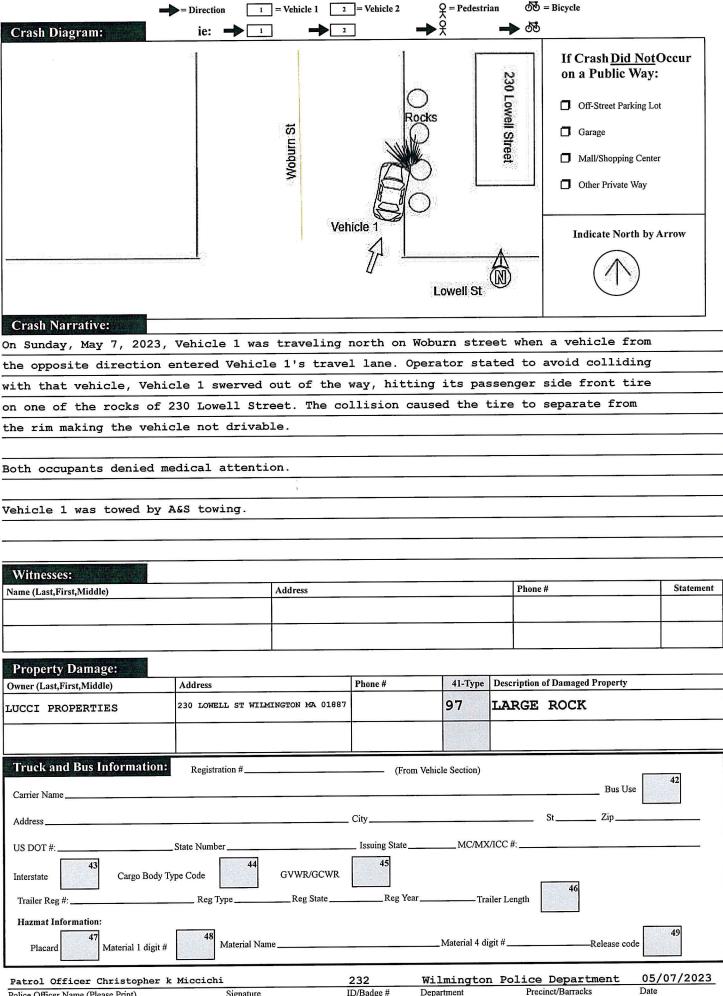
	Police Use Only	Commo	nwealth	of Massa	chuse	etts		R	MV Docu	iment Number		
	Date of Crash Time of Crash 05/07/2023 1854 Wilm	City/Town Mington		icle Cras	h Nu Ve	100 CM	umber njured	Speed Lin	nit <u>30</u>	MBTA Police		
	24HR		Police	Report	1	0		Longitude)	Campus Police Other:		
	AT INTERSECTION	ON:	< LOCA	TION >		N	CA TC	INTE	RSECT	ΓΙΟΝ:		
	Route# Direction	Name of Roadway/Street		Route# Direction	670 Addr	<u>V</u> ess #	IOBU	RN S Name	T of Roadw	ay/Street	2	
1	Route# Direction Nam	At e of Intersecting Roadway/St	treat	Feet N	SEW		— – Mile Ma	— • – ırker	— or _	Exit Number		
	Route# Direction Ivain	Also at Intersection with	neet	Feet N	SEW	of					1	
² 1	Route# Direction Nam	/Street Feet NSEW of					Route# Intersecting Roadway/Street Landmark					
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Re	port ID#	23-	14:				1	
	All Address of the Control of the Co	A DOB/Age	Pag	# <u>4BPW68</u>		1	ea Tyne	PC	Re	eg State MA	┺	
	19 19	20		# <u>4BEW00</u> Year <u>2023</u>						2.1	7	
	Operator JONES, ERIC RO	estrictions 1 CDL_ Endorse	ement	er JONES,					ven	Comig.		
