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AT	INTERSECT	ION:	< LOC	ATION >		NOT A	INTER	SECTIO	N:
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				1				ndmark	
Please Select One of the Following:	Vehicle 11	#Occupants Hit	t/Run 🔲 Moped	Crash Report	ID# 23	-10	3-AC	3	
License #	St	DOB/Age	Re	g#unknown		_ Reg Type	;	Reg Sta	te
Sex Lic. Class	19 19 Lic. I	Restrictions 20	CDL Ve	h Year V	eh Make			Veh Confi	21 ig.
Operator unkno	wn		Endorsement Ov	vner					
Address		First	Middle Ad	dress		First		Middle	
City	State	e Zip	Cit	у		Sta	te 2	Zip	
Insurance Company			Ve	nicle Action Prior to Crash		22 Da	unaged Area	Code: 27	7 27 27
Vehicle Travel Directio	ı: NSEW	Responding to Eme	rgency? Ev	ent Sequence 23	23 23	23 Te	st Status:	2.8	4
Citation # (If Issued)			Mo	st Harmful Event	24	Ť	pe of Test:	25 30	1
Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	25	25	AC Test Resi sp. Alcohol:) Drug: 32
		Viol. 4: Ch/Sec/Sub		ver Distracted by	26		wed from sc		
		ator and all occupants in			34 35 Seni Sniety	36 37 Airbag Eject	38 39 Trap Injury	40	
Name (Last First Middle)			Address	DOB/Age Sex	Pos. System	Status Code	Trap Injury Code Status	Code	Medical Facility
Operator		3	See Above		1			<u> </u>	
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Please Select One	Vehicle 2.0	#Occupants Nor	1-Motorist A Type	15 Action 16 L	ocation	17 Condit	On 18	☐ Hit/Ru	m Moped
of the ronowing:			L					<u> </u>	
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i_	Lic. R	ь Е	ndorsement	Year <u>2010</u> V					g. <u>+</u>
Operator <u>Drive</u> Last	Lic. R	ь Е	ndorsement Ow	ner ROBINSON-	ADAMS	, MAU			<u> </u>
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Operator Drive Last Address	Lic. R	Y. First Zip	Middle Ow Add	ner <u>ROBINSON</u> — Last dress <u>442 MIDDI</u> , <u>WILMINGTON</u>	ADAMS ESEX	, MAU First AVE Stat	REEN e <u>MA</u> 2	T Middle	7-1106
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	Direction	1] = Vehicle 1	2 = Vehicle 2	오 = Pedestria	an 📆	= Bicycle	
Crash Diagram:	ie: →	1] → [2	→ Ĥ	→ ॐ		
							If Crash <u>Did Not</u> on a Public Way:	
			A)			Off-Street Parking Lo	ot
		• • •	Ø				Garage	
:							☐ Mall/Shopping Cente	r
					•		Other Private Way	
				en e		-	Indicate North by	Arrow
			La company de la			\triangle	\bigcirc	
G arafa			a e e e e e e e e e e e e e e e e e e e		Advanced and			
Crash Narrative:					map da	ESCOS & 61		
At 7:30am on 3/18/23	Vehicle Parke	ed at	t 179 Ford	ham Rd	At: 7:00 rom 1	the owne	er returned to	
nis vehicle and it wa					, , , , , , , , , , , , , , , , ,			
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Witnesses:								r
Name (Last,First,Middle)			Address			Phone #		Statement
		l						
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Property Damage: Owner (Last, First, Middle)	Address			Phone #	41-Type I	Description of	Damaged Property	
Truck and Bus Information	Registration #_			— (Fron	vehicle Section)			
Carrier Name							Bus Use	42
Address				_ City		S	tZip	
US DOT #:	State Number	_		Issuing State	MC/MX/IC	CC #:		
Interstate Cargo Bod	y Type Code	44	GVWR/GCWR	45				
Trailer Reg #:	<u></u>				rTraile	r Length	46	
Hazmat Information:	. 0 %		<u> </u>	ŭ	· IIII			
Placard Material 1 digit	48 Materia	l Name			Material 4 digit	#	Release code	49
1 ideard Aviateriat 1 digit								
Patrol Officer Anthon	y Fiore			164	Wilmington			03/2023
olice Officer Name (Please Print)	Signat	ure		ID/Badge#	Department	Precino	et/Barracks Date	

