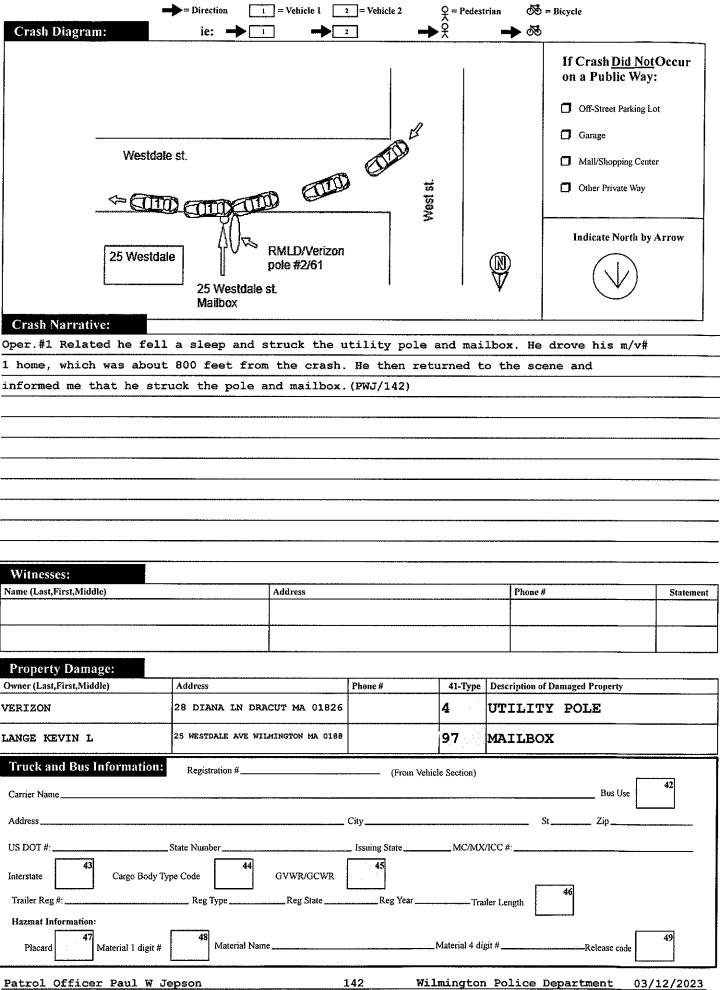
	Police Use Only	Comm	onwealth	of Massacl	husett	S	RM	IV Docu	ment Number		
	Date of Crash Time of Crash 03/12/2023 0048 Wilm	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Limi	25	- Local rouce	0080	
	24HR	ington	Police :	Report	1	o	Latitude Longitude _		MBTA Police Campus Police Other:	8	
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	TINTER				
											2 ¹⁰
	Route# Direction	Name of Roadway/Street		Route# Direction	25 Address #		DALE		/Di		
4	Router Director	At		Route# Direction	Address #		Name o	f Roadwa	iy/Street		
	<u></u>			Feet N S	E W of		.	or _	m:M 1	_	
	Route# Direction Nam	e of Intersecting Roadway/	'Street	- File	Inlaul -	Mile M	arker	Tree or the same of the same o	Exit Number	[1
		Also at Intersection with		Feet N S		Route#	Inters	ecting Ro	oadway/Street	-	
² 2	Route# Direction Name	e of Intersecting Roadway/	Street	Feet N S	E W of						
-	Diagra Calcat One 57							andmark		\dashv	
3	Please Select One of the Following:	#Occupants Hit/Run	1 Moped	Crash Repor	t ID# 2 3	8-71	-AC				
	License # S49096522 St M7	DOB/Age	Reg	EVP315		Reg Typ	e PC	Ren	2 State MA		
	Sex M Lic. Class D 19 19 Lic. Re	estrictions 20 CDL	Veh Y	/ear 2021						T	3 ¹²
	Operator JIN, DANIEL K	Endor	rsement	er JIN, DAN				,,,,,		-	
⁴ 1	Address 1 OXFORD RD	First Mi	iddle	Last OXFORD		First		Midd	lie .	_	
	City WILMINGTON State	MZ 2: 01887-1		WILMINGTON			3/7	. 01	007.20E	-	
	Insurance Company GOVERNMENT	•				_		_	887-305	I	
				le Action Prior to Crasl			amageu Area est Status:	, code.18	7 6 28		
5	Vehicle Travel Direction: NSWW	Responding to Emergence	cy? 2 Event	Sequence 22 23 31			pe of Test:	-	29		
	Citation # (If Issued)	-	Most	Harmful Event 22			AC Test Res	ult:	30	L	
	Viol. 1: Ch/Sec/SubV	iol. 2; Ch/Sec/Sub ———	Drive	r Contributing Code	21 25	25 St	isp. Alcohol:	31	Susp. Drug: 3	2 2	22 ¹³
6 1	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	т	owed from so	ene? 2	33	⁻	
1	Please fill out for operato Name (Last First Middle)	or and all occupants involve		DOD/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Trastsp.	N. P. I.P. Ch.		
	Operator	See A		100,337/A,82	Pos. System	Status Code	Code Status	Code 1	Medical Facility	\neg	
	- X				-					_	
										_	
i											
7	Please Select One Vehicle 2	Occupants Non-Mo	torist A Type	15 Action 16	Location	17 Condit	18	Ні	t/Run Mop		
1	of the Following:		torist A type		Location	Condit	1011	<u> — "</u>	Wind	ea	
	License # St St	DOB/Age	Reg #			Reg Type		Reg	State 21	-1	
	Sex Lic. Class Lic. Res	strictions CDL_	Veh Y	еаг	Veh Make			Veh C	onfig.]	
	Operator			r		First		Middle			
1	Address		Addre	ss		4 11-11		TV/IIII		_	
	City State_	Zip	City_			Sta	te Z	.ip		_ 1	L 14
	Insurance Company		Vehicl	e Action Prior to Crash		22 Da	ımaged Area	Code:	27 27 2	7	
	Vehicle Travel Direction: N S E W	Responding to Emergency	y? Event	Sequence 23	23 23	23 Te	st Status:	_	28		
	Citation # (If Issued)		Most 1	Harmful Event	24	•	pe of Test:	_	30		
2	Viol. 1: Ch/Sec/Sub ————Vio	ol 2: Ch/Sec/Sub	Driver	Contributing Code	25	25	AC Test Resu			a	
		ol. 4; Ch/Sec/Sub ———		Distracted by	26		sp. Alcohol: wed from sc		Susp. Drug: 37	<u> </u>	
ļ	Please fill out for operator/non-n				34 35	36 37	38 39	40		_	
ļ	Name (Last First Middle)	Addre		DOB/Age Sex	Seat Safety Pos. System	Airbog Eject Status Code	Trop Injury Code Status	Transp. Code	Medical Facility	_	
İ	Operator/Non-Motorist	See Ab	pove	\searrow X	1						
		<u> </u>							<u> </u>		
ŀ										_	



Signature

ID/Badge #

Department Precinct/Barracks

	Police Use Only	Com	monwealth o	of Massac	chuset	ts		RM	V Doci	ument Number		
	Date of Crash Time of Crash 03/13/2023 1537 Will	City/Town .mington	Motor Veh	icle Crasi	h Numb Vehic		ad Jopee	d Limit	25	State Police Local Police MBTA Police	0080	1
	24HR	.milig con	Police 1	Report	2	0	ratit	ude gitude		Campus Police	<u>.</u> 5	
	AT INTERSECT	TION:	< LOCA	TION >	•	TON	AT IN	TER	SEC	TION:		1
												2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	240 Address		DOVE N			vay/Street		
¹ 1		At			. العاما							
	Route# Direction No.	ame of Intersecting Roads	vay/Street	Feet N	S E W of		: Marker	• —	or _	Exit Numbe	T	
		Also at Intersection v		Feet N	S E W of							2
2	Postali Disaries N	C1	(0)	Feet N	S E W of	Route	ı	Interse	ecting F	Roadway/Street		
² 3	Route# Direction Na	une of Intersecting Roads	way/Street					La	ndmark	ς		
3	Please Select One Vehicle 11	#Occupants	Run Moped	Crash Rep	ort ID# 2	3-7	2-A	\C				
	License # S42257076 St 1	/A DOR/Ags	Pag #	1 1VCV87		Dow	T DC	٠	D.	an State MZ		
	19 19	20		ear 2021		_				Config. 2	21	1 12
	Operator RAFAEL, BRUNG	l -	ndorsement	r RAFAEL,			COLLE	<u> </u>	ven	Coning.		
⁴ 3	Address 32 BELMONT ST	First	Middle	Last SS 32 BELM		Firs	l		Mi	iddle		
	City MALDEN Sta	ma 7in 02148		MALDEN	ONI D	•	Sins M	73 -	:- n2	2148-76	11	
	Insurance Company VERMONT N	•	-	e Action Prior to Cra		22	Damage				27	
	Vehicle Travel Direction: NXEW			73	ash 2 23 23	23	Test Sta			28		
⁵ 1			•	<u> </u>			Type of	Test:	İ	29		
	Citation # (If Issued)			Harmful Event 1		25	BAC Te	r		30		_ 13
	Viol. 1: Ch/Sec/Sub			Contributing Code	3/1		Susp. A	L	31	22	32	
⁶ 2	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	- Viol. 4: Ch/Sec/Sub — rator and all occupants in		Distracted by 0	34 3	5 36	Towed 1	Irom sce	ene?	2 33		ļ
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age S	Seat Saf ex Pos. Syst	ety Airbag .	jeet Trup Code Code	Injury	Transp. Code	Medical Facili	ty	
	Operator	Si	ee Above	$>\!\!<\!\!>$	1 1	4 0	0	10	1			
												
	Please Select One			15 16	<u> </u>	17		18				
⁷ 2	of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	Action	Location	Co	ndition		 _	Iit/Run M	loped	
		A DOB/Agt	Reg#	8TW519		Reg	Гуре <u>РС</u>		Re	eg State MA		
	Sex M Lic. Class D 19 19 Lic.	Restrictions 1 C	DL Veli Ye	ear 2016	_ Veh Make_	SUBAI	RU		_ Veh	Config. 1	21	
3	Operator JIMENEZ, JUAN			JIMENEZ	, JUAN	CAR	Los		Mid	t-ll-a		
°1	Address 133 PHILLIPS S	ST APT 1		s 133 PHI	LLIPS	ST	APT	1				
	City METHUEN Stat	e MA Zip 01844	-4313 City 1	ETHUEN			State M	A zi	ip <u>01</u>	.844-43	<u>13</u>	99 ¹⁴
	Insurance Company THE COMME	RCE INSURAN	ICE CO Vehicle	Action Prior to Cra	ısh 2	22	Damage	d Area	Code:		27	
	Vehicle Travel Direction: NXEW	Responding to Emerg	gency? 2 Event	Sequence 23	23 23	23	Test Sta		-	28		
) 2	Citation # (If Issued)	_	Most I	Iannful Event 1	24		Type of BAC Te		lt:	30		
2	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	99 ²⁵	25	Susp. Al	r	31	Susp. Drug:	32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by 9	9 ²⁶	_	Towed f	rom sce	ne?	1 33		
Ī	Please fill out for operator/no	n-motorist and all occupa		DOBA	34 35 Sent Sofe	ty Airbag I	37 38 jeet Trap	39 Injury Status	40 Transp.	34.0		1
ŀ	Name (Last First Middle) Operator/Non-Motoris	f Se	e Above	DOB/Age Se	Pos. Syste	m Status C	ode Code		Code 1	Medical Facilit	У	
}	Speciality (1) Interest (5)				\ <u></u>	+						
ŀ				-								
												
[

	≃ Directi	ion 1	= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 📆	= Bicycle	
Crash Diagram:	ie:	→ □] → [2	→Ŷ	→ ॐ		
rt 125							If Crash <u>Did</u> on a Public V	Vay:
						ĺ	Off-Street Park	ing Lot
							☐ Garage	
		HQ.	777	v1			☐ Mall/Shopping	Center
		H		1			Other Private V	/av
			U				_	
							Indicate Nort	h bu A nnow
							There is a second	II by Atrow
			72			₩)
ļ	Andover stre	eet				Y	Ů	′
Crash Narrative:								
v1 was stopped in tra	ffic, att	empting	to take a	right on	red, when :	rear ende	ed by v2	
v2 thought v1 was pul	ling out,	was no	t looking	in front o	of him when	he pulle	d out and re	ar
ended v1								
Witnesses:								
Name (Last,First,Middle)			Address			Phone #		Statement
			-					
_								
Property Damage: Owner (Last, First, Middle)	Address			Phone #	41-Type	Description of	Damaged Property	
Owner (Last, First, Madie)	Audress			I Molle #	41-1ype	Description of	Damaged 1 Toperty	
<u></u>					2 3 3 3 3 3			
					A STANCE			
Truck and Bus Informatio	n: Registra	ition#		(From	n Vehicle Section)			
Carrier Name				`	,		Bus Use	42
Address				City		c	t Zin	
US DOT #:	State Numbe	44		Issuing State	MC/MX/	ICC #:		
	ly Type Code		GVWR/GCWR					
Trailer Reg #:	Reg Ty	/pe	Reg State	Reg Yea	rTrai	ler Length	46	
Hazmat Information:						<u> </u>		
Placard Material 1 digi	t# 48 1	Material Name	e		Material 4 dig	jt #	Release code	49
Patrol Officer Brian I Police Officer Name (Please Print)		Signature		190 ID/Badge#	Wilmington Department			03/13/2023 Date

