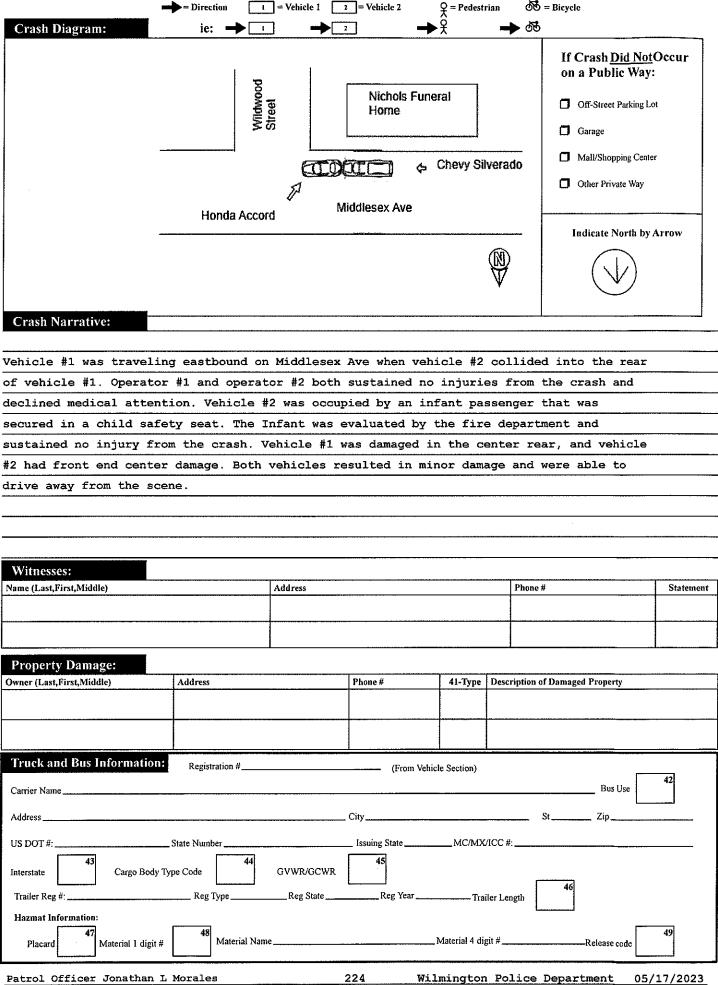
	Pol	ice Use Only		Com	monw	ealth	of Massa	ach	use	etts			1	RM	V Doci	ument N	umber	7
	Date of Crash	Time of Crash		City/Town	Mote	or Veh	icle Cra	sh		umber hicles	Nun		•	Limit	30	Local	Police E Police 8 A Police	
	05/17/2023	1648 24HR	MITTE	ington	l I	Police	Report		2		0	- 1	Latitu Longit				ous Police 📋	i
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO	Т АТ	`INZ	rer	SEC	TION	,	<u> </u>
									10	- ,	3.67		T 173 C	7 75 72	7.11			2 10
	Route# Dire	ction]	Name of Roadway/S	treet		Route# Direc	tion	18 Addr	ess#	141.	עעו			AV Roadw	vay/Stree	t	_
¹ 1				At			Feet	NS	EW	of			_ •		ΩΓ			
	Route# Dire	ction	Name	of Intersecting Road	lway/Street		1 001				Mi	ile Ma	rker		· -	Exit	Number	- 1
				Also at Intersection	with			NS			Route	=#		Interse	ecting I	Roadway	/Street	
² 1	Route# Dire	ction	Name	of Intersecting Road	lway/Street		Feet	NS	EW	of								_
1		·······		1			1						_		ndmarl	k		_
3	Please Select (of the Followi		: 1 <u>1</u> _#	Occupants Hi	t/Run [Moped	Crash F	Report	ID#	23	-1	4 (5 –.	AC	;			
	License # SA	3520599	St MA	_ DOB/Age,		Reg	#1VHP89				Re	д Туре	PC		R	eg State		- 12
	Sex F Lic.	Class D D	9 Lic, Res		CDLEndorsement	Veh	Year <u>2003</u>	,	Veh M	ake <u>H</u>	ONI	A			Veli	Config.	1 21	
	Operator BA	ER, KEEI	IN S		Middle	Own	er BAER,	MEI	LIS	SA	A	irst			M	iddle		
⁴ 3	Address 5 E	YRON ST			·	Addr	ess 5 BYRC	ON	ST									.
	City WILM	INGTON	State 1	1A Zip 0188	7-3139	City_	WILMING	TON									-3139	. [
	Insurance Comp	oany THE CO	MMERO	NCE CO	O Vehic	cle Action Prior to	Crash		1.	22				Code:	F	27 27		
5	Vehicle Travel I	Direction: NS	Xw	Responding to Eme	rgency? 2	Even	Sequence 1	23	23	23	23		st Stat pe of 1			1 28 29		
⁵ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24					st Resu	alt:	1 30		L
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec/Sub		Drive	er Contributing Co	ode	1	25	25	Su	sp. Al	cohel:	2 31	Susp. I	Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/	Sub	Vic	ol. 4: Ch/Sec/Sub		Drive	er Distracted by	0	26			To	wed fr	rom sc	ene?	2 33		
1	Name (Last First N		for operator	r and all occupants in	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mec	dical Facility	
İ	Operate			5	See Above			X	1	1		0	0	10	1			7
	_																	1
																		-
								 										-
	Please Select C) (<u> </u> _			15]	16		┝	17		Г	18				1
⁷ 3	of the Followi		22_#	Occupants No	n-Motorist A	Type	Action	1	Locatio	n L	· ·	Conditi	On_		<u> </u>	Hit/Run	Moped	ı
	License # S2	4543598	-	DOB/Ag		Reg #	1BWC53				Reį	з Туре	PC		R	eg State	MA 21	.
	Sex M Lic.	Class D 19 19	Lic. Res		CDL Endorsement	Veh \	/ear <u>2022</u>		Veh Ma	ake <u>C</u>	HEV	RO:	LET	<u> </u>	_ Veh	Config.		
8 ₁	•	EDDURA,	Fi	A rst	Middle		er FREDDU	Last		AUI		กรเ			Mi	iddle		·
		WILLIE S					ess <u>69 WII</u>		E S	T								14
				(A Zip 0183			HAVERHI:	LL	1		22				- 1		-3041 27 27	1
	•			EDHAM MU			le Action Prior to		23	23	23		maget st Stati		Code:	1 28		
	Vehicle Travel D	ليبابيا	XW	Responding to Emer	rgency? <u>2</u>		Sequence 1	23	24	***		Ty	pe of T	Fest:		29		
⁹ 2	Citation # (If Iss	,					Harmful Event	1		25	25			t Resu		1 30		
				ol. 2; Ch/Sec/Sub —			r Contributing Co	_	1 26			Տա		cohol:		Susp. I	Orug: 2 32	
	Viol. 3: Ch/Sec/S			ol. 4; Ch/Sec/Sub — notorist and all occur	nants involve		r Distracted by	0	34	35	36	37	38	om sco	40	2 -		
ļ	Name (Last First M	(iddle)		and all occit	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbog Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	tical Facility	4
	Operate	or/Non-Mot	torist	s	See Above			X	1	99	4	0	0	10	1			_
1				<u> </u>			···	F	6	4	4	0	0	10	1			
							<u> </u>	L										
Ì																		



