	Police Use Only	Comi	monwealth	of Massa	chus	etts			RM	V Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	Motor Vel	hicle Cras	h [lumber ehicles	Number Injured	pheed	Limit.	15	State Police Local Police	0000
	05/30/2023 0733 Wil	mington	Police	Report	1	CHICICS	O	Latitu Longi			MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:		ATION >			NOT A			SEC		_
												2 10
					17		LOW	ELL	ST			
11	Route# Direction	Name of Roadway/St	reet	Route# Direction	on Ado	ress#		Na	me of	Roadw	ay/Street	
1		At		Feet N	SEV	of				or _		
	Route# Direction Nar	ne of Intersecting Roady	vay/Street			-	Mile N	larker			Exit Number	11
		Also at Intersection w	rith	Feet N	SEV	of	Route#		Intonn	ation D	Roadway/Street	- 💾
<u> </u>			10.	Feet N	SEV	of	Konten		micrac	cing n	coadway/Sirect	
² 1	Route# Direction Nar	ne of Intersecting Roady	vay/Street						La	ndmark		
	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Re	port ID#	23	-15	8-	ΆC	!		
3	or the rollowing:											
	·	A DOB/Age	Reg	# 92RK67			Reg Ty	pe <u>PC</u>		Re	eg State <u>MA</u>	3 ¹²
	Sex F Lic. Class D 19 Lic. I	Restrictions 20 C	DLVeh	Year 2019	Veh N	1ake <u>H</u>	ONDA			Veh	Config. 1	
	Operator GIBSON, JULIE	MARIE		ner GIBSON ,	JUI	ΙE	MARI	E		Mic	10	
⁴ 1	Address 73 HILL ST	rust		iress 73 HIL	s L ST		Füst			Мк	ildle	
<u>-</u>	City MALDEN State	MA Zip 02148	3-1639 Cit	MALDEN			S	ate M	4 _ z	ip 02	148-163	9
	Insurance Company GOVERNMEN'			icle Action Prior to C	`rach	2		Damage				7
	Vehicle Travel Direction: NSE			2		23		Test Stat			28	-
5		Responding to Emer		in acquence 3				Type of	Test:	Ī	29	
	Citation # (If Issued)		Mo	st Harmful Event		25		BAC Tes	st Resu	lt:	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Dri	er Contributing Code		25	25	lusp. Al	cohol:	31	Susp. Drug 3	2 3
6 _	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Dri	er Distracted by	0 26			Towed fi	rom sce	ene?	2 33	
⁶ 1	•	ntor and all occupants in		DOD!	34 Seat	35 Safety	36 37 Airbag Ejec	38 Trap Code	39 Injury	40 Trunsp. Code	26.6.10.20.	\Box
	Name (Last First Middle) Operator	9.	Address ee Above	DOB/Age	Sex Pos.	System 1	Status Cod	O	Status 10	1	Medical Facility	
	Operator	21	Se Adove		<u>^</u>	ļ <u>.</u>	-	1	-	_		
								1				
	Please Select One		Γ	15	16	╁┌╴	17		18			
9	of the Following:	_#Occupants Non	-Motorist A Type	Action 2	Locat	^{on} 5	Cond	ition 1		┞┻	lit/Run Mop	ed
	License # NHL16638625 St N	H _ DOB/Age	Reg	#			Reg Tyj	e		Re	g State	_]
	Sex. M Lic. Class 19 19 Lic. B	testrictions 20 C	DL Veh	Year	Velı M	iake				Veh	Config. 21	
	Operator GAGLIARDI, MI			ner							_	1
⁸ 1	Address 5 HIDDEN MEADO	First	Middle	ress	st		First			Mid	klie	
	City LONDONDERRY State						C.	ate	~	··		1 14
		: NH Zip <u>03033</u>						ate Damaged			27 27 2	7 -
	Insurance Company	ale	Veh	icle Action Prior to C		<u> </u>		est Stat		Code.	28]]
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Eve	nt Sequence 23		23	***	ype of		-	29	
,	Citation # (If Issued)	<u> </u>	Mos	st Harmful Event	24			BAC Tes		lt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	•	25	25	Susp. Ale	cohol:	31	Susp. Drug: 3	2
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		7	lowed fr	om sce	ne?	33	-
	Please fill out for operator/not	n-motorist and all occupa	ants involved		34 Sent	35 Safety	36 37 Airbag Ejec	18 Trap	39 Injury	40 Tronsp.		
	Nome (Last First Middle)		Address	DOB/Age	Sex Pos.	System		Code	Status	Code	Medical Facility	
	Operator/Non-Motorist	Se	ee Above		X 1	<u> </u>			10	1		
												
					\dashv						· · · · · · · · · · · · · · · · · · ·	_
					1			1				1

-	= Direction	= Vehicle 1 2	= Vehicle 2	Q = Pedestrian	ı ⊘	= Bicycle	
Crash Diagram:	ie: 👈 📑	_ _	□ →	Ř	ಕ್ ಕ್		
205 Lowell St.			17:	5 Lowell St.		If Crash Did Not on a Public Way Off-Street Parking Let Garage Mall/Shopping Center	ot
						Other Private Way	
(D1)D) =	O O			(3 >	Indicate North by	Arrow
Crash Narrative:							
On 05/30/23 at approxim	ately 0730hrs	car 1 while	attempting f	to turn l	eft int	to the entrance	
of 205-175 Lowell St. w	as stopped by	a picket li	ne/pedestria:	ns. The	car pro	ceeded forward	
after stopping and a co	llision occure	d between c	ar 1 and a pe	edestrian	. Refe	erence 23-696-	
OF. Wilmington Fire/EM	S responded to	the scene	and the pedes	strian re	fused n	nedical	
treatment and transport	. 5 written s	tatements w	ere taken (in	ncluding	driver)	all located	
in 23-969-OF.							
						.,	
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
JOZOKOS MICHAEL GERARD		14 AMBERWOOD	DR ATKINSON NE	03811-22	08		1
GAGLIARDI BRENDYN DANIEI		13 OAK HILL	ST PEPPERELL MA	01463-11	20		1
D		I			1		1
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of	Damaged Property	
				72 0,410			
Truck and Bus Information:	Registration #		(From Vehic	le Section)		D. II	42
Carrier Name						Bus Use	
Address			City		s	St Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/IC	C #:		
43	44		45				
Interstate Cargo Body Ty		GVWR/GCWR			Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length		
Hazmat Information:	10						40
Placard 47 Material I digit #	Material Nam	e		Material 4 digit i	#	Release code	49
Patrol Officer Dillon H							30/2023
Police Officer Name (Please Print)	Signature	L	D/Badge # Depai	tment	rrecin	ct/Barracks Date	

Police Officer Name (Please Print)