ID/Badge #

	Police Use Only	Comn	nonwealth (of Massacl	iusett:	5		RMV Doc	cument Number	4.5%	
	Date of Crash Time of Crash 03/13/2023 1551 Wilm	City/Town	Motor Veh	icle Crash	Number Vehicle		Speed Li		Local Police	0080	
	03/13/2023 1551 Wilm 24HR	ington	Police 1	Report	2	1	Latitude .		MBTA Police Campus Police Other:	8	1
	AT INTERSECTION	ON:	< LOCA	TION >		NOT A	-L			_	1
											2 10
	Route# Direction	Name of Roadway/Stre	et	Route# Direction	222 Address #	MAII		of Roady	vav/Street		F
¹ 1		At					Tydnic	or Rollar	way/Sireet		ĺ
				Feet N S	E W of	Mile M	arker	— or .	Exit Number		
	Route# Direction Name	e of Intersecting Roadwa Also at Intersection with	<u> </u>	Feet N S	E W of	Willie IVI	ALI KÇI		Didi Tramovi		8 ¹¹
		The ar invidential (1)		Feet N S		Route#	Int	ersecting l	Roadway/Street		
² 2	Route# Direction Name	of Intersecting Roadwa	y/Street	reet 11 5	E PT OI				1		
	Please Select One Vehicle 11	#Ossuperts Disc				77		Landmar	K		
³ 3	of the Following:	#Occupants Hit/R	un Moped	Crash Report	t ID# 23	- /3	-AC	<u> </u>			
		DOB/Age	Reg #	3TML79		Reg Typ	e PC	R		_	12
	Sex F Lic. Class D Lic. Re	estrictions B CD	L Veli Y	ear <u>2015</u>	Veh Make _	UBARU	<u> </u>	Veli	Config. 1	1	1
	Operator GATTA, ANDREA		lorsement Owne	GATTA, A	NDREA	LYNN				_	
⁴ .3	Address 270 MAIN ST A	PT 13		ess 270 MAIN	ST	APT 1	3	М	iddle		
	City NORTH READING State	MA Zip 01864	-1358 City]	NORTH REAL	DING	St	ate MA	Zip 0	1864-135	8	
	Insurance Company STATE FARM	MUTUAL AU	TOMOB Vehic	le Action Prior to Crash	ı 4		aniaged A	-		27	
	Vehicle Travel Direction: NSEX	Responding to Emerge	ncv? 2 Event	Sequence 23	23 23	23 T	est Status:		1 28		
1	Citation # (If Issued)	,		Harmful Event 1	24	T	ype of Tes	t:	29	ı	
	Viol, 1: Ch/Sec/Sub ————————V			Contributing Code	99 ²⁵	25	AC Test R		30	<u></u>	13
				Distracted by	26	<u> </u>	usp. Alcoh			32	1
⁵ 2	Viol. 3: Clı/Sec/Sub — Vi Please fili out for operato			Distracted by U	34 35	36 37	owed from	scene /	2 33		
	Name (Last First Middle)	-	ddress	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap hi	ury Transp. tus Code	Medical Facility		
	Operator	See	Above	$>\!\!<$ X	1 1	4 0	0 10) 1			
										\neg	
										_	
2	Please Select One of the Following:	Occupants Non-N	Iotorist A Type	Action 16 I	Location	17 Condi	tion	¹⁸ □	Hit/Run 🔲 Moj	ped	
	License # S92550413 St MA	DOB/Ag	Reg#	1WRV89		Reg Type	PC	Re	eg State MA		
	19 19	strictions 1 20 CDI	_	ear 2011	Veh Make T				Config. 1	1	
	Operator CABAN, EDWIN		orsement	RAMOS, CA				, , , , ,	oomig.	-	
1	Address 45C HOLTON ST	írst	Middle	Last SS 6 KIMBAL		First	108	Mic	ddle		
		4A Zip 01801-		OBURN			te MA	7in 01	801		14
	Insurance Company THE COMMERC	•	•	e Action Prior to Crash	4	_	amaged Ar			司上	
				121	23 23		st Status:		1 28	┙┃	
		Responding to Emerger	•	ocquence 1	24		pe of Test	;	29	ŀ	
2	Citation # (If Issued)			Harmful Event 1		25 B	AC Test Re	esult:	30	_	
	Viol. 1: Ch/Sec/Sub ———Viol.	ol. 2: Ch/Sec/Sub ———			99 ²⁵	Sı	sp. Alcoho	-	<u> </u>	32	
		ol. 4: Ch/Sec/Sub ———		Distracted by 99	26		wed from	<u> </u>	3 33	_	
	Please fill out for operator/non-n Name (Last First Middle)	•	s involved dress	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trup Inju Code Stat	ary Transp.	Medical Facility		
ſ	Operator/Non-Motorist	See	Above	$>\!\!<\!$	1 1	4 0	0 9		Winchester Hospital		
f										\dashv	
ŀ								++			
-							 	44	<u> </u>		

	= Direction	= Vehicle 1	2 = Vehicle 2	₹ = Pedestrian	රම = Bicycle	
Crash Diagram:	ie: 👈 🗀	→ [2	>}	→ 65	
					If Crash <u>Did I</u> on a Public W	
					Off-Street Parkin	ne Lot
						.g 501
					Garage	
					Mall/Shopping C	lenter
					Other Private Wa	ıy
					Indicate North	by Arrow
Crash Narrative:						
Vehicle 1 was traveling						ıs
traveling north on Mair						
Vehicle 1's operator co	mplained neck	and should	er pain and w	as transpo	orted to Winchester	
Hospital by Wilmington	Fire Departmen	nt. Vehicle	2 operator d	eclined me	edical. No airbags	
were deployed. Vehicle	1 was towed f:	rom the sce	ne due to ope	rator bei	ng transported to th	ie
hospital. Vehicle 1's o	perator stated	d that he wa	as traveling	straight w	when vehicle two	
turned into his lane. V	ehicle 2 state	ed that she	believed she	had plent	ty of time to turn.	
Vehicle 2's operator st	ated that she	was mostly	all the way	into the o	driveway and off the	<u> </u>
road. Witness's claim v						
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
HILL JEANNE M			WILMINGTON MA	01887-376	<u> </u>	Cantellient
JORDAN LEE ERLAN JR		29 GLEN RD	WILMINGTON MA	01887-194	3	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		
Carrier Name					Bus Use	42
Address			. City		St Zip	
US DOT #:	_State Number		Issuing State	MC/MX/ICC	C#:	
43	44		45		-	
Interstate Cargo Body T		GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trailer I	ength	
Hazmat Information:	10					40
Placard Material I digit #	48 Material Nam	ne		Material 4 digit #	Release code	49
Patrol Officer Michael R D	Ni Lorenzo		217 Wil	lminatas D	oligo Donoverst	2/12/0000
Police Officer Name (Please Print)	Signature			rtment		03/13/2023 ate

Signature

Wilmington Police Department Images Associated with 23-73-AC

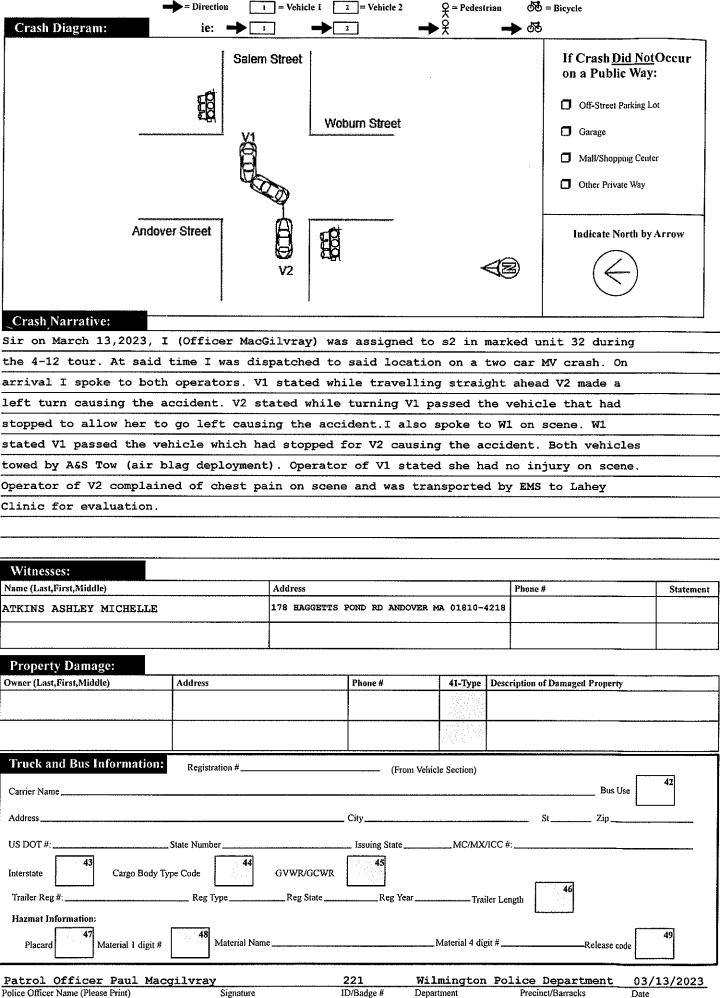




Direction Dire	Po	lice Use Only	Con	<u>m</u> monwealth	of Massacl	ıusetts	}	RM	IV Docum	ient Number	
AT INTERSECTION: AT INTERSECTION: Control 1	1	•	Motor Vel	nicle Crash	Number Vehicles		1 .	t <u>45</u>	- Local Police	<u> </u>	
Route Direction Name of Roadway/Street All Route Direction Addess Name of Intersection with Feet NS E W of Mile Mades Not All Mile Mades Name of Intersection with Feet NS E W of Mile Mades Not Roadway/Street Roadway/Street All Roadway/Street Landmank Tolerate Roadway/Street Landmank Roadway/Street Roadway/Street Roadway/Street Roadway/Street Roadway/Street Roadway/Street Landmank Roadway/Street Roadway	03, 23, 2023		TIMING CON	Police	Report	2	1 '			Campus Police	<u> </u>
Routed Direction Name of Readway/Street Routed Direction Name of Intersecting Readway/Street		AT INTERSE	ECTION:	< LOCA	ATION >		NOT A	r intef	RSECT	ION:	
Routed Direction Name of Readway/Street Routewy Direction Address Name of Readway/Street						430	CALE	nw cm			2
Rousel Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Rousel Direction Name of Intersecting Roadway/Street Fest V S E W of Routel Intersecting Roadway/Street	Route# Dire	ction		ny/Street	Route# Direction		SALLE		Roadway	//Street	
Routed Direction Name of intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street Feet N S W of Intersecting Roadway/Street			At		Feet NS	E W of			- or		
Router Direction Name of Interpecting Roadway/Street Feet N E W Or	Route# Dire	ction	Name of Intersecting R	oadway/Street			Mile Ma	arker	01	Exit Number	ᆜ
Routest Direction Name of Intersecting Roadway/Street Feet N S E W			Also at Intersecti	on with			Route#	Inters	ecting Roa	adway/Street	- -
Please Solect One Note Following: Hit/Run Moped Crash Report 10# 23 - 74 - AC	Route# Dire	ction	Name of Intersecting R	oadway/Street	Feet N S	E W of					İ
License # S79622645 S.MA DOB/Ags	Diam C. Lari		·						andmark		
License # S79622645 St MA DOB/Age See F Lie. Class 19 19 Lie. Restrictions 1 20 DOL Class 19 19 Lie. Restrictions 1 20 DOL Class 19 19 Lie. Restrictions 1 20 DOL Class 10			1 #Occupants	Hit/Run Moped	Crash Repor	1D# 2 3	-74	-AC			
Sex.F. Lie. Class 19 19 Lie. Restrictions 1 20 20 20 20 27 27 27	License # <u>\$7</u>		St MA_DOB/Age _	Reg	# <u>3AE915</u>		Reg Type	PC	Reg		
Operator MURPHY LEIGH E Last Maddle Module Address 79 MARBLEHEAD ST	Sex_ F Lic.	Class D 19	Lic. Restrictions 1	CDL Veh	Year 2011	Velı Make <u>T</u>	OYOTA	.	Veh Co	onfig. 1	
Address 79 MARBLEHEAD ST City NORTH READING State MA Zip 01864-1509 Insurance Company LM GENERAL INSURANCE COMP Vehicle Travel Direction: NSEX Responding to Emergency? 2 Citation # (If Issued) Viol. 1: ChrSec/Sub	Operator MU	RPHY, LEI	GH E	Own	er MURPHY ,	LEIGH	E				_
Insurance Company LM GENERAL INSURANCE COMP Vehicle Action Prior to Crash Vehicle Travel Direction: N S E N Responding to Emergency? 2 Event Sequence Lication # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Driver Distracted by Driver Distract	Address 79	MARBLEHEA	AD ST		ess 79 MARBI	EHEAD			Middle		_
Vehicle Travel Direction: NSEX Responding to Emergency? 2 Vehicle Travel Direction: NSEX Responding to Emergency? 2 Vehicle Travel Direction: NSEX Responding to Emergency? 2 Vehicle Travel Direction: NSEX Responding to Emergency? 2 Vehicle Travel Direction: NSEX Responding to Emergency? 2 Vehicle Travel Direction: NSEX Responding to Emergency? 2 Event Sequence	City NORTH	H READING	State MA Zip 018	364-1509 City	NORTH REAL	DING	Sta	te MA	Zip 018	364-150	<u>9</u>
Citation # (If Issued) No. E. Responding to Einergency? Event Sequence 13 24	Insurance Comp	any LM GENE	RAL INSURAN	ICE COMP Vehi	cle Action Prior to Cras	1			Code: 2		7
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Driver Distracted by	Vehicle Travel Γ	Direction: NSE	Responding to E	Emergency? 2 Even	t Sequence 23	23 23	**		1	_	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Driver Contributing Code Driver Distracted by Driver Distracte	Citation # (If lss	ued)		Most	Harmful Event 1	24	•	•	ult:		
Please fill out for operator and all occupants involved Name class Final Middle Please fill out for operator and all occupants involved Address DOBPAge Sex Final Middle Sex Final Middle Sex Final Middle Middle	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99 ²⁵	25			Susp. Drug 2 3	2 1
Please Scient One of the Following: Please Scient One of the Following: Tours T	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	То	wed from so	ene? 1	33	-
Please Select One of the Following: Vehicle 21_#Occupants Non-Motorist A Type	Name (Last First M		operator and all occupant		DOB/Ann Sex	Seat Safety	Airbag Eject	Trop Injury	Transp.	Madical Facility	
of the Following: License # S45787054 St MA DOB/Age License # S45787054 St MA DOB/Age Sex F Lic. Class D Operator LAYTON, THERESA E Address 99 GLEN RD City WILMINGTON State MA Zip 01887-1859 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued)					X	1		 		Product Facility	
Of the Following: License # S45787054 St MA DOB/Age Sex F Lic. Class D Operator LAYTON, THERESA E Address 99 GLEN RD City WILMINGTON State MA Zip 01887-1859 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued)											
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	Citation # (If Issu	ied)		Most	Harmful Event 1	24	BA	-	ılt: 1	30	
	Viol. 1: Ch/Sec/S	ub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	_الـــــ	25 Su	sp. Alcohol:	2 31 S	usp. Drug 2 32	2
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 26 Towed from scene? 1 33	Viol. 3; Ch/Sec/S	ub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 0				- L	33	
Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code States Code States Code Medical Facility	1	-	or/non-motorist and all oc	•	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury	Transp.	Medical Facility	
Operator/Non-Motorist See Above 1 1 1 1 0 0 8 2 Lahey Clinic	Operato	r/Non-Moto	rist	See Above	X	1 1	1 0	0 8	2 Lal	hey Clinic	
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-	= Direction	1	= Vehicle 1	2 = Vehicle 2	Q = Pedesti	rian ಹ	= Bicycle	
Crash Diagram:	ie: 🔫] → [2	→ ĝ	→ ₩		
							If Crash Did Non a Public Warn	ay: g Lot enter
Crash Narrative:								
Sir on March 13,2023, I	(Officer	MacG	ilvrav) wa	s assigned	to s2 in r	narked m	nit 32 during	
the 4-12 tour. At said								
arrival I spoke to both								
left turn causing the a								
stopped to allow her to								
					-			
stated V1 passed the vel								
towed by A&S Tow (air b								
Operator of V2 complaine	ad of ches	t pa:	in on scen	e and was t	ransported	by EMS	to Lahey	
Clinic for evaluation.								,
Witnesses:								
Name (Last,First,Middle)			Address			Phone #		Statement
ATKINS ASHLEY MICHELLE			178 HAGGETTS	POND RD ANDOV	ER MA 01810-4	218		
The Marie and Section 1997 and								
						_		
Property Damage:	T			nt "	41.00	5	CD ID	
Owner (Last,First,Middle)	Address			Phone #	41-Type	Description of	f Damaged Property	
T								· · · · · · · · · · · · · · · · · · ·
Truck and Bus Information:	Registration #			(From	Vehicle Section)		Г	42
Carrier Name							Bus Use	"
Address				City			St Zip	
LIC DOT #.	Contract 1			T : 00 .	10000	100 #		
US DOT #:	State Number	44		Issuing State	NIC/NIX/	ICC #:		
Interstate Cargo Body Ty	pe Code		GVWR/GCWR				.	
Trailer Reg #:	Reg Type		Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:						Ľ		
M 47	48	al Massa	i		Material A dia	it #	Release code	49
Placard Material 1 digit #	Iviateria				sassias 4 dig		Kelease code	
Patrol Officer Paul Maco	jilvrav			221	Wilmington	Police	Department 0	3/13/2023
Police Officer Name (Please Print)	Signa	ture			Department		ct/Barracks Da	

