO		First	<del>- + ***</del>	Mi	iddle	-
		ENCE Sta	te MA Zip 0184:		LAWRENCE	,	Sta	ite MA	Zip <b>0</b> ]	1843-1925	<u> </u>
	-	any PERMANENT	-		icle Action Prior to Crasl	. 2		amaged Are			- I
	Vehicle Travel I	Direction: NSE	Responding to Emer	gency? 2 Eve	nt Sequence 1 23	23 23		est Status:		1 28	
<sup>5</sup> <b>1</b>	Citation # (If Iss	med) <b>T3190461</b>		Мо	st Harmful Event 1	24	-	ype of Test: AC Test Res	entr	30	
	Viol. 1: Clı/Sec/	<sub>Sub</sub> 90 24	- Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	19 <sup>25</sup>	25	usp. Alcohol		Susp. Drug: 2 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/	Sub	-Viol. 4: Ch/Sec/Sub -	Dri	ver Distracted by 99	26	To	owed from s	cene?	2 33	<u> </u>
1	Name (Last First N	•	rator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Statu		Medical Facility	
	Operate	or	S	ee Above	$\times$	1 99	99 0	0 99	1		
7	Please Select C		#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	18		Hit/Run Mope	
<sup>7</sup> 2	of the Followi	ng: —		L					][		_
	License #	19 19	DOB/Age		#					21	-
	Sex Lic. (	Class Lic.		ndorsement		Veh Make Veh Config.					
<sup>8</sup> 1	Operator	Last	First	Middle	nerLast lress		First		Mic	ddle	-
		Sta	teZip				Sta	te	Zip		1 14
	Insurance Comp	any		Veh	icle Action Prior to Crasl	, [	<b>22</b> D.	amaged Are	a Code:		
	Vehicle Travel D	Direction: N S E W	gency? Eve	ent Sequence 23 23 23 23 Test Status: 28					28		
<sup>9</sup> 2	Citation # (If Iss	ned)	<del></del>	Mos	st Harmful Event	24	-	/pe of Test; AC Test Res	sult:	30	
2	Viol. 1: Ch/Sec/S	Sub	Driv	25 25						]	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				er Distracted by	26	,	owed from scene? 33			_
	Ple Name (Last First M	ase fill out for operator/no	on-motorist and all occup	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trup Injury Code Status		Medical Facility	
	Operate	or/Non-Motoris	rt s	ee Above	$\searrow X$	1					
Ī											



Patrol Officer Kathryn C Goodwin