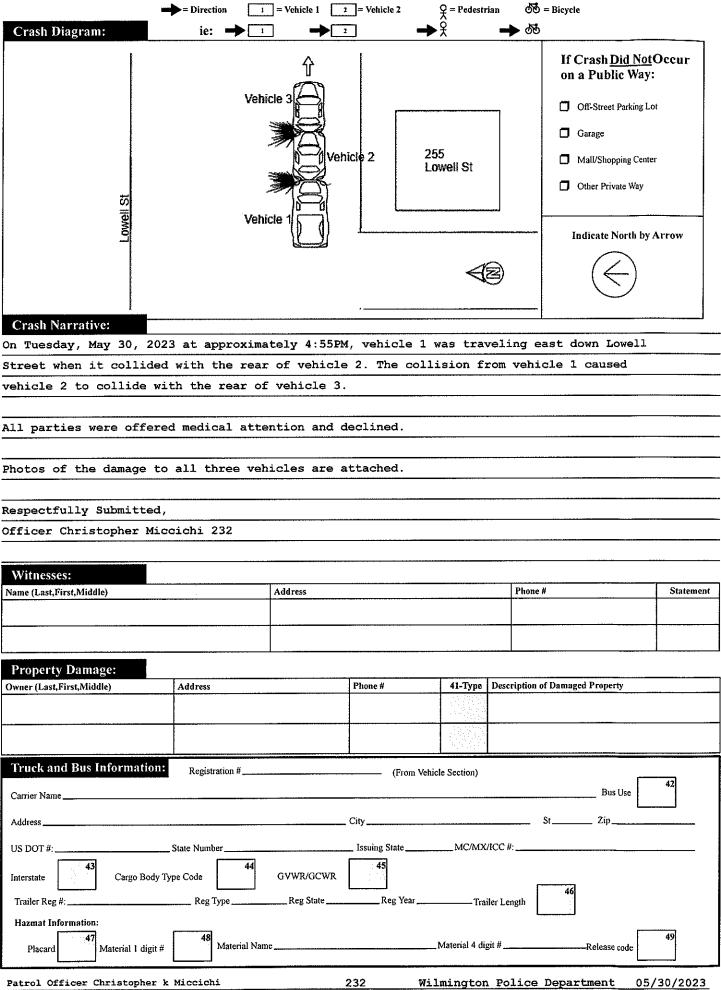
Signature

	Police Use Only	Com	monwealth	of Massach	usetts		RM	IV Doci	ument Number	
	Date of Crash Time of Crash 05/30/2023 0923 Wil:	City/Town mington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi Latitude	t30	State Police Local Police MBTA Police	П
	24HR	ming con	Police	Report	2	0	Lantiide Longitude_		Campus Police Other:	<u>i</u>
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	r inter	SEC	TION:	
					10	итт.т	SIDE	WAV	•	2 10
i	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #	111111			/ay/Street	
1	<u>.</u>	At		Feet N S	E W of		_ •	- or _		_
	Route# Direction Na	me of Intersecting Road	way/Street			Mile Ma	ırker		Exit Number	5 11
		Also at Intersection v	vith	Feet N S		Route#	Inters	ecting I	Roadway/Street	
² 1	Route# Direction Nat	me of Intersecting Road	way/Street	Feet N S	EW of					_
	Please Select One Value 1 1	#Osmonto D v			2.2	. 1 =		andmarl	<u> </u>	┥
3	of the Following: Vehicle 11	#Occupants Hit.		Crash Report			_			_
	License # NHL19063731 St N	H DOB/Age		# <u>5023473</u>					21	1 12
		Restrictions 1	ndorsement	Year 2021				Veh	Config. 2	
4	Operator HUBBARD, MICH	First	Middle	er LEAFGUAR I		First		Mi	iddle	-
⁴ 1	Address 2 COUNTRY VIEW			ess 1 PERIME					2100	
	City RAYMOND State	e NH Zip <u>0307</u>		MANCHESTE		****	te NH	-		·
	Insurance Company			cle Action Prior to Crasl	23 23		amaged Area	a Code:	7 28	
5	Vehicle Travel Direction: SEW	Responding to Emer		t Sequence 1 23	24		pe of Test:		29	
	Citation # (If Issued)	_		Harmful Event 1		25	AC Test Res		1 30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	Si	isp. Alcohol		Susp. Drug: 2 32	
⁶ 1	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub — ator and all occupants in		er Distracted by 0	34 35	36 37	owed from s	16	2 33	
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age Sex	Sent Sufety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	_
	Operator	S	ee Above	\times X	1 1	4 0	0 10	1		
			<u> </u>							7
7	Please Select One Vehicle 21	#Occupants Nor	-Motorist A Type	15 Action 16	Location	17 Condit	ion 18		Hit/Run Moped	,]
⁷ 1	of the Pollowing:	A DOB/Age		# M94144			PC		eg State MA	4
	19 19	20	_	Year 2016	Val. Maka F				Config. 21	·
	Operator DESIMONE, ANT	E E	ndorsement	er BURLINGT				ven	Coinig.	
81	Address 10 HILLSIDE WA	First	Middle	ess 29 CENTE		First		Mi	ddle	·
		MA Zip 0188		BURLINGTON		Sta	te MA	Zip 0 :	1803-3058	1 14
	Insurance Company THE HANOVI	ER INSURANC	CE COM Vehic	cle Action Prior to Crasl	1	22 D	amaged Area	a Code:	7 27 27 27	
	Vehicle Travel Direction: NXEW	Responding to Emer	gency?_2 Even	t Sequence 1 23	23 23	43	st Status:		1 28	
9	Citation # (If Issued)	_	Mosi	Harmful Event 1	24	•	pe of Test: AC Test Res	ult	29 30	ļ
⁹ 2	Viol, I: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub —	Drive	er Contributing Code	19 ²⁵	25	sp. Alcohol		1	
	Viol. 3: Ch/Sec/Sub ————	Viol, 4; Ch/Sec/Sub —	Drive	er Distracted by	26		wed from se		2 33	
	Please fill out for operator/no	n-motorist and all occup	ants involved	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/Non-Motorisi	t s	ee Above		1 1	4 0	0 10	1		7
	,									-
										_
										-
		İ		1 1	1	1	1 1	1		1

	= Direction	1 = Vehicle I	2 = Vehicle 2	오 = Pedestr	ian ooo ≂	Bicycle	
Crash Diagram:	ie: 👈 🗔	→	2	▶ 윘	→ №		
Hillside Way			MA-500-6400 MA-500-6400-6-600-6-600-6-600-6-600-6-600-6-600-6-600-6-600-6-600-6-600-6-600-6-600-6-600-6-600-6			If Crash <u>Did N</u> on a Public Wa	
	بيا		. <i>r</i>	- ~ \		Off-Street Parking	; Lot
	P		N F		2	☐ Garage	
					ا الد	☐ Mall/Shopping Co	enter
en e			7			Other Private Way	,
		\bigcap					
		4				Indicate North	by Arrow
				(2>	(\Rightarrow)	
Crash Narrative:		······································					
V 1 and MV 2 were dri	ving straight	on Hillside	Way. Hillsi	de Way is	a narro	w street. Bot	h
ehicles were larger i							
nother causing them t	o break. No in	juries. No t	ow.				
							
XX/24							
Witnesses:		Address			Phone #		Statement
Property Damage:	Address		Phone #	41-Type	Description of	Damaged Property	
wher (Lasi, Phist, Middle)	Addiess		1 none #	41-1346	Description of	Damaged Froperty	
				1. 1			
Truck and Bus Information	Registration #		(From Ve	hicle Section)	•		
Carrier Name						Bus Use	42
Address			City		S	t Zip	
US DOT #:	State Number	·····	Issuing State	MC/MX/	ICC #:		
43 Interstate Cargo Body	Type Code 44	GVWR/GCWR	45				
Trailer Reg #:		Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:	V 755						
Placard Material I digit	# Material Nan	me		Material 4 dig	it #	Release code	49
Patrol Officer Kevin J	I Skinner		200 W	ilminator	Police D	epartment 0	5/30/2023
olice Officer Name (Please Print)	Signature			partment		t/Barracks Da	

Police Use Only Commonwealth of Mas						chi	use	tts		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RMV	Docu	ment Num	- 1	
	Date of Crash Time of Crash	City/Town	Motor V	/ehi	cle Cras	sh		mber nicles	Numbe Injured		Limit.	40	State Poli Local Pol MBTA Po	ice 🔯	
	05/30/2023 1654 Wilm 24HR	ington	Polic	ce R	Report		3		0	Lanta			Campus l	Police	
	AT INTERSECTION	ON:	< LC	OCAT	ION >	>]	NOT A	T IN	TER!	SECT	ΓΙΟΝ:		
							<u> </u>	•			~=				2
	Route# Direction	Name of Roadway/St	reet	7	Route# Directi		255 Addre		TOM	ELL Na	me of	Roadwa	ay/Street		ļ —
1		At			_ [wa.									
	- N	CI. C. Dd.	/C4t	-	Feet [NS	E W	of ~	Mile l			or _	Exit Nu	mber	<u> </u>
	Route# Direction Name	e of Intersecting Roady Also at Intersection w		─ [_	Feet [N S	E W	of _							8
				_	Feet	N S	E W		Route#		Interse	cting R	oadway/St	reet	
² 1	Route# Direction Name	e of Intersecting Roady	vay/Street					-			Laı	ndınark			
	Please Select One Vehicle 11	#Occupants Hit/	Run Mo	ned	Crash Re	eport l	ib# 2	23.	-16	50 –	AC	<u> </u>			
,	of the Following:												- M	*	_
	10 10	DOB/Age		-	W66983									2.1	1
	<u> </u>	E E	ndorsement		ear 2004								Config.	·	
	Operator FRICIA, DEREK	JOSEPH First	Middle			ast			First	AWKI	ENC	Mid	ldle		
1	Address 11 MOLLY CIR				ss 10 LAW		vCE.	ST					900	1007	
	City WAKEFIELD State			-	VAKEFIEI				22	State M Darnage			.880-	1807	
	Insurance Company SAFETY INS	SURANCE CO			e Action Prior to			2		Test Star		Code	28		
	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2	Event S	1			23	23	Type of		Í	29		
	Citation # (If Issued)	_		Most F	Hannful Event	1	24		- 05	BAC Te	st Resu	ılt:	1 30		
	Viol. 1: Ch/Sec/Sub\	/iol. 2: Ch/Sec/Sub —		Driver	Contributing Cod			²⁵ 5	25	Susp. Al	lcohol:	2 31		ig: 2 32	1
1	Viol. 3: Ch/Sec/Sub ————V	/iol. 4: Ch/Sec/Sub —		Driver	Distracted by	99	26			Towed f			2 33		
1.	Please fill out for operat	or and all occupants in	volved Address		DOB/Age	Sex			36 E Airbag E Status Co	1 38 cet Trap de Code	39 Injury Status	40 Transp. Code	Medica	l Facility	
	Operator	S	ee Above			X			4 0	0		1			1
	- 7 -														1
						_				+	<u> </u>				
															1
											<u> </u>				ļ
1	Please Select One of the Following:	#Occupants Nor	n-Motorist A Typ	pe	15 Action	16 L	ocation	n ·	17 Cor	dition	18	H	lit/Run	Moped	
Τ.		A DOB/Age		Reg#	2662SD				Reg T	_{/ре} <u>РС</u>	<u> </u>	Re	g State M	A	1
		20		_			'eh Ma	ke V (WAGI			Config. 1	L. 21	
	<u> </u>		ndorsement		STANSB								~ _		
1	Address 4401 POULIOT P	First	Middle		ss 4401 P	ast			First			Mid	kile		
		MA Zip 0188'			VILMING					State M	A 7	in 01	.887-	4593	2
	Insurance Company SAFECO INS	-			e Action Prior to		Г	2	22				1 27 5		
		Responding to Emer	_		Sequence 1		<u>-</u>	23	23	Test Sta	tus:		1 28		
	L.J.K.NJ	Kesponding to Emer	gency (· <u>-</u>	1	24			Type of	Test:		29		
2	Citation # (If Issued)				Contributing Co.	Ξ_	<u> </u>	25	25	BAC Te		ابي	1 30	32	
	Viol. 1: Ch/Sec/Sub				ū	0	26	!		Susp. A. Towed f			Susp. Dru	ug 2 32	
	Viol, 3: Ch/Sec/Sub\ Please fill out for operator/non	/iol. 4: Ch/Sec/Sub —	ants involved	Pilvel	Distracted by		34	35	36	7 38	39	40			4
	Please IIII out for operator/non Name (Last First Middle)	-motorist and an occup	Address		DOB/Age	Sex	Seat	Safety	Airbag E	eet Trup ide Code		Transp. Code	Medica	d Facility	
	Operator/Non-Motorist		ee Above		><	X	1	1	4 0	0	10	1			
															1
									_		 				1
											1				