Date of Crash		<u></u>	_	of Massach	usetts	}	R	90,000,000	ument Number	
04/03/2023	Time of Crash Wili	City/Town mington		nicle Crash	Number Vehicles		Speed Lin	nit <u>35</u>	MBTA Police	0800
	24HR	-	- 1	Report	2	1	Longitude		Campus Police Other:	
-	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSEC	TION:	
					235	MAII	TZ F			
Route# Direct	tion	Name of Roadway/S	Street	Route# Direction	Address #			of Roadw	/ay/Street	
		At		Feet NS	E W of		• _	- or _		
Route# Direct	ion Nar	ne of Intersecting Road		[a-la-		Mile M	arker		Exit Number	
		Also at Intersection	with	Feet NS		Route#	Inter	rsecting F	Roadway/Street	
Route# Direct	tion Nar	ne of Intersecting Road	dway/Street	Feet NS	E W of				·····	
Please Select O	ne 🔽 1	#Occupants True			O O	_1 ^		Landmark	ζ <u>.</u>	\dashv
of the Followin	ge Vehicle 1.4	_#Occupants	<u> </u>	Crash Report		_				
License #.	_ St.	, DOB/Age		# 4RJL18						21
St Lic. C	lass D Lic F		CDL Veh Endorsement	Year <u>2006</u>	Veh Make <u>F</u>	ONDA		Veh	Config. 1	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֡
Operator	Last	First	Middle	er <u>LALUMTERI</u> Last	•	First	YMOH	Mic	ıldle	
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City	Sta	_ Zi	-	WOBURN	Fate die				L801-541	
Insurance Compa	ny SAFETY IN	SURANCE C	OMPANY Vehi	cle Action Prior to Crash		0.000	amaged Are	a Code:	8 27 27 2 28	
Vehicle Travel Di	<u> </u>	Responding to Eme	ergency? 2 Even	t Sequence 23	23 23	~~	ype of Test:		99 ²⁹	
	ed) T3190382	·····		Harmful Event 1	24	В	AC Test Re		1 30	-
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Viol. 3: Ch/Sec/Sec/Sec/Sec/Sec/Sec/Sec/Sec/Sec/Sec	ub			er Distracted by 99			owed from	<u> </u>	1 33	
Name (Last First Mid	Please fill out for opera	tor and all occupants in	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injus Code State	ry Transp.	Medical Facility	
Operato	r		See Above		1 99	4 0	0 9	2	Lahey Clinic	
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D) 61 (6)			1990			17			I	
Please Select Or of the Following		#Occupants No	n-Motorist A Type	Action 16 I	ocation	Condi	tion 1] □	lit/Run 🔲 Mo	oped
License #_ SA5	060904 St M	A DOB/Ag	Reg	5924AR		Reg Typ	PC	Re	g State FL	
Sex F Lic. Cl	lass D 19 Lic. R		CDL Veh '	Year 2021	/elı Make T	OYOTA		Veh	Config. 1	21
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	N, MEGAN C	First	Own	er HERTZ VEH	IICLES			Mid	tille.	
Operator JAE	M. MEGAN CA AK MEADOW R	First	Middle	er HERTZ VEH		First		Mid	fdle	
Operator JAE Address <u>6</u> O	AK MEADOW R	First	Middle Addr	Last	4130	First		Zip 73	3134-413	30 3
Operator JAE Address 6 OF City LINCO	AK MEADOW R	First D	Middle Addr	ess PO BOX 2	4130	First Sta	amaged Are	Zip 73	3134-413	30 1
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Market Basket Plaza 280 Main Street		= Direction 1	= Vehicle 1	= Vehicle 2	♀ ≃ Pedestrian	9 20 =	= Bicycle	
Market Basket Paca 200 Basket Paca 200 Basket Street Garles Pakag Lat Garles Pakag L	Crash Diagram:	ie: 👈 🗔	→	2	•ĝ =	→ ‱		
Main Sireet Cluber Private Way			Basket Plaza 260 Main				on a Public Way:	
Street Other Private Way				<u> </u>			Garage	İ
Wilmington Crossing Plaza 207 Main Sireet Crash Narrative: On Monday April 3, 2023 I, Officer Fortes was assigned to uniformed patrol in Sector I/Cruiser 31 for the 8am-4pm shift. At approximately 3:22pm I was dispatched to a report of a 2 motor vehicle crash on Main Street by Market Basket Plaza. Upon arrival I observed a male juvenile in the passenger seat and a female juvenile in the drivers seat, it was later confirmed the male was operating the vehicle and will be referred to as Opl. Op2 was itanding by her vehicle in the Wilmington Orossing Plaza lot. Op1 stated he was traveling lown main street (North Bound) and V2 was taking a left and the collision occured. Op2 tated she was traveling (South Bound) on Main Street and was taking a left into the Sidinangton Crossing Plaza and V1 changed lanes abruptly on the North Bound side and she lid not have time to avoid the collision. Op1 was transported to Lahey Hospital complaining of head pain. Op1 issued Massachusetts Uniform Citation T3190382 JOL Violation Witnesses: Witnesses:	I .						Mall/Shopping Center	r
Wilmington Crossing Plaza 207 Main Street On Monday April 3, 2023 I, Officer Fortes was assigned to uniformed patrol in Sector I/Cruiser 31 for the Ban-4pm shift. At approximately 3:22pm I was dispatched to a report of a 2 motor vehicle crash on Main Street by Market Basket Plaza. Upon arrival I observed a sale juvenile in the passenger seat and a female juvenile in the drivers seat, it was tater confirmed the male was operating the vehicle and will be referred to as Op1. Op2 was tatending by her vehicle in the Wilmington Crossing Plaza lot. Op1 stated he was traveling lown main street (North Bound) and V2 was taking a left and the collision occurred. Op2 titated she was traveling (South Bound) on Main Street and was taking a left into the Filmington Crossing Plaza and VI changed lanes abruptly on the North Bound side and she lid not have time to avoid the collision. Op1 was transported to Lahey Hospital complaining of head pain. Op1 issued Massachusetts Uniform Citation T3190362 JDL Violation Witnesses: News (LastFiritMiddle) Address Proporty Damage: Description of Damaged Property Truck and Bus Information: Carrier Name Address Registration # GVWRGCWR 44 GVWRGCWR 45 Insternate 46 Gurgs Body Type Code 44 GVWRGCWR 75 Tailor Reg # Reg Type Reg Some Reg Yow Trailor Lough 64 Hayman Information: Trailor Lough 64 Tailor Reg # Reg Type Reg Some Reg Yow Trailor Lough 64 Tailor Reg # Reg Type Reg Some Reg Yow Trailor Lough 64 Tailor Reg # Reg Type Reg Some Reg Yow Trailor Lough 64 Tailor Reg # Reg Type Reg Some Reg Yow Trailor Lough 64 Tailor Reg # Reg Type Code 64 GVWRGCWR 65 Tailor Reg # Reg Type Reg Some Reg Yow Trailor Lough 64 Tailor Reg # Reg Type Reg Some Reg Yow R	Outof.		A				Other Private Way	
Wilmington Crossing Plaza 207 Main Street Crush Narrative: On Monday April 3, 2023 I, Officer Fortes was assigned to uniformed patrol in Sector (Cruiser 31 for the Sam-4pm shift. At approximately 3:22pm I was dispatched to a report of a 2 motor vehicle crash on Main Street by Market Basket Plaza. Upon arrival I observed in male juvenile in the passenger seat and a female juvenile in the drivers seat, it was attact confirmed the male was operating the vehicle and will be referred to as Opi. Op2 was standing by her vehicle in the Wilmington Crossing Plaza lot. Opi stated he was traveling lown main street (North Bound) and V2 was taking a left and the collision occured. Op2 titated she was traveling (South Bound) on Main Street and was taking a left into the 7////////////////////////////////////		a l				-		
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On Monday April 3, 2023 I, Officer Fortes was assigned to uniformed patrol in Sector I/Cruiser 31 for the Gam-4pm shift. At approximately 3:22pm I was dispatched to a report of a 2 motor vehicle crash on Main Street by Market Basket Plaza. Upon arrival I observed a male juvenile in the passenger seat and a female juvenile in the drivers seat, it was attact confirmed the male was operating the vehicle and will be referred to as Opl. Op2 was standing by her vehicle in the Wilmington Crossing Plaza lot. Opl stated he was traveling lown main street (North Bound) and V2 was taking a left and the collision occured. Op2 stated she was traveling (South Bound) on Main Street and was taking a left into the stimington Crossing Plaza and V1 changed lanes abruptly on the North Bound side and she stid not have time to avoid the collision. Op1 was transported to Lahey Hospital complaining of head pain. Op1 issued Massachusetts Uniform Citation T3190382 JOL Violation Wilnesses: Name (Last,First,Middle) Address Phone # MILMINGTON MA 01887 Property Damage: Dener (Last,First,Middle) Address Phone # MILMINGTON MA 01887 Truck and Bus Information: Registration # State Number North Nort	Crash Narrative:	*						
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49		Reg Type	Reg State	Reg Year	Trailer Le	ength		
	Hazmat Information:	40						40
	Placard Material I digi	t# 48 Material Nam	e		Material 4 digit #_		Release code	49
Patrol Officer John A Fortes 228 Wilmington Police Department 04/03/2023 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date	Patrol Officer John A Police Officer Name (Please Print)							03/2023

Signature

ID/Badge#

Wilmington Police Department Images Associated with 23-104-AC





	Pol	ice Use Only		Comr	nonwealth	of Massa	ach	uset	tts			RM	V Docu	ment N	4 1		
	Date of Crash	Time of Crash		City/Town	Motor Veh	icle Cra	sh	Nun Vehi		umber njured	Ι'.	Limit	30	E.ocai	Police 2	9	
	04/03/2023	1819 24HR	MITH	ington	Police	Report		2	0	iju va	Latitu			Campi Other:	A Police C	5	
		AT INTER	SECTION	ON:	< LOCA	TION	>		NO)T A	Γ IN'	TER	SEC	TION:			
	129 W	TON	3TT 0	ım			-									2 10	
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¹ 1				At		_	N e	EW o									
	Route# Direc		KER S	T e of Intersecting Roadw	/av/Street	Feet	Mal	E 111 0	1	viile Ma	arker	· —	or _	Exit l	Number	11	٦
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2						Feet	NS	E W o	f Ko	ıte#		Interse	eting K	loadway/	Street		
² 1	Route# Direc	ction	Name	e of Intersecting Roadw	/ay/Street							La	ndmark				
3	Please Select (of the Followi		e 12	#Occupants Hit/I	Run Moped	Crash R	Report l	ID# 2	3-	10.	5-	AC	,				
	License # S7	5800170	St M2	DOB/Age_	Reg	4KS935			R	eg Typi	e PC		Re	g State	4Α		1
		Class D 19 1		20		/ear 2004									21	1 12	
		OK, PAXI		Er	idorsement Own	er MILNER											,
⁴ 2	1	APACHE 1	I	First	Middle	ess 5 WICE	Last			First			Mic	idle			
				MA Zip 01887		WILMING				Cto	M2	A 7	01	887	-1715		
				SURANCE CO		le Action Prior to		ī	22				Code:		27 27		
		orrection: NS				F-32		23 2			est Stat			28		'	
⁵ 1				Responding to Emerg		Sequence 1	0.000	24	3 #FG124	Ту	ype of	Test:	į	29			
	1	ued)				Harmful Event	1	1 2:	S : : : : : : : : : : : : : : : : : : :	E	AC Tes	-		1 ³⁰		13	l
				iol. 2: Ch/Sec/Sub		r Contributing Co		1 - 26		Sı			2 31	Susp. D	nig 2 32		
⁶ 1	Viol, 3; Ch/Sec/S			iol. 4: Clı/Sec/Sub ——		r Distracted by	0		35 36	37	owed fi	oin sci	ene?	1 3		_	
-	Name (Last First M		ior operate	or and all occupants inv	Address Address	DOB/Age	Sex	Seat S	afety Airba ystem Statu	g Eject	Trap Code	Injury Status	Transp. Code	Medi	cal Facility		
	Operate	or		Se	e Above	><	X	1 9	9 4	0	0	10	1				
	TAYLOR MARR	ANZINI		5 WICKS CIR WILMINGTON, MA 01	1867-1715	05/14/1999	F	3 9	9 4	0	0	10	1				
										 							
