							onwealth of Massachusetts RMV Document Number											
	Date of Crash 04/24/2023	Time of Crash		City/Town ington	Mo	tor Vel	iicle Cra	ısh		umber ehicles		nber ured		l Limit	30	Local	Police I Police IA Police pus Police	3
	04/24/2023	24HR	AA T TIII	riig coii		Police	Report		2		0		Latitu Long	ide itude			pus Police	5
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		SCAL	TRIT															2 10
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<u> </u>	-	Sat.e	M ST				Feet	NS	EW	of	_		_ •	. —	or _			_
	Route# Direc				g Roadway/Street					1	М	ile Ma	rker			Exit	Number	5 11
				Also at Interse				N S			Rout	e#		Interse	ecting F	Roadway	/Street	
<sup>2</sup> 1	Route# Direc	ction	Name	of Intersecting	Roadway/Street									La	ndmark	c		_
3	Please Sciect ( of the Followi		: 1 <b>1</b>	Occupants	Hit/Run	Moped	Crash I	Report	ID#	23	-1	2	9-	AC	,			
	License # S2	3041120		_ DOB/Age		Reg	#ITZNJ				Re	g Туре	PC	! '	R	eg State		12
	Sex M Lic.	Class D	Lic. Re	strictions 1	20 CDL	Veh	Year <b>2018</b>	v	Veh M	ake <u>H</u>	ONI	A			Veh	Config.	1 21	1
	Operator SA	WYER-ROD	RIGU	EZ, NA	RZUEL		er SAWYER	R-RC	DDR	IGU	JEZ	. N	AR	ZUE	L			_
<sup>4</sup> 2	1	CALTRITO	F	irst	Middle	Addı	ess 8 SCA	Lust LTR:	ITC	ום כ		irst			Mis	ddie		
	1	INGTON		MZA 7 in 0:	1887-134		WILMING					Sta	te MZ	A 2	in 01	1887	-1342	
		any THE ST					ele Action Prior to			4	22				Code:		27 27	ı
							[53]		23	23	23		st Stat			1 28		
<sup>5</sup> 1		Direction: N S		Responding to	o Emergency? 2		r sequence 1		24	- [		Ту	pe of	Test:		29		
	Citation # (If Iss	ued)		-			Harmful Event	1_		عدات			AC Te	st Resi	ılt:	1 30		13
	Viol, 1; Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/S	Gub ————	Drive	er Contributing Co	ode	99	25	25	Su	sp. Al	cohol:	2 31		Drug: 2 32	1 "
<sup>6</sup> 1	Viol, 3; Ch/Sec/S	Sub ———	Vi	ol. 4: Ch/Sec/S	Sub	Drive	er Distracted by	0	26			To	wed fi	rom sc	ene?	2 33		
1	Name (Last First M	Please fill out f	for operato	r and all occup	ants involved		DOB/Age	Sex	34 Seat Pos,	15 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		dical Facility	7
	Operato	***************************************			See Above		DODANGE	Ÿ	1	1	4	0	0		1	Mod	near Pacificy	1
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	Please Select C	ne X Vehicle	.2 #	Occupants	7		15	16 .			17			18	<u>.</u>		<u> П.,</u>	┪
<sup>7</sup> 3	of the Followin		2 <u>&amp; "</u>	Occupants [	Non-Motorist	A Type	Action	1	ocatio	on L	<u> </u>	Condit	ion		֓֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓	11t/Kun	Морес	<u>'</u> ]
	License #_i		_ St	_ DOB/Age		Reg #	S24774				Re	з Туре	CO		Re	g State		.
	Sex Lic. C	Class D 19 19	Lic. Res	trictions P	CDL		/ear <u>2013</u>	\	∕eh Ma	ake <u>C</u>	HEY	/RO	LET	2	Veh	Config.	1 21	
	Operator	. —	-	irst	Middle		er MICHAE	LF	S	AWY								.]
<sup>8</sup> 1	Address	Last	r	ust	Middle	Addr	ess 4 LOWE	CLL CLL	RC	AD.		al API	· 9		Mid	ldic		
	City		State	_ Zip,		City_	N. READ	ING	,			_ Stat	e <b>M</b> Z	<b>4</b> z	ip <b>01</b>	864		1 [4]
	Insurance Compa	any PILGRII	M INS	SURANCE	COMPAN	IY Vehic	le Action Prior to	Crash		97	22	Da	mage	d Area	Code:	8 27	27 27	
	Vehicle Travel D	, 5			Emergency? 2		Sequence 1	23	23	23	23	Te	st Stat	us:		1 28		
	Citation # (If Issu	<u> </u>	-1.1				Harmful Event	1	24			Ty	pe of	Test:		29		
2	·	,						ш.,		25	25			st Resu r		1 30	<u></u>	
	Viol. 1: Ch/Sec/S	Sub					r Contributing Co		99 26		., ==			Ļ	2 31		Drug: 2 32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/S			r Distracted by	0		35	36			опі вс		2 33		_
	Ples Name (Last First Mi	ase fill out for oper	ator/non-n	notorist and all	occupants involv	ved	DOB/Age	Sex	34 Sent Pos.	Safety System	Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	dical Facility	
		or/Non-Mot	torist	19 FOREST S	See Above		> <	X	1	1	4	0	0	10	1			
	PHILLIP CER	UNDOLO		MIDDLETON,				M	3	1	4	0	0	10	1			
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04/24/2023