	Pol	ice Use Only	Co	<u>om</u> monwealth	of Massac	chus	etts	}			RM	V Doci	ument Nun		
	Date of Crash 05/17/2023	Time of Crash	City/Town		hicle Cras	$\mathbf{h} \begin{bmatrix} N \\ V \end{bmatrix}$	lumber chicles		ا اس	•	Limit,	40	State Po Local Po MBTA F	olice 🔀	1
	03,11,2023	24HR	TTMTIIG COIL	Police	Report	2		0	- 1	.atitud .ongit			Campus Other:	Police	
		AT INTERSE	CTION:	< LOC	ATION >			NOT	'ΑΤ	INT	ΓER	SEC'	TION:		
						14	n	τ.0	WE	г.т.	СT				2 10
1	Route# Direc	ction	Name of Road		Route# Direction		ress#		79322				vay/Street		
1			At		Feet N	SEW	of			•		ог _			
	Route# Direc	ction	Name of Intersecting		-		<u> </u>	Mil	e Marl	ker			Exit No	ımber	2 11
			Also at Interse	ction with	Feet N		_	Route	- -	I	Interse	ecting F	Roadway/Si	treet	F
² 1	Route# Direc	ction	Name of Intersecting	Roadway/Street	Feet N	SEW	of								.[
	Please Select (One 🔽	1 #Ossussats	·	<u> </u>		22	-1	47	,		ndmark •	<u> </u>		1
3	of the Followi		1 #Occupants	Hit/Run Moped	Crash Rep	ort ID#	23		4/		AC				1
	License # SA		St MA_ DOB/Age_	20	# <u>3KZS37</u>								Г	A 21	12
	Sex M Lic.		Lic. Restrictions 1	CDL Veh	Year <u>2006</u>	Veh M	lake <u>N</u>	ISS	AN			Veh	Config.	1	
⁴ 1	l	ONNELL, M	First	Middle	ner <u>OCONNEL</u>			HEW Fin				Mi	ddle		
1		LOWELL ST			lress 76 LOWE		ST_								
			State MA Zip O		WILMINGTO	ON		22					1.887	27 27	
		-	MUTUAL PE		icle Action Prior to Cr		23	Ц,		naged t Statu		Code:	28		ŀ
5	Vehicle Travel D	<u> </u>	*)	•	nt Sequence 1 23		23	23		e of T			29		
		ued)			st Harmful Event 1	<u> </u>	25	25			t Resu		1 30		_ 13
					ver Contributing Code			2.0			-	2 31	Susp. Dru	g 2 32	1
⁶ 1	Viol. 3: Ch/Sec/S		operator and all occup		er Distracted by	34	35	36	37	38	Om Sco	40 E	1 33]
	Name (Last First M		operator and an occup	Address	DOB/Age S	Sent Pos.	Safety System	Airbag	Eject Code	Trop Code	lnjury Status	Transp. Code	Medica	l Facility	-
	Operate	or		See Above	>>>	$\sqrt{1}$	1	1 () (°	10	1			
-	Please Select C		2_#Occupants	Non-Motorist A Type	15 Action 1	6 Location	<u>, </u>	17	onditio	<u></u>	18		Hit/Pup	Moped	
⁷ 1	of the Followir	ig:		<u> </u>		Locali	<u> </u>					L			-
		13943031		20	# 12C				-				eg State M	A 21	
	Sex M Lic. C		Lic. Restrictions 1	- Endorsement	Year 2023 ner CORNERSTO								Config. []	L I	
⁸ 1	-	MINO, WIL Last CORTLAND	First	Middle	ress 580 MAI			Firs				Mic		,0210	
	City SALEM		State NH Zip 03	_	WILMINGTO		.		Stata	ма	. 7	is 01	L887-	3224	14
	,		AMERICAN I	·	icle Action Prior to Cr.		2	22					5 ²⁷ 0		
:	Vehicle Travel D	-		_	nt Sequence 1 23	23	23	23		Statu			1 28		
	Citation # (If Issu		Tresponding to		t Harmful Event 1	24				e of T			29		
⁹ 2		,	Viol, 2; Ch/Sec/S		er Contributing Code	1	25	25			t Resu		1 30 Susp. Dru	32	
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/S		er Distracted by	24			-		om sce		2 33	·•[2]	
•	Ple	ase fill out for operate	or/non-motorist and all	occupants involved		34 Sent	35 Safety	36 Airbug	37 Eject	38 Trap	19 Injury	40 Transp.			1
}	Name (Last First Mi	or/Non-Moto	riet	Address See Above	DOIMAge S	Pos.	System 1	Status 4	Code	Code	Status	Code 1	Medical	Facility	1
}		171 1011-191010	s +31	QCC Z LOOYC		1		-	+						}
}					F	4	4	4 (<u> </u>	<u> </u>	10	1			-
						_			_	\dashv			··· <u>-</u>		
									-						