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							16			<u> </u>	_	10				-	
⁷ 3	Please Select O of the Followin		21_#	Occupants Non-	Motorist A Type	15 Action	16 Lo	ocation	17	Condit	ion	18	Н	lit/Run	Морес	d	
	License # SAE	3000996	St MA	_ DOB/Age	Reg #	275KM2			R	ед Туре	PC		Re	g State 1		-	
	Sex F Lic. C	Class D 19 19	9 Lic. Res	strictions 20 CI	DL Veh Y	ear 2017	V	eh Mak	NIS	SAN			_ Veh	Config.	1 21		
D	Operator BE1	OIT, MA	DISO	N ELIZABE		r BENOIT	S	TAC					Mid			_	
°1	Address 40	HANOVER	ST	1181	Addre	ss 40 HAN	OVE	R S		First			Mid	idle		-	
	City WILMI	NGTON	State 1	MA Zip 01887	City C	WILMING:	ION			Sta	te MZ	1 z	ip 01	887-	-2438	_ 1 14	
	Insurance Compa	my THE CO	MMER	CE INSURAN	CE CO Vehic	le Action Prior to	Crash	4	22	Da	amageo	d Area	Code:	B 27	27 27		
	Vehicle Travel D	irection: NS	Mw	Responding to Emerg	ency? 2 Event	Sequence 1	23 2	23 2	3 23		st Stat		1	28			
	Citation # (If Issu	ied)		•	Most	Harmful Event	1	24		•	pe of ∏		<u>. </u>	29 30			
2	Viol. 1: Ch/Sec/S	ab	Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Co	de [99 25	2	_	AC Tes isp. Alc	-		Susp. Di	nig 32		
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ŀ				notorist and all occupa					35 36 afety Airba	37 Eject	38 Trap	39 Injury	40 Transp.			7	
}	Name (Last First Min		torica		Address	DOB/Age	Sex	Pos. Sy	stem Status	Code	Code	Status	Code	Medic	at Pacifity	-	
	Operato	r/Non-Mo	wrist	Sec	e Above			1 9	- -	<u> </u>	0	10	1		····	_	
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6 15		1 = Vehicle 1	2 = Vehicle 2	Q = Pedestri ► O		Bicycle	
Crash Diagram:	ie: →		2	*	→ 88	If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cent Other Private Way Indicate North by	.ct
	Lowell St.				(0)	()	
Crash Narrative: MV1 was travelling we	estbound on Lowe	11 St. MV2	was attempt	ing to tak	e a left	onto Lowell	
St., from Parker St.			· · · · · · · · · · · · · · · · · · ·				
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Name (Last, Pitst, Middle)		Address			T Holle is		Statement
		1					
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
(====,=================================					***		
Truck and Bus Information	DD: Pagistration #		1 (5)	LINE COME >			
Carrier Name	Registration #		(From V	ehicle Section)		Bus Use	42
Address			City		St	Zip	
	State Number						
43	44		Issuing State	WC/WIX/I	CC #;		
Interstate Cargo Bo Trailer Reg #:	dy Type Code	GVWR/GCWR	Pag Vear	જ 11		46	
Hazmat Information:	Neg 1ype	Keg State		1 raile	a Length	14.1 t	
Placard 47 Material I dig	it # 48 Material Nas	me		Material 4 digi	t#	Release code	49
Patrol Officer Brian	Tavares		206 V	√ilmington	Police De	partment 04	/03/2023

Signature

ID/Badge #

Department Precinct/Barracks

	Police Use	Only	Com	monwealt	th of	Massa	ach	use	etts	;		R	MV Do	cument l	医氯化铁 医二甲二甲基甲基酚	75 75 75 75 75 75 75
	Date of Crash Time 04/05/2023 133	of Crash	City/Town nington	Motor V	/ehic	le Cra	sh		umber	Nun	rad lo	eed Li	nit <u>4</u>	Loc	e Police al Police TA Police npus Police	
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		ROUTE 6	2 HULY													2 ¹⁰
ī	Route# Direction	KOOIE O	Name of Roadway/S	Street	Ro	oute# Direc	tion	Addr	ess#	. —		Name	of Road	way/Stre	et	
1		7000000	At			Feet	N S	E W	of				or			
	Route# Direction	I93SBR3	4 RAMP ne of Intersecting Road	iway/Street	- -					Mil	e Mark	er		Exi	t Number	3 II
			Also at Intersection	with				EW		Route		Inte	rsecting	Roadwa	y/Street	
² 2	Route# Direction	Nan	ne of Intersecting Road	lway/Street		Feet	NS	E W	of					•		_
L	Please Select One	<u> </u>	#Ossupports D sv						2 2	-	^_		Landma	ŧΚ		_
3	of the Following:	Vehicle 1.1	_#Occupants	t/Run Mor	ped	Crash R	Report	1D# _	<u> </u>	_т	טט	-A	C			
L	License # <u>\$9842</u>		A DOB/Age		Reg # <u>8</u>	7P780				Reg	Туре 🕽	PC_	l	Reg State	MA 21	12
	Sex F Lic. Class	19 19 Lic. R	estrictions 1	CDL Endorsement	Veh Year	2018		Velı Ma	ake <u>F</u>	ORD			Ve	h Config	1 21	
4	Operator GOLDE	N, LINDA	First		Owner <u>C</u>	COLDEN	, E	ETI	ER	J Fir	st			Middle		
⁴ 2	Address 132 NI	CHOLS ST			Address _	132 NI	CH	OLS	S:							
	City WILMING	CON State	MA Zip 0188	37	City WI	TWING.	TON								7-1653	
	Insurance Company L	IBERTY M	UTUAL INS	URANCE	Vehicle A	ction Prior to			1	22			ea Code	3 27	4 27 27	
⁵ 1	Vehicle Travel Direction	ı: NSXW	Responding to Eme	rgency? 2	Event Seq	quence 1	23	23	23	23		Status: of Test		1 29		
1	Citation # (If Issued)		_	1	Most Нап	mful Event	1	24				Test R		, 30		
	Viol. 1: Ch/Sec/Sub —	,	Viol. 2: Ch/Sec/Sub	1	Driver Co	entributing Co	de		25	25	Susp	. Alcoh	ol: 2 3	Susp.	Drug: 2 32	1 13
⁶ 1	Viol. 3: Cli/Sec/Sub	,	viol. 4: Ch/Sec/Sub —	1	Driver Dis	stracted by	0	26			Tow	d from	scene?	1 33		
1	Plea Name (Last First Middle)	ase fill out for opera	tor and all occupants in	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject 3	38 3 rap Inj	uv Transp	. м	edical Facility	7
	Operator		2	See Above			V		1		0			1	- Contraction of the Contraction	1
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⁷ 3	Please Select One of the Following:	Vehicle 21	#Occupants No.	n-Motorist A Type	: 15	Action	16 L	ocatio	n	17 C	ondition		$\ \Box$	Hit/Run	Moped	
	License # SA2180)893 St M2	A DOB/Age		Reg # 9 (6E650				Reg	Type_	C.	F	Reg State	MA	1
	Sex M Lic. Class	19 19		CDL	_	2016	\	/eh Ma	ıke <u>V</u>	_		GEN	Vel	- h Config.	1 21	
	Operator OGULL	ZACHAR		Endorsement (Owner Q	GULL,	ZA	CH	ARY	MI	СНА	EL			· · · · · · · · · · · · · · · · · · ·	
⁸ 1	Address 106 W	3RD ST	APT 1	Middle A	Address _	106 W	ası 3ri	S	T	API	1	.,		fiddle		
	City BOSTON	State	MA Zip 0212	7-1119 (City BO	STON					State	MA	Zip_ 0	2127	-1119	1 14
	Insurance Company PI	ROGRESSIV	E DIRECT	INSURA v	Vehicle Ac	ction Prior to	Crash	Į.	4	22	Dama	iged Ar	ea Code	1 27 2	27 27	
	Vehicle Travel Direction	SEW	Responding to Emer	rgency? 2 E	Event Seq	uence 1	23	23	23	23		Status:		1 28		
9	Citation # (If Issued)			M	Most Harn	nful Event	1	24		-	• •	of Test		29		
⁹ 2	Viol. 1: Ch/Sec/Sub	\	riol. 2: Ch/Sec/Sub —	I	Driver Co	ntributing Cod	de	6	25	25		Alcoho		1	Drug 2 32	
	Viol. 3: Ch/Sec/Sub	\	/iol. 4: Ch/Sec/Sub —	I	Driver Dis	stracted by	0	26				d from	<u>-</u>	1 33	- [4]	
		out for operator/non-	motorist and all occup		T		,	34 Seat	35 Safety	36 Airbag	Eject T	18 35	ry Transp.			-
	Name (Last First Middle) Operator/No	n-Motorist		Address See Above	-	DOB/Age	Sex		System 1	Status 4		ode Stat		Me Me	dical Facility	-
	орегиют/140	,,,=1,1010/13t			\dashv		\triangle	_	-			+	+	 - -		4
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	= Direction	i = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	Ø ■ Bicycle	
Crash Diagram:	ie: → [<u> </u>	2	→ Ĥ	▶ №	
					If Crash <u>Did Not</u> on a Public Way	
Route 62, Wilmington, MA					Off-Street Parking L	ot
					☐ Garage	
MILL	<u></u>	W 100	.		☐ Mall/Shopping Cente	er
		7 TIL	<i>]</i> ⇒	Oid	Other Private Way	
			STEP)			
			\exists		Indicate North by	Arrow
	I-93S On-Ramp		93S Off-Ramp	A		
	research and the second and the seco					
Crash Narrative:						
MV 1 and MV 2 agreed						······································
was exiting I-93S an						
to his left and then						
2 said he started to				· · · · · · · · · · · · · · · · · · ·		
1. Both operators st	ated no injurie	s. Both Ven.	rcies were	cowed by Forre	est Towing to	
Forrest Towing.						
Witnesses						
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
(2003)2 100,3 10000						
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type Desc	ription of Damaged Property	
Truck and Bus Informati	on: Registration#		(From	Vehicle Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #	£:	
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ngth	
Hazmat Information:	F				الشنسستا	40
Placard Material 1 di	git # 48 Material N	Jame		Material 4 digit #	Release code	49
				· · · · · · · · · · · · · · · · · · ·		