### Wilmington Police Department Images Associated with 23-129-AC



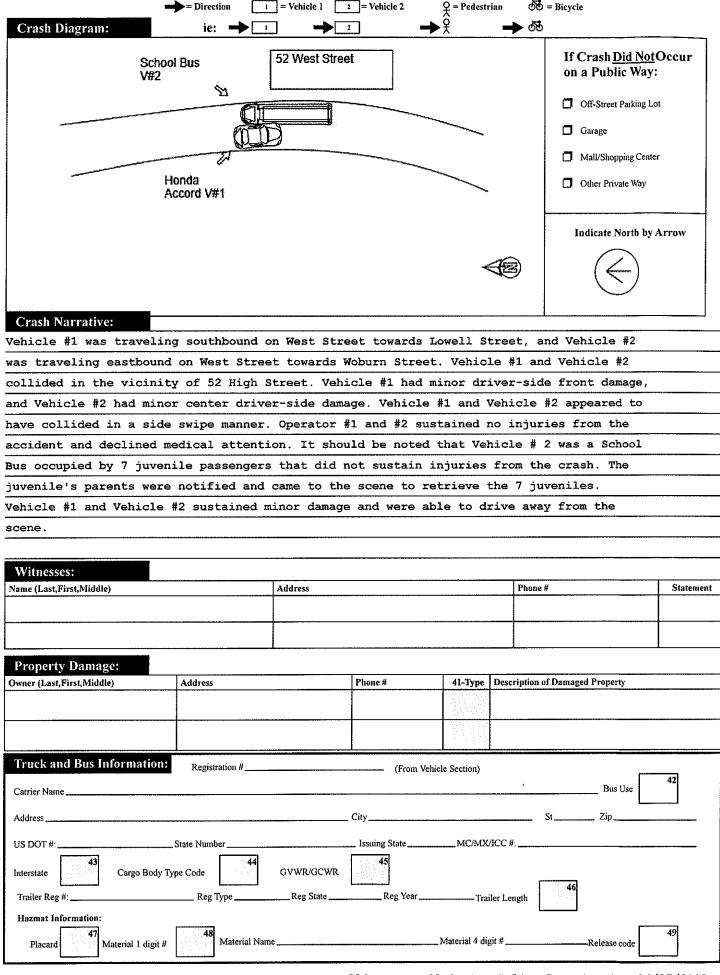


Police Use On		mmonwealth of Massachusetts  RMV Document Number							
Date of Crash Time of C 04/25/2023 2032	rash City/Town Wilmington		hicle Crasl	Number Vehicles		Speed Lim		5 State Police Local Police MBTA Police	
2	4HR		Report	2	0	Longitude		Campus Police Other:	
AT INT	ERSECTION:	< LOC	ATION >		NOT A	T INTE	RSEC	TION:	
				1200	HORS	SESHO	E T.N	ī	ŀ
Route# Direction	Name of Roady	vay/Street	Route# Direction					vay/Street	
	At		Feet N	S E W of			or _		
Route# Direction	Name of Intersecting	Roadway/Street	-		Mile M	arker		Exit Number	_
	Also at Intersec	tion with		S E W of	Route#	Inter	secting I	Roadway/Street	
Route# Direction	Name of Intersecting	Roadway/Street	Feet N	S E W of					[
Please Select One		·	<u> </u>				andmarl	k	
of the Following:	chicle 10#Occupants	Hit/Run Moped	Crash Repo	ort ID# 23	-13	0-A	C		
License #	StDOB/Age_	Reg	# 8EC514		Reg Typ	e <u>PC</u>	R		<b>-</b>
Sex Lic. Class	Lic. Restrictions	CDL Veh	Year <b>2003</b>	_ Veh Make _	IONDA		Veh	Config. 1	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
Operator Driverl	ess M.V.	Ow	ner KANE, N	CHOLA	MICE First	IAEL	M	iddle	
Address			iress 4114 HO	RSESHO		APT			_
City	State Zip	City	WILMINGTO					1887-309	I
Insurance Company <b>GEI</b>	CO GENERAL INS	URANCE C Veh	icle Action Prior to Cra			amaged Are	a Code:	<del>                                     </del>	27]
Vehicle Travel Direction:	N S E W Responding to	Emergency? 2 Eve	nt Sequence 23	23 23	23	est Status: ype of Test:		28	
Citation # (If Issued)		Mos	st Harmful Event 1	24	В	AC Test Re		1 30	ļ
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/St	nb Driv	ver Contributing Code	1 25	25 S	usp. Alcoho	l: 2 31	Susp. Drug: 2 3	32
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/St	ob Driv	er Distracted by	26	T	owed from s	cene?	2 33	
Please f Name (Last First Middle)	ll out for operator and all occupa	nts involved Address	DOB/Age S	34 35 Seat Safety ex Pos. System		38 39 Trap Injur Code State	y Transp.	Medical Facility	
Operator		See Above		1 10	4 0	0 10	1		
									一
							-		$\dashv$
					<del>                                     </del>				$\dashv$
			12 72	<u> </u>	171	111	31	<u> </u>	$\dashv$
of the Following:	ehicle 2.1 #Occupants	Non-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	י <b>ם</b> ון	Hit/Run Moj	oed
License # <u>\$654560</u>	<b>63</b> St. <b>MA</b> DOB/Ag _	Reg	# 3CTC14		Reg Typ	e <u>PC</u>	Re	eg State <b>MA</b>	=
Sex <b>F</b> Lic. Class D	Lic. Restrictions	CDL Veh	Year 2018	Veh Make C	HEVRO	LET	Veh	Config. 2	
Operator LEMOINE	, AMANDA M		ner LEMOINE	AMANI	A M		Mi	ddle	_
Address 1232 HOR	SESHOE LN		ress 1232 HO	RSESHO	E LN				_
City <b>WILMINGTO</b>	I State <b>MA</b> Zip <b>01</b>	.887 City	WILMINGTO	N	Sta	ite <b>MA</b>	Zip <b>01</b>		_
Insurance Company <b>LIB</b>	ERTY MUTUAL FI	RE INSUR Vehi	icle Action Prior to Cra	sh <b>1</b>		amaged Are	a Code:	8	7
Vehicle Travel Direction:	S E W Responding to	Emergency? 2 Ever	nt Sequence 23	23 23	**	est Status:		28	
Citation # (If Issued) 939	340AB	Mos	t Harmful Event 2	24	•	AC Test Res	sult:	1 30	
Viol. 1; Ch/Sec/Sub 90	24 Viol. 2: Ch/Sec/Su	b Driv	er Contributing Code	19 <sup>25</sup>	<b>2</b> 5	usp. Alcohol	2 31	Susp. Drug 2 3	2
Viol, 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Su	b Driv	er Distracted by	9 26	To	owed from s	cene?	2 33	
Please fill out f	or operator/non-motorist and all	occupants involved	DOB/Age Se	34 35 Seat Sufety x Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injur Code Statu	10 Trensp. Code	Medical Facility	$\neg$
Operator/Non-	Motorist	See Above		1 99	4 0	0 10	1		$\neg$
					- -		+		$\dashv$
							+		
							+		

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestri	ian ಹ =	Bicycle	
Cr	ash Diagram: ie: 👈	<u> </u>	2	<b>→</b> ĝ	<b>→</b> ‱		
4114 Horseshoe Ln	MV2 MV1 MV1					If Crash Did Not on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way  Indicate North by	ot .
Crs	sh Narrative:						
	was parked in a parking space a	+ /11/ Horse	ashoo In MV	2 was tran	olina th	-ovah tho	
	ing lot of Horseshoe Ln when MV						
	ct of the crash pushed MV1 outs					MV2 also had	
dama	ge to the front driver's side o	of the vehic	le as a resu	lt of the	crash.		
						,	
1371			<u> </u>				
	Hesses:	Address			DL 0 = 0 #		- C
Name	Last,First,Middle)	Address			Phone #		Statement
-						****	
	perty Damage:		Phone #	41 7	D	Name of Branch	
Owner	(Last,First,Middle) Address		Phone #	41-Type	Description of L	Damaged Property	
Tru	ck and Bus Information: Registration#			1 11111			
	Registration #		(From \	Vehicle Section)			42
Carrie	r Name					Bus Use	
Addre	ss		City		St_	Zip	
	Om II		I	100	100 #		
US D	OT #:State Number	1		MC/MX/I	ICC#:	· · · · · · · · · · · · · · · · · · ·	
Inters	ate Cargo Body Type Code	GVWR/GCWR	45				
Trail	er Reg #: Reg Type	l Rev State	Rea Veer	n- 1	ar I an est	46	
			Kog Ical_	Trail	er Lengin	* * * * * * * * * * * * * * * * * * *	
Hazi	nat Information:					<u> </u>	49
P	lacard Material I digit # Material I	Vaine		Material 4 digi	t #	Release code	
	ol Officer Meghan Sousa Officer Name (Please Print) Signatur	Α		Wilmington Department		Barracks Date	25/2023
hulive i							