	Pol	lice Use Only		Co	mmon	wealth	of Mass	ach	use	tts			1903 1900	RM	IV Doc	ument N			
	Date of Crash 03/13/2023	Time of Crash	To 7 : 1	City/Town	Mo	tor Vel	iicle Cra	ish		mber ticles		mad 1	-	i Limi	4	Local	Police Police	0000	
	03/13/2023	24HR	MTTI	rington		Police	Report		2		2		Latitu Longi	ide itude			A Police ous Police	ᆸ	
		AT INTER	SECTI	ON:	<	LOCA	ATION	>			NO	ТАТ	'IN'	TER	SEC	TION	:	•	
																			2 10
	Route# Dire	ection		Name of Roady	vay/Street		Route# Direc	ction	430 Addre		<u>S2</u>	<u>ALE</u>			Roady	vay/Stree			
¹ 4				At			_	N. O.		_									
	Route# Dire	etion	Name	e of Intersecting	Roadway/Street		Feet	NS	E[W]	of	Mi	le Ma	rker		or .	Exit	Number	_	2 11
			***************************************	Also at Intersec			Feet	N S	E W	of									3
2	Route# Direc		Name	e of Intersecting	D - 1		Feet	N S	E W	of	Route	2#		Inters	ecting !	Roadway	/Street	ı	
² 2	Roules Dile	CHON	Ivanie	e or intersecting	Koadway/Sueer									La	ındınar	k			
³ 3	Please Select C of the Followi		e 11	#Occupants	Hit/Run	Moped Moped	Crash F	Report	1D# 2	23	-7	4-	-A	.C					
3		9622645	St MZ	DOR/Age		lRea	# 3AE915				Par	ı Tuna	PC	!	D	eg State	MΆ	\dashv	
		Class D		estrictions 1	20 CDL		Year 2011									icg State . i Config.	_ 21	$\lceil \rceil$	1 ¹²
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⁴ 3	Ī	Lust MARBLEH	1	First	Middle			Last			Fi	rst			М	iddle		_	
-]	H READIN			864-150		NORTH R						е М2	A 2	zin Ω'	1864	-150	- 	
	1	oany LM GEN					de Action Prior to			1. 1	22						27 2	I	
	Ι .	Direction: NS			Emergency? 2		t Sequence			23	23		st Stat			1 28		۲	
⁵ 2		sued)		responding to	zmorgeney :		Hannful Event	1	24			Ty	pe of	Test:		29		١	ı
	1	Sub		iot 2: ClySac/Su	ıh.		er Contributing Co		99 ²	.5	25			st Resi		1 30		,	1 13
		Sub —					er Distracted by	0	26		2-11-1			cohol: rom sc	2 31	Susp. L	nug 2 3	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
⁶ 2	Viol. 5. Cliraco.			or and all occupa					34	35	36	37	38	39	40	<u> </u>		\dashv	
	Name (Lost First M	fidále)		<u> </u>	Address		DOB/Age	Sex	Pos. S	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	ical Facility	4	
	Operate	or			See Above			X	1	<u>. </u>	1	<u> </u>	0	8	1				
			.,																
7	Please Select C		21 #	Occupants	Non-Motorist	A Type	15 Action	16	ocation	П	17	onditi	0.0	18	<u></u>	Hit/Dun	□ Море		
'2	of the Followir	rg:				- · L	4.8				· . :				1			_	
	License # S45	10 1	9	DOB/Age	20		4TP432					Туре	PC			eg State 🗓	MA 21	-	
	Sex F Lic. C	Class	Lic. Res	strictions 1	CDL Endorsemen	t	/ear <u>2014</u>								_ Veh	Config.	1		
³ 1	Operator <u>LA</u>	Last	ERES	irst	Middle		LAYTON	Lası		ne.	N C				Mi	ddle		-	
_	Address <u>99</u> City WILMI	GLEN RD	· · ·	MB ~ 01	887_105		ess <u>99 GLE</u>		w_				1.77		. ^-	1007	.105/	<u> </u>	14
				MA Zip 01		_	WILMING:		Γ.		22				ip U . Code:		$\frac{-1859}{27_8}$	_	L.
	-	any ARBELL					le Action Prior to		23 2		23		t State		Joue.	1 28	8	1	
	Vehicle Travel D	V. N	EW	Responding to	Emergency? 2		Sequence 1		24			Тур	e of T	est:		29		1	
2	Citation # (If Isst	•		•			Harmful Event	<u> </u>		5	25			t Resu		1 30		,	
		Sub					r Contributing Co	المسار	99 ^{2:}	<u> </u>				L	2 31		rug 2 32		
ļ	Viol. 3: Ch/Sec/S	Subase fill out for open		ol. 4: Ch/Sec/Sul			r Distracted by	0		35	36	Tov 37	ved fro	om sco	40	1 33		_	
	Name (Last First Mi	ddle)		notorist and all 0	Address		DOB/Age	Sex	Seat S	afety	∧ìrbag	Eject	Trap	Injury Status	Transp. Code		eal Facility		
	Operato	r/Non-Mot	torist		See Above		><	X	1 1	.]	1	0	0	8	2	Lahey Cl	linic		
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Signature

ID/Badge#

Precinct/Barracks

	Police Use Only	Common	nwealth	of Massa	chus	etts			RMV		nt Number		
	1 1	City/Town Mington		icle Cras	$h \begin{bmatrix} N \\ V \end{bmatrix}$	himber ehicles	Number Injured	Speed Latitud	Limit	<u> </u>	State Police Local Police MBTA Police	0800	
	24HR		Police	Report	2		0	Longit			Campus Police Other:		
	AT INTERSECTION	ON:	LOCA	TION >			NOT A	TINT	TERSI	ECTIO	ON:		
					60	2	N/2 / T1	т сп	,			2	10
	Route# Direction	Name of Roadway/Street		Route# Direction		ress#	MAI		me of Ro	adway/S	Street		
1		At		Feet N	SEW	l _{af} .							
	Route# Direction Name	of Intersecting Roadway/Stre	eet	1cci [-	1-1-1	J 01	Mile M	arker			Exit Number	<u> </u>	11
		Also at Intersection with		Feet N	SEW		Route#		Intersecti	ing Roac	Jway/Street	- ፟	
² 3	Route# Direction Name	of Intersecting Roadway/Stre	eet	Feet N	SEW	of					.		
3									Land	mark		_	
3	Please Select One of the Following:	Occupants Hit/Run	Moped Moped	Crash Re	port ID#	23	-75	-A	C				
	License # <u>S26178973</u> St <u>MA</u>	DOB/Age_	Reg	6RP988			_ Reg Ty	e PC		_ Reg S	tate <u>MA</u>		12
	Sex M Lic. Class D 19 19 Lic. Res	trictions 1 CDL_	Veh	Year 2018	Veh M	lake F (ORD			Veh Cor	nfig. 2	21 1	
	Operator YEO, JOHN JOSE	PH Endorsen	Own	er YEO , JC		OSE	PH					_	
1	Address 8 GLADE ST	rrst Middle		ess 8 GLADI			First			Middle			
	City BILLERICA State 1	4A Zip 01821-54	.50 City	BILLERIC	Α		S	ate MA	Zip.	018	21-545	50	
	Insurance Company GEICO GENER	RAL INSURANCE	EC Vehic	le Action Prior to C	Crash	1	²² 1	Damaged	l Area Co	ode: 8	27 27	27	
	Vehicle Travel Direction; SEW	Responding to Emergency?	2 Even	t Sequence 1 22	3 23	23		est Stati		1	28		
,	Citation # (If Issued)		Most	Harmful Event	1 24			ype of T	fest: t Result:		29 30		
	Viol. 1: Ch/Sec/SubVio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	• 1	25	2.5	usp. Alc	г		ısp. Drug:	32 1	13
····	Viol. 3: Clı/Sec/Sub ————Vio	of. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			owed fro	om scene	≥? 2	33	- -	
2	i ·	and all occupants involved			34 Sent	35 Safety	36 37 Airbug Ejec	38 Trap	Injury Tra	40 ansp.			
	Name (Lust First Middle) Operator	Address See Abov		DOH/Age	Sex Fox.	1	Status Code		Status C	ode	Medical Facility		
	opo				4			+-		+-		_	
												\dashv	
1	Please Select One of the Following: Wehicle 21 #	Occupants Non-Meter	ist A Type	Action 1	Locati	on	17 Cond	ition	18	Hit/I	Run 🔲 Mo	ped	
	License # S97126045 St MA	DOB/Age	Reg #	W50450			Reg Typ	e CO		_ Reg Si	tate MA		
	Sex M Lic. Class D Lic. Res	trictions 1 CDL	Veh \	_{(ear. 2015}	Veh M	ake N	ISSAN	I		Veh Con		1	
	Operator OCONNOR, BRIAN	PATRICK Endorsen	Own	PARTS A	UTHO	RIT		2				_	
1	Address 141 WALTHAM ST	APT 4		ess 160 LOV	VELL	ST	First			Middle	_		
	City MAYNARD State 1	IA Zip 01754-24	46 City	WILMINGT	ON		St	ate MA	Zip.	018	87	_ 1	14
	Insurance Company ACE AMERICA	N INSURANCE	CO Vehic	le Action Prior to C	rash	4 2	22 E	amaged	Area Co	ode: 1	27 2 27 8	27	
	Vehicle Travel Direction: NEW	Responding to Emergency?	2 Event	Sequence 1 23	23	23	-3	est Statu		-	28		
	Citation # (If Issued)		Most	Harmful Event	L 24			ype of T AC Test			29 30		
2	Viol. 1: Ch/Sec/Sub — Viol	i. 2: Ch/Sec/Sub ———	Drive	r Contributing Code	4	25	25	usp. Alc		31 Su	sp. Drug:	32	
	Viol. 3: Ch/Sec/Sub ————Viol	ol. 4: Ch/Sec/Sub ————	Drive	r Distracted by) 26		1	owed fro	om scene	? 1	33	_	
	Please fill out for operator/non-m	otorist and all occupants inv	olved	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Tra Status C	10 insp. ode	Medical Facility		
	Operator/Non-Motorist	Sce Abov	/e	SOD/Age	1		4 0	1	10 1	-	Product Pacinty		
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						-			_	+		\dashv	
												_	