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

Wilmington Police Department
Department Precinct/Barracks

04/05/2023

Department

Wilmington Police Department Images Associated with 23-106-AC









Po	lice Use Only		C	ommo	onwe	alth (of Mas	sacl	ıus	etts	.		17350 15350 15350	RM	(V Doc	ument l		
Date of Crash 04/06/2023	1	,	City/Town ingtor	a N			icle Ci		N V	umber ehicles			Speed Latitu	l Limit ide		MB	e Police al Police TA Police	0800
	24HR	<u> </u>			Po		Report	ţ	1		1		Longi	itude		Oth		
	AT INTER	SECTIO	ON:		<	LOCA	TION	>			NO.	Γ A]	L IN.	TER	SEC	TION	1:	
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Route# Dire	ection		Name of Roa				Route# Di	rection		ress#						way/Stre	cl	
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Route# Dire	ection	Name	of Intersection	ng Roadway/	Street					1	M	le Ma	ırker			Exi	t Number	
			Also at Inter	section with				et N S		_	Route	#		Inters	ecting	Roadwa	y/Street	
Route# Dire	ection	Name	of Intersection	ng Roadway/S	Street		Fe	et N S	EW	of								
Please Select	One 5											_		-	andmar	k		
of the Follow	ing: Vehicl	le 1 <u>1</u>	#Occupants	Hit/Run	<u> </u>	Moped	Cras	h Repor	t ID#	23	1	.0	7-	AC	}			
	0783745		_ DOB/Age			Reg#	1XCM9	3			Re	з Туре	PC	:	R	leg State		
Sex F Lic.	Class D	Lic Res	strictions 1	CDL CDL	sement	Veh Y	'ear <u>2018</u>		Veh M	lake <u>H</u>	ONI	A			Vel	ı Config	1	21
Operator ST	ONE, JEI	NNIFE	R LEE		iddle	Owns	r STONE	. J	ENN	IFE	R	EE	<u> </u>			liddle		
Address 6 V	VEDGEWOO	D AVE	3			Addre	ss 6 WE	DGEW	OOL	A C								
City N WI	LMINGTON	State 1	MA Zip C)1887 <u>-</u> 3	<u> 3747</u>	City]	N WILM	ING:	<u>ron</u>			Sta	te M	A _ 2	Zip O	1887	7-374	<u>47</u>
Insurance Comp	pany GOVERN	MENT	EMPLO	YEES	<u>INSU</u>	Vehic	le Action Prio	r to Crasi	h	1	22				Code	\rightarrow	8 ²⁷ 10	27
Vehicle Travel I	Direction: S	EW	Responding	to Emergenc	y? <u>2</u>	Event	Sequence [23 35	23	23	23		st Stat			2 28 2 29		
Citation # (If Is:	sued) T2749	095	-			Most	Harmful Even	35 نا	24				me of AC Te	rest: st Resi	ult:	30		
Viol. 1: Ch/Sec/	/Sub <u>90</u>	24 Vi	ol. 2: Ch/Sec	/Sub <u>90</u>	24	Drive	r Contributing	Code	10	²⁵ 2	25			cohol:		Susp.	Drug 2	32
Viol. 3: Ch/Sec/	/Sub <u>90</u>	18 _{Vi}	iol. 4: Ch/Sec	/Sub		Drive	r Distracted by	99	26			To	wed f	rom sc	епе?	1 33	L	
Name (Last First A	Please fill out	for operato	r and all occi	upants involve Addi			DOB/Age	Sex	34 Sent Pos.	35 Safety	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status			edical Facility	
Operat				See A			DOS/Age		1	System 99	3	0	0	8	2		Clinic	,
			 					\forall	\ <u> </u>				<u> </u>	-	-			
			<u> </u>					_	-				 	<u> </u>	ļ			
			-											_		ļ		
							<u> </u>							<u> </u>	<u> </u>			
Please Select O of the Followi		e 2#	Occupants [Non-Mo	torist A	Туре	Action	16	Location	on :	17	Condit	ion	18		Hit/Run	□ ма	oped
License #		St	DOB/Age			Reg#					Re	Туре	<u> </u>		R	eg State		
SexLic.	19 1	19	strictions	20 CDL_		Veh Y	ear		Veh M	ake					Vel:	Config.		21
Operator			<u> </u>		sement	Owne	or	Last										
Address	Last	Fi	irsl	Mic	ddle	Addre	ss	Last			fi	rst			М	iddle		
City		State	Zip			City_						_ Star	te	2	Zip			
Insurance Comp	oany				······································	Vehic	e Action Prior	to Crasi	1		22	Da	amage	d Area	Code:	27	27	27
Vehicle Travel I	Direction: N S	EW	Responding	to Emergency	y?	Event	Sequence	23	23	23	23		st Stat			28		
Citation # (If Iss	sued)					Most	Harmful Event		24				pe of	Test: st Resi	16.	30		
Viol. 1: Ch/Sec/	Sub	Vic	ol, 2: Ch/Sec/	/Sub		Driver	Contributing	Code		25	25			coliol:			Drug:	32
Viol. 3: Ch/Sec/	Sub	Vic	ol. 4: Ch/Sec/	/Sub		Drive	Distracted by	, [26				•	rom sc	Щ_	33		
Ple	ease fill out for ope	erator/non-n	notorist and a	ill occupants	involved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			
Name (Last First M		tonic.	T	Addr San Al			DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Me	dica) Facility	<u>' </u>
Орегии	or/Non-Mo	iorist	-	See Al				+	+		H			-	_			
														<u> </u>	<u> </u>			
			1								i I		ı	1	1			- 1
										L						<u> </u>		

I	= Direction 1	= Vehicle 1	2 = Vehicle 2	웃 = Pedesti	rian 🚳	= Bicycle		
Crash Diagram:	ie: 👈 🔟	→ □	2	·Ŷ	→ 56			
*	V1 crash	Elwood Rd	V1 final posi	tion		on a I Off- Gara Mai	ash Did Note Public Way: Street Parking Lo age I/Shopping Center	ıt
25 Forest	Street	dirake engangsani		(3>	India	eate North by A	Arrow
Crash Narrative:								
V was traveling north	on Forest Stree	et towards A	Aldrich Rd. V	crashe	d into m	ultiple	small	
boulders and a tree st								
fast the vehicle reloc								
Burlington. Opr arrest								
and Speed. While at the	a hospital Opr	stated the	vehicle rolle	ed over				
						1		
Damage to driver's side	e, front driver	's side, fr	ont and back	windsh:	ield, un	dercarr:	iage,	
and roof. V towed by Fo	orrest Towing.							
W has video on home sec	curity camera.	I requested	i he email me	the vi	deo. I ha	ave not		
received the video as	of 04/09/23 at	0240 hrs.						
Witnesses:								
Name (Last,First,Middle)		Address			Phone 4	#		Statement
QUINN MATTHEW RONALD		2A ELWOOD RI	WILMINGTON MA	. 01887-2	834			1
Property Damage:			T 21 4	1 45 50				
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description o	i Damaged P	roperty	
······································								
Truck and Bus Information:	Registration#		(From Vehic	le Section)				
Carrier Name							Bus Use	42
Address			. City		<u> </u>	St	Zip	
US DOT #:			•				•	
Interstate Cargo Body	44	GVWR/GCWR	Issuing State	MC/MX.	ACC #;			
Trailer Reg #:			Reg Year	Tree	ler Length	46		
Hazmat Information:				114	.e. Dengili	<u> </u>		
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 dig	git #	R(elease code	49
Patrol Officer Kathryn C	Goodwin		216 Wil	minator	Police	Departm	ent 04/	06/2023