	Police Use Only	monwealt	nwealth of Massachusetts							RMV Document Number						
	Date of Crash   Time of Crash   04/27/2023   0635   Wiln	City/Town	Motor V	ehicle (	Cras	h		mber nicles	Nun Inju		Speed Latitud	Limit.	25	State Police Local Police MBTA Poli	e 🔯	
	24HR	arng con	Polic	e Repo	rt		2		0		Longit			Campus Po Other:	lice 🛅	
	AT INTERSECTI	ON:	< LC	CATION	>				NO'	ΓΑΊ	'ואז	ER!	SEC'	TION:		
						!	52		WE	EST	SI	,				2 10
ì	Route# Direction	Name of Roadway/S	treet	Route#	Directio		Addre	ss#					Roadw	ay/Street		
¹ <b>2</b>	_	At			Feet N	S	εw	of ·			•	_	ог _			
	Route# Direction Nam	ne of Intersecting Road	way/Street				_		Mi	le Ma	rker			Exit Nur	iber	5 11
		Also at Intersection	with		_Feet N				Route	<del></del>	]	Interse	cting I	Roadway/Stre	et	
<sup>2</sup> 1	Route# Direction Nam	ne of Intersecting Road	way/Street		_Feet N	1511	E W	of				1 .				
	Please Select One	#Occupants   D vv	/Run Moj		Crash Rep	T	D# *	) 2	_1	21	1		ndmark	······································		
3	of the Following:	_#Occupatits Hit	<u>I</u>													ļ
	License # <u>S37993970</u> St <b>M</b>	A DOB/Ag		Reg # <b>1NC</b> ]											21	<b>1</b> 12
			Endorsement	Veh Year 20						)A			_ Veh	Config. 1		
<sup>4</sup> 1	Operator DIXON, DOROTH	Y H First	Middle .	Owner DIX	Las	a			H	rst			Mi	ådle		
1	Address 26 MARENGO ST	200		Address 26						_			. 01	1045 4	222	
	City NORTH ANDOVER State	-		City <b>NORT</b>			Г		22				ip <u>U .</u> Code:	L845-4		
	Insurance Company PROGRESSIV			Vehicle Action	22			23	23		st Stati			1 28		
<sup>5</sup> 1	Vehicle Travel Direction: N E W	Responding to Eme		Event Sequence	· 1	1 4 4	24	7		Ту	pe of T	lest:		29		
	Citation # (If Issued)			Most Harmful I Driver Contribu		<u> </u>		25	25			t Resu		1 30	327	13
	Viol. 1: Ch/Sec/Sub			Driver Distract	Г		26		artis.	Su		onoi:		Susp. Drug	2 32	1
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub Please fill out for opera			Diver Distract	1	, 	34	35	36 Airbag	37	38	39 Injury	40 Тւսութը.	2		
	Name (Last First Middle)		Address	DOI	3/Аде	Sex		Safety System	Status	Eject Code	Trap Code	Status	Code	Medical F	acility	
	Operator	2	See Above	_/_	$\searrow$	$\Delta$	1	99	4	0	0	10	1			
							-									
														_		
<sup>7</sup> 1	Please Select One of the Following:	#Occupants No	n-Motorist A Typ	e 15 Act	ion ]	16 Lo	ocatio	n	17	Conditi	ion	18	<u> </u>	Hit/Run	Moped	
т_		A DOB/Age	***************************************	Reg # SB34	4578				Rei	≥ Type	BU		Re	eg State <b>M</b> Æ		ĺ
	19 19	20		Veh Year 20			eh Ma	ke Ot						· —	21	
	Operator THORBURNE, JE		Endorsement	Owner CHR												
<sup>8</sup> 1	Address 50 BRIARWOOD A	First	Middle	Address 6 I	JURN]	[NG	; T	REE	Fi L	nst N			Mi	ddle		
	City <b>BILLERICA</b> State	MA Zip 0182	1-1638	City CHEL	MSFO	RD				_ Stat	e <b>M</b> Z	<u>.                                    </u>	ip <b>0</b> ]	1824-4	502	1 14
	Insurance Company <b>NATIONAL</b> U	NION FIRE	INSUR	Vehicle Action	Prior to C	rash		1	22		-		Code:	·	27	
	Vehicle Travel Direction: SEW	Responding to Eme	rgency? 2	Event Sequence	23	2	23	23	23		st State pe of T			1 28 29		ŀ
<sup>9</sup> 1	Citation # (If Issued)			Most Harmful l	Event 1	L	24			-	•	t Resu	lt:	1 30		
Т	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub		Driver Contribu	iting Code		_	25	25	Su	sp. Ald	cohol:	2 31	Susp. Drug	2 32	Į
	Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub		Driver Distract	ed by C	)	26					om sc		2 33		
	Please fill out for operator/non Name (Last First Middle)	-motorist and all occup	oants involved	DOI	3/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical F	acility	
	Operator/Non-Motorist	S	See Above		$\langle \overline{}$		1	1	4	0	o	10	1		_	
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							97	0	4	0	0	10	1			

