	Police Use Only	Com	monwealth	of Massac	husett	8	RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Limit	35	State Police Local Police MBTA Police		
	06/07/2023 1034 Wi	lmington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	j	
	AT INTERSEC	TION:	< LOCA	TION >	1	NOT A	r inter	SECT		7	
									· · · · · · · · · · · · · · · · · · ·	2 10	
	D. # D				235	MAIN					
ⁱ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of	Roadwa	y/Street	-	
				Feet N	S E W of			or		.	
	Route# Direction	lame of Intersecting Roads			-1-1-3	Mile Ma	arker		Exit Number	5 11	
		Also at Intersection v	vith		S E W of	Route#	Inters	ecting Ro	oadway/Street	 	
² 2	Route# Direction 1	lame of Intersecting Roads	vay/Street	Feet N	S E W of						
		···		<u> </u>			La	andmark		_	
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	rt ID# 2 3	3-17	0-AC	3			
		MA DOB/Age	Reg	# 1MYC48		Rea Type	· PC	Rec	u State MA		
	19 19	20		Year 2016					71	1 12	
	Operator SMITH, DUANE	E E	ndorsement					ven (Jonng. [4		
⁴ 3	Last	Pirst DAV LD	Middle	er <u>SMITH, D</u>		First		Mide	Jle		
	Address 177 NASH RD			ess 177 NASI						l	
	City NEW BEDFORD S			NEW BEDFO				-	746-2142		
	Insurance Company ARBELLA	<u>MUTUAL INSU</u>	FRANCE Vehic	cle Action Prior to Cra			amaged Area	Code: 6	27 27 27		
5	Vehicle Travel Direction: SEV	Responding to Emer	gency? 2 Even	t Sequence 23	23 23	23	est Status:	1	29		
⁵ 1	Citation # (If Issued)		Most	Harmful Event 1	24	•	/pe of Test: AC Test Res		30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	isp. Alcohol:		Susp. Drug: 2 32	1 13	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		wed from so		33		
⁶ 1		erator and all occupants in			34 35 Sent Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		-	
	Name (Lust First Middle)		Address	DOB/Age Sea	Pos. System	1 Status Code		Code	Medical Facility	-	
	Operator	S	ee Above		1 1	4 0	0 10	1			
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ľ										1	
	DI			15 16		17	18	╁ <u>╌</u> ╵		1	
⁷ 2	of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	Action	Location	Condit	tion	₩ н	it/Run Moped		
	License #St_	DOB/Age	Reg /	unknown		Reg Type	·	Reg	State	1	
- 1	Sex Lic. Class 19 19 Lic	. Restrictions 20 C		/ear	Veh Make_			Velı C	Config. 21		
	Operator unknown		ndorsement Owne	er							
82	Address	First	Middle	Last		First		Midd	lle		
	City St	ate 7io	City			Sta	te 2	in.		14	
				le Action Prior to Cras	,,		amaged Area		27 27 27		
Į.				72	23 23		st Status:	-	28		
	Vehicle Travel Direction: NSEW	—	. Sequence	24		pe of Test:		29			
2	Citation # (If Issued)			Harmful Event	25	B/	AC Test Resi	ılt:	30		
	Viol, I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		r Contributing Code		Su	ısp. Alcohol:		Susp. Drug. 32		
Ĺ	Viol. 3: Ch/Sec/Sub			r Distracted by	26		wed from sc	<u> </u>	33]	
	Please fill out for operator/i Name (Last First Middle)	ion-motorist and all occupa	ants involved Address	DOB/Age Sex	34 35 Sent Sufety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility		
ļ	Operator/Non-Motori	st Se	ee Above	X	1						
ŀ						 	 	++		1	
-						 				-	

	= Direction 1	= Vehicle 1	2 ≃ Vehicle 2	Q = Pedestr		= Bicycle	
Crash Diagram:	ie: 👈 📑	□ → [2	≯ 発	→ 65		
			Market Bas 260 Main S		JO-SERVICE SERVICE SER	If Crash <u>Did No</u> on a Public Way	
						Off-Street Parking l	ot
			روسىر-سايدى				201
	4					Garage	
	9					Mall/Shopping Cen	ter
·			M2N			Other Private Way	
						Indicate North by	/Arrow
Milmington Organi	:t	~					
Wilmington Cross 229 Main St.	ing						
Crash Narrative:							
MV1 was travelling Nor							
Crossing. MV2 was trave							
sideswiped MV1. MV2 sto	opped looked at	t the opera	tor of MV1 a	nd contir	ued Sout	hbound.	