Police Use Only	Commonwealth	of Massach	usetts		RM	V Docum	ient Number
Date of Crash Time of Crash	ington	nicle Crash	Number Vehicles	Number Injured	Speed Limit Latitude	40	State Police Local Police MBTA Police Campus Police
24HR	Police	Report	3	0	Lantide Longitude _	:	Campus Police Other:
AT INTERSECTION	ON: < LOCA	ATION >	1	NOT AT	INTER	SECT	ION:
			OFF	TOTAL	TT 00		
Route# Direction	Name of Roadway/Street	Route# Direction	255 Address #	LOWE	LL ST Name of	'Roadway	//Street
	At	Feet NS	E W .c		_		
Route# Direction Name	of Intersecting Roadway/Street	Feet [14]	E[11] 01 —	Mile Ma	rker	. ог	Exit Number
	Also at Intersection with	Feet NS		Route#		antino Da	a decorate
		Feet NS	EW of	Koute#	inters	ecting Ko	adway/Street
Route# Direction Name	of Intersecting Roadway/Street		_		La	ndmark	
Please Select One of the Following:	#Occupants Hit/Run Moped	Crash Report	ID# 23 -	-16	0-AC	3	
	DOB/Age Reg	#3ZFS89		Rea Type	PC	Ren	State MA
19 19	201	Year 2021 V					21
Operator ASHCRAFT , LAUF	Endorsement	ner ASHCRAFT,				•••• •	oung.
Address 12 BEVERLY AVE	First Middle	ress 12 BEVER		First		Middl	le
Address 12 BEVERII AVE City WILMINGTON State		WILMINGTON			M2	Λ1 <i>s</i>	887-1745
Insurance Company INTEGON NA			2	_	amaged Area		
		icle Action Prior to Crash	2 f 23 23 :	<u>.</u>	st Status:	1	28
Vehicle Travel Direction: NSWW		In Sequence 1	24	1.5	pe of Test:		29
Citation # (If Issued)		st Harmful Event 1	25	ാമ	AC Test Res		30
Viol. 1: Ch/Sec/Sub ————V			1 ²⁵		isp. Alcohol:		Susp. Drug 2 32
	101, 17. Old BOOK B 40	er Distracted by	3/4	36 37	wed from so	ene? 2	33
Please fill out for operate Name (Last First Middle)	or and all occupants involved Address	DOB/Age Sex	Seat Safety A	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility
Operator	See Above	\times X	1 1 4	0	0 10	1	
			3 1 4	1 0	0 10	1	
			4 1 4	0	0 10	1	
						+ +	
		15 16		17	18	 	1
Please Select One of the Following:	Occupants Non-Motorist A Type	Action	ocation	Condit	ion	Hi	t/Run Moped
		#		Reg Type	·	Reg	
Sex Lic. Class 19 19 Lic. Re	strictions CDL Veh	Year V	eh Make			Veh C	Config.
Operator		ner		First		Middl	le
Address		ress					
CityState_	Zip City			Sta	le	Zip	
Insurance Company	Veh	icle Action Prior to Crash	2		amaged Area	Code:	27 27 27
Vehicle Travel Direction: NSEW	Responding to Emergency? Ever	nt Sequence 23	23 23		est Status:		28
Citation # (If Issued)	_ Mos	st Harmful Event	24	-	AC Test Res	ult:	30
Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub Driv	er Contributing Code	25	25	sp. Alcohol:		Susp. Drug: 32
Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub Driv	er Distracted by	26	To	wed from so	ene?	33
•	motorist and all occupants involved	200	Seat Safety A	36 37 Airbag Eject	38 39 Trop Injury	40 Transp.	N. C. 122-212-
Name (Last First Middle) Operator/Non-Motorist	Address See Above	DOB/Age Sex	Pos. System S	Status Code	Code Status	Code	Medical Facility
Operator/1 ton-motorist	Decirote		-	_			
						-	
					r I	•i	



Police Officer Name (Please Print)

Signature

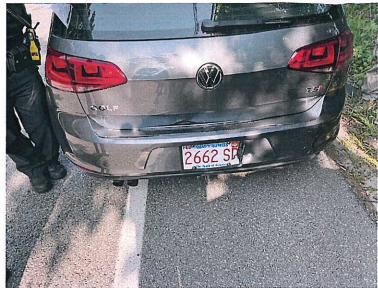
ID/Badge#

Department Precinct/Barrac

Date

Wilmington Police Department Images Associated with 23-160-AC

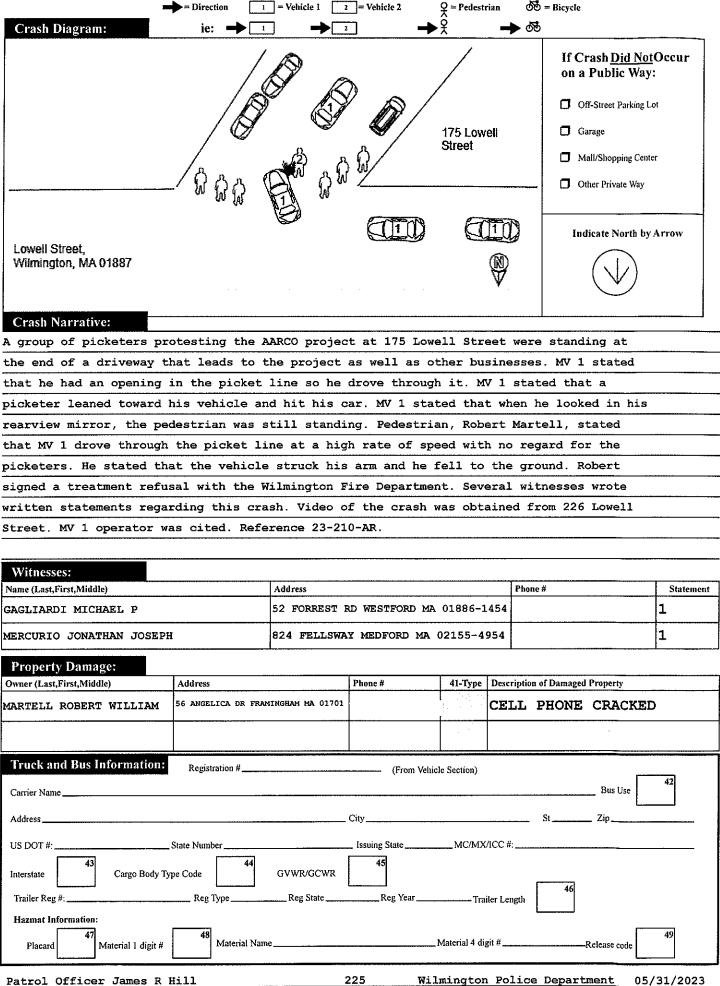








Police Use Only	Com	monwealth	of Massach	usetts		RM	(V Docu	ment Number	
Date of Crash Time of Crash 05/31/2023 0726 Wil	City/Town mington	Motor Veh	icle Crash		Internal	Speed Limit	40	State Police Local Police MBTA Police	8
24HR	miring con	Police 1	Report	1 1	. 1	Latitude Longitude _		Campus Police Other:	<u> </u>
AT INTERSECT	ION:	< LOCA	TION >	N	TA TO	INTER	SECT	ION:	
				175	T OTTE	LL ST			2 '
Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #	LONE	Name of		y/Street	
	At		Feet NS	EW of _		_ •	· or		
Route# Direction Na	me of Intersecting Roady	vay/Street			Mile Ma	rker		Exit Number	
	Also at Intersection w	vith	Feet N S	R	oute#	Inters	ecting Re	oadway/Street	
Route# Direction Na	me of Intersecting Roady	way/Street	Feet NS	EW of					
Please Select One Value 11	#0		_		1		andmark		
of the Following:	#Occupants Hit/	Run Moped	Crash Report	ID# 23-	.T.P.	T – AC	; 		_
License # <u>\$27335248</u> St <u>10 10 10</u>		Reg #	3FBT69		Reg Type	PC	Reį		
<u> </u>	F	DL Veh S	Vear <u>2018</u>	Veh Make <u>FI</u>	AT		Veh (Config. 1 21	′
Operator SCHNELLER, WI	LLIAM J	Middle	er <u>SCHNELLE</u> I		TAM First	J	Midd	lie	-
Address 28 HORMAN RD			ess 28 HORMA						-
City N BILLERICA State			N BILLERIC	22	-			862-0000	-, I
Insurance Company LIBERTY N			le Action Prior to Crash		<u> </u>	maged Area st Status:	Code: 2	27 27 27	<u> </u>
Welsicle Travel Direction: N S W		gency? 2 Even	Sequence 3 23	23 23 2	1	pe of Test:	1	29	
- Citation # (If Issued) 004058AC			Hannful Event 3	24	25	AC Test Res		30	13
Viol. 1: Ch/Sec/Sub 90 24	Viol. 2: Ch/Sec/Sub —		r Contributing Code	26 4		sp. Alcohol:		Susp. Drug 2 32] [3]
Viol. 3: Ch/Sec/Sub			r Distracted by 0		To 36 37	wed from sc	ene? 2	33	
Name (Last First Middle)	rator and all occupants in	Address	DOB/Age Sex	Sent Safety Air	rling Eject atus Code	Trap Injury Code Status	Transp. Code	Medical Facility	
Operator	Sı	ee Above	$\times x$	1 1 4	0	0 10	1		
Please Select One Vehicle 2	#Occupants Non-	-Motorist A Type 1	15 Action 2	Location 10	.7 Conditi	18		it/Run Mope	
of the Following:	<u> </u>	1		<u> </u>		<u> </u>			-
19 19	A_ DOB/Age	•						21	-
L	Er Er	ndorsement	′eaг \	Velı Make			Veli C	Config.	
Operator MARTELL, ROBE Last Address 56 ANGELICA DE	First	Middle	Last		First		Midd	le	-
City FRAMINGHAM State			ess		Stat	e Z	7in		- 97 ¹⁴
Insurance Company	2.tp <u></u>	-	le Action Prior to Crash	22	I	maged Area		27 27 27	I
Vehicle Travel Direction: N S E W	Responding to Emerg			23 23 23	Tes	st Status:		28	J
Citation # (If Issued)			Harmful Event	24		pe of Test:		29	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		r Contributing Code	25	25	C Test Rest		30 Susp. Drug: 32	1
	Viol, 4: Ch/Sec/Sub		r Distracted by	26		wed from sc		33 Susp. Drug.]
Please fill out for operator/no		ants involved		Seat Safety Air	6 37 bag Eject	38 39 Trap Injury	40 Transp.		-
Name (Last First Middle) Operator / Non-Motoris		Address	DOB/Age Sex	Pos. System Sto	tus Code	Code Status	Code 1	Medical Facility	-
Operator/Non-Motoris	; Se	e Above		1 10	+	ď	-		-
								·	_



Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

03/31/

Wilmington Police Department Images Associated with 23-161-AC

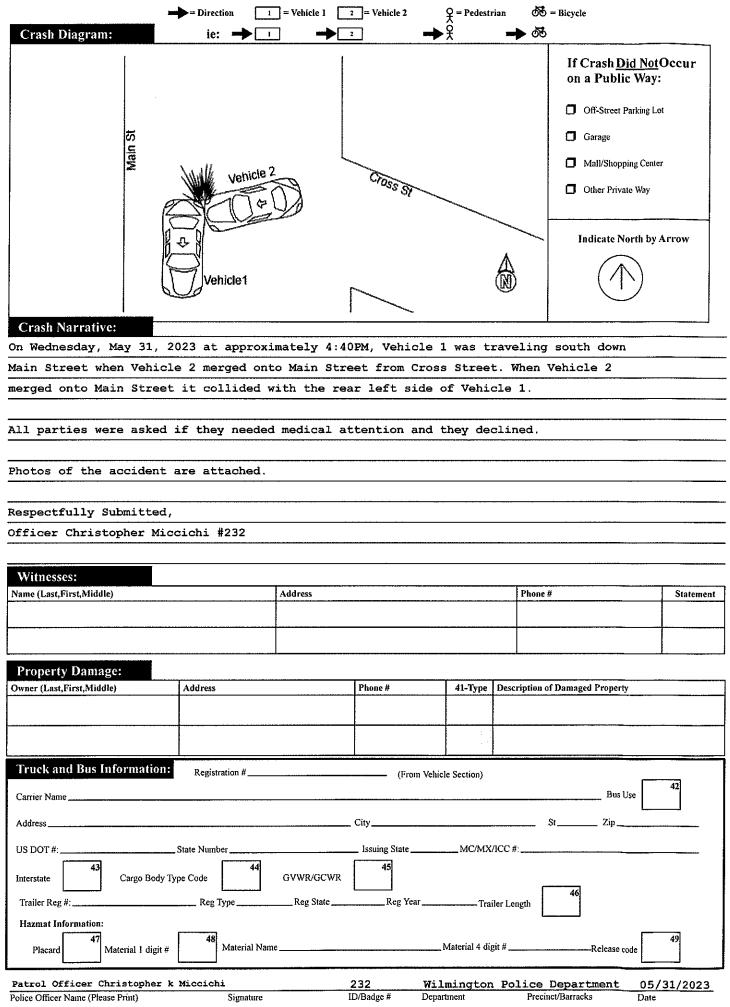








	Police Use Only	Com	monwealth	of Massa	chu	setts	;		RM	V Docı	ument Number		
	Date of Crash Time of Crash 05/31/2023 1644 Wilr	City/Town	Motor Veh	icle Cras	sh	Number Vehicles		l opec	d Limit	40	State Police Local Police MBTA Police	080	
	05/31/2023 1644 Wilr	mington	Police	Report		2	0	Latin	ude situde		Campus Police	_ 🖥 📗	
	AT INTERSECT	ION:	< LOCA	TION >	>		NOT A	AT IN	TER	SEC'	TION:		
												2	0
	Route# Direction	Name of Roadway/St	reet	Route# Direct		68 .ddress #	MAI			Roadw	/ay/Street		_
1		At		. [ala								
	Route# Direction Nam	ne of Intersecting Roads	vav/Street	Feet [N S E	W of	Mile I	 Marker	•	or _	Exit Number		ī
	Todier Breeton 19an	Also at Intersection v		Feet	N S E	w of		CF	oss			1	
				Feet	N S E	w of	Route#		Interse	ecting F	Roadway/Street		
² 1	Route# Direction Nan	ne of Intersecting Roads	way/Street					·····	La	ndmark	<		
3	Please Select One of the Following:	#Occupants Hita	Run Moped	Crash Re	eport ID	<i>#</i> 23	-16	2-	AC				
	, , , , , , , , , , , , , , , , , , ,	A _DOB/Ag	. I	# <u>138XBN</u>			D T-	DC		n.	Ct MA		
		20		Year 2009							,	1 1 12	2
	Operator DELUCIA, LISA	E	ndorsement	rear <u>2009</u> er DELUCI 2						ven	Config.	┚┟╌╸	۷
⁴ 1	Operator DELIOCIA, LISA Last Address 76 LOWELL ST	First	Middle		ast		First	므		Mi	ddle		
	City WOBURN State	363 m 01901			Cit	<u>st</u>			7 .	01	1001 224	_	
		•	•	WOBURN		<u> </u>		itate IXI. Damage			1801-224	27	
	Insurance Company GEICO GENI			cle Action Prior to 0	Crash 23 23	23		Test Sta		Code.	6		
5	Vehicle Travel Direction: N E W	Responding to Emer	- •	1 Sequence 1		<u>Ļ</u>		Type of	Test:		29		
	Citation # (If Issued)			I	<u>+</u>	25	25	BAC Te			1 30	13	7
	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		er Contributing Cod	1			Susp. A				32 1	
6 1	Viol. 3: Ch/Sec/Sub			r Distracted by	V			Towed i		ا	2 33	_	
	Please fill out for opera Name (Last First Middle)	tor and all occupants in	volved Address	DOB/Age	s	34 35 eat Safety es. System	36 31 Airbag Eje Status Co	et Trap	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	s	ee Above	\sim	X	1	4 0	0	10	1			
	LEONARD JOHNSON	318 PRIDE WAY BEDFORD, MA 0173	30-1379		м 3	1	4 0	0	10	1			
					$\neg \vdash$				1				
					-								
			[·		17		12		10			_	
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action	Loc	ation	17 Con	dition	18	 	Hit/Run 🔲 Mej	ped	
	License # S10757986 St M	A DOB/Ag	Reg #	MF492A			Reg Ty	pe PC	,	Re	eg State MA		
	Sex M Lic. Class D Lic. R			_{/ear} 2016	Veh	Make F	ORD			Veh	Config. 1		
	Operator CARROCCINO, R		ndorsement Own	er CHELSE?	A CI	TY C		RE I	DEP	ART	MENT		
1	Address 10 MILL RD	First		ess <u>307 CH</u>	EST1	UT:	ST First			Mic	ddle		~
	City WILMINGTON State	MA Zip 01887	7-3316 City	CHELSEA			S	tate M	A 2	ip <u>02</u>	2150-384	<u>4</u> 1 14	1
	Insurance Company ARGONAUT 1	NSURANCE (COMPAN Vehíc	ele Action Prior to (Crash	4	22	Damage	d Area	Code:	1 27 27 2	27	J
	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Even	Sequence 1 2	3 23	23	~~]	Test Sta			1 28		
)	Citation # (If Issued)		Most	Hamful Event	1 2	1		Type of		.14.	29		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	le 1	9 25	25	BAC Te Susp. Al			<u>-</u>	32	
		Viol, 4; Ch/Sec/Sub		r Distracted by	99 20	9		Towed f	,		2 33	_	
	Please fill out for operator/non		ants involved		S	i4 35 eat Safety	36 37 Airbag Eje	ci Trap	39 Injury	40 Transp.			
	Name (Last First Middle)	-	Address	DOB/Age	Sex P	os. System	Status Cox	le Code	Status	Code	Medical Facility		
	Operator/Non-Motorist	S	ee Above		X^1	<u> </u>	1 0	 	10	1			
					_				<u> </u>		·····		
			-										



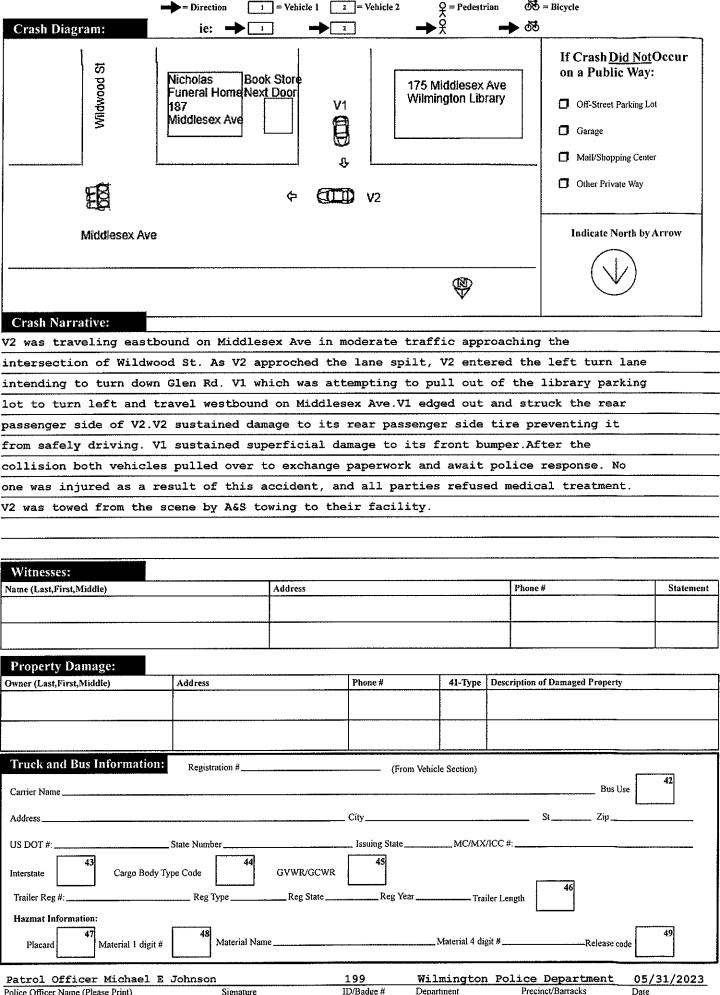
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Wilmington Police Department Images Associated with 23-162-AC