Signature

ID/Badge #

Department Precinct/Barracks

Wilmington Police Department Images Associated with 23-107-AC







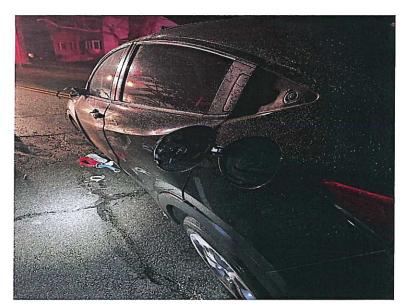




Wilmington Police Department Images Associated with 23-107-AC











L	lice Use Only	Com	monweal	th of Mas	sachu <u>s</u>	etts		RN	IV Docu	ıment Number	
Date of Crash 04/06/2023		City/Town mington		Vehicle Cr	V		1	peed Lim	t <u>25</u>	State Police Local Police MBTA Police	
04/00/2023	24HR	mrng con	Poli	ce Report	2	0		ongitude_		Campus Police Other:	_5
	AT INTERSECT	ION:	< L(OCATION	>	NC	T AT	INTE	RSECT	TION:	
					71	~			3		
Route# Dire	ection	Name of Roadway/S	Street	Route# Di	rection Add	ress#	ROVE	Name o		ay/Street	
		At			t NSEW	l.,			_		
Route# Dire	ection Na	me of Intersecting Road	tway/Street	Fee	H HISIEM		/ile Marl	кет	- or _	Exit Number	
Teories Dire	710	Also at Intersection		Fee	t NSEW						
				Fee	t NSEW	of Rou	ite#	Inter	secting R	Roadway/Street	
Route# Dire	ection Na	me of Intersecting Road	lway/Street					L	andmark		
Please Select		#Occupants Hi	t/Run Mo	ped Cras	h Report ID#	23-:	108	-A	<u> </u>		
of the Followi	mg.			1						5.00	
	10 10	1A DOB/Age	·	Reg # M3071						· ·	21
Sex M Lic.	Class B Lic.		CDL Endorsement	Veh Year 2012					Veh	Config. 91	┙┠
	IFFY, JOSEPH	FRANCIS First	JR Middle	Owner WILMI	Last		OF' Pint		Mid	Sule	
	BARBARA AVE			Address 121 ()					
City WILM:	INGTON Stat	e MA Zip 0188	7-1113	City WILMIN	GTON				-	1887-350	— I
Insurance Comp	pany MIIA			Vehicle Action Prior		10 22			a Code:	6 27 7 27 - 28	27
Vehicle Travel I	Direction: NSWW	Responding to Eme	ergency? 2	Event Sequence	23 23	23 23		: Status: e of Test:	ŀ	29	
Citation # (If Iss	sued)			Most Hannful Event	1 24			C Test Res	sult:	1 30	
Viol. 1: Ch/Sec/	/Sub	Viol. 2: Ch/Sec/Sub		Driver Contributing	Code 19	25 2	5 Susj	p. Al c ohol	2 31	Susp. Drug:2	32
Viol. 3: Ch/Sec/	/Sub	Viol. 4: Ch/Sec/Sub		Driver Distracted by	0 26		Tow	ed from s	cene?	2 33	
	-	ator and all occupants is			34 Seat	35 36 Safety Airbay	37 3 Eject	38 39 Trap Injury Code Statu	40 Tronsp.		
Name (Last First M			Address See Above	DOB/Age	Sex Pos.	System Status 1 4	Code		Code 1	Medical Facility	
- Operan			000710070		- 	- -		-	-		-
									1 1		
Please Select C		#Occupants No	n-Motorist A Tyr	ne 15 Action	16 Locatio	n 17	Conditio	n 18	П	lit/Run 🔲 Mo	oped
of the Followin	ng:	<u></u>		776351	<u> </u>				П	1	
	10 10	A DOB/Age		Reg# V6351			eg Type <u> </u>			g State MA	21
Sex.M Lic. (I	Endorsement	Veh Year 2020 Owner AMAZO					Veh	Config. 97	-
	CENAT, JASOI	N MICHEL G	<u>UILFOR</u>	Owner AMAZO	N LOGI	STICS	<u>LNC</u> First	<u>: </u>	Mid	ldle	
-	Last	First	Middle		Lası		rirat				
Address 18	WOODWARD ST			Address 410	Lasi CERRY N						
Address 18 City EVERE	ETT State	e MA Zip 0214	9-1645		Lasi CERRY N		State			3109-521	_ ı
Address 18 City EVERE		e MA Zip 0214	9-1645	Address 410	E to Crash	1 22 1 22	State	naged Are		2 27 3 27 4	_ ı
Address 18 City EVERE	ETT State	e MA Zip 0214	9-1645 NCE CO	Address 410 T	Last PERRY N E to Crash 23 23		State Dan Test	naged Area			_ ı
Address 18 City EVERE Insurance Comp Vehicle Travel D	ETT State	e <u>MA</u> Zip <u>0214</u> LIC INSURA	9-1645 NCE CO	Address 410 3 City SEATTL	Last PERRY N E to Crash 23 23 1 24	1 22 23 23	State Dan Test	naged Are	a Code:	2 27 3 27 4 1 28	_ ı
Address 18 City EVERE Insurance Comp Vehicle Travel D Citation # (If Iss	ETT State any OLD REPUB	e MA Zip 0214 LIC INSURA Responding to Eme	9-1645 NCE CO orgency? 2	Address 410 T City SEATTL Vehicle Action Prior Event Sequence	Last VERRY N E to Crash 23 23 23 1 24	1 22 1 22	State Dan Test Type	naged Area Status: e of Test:	a Code:	2 27 3 27 4 1 28 29 1 30	_ ı
Address 18 City EVERE Insurance Comp Vehicle Travel D Citation # (If Iss	ETT State pany OLD REPUB Direction: N S E sued) Sub	e MA Zip 0214 LIC INSURA Responding to Eme	9-1645 NCE CO orgency? 2	Address 410 T City SEATTL Vehicle Action Prior Event Sequence 1 Most Harmful Event	E to Crash 23 23 1 24 Code 19	1 22 23 23	State Dan Test Type BAC Susp	naged Area Status: e of Test: C Test Res	ult:	2 27 3 27 4 1 28 29 1 30	27
Address 18 City EVERE Insurance Comp Vehicle Travel D Citation # (If Iss Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S	ETT State State S	Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —	9-1645 NCE CO organcy? 2 pants involved	Address 410 T City SEATTL Vehicle Action Prior Event Sequence 1 Most Harmful Event Driver Contributing Driver Distracted by	E to Crash 23 23 23 23 23 24 Code 19 0 26 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	AVE 1 22 23 23 25 25 25 2: 35 36 Safety Airbog	State Dan Test Type BAC Susp Tow	Status: e of Test: C Test Res o. Alcohol red from so	uit: 1 2 31 cene? 2	2 27 3 27 4 1 28 29 1 30 Susp. Drug 2	32
Address 18 City EVERE Insurance Comp. Vehicle Travel E Citation # (If Iss Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Lost First M	ETT State cany OLD REPUB Direction: NSE Sued) Sub case fill out for operator/no diddle)	Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — n-motorist and all occup	9-1645 NCE CO rgency? 2 pants involved Address	Address 410 T City SEATTL Vehicle Action Prior Event Sequence [1] Most Harmful Event Driver Contributing	E to Crash 23 23 23 24 Code 19 0 26 Sex Pos.	AVE 1 22 23 23 25 2	State Dan Test Type BAC Susp Tow	Status: e of Test: C Test Res D. Alcohol red from s 38 39 Trap Trap Code Status	uit: 1 2 31 cene? 2	2 27 3 27 4 1 28 29 1 30 Susp. Drug 2	32
Address 18 City EVERE Insurance Comp. Vehicle Travel E Citation # (If Iss Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Lost First M	ETT State State S	Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — n-motorist and all occup	9-1645 NCE CO organcy? 2 pants involved	Address 410 T City SEATTL Vehicle Action Prior Event Sequence 1 Most Harmful Event Driver Contributing Driver Distracted by	E to Crash 23 23 23 23 23 24 Code 19 0 26 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	22 23 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25	State Dan Test Type BAC Susp Tow	Status: e of Test: C Test Res D. Alcohol red from s 38 39 Trap Trap Code Status	ult: 31 cene? 2	2 27 3 27 4 1 28 29 1 30 Susp. Drug 2	32
Address 18 City EVERE Insurance Comp. Vehicle Travel E Citation # (If Iss Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S Ple Name (Lost First M	ETT State cany OLD REPUB Direction: NSE Sued) Sub case fill out for operator/no diddle)	Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — n-motorist and all occup	9-1645 NCE CO rgency? 2 pants involved Address	Address 410 T City SEATTL Vehicle Action Prior Event Sequence 1 Most Harmful Event Driver Contributing Driver Distracted by	E to Crash 23 23 23 24 Code 19 0 26 Sex Pos.	22 23 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25	State Dan Test Type BAC Susp Tow	Status: e of Test: C Test Res D. Alcohol red from s 38 39 Trap Trap Code Status	ult: 31 cene? 2	2 27 3 27 4 1 28 29 1 30 Susp. Drug 2	32
Address 18 City EVERE Insurance Comp. Vehicle Travel E Citation # (If Iss Viol. 1: Ch/Sec/S Ple Name (Lost First M	ETT State cany OLD REPUB Direction: NSE Sued) Sub case fill out for operator/no diddle)	Responding to Eme Viol. 2: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — n-motorist and all occup	9-1645 NCE CO rgency? 2 pants involved Address	Address 410 T City SEATTL Vehicle Action Prior Event Sequence 1 Most Harmful Event Driver Contributing Driver Distracted by	E to Crash 23 23 23 24 Code 19 0 26 Sex Pos.	22 23 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25	State Dan Test Type BAC Susp Tow	Status: e of Test: C Test Res D. Alcohol red from s 38 39 Trap Trap Code Status	ult: 31 cene? 2	2 27 3 27 4 1 28 29 1 30 Susp. Drug 2	32