	*****					· · · · · · · · · · · · · · · · · · ·	
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Traine (Dasty 1136) (110015)		71041435			T Hotte ii		Біасмен
						<u> </u>	
Property Damage:	····						
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	

Truck and Bus Information:	Registration #		(From Ve	hicle Section)			42
Carrier Name						Bus Use	
Address			City		S	Zip	
US DOT#:	_State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body 7	44	GVWR/GCWR	45				•
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:					- L		
Placard 47 Material 1 digit #	48 Material Nam	ne		Material 4 dig	it #	Release code	49
Potrol Officer Bries To						lonartmont 06	/07/2022

Police Officer Name (Please Print)

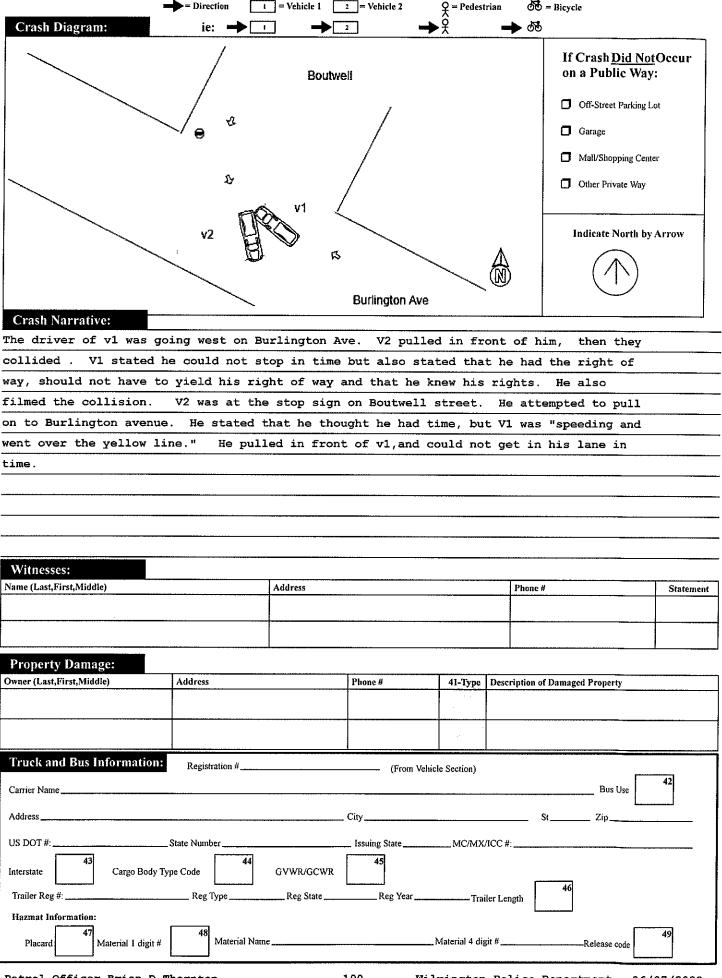
Signature

ID/Badge #

Precinct/Barracks Department

06/07/2023 Date

	Pol	lice Use Only		Com	monwealt	h of Mass	achi								
	Date of Crash 06/07/2023	Time of Crash	1	City/Iown ington	Motor V	ehicle Cra	sh	Numbe Vehicle		*~4 °	peed Li		Local	Police Police A Police	
	00/01/2023	24HR	AA T TIII.	ing con	Polic	e Report		2	0	- 1	atitude . ongitud			nus Police 🔼	
		AT INTER	SECTIO	N:	< LO	CATION	>		NO.	ΓАТ	INTE	ERSEC	TION	•	
								164	BI	TD T. T	ייט אור	ON I	A 175°		2 10
1	Route# Dire	ction		Name of Roadway/St	reet	Route# Direc		Address #		,1711			way/Stree	1	
11				At		Feet	N S E	E W of				or			
	Route# Dire	ction	Name	of Intersecting Roads	vay/Street				Mi	le Mark	er		Exit	Number	5 11
				Also at Intersection v	vith		NSE		Route	. #	Int	ersecting	Roadway	/Street	
² 1	Route# Dire	ction	Name	of Intersecting Roads	vay/Street	Feet	N S E	W of							
	Please Select	One 574	- ·			<u> </u>		~~~	1			Landma	rk		-
3	of the Followi	ng: Vehicle	e 1 <u> </u> #	Occupants Hit	Run Mope	ed Crash R	leport []	D# 2 3	2 – 1	71	A	C			
	License # S1	7570197	St MA	_ DOB/Ag	R	eg# 4BPP44			Reg	Type_	PC	F	Reg State	MA 21	12
	Sex M Lic.	Class D	Lic. Res	trictions 20 C	DL V	eh Year 2019	Ve	h Make <u>I</u>	IOND	A		Ve	h Config.	1 21	1
4	l	IDER, Al	F	irst	Middle C	wner <u>HAIDER</u>	. A	LI	Fi	rat		N	Aiddle		