		= Direction	= Vehicle 1	² = Vehicle 2	Q ≃ Pedest		= Bicycle	
Crash Diagra	m:	ie: →	→ _	2	<u> </u>	<u>→ ₩</u>		
			603 Main St				If Crash <u>D</u> on a Publi	id NotOccur c Way:
			MV 1				Off-Street F	arking Lot
(¢ ~	3	4			☐ Garage	
f	7770	The same of the sa	y –				_	ine Contac
		X X X	V 2		······································		☐ Mall/Shopp	
		₽		10 M 10 M 10 M 10 M 10 M 10 M 10 M 10 M	transfer of the same transfer of the same		Other Priva	te Way
	D	\$ \$						
							Indicate No	orth by Arrow
					•	₹ 3	\langle	
Crash Narrat	ive:							
The operator	of MV 1	stated that while	le he was t	raveling nort	hbound	in the r	ight-hand l	ane
on Main St tl	ne operat	or of MV 2 began	to take a	left hand tu	rn for	the driv	eway of 603	
Main St. The	operator	of MV 1 stated	that MV 2	cut him off,	causing	MV 2 to	crash into	the
front left s:	ide of MV	/ 1. The operator	of MV 1 wa	as not injure	d and t	he vehic	le was stil	1
operable.								
		stated he was to						
		into 603 Main S						
· · · · · · · · · · · · · · · · · · ·		d lane on the no					-	
		e northbound. Th						
		to his turn, ul		-			tained seve:	re
	lage and	was towed off so	ene by A&S	. No injuries	report	∍ a.		· · · · <u> · · · · · · · · · · · · ·</u>
Witnesses: Name (Last,First,Mid	dle)		Address			Phone #	<u> </u>	Statement
								Sarenen
Property Dam	age:				***			
Owner (Last,First,Mic	idle)	Address		Phone #	41-Type	Description o	f Damaged Property	
Truck and Bus	Informatio	n: Registration #		(From Vehi	cle Section)		·············	
Carrier Name				·	•		Bus U	se 42
Address				City			StZip	
US DOT #:		State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43		ly Type Code	GVWR/GCWR	45				
Trailer Reg #:	J	Reg Type	Reg State	Reg Year	Tra	ler Length	46	
Hazmat Information					-3,	L		
Placard 47	Material 1 digi	it # Material Nam	e		, Material 4 di	git #	Release co	49 de
Patrol Officer F	Opent M Do	Gragoria III		223 Wi	با ما ما د د د	Delder :	Donartmont	03/14/2022

Department

Wilmington Police Department Images Associated with 23-75-AC





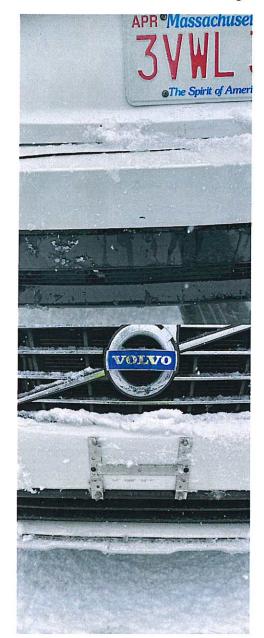
	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docum	ent Number	3
	Date of Crash Time of Crash 03/14/2023 1219 1	City/Town Vilmington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	40	State Police Local Police MBTA Police Campus Police	
	24HR	*TIMITING CON	Police	Report	2	0	Latitude Longitude		Campus Police Other:	
	AT INTERS	ECTION:	< LOCA	TION >		NOT AT	INTER	SECTI	ON:	1
										2 10
	Route# Direction	Name of Roadway/S	treet	Route# Direction	210 Address #	BALI	ARDVA Name of	LE S Roadway		
¹ 1		At								-
			(0)	Feet N	E W of	Mile Ma	— • rker	or	Exit Number	·
	Route# Direction	Name of Intersecting Road Also at Intersection v		Feet N S	EW of					2 11
				Feet N S		Route#	Inters	ecting Roa	idway/Street	
² 4	Route# Direction	Name of Intersecting Road	way/Street				La	ndmark		-
	Please Select One Valuela	11#Occupants	/Run Moped	Crash Report	тът 2 2	_76.		Junian C		1
³ 8	of the rottoming.		l							_
	License # 000039168002	St NC DOB/Age		3VWL34					21	1 12
	Sex M Lic. Class D 19 19	Lic. Restrictions 1 C	DLVeh	Year <u>2021</u>	Veh Make <u>H</u>	ONDA		Veh Co	onfig. 1	
	Operator <u>HALE , JUST</u>	IN ANDREW	Own	er HALE , JUS	STIN A	NDREW First	•	Middle	····	
⁴ 3	Address 4811 LANDOV	ER PINE PL	Addr	ess 4811 LAN	DOVER		PL			
	City RALEIGH	State NC Zip 2761	6-9064 City	RALEIGH		Sta	te <u>NC</u> Z	ip 276	16-9064	
	Insurance Company STATE I	FARM MUTUAL A	UTOMOB Vehic	le Action Prior to Crash	1	22 Da	ımaged Area	Code: 5	27 27 27	
<i>z</i>	Vehicle Travel Direction:	Responding to Emer	gency? 2 Event	Sequence 23	23 23		st Status:	1	28	
⁵ 1	Citation # (If Issued)		Most	Harmful Event 1	24	-	pe of Test: AC Test Resi		30	
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	sp. Alcohol:		usp. Drug: 32	1 13
	Viol, 3; Ch/Sec/Sub	Viol. 4: Cli/Sec/Sub	Drive	r Distracted by	26	-	wed from sc		33	
3	Please fill out fo	r operator and all occupants in	volved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Trunsp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator	S	ee Above		1 1	4 0	0 10	1		_
										1
	Please Select One Vehicle	1 #Occupants Non	-Motorist A Type	15 16		17	18	l	Run Moped	1
1	of the ronowing:		-Motorist A Type	Action	ocation	Conditi	on	HAT/	Kun Moped	1
	License # NHL14045204	St_NH_ DOB/Age_	Reg #	GODDU		_ Reg Type	PC	Reg S	State NH 21	
	Sex M Lic, Class D 19 19		DL Veh Y ndorsement	ear <u>2015</u> v	eh Make <u>V</u> C	OLVO		_ Veli Co	nfig. 1	
3_	Operator <u>GODDU</u> , <u>ANDI</u>	REW LAWRENCE	Owne	er GODDU, AN	DREW	LAWRE:	NCE	Middle		
1	Address 5 CANDLESTI	CK LN	Addre	ss 5 CANDLES	STICK	LN			-	. 14
	City SALEM	State NH Zip 0307 9	0-4062 City	SALEM				_	79-4062	4 14
	Insurance Company		Vehíc	le Action Prior to Crash	1. 2		maged Area			
	Vehicle Travel Direction: NXE	W Responding to Emer	gency? 2 Event	Sequence 23	23 23	~~	st Status: oe of Test:	1 1	28 29	
	Citation # (If Issued)		Most	Harmful Event 1	24		.C Test Resu		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	5 ²⁵	25	sp. Alcohol:		usp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	Distracted by	26	To	wed from see		33	
	-	or/non-motorist and all occupa			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle) Operator/Non-Moto	riet c.	Address ee Above	DOB/Age Sex		Status Code	Code Status	Code 1	Medical Facility	1
	Operator/140n=1110tt	21			1 1	· ĭ	- -	-	-	-
										-

-	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	ian 📆 :	= Bicycle	
Crash Diagram:	ie: 🖚 🔟] → [2	₽Ŷ	→ ∞		
			The state of the s		-	If Crash Did Not on a Public Way:	:
						☐ Garage	
	210 Balla	rdvale St				■ Mall/Shopping Cente	r
	·	op †geer MV1		MV2 ♦		Other Private Way	
						Indicate North by	Arrow
	(III)	· .550-)			\sim	(\rightarrow)	
Crash Narrative:							
The operator of MV 1 st	ated that as h	e was trav	elling in th	e right-h	and lane	of the	
southbound side of Ball							
located at 210 Ballardv							
rear ended MV 1. MV 1 s							
and the vehicle was sti							
The operator of MV 2 st		as traveli	ng behind MV	1 when a	pproachi	ng 210	
Ballardvale St. When the							
began to apply his brake							
his vehicle began to sl							
end damage. No injuries						Millor Irone	
end damage. No injuites	were reported	. and the ve	enicle was s	crrr ober	abie.		
NXP.							
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
(valie (Last, Prist, Widdle)		Address			Filone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)		Γ	42
Carrier Name						Bus Use	
Address			City		S	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate Coero Rodu Tu	no Codo	GVWR/GCWR	45				
Interstate Cargo Body Ty	· L				Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length		
Hazmat Information:							40
Placard Material I digit #	Material Name	e		Material 4 digit	t#	Release code	49
Patrol Officer Robert M DeGree	Torio III		222 ***	lminata-	Police T	ionartment 00/	14/2002
Police Officer Name (Please Print)	Signature			partment		Pepartment 03/ //Barracks Date	14/2023

Signature

ID/Badge #

Wilmington Police Department Images Associated with 23-76-AC





	Pol	lice Use Only	Com	monwealth	of Massacl	husetts	5	RM	IV Docu	ment Number	
	Date of Crash 03/14/2023	Time of Crash	City/Town lmington	Motor Veh	icle Crash	Number Vehicles		Speed Lim	t35	State Police Local Police MBTA Police	0800
	03/14/2023	24HR	Iming con	Police 1	Report	2	0	Latitude Longitude_		Campus Police Other:	_뮴
		AT INTERSEC	CTION:	< LOCA	TION >		NOT A	T INTER	RSECT	ΓΙΟΝ:	
					11.00						2 10
	Route# Direc	ction	Name of Roadway/S	treet	Route# Direction	255 Address #	LOWE	ILL S'I Name o		ay/Street	
1			At		[5:1]	الماما				· · · · · · · · · · · · · · · · · · ·	
L	Route# Direc	ction 1	Name of Intersecting Road	way/Street	Feet N	S E W of	Mile M	arker	- or	Exit Number	
	TOURCE DIE		Also at Intersection		Feet N S	S E W of					2 ''
1					Feet N S	S E W of	Route#	Inters	ecting R	oadway/Street	
² 4	Route# Direc	etion I	Name of Intersecting Road	way/Street				L	andmark		
3	Please Select (of the Followi	One 🔀 Vehicle 1 <u>1</u>	#Occupants	/Run Moped	Crash Repo	rt ID# 2 3	-77	-AC			
³ 5		4649256 st	MA popu		<u> </u>						_
		70 10	20		6SP124					7	1 1 12
	2		c. Restrictions 1	Indorsement	/ear <u>2017</u>		IONDA		Veli	Config. Z	┚┠╌┙
⁴ 1		, BRIAN NG		Middle	er LE , BRIA		First	· · · · · · · · · · · · · · · · · · ·	Mid	dle	
<u></u>	_	RIVERSIDE			ess 14 RIVER	KOIDE			. ^-	0.67	-
	l		tate MA Zip 0186		READING			ate MA amaged Are			<u> </u>
	_		<u>MUTUAL INSU</u>		le Action Prior to Cras			amaged Are	i Code: [5	28	기
⁵ 2	1	Pirection: N S V	_	•	Sequence 1 23		23	ype of Test:	ŀ	29	
_	1	ned)			Hamful Event 1	24		AC Test Res	ult:	30	
	Viol. 1: Ch/Sec/5	Sub —————	Viol. 2: Ch/Sec/Sub		r Contributing Code	1 25		usp. Alcohol		опър. Блад.	1 1
6 3	Viol. 3: Ch/Sec/S		— Viol. 4: Ch/Sec/Sub —		r Distracted by	26	· · · · · · · · · · · · · · · · · · ·	owed from so	ļ.	2 33	
	Name (Last First Mi		erator 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 Status	40 Transp, Code	Medical Facility	
	Operato	or	s	ee Above	\times	1 1	4 0	0 10	1		
									1 1	•••	
		·				 			+		
						<u> </u>				<u> </u>	_
⁷ 1	Please Select O of the Followin		#Occupants Non	-Motorist A Type	Action 16	Location	17 Condit	tion 18	н	it/Run 🔲 Mop	red
-	License # <u>\$7</u> 9	0 055551 St	MA_ DOB/Agc	Reg #	1KAM68		Reg Type	PC	Reg	g State MA	_
	Sex F Lic. C	Class D 19 Lic		DL Velı Y	ear 2017	Veh Make H	ONDA		Veh C	Config. 2]
		CU, ANA N		ndorsement Owne	r VOICU, A	NA NIC	OLETA	.			
1	Address 10	OLIVER ST	APT B	Middle Addre	ss 10 OLIVE	R ST	APT E	3	Midd	lle	
	City HAVER	KHILL St	ate MA Zip 01832	2-1323 City 1	HAVERHILL		Sta	te MA 2	Zip 01	832-132	3 14
	Insurance Compa	my GEICO GE	NERAL INSUR	ANCE C Veluic	e Action Prior to Cras	h 1	22 Da	amaged Area	Code: 1	27 27 2	7
	Velucle Travel Di	irection: NSWW	Responding to Emer	gency? 2 Event	Sequence 23	23 23	23 Te	st Status:	_	28	_
1	Citation # (If Issu	ıed)	<u> </u>	Most :	Harmful Event 1	24	•	pe of Test:	.	29 30	
2	Viol. 1: Ch/Sec/S	ub	Viol. 2: Ch/Sec/Sub	Drive	Contributing Code	99 25	25	AC Test Resi sp. Alcohol:			2
	Viol. 3; Ch/Sec/S		Viol. 4: Ch/Sec/Sub		Distracted by	26		wed from so	<u> </u>	33 July 1	۱ ا
	·		non-motorist and all occup	ants involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		-
	Name (Last First Mic			Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	
	Operato	r/Non-Motori	St S	ee Above		1 1	4 0	0 10	1		_
										-	

Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	夂 = Pedestris ▶ ♀	ın Ø = Bicycle		
Grasa Bagrani.		ute 129 ⇔				rash Did NotC	Decur
		MV#1 Stopped			on a	Public Way:	
		n regard					
		M FINA				fall/Shopping Center	
					ه 🗖 ٥	ther Private Way	
	Woodland Rd				Ind	licate North by A	rrow
Crash Narrative:							
Oper. of MV#1 and MV							
MV#1 stopped in traf	tic. MV#2 applied	brakes but :	slid into	the rear o	of MV#1 causi	ng minor	
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address	P	hone #	41-Type D	escription of Damaged	Property	
						"	
Truck and Bus Informatio			(From Veh	icle Section)		Bus Use	42
Address		Cí	у		St	Zip	
US DOT #:	State Number		ssuing State	MC/MX/IC	CC #:		
	dy Type Code	GVWR/GCWR	45		46		
Trailer Reg #: Hazmat Information:	Reg Type	Keg State	Keg Year	Trailer	Length		
Placard 47 Material 1 dig	it # Material Name			_Material 4 digit	#	Release code	49
Patrol Officer Daniel Police Officer Name (Please Print)	C Cadigan Signature	17		Imington l	Police Depart Precinct/Barracks		4/2023

	Police Use Only	Common	wealth (of Massa	ach	uset	ts			RM	V Doc	ument Nu			
	Date of Crash Time of Crash 03/14/2023 1234 Wilm	City/Town Mo	tor Veh	icle Cra	sh	Numt Vehic		mber jured	١.	Limit	35	State Pi Local P MBTA	olice 🔯		
	24HR	aring con	Police 1	Report		2	0		Latitu Longi				s Police		
	AT INTERSECTION	ON:	LOCA	TION	>		NO	T AT	Γ IN'	ΓER	SEC	TION:			
						429	73.	NDC	זיםנד	. c	171			2 '	10
1	Route# Direction	Name of Roadway/Street		Route# Direct	ion	Address						vay/Street			
11		At		Feet	N S	E W of			•		or _				
	Route# Direction Name	e of Intersecting Roadway/Street	<u> </u>				N	file Ma	rker			Exit N	lumber	5	11
		Also at Intersection with				E W of	Rou	te#	-	Interse	ecting [Roadway/S	Street	<u> </u>	لـ
² 2	Route# Direction Name	e of Intersecting Roadway/Street	i i	Feet [NIS	E W of								_	
	Please Select One Variable 11	#0	<u> </u>								ındmarl	<u>k</u>		┨	
³ 4	of the Following:	#Occupants Hit/Run	Moped	Crash R	eport	ID# Z .	<u>3 – </u>	/ 8·	-A	.C					
	License # <u>\$90966548</u> St <u>M2</u>	1 DOB/Ag(Reg #	8LG492			R	ев Турс	PC		R	eg State 💃	(A 21	1	12
	<u> </u>	estrictions B CDL Endorseme	Veh Y	rear <u>2007</u>	V	eh Make	TOY	OTA	<u> </u>		Velu	Config.	1 "	<u> </u>	
4	Operator MEROTH, JOSHUA			er MEROTH	.nst			First			Mi	iddle			
⁴ 1	Address 23 TERRACE HAL			ess 23 TER			ALL								
	City BURLINGTON State	•	•	BURLING	CON		22						3636		
	Insurance Company THE COMMER			le Action Prior to		1 22 22	22		amage est Stat		Code:	7 ²⁷ 3	27 1 27		
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emergency? 2			24		23		pe of			29			
	Citation # (If Issued)	-			1	24	2		AC Tes	st Resu	alt:	1 ³⁰		11	3]
	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub ————		r Contributing Cod		1 ²⁵		_] Su		cohol:			ug: 2 32	1	
ِ 3		iol. 4: Ch/Sec/Sub	Drive	r Distracted by	0	34 3	5 36	To	wed fi	rom sc	ene?	1 33]	
	Please IIII OUT for operate Name (Last First Middle)	or and all occupants involved Address		DOB/Age	Sex	Seat Saf Pos. Sys	ely Airbag	. Eject	Trap Code	Injury Status	Transp. Code	Medie	al Facility		
	Operator	See Above		> <	X	1 1	4	0	0	10	1				
						İ									
]	
														1	
7	Please Select One Vehicle 21	#Occupants Non-Motorist	t A Type	15 Action	16	ocation	17	Condit	ion	18		Hit/Bun [Moped	1	
1	of the ronowing:					Cation								4	
	19 19	DOB/Age	-	S62988				д Туре				eg State M	21		
	<u> </u>	strictions 1 CDL Endorsemer	nt			eh Make.				·	Veh	Config.	<u> </u>		
³ 1	Operator FINN, ANTHONY Last I Address 25 OUEENSLAND F	First Middle		er FINN , N ess 25 OUE	ast		1	irst	1		Mi	ddle			
	City N BILLERICA State			NORTH BI					. MZ	1 7	is 01	862-	3042	4 14	4
	Insurance Company ARBELLA PRO	•	-	le Action Prior to (1	22				Code:		27 27	_	ل
	Vehicle Travel Direction: NXEW	Responding to Emergency? 2		Sequence 2		23 23	23	Te	st Stati	us:		1 28			
	Citation # (If Issued)			. 🚈	1	24		•	pe of T			29			
2	Viol. 1: Ch/Sec/SubVi	iol. 2: Ch/Sec/Sub		r Contributing Cod		 1 ²⁵	25	3		t Resu	ılt: 2 31	1 30 Susp. Dra	32		
		iol. 4: Ch/Sec/Sub		r Distracted by	0	26				om sce		2 33	·· <u>2</u>		
	Please fill out for operator/non-i	motorist and all occupants involv	ved			34 35 Seat Safe	ty Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	<u></u> J		1	
	Name (Last First Middle) Operator/Non-Motorist	Addiess See Above		DOB/Age	Sex	Pos. Syst		Code	Code	Status	Code 1	Medica	il Facility	1	
	Operator/Non-Motorist	See Auove			\triangleleft		 				-	-			
							_							-	

= Direction 1	= Vehicle I 2 = Vehicle 2	♀ = Pedestr	ian 🕳 = Bicycle	
Crash Diagram: ie:	2	₽Ŝ	→ 85	
	Andover Street		on a Pu Off-St Garage Mail/S Other	hopping Center
Crash Narrative:				
Sir, on March 14,2023, I (Officer Mac	Gilvray was assigned to	s2 in n	marked unit 32 du	ring
the 8-4 tour. At said time I was disp	patched to 429 Andover S	treet or	a two car MV ci	ash.
On location I spoke to both operators	s. V1 stated V2 swerved	over the	yellow line to	avoid
a fallen limb and caused the crash. V	72 stated he didnt cross	over th	ne line and belie	ves
the icy conditions caused the vehicle	es to crash. At the time	of the	crash a winter s	torm
(ice/snow) was on going. V1 towed by				
,,,,		·Pomoca		
Witnesses:				<u>.</u>
Name (Last,First,Middle)	Address		Phone #	Statement
	<u> </u>			
Property Damage:				_
Owner (Last,First,Middle) Address	Phone #	41-Type	Description of Damaged Pro	serty
		1 Notes		
Truck and Bus Information: Registration #	(From Vehi	ala Saction)		
	(From vent	de section)		42
Carrier Name				lus Use
Address	City		St Z	р
US DOT #:State Number	Issuing State	MCMY	ICC #-	
43 44	155uing Giate	WC/WM	100 m.	
Interstate Cargo Body Type Code	GVWR/GCWR			
Trailer Reg #: Reg Type	Reg StateReg Year	Troil	er Length	1
Hazmat Information:				İ
47 48				49
Placard Material 1 digit # Material Name	e	Material 4 dig	t#Rele	se code
Patrol Officer Paul Macgilvray Police Officer Name (Please Print) Signature		lmington artment	Police Department Precinct/Barracks	Date 03/14/2023

	Police Use Only	Comi	nonwealth o	of Massa	ichi	useti	S			RM	V Doc	ument N	Vumber	
	Date of Crash Time of Crash 03/16/2023 0756 Wil	City/Town	Motor Veh	icle Cra	sh	Numb Vehicl		unber jured	Speed	l Limit	2.31.	9 1	e Police	
	24HR	mington	Police 1	Report		2	0	,	Latitu Longi	itude	₹71.09	Cam Othe	TA Police	
	AT INTERSECT	ION:	< LOCA	TION :	>		NC	T A T				TION	T:]
						0.45				_				2 10
· · · · ·	Route# Direction	Name of Roadway/St	reet	Route# Direct		945 Address		AIN			Roady	way/Stree	et	· -
1		At		F., [M C I	E W of								
1	Route# Direction Na	me of Intersecting Roady	vav/Street	Feet [M P I	E W of	N	file Ma	rker	•	or .	Exit	1 Number	11
		Also at Intersection w	ith	Feet	N S I	E W of	Rou	*****		Tutous		Roadway	JC+	3
² 1	Route# Direction Na	me of Intersecting Roadw	/av/Streat	Feet	N S I	E W of	Kou	ic+		IIIICI S	comg	Koauway	// Sileet	
1		and of Intersecting Renam	ray/succe							La	ındmar	k		1
3	Please Select One of the Following:	#Occupants	Run Moped	Crash R	eport I	D# 2 :	3-'	79.	-A	C				
	License # SA0940325 St N	IA DOB/Age	Reg #	W72207			R	ед Туре	CO)	R	leg State,	MA	1
	Sex M Lic. Class D 19 Lic.		DL Veh Y	ear 2023									21	1 12
	Operator PERALTA VARGAS	, MAURICIO A	adorsement	r PENSKE							<u>I. C</u>	COMP		
⁴ 1	Address 3 BENNINGTON S	First ST APT 1	Middle Addre	ss <u>2675</u> M	ayı ORG	ANTO		RD			м	liddle		
	City LAWRENCE Stat	e MA Zip 01841	-3124 City 1	READING				Sta	te P Z	A _ 2	Zip 1	9607	-0000	
	Insurance Company OLD REPUB	LIC INSURAN	ICE CO Vehicl	e Action Prior to	Crash	1	22	Da	amage	d Area	Code:	1 27 2	2 27 8 27	
£	Vehicle Travel Direction: N X E W	Responding to Emerg	gency? 2 Event	Sequence 1	23 2	3 23	23	Те	st Stat	tus:		1 28		
⁵ 1	Citation # (If Issued)		Most l	Harmful Event	1.	24			pe of		-14-	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Coo	de]	L 25	2	el		st Resu cohol:	2 31	12	Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0	26				roin sc		2 33		
⁶ 1	·	ator and all occupants inv				34 35 Seat Safe	y Airbag	37 Eject Code	38 Trap Code	39 Injury				1
	Name (Last First Middle) Operator	Se	Address e Above	DOB/Age	Sex	Pos. Syste	m Status	-	Code	Status 10	Code 1	Mo	edical Facility	-
	operator -				\hookrightarrow	-	-	H	-	- <u>`</u>	ļ <u> </u>			
							-		<u> </u>					-
						_	_			ļ				
						<u>l</u>	<u></u>							
⁷ 1	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	15 Action	16 Lo	cation	17	Conditi	ion	18		Hit/Run	Moped	
	License # NHL12273074 St N	H_DOB/Age_	Reg#	W61867		ļ-	Re	д Туре	CO		R	eg State	M/A	
	Sex M Lic. Class D D Lic. I	Restrictions 1 20 CI	DL Veh Yedorsement	ar 2021	Ve	h Make .					Veh	Config.	2 21	
	Operator OGRADY, BRAND			HUB DE	LIVI	ERY								
⁸ 1	Address 30 COX ST	rust		s 845 WO	BUR	n si		inst			Mi	iddle		
	City NASHUA State	NH Zip 03064	City V	<u> ILMINGI</u>	'ON			Stat	e M Z	1 _ z	ip 0 :	1887	-3440	1 14
	Insurance Company THE COMME	RCE INSURAN	CE CO Vehicle	Action Prior to (Crash	6	22				Code:	<u> </u>	27 27	
	Vehicle Travel Direction: NXEW	Responding to Emerg	ency? 2 Event	Sequence 1 2	3 2:	3 23	23		st State pe of T			1 ²⁸ 29		
⁹ 2	Citation # (If Issued)		Most I	Iarmful Event	1 2	24				t Resu	ılt:	1 30		
	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Cod	le 9	9 25	25	Su	sp. Alc	cohol:	2 31	Susp. I	Orug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub	Driver	Distracted by	0 3	26		To	wed fr	om sce	ene?	1 33		
	Please fill out for operator/non Name (Last First Middle)	•	nts involved Address	DOB/Age		34 35 Seat Safet Pos. Syste		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	dical Facility	
	Operator/Non-Motorist	Sec	e Above	\times	X	1 99	1	0	0	10	1			
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-					\dashv	+		\square						
					\dashv		-					<u> </u>		
Ĺ				1										

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestria	n \delta = Bicycle	
Crash Diagram:	ie: 🔫	▶	2	→ 発	→ 656	
	Jir	nmy's Parking lot			If Crash <u>Did I</u> on a Public W	
			Sant Carlotte	TOTAL	Off-Street Parki	ng Lot
					☐ Garage	
					Mall/Shopping 0	Center
			55 9		Other Private W	ау
					Indicate North	by Arrow
				2		
Crash Narrative:						
Vehicle #1 was traveli	ng Straight	ahead when Ve	hicle #2 pul	lled out Ri	ght in front of	
Vehicle #1						
						<u> </u>
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
· ··						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
Office (Dasyl 135), and co	71001635		1 Hone is	4k-1ype D	escription of Damaged 1 Toperty	
	*					
Truck and Bus Information	Registration #		(From Ve	ehicle Section)		
Carrier Name		****			Bus Use	42
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C#:	
Interstate Cargo Body		44 GVWR/GCWR	45			
Trailer Reg #:	<u> </u>			Trailer	Length 46	
Hazmat Information:	2 ,,	<u>.</u>	-	A. Million		
Placard 47 Material I digit i	# 48 Materi	al Name		Material 4 digit #	Release code	49

Patrol Officer Anthony Fiore
Police Officer Name (Please Print)