-						monwealth of Massachusetts RMV Document Number													
	Date of Crash 04/27/2023	Time of Crash	1	City/Town ingto	_ N	/Iot	or Veh	icle C	rasl	h	Numbe Vehicle		mber ured	4	Limit	25	Local	Police  Police  A Police	]
	04/2//2023	24HR		ingto	11	F	Police 1	Repor	•t		2	0		Latitu Longi			Camp	ous Police 🔲	
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<b>,</b>	Route# Dire	ction		Name of Ro	adway/Street			Route#	Direction	5;	Z  dress #		EST			Roadw	vay/Stree	t	┟─┘
¹2	,				At				- [N]	eleb									
	Route# Dire	ction	Name	of Intersect	ing Roadway/5	Street			ect N	SE	w of		lile Ma		. —	or _		Number	11
	Troutes 2010		2.000		rsection with			1	eet N	SE	w of		<del></del>					10.	5 ''
<u>ام</u>		<del></del>						i	eet N	S E	w of	Rou	te#		Interse	ectmg I	Roadway	/Street	
<sup>2</sup> 1	Route# Dire	ction	Name	of Intersect	ing Roadway/S	Street									La	ndmarl	k		
3	Please Select ( of the Followi		le 2i	Occupants#	Hit/Run		Moped	Cra	ash Repo	ort ID#	23	3-1	L3:	1	AC	•			
J			C4	DOD/A	_		D4	SB34	578			n.	т.			D	an Ctato		<u> </u>
	License #	10	19	DOB/Ag	20		_											21	1 12
	Sex Lic.	L	Lic. Re	strictions	CDL_ Endors	sement		'ear		veii	wake_					ven	config.		
<sup>4</sup> 1	Operator	Last	f	řírst	Mis	ddle		er	Last			1	Fint			М	iddle		
	Address		<b>2.</b> .					ess					<b>.</b>	4.		·:			
		-	State_	Zip_				1- 4-41 10-				22				ip Code:	27	27 27	
	Insurance Comp	-	a le le c					le Action Pr	ior to Cra	ash 23	23	23		est Stat		<i></i>	28		
<sup>5</sup> 1	i	Direction: N 5		-	g to Emergency	у?		Sequence					Ту	pe of	Test:		29		
-		sued)						Harmful Ev	<u> </u>		25	10.00		AC Te	st Rest		30		_ 13
	Viol, 1; Ch/Sec/	Sub ————	Vi	ol. 2: Ch/Se	c/Sub			r Contributir	Ī	26		2:	ا ر	-	cohol:		Susp. 1	Orug: 32	1
<sup>6</sup> 2	Viol, 3: Ch/Sec/	Sub					Drive	r Distracted	by	3-	<u> </u>	36	To	owed fi	rom sc	ene?	2 33		_
	Name (Last First M		for operato	r and all occ	cupants involve Adde			DOB/A	ge S	ex Po	ıt Səfet	Airbag		Trap Code	Injury Status	Transp. Code	Мо	lical Facility	
	Operate	or			See Al	bove		$\rightarrow$	$\langle \rangle$	( 1									
				7		`-		1	м	97	0	4	0	0	10	1			
	<u> </u>	<del> </del>		•				1 2	006 F	97	0	4	0	0	10	1			
				4		-			м	97	0	4	0	0	10	1		·	1
				1			r ja	1.6	16		<u> </u>	<u></u>	<u> </u>	ľ					1
<sup>7</sup> 1	Please Select C of the Followin	One ng: Vehicl	e 2 <sup>#</sup>	Occupants	Non-Met	torist A	Туре	15 Action	1	Loca	tion	17	Condit	ion	18	<u> </u>	Hit/Run	Moped	
	License #		St	DOB/Ag	e		Reg#	SB345	578			Re	д Туре			R	eg State_		1
	SexLic. (	Class 19	Lic. Res	strictions	20 CDL_		_ Veh Y	ear		_ Veh l	Make_					_ Veh	Config.	21	
	Operator	Last		irst	Endors		Owne	r	lasi										
<sup>8</sup> 1	Address	Last	]-	IEN	Mid	idle	Addre	ss	l,ast			1	irst			Mi	iddle		
	City		State_	Zip	<u></u>		City						Sta	te	z	ip			1 14
	Insurance Comp	any					_ Vehic	le Action Pri	or to Cra	ash		22	Da	amage	d Area	Code:	27	27 27	
	Vehicle Travel D	Pirection: N S	EW	Responding	g to Emergency	y?	_ Event	Sequence	23	23	23	23		st Stat			28		
Q	Citation # (If Iss	ued)					Most	Hannful Eve	ent :	24			-	pe of	Test: st Resu	.14.	29 30		
<sup>9</sup> 1	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec	c/Sub		Drive	· Contributir	ig Code		25	25	3	isp. Al	1	31		Orugi 32	
		Sub						Distracted	by	26			-	•	om sc	ene?	2 33	*	
	Ple	ase fill out for op			all occupants i	involved	l			34 Sec	t Safety		37 Eject	38 Trap	J9 Injury	40 Transp.			1
	Name (Last First M		ada milad		Addre			DOB/Ag	* \$	Por	. Syster		Code	Code	Status	Code	Мес	lical Facility	1
	Operate	or/Non-Me	owrist	-	See At	ove.	<u>.</u>		$\checkmark$	<del>\</del>		<del> </del>		<u> </u>	<b> </b>				-
!						<del></del>			<del></del>	97	0	4	0	0	10	1			_