	= Direction 1	= Vehicle I	2 = Vehicle 2	Q = Pedestria	n 🕭 = Bicycle	
Crash Diagram:	ie: 👈 🔟	_ → [2	→ ૠ	→ ॐ	
				71 Grove Av	e on a Pul	a <u>Did Not</u> Occur blic Way:
	1	-m-qu				
			مدر		☐ Garage	
	PULL		\mathbf{a} ~ 10	2	☐ Mall/Sh	opping Center
		(3)	11	4	Other P	rivate Way
					Indicate	e North by Arrow
Grove Ave, Wilmington,	MA			(
Crash Narrative:					<u> </u>	
MV 1, a street sweeper,	, stated he was	cleaning	Grove Ave w	ith yellow	amber flashing	lights
illuminated in the rear	. Due to debri	s in the r	oadway, MV	1 was driv:	ing in reverse t	0
clean the debris. MV 2,	, an Amazon van	n, went to	pass MV 1 o	n the left	. A collision oc	curred
as MV 2 was trying to p	pass MV 1. Both	operators	reported n	o injuries	. Both vehicles	
remained operational ar	nd were not tow	red.				
Witnesses:		Address			Phone #	Statement
Name (Last, First, Middle)		Aduress			r none #	Statement
		<u></u>				
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damaged Prop	erty
Truck and Bus Information:	Registration #		(From \	Vehicle Section)		
Carrier Name					В	us Use 42
Address			City		St Zij)
US DOT #:				MC/MX/IC	CC #:	
Interstate Cargo Body T	ype Code	GVWR/GCWR	45		ţ	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length	
Hazmat Information:					<u> </u>	
Placard 47 Material I digit #	48 Material Nam	e		Material 4 digit	#Relea	se code
Patrol Officer James R Police Officer Name (Please Print)	Hill Signature			Wilmington Department	Police Departmen	t 04/06/2023 Date
Circo rame (ricust rim)	Dename					Late

Wilmington Police Department Images Associated with 23-108-AC





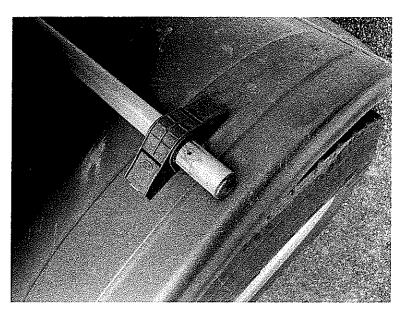


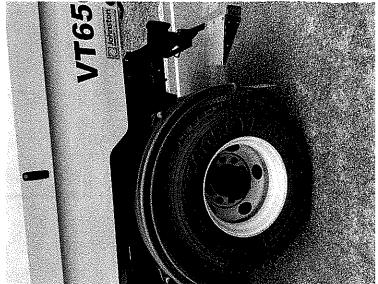






Wilmington Police Department Images Associated with 23-108-AC



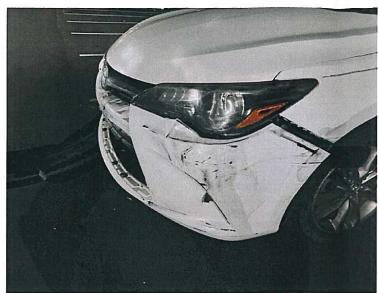


Po	lice Use Only		Co	mmonwea	alth o	of Mass	ach	ıus	etts	S			RM	V Doc	ument Nu		
Date of Crash 04/06/2023	Time of Crash	1	City/Town ington	1		icle Cra	sh		umber ehicles		nber ired	1 ^	i Limit		MBTA:	olice Colice Police	
	24HR					Report		2		0			itude_		Campus Other:	s Police	
	AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	ΓAΊ	L IN.	TER	SEC	TION:		4.
								30	0	LC)WE	LL	ST				2
Route# Dire	ction		Name of Roadw	ay/Street		Route# Direc	tion		ress #						way/Street		
4			At			Feet	NS	EW	of					• ог .			_
Route# Dire	etion	Name	of Intersecting F							Mi	ile Ma	ırker			Exit N	umber	- 5
			Also at Intersect	tion with		Feet		·	•	Route	e#		Inters	ecting l	Roadway/S	itreet	- ├-
Route# Dire	ction	Name	of Intersecting F	Roadway/Street		Feet	N S	EW	of				<u>-</u> -				_
Please Select	One State	1	#Occupants		Moped	Crash I		. ID#	2 2	1	<u> </u>	<u> </u>		ındmar	K		1
of the Followi	ing: Veille	ie <u>i a. </u>		HIVKUN													_
License #		St	DOB/Age	20	Reg#	unknow	<u> </u>			Re	д Турс			R	teg State	21	- -
Sex Lic.	Class	Lic. Re	strictions	CDL Endorsement	Veh Y	ear		Veh M	ake					Vel	ι Config.]	Ë
Operator <u>un</u>	known Last	F	inst	Middle	Owne	er	Lasi			Fi	rst			М	iiddle		-
				T. T		ess									·············		-
Ĭ			•			·····			A SUBST	22			2	Zip Code:	27	27 27	-
•						le Action Prior to	Crash		23			amage st Stat		Code	28	-1 -1]
Vehicle Travel E	Direction: N S	S E W	Responding to I	Emergency?		Sequence	<u> </u>	23	23	23		pe of			29		
Citation # (If Iss	sued)	<u>.</u>	-			Harmful Event		24	25			AC Te	st Resi	ult:	30		. -
Viol. 1: Ch/Sec/	Sub	Vi	iol. 2: Ch/Sec/Sul	b		r Contributing Co	ode	26	25	25	j Su	•	cohol:		1	ug: 32	1
Viol. 3; Ch/Sec/				b	. Drivei	Distracted by	345	26	35	36	To	wed f	rom sc	ene?	2 33		_
Name (Last First M		for operato	r and all occupar	nts involved Address		DOB/Age	Sex	Scal Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medica	al Facility	
Operate	or			See Above		><	X	1			0						
																•	
								\vdash					\vdash				\dashv
Please Select C	Due 574				198	15 Action	16	ŀ		17		L	18	二	I,		\dashv
of the Followi		e 2 <u>U</u> #	Occupants	Non-Meterist A	Гуре	Action]	Locatio	on _	C	Conditi	ion			Hit/Run	Морес	tl .
License #	40		DOB/Age		Reg#	V64654				Reg	у Туре	PC		R	eg State N	H 21	-
Sex Lic. (Class 19	Lic. Res	strictions	CDL	Veli Ye	ear 2016	'	Veh M	ake $oldsymbol{T}$	OYC	TA	·		Veli	Config.		
Operator Dr	iverles:	s M.V	irat	Middle		ONEIL,	Last			Fir	CK	·		Mi	iddle		-
Address					Addre	ss 737 CC	OL	IDG	E 2	AVE							- -
City		State	Zip		City 1	MANCHES'	TER								3102		_ [1
Іпѕытапсе Сотра	any GEICO				Vehicle	e Action Prior to			11	22				Code:	8 ²⁷	27 27	
Vehicle Travel D	Pirection: N S	EW	Responding to E	Emergency?	Event	Sequence 1	23	23	23	23		st Stat pe of 1			29		
Citation # (If Issu	ued)				Most I	Harmful Event	1.	24				•	st Resu	ılt:	1 30		
Viol. 1: Ch/Sec/S	Sub		ol. 2; Ch/Sec/Sub)	Driver	Contributing Co	de	<u> </u>	25	25	Su	sp. Ale	cohol:	2 31	Susp. Dri	ug: 2 32	
Viol. 3; Ch/Sec/S	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —					Distracted by	0	26			To	wed fo	om sc	ene?	2 33		
Ple Name (Last First Mi	-	erator/non-n	notorist and all o	ccupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medica	ni Facility	
	or/Non-Mo	torist		See Above			X	1								<u></u>	
													-				-
										$\mid - \mid$			ļ				\dashv
																	4

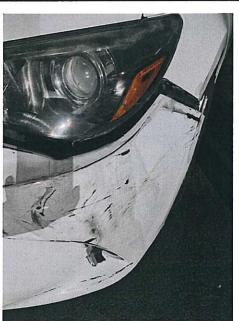
	= Direction 1	= Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	රාජ = Bicycle	
Crash Diagram:	ie: 👈 🔟] →[2	→}	→ ॐ	
	MV2				on a Publ Off-Street Garage	Parking Lot
					☐ Mall/Shop	ping Center
					Other Priv	ate Way
				<u> </u>	Indicate N	North by Arrow
				. •		
Crash Narrative:						
The operator of MV2 r	eported he enter	ed the res	taurant at	approximate	lv 7:00pm and le	Et.
around 9:15pm when he						
into a parking space						
off of the car on the						
involved which appear	***					
large SUV parked next						
stated they would che						
time.	ck the video can	era 2 ror	venitores c	inde Tell Chie	area arouna cha	
CIMO.		 				, , , , , , , , , , , , , , , , , , , ,
Witnesses:		T 4 4 4			Phone #	Statement
Name (Last,First,Middle)		Address			r none #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damaged Proper	ty
Truck and Bus Informatio	Registration#		(From	n Vehicle Section)		
Carrier Name					Bus	Use 42
Address			_ City		St Zip_	
US DOT #:	State Number		Issuing State	MC/MX/ICO	C#:	-
Interstate 43 Cargo Boo	ly Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Yea	rTrailer	Length 46	
Hazmat Information:						40
Placard 47 Material 1 digi	it # Material Nam	e		Material 4 digit #	Release	code 49
Patrol Officer Meghan	Cones		214	Wilmington 5	Police Department	04/06/2023
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department Images Associated with 23-109-AC