Signature

164 ID/Badge #

Wilmington Police Department
Department Precinct/Barracks

03/16/2023 Date

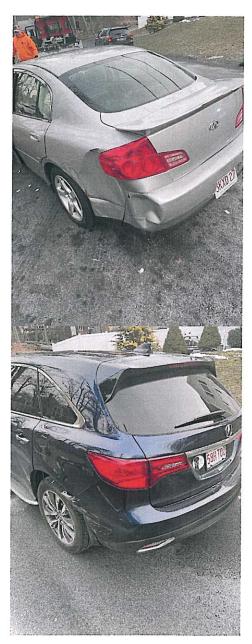
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2	Operator GO	NZALEZ, P	RACHI			er GONZAL	EZ,	<u>M</u>	.GU	EL Fir				Mid	M.		-		
³ 2	Address 25	RANDOLPH	RD			ess 25 RAN	IDOI	LPH	RI					pvilo	idio .		- _		_
	City WILMI	NGTON	State M	IA Zip 01887	-2830 City	WILMING'	TON				State	MA	Zi	p 01		-2830	1	14	
	Insurance Compa	any SAFETY	INSU	URANCE CO	MPANY Vehic	le Action Prior to	Crash		4	22				Code:		27 27			J
	Vehicle Travel D	irection: NXE	w	Responding to Emerge	ency? 2 Even	t Sequence 1	23	23	23	23		Status		ļ	28				
2	Citation # (If Issu	ıed)			Most	Hannful Event	1	24				of Te. C Test l		F	30				
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	Viol. 3: Ch/Sec/S	Sub	Vio	l. 4: Clı/Sec/Sub	Drive	r Distracted by	99	26				ed froi	-		2 33		1		
		•	or/non-m	otorist and all occupa		POD/s - ·		34 Seat	35 Safety	36 Airbag	Eject 📑	Trap J:		40 Transp.		-1 fc5V-			
	Operato	or/Non-Moto	rist		Address Above	DOB/Age	Sex		System 99		Code (Code 1	Medie	al Fucility	\dashv		
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-	= Direction 1	= Vehicle 1	= Vehicle 2	오 = Pedestr	ian 🐠 =	Bicycle	
Crash Diagram:	ie: 👈 🔟] → [2	₩Ÿ	→ ‱		
Burlington Avenue	V1 V1	Swain Road				If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Cent Other Private Way	ot er
	Swain Road	10				Indicate North by	Arrow
Crash Narrative:							
On Friday March 17, 2023	3 at approxima	tely 7:30am	I, Officer	Fortes v	as dispat	ched to	······································
Burlington Ave at Swain	Road for a re	port of a t	wo vehicle	crash wit	h air bag	deployment.	
Upon arrival I observed	Op1 standing	by his Infi	nity G35 ar	nd Op2 sit	ting in h	er Acura MDX.	
Both parties were offere	ed medical att	ention on s	cene and Op	2 was eva	aluated ar	nd it was	·
determined she did not h	nave any serio	us injuries	. V1 sustai	ned damac	re to the	front left	
side and was towed from							
sustained damage to the							
residence. Op1 stated he							
left out of Swain Road.							
		e was caxin	g a rert ot		TI KOAU OI		
Burlington Ave and did n	ot see vi.						
Witnesses:		Address					T 84.4
Name (Last, First, Middle)		Address			Phone #	·	Statement
		į					
Property Damage:		•			•		
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of I	amaged Property	
	<u> </u>			3775.3			
Truck and Bus Information:	Registration #			1. 6 7 .			
Carrier Name	Registration #		(From Ve	chicle Section)		Bus Use	42
Address			City		St_	Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Typ	44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:	45						
Placard Material 1 digit #	Material Nam	e		Material 4 dig	it #	Release code	49
Patrol Officer John A Fo	ortes		228 W	ilmington	Police Do		/17/2023
Police Officer Name (Please Print)	Signature	1	D/Badge # De	epartment	Precinct/		

Wilmington Police Department Images Associated with 23-80-AC





	Police Use Only	Com	monwealth	of Massacl	husetts	5	R	MV Doc	cument Number		
	Date of Crash Time of Crash 03/17/2023 0842 W	City/Town Vilmington	Motor Veh		Number Vehicles		Speed Lin	nt2	5 State Police Local Police MBTA Police	0800	
	24HR		Police	Report	3	0	Latitude _ Longitude		Campus Police Other:	_ 6	
	AT INTERSI	ECTION:	< LOCA	TION >		NOT A	T INTE	RSEC	TION:		
					0	AT 53					2 10
1	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #	GLE		of Roady	way/Street	_	┟──
1		At		Fact N	S E W of			_ 05			
	Route# Direction	Name of Intersecting Road	lway/Street	1001 [.7]	51-51-11 or	Mile M	arker	01	Exit Number		11
		Also at Intersection	with	Feet N	S E W of	Route#	Inte	rsecting	Roadway/Street	_	
² 1	Route# Direction	Name of Intersecting Road	lway/Street	Feet N	S E W of		2,146		Nodumay/Direct	ļ	
								Landmar	k		ĺ
3	Please Select One of the Following:	1#Occupants Hi	t/Run Moped	Crash Repo	rt ID# 2 3	-81	-AC				ĺ
	License # <u>S63240945</u>	St MA_DOB/Age	Reg /	944PW2		Reg Typ	e PC	R	teg State MA		12
	Sex F Lic, Class D 19 19		CDL Veh Y	_{(ear} <u>2019</u>	Veh Make 🗷	UDI		Vel	h Config. 2	I	1 12
	Operator REIDY, CHR	ISTINA MARIA	Endorsement Own	er REIDY, C	HRIST	NA M	ARIA			[
⁴ 3	Address 31 GLEN RD	Filst		ess 31 GLEN	RD	First			fiddle		
	City WILMINGTON	State MA Zip 0188	7-1943 City	WILMINGTO	N	Sta	ate MA	Zip_ 0	1887-194	3	
	Insurance Company PLYMOUT	H ROCK ASSUR	ANCE C Vehic	le Action Prior to Cras	sh 2	22 D	amaged Ar	ea Code:	5 27 27 2	27	
5	Vehicle Travel Direction: NX I	Responding to Eme	rgency? 2 Even	Sequence 23	23 23	~~	est Status:		1 28		
⁵ 1	Citation # (If Issued)		Most	Harmful Event 1	24		ype of Test: AC Test Re		30	ļ	
	Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	usp. Alcoho		Susp. Drug 2	32	1 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		owed from	-	2 33	<u> </u>	
⁶ 1	Please fill out for Name (Last First Middle)	operator and all occupants in		DONA	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Inju	ry Transp.		一	
	Operator	5	Address See Above	DOB/Age Sex	Pos. System	Status Code	Code State	1	Medical Facility	\neg	
					+-		 			_	
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⁷ 1	Please Select One of the Following:	1 #Occupants No	n-Motorist A Type	Action 16	Location	17 Condi	tion 1	֓֞֟֞֟֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֟	Hit/Run 🔲 Mor	ed	
	License # S31483061	St MA DOB/Ag	Reg#	2FGS75		Reg Type	PC	R	eg State MA	二	
	Sex_ F Lic. Class D 19 19		CDL Veh Y	ear 2021	Veh Make	eep		Veh	Config. 1		
3	Operator STEENBRUGGE			r STEENBRU	GGEN,	CAROI First	JUD:		iddle	_	
2	Address 32 FAY ST		Addre	ss 32 FAY S	T	1 1134		, , , , , , , , , , , , , , , , , , ,	nade		- 14
	City WILMINGTON	State MA Zip 0188	7-1807 City 1	WILMINGTO				-	1887-180	<u>-</u> :	1 14
	Insurance Company PLYMOUT	H ROCK ASSUR	ANCE C Vehic	e Action Prior to Cras	h 2		amaged Are	a Code:	5 27 27 2 28	27	
	Vehicle Travel Direction:	W Responding to Emer	rgency? 2 Event	Sequence 23	23 23	***	est Status: pe of Test:		29		
1	Citation # (If Issued)		Most	Hannful Event 1	24	В	AC Test Re		1 30		
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	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —		Distracted by 0	26		wed from s	,	1 33		
	Please fill out for operat Name (Last Pirst Middle)	or/non-motorist and all occup	oants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injur Code Statu	y Transp.	Medical Facility		
	Operator/Non-Moto	<i>rist</i> s	ee Above	$\searrow X$	1 1	4 0	0 10	1			
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Po	lice Use Only		Cor	mmonw	vealth	of Massac	huset	ts	36.6	RMV Doc	ument Number	Į.
Date of Crash 03/17/2023		1	City/Town ington			icle Crash	Numb Vehic			Limit 2	5 State Police Local Police MBTA Police	0800
	24HR	1		J		Report	3	0	Longit		Campus Police Other:	_ 6
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Route# Dire	ection		Name of Roadwa	y/Street		Route# Direction	Address			me of Roady	way/Street	
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Route# Dire	ection	Name	of Intersecting Ro	oadway/Street				Mile	Marker	· ,	Exit Number	r
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Route# Dire	ection	Name	of Intersecting Ro	oadway/Street		Feet N	S E W of			ŭ	•	
Diam C. Ind		<u></u>		I						Landmar	k	
Please Select of the Follow		le 3 <u>4</u> #	#Occupants	Hit/Run	Moped	Crash Repo	rt ID# 2 .	3-81	-A	C		
	6380534		DOB/Age		Reg #	SP105720		Reg T	уре РС	R	eg State MA	
Sex M Lic.	Class D	Lic. Res	strictions 20	CDL		Year <u>2015</u>	Veh Make	FORD		Vel	Config. 5	21
Operator GO	NZALEZ HER	NANDEZ	, URBANO F	FRANCISCO	Owne	er NRT BUS	INC					[
	SHAWSHE			Mindle		ess 230 MAII	1 ST	First		М	liddle	
City LAWR	ENCE	State 1	MA Zip 018	43-1835	City_	NORTH REA	DING		State MA	Zip O	1864-31	12
Insurance Com	pany OLD RI	EPUBL]	IC INSUR	ANCE CO	O Vehic	le Action Prior to Cra	h 1	22	Damaged	Area Code:	1 27 27	27
Vehicle Travel I	Direction: N	EW	Responding to E	mergency? 2	Event	Sequence 23	23 23		Test Statu		1 28	
Citation # (If Is	sued)				Most	Hannful Event 1	24		Type of To BAC Test		30	1
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Viol. 3: Ch/Sec	/Sub	Vio	ol. 4: Ch/Sec/Sub	·	Drive	r Distracted by	26				3 33	' }
		t for operator	r and all occupants				34 3: Sesi Safi	ety Airbag Eje	7 38 ret Trap de Code	39 40 Injury Transp.		
Name (Last First N			1	Address See Above		DOB/Age Ser	Pas. Syst	em Status Co		Status Code	Medical Facility	у
Ореги			<u> </u>				\	+	+			
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						<u> </u>	99 1	4 0	0	10 1		
							99 1	4 0	0	10 1		!
Please Select (of the Followi		le 4#0	Occupants	Non-Motorist A	Туре	15 Action 16	Location	17 Con	dition	18	Hit/Run 🔲 Me	oped
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Sex Lic.	19 1	19 Lic Rest	20	CDL		ear			-			21
Operator			Thomas L	Endorsement		er	VCII IVIANO			*CI	Coanig.	
Address	Last	Fir	tar	Middle		Lost PSS		First		Mi	ddle	
		State	Zip			55		9	tate	Zip		 1
Insurance Comp						e Action Prior to Cras	1			Area Code:	27 27	27
Vehicle Travel [Direction: N S	EW	Responding to En	nergency?	Event	Sequence 23	23 23	23	Test Status	s:	28	
	ued)		. •	,	Most !	Harmful Event	24		Type of Te	į	29	
Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/Sub		Driver	Contributing Code	25	25	BAC Test Susp. Alco	-	Susp. Drug:	32
Viol. 3; Ch/Sec/S			ol. 4: Ch/Sec/Sub -			Distracted by	26		Towed fro		33 Diag.	
	ase fill out for ope						34 35 Seat Safe			39 40 Injury Transp.		_
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	= Direction		= Vehicle 1	2 = Vehicle 2	Q = Pe	destrian	ØØ = Bicycl	e	
Crash Diagram:	ie: 🛏	1	→ □	2	→ ऱ	ı	→ №		
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								Off-Street Parking	Lot
								Garage	
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	⇒			120			0	Other Private Way	
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Crash Narrative:									
ehicle one was trave	ling down GJ	Len R	oad towards	Middlesex	Ave wh	en it	t approache	d traffic	
ue to a red light at									
aiting the light to	curn green.	The o	operator of	vehicle 1	stated	it a	attempted t	o stop	
hen they experienced	brake failu	ıre. '	Vehicle 1 o	could not s	top in	time	and collid	ed with	
hicle 2 forcing into	vehicle 3.	The:	re were no	apparent i	njuries	from	n all parti	es	
volved although the	operator fo	r vel	nicle 2 was	transport	ed to t	he ho	spital as	a	
recaution. Vehicles 1	and 2 both	had	to be towe	d due to t	he dama	ge to	their veh	icles.	
nere was no airbag de	ployment fr	om ar	ny vehicles) <u>.</u>			••		
Witnesses:									
ame (Last,First,Middle)			Address				Phone #		Statement
Property Damage:	Address			Phone #	41.00		scription of Damag	-I D	
when (Last, First, Windie)	Audress			r none #	41-T	pe De	scription of Damag	ed Froperty	

Truck and Bus Information	Registration t	.		(France)	Tabiala Passia				
Carrier Name	Registration #			(Froin	venicie Sectio	n)		Bus Use	42
Address				City			St	Zip	
	State Number				MC	мхлсс	#:		
nterstate Cargo Body	Type Code	44	GVWR/GCWR	45			اند		
Trailer Reg #:	Reg Type		Reg State	Reg Year_		Trailer L	ength 46		
Hazmat Information: 47 Placard Material 1 digit	# 48 Mater	ial Name			Material	4 digit#,		-Release code	49
	·							<u> </u>	J
atrol Officer Thomas lice Officer Name (Please Print)		ature			Wilmingt Department	on P	olice Depar Precinct/Barrac		/17/2023
	bin							Date	

Wilmington Police Department Images Associated with 23-81-AC





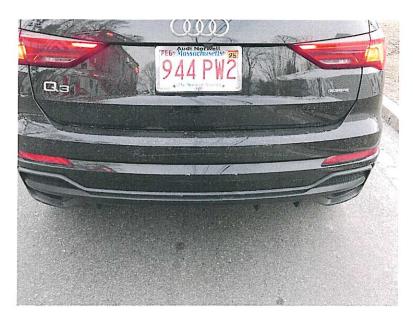








Wilmington Police Department Images Associated with 23-81-AC













Wilmington Police Department Images Associated with 23-81-AC



Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER THOMAS LAWRENSON

Ref: 23-81-AC

On March 17, 2023 | Officer Thomas Lawrenson was assigned uniform patrol to cruiser 31, sector 1 working the day shift from 8:00 AM to 4:00 PM. At approximately 8:42 AM | arrived onto a scene of a motor vehicle crash on 9 Glen Road.