Patrol Officer Jonathan L Morales

224

Wilmington Police Department

04/27/2023

# Wilmington Police Department Images Associated with 23-131-AC

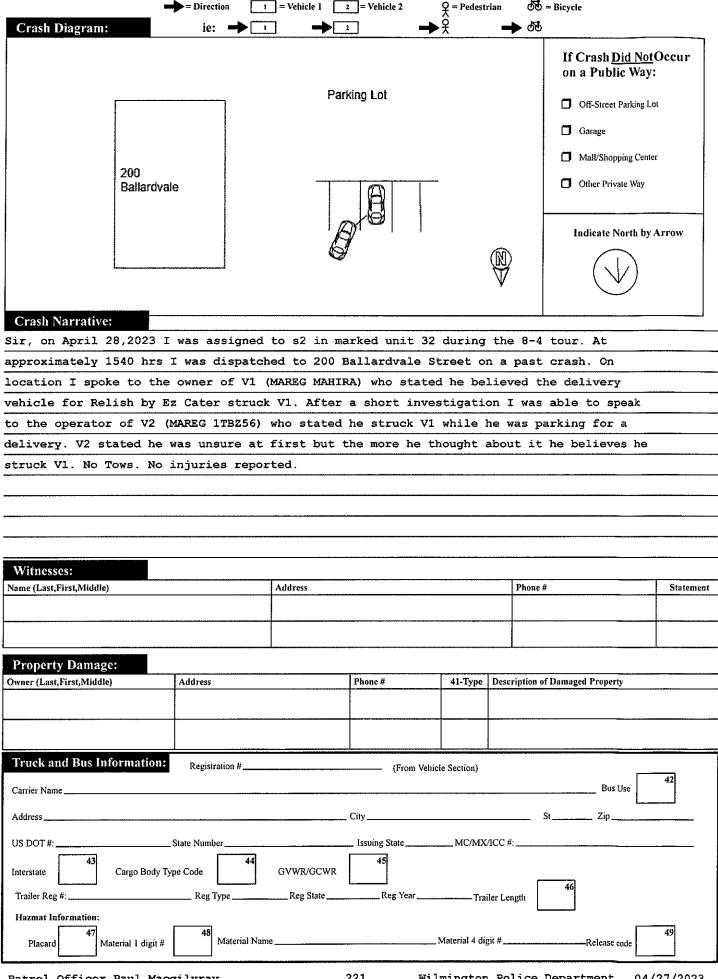








	Police Use Only	Com	monwealth	of Massac	huset	ts		RMV	Docum	nent Number		
	Date of Crash   Time of Crash   04/27/2023   1538   Wil	City/Town mington	Motor Veh	icle Crasl	h Numi			d Limit_	10	State Police Local Police MBTA Police	0000	
	24HR	ming con	Police	Report	2	0	1	itude		Campus Police Other:	ă	
	AT INTERSECT	ION:	< LOCA	TION >		NOT	AT IN	TERS	ECT	ION:		<del></del> 1
					200	RA1	LLARI	D\$7 <b>2</b> T	.F. S	(th	ŀ	2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Direction				ame of R				
1		At		Feet N	S E W of	·			ог			
	Route# Direction Na	ne of Intersecting Roady	way/Street			Mile	Marker			Exit Number		4 11
		Also at Intersection v	vith		S E W of	Route#		Intersec	ting Ro	adway/Street	-	
<sup>2</sup> 1	Route# Direction Nat	me of Intersecting Roads	vay/Street	Feet N	S E W of	· · · · · · · · · · · · · · · · · · ·		<del>-</del>	<del>,</del>			
	Please Select One Valuation 10	#Occupants Hit/	<u> </u>		ort ID# <b>2</b>	2 1 1	2 2		dmark		$\dashv$	
<sup>3</sup> 2	of the Following:	#Occupants Hit										
	License # St St	DOB/Age	_	#MAHIRA						2	-	12
	Sex Lic. Class Lic. I	Restrictions C	ndorsement	Year <u>2019</u>					_ Veh C	onfig. 1	J F	
4 1	Operator Driverless M.	First	Middle	er SINGH, 1		First			Middle	e		
Т	Address			ess 27 WALN			- 20		017	740-202	_	
	City State	•		HOPKINTON		23				$\frac{748 - 323}{27 - 27}$	<u>3</u> 27	
	Vehicle Travel Direction: NXEW			t Sequence 23	23 23		Test Sta		1	28	_	
<sup>5</sup> 2	Citation # (If Issued)	Responding to Emer	- •	t Sequence 1 23 Harmful Event 1		<u> </u>	Type of	Test:		29		
	Viol. 1: Clt/Sec/Sub	Wat 2. Chileanillub		er Contributing Code	1 25	25		st Result		30]	32 2	13
	Viol. 3: Ch/Sec/Sub			er Distracted by		<b>!</b>	Susp. Al Towed f			Susp. Drug 2		
<sup>6</sup> 1		ator and all occupants in			34 3	is 36 fety Airtsog E	37 38 jeet Trap	39	40 Fransp.		_	
	Name (Last First Middle)		Address	DOB/Age S	ex Pos. Sy:	tem Status C	ode Code	Status	Code L	Medical Facility		
	Operator		ee Above		1 0	0	- -	10 1	L		_	
							_	ļ				
											_	
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Cor	ndition	18	Hit	t/Run Moj	ped	
_	License # S59067072 St M	A DOB/Agr	Regi	1TBZ56		Reg T	уре РС	L.	Reg	State MA		
	Sex M Lic. Class D Lic. F			Year <u>2006</u>	_ Veh Make	HONDA			Veh Co	onfig. 1	1	
	Operator JONES, LARNEL		ndorsement OLUKE Own	er JONES, I	HAROLI	MICH	IAEL		Middle		_	
³1	Address 54 JUNIPER BRO	OOK RD	Addr	ess 54 JUNI	PER B	ROOK	RD		tyliddig		_	
	City NORTHBOROUGH State	MA Zip 01532	2-2343 City	NORTHBORC	OUGH					32-234	, I	L 14
	Insurance Company THE COMME	RCE INSURAN	ICE CO Vehic	cle Action Prior to Cra		22	Damage		Code: 2	27 27 2	27] [	
	Vehicle Travel Direction: NEW	Responding to Emer	gency? 2 Even	t Sequence 2 23	23 23	23	Test Stat		1_	29		
2	Citation # (If Issued)		Most	Hannful Event 2			BAC Te		: 1	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	99 25	25	Susp. Al	cohol: 2	31 5	2119	32	
		Viol. 4: Cl/Sec/Sub —		r Distracted by		2   5¢   1	Towed fi	, , ,		33	_	
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occup-	ants involved Address	DOB/Age Se		lety Airbag E	7 38 eei Trap sde Code	Injury T	40 Iransp. Code	Medical Facility		
	Operator/Non-Motorist	t Se	ee Above	>>>	1 99	4 0	0	10 1	·			
										·		
			/ <b></b>									



Patrol Officer Paul Macgilvray

221

Wilmington Police Department

04/27/2023

	Police Use Only	monwealth (	onwealth of Massachusetts RMV Document Number								
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\int_{V_e}^{N_t}$		umber njured	Speed L		O State Police Local Police MBTA Police	0800
	04/27/2023 <b>1714</b> W	Vilmington	Police 1	Report	2	0	*	Latitude Longitue		Campus Police Other:	<b>i</b>
	AT INTERSI	ECTION:	< LOCA	TION >		NO	TA TC	INT	ERSEC	CTION:	
						_					2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	on 27		LOWE	LL Nam	ST e of Roads	way/Street	
<sup>1</sup> 1		At		_ [	ula la la la	l <u>.</u>			•		
L	Route# Direction	Name of Intersecting Roady	vav/Street	Feet [	V S E W		Mile Ma	- • rker	— or	Exit Number	11
	INCREM BREETIN	Also at Intersection w		Feet [	N S E W						_ 2
				Feet [	N S E W	of Ro	ute#	In	tersecting	Roadway/Street	
<sup>2</sup> 1	Route# Direction	Name of Intersecting Roady	vay/Street						Landmar	rk	긔
3	Please Select One of the Following:	11 #Occupants Hit/	Run Moped	Crash Re	port ID#	23-	133	3 <i>-1</i>	AC		
,		St MA DOB/Ag	n4	1 1RGB83		Ψ	· · · · · · · · · · · · · · · · · · ·	PC		Zan Statu MZ	
	19 19	20		rear 2017						21	<b>1</b> 12
	Sex <b>F</b> Lic. Class D FRIM	E	ndorsement	er KUNDE,					ve	ii Coning. 🔼	
<sup>4</sup> 1	Address 269 BURLING	First	Middle	er <u>RONDE</u> , ess <u>269 BU</u>	ısı		First		N	Middle	-
	City WILMINGTON			WILMINGT				. M7	a: 0	1887-3171	_
	Insurance Company THE COM	-			1	22			Area Code		- I
				le Action Prior to C		23 23		st Status		1 28	]
5	Vehicle Travel Direction: NS	<del></del>		Sequence 1	24		Ту	pe of Te	st:	29	
	Citation # (If Issued)			Ľ	<u>*                                     </u>	25	15	AC Test		30	13
	Viol. 1: Ch/Sec/Sub			r Contributing Cod			Su		hol: 2 31	23	
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			r Distracted by	0 20	35 36			m scene?	2 33	_
	Please IIII out foi Name (Last First Middle)	r operator and all occupants in	Address	DOB/Age	Seat Pos.	Safety Airba System State	ng Eject	Trep I	njury Transp. Status Code		
	Operator	Sr	ee Above		X	1 4	0	0 1	.0 1		
											_
				15	16	17			18		-
<sup>7</sup> 1	of the Following: Vehicle 2	1 #Occupants Non	-Motorist A Type	Action	Locatio	n .	Conditi	on		Hit/Run Mope	:d
	License # <u>\$34475630</u>	St <b>MA</b> DOB/A <sub>c</sub>	Reg #	1EXT21		R	eg Type	PC	R	Reg State MA	_]
	Sex F Lic. Class D 19 19		DL Veli Y	ear <b>2018</b>	Veh Ma	ike <b>Jee</b>	p		Vel	h Config. 1	
	Operator OREILLY, AI			r OREILLY	AL	EX B	First			Aiddle	-
<sup>8</sup> 1	Address 45 PURITAN	RD		ss 45 PUR	ITAN	RD	rust			noue	
	City SOMERVILLE	_ State <b>MA</b> _ Zip <b>02145</b>	5-1011 City	SOMERVIL	LE		Stat	e <b>MA</b>	_ Zip_ <b>O</b>	2145-1011	L 1 14
	Insurance Company GEICO G	ENERAL INSUR	ANCE C Vehic	le Action Prior to C	Crash	2 22			Area Code:		
	Vehicle Travel Direction: NS	W Responding to Emerg	gency? 2 Event	Sequence 1 23	3 23	23 23		st Status		28	
9_	Citation # (If Issued)		Most	Hannful Event	1 24			pe of Te: C Test I		30	
<sup>9</sup> 2	Viol, 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e <b>1</b>	25 2	œ.		hol: 2 31		<b>]</b>
	Viol. 3: Clı/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26				n scene?	1 33	<i>'</i>
	•	tor/non-motorist and all occupa		PO94	34 Sept	35 36 Safety Airba	g Eject	Trap h	39 40 njury Trunsp.		
	Name (Last First Middle)  Operator/Non-Moto	oriet .	Address ee Above	DOB/Age	Sex Pos.	System State  1 3			O 1	Medical Pacifity	$\dashv$
}	Operator/140n-140to	7:434			4				-		-
									_		_