= Direction	= Vehicle 1	strian 🕳 = Bicycle
Crash Diagram: ie:	¬ →Ŷ	→ 65
140 Lo Street		If Crash <u>Did Not</u> Occur on a Public Way:
	Low	- I
¢	Stre	T Carrors
		☐ Mall/Shopping Center
⇒ \$	010202	Other Private Way
*		Indicate North by Arrow
Crash Narrative:		
Vehicle's were traveling East on Low	ell Street in the area of 140	Lowell Street. Operator
2 stated that traffic began to slow a	and he began to slow down. Thi	s is when Vehicle 1 rear
ended vehicle 2. Vehicle 1's operato		
he didnt have enough time to stop. Ve		
but the car didnt stop in time. Vehic		
The Wilmington Fire Department respon	ided and all parties signed me	dical refusals. Vehicle
1 had airbag deployed and was towed t	from the scene by Forrest Towi	ng. Vehicle 2 was driven
from the scene.		
Witnesses:	· · · · · · · · · · · · · · · · · · ·	
Name (Last,First,Middle)	Address	Phone # Statement
Property Damage: Owner (Last,First,Middle) Address	Phone # 41-Typ	e Description of Damaged Property
Truck and Bus Information: Registration#	(From Vehicle Section)	
Carrier Name		Bus Use 42
Address	City	St Zip
US DOT #:State Number	Issuing State MC/M	IX/ICC#:
Interstate Cargo Body Type Code 44	GVWR/GCWR 45	F
Trailer Reg #: Reg Type	Reg State Reg Year T	railer Length
Hazmat Information: 47 48 Placard Material 1 digit # Material Name Material Name	neMaterial 4	digit #Release code
radicion i digit "		- Action code
Patrol Officer Michael R DiLorenzo Police Officer Name (Please Print) Signature	217 Wilmingto	on Police Department 05/17/2023 Precinct/Barracks Date

Wilmington Police Department Images Associated with 23-147-AC





	Police Use Only	Com	monwealth	of Massac	husetts	5	RM		ent Number	
	Date of Crash Time of Crash 05/18/2023 1115 Wil:	City/Town mington	Motor Vel	nicle Crash	Number Vehicles		Speed Limi	30	State Police Local Police MBTA Police Campus Police	
	24HR	ming con	Police	Report	2	o Î	Latitude Longitude _		Campus Police Other:	i
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	r inter	SECTI	ON:	
					616	MODI	IDM CIT	,		2 10
1	Route# Direction	Name of Roadway/St	reet	Route# Direction	646 Address #	WOBC	IRN ST Name of	Roadway/	'Street	
<u>'1</u>		At		Feet N	S E W of		•	or		
	Route# Direction Nat	me of Intersecting Roads	vay/Street			Mile Ma	ırker	<u> </u>	Exit Number	3 11
		Also at Intersection v	vith		S E W of	Route#	Inters	ecting Roa	dway/Street	
² 1	Route# Direction Nat	ne of Intersecting Roads	vay/Street	Feet N	S E W of					_
	Please Select One Various 1	#Occupants Hit	_ F1			1 / 1		indmark		┪
3	of the Following.	- Hit		J	rt ID# 23			-		_
	[0] 10	DOB/Age		# <u>5CYG79</u>					21	1 12
	Sex M Lic. Class B Lic. 1	Restrictions 1	DL Veh	Year <u>2015</u>	_ Veh Make <u>N</u>	<u> (ITSUB</u>	ISHI	Veh Co	nfig. 1	
4	Operator PERKINS, JACO	B S First	Middle	er PERKINS Last		First		Middle		-
⁴ 1	Address 646 WOBURN ST			ess 646 WOBI						.
	City WILMINGTON State			WILMINGTO				·	87-2963	-
	Insurance Company THE COMME			cle Action Prior to Cra		ᆜ ㅠ	amaged Area st Status:	<u> </u>	27 27 27	
5	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23	**	pe of Test:	<u> </u>	29	
	Citation # (If Issued)			Hannful Event 1	24		AC Test Res	ult:	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99 25	25 St	sp. Alcohol:		usp. Drug. 32	1 "
⁶ 1.	Viol. 3: Ch/Sec/Sub			er Distracted by			wed from so	· L	33	
-	Please fill out for opera	ator and all occupants in	volved Address	DOB/Age Se	34 35 Seat Safety x Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	S	ee Above	\rightarrow	1 1	2 0	0 10	1		
~	Please Select One Vehicle 21	#Occupants Nov	-Motorist A Type	15 Action 16	Location	17 Condit	18		Run Moped	†
⁷ 1	of the Following:		<u> </u>		Location					4
	10 10	A DOB/Age	_	# 2NAY17	-		PC		21	.
	Sex E Lic. Class B Lic. F	Restrictions 1 C	ndorsement	Year 2018				Veli Coi	nfig. 2	
8 ₁	Operator PRESZ, CHRIST	IE MICHAEL	Middle	er <u>BEMIS , J</u> ess 212 COM		First		Middle		·
	Address 5 SEAFORD ST City WILMINGTON State	MA 7: 0199		ess <u>212 COM</u> BEVERLY	TON LIN	0	. MZ 2	N1 Q	15-5412	11114
	Insurance Company ARBELLA M	•	•	ele Action Prior to Cras	sh 1		maged Area		27 27 27	
	Vehicle Travel Direction: NSXW	Responding to Emerg	_	t Sequence 23	23 23		st Status:		28	
	Citation # (If Issued)	responding to 2.111	•	Harmful Event 1	24	_	pe of Test:	\vdash	29	
2	Viol. 1: Ch/Sec/Sub	 Viol. 2: Ch/Sec/Sub		er Contributing Code	99 25	25	AC Test Resu sp. Alcohol:		30 usp. Drug: 32	
		Viol. 4; Ch/Sec/Sub —		er Distracted by			wed from sc		33	İ
	Please fill out for operator/nor		ants involved		34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	10 Transp.		4
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System		Code Status 0 10	Code 1	Medical Facility	-
	Operator/Non-Motorist	26	e Above	+	1 1			<u> </u>		-
						<u> </u>				-
				<u> </u>						_

Crash Diagram:	ie:	= Vehicle 1 2		♀= Pedestr ▶♀	ian ⊕® = 	Bicycle	
Crash Diagram.	it. —			^		If Crash <u>Did Not</u> on a Public Way:	
						Off-Street Parking Lo	ı
						☐ Garage	
						■ Mall/Shopping Center	
						Other Private Way	
v2	v1 Driveway					Indicate North by A	Arrow
Crash Narrative:							
V1 was attempting to				end and	i side wa	s struck by	
V2, V1 then drove ove	r his mailbox at	646 Woburn	•				
V2 was traveling east	on Woburn stree	t, when V1	backed out o	of a driv	veway, im	pacting the	
right front of the tr	ruck.						
both parties did not	see each other.						
							· · · · · · · · · · · · · · · · · · ·
, , , , , , , , , , , , , , , , , , , ,							
Witnesses:		4.4.4			Phone #		Statement
Name (Last,First,Middle)		Address			rnone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
PERKINS JACOB S	646 WOBURN ST WILMI	NGTON MA 01887-			MAILBO	ζ	
Truck and Bus Information	n: Registration #		(From Veh	icle Section)			
Carrier Name			(Bus Use	42
Address			City		Si	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
43	dy Type Code	GVWR/GCWR	45				
Trailer Reg #:				T	ler Lenoth	46	
Hazmat Information:				11'a1	ner Dengui		
Placard Material 1 dig	git # 48 Material Name	2		_ Material 4 dig	git #	Release code	49
Patrol Officer Brian Police Officer Name (Please Print)	D Thornton Signature			1mington	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Department 05/t/Barracks Date	18/2023