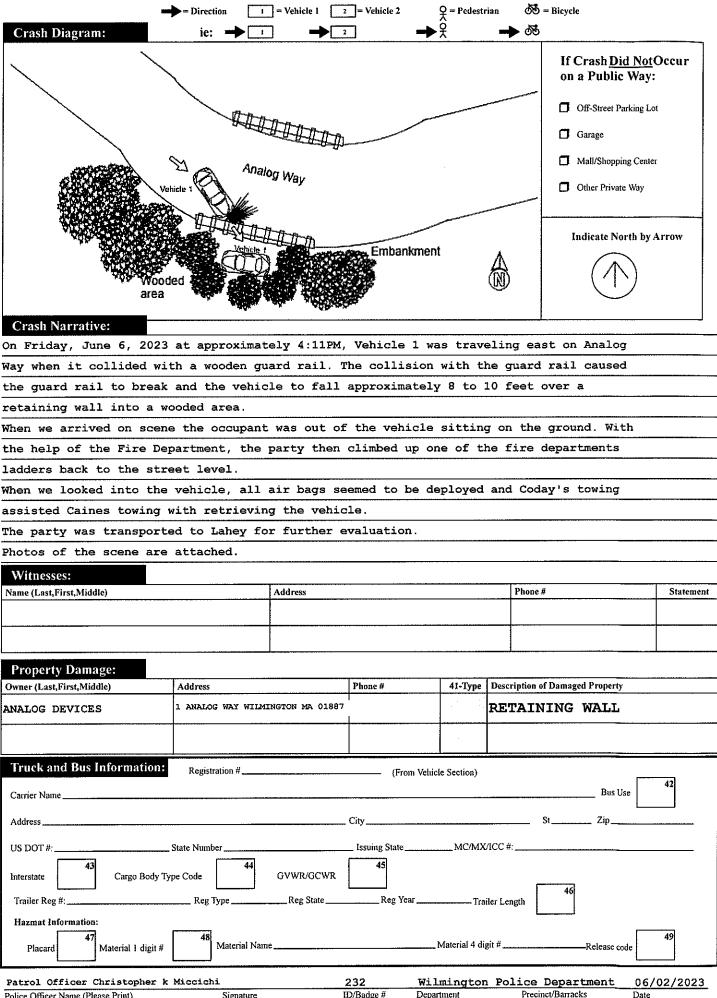




	Pol	lice Use Only		Com	monwealt	h o	f Massa	ıch	use	etts				RM	V Doct	ument Numb		
	Date of Crash	Time of Crash		City/Town	Motor V	ehi	icle Cra	sh		ımber hicles	Nun Inju		•	Limit.	30	State Police Local Police MBTA Police	: 8]
	05/31/2023	24HR	WIIII.	ington	Polic	e R	Report		2		0		Latitud Longit			Campus Pol	lice 🛅	
		AT INTERS	SECTIO	N:	< LO	CAT	rion :	>			NO.	ГΑΊ	INT	ΓER	SEC	TION:		
									17	5	MT	חחז	T.E.S	SEX	ΑV	7F:		2 10
1	Route# Dire	ction		Name of Roadway/Si	reel		Route# Direct	ion	Addr		114					/ay/Street		
1	_			At			Feet	N S	E W	of			•		or _			
	Route# Dire	ction	Name	of Intersecting Road	way/Street	-		_			Mi	le Ma	rker			Exit Num	ber	3 11
				Also at Intersection v	vith	-	Feet [Route	#		Interse	cting I	Roadway/Stree	et	
² 1	Route# Dire	ction	Name	of Intersecting Road	way/Street		Feet	NS	EW	of								
	Please Select	One 🔽	.1 :	(Occupants Days	" D.,				4	22	1	<u> </u>			ndmarl	K		
3	of the Followi		: 1 <u></u> ř	Occupants Hit			Crash R											
	License # <u>\$7</u>	0034035	St MA តា	DOB/Ag		-	61EK86										21	1 12
	Sex F Lic.	<u> </u>		strictions 1 C	ndorsement		ear <u>2018</u>				-					Config. 1		
4	1	Last	F	ITH MARGU	Middle		GRONEM	ast.			Fi	rst	RRE	SLL	Mi	iddle		
⁴ 1	1	SHAWSHE					ss 14 SHA			N 2						1005 0		
	1			MA Zip 0188'		•	VILMING:		- 1		22				ip 0 . Code:	1887-2 27 27		
		·		TUAL INSU	_		e Action Prior to	Crash 23	23	23	23		unaged st Stat		Coue.	1 28		
5	Vehicle Travel I	<u></u>	EX	Responding to Emer			icqueixe 1		24			Ту	pe of	Test:		29		
	1	sued)					Harmful Event	1		25	25			st Resu		1 30		13
				ol, 2; Ch/Sec/Sub —			Contributing Co		26			Su			2 31	22	2 32	
⁶ 1	Viol. 3; Ch/Sec/			ol. 4: Ch/Sec/Sub — r and all occupants in		Jriver	Distracted by	0	34	35	36	37	38	om sc	40	2 33		
	Name (Last First N		ioi opciato	I and an occupants an	Address		DOB/Age	Sex	Seat Pos.	Sufety System	Airbag Status	Eject Code	Trup Code	Injury Status	Transp. Code	Medical Pa	eility	
	Operate	or		S	ee Above		\geq	X	1	99	4	0	0	10	1			
7	Please Select (22 #	Occupants Nor	-Motorist A Type		15 Action	16	Locatio	л	17	Condit	ion	18		Hit/Run	Moped	1
⁷ 1	of the Followi	0553528	o. M7	DOD/4			3LEZ15			L		. T				eg State MA	-	
	Sex F Lic.	10 1	9	DOB/Age		-	ear 2022									Config. 1	21	
		LSON, CF		E	ndorsement		WILSON							•	ven	Colang.		
81	-	inst ST PAUL	F	irst	Middle		s 28 ST	ast			Fi	ıst			Mi	iddle		
	City WILM			MA Zip 0188			ILMING					_ Sta	te M 7	<u>.</u> z	iр О	1887		1 14
				CE INSURAL		Vehicle	Action Prior to	Crash		1	22	Da	unageo	d Area	Code:	1 27 27	27	
	Vehicle Travel D	Direction: N S	Xw	Responding to Emer	gency? 2 I	Event S	Sequence 1	23	23	23	23		st Stat			1 28		
9	Citation # (If Iss	sued)			M	Most H	Harmful Event	1	24			•	pe of 1	Fest: st Resu	ılt-	30		
⁹ 2	Viol. I: Ch/Sec/	Sub	Vi	ol. 2: Ch/Sec/Sub		Driver	Contributing Co	de	4	25	25				2 31	<u> </u>	2 32	
	Viol, 3: Ch/Sec/	Sub	Vi	ol. 4: Ch/Sec/Sub —	I	Driver	Distracted by	0	26					om sc		1 33	ا ــــــــــــــــــــــــــــــــــــ	
	Ple	•	rator/non-r	notorist and all occup	ants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Fa	eility	
		or/Non-Mo	torist	S	ee Above			Ž	1	99		0	0	10	1			
	LINDA WILSO		<u>-</u>	28 ST PAUL ST WILMINGTON, MA	01887			F	3	99	4	0	0	10	1			
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								<u> </u>	ļ						ļ			



	Police Use Only	Com	monwealth	of Massa	chus	etts			RM	V Doc	ument Number	
	Date of Crash Time of Crash	City/Town mington	Motor Veh	icle Cra	sh [lumber ehicles	Number Injured	Орсск	Limit	_10	State Police Local Police MBTA Police Campus Police	7
	24HR	ming con	Police	Report	1		1	Latitu Longi			Campus Police	
	AT INTERSECT	ION:	< LOCA	TION :	>		NOT A	T IN	TER	SEC	TION:]
					_							2 10
	Route# Direction	Name of Roadway/Si	reet	Route# Direct	ion Add	lress #	<u>ANA</u>				/ay/Street	
1		At				٦						1
		CL S B 1		Feet	NSEV	of	— — Mile N	• ⁄larker		OT "	Exit Number	11
	Route# Direction Na	me of Intersecting Roads Also at Intersection v	 	Feet	NSEV	of						ॏ ''
····				Feet	NSEV	of	Route#		Interse	ecting I	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roads	vay/Street	_					La	ndmarl	k	-
	Please Select One Vehicle 11	_#Occupants Hit	Run Moped	Crash R	eport ID#	23	-16	4-	AC	•		1
,a	of the Following:										1/3	-
	10 10	1A DOB/Ag		# <u>2CBP32</u>							21	1 12
	Sex F Lic. Class D Lic.	E	ndorsement	Year 2012						Veh	Config.	
⁴ 1	Operator RAMIREZ, ELEN	First	Middle		ast		First				iddle	
1	Address 179 WASHINGTO			ess <u>179 WA</u>		3TOI						
	City CHELSEA Star			CHELSEA							2150-4235	
	Insurance Company GEICO GEN	ERAL INSUR		le Action Prior to		4	 _	Damage Test Sta		Code:	11 27 27 27	
5	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Even	f Sequence 24	40 23 3	5 23 2 2	7 - 3	Type of			29	Ì
	Citation # (If Issued)		Mosi	Harmful Event	27 24			BAC Te		ılt:	1 30	
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Co.	ie 99	25	25	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	27 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²⁶			Towed f	tom sc	ene?	1 33	
1	Please fill out for oper	ator and all occupants in	volved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eje Status Coe	38 at Trap le Code	39 Injury Status	40 Transp. Code	Medical Facility	1
	Operator	S	ee Above		$\sqrt{1}$	1	3 0	0	8	2	Lahey Clinic	1
												-
					-			+				-
						<u> </u>		-				4
						<u></u>	<u> </u>					
⁷ 1	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action	16 Locat:	ion	17 Con	lition	18		Hit/Run 🔲 Moped	
<u> </u>		DOB/Age	Regi	#			Reg Tv	ne L		R	eg State	1
	19 19	20		Year							21	
	Operator		ndorsement	er							Coming.	
81	Last Address	First	Middle	ess.	ūxl		First			Mi	ddle	
	CityStat	e Zin					S	tate	7.	in		1 14
	Insurance Company			ele Action Prior to	Crash			Damage		· .	27 27 27	
	Vehicle Travel Direction: N S E W				3 23	23	23	Test Stat	us:		28	
	Citation # (If Issued)		•	Harmful Event	24			Type of	Test:		29	
⁹ 2	Viol. 1: Ch/Sec/Sub			er Contributing Cod	le	25	25	BAC Te	Г	lt: 31	Siso Drug 32	
	Viol. 1: Ch/Sec/Sub			er Distracted by	26	I		Susp. Al Fowed f	L		Susp. Drug. 32	
i	Please fill out for operator/no				34	35	36 37	38	19	40		4
	Name (Last First Middle)	•	Address	DOB/Age	Sex Pos.	Safety System	Airbag Ejec Status Cod	t Trap e Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Non-Motoris	t s	ee Above		X^1	-		 	ļ			-
				-				<u> </u>				1
		1							11			I