1	Last	First Midd	dle	ress 54 FEDI	it		First		Mic	ddle	'	
	Address 54 FEDERAL ST	01007.0		5-0.004-0.0		31	_	3/7	01	007_2554	·	
	City WILMINGTON State			WILMINGT		1 22		ite MA amaged Ai	i i	L887-2554	•	
	Insurance Company CITIZENS I	NSURANCE COM		cle Action Prior to C			1 T.	amageu Ai	rea Code.	2 28		
	Vehicle Travel Direction: S E W	Responding to Emergency	? <u>2</u> Even	t Sequence 10 23	Secretary 4	23 23		pe of Test	t:	29		
	Citation # (If Issued)	_	Mos	t Harmful Event	10 24	- 1r		AC Test R	esult:	1 30	-	
	Viol. 1: Ch/Sec/Sub ————V	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	constitution and	25	25 St	ısp. Alcoh	ol: 2 31	Susp. Drug: 2 32	10	
	Viol. 3: Ch/Sec/Sub — V	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	o ²⁶		To	owed from	scene?	1 33		
1		tor and all occupants involved		DOB/Age	34 Sent Sex Pos.	35 30 Safety Airt System Stat	ag Eject	38 3 Trap Inj Code Sta		Medical Facility	7	
	Name (Last First Middle) Operator	Addre	0000	DOB/Age	1	1 4	0	0 10		ividucal Facility	1	
	Орегию				1 3	1 4	0	0 10) 1	1000	1	
	AND THE PERSON OF THE PERSON O		10 000		3	1 4	-	0 1	- -		4	
											4	
1	Please Select One of the Following: Vehicle 2	#Occupants Non-Mot	orist A Type	15 Action	Locatio	on 1'	Condi	tion	18 🗖 I	Hit/Run Moped		
		DOB/Age	Reg	#		1	Reg Typ	e	Re	eg State	-	
	Sex Lic. Class Lic. R	estrictions CDL_ Endors	ement Owr	Year		ake						
1	Last	First Mide		ress	st		First		Mi	ddle		
	City State	7in	City				Sta	ite	_ Zip		1	
	Insurance Company			cle Action Prior to C		22		amaged A		27 27 27	\vdash	
		Responding to Emergency		nt Sequence 23	Total Control	23 23	T	est Status:		28		
	Vehicle Travel Direction: NSEW	Responding to Emergency		-	24		1 _{T:}	ype of Tes	t:	29		