Police Officer Name (Please Print)

Signature

	Police Use Only	Comr	nonwealth	of Massacl	ıusetts	8	RM	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it <u>35</u>	- Local Police	1
	05/18/2023 1656 Wilr	nington	Police 1	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			NOT A	T INTER			1
										10
	MAIN ST									2
¹1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name o	f Roadwa	ny/Street	_
	RICHMON			Feet N S	E W of			- or _		
		ie of Intersecting Roadw	ay/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection w	ith	Feet N S	E W of	Route#	Intere	eating D	oadway/Street	
2	Route# Direction Nan	on of Internation Pande	/St	Feet N S	E W of	Kouten	mers	secting K	Oadway/Sircei	
² 1	Romen Direction Nam	e of Intersecting Roadw	ay/Street				L	andmark		<u>·</u>]
3	Please Select One Vehicle 11	_#Occupants	Run Moped	Crash Repor	tID# 23	-14	9-A	~		1
3	or fac ronowing.						*****			4
	License # <u>S30906982</u> St <u>M</u>	A DOB/Age		8SP798					21	12
	Sex F Lic. Class D 19 19 Lic. R	estrictions CI	DL Veh Y	/ear <u>2014</u>	Veh Make <u>F</u>	IONDA		Veh (Config. 1	
	Operator MAGNUSON, BET			er MAGNUSON	, BETH	IANNE		Mide		1
⁴ 3	Address 41 BIRCHWOOD R	D		ess 41 BIRCH	WOOD	RD		Mide	die	
	City WILMINGTON State	MA Zip 01887	-4017 City	WILMINGTON	J	Sta	ate MA	Zip 01	887-4017	
	Insurance Company THE COMMER	-		le Action Prior to Crasl			amaged Are	_		
	Vehicle Travel Direction: NXEW			133	23 23		est Status:	1	28	
⁵ 1		Responding to Emerg		Sequence 1	24	ı	ype of Test:	F	29	
	Citation # (If Issued)	_	Most	Harmful Event 1			AC Test Res	olt: 1	30	12
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	1 25	25 Sı	usp. Alcohol	2 31	Susp. Drug: 2 32	1 13
⁶ 1	Viol, 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	26	То	owed from s	cene? 2	33	
1	· ·	tor and all occupants inv			34 35 Seat Safety		38 39 Trap Injury	49 Transp.		1
	Name (Last First Middle) Operator		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	
	Орегию	Se	e Above		1 1	1 0	10 10			4
		<u> </u>		15 16	<u> </u>	17	10	<u> </u>		1
⁷ 2	of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	Action	Location	Condit	tion 18	Н 🗖 н	it/Run Moped	
	License # S30048447 St M2	DOB/Age	Reg #	6DL884	•	Reg Type	PC PC	Reg	State MA	1
		20	_	ear 2016	Vah Maka H				21	
	Operator PEDATO DEIDRI		dorsement					ven c	Joining.	
§ 1	Last	First	Middle	r PEDATO, I		Füst		Midd	lle	
	Address 73 NICHOLS ST	0100=	-	ss 73 NICHO						14
ĺ	City WILMINGTON State	MA Zip 01887	-1625 City 1	WILMINGTON	<u> </u>					1
	Insurance Company ARBELLA M	JTUAL INSU	RANCE Vehic	e Action Prior to Crash	4		amaged Area	Code: 4		
İ	Vehicle Travel Direction: N S E	Responding to Emerge	ency? 2 Event	Sequence 23	23 23	***	est Status:	1	28	
	Citation # (If Issued) 981867AB	_	Most :	Harmful Event 1	24		pe of Test:	<u> </u>	30	
°2	Viol. 1: Ch/Sec/Sub 89 8 \	/iol_2: Ch/Sec/Sub	Drive	Contributing Code	4 25	25	AC Test Res isp. Alcohol:		Susp. Drug: 2 32	İ
		iol. 4: Ch/Sec/Sub ——		Distracted by	26		wed from so	<u>-</u>	33 Zasp. LAug. 2	
ļ	Please fill out for operator/non-				34 35	36 37	38 39	40		
Ĺ	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	
	Operator/Non-Motorist	See	Above	\times X	1 1	4 0	0 10	1		
Ì									'	
ŀ								++		

		■ Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	an 🐠 = Bicycle	
Cra	sh Diagram:	ie: 🖚 🗔	_ → _:	→	ĝ	→ №	
		208 Main Street ப				If Crash <u>Did No</u> on a Public Way	:
	A	——∸ Main		'		Garage	
	⇔	Street	8	<u> </u>		Mall/Shopping Cent	er
		(Rt.38) &	&	⇔	•	Other Private Way	
						Indicate North by	Arrow
			û				
		P	Richmond Street		*		
Cras	sh Narrative:						
		South on Main	n Street and	d Vehicle 2 wa	s trave	ling North on Main	
Stree	et and turning left	onto Richmon	d Street. Ve	hicle 2 didnt	comple	te the turn before	
being	struck by vehicle	1. Vehicle 1	struck the	rear right of	vehicl	e 2 with the front	
right	. No airbags were	deployed, and	both operat	ors declined	medical	attention. Both	
vehic	les were driven fr	om the scene.	Vehicle 2's	operator was	issued	a citation for	
Failu	re to Yield at an	Intersection.					
	W 18 18 2 10 10 10 10 10 10 10 10 10 10 10 10 10						