Crash Diagram:  ie:   ie	Occur
If Crash Did Not Oo on a Public Way:  272 Lowell Street Wilmington MA  Off-Street Parking Lot  Garage  Mall/Shopping Center	ecur
1/2 1/1 Indicate North by Art	rrow
V2 V1	
Crash Narrative:	
V1 and V2 were traveling east on Lowell Street in Wilmington. V2 rear ended V1. Opl stated	
she was sitting in "stop and go" traffic then she was struck. Op2 stated she attempted to	
stop but could not break in time. No injuries observed or reported in Op1 or Op2. Full	
airbag deployment in V2. V2 towed by Cain's Towing to Bob's Auto Body at the request of	
Op2. V1 was operable. Damage to rear of V1 and front of V2.	
Witnesses:	
Witnesses: Name (Last, First, Middle) Address Phone #	Statement
	Statement
	Statement
Name (Last,First,Middle) Address Phone #	Statement
Name (Last,First,Middle)  Address Phone #  Property Damage:	Statement
Name (Last,First,Middle) Address Phone #	Statement
Name (Last,First,Middle)  Address Phone #  Property Damage:	Statement
Name (Last,First,Middle)  Address Phone #  Property Damage:	Statement
Name (Last,First,Middle)  Address  Phone #  Property Damage:  Owner (Last,First,Middle)  Address  Phone #  41-Type  Description of Damaged Property  Description of Damaged Property	Statement
Name (Last, First, Middle)  Address  Phone #  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  41-Type  Description of Damaged Property  Truck and Bus Information:  Registration #	
Name (Last, First, Middle)  Address  Phone #  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  41-Type  Description of Damaged Property  Truck and Bus Information:  Registration #	Statement 42
Name (Last, First, Middle)  Property Damage: Owner (Last, First, Middle)  Address  Phone #  41-Type Description of Damaged Property  Truck and Bus Information:  Registration #	
Name (Last, First, Middle)  Address  Phone #  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  41-Type Description of Damaged Property  Truck and Bus Information:  Registration #  Carrier Name  City  St Zip	42
Name (Last, First, Middle)  Property Damage: Owner (Last, First, Middle)  Address  Phone #  41-Type Description of Damaged Property  Truck and Bus Information:  Registration #	42
Name (Last, First, Middle)  Property Damage: Owner (Last, First, Middle)  Address  Phone #  41-Type Description of Damaged Property  Truck and Bus Information:  Registration # (From Vehicle Section)  Carrier Name	42
Name (Last, First, Middle)  Address  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  Address  City  St  Zip  US DOT #:  Lasting State Number  Issuing State  MC/MX/ICC #:  Interstate  Address	42
Name (Last, First, Middle)  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  41-Type Description of Damaged Property  Truck and Bus Information:  Carrier Name  City  State Number  Issuing State  MC/MX/ICC #:  Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  Trailer Reg #:  Reg Type  Reg State  Reg State  Reg State  Reg State  Reg Year  Trailer Length	42
Name (Last, First, Middle)  Address  Phone #  Property Damage:  Owner (Last, First, Middle)  Address  Phone #  41-Type   Description of Damaged Property  Truck and Bus Information:  Registration #  (From Vehicle Section)  Carrier Name  Address  City  St  Zip  US DOT #:  Interstate  Acargo Body Type Code  Address  Reg Type  Reg State  Reg State  Reg Year  Trailer Length  Address  Address  Address  Address  Address  Acargo Body Type Code  Address  Reg Type  Reg State  Reg Year  Trailer Length  Address  Address  Address  Acargo Body Type Code  Address  Reg Type  Reg State  Reg Year  Trailer Length  Acargo Body Type Code  Address  Reg Type  Reg State  Reg Year  Trailer Length  Acargo Body Type Code  Acargo Body Type Code  Acargo Body Type Code  Acargo Body Type Code  Acargo Body Type  Reg Type  Reg State  Reg Year  Trailer Length  Acargo Body Type  Reg Type  Reg State  Reg Year  Trailer Length	42

Patrol Officer Kathryn C Goodwin Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks

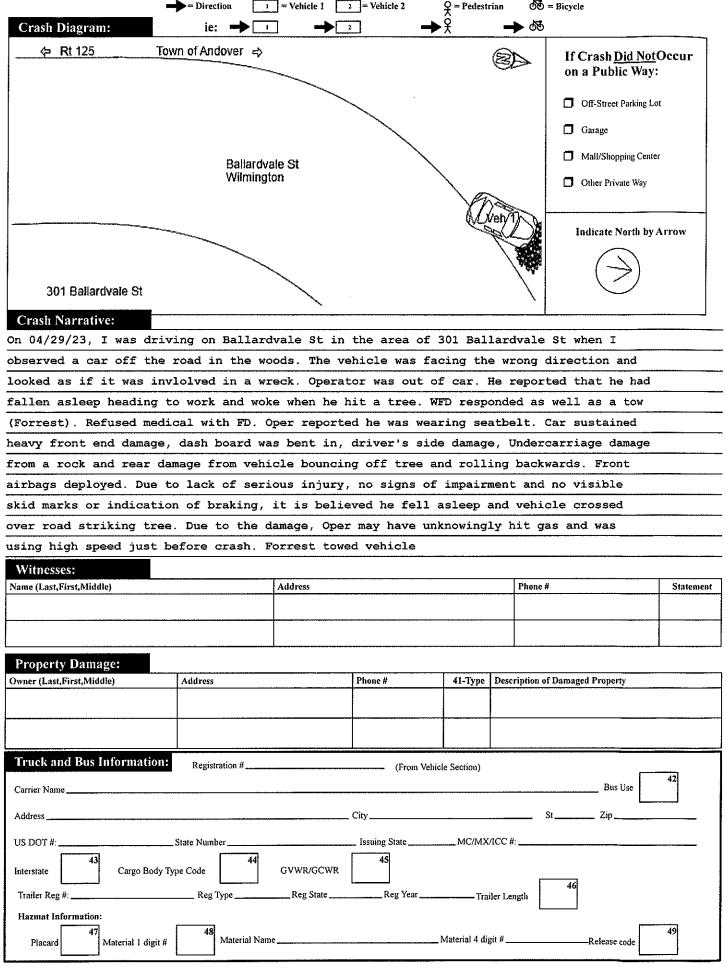
04/27/2023 Date

### Wilmington Police Department Images Associated with 23-133-AC





	Police Use Only	Com	mmonwealth of Massachusetts RMV Document Number							
	Date of Crash   Time of Crash   04/29/2023   0314   Wil:	City/Town mington		hicle Crash	Number Vehicles	Number Injured	Speed Limi	i <u>30</u>	State Police Local Police MBTA Police Campus Police	
	24HR	many con	Police	Report	1	0	Latitude Longitude_		Campus Police Other:	i
	AT INTERSECT	ION:	< LOC	ATION >		NOT AT	r inter	RSECT	ΓΙΟΝ:	
					301	BAT.T	ARDV	\ T.F	Ç m	2 10
1	Route# Direction	Name of Roadway/S	iree!	Route# Direction	Address #	<u> </u>		fRoadwa		_
4		At		Feet N S	E W of		•	- or _		_
	Route# Direction Name	ne of Intersecting Road	way/Street			Mile Ma	ırker		Exit Number	11
		Also at Intersection	vith	Feet NS		Route#	Inters	secting R	oadway/Street	F-
<sup>2</sup> 1	Route# Direction Name	ne of Intersecting Road	way/Street	Feet NS	E W of					_
	Please Select One Vehicle 17			1 1		10		andmark		$\dashv$
3	of the Following:	#Occupants Hit	/Run Moped	Crash Report	ID# 23	-13	4-A(	<u>ن</u>		_
	License # <b>SA3240282</b> St <b>M</b>		Reg	# 3BPE76		Reg Type	PC	Re	g State MA	3 12
	Sex M Lic. Class D 19 19 Lic. I	Restrictions 20 C	DL Veh	Year 2012	Veh Make <u><b>H</b></u>	ONDA		Veh	Config. 1	
4	Operator SIM, JAEDYN L	OURM First		ner SIM, JAEI	OYN LO	URM First		Mid	ldle	-
<sup>4</sup> 1	Address 59 MCGUIGAN CI			ress 59 MCGUI						-
	City <b>LOWELL</b> State			LOWELL				-	852-5611	
	Insurance Company PLYMOUTH	ROCK ASSUR	ANCE C Veh	icle Action Prior to Crash	<u> </u>	<del></del>	amaged Are: est Status:	a Code:	7 27 1 27 10 27 28	
5	Vehicle Travel Direction: X S E W	Responding to Emer	•	nt Sequence 41 23 21	- 1	**	pe of Test:	-	29	
	Citation # (If Issued)	_		t Harmful Event 21			AC Test Res	elt:	1 30	13
	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		er Contributing Code	21 25		ısp. Alcohol		Susp. Drug 2 32	21 <sup>13</sup>
<sup>ه</sup> 1	Viol, 3; Ch/Sec/Sub			er Distracted by	34 35	To 36 37	wed from s	cene? [	1 33	_  `
	Please full out for opera Name (Last First Middle)	ator and all occupants in	VOIVED Address	DOB/Age Sex	Seat Safety Pos. System	Airbug Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	
	Operator	s	ee Above	$\times$ X	1 1	1 0	0 10	1		
										1
								1		
	Please Select One Valida 2	#Occupants Nor	M	15 16		17 Condit	18	 	lit/Run Moped	<u>, 1</u>
1	of the Following: Vehicle 2	- Poecupants	-Motorist A Type	Action	Location	Condi	1011	L  17	lit/Run Moped	4
	License # St St St	DOB/Age	Reg	#		Reg Type		Reį	g State	
	Sex Lic. Class Lic. F	testrictions C	DL Veh ndorsement	YearV	Veh Make			Veh (	Config.	
1	Operator	First	Middle	Last		First		Mide	dle	
	Address			ress					<del></del>	14
	City State			l A di Birto Corb			te : maged Area	·	27 27 27	·   —
	Insurance Company			cle Action Prior to Crash	23 23		st Status:		28	
	Vehicle Travel Direction: NSEW  Citation # (If Issued)	Responding to Emer		t Harmful Event	24	l <sub>Ty</sub>	pe of Test:		29	
2	` .	ura a cura a		er Contributing Code	25	25	AC Test Res	<del></del>	30	
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————			er Distracted by	 26		sp. Alcohoi: wed from so	L	Susp. Drug: 32	
	Please fill out for operator/nor				34 35	36 37	38 39	40		_
	Name (Last First Middle)	·	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	_
	Operator/Non-Motorist	S	ee Above		1				<del></del>	4
									···	4



Sergeant Daniel P Furbush

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Wilmington Police Department

04/29/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Data

# Wilmington Police Department Images Associated with 23-134-AC





### Wilmington Police Department Images Associated with 23-134-AC





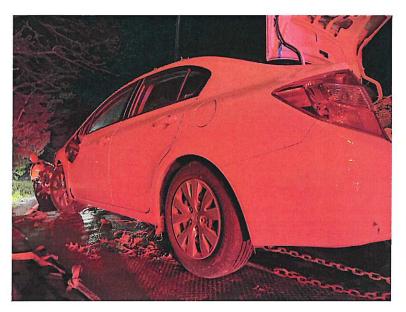








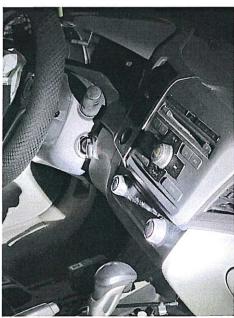
### Wilmington Police Department Images Associated with 23-134-AC