⁴ 2	Address <u>25</u>	UPLAND	RD		A	ddress 25 UPI	AND	RD							
	I -			<u>(A</u> Zip 01803		ity BURLING	TON		aal					<u>-1417</u>	
				DIRECT :	INSURA V	ehicle Action Prior to		1	22		naged A Status:	rea Code	8 27 28	27 27	
⁵ 1		Direction: N S		Responding to Emer	gency? 2 E	vein sequence 11	23 2	<u> </u>	23		e of Tes		29		
<u>.</u>	Citation # (If Iss	ued)			N	lost Harmful Event	L	24	25	BAG	C Test F	Result:	30		_ 13
	Viol. 1; Ch/Sec/	Sub	Vi	ol. 2: Ch/Sec/Sub —		river Contributing Co	<u>_</u>	9 ²⁵	25). Alcoh		Disp. 2	Orug 32	1
⁶ 1	Viol, 3: Ch/Sec/			ol. 4: Ch/Sec/Sub —		river Distracted by	99 ′	34 35	36	Tow 37		1 scene?	2 33		_
	Name (Last First M		tor operator	and all occupants in	Address	DOB/Age		Seat Safety Pos. System	Airbag	Eject	Trap In	jury Transp atus Code		fical Facility	
	Operate	or		S	ee Above	\sim	X	1 0	4	1 0	1	0 1			
														·	1
															1
-	Please Select C	ne Vehicle	.1 #	Occupants No.	-Motorist A Type	15 Action	16	cation	17	onditio		18	Lit/Dun	Moped	1
⁷ 3	of the Followin	ge									<u> </u>	الـــ			
	License # S9	19 1	9	DOB/Age		eg# <u>3FSY53</u>				Type _	PC		Reg State 1	MA 21	
	Sex M Lic. (Class D	Lic. Res	trictions 1 C	ndorsement	eh Year <u>2022</u>						Vel	n Config.	1	
81	Operator TRO	Last	CHOMA:	S A LLL	Middle	wner TROVAT	ast		AS P		.	M	fiddle		
_		SPRING :		fA Zip 02180		ddress 41 SPF		ST			MΆ	a:- U	2190.	-1429	14
	City STONE			UAL PERSO		ehicle Action Prior to		4	22			_ Zip_ U rea Code		27 27	
	Vehicle Travel D			Responding to Emer		vent Sequence	23 2		23		Status:		28		
	Citation # (If Iss	L	EW	Responding to Emer	-	fost Harmful Event	1 2	24		Туре	of Tes	t:	29		
2	,		V.	ol. 2: Ch/Sec/Sub —	_	river Contributing Co		25	25		Test R		30	32	
	Viol. 1: Ch/Sec/S			ol. 4: Ch/Sec/Sub ——	_	•		26		•	. Alcoh ed from	ol: 31	Susp. D	лид	
				notorist and all occup				34 35 Seat Safety	36 Airbag	37	38	39 40 jury Transp.			1
	Name (Lust First M:		.4		Address	DOB/Age	Sex	Pos. System	Status	Code (Code Su	atus Code		ical Facility	-
	Operate	or/Non-Mo	iorist	Se	ee Above			1 0	4	0 0	10) 1	 		-
										_	\perp				_