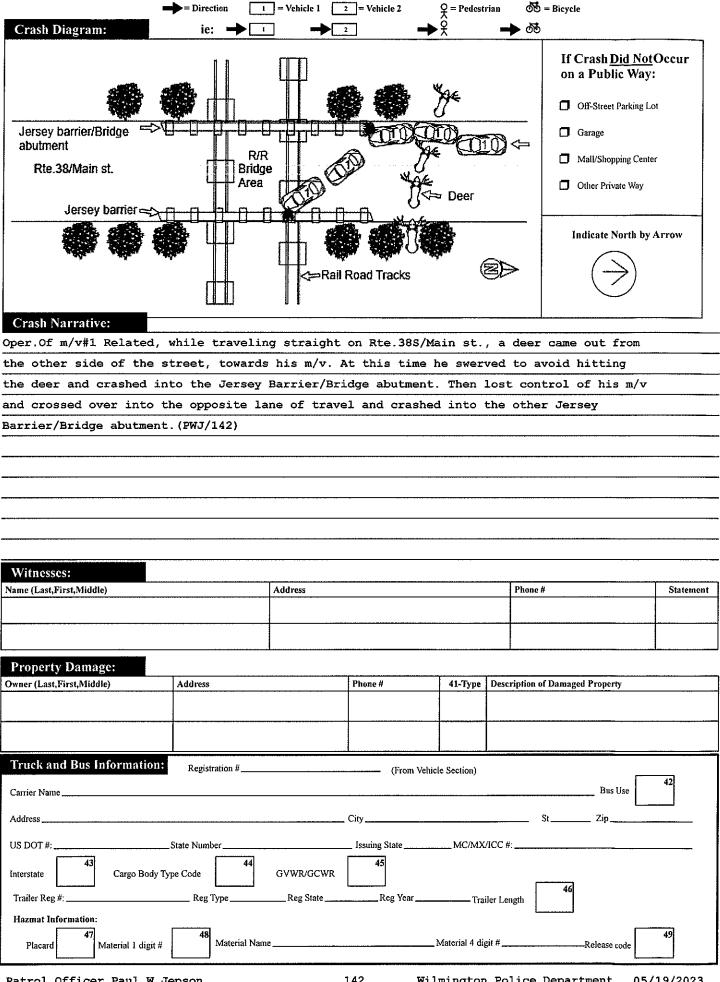
	lesses: Last,First,Middle)		Address			Phone #	Statement
					•		
Prop	erty Damage:				,		
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	·
Truc	k and Bus Information:	Registration #		(From Vehic	le Section)		42
Carrier	Name					Bus Use	72
Addres	s			City		St Zip	
US DO	OT #:	State Number		Issuing State	.MC/MX/I	CC#:	
Intersta	43	44	GVWR/GCWR	45			
Traile	r Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	
	at Information:					<u> </u>	
Pla	A7 Material 1 digit #	48 Material Nat	ne	1	Material 4 digi	it #Release code	49
D-4	l Officer Michael R D	oi I orongo		217 12-1	minatas	Police Department 05	/18/2022

Wilmington Police Department Images Associated with 23-149-AC





	Police Use Only	Comi	nonwealth	of Massa	chus	etts	i		RM	V Doc	ument Number		
	Date of Crash Time of Crash 05/19/2023 0013 Wilr	City/Town mington	Motor Veh	icle Cras	sh [Number Vehicles		~4 SP00	d Limit	40	State Police Local Police MBTA Police]
	24HR	ining con	Police 1	Report	1	•	0	Lann	iide iitude		Campus Police Other:	_ ដ	
	AT INTERSECT	ION:	< LOCA	TION >			ron	AT IN	TER	SEC	TION:		<u> </u>
											- "		2 10
	Route# Direction	Name of Roadway/Str	reet	38 S Route# Direction	on 82	dress#	MA	IN S		Roadw	vay/Street		
¹ 4		At			Jalak							·	
	Route# Direction Nam	ne of Intersecting Roady	vnu/Stroot	Feet [V S E V	V] of	Mile	- — Marker	•	or _	Exit Number		- 11
	Rogica Direction Main	Also at Intersection w		Feet [NSEV	v of							1 "
				Feet [SEV	V of	Route	ŧ	Interse	ecting I	Roadway/Street		
² 2	Route# Direction Nan	ne of Intersecting Roadw	vay/Street					· · · · · · · · · · · · · · · · · · ·	La	ndmarl	κ		
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Re	port ID#	23	-1	50-	AC	•			1
٥	of the Following.										. 1/2		ł
	10 10	A DOB/Age		3JFG33								21	3 ^{[2}
		E1	ndorsement	/ear 2019				AN		Veh	Config.	┙╽	
⁴ 1	Operator OZBERK, MUHAM	First	Middle	er <u>OZBERK</u>	នា		Firs	l		Mi	iddle		
<u>.</u>	Address 23 PROSPECT ST			ess 23 PRO		r s'							•
	City WATERTOWN State	•	•	WATERTOW	N		22	. State M				27	
	Insurance Company SAFETY IN	SURANCE CO		le Action Prior to C		1		Damage Test Sta		Code:	2 27 8 27 7		
5	Vehicle Travel Direction: NXEW	Responding to Emerg	gency? 2 Even	Sequence 25		23	23	Type of			29		
	Citation # (If Issued)		Most	Harmful Event	25 ²⁴			BAC Te		dt:	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Cod		25	25	Susp. A	lcohol:	31	Susp. Drug:	32	25 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	0 26			Towed t	from sc	ene?	1 33		
1	Please fill out for opera Name (Last First Middle)	tor and all occupants inv	/olved Address	DOB/Age	34 Sea Sex Pos			37 38 Eject Trap Code Code	19 Injury Status	40 Transp. Code	Medical Facility		
	Operator	Se	ee Above		$\sqrt{1}$	1	4 (10	1	Thomas I works		
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⁷ 1	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	15 Action	Locat	ion	17 C	ondition	18	ı	Hit/Run 🔲 Mo	ped	
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	19 19	20		'ear				• •			- :	21	
	Operator	En	ndorsement Owne	er									
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	City State	Zip	City_					State	z	ip		[97 ¹⁴
	Insurance Company			le Action Prior to C	rash		22	Damage	d Area	Code:	27 27	27	
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		Viol. 4: Ch/Sec/Sub —		r Distracted by	26	ال		Towed f	L		33 July 1		
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	Noune (Last First Middle)		Address	DOB/Age	Sex Pos.		Status	Code Code	Status	Code	Medical Facility		
	Operator/Non-Motorist	Se	e Above		$X \mid 1$	ļ			<u> </u>		····		
									<u> </u>				