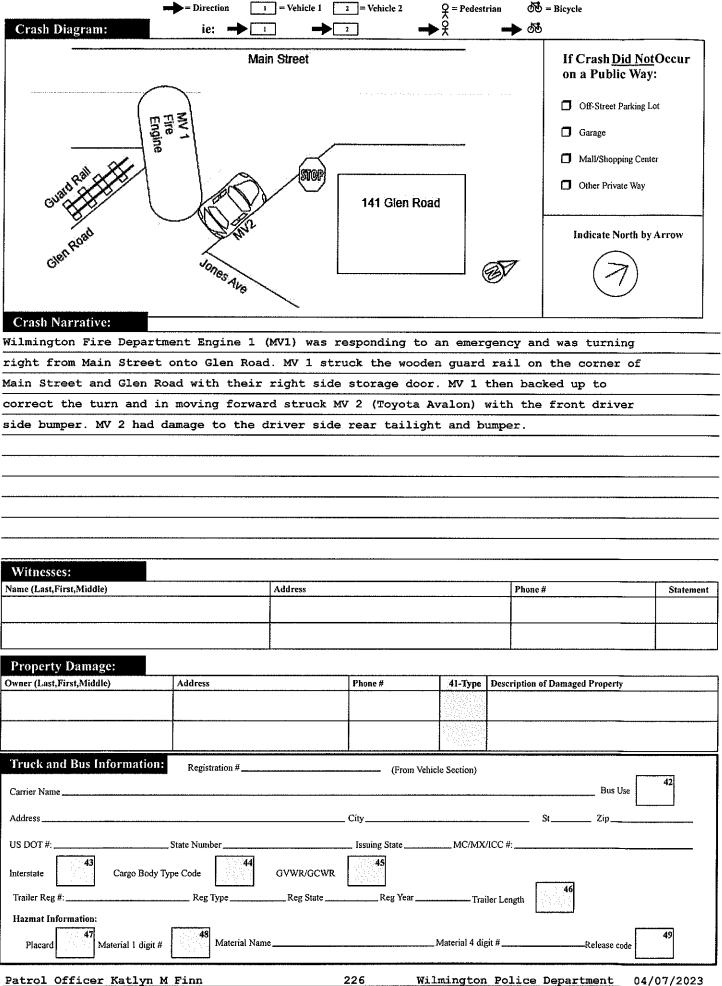








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3	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Crash R	leport ID	#23	-1	.10) – 2	AC			
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⁵ 1		Responding to Emergency / _		<u></u>	1 2	<u> </u>		Туį	e of Te	est:	29		
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	City WESTBOROUGH State 1	-	-	WESTBORG	OUGH		33			Zip <u></u> Q			
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⁹ 2	Citation # (If Issued)		Most 1	Harmful Event	1 2	<u> </u>			C Test	Result:	30		
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Signature

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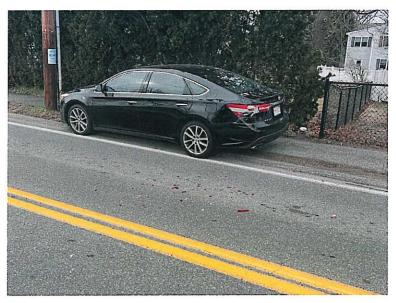
Department

Precinct/Barracks

Wilmington Police Department Images Associated with 23-110-AC













Wilmington Police Department Images Associated with 23-110-AC

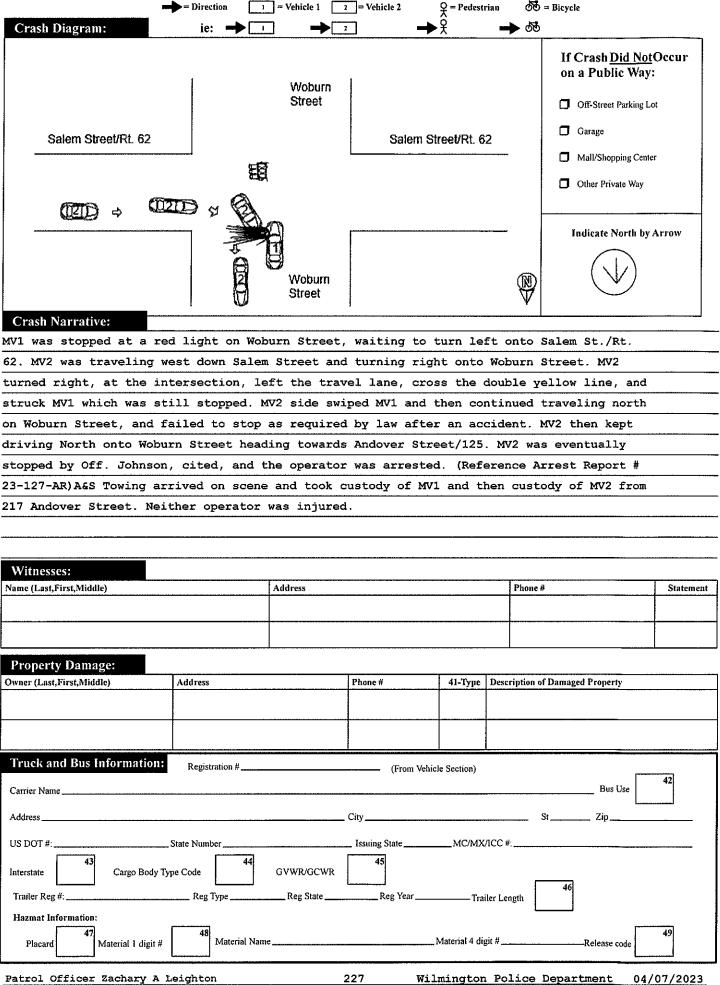








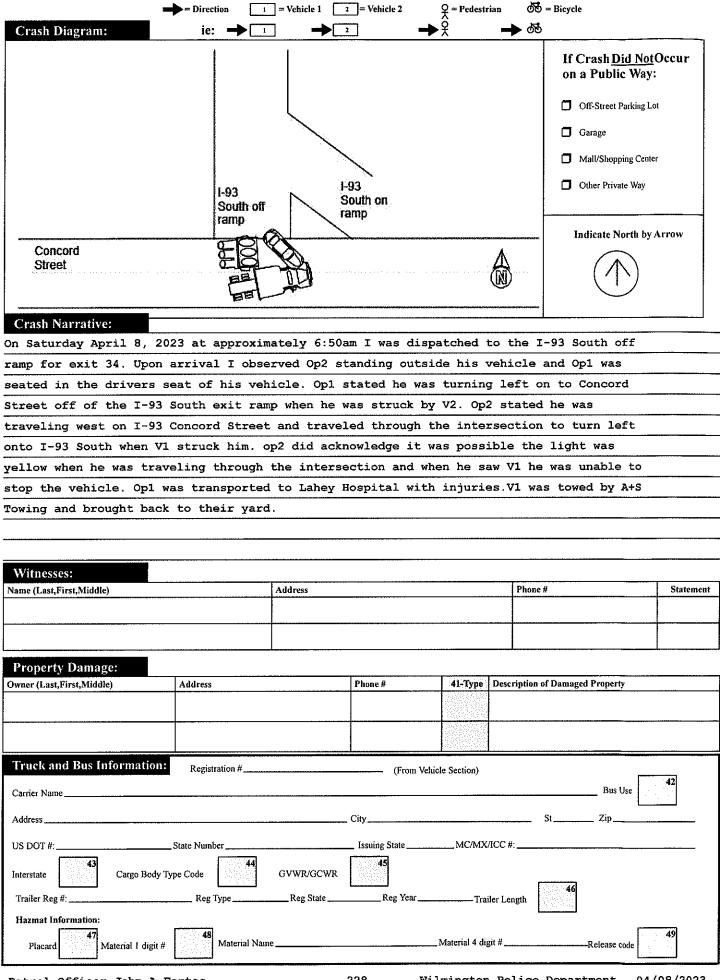
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4	Operator STATS, JAKE L.I	:NCOLN First	Middle	er STATS ,	it.		WILL First	IAM	JR	Mi	iddle				
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04/07/2023