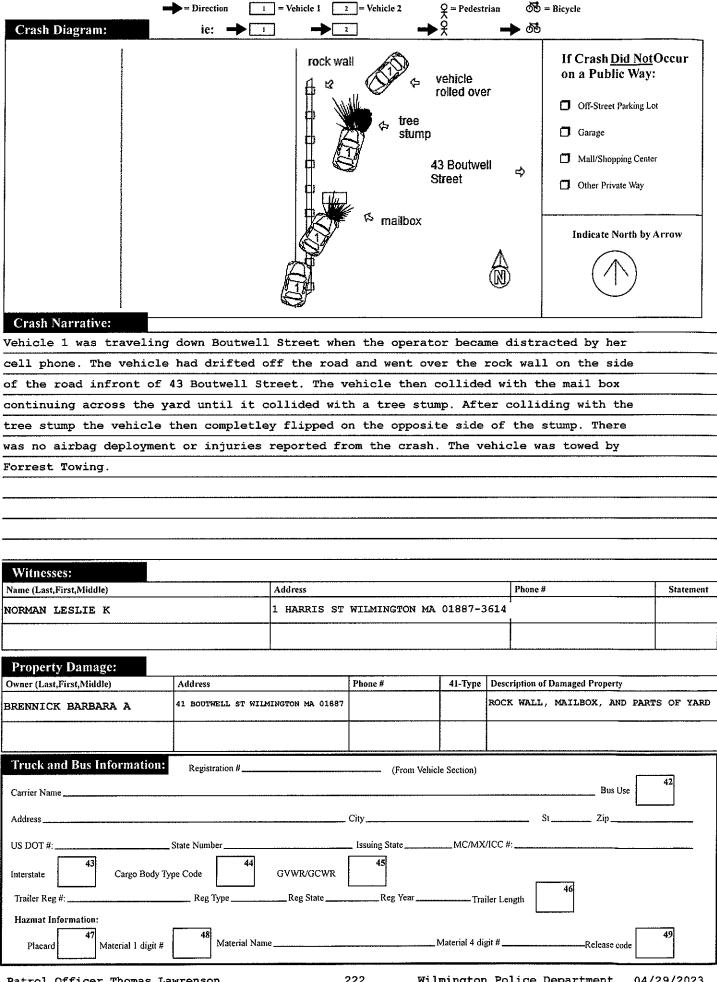








	Police Use Only	Comr	nonwealth (	of Massa	chuse	tts		RM	V Doci	ument Number	
	Date of Crash   Time of Crash	City/Town	Motor Veh	icle Cras	h Nu			ed Limit	30	State Police Local Police MBTA Police Campus Police	
	04/29/2023   <b>1342</b>   <b>Wil</b>	mington	Police 3	Report	1	0	Lau	tude gitude _		Campus Police University	<b>i</b>
	AT INTERSECT	ION:	< LOCA	TION >		NO	T AT IN	NTER	SEC'	TION:	
					20	ro.	Ottowa	. T	СШ		2 10
1	Route# Direction	Name of Roadway/Str	reet	Route# Directio	38 n Addre		OUTWE	Vame of	Roadw	/ay/Street	_
1		At		Feet N	SEW	of		•	or		
	Route# Direction Na	me of Intersecting Roadw	vay/Street			M	lile Marker			Exit Number	11
		Also at Intersection w	rith		SEW.	Rout		Inters	ecting F	Roadway/Street	-
<sup>2</sup> 2	Route# Direction Na	me of Intersecting Roadw	vay/Street	Feet N	SEW.	of					
2		-						•	ındmark	<	4
3	Please Select One of the Following:	#Occupants   Hit/	Run Moped	Crash Rep	oort ID# <b>2</b>	23-1	.35-	-AC	3		
		IA DOB/AL	Reg #	8BH183		Re	g Type <b>P</b> (	C	R		- 12
	Sex <b>F</b> Lic. Class D 19 19 Lic.	Restrictions 20 CI	DL Veli Y	Year <u>2004</u>	Veh Mai	ke <u>Jee</u> j	<b>p</b>		Veh	Config. 21	3
	Operator DINUCCIO, GEE	NA LAUREN	ndorsementOwn	er DINUCCI	O, GE	EENA	LAURE	EN .	k 4:	iddle	-
<sup>4</sup> 1	Address 7 SARAFINAS WA	/X		ess 7 SARAE	INAS	WAY	1131		Mi		
	City <b>WILMINGTON</b> Stat	e <b>MA</b> Zip <b>01887</b>	7-4554 City	WILMINGT	ON					L887-4554	
	Insurance Company PLYMOUTH	ROCK ASSURA		ele Action Prior to Ci	L		_		Code:	9 27 1 27 27	
5	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Event	Sequence 20 23	31 <sup>23</sup> 43	23 23	Test St			1 <sup>28</sup> 29	
-	Citation # (If Issued)	<del></del>		Harmful Event				i test: 'est Resi	ult:	1 30	
	Viol. 1: Ch/Sec/Sub	Viol, 2; Ch/Sec/Sub —	Drive	r Contributing Code	20	25 25	-1	Alcohol:		Susp. Drug 2 32	20 <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	L 26			from so		1 33	
<sup>6</sup> 1	Please fill out for oper	ator and all occupants inv	olved Address	DOB/Age		35 36 Safety Airbag System Status	37 38 Eject Tra Code Cod	p Injury	40 Transp. Code	Medical Facility	
	Operator		ee Above			0 4	0 0	10	1	THE COLUMN THE STATE OF THE STA	_
	F										-
								-			_
ļ								+			-
		<u> </u>								1	4
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	15 Action 1	Location	17	Condition	18	<u> </u>	Hit/Run 🔲 Moped	
$\overline{-}$	License #St	DOB/Age	Reg #			Re	g Туре		Re		
	Sex Lic. Class 19 19 Lic. I	Restrictions 20 CI	OL Veh Y	/ear	Veh Mal	ke			Veh	Config. 21	
	Operator	First		erlast			ïrst		Mis	dila.	
<sup>8</sup> 2	Address	F11.37		Last		ļ.	ital		Mic	odie	
	City State	2 Zip	City_				State	7	Zip		<b>1</b> 14
	Insurance Company		Vehic	le Action Prior to Cr	rash	22		ed Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Event	Sequence 23	23	23 23	Test Sta		}	28	
, 2	Citation # (If Issued)	<del></del>	Most	Hannful Event	24		•	r rest: 'est Rest	ıit:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Cl/Sec/Sub	Drive	r Contributing Code	2	:5 25	i	Alcohol:	- 21	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		Towed	from sc	ene?	33	_
Ī	Please fill out for operator/no	·	nts involved	DOB/Age 5		35 36 Safety Airbag System Status	37 38 Eject Tray Code Code	Injury	40 Transp. Code	Medical Facility	
ŀ	Operator/Non-Motorisi		e Above		1						
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Patrol Officer Thomas Lawrenson

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Wilmington Police Department

04/29/2023

# Wilmington Police Department Images Associated with 23-135-AC













### Wilmington Police Department Images Associated with 23-135-AC