Patrol Officer Paul W Jepson

142

Wilmington Police Department

05/19/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

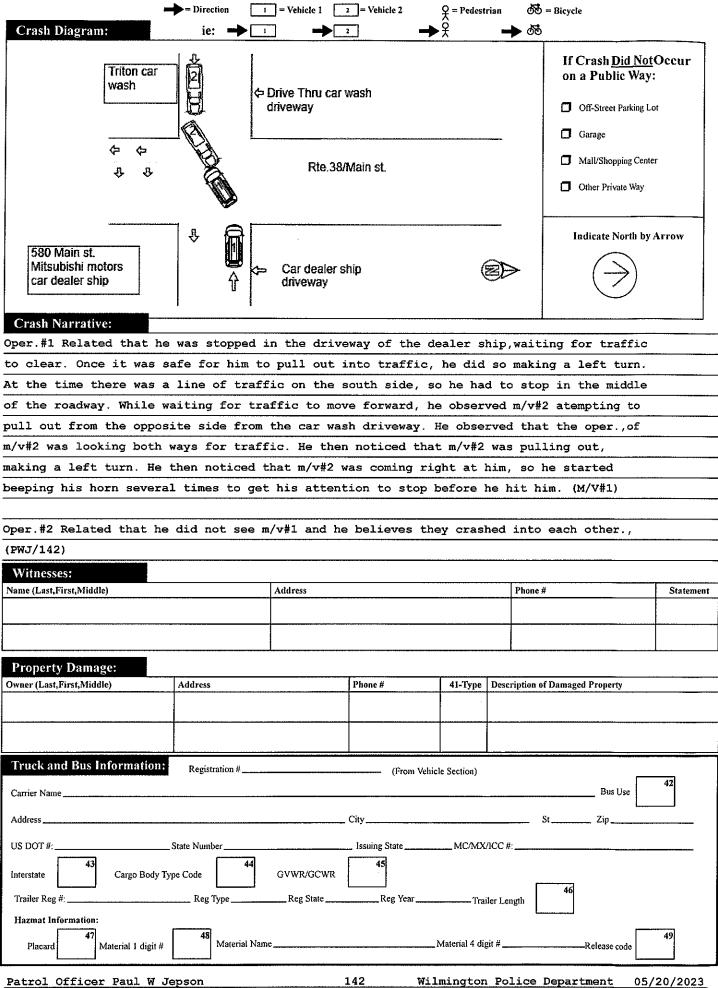
	Pol	ice Use Only	Comi	monwealth (of Massa	chus	etts	5			RM	V Doc	ument l	Number	
	Date of Crash	Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h} = \begin{bmatrix} \mathbf{h} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles			'	l Limit	3!	Loc است	e Police al Police ATA Police popus Police	
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	Route# Direc		Name of Roadway/St	reet	Route# Direction	<u>50</u>	O ress #	<u>S2</u>	<u> LE</u>	M S		Roady	vay/Stre	et	.[]
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	Sex F Lic. 6	Class D 19 19 L		DL Veh \	/ear <u>2020</u>	Veh M	لِّے lake	<u>leer</u>)			Veh	n Config	1 21	
	Operator BA	XTER, ASHI			BAXTER,	ASH	LE	M					liddle		ĺ
⁴ 1	Address 225	C FALLON	RD APT 381		ess <u>225C F7</u>	 ALLOI	I R		at API	: 3	81	М.	uddle		
	City STONE	HAM S	State MA Zip 0218 0)-2933 City	STONEHAM				_ Stat	te M /	4 z	ip 0	2180)-2933	
Ì	Insurance Compa	any SAFETY	INSURANCE CO	MPANY Vehic	le Action Prior to C	rash	1	22	Da	mage	d Area	Code:	5 27	27 27	
	Vehicle Travel D	irection: NSX	W Responding to Emer	gency? 2 Event	Sequence 23	23	23	23	Tes	st Stat	us:		1 28	,	
⁵ 2		ued)			Harmful Event	24				pe of T			29		
					r Contributing Code		25	25			st Resu		1 30	29	13
			Viol. 2: Cll/Sec/Sub		r Distracted by		!_				cohol: om sc	2 31	22	Drug: 2 32	<u> </u>
⁶ 1	VIOI. 3: CII/Sec/2		perator and all occupants in		Distracted by	34	35	36	37	38	39	40	2 33		-
	Name (Last First M		portition and an occupants in	Address	DOB/Age	Sex Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	М	edical Facility	
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⁷ 1	Please Select O of the Followin		#Occupants Non-	-Motorist A Type	Action 1	Location Location	on	17 C	onditi	on	18	 	Hit/Run	Moped Moped	
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	Sex F Lic. C	10 10	20	•	ear 2014		ake H	_					Config.	21	
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8. [=	Lasi WILLIAMINI	First	Middle	ss 46 WILI			Fig	il			Mi	iddle		
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	Insurance Compa		zip <u>0000</u>	•	e Action Prior to Cr	-0.01-	1	22				Code:		27 27	
- 1	•		J D		23	23	23	23		st State			1 28	<u>'</u>	
- [Vehicle Travel Di	<u> </u>	J	• •	Sequence 1	24			Тур	oe of T	est:		29		
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]_	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub		Distracted by		······				om sce		1 33		
	Plea Name (Last First Mic	•	non-motorist and all occupa	nts involved Address	DOB/Age S	34 Sent Sex Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Stotus	40 Trunsp. Çode	Me	dical Facility	
		r/Non-Motor	<i>ist</i> Se	e Above		1	1			\neg		1		•	
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	Pol	lice Use Only	monweal	lth d	of Mass	ach	us	etts	;	ſ	ui gale	RM	V Docu	ıment Nur					
	Date of Crash 05/19/2023	Time of Crash	Wilm	City/Town	Motor '	Veh	icle Cra	ısh		umber		ا ہم	peed l atitud		35	State Pol Local Po MBTA P	lice 🔀		
		24HR		.1119 0011			Report		3		1	- 1	annia ongiti			Campus Other:	Police 🗀		
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				Also at Intersection w	rith				E W	-	Route	# -	b	nterse	cting R	Roadway/St	reet	+	
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3	of the Followi																	4	
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	1			GENERAL AS		-	le Action Prior to		1	1	22				Code:		27 27		
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⁷ 1	Please Select C of the Followin		4	#Occupants Non-	-Motorist A Ty _j	ре	15 Action	I	Locatio	n	r' c	onditio:	n	10	H	lit/Run	Moped		
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	Sex Lic. C	Class 19 1	.9 Lic. Re	estrictions 20 CI	DL idorsement	Veh Ye	ear	— `	Veh Ma	ake					_ Veh (Config.	21		
3 ₁	Operator	Last		First	Middle	Owne	r	Last			Fin	st			Mid	die			
	Address						58											<u> </u>	14
				Zip		-	. A site Bits As	<u> </u>	ı		22		ared a		ip Code:	27 2	27 27	╠	
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		nection. [N]S	·	Kesponding to Emerg	ency?		Harmful Event		24			Туре	of Te	est:		29			
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				motorist and all occupa			1	<u> </u>	34 Seat	35 Safety	36 Airbag	37	18	39	40 Transp.			4	
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	Operato	77/1 YUN-1910	WIST	26	e Above			\triangle	1		_	_	\dashv	_				-	
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													_	_				-	