The crash had occurred when a 2015 Ford Transit NRT school bus with MA plate 105720 collided with a blue 2021 Jeep Renegade with MA plate 2FGS75 forcing it into a black 2019 Audi Q3 with MA plate 944PW2. The operator of the bus was identified as Urbano Gonzalez-Hernandez who stated he noticed there was traffic at the end of the street and attempted to brake. Urbano stated the brakes would not work and could not stop himself from colliding with the other vehicle. The operator of the Jeep who was identified as Carol Streenbruggen stated she was slowing down to stop in traffic when she was suddenly jolted forward due to the bus colliding with her forcing her into the black Audi. The operator of the Audi was identified as Christina Reidy who stated the same description of events as Carol and did not know why the bus was unable to stop. The passenger aboard the bus identified as Sarah Carty Alcantara who is an aide aboard the bus stated she saw the vehicle begin to slow down but did not stop completley. Sara stated right before the crash she saw Urbano jerk when the bus was getting too close to the other vehicles.

There were no reported injuries from all parties though all the juveniles aboard the bus were evaluated for injuries by the Wilmington Fire Department (WFD). The parents of all the juveniles aboard had given verbal consent to sign medical refusal forms from the WFD. Carol did not appear to have any injuries but was taken to the hospital by her husband as a precaution. Before the bus was picked up by Forrest Towing the brakes were tested and they do appear to have worked. There were also no brake marks in the area where the crash occurred. Both the bus and the Jeep were towed from the scene by Forrest Towing and all parties were assisted with an information exchange.

I was contacted by NRT Inc who had dashcam footage inside the vehicle during the crash. After reviewing the footage it shows Urbano briefly falling asleep just before the crash. By the time he wakes up he is unable to stop in time to prevent the crash. Urbano never stated feeling drowsy or falling asleep during the crash. Due to this information with the fact that juveniles were in his care when this accident occured, an immediate threat request was filled out and faxed to the RMV.

Respectfully submitted,

Officer Thomas Lawrenson

Patrolman #222

Wilmington Police Department

Attachments for 23-81-AC	
Description	Type
INSIDE CAMERA FOOTAGE	MP4
Attachment#: 2E051E6786D947FFB60D89C72A109026	
OUTSIDE CAMERA FOOTAGE	MP4
Attachment#: DFF7EBF594FC4B5B8786D40316850A9C	

	Police Use Only	wealth	of Massach	usetts	3	RMV Document Number					
	1 1 1	City/Town Moington	otor Veh	icle Crash	Number Vehicles		Speed Limi	40	State Police Local Police MBTA Police Campus Police	9	
	24HR	Ing con	Report	2	0	Lattinge William Conte		Campus Police C	3		
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1	Route# Direction	Name of Roadway/Street		Route# Direction	Address #	DALL		Roadway			
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	Route# Direction Name	of Intersecting Roadway/Stre	et			Mile M			Exit Number	9 11	
		Also at Intersection with		Feet N S		Route#	Inters	ecting Roa	adway/Street		
² 1.	Route# Direction Name	of Intersecting Roadway/Stre	et	Feet NS	E W of					_	
	Please Select One Nation 12		 					ındmark		-	
3	of the Following:	#Occupants Hit/Run	Moped	Crash Report I	D# 23	-82	-AC				
	License # NHL17082239 St NH	L DOB/Age	Reg #	3TZH18		Reg Typ	e <u>PC</u>	Reg		12	
	Sex M Lic. Class D Lic. Re	strictions 20 CDL	Veh \	Year 2021 V	eh Make <u>N</u>	<u>IISSAN</u>		Veh Co	onfig. 2 21		
4	Operator MARTINEZ, STEP	PHEN BRUCE First Middle	Own	er <u>MARTINEZ.</u> Last	STE	PHEN E	RUCE	Middle	:	-	
⁴ 1	Address 10 COOPER ST		Addre	ess 10 COOPER	ST					-]	
	City TAUNTON State 1	_	•	TAUNTON			nte <u>MA</u>	,		-	
	Insurance Company PROGRESSIV	E DIRECT INSU		le Action Prior to Crash	4		amaged Area est Status:	Code: 8	27 27 27 28		
5 2	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Event	<u> </u>	23 23	***	ype of Test:	1_	29		
	Citation # (If Issued)			ranmur Eveni I	24	В	AC Test Res	ult:	30	121	
	Viol. 1; Ch/Sec/Sub ————Vi	iol. 2: Ch/Sec/Sub			1 ²⁵	25 St	asp. Alcohol:	31 S	Susp. Drug: 32	1 ¹³	
ِ آ	Viol. 3: Ch/Sec/SubVi		Drive	r Distracted by	26		owed from so		33		
_	Please THI out for operato Name (Last First Middle)	r 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 Status	40 Transp. Code	Medical Facility		
	Operator	See Above	e	$>\!\!<\!\!\times\!\!$	1 1	4 0	0 10	1			
	STEPHEN MARTINEZ	13 CRAVEN TER DERRY, NH 03038		09/12/2001 M	3 1	4 0	0 10	1			
	Please Select One	Occupants Non-Motori	st A Type	15 Action 16 Lo	ocation	17 Condit	18		/Run Moned	1	
9	of the Pollowing:				Cation					4	
	10 10	DOB/Age	-	2AYP65		Reg Type			State MA 21		
		trictions B CDLEndorsem	ent		h Make B			_ Veh Co	nfig. 1		
1	Operator GUERRERO, ANGE	irst Middle		r GUERRERO ,		LA DA First	RIS	Middle			
	Address 77 LOWELL ST City LYNN State 1	<u>(A</u> Zip 01905-28:		ss <u>77 LOWELL</u> LYNN	ST		. MA a	. 010	05-2831	1 14	
	Insurance Company GOVERNMENT		•	e Action Prior to Crash	5	_	ne <u>rura</u> Z nnaged Area		27 27 27		
		Responding to Emergency? 2			3 23		st Status:		28		
	Citation # (If Issued)		, <u>L</u>	<u> </u>	⊥ _{Ty}	pe of Test:	ļ	29			
2	Viol. 1: Ch/Sec/Sub —————————Vio	of 2- Ch/Sac/Sub		Contributing Code	25	25	AC Test Resu		30 usn Drag 32		
		ol. 4; Ch/Sec/Sub			26 26		sp. Alcohol: wed from so		usp. Drug: 32		
	Please fill out for operator/non-n				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1	
	Name (Lost First Middle)	Address			Pas. System	Status Code	Code Status	Code	Medical Facility	-	
	Operator/Non-Motorist	See Above			1 1	4 0	0 10	1		4	
								ļ			

	Direction	ı = Vehicle i	2 = Vehicle 2	र्भ = Pedestrian	🐯 = Bicycle	
Crash Diagram:	ie: → 🗆	→	2	≯ ∺ •	→ №	
MV 1		r r	195 Ballardv	ale St	on a Pul Off-Stre	Did NotOccur blic Way: et Parking Lot oppping Center
) MV 1 [®]	B COMP	3 15 € 2	¢	Other Pr	rivate Way
		а а			Indicate	North by Arrow
				9 @)
Crash Narrative: See supplamental narra	ative.				1	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:	Address		Phone #	41-Type Des	cription of Damaged Prop	erty
Truck and Bus Information Carrier Name	Registration #		(From Ve	hicle Section)	Ві	is Use 42
Address			City		St Zip	
US DOT #:	State Number44		Issuing State	мс/мх/ісс	#:	
Interstate Cargo Body Trailer Reg #:		GVWR/GCWR	4,3	———Trailer L	ength 46	
Hazmat Information:	40					49
Placard Material I digit	# Material Na	ame		Material 4 digit #_	Releas	e code
Patrol Officer Robert M DeG	regorio III Signature			ilmington Popartment	Departmen Precinct/Barracks	t 03/17/2023 Date

Wilmington Police Department

Page: 1

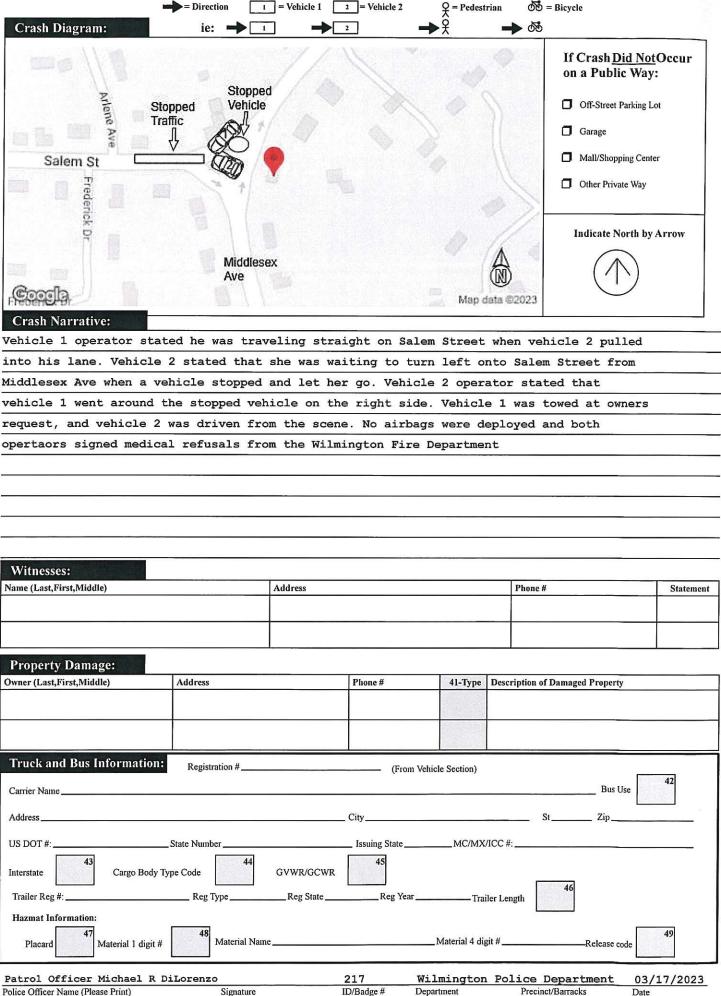
NARRATIVE FOR PATROL OFFICER ROBERT M DEGREGORIO III

Ref: 23-82-AC

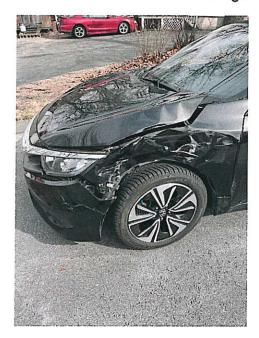
The operator of MV 1 stated as he was making a left hand turn out of the driveway of 195 Ballardvale St, the operator of MV 2 began to change lanes because the vehicle in front of them was taking a right-hand turn into the driveway of 195 Ballardvale St. The operator of MV 1 stated that MV 2 was in the right lane closest too him and then went out and around the vehicle in front of them causing the two vehicles to crash. MV 1 sustained damage to the front left side of the vehicle. No injuries reported at the time and the vehicle was still operable.

The operator of MV 2 stated that a vehicle in front of her began to make a right-hand turn into 195 Ballardvale St. While the vehicle was turning, she drove around the vehicle taking up some of the lane next to her. The operator of MV 2 stated that the truck started to creep out of the driveway of 195 Ballardvale St causing the two vehicles to crash. MV 2 sustained damage to the front right of the vehicle. No injuries reported at the time and the vehicle was still operable.