Wilmington Police Department Images Associated with 23-164-AC





	Pol	ice Use Only	Com	monwealth -	of Massa	chu	setts	;		RM	V Doci	ument Number	
	Date of Crash	Time of Crash	City/Town	Motor Veh	icle Cras	sh	Number Vehicles			d Limit	40	State Police Local Police MBTA Police Campus Police	
	06/02/2023	1935 Wil	mington	Police	Report	l	1	0	Laute	itude		Campus Police Other:	
		AT INTERSECT	ION:	< LOCA	TION >	>		NOT A	T IN	TER	SEC	TION:	7
													2 10
	Route# Direc	ction	Name of Roadway/St	reel	Route# Direct		44 ddress #	LOW	ELL N:	ST	Roadu	vay/Street	-FJ
¹ 4	Router Ditor	Citon	At At	ITUCK					110	arric or	ROZUW	ray/succi	-
					Feet	N S E	W of	— — Mile N	(• —	or _	Exit Number	
	Route# Direc	ction Na	me of Intersecting Roads		r [N S E	w .e	Mile	MIKCI			LAR (MINIOCI	1 11
			Also at Intersection v	vitn			_	Route#		Interse	ecting I	Roadway/Street	\vdash
² 1	Route# Direc	ction Na	me of Intersecting Roads	way/Street	Feet	NSE	of of						_
	Please Select (One 5-3									ndmarl -	<u> </u>	-
³ 3	of the Followi		#Occupants Hit/	/Run Moped	Crash R	eport ID	#23	-16	5-	AC	;		
			A DOB/Ag	Reg	# 3KGH13			Reg Ty	ре <u>РС</u>	;	R		12
	Sex M Lic.	Class D 19 Lic.		DL Veh	Year 1995	Veh	Make _	HEVR	OLE:	r	Veh	Config. 21	
		CONNELL, PA		ndorsement Middle Own	er OCONNE		PAUI	P					
⁴ 1	Address 197	FEDERAL S'	Pirst P		ess <u>197R F</u>	EDEF	RAL	ST First			Mi	ddle	1
	City WILM	ENGTON Sta	te MA Zip 0188	7-2511 City	WILMING	ON			tate M	A _ 2	ip O	1887-2511	
		any THE STAND			cle Action Prior to		1		Damage		_		
		Direction: NS W			t Sequence 35			23	Fest Sta	tus:		1 28	
5		nued)	,			35 ²⁴	4 4		Type of			29	
		Sub	3/6-1 2. Ch/6/6-h		er Contributing Cod	-	25	3.5	BAC Te			30	30 ¹³
						0 20	L_ 6]		Susp. Al Fowed f			Susp. Drug: 2 32	
⁶ 2	Viol. 3; Ch/Sec/	Sub	- Viol. 4; Ch/Sec/Sub —— rator and all occupants in		Distracted by	V	35	36 31	38	39	40	2]	
	Name (Last First M	-	ator and an occupants in	Address	DOB/Age		eat Safety es, System		t Trap e Code	Injury Status	Transp. Code	Medical Facility	_
;	Operate	or	S	ee Above	><	X^{1}	[]1	4 0	0	10	1		
													1
									+				1
		_	<u> </u>		15	16		17	┸-	18		<u> </u>	-
⁷ 1	Please Select C of the Followin		_#Occupants Non	-Motorist A Type	Action	Loc	ation	Con	lition		 	Hit/Run Moped	
	License #	St	DOB/Age	Reg #	 			Reg Ty	pe		Re		
	SexLic, (Class 19 19 Lic.	Restrictions 20 C	DL Veh \	/ear	Veh	Make				Veh	Config. 21	
	Operator			Own	er								
⁸ 1	Address	Last	First	Middle Addr	ess	Bul		Pirst			Mi	ddle	
	City	Stat	e Zip	City_				S	tate	Z	.ip	<u>, , , , , , , , , , , , , , , , , , , </u>	4 14
	Insurance Compa	any		Vehic	ele Action Prior to (Crash		22	Damage	d Area	Code:	27 27 27	
	Vehicle Travel D	Direction: NSEW	Responding to Emer	gency? Even	Sequence 2	3 23	23	23	Test Stat	tus:		28	
	Citation # (If Iss	ued)		Most	Hannful Event	24	1		Type of			30	
2	,	Sub	Viol 2: Ch/Sec/Sub	Drive	t or Contributing Cod	le	25	25	BAC Te: Susp. Al		ilt: 31	Susp. Drug 32	
			Viol. 4: Ch/Sec/Sub —		r Distracted by	20	!L		Fowed f	L		33 July 33	
	Viol. 3; Ch/Sec/S	ase fill out for operator/no					4 35	36 37	38	39	40		1
	Name (Last First M	iddle)	·	Address	DOB/Age	Sex Po	eal Safety os. System		t Trap e Code		Transp. Code	Medical Facility	-
	Operate	or/Non-Motoris	t Se	ee Above		X^1	t		<u> </u>				
										<u>L</u>			
				· - ·									
						-	1		1				

	= Direction	I = Vehicle	1 2 = Vehicle 2	오 = Pedestrian	ර්ම් = Bicycle	
Crash Diagram:	ie: 🚽	I	2	→ ♀ •	→ 55	
			144 Low	ell Street Wilmir	If Crash <u>Did</u> on a Public V	
				CTO-40000004 W25000000000000000000000000000000000000	Off-Street Park	king Lot
	¢ (N			☐ Garage	
					☐ Mail/Shopping	; Center
					Other Private V	way
					Indicate Nort	th by Arrow
				(N		
COULTE = Bridge	;			A		
Crash Narrative:						
V1 was traveling east	on Lowell S	Street towar	ds Main Street	. Opr stated	d he struck somethi	ing
and his driver side re	ar tire was	flat. He s	stated his rim	was damaged	as well. The water	•
over the bridge in thi	s area was	very deep f	from the rain.	Water was fl	looding the roadway	7
by the bridge and wate	r was flowi	ing from the	manhole in the	e middle of	the road. I observ	red
a manhole cover undern	eath the wa	iter. Opr wa	s unable to se	e any obstru	actions in the road	i
due to the deep water.	No injuries	observed o	or reported in	the opr. Op:	was able to pull	· · ·
his vehicle into a nea	rby parking	lot out of	the roadway.			
Witnesses:			·			
Name (Last,First,Middle)		Address			Phone #	Statement
				•		
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Information	Basic sties d					
Carrier Name	Registration #	†	(From \	/ehicle Section)	Bus Use	42
Address			City		St Zip	
US DOT #:	State Number			MC/MX/ICC	C#:	
Interstate 43 Cargo Body	Type Code	GVWR/G	CWR 45			
Trailer Reg #:	Res Time	Ren Sta	uteReg Year_	Teaile- Y	46	
	reg Type	106 916	reg real	1 raner 1	cugai	
Hazmat Information: 47	48	* 151		3.4.4 * 1.4 * * * * *		49
Placard Material 1 digit #	Mater	nai Name		iviaieriai 4 digil #	Release code	
Patrol Officer Kathryn (Conduin		216	Jilminotaa n	olice Department	06/02/2022
Police Officer Name (Please Print)		ature		Pepartment		06/02/2023 Date

Wilmington Police Department Images Associated with 23-165-AC





	Police Use Only Com									RM	RMV Document Number			
	Date of Crash 06/02/2023	Time of Crash	1	City/Town	Motor Ve	hicle Cras	sh [Number Vehicles		4 10pt	d Limit		5 State Police Local Police MBTA Police	0.000
	00/02/2023	24HR		iring con	Police	Report	ž	2	0	Lain	ude gitude_		Campus Police Other:	ă
		AT INTER	SECTI(ON:	< LOC	ATION >	>		NOT	AT IN	TER	SEC	TION:	
							3	93R	C. V.	LEM	em			2 10
1	Route# Dire	etion		Name of Roadway/S	Street	Route# Direct		ldress #	<u> </u>			Roady	vay/Street	
1]			At	·	Feet	N S E	w of		_	• —	or .		
	Route# Dire	etion	Name	e of Intersecting Road	lway/Street	·			Mile	Marker			Exit Number	11
				Also at Intersection	with		N S E		Route#	-	Inters	ecting.	Roadway/Street	- F-
² 1	Route# Dire	ction	Name	e of Intersecting Road	lway/Street	Feet [N S E	w of	***					<u> </u>
	Please Select	One Syz		<u> </u>					-			ındınar	<u>k</u>	
3	of the Followi	ing: Vehic	le L.L.	#Occupants Hi	t/Run Moped	Crash R	eport ID	#23	— T	<u> </u>	·A(<i>.</i>		
	License # un			DOB/Age	Re	;# <u>V73528</u>			Reg ?	уре <u>С</u> С		R		7 12
	Sex Lic.	Class 19	Lic. Re	estrictions 20	CDL Vel Endorsement	Year <u>2020</u>	Veh	Make <u>E</u>	ORD			Vel	ı Config. 2	<u> </u>
4	Operator <u>un</u>	known Lest		First	Middle		nst		First	INC		М	liddle	
⁴ 1	Address					iress <u>410 TE</u>								— l
	City		State	Zip	City	SEATTLE			22					27
	Insurance Comp					icle Action Prior to		10	22	Damag Test Sta		Code:	0 27 27	
5		Direction:		Responding to Eme		nt Sequence 35			23	Type of			29	
	1	sued)		-		ı	35 ²⁴	<u></u>	25	BACT			30	
	1			iol. 2; Ch/Sec/Sub —		ver Contributing Cod		9 ²⁵		Susp. A			22	32 30 ¹³
⁶ 1	Viol. 3: Ch/Sec/			iol. 4; Ch/Sec/Sub — or and all occupants in		ver Distracted by	99 26	<u> </u>	36	Towed		ene?	2 33	
_	Name (Last First N		i ioi operau	or and an occupants in	Address	DOB/Age	Sex Po	at Safety	Airbag E	ject Trup ode Code	Injury		Medical Facility	
	Operate	or		:	See Above	\times	X^1	99	99 9	9 99	99	1		
7	Please Select C		e 2 1	#Occupants No	n-Motorist A Type	15 Action	16 Loca	ntion	17 Co	ndition	18	M	Hit/Run Mo	ned
9	of the Followi	ng:			<u> </u>					L				
	License #	19	19	DOB/Age		# <u>unknown</u>								
	Sex Lic.	<u> </u>	Lic. Re		Endorsement	Year	Veh	Make				Veh	Config.	-
⁸ 1	Operator <u>un</u>	East East		First	Middle	_	ūsī		First			М	iddle	
	Address		State	Zip		ress				State	7	7in		— 14 1
				Zip		icle Action Prior to			22	Damage		-	27 27	27 -
		Direction: N S		Responding to Eme			3 23	23	23	Test Sta	itus:		28	'
		ued)			• • • • • • • • • • • • • • • • • • • •	st Harmful Event	24			Type of			30	
2	·	•		iol. 2: Ch/Sec/Sub —	Dri	ا er Contributing Coo	le	25	25	BAC To Susp. A				32
	Viol. 3: Ch/Sec/s			iol. 4: Ch/Sec/Sub		er Distracted by	26			Towed			33	-
		· ·-	erator/non-	motorist and all occup	pants involved		3. Se	at Safety	Airbag E	37 38 icet Trap	39 Injury	40 Transp.		
	Name (Last First M	or/Non-Me	ntariet		Address See Above	DOB/Age	Sex Po	s. System		ode Code	Stutus	Code	Medical Facility	
	Operate		/		JULI LUUTE		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\vdash		-			
								-	-	+	-	ļ		
								_			1			
											1			