-	= Direction 1	= Vehicle 1 2	= Vehicle 2	오 = Pedestria	ი <u>დ</u> .	Bicycle	
Crash Diagram:	ie: 🖚 🔟	→ 2	□ →	· X	→ ‱		
						If Crash <u>Did No</u> on a Public Wa	_ ,
		V#3 Honda	······································		~~ ~~~~~~	Off-Street Parking	Lot
		Civic				☐ Garage	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						Mall/Shopping Cer	iter
V#1 [Jeep V#2 Ho Grand Civic Cherokee	nda					Other Private Way	
			500 Salem	Street ((K)	Indicate North b	y Arrow
			**************************************	*		\bigcirc	
Crash Narrative:	· · · · · · · · · · · · · · · · · · ·						
V#1,2, and 3 were trave	ling eastbound	l on Salem S	treet when V	#1 slowed	i for tra	affic. V#3	
then struck the rear of	V#2, resultin	ıg V#2 to co	llide into t	he rear c	of V#1. V	7#1 sustained	
rear end damage. V#2 su	stained front	and rear en	d damage. V#	3 sustain	ed front	-end damage	
and had front airbag dep	ployment. All	operators s	ustained no :	injuries	from the	crash. The	
passenger of V#2 sustain							
Fire Department. V#2 and							
crash. V#1 was still in	operable cond	lition and w	as able to di	rive away	from th	е всепе.	

Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
					<u> </u>		
Property Damage:			·				
Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of I	Damaged Property	
WHITE THE PROPERTY OF THE PROP							
Truck and Bus Information:	Registration #		(From Vehic	le Section)			42
Carrier Name		·				Bus Use	42
Address			City		St	Zip	
	State Number		_	MC/MX/IC	C #:	<u>.</u>	
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	46	
Hazmat Information:					L		
Placard Material 1 digit #	48 Material Nam	e		Material 4 digit	#	Release code	49
Patrol Officer Jonathan L	Morales	5	224 Wil	mington	Police D	epartment 05	/19/2023
Police Officer Name (Please Print)	Signature			riment		Barracks Date	

	Pol	lice Use Only	monwe	alth o	of Mass	ach	use	etts	;			RM	V Doc	ument N				
	Date of Crash 05/20/2023	Time of Crash	1	City/Town ington] Moto	r Veh	icle Cra	sh		umber chicles		nber ured	Speed Latitu	l Limit	35	Local	Police C Police & A Police C	1 l
	05,20,2025	24HR	11.	1119 0011	Po	olice l	Report		2		0		Lantu Longi				us Police 📋	<u> </u>
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							<u>38 s</u>		58	n	M	ΔTN	s:	r				2 10
¹ 1	Route# Dire	ction		Name of Roadway/S	Street		Route# Direc	ction		ress#					Roadw	vay/Stree	t	
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				Also at Intersection	With				E W	:	Rout	e#		Interse	ecting I	Roadway	/Street	
² 2	Route# Direc	ction	Name	of Intersecting Road	lway/Street		reet	1110	12,11	J OI				La	ndmari	k		
2	Please Select (e 1 <u>1</u> #	Occupants Hi	t/Run	Moped	Crash F	Report	1D# '	23	-1	52	2 –					
3	of the Followi	mg:				-											N47	4
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⁴ 1	1	Lust IAYWOOD	F	írat	Middle		ss 580 MZ	Lost				icst			Mi	iddle		
	City WOBUE			17A Zip 0180	1-2628		WILMING					Sta	te M Z	3_ z	Zip 0 .	1887	-3215	
	Insurance Comp	any UTICA	MUTUZ	AL INSURA	NCE CO	Vehic	le Action Prior to	Crash		4	22				Code:			
	Vehicle Travel D	Direction: N	[E W	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		st Stat			28		
3	Citation # (If Iss	sued)				Most	Hannful Event	1	24			-	pe of T	Test: st Resu	ılt	30		
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⁶ 1	Viol. 3: Ch/Sec/	Sub	Vi	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26			То	wed fi	rom sc	ene?	2 33		
1	Name (Last Pirst M		for operator	r and all occupants in	nvolved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Stotus	37 Eject Code	38 Trap Code	39 Injury Status	40 Trunsp. Code	Mec	fical Facility	
	Operate	or		S	See Above		>>	X	1	1	4	0	0	10	1			
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7	Please Select C		. 71 #	Occupants No	n-Motorist A	Туре	15 Action	16	Locatio		17	Conditi	ion	18	Ĺ.,	Hit/Run	Moped	7
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		I)		Indorsement		r FAIRCL									Conng.		
³ 1	-	SCHOOL :	Fi	PT A	Middle		ss 16 SCH	Last			ΑP	rst			Mis	ddle		
	City WOBUE	N.	State <u></u>	1A Zip 0180	1-1530	City J	WOBURN					_ Stat	e M	1 z	ip 01	1801	-1530	1 14
	Insurance Compa	any <u>USAA</u> G	ENERA	AL INDEMN	ITY CO	Vehic	e Action Prior to	Crash		3	22		_		Code:		27 27	
	Vehicle Travel D	rirection: S	EW	Responding to Emer	rgency? 2	Event	Sequence 1	23	23	23	23		st Stati pe of T			28		
2	Citation # (If Iss	ned)				Most l	Harmful Event	1	24	1		BA		t Resu	dt:	30		
				ol, 2; Ch/Sec/Sub —			Contributing Co		99	25	25	Su	sp. Alc	L	31		Orug: 32	
				ol. 4: Ch/Sec/Sub —		Driver	Distracted by	99	26	35	36	To:	wed fr	om sco	ene?	2 33		4
	Name (Last First Mi	iddle)		notorist and all occup	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury	Trunsp. Code	Mod	ical Facility	
	Operato	or/Non-Mo	torist	s	See Above		$\geq \leq$	X	1	1	5	0	0	10	1			