2	Citation # (If Issued)	_		t Harmful Event	Seneral Services	25	25	AC Test R	SSENIA Y	30		
	Viol. 1: Ch/Sec/Sub ————			er Contributing Cod	e		S	usp. Alcoh		Susp. Drug: 32		
	Viol. 3: Ch/Sec/Sub ————			Towed from scene? 33								
	Please fill out for operator/nor	n-motorist and all occupants i		DOB/Age	Seat Pos.	Safety Air System Sta	ag Eject	Trap In	jury Transp. atus Code	Medical Facility		
	Operator/Non-Motorist	See Ab	oove		X 1							
	Annual Control of the						+				1	
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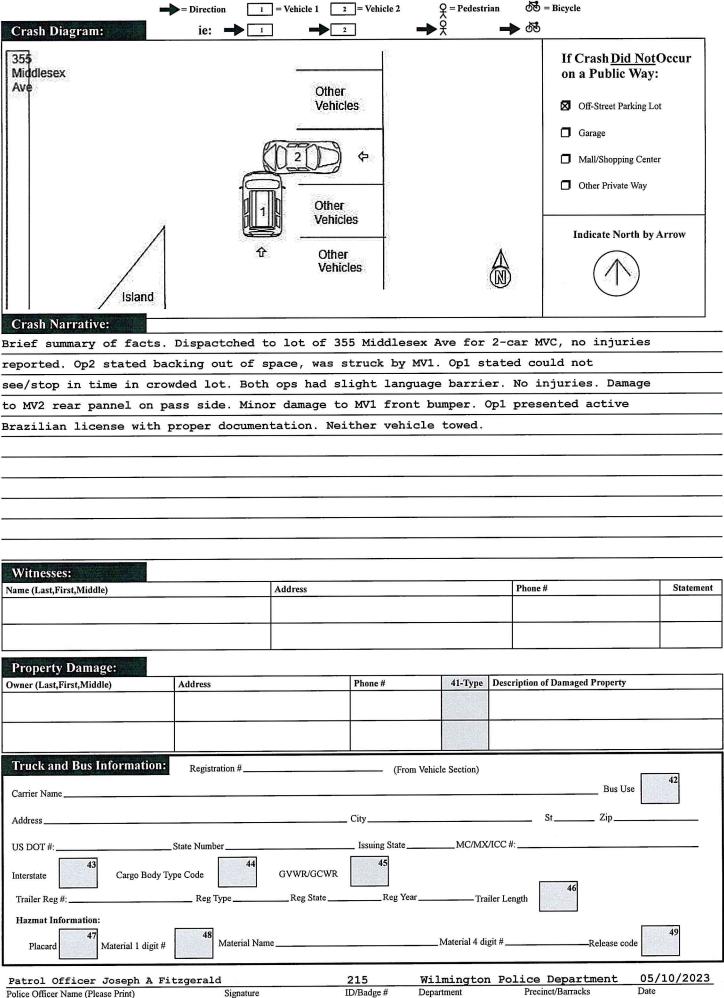


Wilmington Police Department Images Associated with 23-143-AC

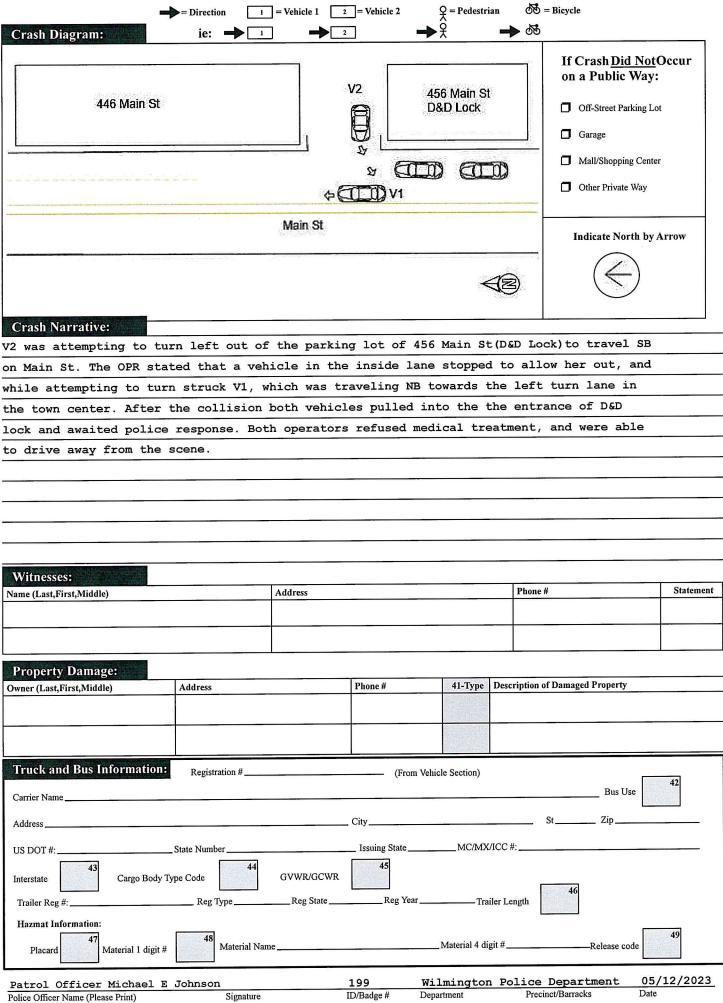




	Police Use Only	Comn	nonwealth	of Massa	chuse	etts		1	RMV Doc	ument Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Ni	mber hicles	T	Speed L		Local Police		
	05/10/2023 1611 Wil 1	mington	Police	Report	2		_	Latitude Longitud		MBTA Police Campus Police Other:	i	
	AT INTERSECT	ION:		TION >		ľ	TA TO				7	
											2 10	
		27 1 10			<u>35.</u>		MIDD				_[]	
¹ 1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	on Addr	ess#	-	Name	e of Roady	vay/Sireet	-	
				Feet N	SEW	of -			— or .	Exit Number		
	Route# Direction Nar	ne of Intersecting Roadw			براما مايير		Mile Ma	rker		EXIT NUMBER	3 ¹¹	
		Also at Intersection wi	th	_	SEW]	Route#	In	tersecting	Roadway/Street		
² 1	Route# Direction Nar	ne of Intersecting Roadw	ay/Street	Feet N	S E W	of _					_	
				L					Landmar	k	\dashv	
3	Please Select One of the Following:	_#Occupants Hit/I	Run Moped	Crash Re	port ID#	23-	-144	1 – P	7C			
	License # unknown St_	DOB/Agt	Reg	# <u>2ZLZ36</u>			Reg Type	PC	R	eg State MA	12	
	10 10	Restrictions 1 20 CI		Year 2009						2.1	1 "	
	Operator COELHO PROBST	En	dorsement	er COELHO						Agriculture III.		