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedesti	rian .		b = Bicycle	
Crash Diagram:	ie: -> 1	→		¥		→ Ø8	If Crash Did !	
Driveway to Street		Ŷ		g wall arking rea			on a Public W Off-Street Parkin Garage	ng Lot
AS)							☐ Mall/Shopping C ☑ Other Private Wa	
				393R Salem	St		Indicate North	by Arrow
Crash Narrative:								-Y
damage. Obtained vide								
wall in parking area.	No visible dama	age to wall.	Truck leaves	, new	visi	ble	damage to wall	

Witnesses: Name (Last,First,Middle)		Address				Phone	e#	Statement
Traine (admir transfer		1						- Janearen
Property Damage:			1	1	T			
Owner (Last,First,Middle)	Address 393R SALEM ST WILM		Phone #	 			of Damaged Property	
STATUTO ANGELA MARIE	393K SALEM ST WILM	INGTON MA 0188/-	1	· 	ROC	JK .	RETAINING W	ALL
Truck and Bus Informatio	n: Registration #		(From Vehic	le Section)			[42
Carrier Name		······································					Bus Use	
Address			City				St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:			
	y Type Code	GVWR/GCWR	45				46	
	Reg Type	Reg State	Reg Year	Trai	iler Len	gth		
Hazmat Information: 47 Placard Material 1 digi	48 Material Nan	ne		Material 4 dig	git #		Release code	49
Patrol Officer Joseph A	Fitzgerald		215 Wil	mington	Pol	lice	Department (6/02/2023

Department

Wilmington Police Department Images Associated with 23-166-AC





	Police Use Only	Com	nonwealth of Massachusetts]	RMV Document Number			
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Cras	$h \begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles		Speed L		O State Police Local Police MBTA Police		
	06/03/2023 0429 Wil	mington	Police	Report	2		1	Latitude Longitue		Campus Police Other:	_ <u>5</u>	
	AT INTERSECT	TION:	< LOCA	TION >			NOT A	r inti	ERSEC	TION:		
					_52	,	T 78 WIT	יביאזריו	e st			2 10
1	Route# Direction	Name of Roadway/St	freet	Route# Direction		ress#	TIVAL			way/Street		- '
4		At		Feet N	SEW	of			or			
	Route# Direction Na	ame of Intersecting Roads	way/Street	<u> </u>			Mile M	arker		Exit Numbe	r	2 11
		Also at Intersection v	vith	Feet N		_	Route#	——————————————————————————————————————	tersecting	Roadway/Street		
² 3	Route# Direction Na	ame of Intersecting Roads	way/Street	Feet N	SEW	of of						
	Please Select One Vivasala 1	#0		<u> </u>			1 _		Landmar	k		1
3	of the Following:	#Occupants Hit	/Run	Crash Rep	ort ID#	23	_TP	/ - F	IC.			
		MA DOB/Age,	Reg	#BR46YN			Reg Typ	e PC	F	Reg State MA	21	1 12
		Е	Indorsement	Year 2019					Vel	n Config. 1		
1	Operator DANIELS, GINA	First	Middle	er DEFEO ,			First		M	fiddle		
⁴ 1	Address 12 LAWRENCE C			ess 11 BANC		r si						
	City WILMINGTON Sta	-	•	WILMINGTO	ON	_	_			1887-25 27 27	27	
	Insurance Company VERMONT	_		cle Action Prior to Cr		23		amaged / est Status	Area Code ::	28		
5	Vehicle Travel Direction: SEW	Responding to Emer		t Sequence 2 23	23	23	23	ype of Te		29		
	Citation # (If Issued)			t Harmful Event 2	<u></u>	25		AC Test	Result:	30		13
	Viol, 1: Ch/Sec/Sub			er Contributing Code		²⁵ 1		usp. Alco		Juop. Ditae.	32	2
⁶ 2		- Viol. 4: Ch/Sec/Sub -		er Distracted by	9 26	35	T	owed from	m scene?	2 33		
	Please fill out for ope Name (Last First Middle)	rator and all occupants in	Address	DOB/Age	Seat Pos.	Safety	Airbag Eject Status Code	Trup 1	njury Transp. Status Code	Medical Facili	ty:	
	Operator	s	Gee Above		1	1	1 0	0 8	1			
	Please Select One Vehicle 20	#Occupants No.	1-Meterist A Type	15 Action 1	6 Locati		17 Condi	tion	18	Hit/Run M	lanad	
1	of the Following:		<u> </u>								тореа	
	License # St	DOB/Age	_	# 5ZAP90						teg State MA	21	
	Sex Lic, Class Lic.	Restrictions C	indorsement	Year 2015					Vel	n Config. 2		
³ 1	Operator Driverless M	First	Middle	er WATNE , Last			First	'H	M	fiddle		
	Address			ess <u>52 LAWR</u> WILMINGTO		<u>. 5</u> 7		MZ	7:- N	1887-19	25	1 [4]
	City Sta Insurance Company THE STAND			ele Action Prior to Cr		11			Zip <u>V</u> Area Code		27	
	Vehicle Travel Direction: XSEW			t Sequence 1 23	23	23		est Status		28		
	Citation # (If Issued)			Harmful Event 1	24		T	pe of Te	st:	29		
2	Viol. 1: Ch/Sec/Sub			er Contributing Code		25	25	AC Test 1		30	32	
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		_	usp. Aico owed from	n scene?	Susp. Drug:		
	Please fill out for operator/no				34 Sent	35 Safety	36 37 Airbag Eject	38	39 40 njury Transp.			l
	Name (Last First Middle)	•	Address	DOB/Age S	Sex Pos.	System	Status Code	Code S	itatus Code	Medical Facili	ıy	
	Operator/Non-Motoris	S S	ee Above		$\frac{1}{1}$							

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 🕳 = Bicycle	
Crash Diagram:	ie: 🖚 🔟	→ □	2	<u>▶</u> 옷	→ 55	
	52 Lawrence St.				on a Pu	<u>Did Not</u> Occur blic Way:
		PT	2		LJ Off-Sire	eet Parking Lot
		B & B	Vool		☐ Garage	
	and a little				☐ Mall/St	opping Center
man l					Other P	rivate Way
DiD a						
		······································	Lawrence	e St.	Indicat	Noveth has A amount
l					Tudicat	North by Arrow
				(8		\geqslant) $ $
Crash Narrative:						
On 06/03/23 Car 1 wh	ile travelling NE	down Lawre	ence St. cras	shed int	o the rear of Car	2 as
it was parked in fro	nt of 52 Lawrence	St. Both	cars were or	ientate	d in the same	
direction. Car 1 ha	d front airbag de	ployment. 1	After speakin	g with	the RP in car 1 s	he
stated she was not i	njured and declin	ed the need	d for medical	. treatm	ent from the FD/E	MS.
						
Witnesses: Name (Last,First,Middle)		Address			Phone #	
Name (Last, Pirst, Middle)	<u></u>	Address			r notte #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Prop	erty
				-		
Truck and Bus Informati	0.11			<u> </u>		
Truck and bus informati	Registration #		(From Veh	icle Section)		42
Carrier Name					B	us Use
Address			City		St Zi)
US DOT#:	State Number		Issuing State	MC/MX	ЛСС #:	
43	44		45			
	ody Type Code	GVWR/GCWR			46	
	Reg Type	Reg State	Reg Year	———Tra	ler Length	
Hazmat Information:	48					49
Placard Material 1 di	git # Material Nam	e		_Material 4 di	git #Relea	se code
Patrol Officer Dille	- Hallider		205 Wi	lminata	Police Departmen	+ 06/02/2023

Department

Wilmington Police Department Images Associated with 23-167-AC









	Police Use Only Com				monw	monwealth of Massachusetts RMV Document Number														
	Date of Crash 06/03/2023	Time of Crash	Wiln	City/Town	Mote	or Veh	icle Cra	sh		umber chicles		nber ured	•	l Limit	3(Loca	e Police al Police TA Police	0000		
	00,00,00	24HR		iang con	F	Police 1	Report		2		0		Latitu Longi				pus Police	ă		
		AT INTER	SECTI	ON:	<	LOCA	TION	>			NO	T AT	'NI	ΤER	SEC	TION	\ :			
									18	n	M.	תחד	T.E.	2 F. Y	: AV	7 Er			2 '	10
1	Route# Direc	ction		Name of Roadway	/Street		Route# Direc	tion		ess#						vay/Stree	et			
1				At			Feet	NS	EW	of			•		or _					
	Route# Direc	ction	Nam	e of Intersecting Roa						1	M	ile Ma	rker			Exi	t Number		4	11
				Also at Intersection	ı with				EW		Route			Inters	ecting l	Roadway	y/Street	-	_	لـــ
² 2	Route# Direc	ction	Nam	e of Intersecting Roa	dway/Street		Feet	NS	EW	of										
L	Please Select (One 🔽	. 1	#Occupants H								_			ındmari	k		\dashv		
³ 3	of the Followi		e [1	#Occupants H	lit/Run [Moped	Crash F	₹eport	ID#	23	-1	. 6 ?	3 –	AC	<i>-</i>					
	License #_S5	7780560	St M Z	DOB/Age	APt.		7GN552										2	,	1	12
	Sex <u>M</u> Lic. (Class D	Lic. Re		CDL Endorsement	Veh Y	'ear <u>2017</u>		Veh M	ake <u>H</u>	IUV	IDA	I		Veh	Config.	1 "] [<u> </u>	
⁴ 7	-	OKES, J		R First	Middle		r STOKES	Last			R	izst			Mi	iddle		-		
7		TEMPLE					ess 77 TEN		E S	T								-		
				MA Zip 0187			rewksbu:	RY			22						27 2	1		
		·		E DIRECT			le Action Prior to		23	23	23		image st Stat		Code:	28		ك		
⁵ 2		Direction: S	·	Responding to Em	ergency? 2		3cquence 1	23	24	43	23		pe of			29				
_	,	ued)		-			Harmful Event	1		25	25	Ī		st Resi		1 ³⁰		╶┞	<u>_</u>	3
				iol. 2: Ch/Sec/Sub -			r Contributing Co		26			Su		cohol:	<u> </u>	22	Drug 2 3	2 [1	
⁶ 1	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub = or and all occupants		Drive	Distracted by	0	34	35	36	To 37	wed fr	rom sc	ene?	2 33	····	_		
	Name (Last First M		Tor operati	or and an occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Trunsp. Code	Мо	dical Facility			
	Operate	or .			See Above		\geq	\boxtimes	1	1	4	0	0	10	1					
,																				
7	Please Select O		21	#Occupants No	on-Motorist A	Туре	15 Action	16	Locatio		17	Conditi	on	18		Hit/Run	Mon			
⁷ 2	of the Followin	144															<u> </u>			
	License # A15	19 1	9	DOB/Ag 20		-	7EW162					Type				eg State_	21	$\lceil \rceil$		
	Sex M Lic. C				CDL Endorsement		ear 2017					eve	<u> </u>	SEIN 2	<u>4</u> Veh	Config.	Ţ	[]]		
⁸ 1	Operator DA	SILVA, 6 FELLS	1	First	Middle		F <u>FERRAZ</u> SS 233 WI	Last		ST	Fi	PT	שר		Mis	ddle		-		
	City MEDFO			MA_Zip_0215	5-6646		^{SS} <u>233 W1</u> VHITMAN	***		SI.					in 02	7382	-252	_ -	97 ¹⁴	4
	•			EMPLOYEE		·	e Action Prior to	Crash	[5	22				Code:		27 2			J
	Vehicle Travel Di		EW	Responding to Em			Sequence 1		23	23	23	Tes	st Stati	us:		28		_		
	Citation # (If Issu	F		_			· 1=	1	24	l			oe of T			29				
⁹ 2	•	,	V	iol. 2: Ch/Sec/Sub =		Driver	Contributing Co	de	11	25	25			t Resu cohol:		1 30	Orug: 2 3	2]		
	Viol. 3: Ch/Sec/S			iol, 4: Ch/Sec/Sub -			Distracted by	7	26					om sc		2 33	2 2 2]		
,		•	rator/non-	motorist and all occu	•				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			\dashv		
}	Onerato	r/Non-Mo	toriet		Address See Above		DOB/Age	Sex	Pos.	System 1	Status	Code	Code	Status	Code 1	Med	lical Facility			
	Operato	1/1 1011-1110	ivi iši		DOC 7 IDOYS				1	_	-	-	-		-			\dashv		
																- -				
-																		_		
İ												İ								