	Police Use Only			Commonwealth of Massachusetts RMV Document Number											
	Date of Crash 05/20/2023	Time of Crash		City/Town ington	Motor Veh	icle Cras	sh	Numb Vehicl		mead	Speed L		5 State Police Local Police MBTA Police	0000	1
	03/20/2023	24HR	MTTI	riig con	Police :	Report		2	0		Latitude Longitud		Campus Polic	. H	
		AT INTERS	ECTI	ON:	< LOCA	TION >			NO	ТАТ	INTI	ERSEC	CTION:		1
															2 10
	Route# Dire	ection MIDD		X AVE Name of Roadway/Stro	eet	Route# Direction	on 7	Address	-		Name	of Road	way/Street		├─┤
11				At			.1								1
	Route# Dire	HIGH		of Intersecting Roadw	av/Street	Feet N	VISIE	W of	 M	Iile Mai	ker	— or	Exit Numbe	r	3 11
	- Itolica Birch		1141110	Also at Intersection wi		Feet NSEW of									
2					-	Feet N	SE	w of	Rout	te#	Int	ersecting	Roadway/Street		
² 2	Route# Direc	ction	Name	of Intersecting Roadw	ay/Street							Landma	ık]
³ 3	Please Select (of the Followi		11	#Occupants Hit/F	Run Moped	Crash Re	port II	D# 2 :	3-1	L 5 3	3 - A	C			
3		7495632	Sr MZ	DOB/Age	Pagi	4DMC51			D.	o Timo	PC	т	Dan State MA		
	Sex F Lic.		9	strictions B 20 CE										21	1 12
		Decrator WHITE, STEPHANIE ROSE Owner WHITE, STEPHANIE ROSE													
⁴ 3	1	Last	Į.	RD APT 1	Middle	ess 39 N B	s1		F	irst			viiddie		
	1			MA Zip 01852		LOWELL			,,, <u>,,</u>				1852-58	11	
				INSURANCE	2017	le Action Prior to C		1	22			rea Code		27	
	·	Direction: XS		Responding to Emerge		Sequence 1 23			23		t Status;		1 28		
⁵ 1		sued)				Harmful Event	<u> </u>	24		Тур	e of Tes	t:	29		
	·			ol. 2: Ch/Sec/Sub ——		r Contributing Code		25	25	3	C Test R		1 30	221	13
						r Distracted by		<u>-</u>			p. Alcoh ved from	ol: 2 3	22	32	
⁶ 2	VIOI. 3. CII/366/			ol, 4: Ch/Sec/Sub r and all occupants invo		1 Distracted by		34 35	36	37	38 :	39 40	<u> </u>		ļ
	Name (Last First M	(iddle)		•	Address	DOB/Age	Sex 1	Seat Sufe Pos. Syste		Eject Code	Trap In Code St	jury Transp atus Code		ty	
	Operate	or		See	Above	>>	X_	1 1	4	0	0 10) 1			
	Please Select C		√1 #	Occupants Non-I	Motorist A Type	15 Action I	6	ation	17	Conditie		18	Hit/Run M		l
⁷ 2	of the Followin	The state of the s									<u> </u>			iopeu	
		icense # <u>\$54409245</u> St <u>MA DOB/Agt Reg # <u>3MDB24</u> Reg Type <u>PC</u> Reg State <u>MA</u></u>													
	Ex. M Lic. Class Lic. Restrictions B CDL Veh Year 2018 Veh Make NISSAN Veh Config. L														
§ 1		l.asi	Fi	rst.	Middle	r ALVAREZ	ı İ		Fi	irst		M	fiddle		
		GARRISON				ss 23 GARR		ON A	VE:		3.63	_ ^	0144 15	_	99 ¹⁴
İ	City SOMER			<u> </u>		SOMERVIL			22			_ Zip _ U . rea Code:	2144-17	27	99
	•		_	E INSURAN		le Action Prior to Cr	rash 23	23	23		t Status:	ica cogo.	2 28	_	
	Vehicle Travel Da		KIWI	Responding to Emerge	·	Sequence 1 23	<u>L</u>	<u> </u>		Тур	e of Test	:	29		
2	Citation # (If Issu	•				Harmful Event 1	<u> </u>	25	25	1	C Test R		1 30	_,	
\dashv				ol. 2: Ch/Sec/Sub		Contributing Code		ــالـــــــالـــ		Sus		ol: 2 31	1 23	32	
ļ	Viol. 3; Ch/Sec/S			ol. 4: Ch/Sec/Sub ——— notorist and all occupan		Distracted by		34 35	36	Tow 37	ved from		2 33		I
]	Name (Last First Mi		AOI/HUH-H	•	RS INVOIVEG Address	DOB/Age S	S	leat Safet os. System	Airbag	Eject		ury Transp.	Medical Facilit	y	
	Operato	or/Non-Mot	orist	See	Above	>>>		1 1	4	0 (10	1			
														\exists	
-											\top		-		

-	= Direction	1 = Vehicle I 2	= Vehicle 2	2 = Pedestr	an 📆 = Bicycle	
Crash Diagram:	ie: 👈	<u>→</u>	→	· X	→ ∞	
Middlesex Ave		Rt. 62		High Stree	If Crash Did Not on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
	Ave	(RL 02)				
	1		1			
Crash Narrative:						J
Vehicle 1 was traveling	striaght (No	rth) through	the intersect	tion fro	m High Street onto	
Middlesex Avenue. Vehicl	e 2 was turn	ing left from	m Middlesex A	Avenue c	nto Rt. 62	
(westbound). The vehicle	s collided i	n the middle	of the inter	rsection	. No airbags deployed	
and both operators decli	ned medical	attention. Ve	ehicle 1 sust	ained f	ront end damage and	
vehicle 2 susatined fron						
Witnesses:		T			- Table 11	<u> </u>
Name (Last, First, Middle)		Address		Phone #	Statement	
B						
Property Damage: Owner (Last, First, Middle)	Address	· I	Phone #	41-Type	Description of Damaged Property	
OTTHE (ZMOTE II SI, MICHOLY)	11001100		* 110110 11	12 23 pc	Secretarion of Daniageo Froperty	
Truck and Bus Information:				<u> </u>		
Truck and Dus information:	Registration #		(From Vehic	le Section)		
Carrier Name					Bus Use	42
Addraga					1	42
Address			City		St Zip	42
					St Zip	
US DOT #:S	tate Number		Issuing State		St Zip CC #:	
	tate Number					
US DOT #:S Interstate Cargo Body Type	tate Number	GVWR/GCWR	. Issuing State	MC/MX/	CC #:	
US DOT #:S Interstate	tate Number	GVWR/GCWR	. Issuing State	MC/MX/	CC #:	
US DOT #:S Interstate	e Code 44 Reg Type	GVWR/GCWR Reg State	45Reg Year	MC/MX/	CC #: er Length 46	
US DOT #:S Interstate	e Code 44 Reg Type	GVWR/GCWR Reg State	45Reg Year	MC/MX/	CC #:	

UD/20/2023 Date

Wilmington Police Department Images Associated with 23-153-AC