	Police Use Only	nonwealth -	vealth of Massachusetts RMV Document Num							
	Date of Crash Time of Crash 03/17/2023 1455 Wilr	City/Town	Motor Veh	icle Crasl	Numbe Vehicle		opeca Lini	it20	State Police Local Police MBTA Police Campus Police	1
	24HR	aring con	Police :	Report	2	0	Latitude Longitude		Campus Police Other:	i
	AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INTE	RSEC'	TION:	
		•								2 10
	Route# Direction SALEM S'	L' Name of Roadway/Str	reet	Route# Direction	Address #	-	Name o	of Roadw	/ay/Street	
¹ 1		At		- [N]	e e w					
	Route# Direction MIDDLESI	EX AVE se of Intersecting Roadw	av/Street	Feet [19]	S E W of	Mile M	arker	or _	Exit Number	-
		Also at Intersection w		Feet N	S E W of	-				9
2	Route# Direction Nam	e of Intersecting Roadw		Feet N	S E W of	Koute#	Inter	secting F	(oadway/Street	
² 1	Rome# Direction Nam	e of intersecting Roadw	ay/Siteet				I	andmark	(_
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Repo	ort ID# 2 3	8-83	-AC			
	License # S92324402 St M	A DOB/Age	Reg /	6CK816		Reg Typ	e PC	Re	eg State MA	
	Sex. M Lic. Class D 19 19 Lic. R	estrictions 1 20 CI	DL Veh \						7.7	1 12
	Operator SURESH , PRASAL		Own	er SURESH,	PRASA	NA	· · · · · · · · · · · · · · · · · · ·		<u></u>	_
⁴ 1	Address 1221 AVALON DR	l@rst		ess 1221 AV	ALON D			Mi	ddle	_
	City WILMINGTON State	MA Zip 01887	-1155 City	WILMINGTO	ON	St	ate MA	Zip 0]	L887-1155	_
	Insurance Company GOVERNMENT	EMPLOYEES	INSU Vehic	le Action Prior to Cra	ısh 1	22	Damaged Are	a Code:	8 27 27 27	
F	Vehicle Travel Direction: NSE	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23 T	est Status:		1 28	
י	Citation # (If Issued)	=	Most	Harmful Event 1	24			14.		
	Viol, 1; Ch/Sec/Sub\	/iol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	99 25	25			<u> </u>	1 13
	Viol. 3: Ch/Sec/Sub ———— \	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			\vdash	1 33	
⁶ 1	Please fill out for operat	•			34 35 Seat Safety	36 37 Airbag Eject	Trap Injur	y Transp.		
	Name (Last First Middle) Operator		Address e Above	DOB/Age Se	7	 	<u> </u>		Medical Facility	-
	operato.									-
										4
						<u> </u>				4
⁷ 8	Please Select One of the Following:	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	1 🗖 i	lit/Run Moped	1
_	License # S97919903 St M	DOB/Age	Reg #	9XG295	<u> </u>	Reg Typ	e PC	Re	g State MA	1
	Sex F Lic. Class D Lic. Re	estrictions B 20 CD	DL Veh Y	ear 2021	_ Veh Make _	(eep		Veli t	Config. 1	
	Operator ROCHE, SAMANTI		dorsement Owne	ROCHE, S	SAMANTI		OLE			.
1	Address 121 TRULL RD	fyst	Middle Addre	SS 121 TRU	LL RD	A				
	City TEWKSBURY State	MA Zip 01876	-1706 City_	<u> </u>	•	Sta	ite MA	Zip 01	876-1706	1 14
	Insurance Company AMICA MUTU	AL INSURAN	CE CO Vehic	e Action Prior to Cra	sh 4	22 D	amaged Are	a Code:		2 1 13 ed 14
i	Vehicle Travel Direction: NSE	Responding to Emerge	ency? 2 Event	Sequence 23	23 23	**5			<u>. </u>	
	Citation # (If Issued)	_	Most	Harmful Event 1	24	•	-	ndt .		
2	Viol. 1: Clı/Sec/Sub V	iol. 2: Ch/Sec/Sub	Drive	Contributing Code	99 ²⁵	25			Susp. Drug 2 32	
	Viol, 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Driver	Distracted by	26			-		
ľ	Please fill out for operator/non- Name (Last First Middle)	•	nts involved	DOB/Age Se	Seat Safety	Airbag Eject	Trap Injury	Transp.	Madinal Cariffee	1
ŀ	Operator/Non-Motorist		Above	DODINGE SE	7		1	1 1	Medical Pacifity	1
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							-			4
-										-



Wilmington Police Department Images Associated with 23-83-AC





Police 1	Use Only	monwealth of Massachusetts RMV Document Number											
1 1	me of Crash 316 Wiln	City/Town	Motor Vel	– –	sh [Number Vehicles			d Limit	20	State Police Local Police MBTA Police		
0.	24HR		Police	Report	3	3	1	- 1	itude		Campus Police Other:	<u></u> 5	ĺ
A'	T INTERSECTI	ON:	< LOCA	ATION >	>		NOT A	T IN	TER	SEC'	TION:		
					2:	ī	DTN	EWO	OD	מם			2 10
Route# Direction		Name of Roadway/St	reet	Route# Directi		dress#					/ay/Street		
		At		Feet F	NSEV	v of				or			
Route# Direction	Nam	e of Intersecting Roady	vay/Street				Mile N	/larker			Exit Number		6 11
		Also at Intersection w	rith] _	NSEV		Route#		Interse	ecting F	Roadway/Street	-	
Route# Direction	Nam	e of Intersecting Roady	vay/Street	Feet [N S E V	V of							
Please Select One	NZ11	#0	_	<u> </u>						ndmark	<u> </u>		
of the Following:	Vehicle 11	#Occupants Hit/	Run Moped	Crash Re	port ID#	23	-84	-A	.C				
License #_ S840		A DOB/Age	Reg	# <u>15YM32</u>			Reg Ty	pe <u>PC</u>	<u>:</u>	Re		<u></u> [12
Sex F Lic. Clas		E:	DL Velu	Year 2019	Veh N	/Iake_T	TOYO	A		Veh	Config. 1	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
Operator MACC	ORKLE, KEZ	ARA ANNE	Own	er MACCORE	KLE,	KEF	RA A	NNE		Mic	ddle		
	DARCREST		-	ress 12 CED	ARCR	EST	RD						
	GTON State	-	_	WILMINGT	ON_						L887-400	— I	
Insurance Company	GOVERNMENT	<u>EMPLOYEES</u>	S INSU Vehic	cle Action Prior to C	,	1		Damage Test Sta		Code:	1 27 27 28	27	
— Vehicle Travel Direc	tion: XSEW	Responding to Emerg	gency? 2 Even	t Sequence 2	3 23	23		Type of			29		
Citation # (If Issued)		-		t Harmful Event	1 24	i a a li		BAC Te		alt:	30	ļ	12]
Viol, 1: Ch/Sec/Sub	\	/iol. 2: Ch/Sec/Sub ——	Drive	er Contributing Cod		25	25	Susp. Al	lcohol:	31		32	2 13
				er Distracted by	0 26	1 70		Towed f		Ĺ	1 33	[
Name (Last First Middle)	Please fill out for operat	or and all occupants inv	/Olved Address	DOH/Age	Sex Pos.	35 Safety System	36 37 Airbag Eje Status Coc	t Trap	39 Injury Status	Transp. Code	Medical Facility		
Operator		Se	e Above		\times 1	1	3 0	o	8	2	Lahey Clinic		
Please Select One	Vehicle 20	#Occupants Tax		15	16		17		18	<u></u>		\neg	
of the Following:	venicie 20	Worden in in in in in in in in in in in in in	Motorist A Type	Action	Locat			lition		<u></u>	lit/Run 🔲 Mo	ped	
License #	St 19 19	DOB/Age	-	¥ <u>V56945</u>				pe <u>CO</u>	1	Re	g State MA	_	
Sex Lic, Class	Lic. Re	estrictions CI	dorsement	Year 2017						Veh	Config. 2]	
	erless M.V	First	Middle	er NOCELLA	şt		First	ARD		Mid	Idle	-	
Address				ess 63 APP		SA (3.47		. 01	970 043	_	14
	State_	•	•	TYNGSBOR				tate <u>ML</u> Damage		· .	.879-243	27	
	TRI-STATE			cle Action Prior to C	rash 3 23	23		est Stat		Code	28	-1	
Vehicle Travel Direct	<u> </u>	Responding to Emerg	•		- 1	:	. 1	Type of	Test:		29		
Citation # (If Issued)				Harmful Event		25	25	BAC Te	r		30	_	
	v		er Distracted by	26			Susp. Ai- Fowed fi	L	31	Susp. Drug	32		
Viol. 3: Ch/Sec/Sub - Please f	nts involved	I Distracted by L	34	35	36 37	38	39 40						
Name (Last First Middle)	•	•	Address	DOB/Age	Sex Pos.	Sofety System	Airbag Ejec Status Cod		Injury Status	Transp. Code	Medical Facility		
Uperator/l	Non-Motorist	Se	e Above		$X \mid 1$			_					
								<u> </u>					

	Police Use Only	onwealth (wealth of Massachusetts RMY Document Numb						nent Number				
	Date of Crash Time of Crash 03/18/2023 0316 Wilm	City/Town Mington	Aotor Veh	icle Cras	sh [N	Vumber /ehicles		lobet.	Limit_	20	State Police Local Police MBTA Police		
	24HR	ing con	Police 1	Report	3		1	Latitu Longi			Campus Police	_ 5	
	AT INTERSECTI	ON:	< LOCA	TION >			NOT A	T IN	TERS	SECT	ION:		
					21		DTM	EWOO	י בוכ	מפ			2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction		lress#	FIN			Roadway	y/Street		
¹ 4		At		Feet N	SEW	of				OF			
	Route# Direction Name	e of Intersecting Roadway/S	Street				Mile N	larker		· ·	Exit Number		6
		Also at Intersection with		Feet N	SEW	of	Route#		Intersec	cting Ro	adway/Street		
² 2	Route# Direction Name	e of Intersecting Roadway/S	treet	Feet N	SEW	of							
										dmark			Ì
3	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Crash Re	port ID#	23	-84	-A	C				
		DOB/Age	Reg #	1BRP58			Reg Ty	ре <u>РС</u>		Reg	State MA		. 12
	SexLic. Class 19 19 Lic. Re	estrictions 20 CDL_ Endors	Veh Y	/ear <u>2003</u>	Veh M	1ake <u>D</u>	ODGE			_ Veh C	onfig. 2	21	1
	Operator Driverless M.V	Z. Eindors First Mids		er RILEY,	BRIA	N E	PATRI	CK_		Middl			
1	Address			ess 2A CEDI	ARCRI	EST	RD First			Middl	le .		
	City State	Zìp	City_	WILMINGT	ON		s	tate M	\ Zi	p 01 8	887-400	26	
	Insurance Company SAFETY INS	URANCE COMP	PANY Vehíc	le Action Prior to C	rash	11	22	Damageo	d Area (Code: 6		27	
	Vehicle Travel Direction: SEW	Responding to Emergency	/? <u>2</u> Event	Sequence 2 23	23	23	~ [Test State		-	28		
	Citation # (If Issued)	_	Most	Harmful Event	2 24			Type of T BAC Tes		,	30		
	Viol. 1: Ch/Sec/Sub ———V	iol, 2; Ch/Sec/Sub	Drive	r Contributing Code	•	25	25	Susp. Ale	_		Susp. Drug:	32	2 ¹³
5	Viol, 3: Ch/Sec/Sub — V	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		-	Fowed fr	om sce	ne? 2	33		
1	Please fill out for operate Name (Last First Middle)	or and all occupants involved		DOB/Age	34 Seat Sex Pos.	35 Safety	36 37 Airbag Ejec Status Cod	t Trap		40 Transp. Code	M. East Conflict		
	Operator	See Ab		DOB/Age	1	System	Suites Cod	c Code	Status	Code	Medical Facility		
	<u> </u>											\dashv	
		+				╂							
					_								
													
1	Please Select One of the Following:	#Occupants Non-Mote	orist A Type	15 Action 1	Locati	on	17 Cond	ition	18	Hit	t/Run 🔲 Mo	ped	
	License #St	DOB/Age	Reg#				Reg Typ	ne		Reg	State		
	SexLic. Class 19 19 Lic. Re	strictions 20 CDL_		ear	Veh M	ake				Veh Co			
	Operator	Endorse	Owne	rlas									
1	Address	žirst Midd		Last	ι		First			Middle	· -	[
	CityState_	Zip	City_				St	ate	Zip	р		_	1 14
	Insurance Company		Vehic	le Action Prior to Ci	rash		22	Damaged	Area C	Code:		27	
	Vehicle Travel Direction: NSEW	Responding to Emergency	? Event	Sequence 23	23	23	1	est Statu		 	28		
	Citation # (If Issued)		Most	Harmful Event	24			ype of T IAC Test		,	30		
2	Viol. 1: Ch/Sec/Sub ———Vi	ol, 2: Ch/Sec/Sub ———	Driver	Contributing Code		25	25	usp. Alc			Susp. Drug:	32	
	Viol, 3: Ch/Sec/Sub ———Vi	Drive	Distracted by	26		r	owed fro	on scen	ne?	33			
į	Please fill out for operator/non-r	•		DOB/Age	34 Seat Sex Pos.	35 Safety	36 37 Airbug Eject Status Code	38 Trap Code	39 Injury T Status	40 Fransp. Code		\dashv	
	Name (Last First Middle) Operator/Non-Motorist	Addres See Abo		LOBINGS	Sex Pos.	System	Surus Code	Lode	SIATUS	- ould	Medical Facility		
	- F		 		7			+	\dashv	\dashv	 .	\dashv	
;						-		+	\dashv	+		-	
					_	ļl		+	_			_	

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	ள 🧒	= Bicycłe	
Crash Diagram:	ie: →	□ →□	2	₽Ř	→ №		
	Pinewood	Rd.	10)		D	If Crash Did No on a Public Way Off-Street Parking Garage Mall/Shopping Cen	y: Lot
	18	B Pinewood Rd.					
				<	1 2	Indicate North by	yArrow
Crash Narrative:							
On 03/18/23 car 1 wh							
noccupied) which se	nt it into picku	p truck 3 (p	parked and un	occupied). Car	1 and car 2	
vere towed by forest					···	erator of Car 1	
stated she fell asle		·····					
ninor injuries, She	was transported	to Lahey Ho	osp. by Wilmi	ngton am	oulance.		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
D							
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type J	Description of	Damaged Property	
<u>- · · · · · · · · · · · · · · · · · · ·</u>					•		
		, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,					***
Truck and Bus Informati	On: Parietration #		(From Vehi				
	B		——— (From Veh	icle Section)		, F	42
Carrier Name						Bus Use	
Address			City		S	St Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		·
43	44		45				
	ody Type Code	GVWR/GCWR	2.55		_	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length		
Hazmat Information:	,				L		
Placard 47 Material I di	git # 48 Material Nan	ne		_Material 4 digit	#	Release code	49
	n Walliday		205 134	Tanada na series a ser	Dolies '	Danamtmant 03	/10/0000

03/18/2023 Date

Department

Wilmington Police Department Images Associated with 23-84-AC