	= Direction	i = Vehicle 1 2 = Vehi	cle 2 💢 = Pedestr	ian 🐠 = Bicycle	
Crash Diagram:	ie: →	1 2	÷Ŷ	→ №	
Road Closed	MV2			If Crash I on a Publ Off-Street Garage Mall/Shop	Parking Lot
	MV 1	d).			
Glen Rd	••••	. Ave		Indicate !	North by Arrow
Oldif Nu		Middlesex Ave		₹3	
Crash Narrative:					
MV 2 was travellin	g on Middlesex Ave	approaching the	intersection at	Middlesex Ave at	Glen
Rd. MV 1 was also	travelling on Mid	dlesex Ave. When	MV 2 was in th	e right turn only	he
began to turn but	noticed a road clo	sure sign. He att	empted to swerv	re back onto Middle	esex
Ave, but struck MV	1.				
M(M) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					
		·			
Witnesses:					•
Name (Last,First,Middle)		Address		Phone #	Statement
Property Damage:					
Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Proper	tv
					<u></u>
		i	1 1		<u> </u>
			, , , , , , , , , , , , , , , , , , ,		
Truck and Bus Inform	ation: Registration #		(From Vehicle Section)	Bus	42
Carrier Name					Use 42
Carrier Name		City		St Zip _	Use 42
Carrier NameAddress	State Number	City Issuing	StateMC/MX/	St Zip _	Use 42
Carrier Name		City	StateMC/MX/	St Zip _	Use 42
Carrier NameAddressUS DOT #:	State Number44 o Body Type Code	City Issuing GVWR/GCWR 45	StateMC/MX/	St Zip_	Use 42
Carrier Name	State Number44	City Issuing GVWR/GCWR 45	StateMC/MX/	St Zip_	Use 42
Carrier Name Address US DOT #: Interstate 43 Carg Trailer Reg #: Hazmat Information: 47	State Number o Body Type Code Reg Type	City	State MC/MX/	St Zip_	Use 42
Carrier Name Address US DOT #: Interstate Trailer Reg #: Hazmat Information:	State Number o Body Type Code Reg Type	City	State MC/MX/	St Zip_	Use 42

Patrol Officer Shane A Foley Police Officer Name (Please Print)

211 ID/Badge #

Wilmington Police Department
Department Precinct/Barracks

06/03/2023

	Police Use Only	nonwealth (ealth of Massachusetts						RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h [Number Vehicles		Speed	_	35	Local Police	0080	
	06/03/2023 2154 Will	mington	Police 1	Report	2		0	Latitud			MBTA Police Campus Police Other:	<u></u>	
	AT INTERSECT	ION:	< LOCA	TION >			NOT A	<u> </u>		SECT			
			_										2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction Address # Name of Roadway/Street									
¹ 5		At											
				Feet N	SEV	V of	— — Mile M	arker	_	or _	Exit Number		
	Route# Direction Nar	ne of Intersecting Roady Also at Intersection w		Feet N	SEV	v of			*********				3 11
					SEV		Route#		Interse	cting R	oadway/Street	_	
² 3	Route# Direction Nar	ne of Intersecting Roady	vay/Street						Lan	ndmark			
<u> </u>	Please Select One Vehicle 12	_#Occupants Hit/	Run Moped	Crash Re	nort ID#	23	-16	9-3	AC				
3	of the Pollowing:												
	19 19	T DOB/Age		ELY921							2	1	1 12
			ndorsement	Year <u>2018</u>				J		_ Veh (Config. 1	┚┃	
⁴ 1	Operator LISMAN, STANL	First	Middle	er LISMAN ,	st		First			Mid	ldle		
1	Address 650 SQUIRREL H			ess <u>650 SQ</u> T		EL :							
	City E DORSET State		3 City	E DORSET				ate <u>VI</u>		_		<u> </u>	
	Insurance Company PROGRESSI			le Action Prior to C		1		amaged est Stati		Code:	2 ²⁷ ²⁷ :	ן ני	
5	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Even	Sequence 1	<u> </u>	23	**1	ype of T		f	29		
	Citation # (If Issued)	_	Most	Hannful Event		27		AC Tes	t Resul	lt:	30		_ 13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code:		25	25 S	usp. Alc	ohol:	31	Susp. Drug: 2	32	1 "
⁵ 2	Viol, 3: Ch/Sec/Sub			r Distracted by				owed fre		<u> </u>	2 33	[
	Please fill out for opera	tor and all occupants inv	/Olved Address	DOB/Age	Sex Pos		36 37 Anbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	Se	e Above		\times 1	1	4 0	0	10	1			
	MARILYN SLOANE	650 SQUIRREL HOL E DORSET, VT 052		F	2	1	4 0	0	10	1			
				15 1	[6]	┸_	17		18				
⁷ 3	of the Following: Vehicle 21	_#Occupants Nen-	-Motorist A Type	Action	Local	ion	Condi	tion		H H	lit/Run Moj	ed	
		A DOB/Age	Reg #	4ZS157			Reg Typ	e PC		Re	g State MA	_]	
	Sex F Lic. Class D Lic. R	estrictions B CI	OL Veli \	'ear 2021	Veh N	⁄lake <u>T</u>	OYOTA			_ Veh (Config. 1 2	<u> </u>	
,	Operator VESEY, KATHLE			r VESEY	KATI	ILEE	N MAI	RGAR	ET	Mids	.tl.	_	
1	Address 13 LYNNE AVE			ess 13 LYNN	VE A	VE	ruat			Į viitzi	use .	_	
	City TYNGSBORO State	MA Zip 01879	-1503 City_	TYNGSBOR	0		Sta	ite <u>MA</u>	Zi	p 01	879-150	3	1 14
	Insurance Company THE COMMER	RCE INSURAN	ICE CO Vehic	le Action Prior to C	rash	4		amaged		Code: 4		27	
	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Event	Sequence 1 23	23	23	~	est Statu		1	28		
,	Citation # (If Issued)	-	Most	Harmful Event				AC Test		t:	30		
2	Viol. 1; Cli/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	99	25	25 S	isp. Alc	ohol: 2	31	Susp. Drug 2	12	
	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by) 26		T	owed fro	om sce	-	33	_	
Ī	Please fill out for operator/non	•	nts involved Address	DOB/Age	34 Seat Sex Pos		36 37 Airbag Eject Status Code	38 Trap Code		40 Transp. Code	Medical Facility		
-	Operator/Non-Motorist		e Above		X 1	1	4 0			1			
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		1								İ			

	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ = Pedestrian	ණ් = Bicycle	
Crash Diagram:	ie: →	→ [<u>1</u>	₽Ŝ	→ №	
(D2D) → (93N ram	F/ 13	₽ Lowell St/	() 1() MA-129	If Crash Did Non a Public W Off-Street Parkin Garage Mall/Shopping C Other Private Wa	ay: g Lot enter
- AMADICANO UMBADISELEONOS LEGICANO PARA ESCACIÓN PARA ASTRESE ESCACIÓN ESCACIÓN ESCACIÓN ESCACIÓN ESCACIÓN E		AMMANDER OF THE CONTROL OF THE CONTR		(i		
Crash Narrative:						
Appx at 9:54pm, dispat	tched to Lowel	1 St 0 93N f	or a 2-car MV	C no iniu	ries. On arrival MV	1
was pulled over on Lor						
Both ops stated, MV1						
turn L onto 93N ramp.						
her go. MV1 did not in						
MV2 damage rear pass o				oth MVs al	ole to go under own	
power. OP2 felt safe o	driving with d	amage near w	heel well.			
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
						,,, "
Truck and Bus Information	Registration #		(From Vehi	icle Section)		42
Carrier Name					Bus Use	
Address			_ Cíty		St Zip	
US DOT #:		1		MC/MX/ICC	C#:	
	y Type Code	GVWR/GCWR			12	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	Length 46	
Placard Material 1 digit	# 48 Material N	lame		_Material 4 digit #	Release code	49
Datas Officer Trees * *	Di kana 1 d		215	1-1	-1: D	c /00 tocoo
Patrol Officer Joseph A 1 Police Officer Name (Please Print)	Fitzgerald Signature			Imington Partment	Olice Department 0 Precinct/Barracks Da	6/03/2023 ate