⁴ 1	Address 2 GREENBRIAR I	7.7700	Middle	ress 2 GREE	st		First			liddle	_	
_				NORTH RE						1864-3128	-	
	City NORTH READING State					2	_		Area Code		. 1	
	Insurance Company QUINCY MU			cle Action Prior to C		23	6	st Status		28	'	
5	Vehicle Travel Direction: S E W	Responding to Emerg		nt Sequence 1	24		型位:	pe of Te	st:	29		
	Citation # (If Issued)	_	Mos	t Harmful Event	_	25		AC Test	Result:	30	13	
	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub ——	Driv	er Contributing Cod	99	25	25 Su	sp. Alco	hol: 2 31		1	
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	99 ²⁶		To		m scene?	2 33	┚	
1	Please fill out for opera	ator and all occupants inv	olved Address	DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	Trap I	39 40 Injury Transp. Status Code	Medical Facility		
	Operator	Se	e Above		X 1	1 4	4 0		0 1		7	
	- Operator	(3,2) (4)									-	
						-					-	
											_	
7	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action	16 Locatio	on	17 Condit	ion	18	Hit/Run Mope	d	
⁷ 1	of the Following:			4				D.C.			_	
	License # SA6470247 St M	DOB/Age,	_	# 4JPM99			Reg Type	PC		Reg State MA	-	
	Sex M Lic. Class D Lic. 1	Restrictions 1 CI	dorsement	Year <u>2013</u>						n Config.		
⁸ 99	Operator PEGUERO FERMIN,	First ALE	Middle	ner PEGUERO La	st		First		ALE	KANDER fiddle	-	
99	redicts	APT 412	50.000	ress 2 MUSE		<u> A</u>	PT 43				14	
	City LAWRENCE Stat	e MA Zip 01840	-1536 City	LAWRENCE	.	staveler.				1840-1536		
	Insurance Company ARBELLA MUTUAL INSURANCE											
	Vehicle Travel Direction:	Responding to Emerg	gency? 2 Even	nt Sequence 2	3 23	23	23	st Status		29		
9	Citation # (If Issued)		Mos	t Harmful Event	1 ²⁴		-	AC Test		30		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Cod	e 99	25	25	sp. Alco		Susp. Drug: 2 32	1	
	Viol. 3: Ch/Sec/Sub		Driver Distracted by 99 26 Towed from scene? 2 33							'		
	Please fill out for operator/no	ants involved		34 Seat	35 Safety	36 37 Airbag Eject	38 Trap	39 40 Injury Transp		7		
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status Code	Code :	Status Code	Medical Facility	\dashv	
	Operator/Non-Motoris	t Se	ee Above		X^1	1	4 0	0 1	10 1		-	
	1			1								



	Police Use Only												
		City/Town M	otor Veh	icle Cras	sh	Number Vehicles	Number Injured		Limit	35	State Police Local Police MBTA Police Campus Police		
	05/12/2023 1139 Wilm:	ington	Police 1	Report	2		0	Latitud Longit			Campus Police		
	AT INTERSECTION	DN:	Eventual Section of the		>		NOT A			SECT		1	
							\$100000 HERE \$1000000000000000000000000000000000000				Manager Carlot Carlot Carlot	2 10	
						46	MAI						
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	ion Ad	ldress #		Na	me of l	Roadwa	ay/Street	-	
		Al		Feet	N S E	w of			_	or _			
	Route# Direction Name	of Intersecting Roadway/Str	reet				Mile M	arker			Exit Number	3 11	
		Also at Intersection with			N S E	_	Route#	-	Interse	cting R	Loadway/Street		