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Citation # (If Issued)		Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Eve	nt Sequence 1		23	4.5				1 20		
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 19 Susp. Alcohol: 2 31 Susp. Drug 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Nume (Last First Middle) Address DOB/Age Sex Pos. System Status Code Modical Facility		Citation # (If Issued)		Mos	st Harmful Event	<u>* </u>			BAC Te	st Resu	ılt:			
Viol. 3: Ch/Sec/Sub Viol. 4: Ctr/Sec/Sub Differ Distracted by Section Status Code Number of Section Se	<u> </u>	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	- Γ		25	25	Susp. Al	cohol:	2 31		g 2 32	
Prease th out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Seat Safety Airbag Eject Trap Injury Transp. Satus Code Status Code Medical Facility Odd Medical Facility Transp. Seat Safety Airbag Eject Trap Injury Transp. Seat Safety Air			Viol. 4: Ch/Sec/Sub Diver Distracted by 93 Viol. 4: Ch/Sec/Sub]	
Operator/Non-Motorist See Above 1 99 4 0 0 10 1		1	n-motorist and all occupa		DOB/Age	Seat	Safety	Airtsag Eje	et Trap	Injury	Transp.	Medical I	Facility	
		Operator/Non-Motorist	f Se	ee Above	\rightarrow	$\sqrt{1}$	99	4 0	0	10	1			
							\top			 				
							<u> </u>		_					



Patrol Officer John A Fortes

228

Wilmington Police Department

04/08/2023

Police Officer Name (Please Print)

Signature

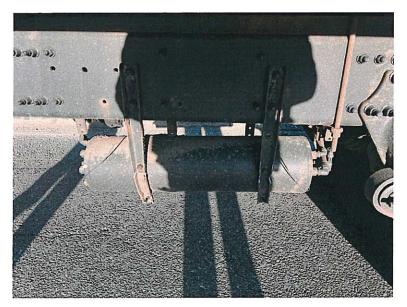
ID/Badge#

Department Precinct/Barracks

Wilmington Police Department Images Associated with 23-112-AC









	Police Use Only	Comm	onwealth -	of Massac	chuse	tts		RN	IV Docu	ment Number	
	Date of Crash Time of Crash 04/08/2023 2348 Wil:	City/Town]	Motor Veh	icle Cras	h Nur Veh		المصينة	Speed Lim	it <u>35</u>	State Police Local Police MBTA Police	0800
	24HR 24HR	uring con		Report	1	1		Landoe Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NO	T AT	INTE	RSECT	rion:	
					66	_	ONC	ORD S	sm·		2
1	Route# Direction	Name of Roadway/Street		Route# Direction				Name o	f Roadwa	ay/Street	
'4		At		Feet N	SEW	of		- • -	or _		
	Route# Direction Name	ne of Intersecting Roadway	/Street]	Aile Mar	ker		Exit Number	4
		Also at Intersection with			SEW	Ro	ıte#	Inter	secting R	loadway/Street	- [
² 1	Route# Direction Nam	ne of Intersecting Roadways	/Street	Feet N	SEW	of					
<u> </u>		1							andmark	· · · · · · ·	
3	Please Select One of the Following:	#Occupants Hit/Ru	n Moped	Crash Rep	ort ID# 2	23-	113	3-A(C		
	License # SA6870649 St M	A DOB/Ag	Reg	#4HMP44		R	ед Туре	PC	Re	g State MA	
	Sex M Lic. Class D Lic. F	Restrictions 1 20 CDL	Veh	Year 2015	Velı Mal	ke <u>HON</u>	DA		Veh	Config. 1	21 1
	Operator MARSHALL, DER	EK	rsement Own	er WONG-MA	RSHAI	L, P		RTA I	ELSA		
⁴ 1	Address 565 HAVERHILL	First M	iiddle Addr	ess 565 HAV	ERHI	LL S'	First		Mid	kile	
	City READING State	MA Zip 01867	City	READING			State	м А	Zip 01	867-116	61
	Insurance Company THE HANOVI	ER INSURANCE	COM_ Vehic	cle Action Prior to Ci	ash [L 22	Da	maged Are	a Code:	8 27 27	27
	Vehicle Travel Direction: NSWW	Responding to Emergen	cy?_2 Even	t Sequence 7 23	23	23 23		t Status:		1 28	
5	Citation # (If Issued)	_	Most	Harmful Event 7	24			oe of Test:	.	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ———	Drive	er Contributing Code	19 ²	99	_	C Test Res p. Alcohol	\rightarrow		32 7
	Viol. 3: Ch/Sec/Sub			er Distracted by	9 26			ved from s		2 33	\dashv
⁶ 1		tor and all occupants involv			34 Scat	35 36 Safety Airbo	g Eject	38 39 Trap Injur	40	<u>-</u>	
	Name (Last First Middle)		lress	DOB/Age	Sex Pes S	System Statu	s Code	Code Statu	s Code	Medical Facility	<u>,</u>
	Operator	See A	Above		1	1 4	0	0 10	1		
							1				
7	Please Select One Vehicle 2	#Occupants Non-M	otorist A Type 9	Action 97	6 Location	17	Condition	18		lit/Run Mc	oped
⁷ 1	of the Following:		9:	assays English	<u> </u>	4		1 1 1 1 1][
		DOB/Age		UNREGIST						g State RI	21
			rsement	Year	Veh Mak	<e< td=""><td></td><td></td><td> Veh (</td><td>Config.</td><td>- </td></e<>			Veh (Config.	-
8 1	Operator ALVAREZ, GERR	First M	iddle	erLast			First		Mid	ldle	
	Address 96 RODMAN ST	DT - 02995-		ess			•				<u> </u> -
	City WOODSOCKET State				. [a	22		naged Are	· -	27 27	<u></u> 广
	Insurance Company		<u>.</u>	cle Action Prior to Cr		L 23 23		t Status:		28	
	Vehicle Travel Direction: NSWW	Responding to Emergen		t Sequence 1	2.1		Тур	e of Test:		29	
⁹ 2	Citation # (If Issued)	_		Harmful Event 1		25 2	<u>-</u>	C Test Re		1 30	_
	Viol. 1; Ch/Sec/Sub			er Contributing Code	26		Sus	p. Alcohol			32
	Viol. 3: Ch/Sec/Sub			r Distracted by	34	35 36	Tov	ved from s	<u> </u>	1 33	
	Please fill out for operator/nor Name (Last First Middle)	•	involved	DOB/Age :	Scat :	Safety Airba System State	g Eject	Trap Injur Code Statu	y Transp. s Code	Medical Facility	
	Operator/Non-Motorist	See A	bove		1	5		7	2	Lahey Clinic	
							1	\dashv			
			h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								—-

	= Direction	= Vehicle 1	2 = Vehicle 2	♀ Pedestrian	o oo	
Crash Diagram:	ie: 🛶	→	2	→ ĝ	→ №	
						n <u>Did Not</u> Occur blic Way:
					☐ Off-Str	eet Parking Lot
	Scooter P		a masteria comunica comunica de la comunicación de	ment ment original part of the	☐ Garage	
		∭ MV1 <				hopping Center
					<u> </u>	
	⇒	=			Other I	Private Way
Witness				Witness	Indicat	e North by Arrow
	66 Concord St			(D (\downarrow
Crash Narrative:						
MV1 was traveling	east on Concord St	treet headin	g toward No	orth Reading	. While travel	ing in
the area of 66 Con	cord St, MV1 struc	ck/sideswipe	d a motori:	ed scooter	from behind tha	t was
also traveling eas	t in the same land	e. Resultin	g in the op	erator of t	he motorized so	ooter:
crashing and slidi	ng across the road	dway into th	e west bour	nd lane. Op	erator of motor	ized
scooter was consci	ous but had appare	ent injuries	. Operato	was transp	orted by EMS to	Lahey
Clinic Burlington.						
Operator of MV1 had	d no injuries but	there was s	ignificant	damage to t	he front driver	s side
(see images).						
Witness on scene ol	oserved the accide	ent and repo	rted the or	erator of t	he motorized so	cooter
had no lights, was	driving close to	the double	yellow line	and wearing	g dark clothing	
See Officer Goodwin	ns report (23-415-	-OF) for more	e details o	of this even	t.	<u></u>
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
CAFUA DAVID J		3 TACOMA ST	WILMINGTON	MA 01887-197	'7 '	2
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type De	escription of Damaged Pro	perty
			-			
Truck and Bus Inform	ation: Registration#		(From	Vehicle Section)		
Carrier Name			(11011)	Tomore Bookers,	I	Bus Use 42
Address			_ City		St Z	p
US DOT #:	State Number		Issuing State	MC/MX/IC	C #;	
Interstate 43 Cargo	Body Type Code	GVWR/GCWR	45			
	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:						
Placard 47 Material	l digit# 48 Material N	ame		Material 4 digit #	Fele	ase code 49
Patrol Officer Dar	yl J Ceruolo	······································	212	Wilmington E	Police Departmen	nt 04/09/2023
Police Officer Name (Please Print)	Signature			Department	Precinct/Barracks	Date

Signature

Wilmington Police Department Images Associated with 23-113-AC





Wilmington Police Department Images Associated with 23-113-AC