2	Route# Direction Name	of Intersecting Roadway/Str	reet	Feet	N S E	w of							
² 2	Route# Direction Ivalie	of theisecing Roadway/50							Laı	ndmark	l Herman		
3	Please Select One of the Following:	Occupants Hit/Run	Moped Moped	Crash R	eport ID#	23	-14	5-	AC	,			
3	HALL HALL AND			# <u>1EGH41</u>			р т	DC.		n.	State MA	<u>L</u>	
	10 10	DOB/AŁ	-								21	1 12	
	Sex E Lic. Class D Lic. Res	strictions 1 CDL_ Endorse	ment	Year <u>2018</u>				<u>) [</u>	<u>: </u>	_ Veh	Config.	H	
4	Operator CLIFTON, DIANE Last F	S irst Middl	e	er CLIFTO	ast		First			Mid	ldle		
⁴ 1	Address 71 SHAWSHEEN AV	E	Addı	ess 71 SHA	WSHE	EN Z							
	City WILMINGTON State 1	MA Zip 01887-2	628 City	City WILMINGTON State MA Zip 01887-2628									
	Insurance Company SAFETY INS	URANCE COMP	ANY Vehi	cle Action Prior to	Crash	1	22 I	amageo	d Area	Code:	CALLED THE COURT WILLIAM TO SERVE		
-	Vehicle Travel Direction: S E W	Responding to Emergency	2 Even	t Sequence 1	23 23	23	23	est Stat			1 28		
5	Citation # (If Issued)	r	Mos	Harmful Event	1 24			ype of		.	29		
	Viol. 1: Ch/Sec/Sub — Vi		Drive	er Contributing Co	de 1	25	25	SAC Tes usp. Ale	-		Susp. Drug: 2 32	1 13	
	Viol. 3: Ch/Sec/SubVi				0 26			owed fr		-	2 33		
⁶ 1		r and all occupants involved		1	3-	4 35	36 37	38	39	40	2	4	
	Name (Last First Middle)	Addres		DOB/Age	Sex Po		Airbag Ejec Status Cod	Trap Code	Injury Status	Transp. Code	Medical Facility	4	
	Operator	See Abo	ove	><	X	99	4 0	0	10	1			
												1	
								1				1	
			46			<u>_</u> _						4	
⁷ 1	Please Select One of the Following:	Occupants Non-Moto	orist A Type	15 Action	16 Loca	ntion	17 Cond	ition	18	☐ H	Hit/Run Moped		
1	MANUAL SECTION AND AND AND AND AND AND AND AND AND AN	707/4	P	# AL41672		54	D. a. Tau	. PC		Do	eg State CT	1	
	19 19	DOB/Agr									21		
	District States	strictions 1 CDL_ Endorse	ment	Year 2015			-			_ Veh	Config.		
⁸ 1	Operator SVEDROVIC, JES	e	Owner SVEDROVIC, JESSICA Last First Middle										
	Address 33 MORTON RD		Address 33 MORTON RD										
	City WATERBURY State	031 City	City WATERBURY State CT Zip 06705-3031										
	Insurance Company SafeCo Insurance Company Vehicle Action Prior to Crash									STANDARD BUILDING CONTRACTOR	1		
	Vehicle Travel Direction:	2 Even	Event Sequence 23 23 23 23 Test Status: 1 28 29										
0	Citation # (If Issued)		Mos	t Harmful Event	1 24			SAC Tes		ute	30		
⁹ 2	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub ———	Driv	er Contributing Co	de 4	25	35				Susp. Drug: 2 32		
	Viol. 3; Ch/Sec/Sub —————Vi		_ Driver Contributing Code 4 23 Susp. Alcohol: 2 31 Susp. Drug. 2 32 _ Driver Distracted by 99 26 Towed from scene? 2 33										
	Please fill out for operator/non-i	volved	1	3		36 37	38 Tran	39 Injury	40 Transp.		1		
	Name (Last First Middle)	Addres		DOB/Age	Sex Po	s. System		Code	Injury Status	Code	Medical Facility	4	
	Operator/Non-Motorist	See Abo	ove	\times	X^1	99	4 0	0	10	1		1	
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	1	1				1		1	1				



CDP1 11-24-00