Patrol Officer Brian D Thornton

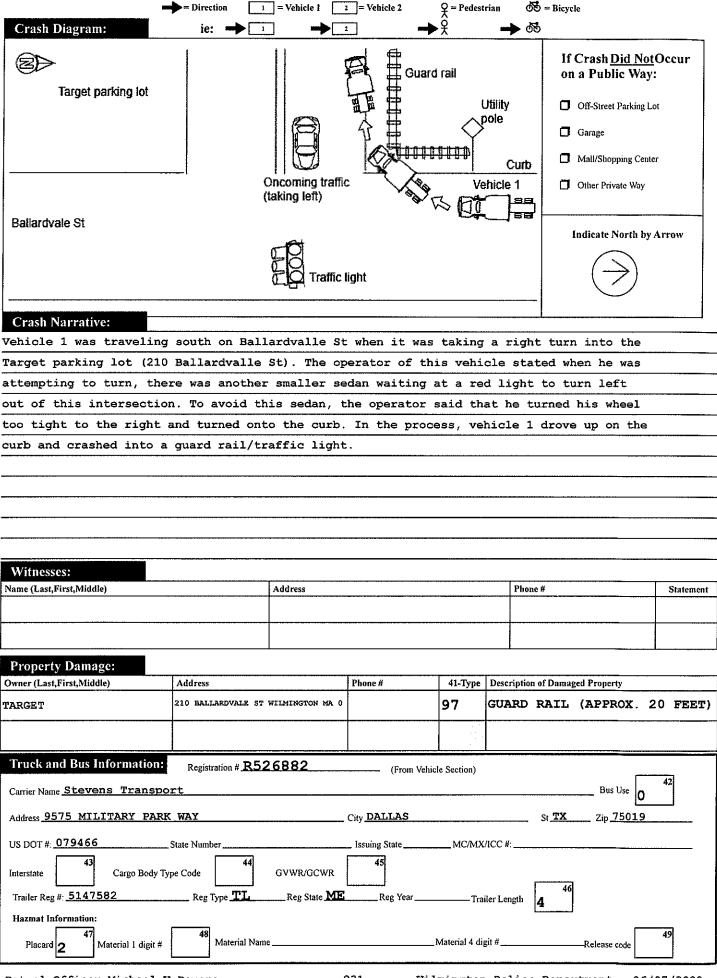
190

Wilmington Police Department

06/07/2023

Department

	Pol	ice Use Only		Com	monw	ealth (of Mass	ach	lus										
	Date of Crash 06/07/2023	Time of Crash	Wilm	City/Town	Moto	or Veh	icle Cra	sh		lumber ehicles				1 Limit	3	Loca	Police Il Police LA Police	0000	
	00,07,2023	24HR	MITTI	aring con	P	Police 1	Report		1		0		Latitu Longi	ituđe				5	
		AT INTER	SECTION	ON:	<	LOCA	TION	>			NO	T A T	ſΝ	TER	SEC	TION	:		
									21	n	B	AT.T.	AR1	אטר	LE	ST			2 ¹⁰
1 .	Route# Direc	ction		Name of Roadway/S	Street		Route# Direc	ction		ress#						way/Stree	et .		
¹ 1				At			Feet	N S	EW	of				,	or				
	Route# Direc	ction	Name	of Intersecting Road	lway/Street						M	ile Ma	rker		٠	Exit	Number	_	1 11
				Also at Intersection	with		Feet	NS	EW	of	Rout	e#		Inters	ectina	Roadway	u/Street	-	1
² 2	Route# Direc	ction	Name	of Intersecting Road	lway/Street	.	Feet	NS	EW	of						rouding	,Silver		
	Diagra Salant (Dna 🔀				I									ındınar	k			
3	Please Select C of the Followi	ng: Veiller	e 1 <u>1 </u>	#Occupants Hi	t/Run	Moped	Crash I												
		9337207		DOB/Ag			R52688									_	71	_	1 12
	Sex M Lic. (Class A	Lic. Re	strictions 1	CDL Endorsement	Veh Y	fear 2022		Veh M	íake 📐	[ac]	c T	ruc	ck_	Vel	1 Config.	10 2	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
4	Operator HA	MMONDS,	ZHIC	N KURON	Middle	Own	r STEVEN	IS !	rra	NSI		r I	NC		М	liddle		_	
⁴ 4	Address 150	1 PARHAN	1 POI	NTE DR A	PT 320	Z Addre	ess <u>9757 1</u>	MIL	IT	\RY								_	
	City LITTI	LE ROCK	State _	AR Zip 7220)4	_ City_	DALLAS								-	5227		_	
	Insurance Compa	any AMERI	PLAN	BENEFIT (CORP.	Vehic	le Action Prior to	Crash	ı	3	22				Code:	<u> </u>	27 2	7	
5	Vehicle Travel D	irection: N	EW	Responding to Eme	rgency? 2	Event	Sequence 24	23 20	23 22	23	23		st Stat			28			
⁵ 2	Citation # (1f Iss	ued)		_		Most	Harmful Event	24	24			-	pe of '	iest: st Resi	ult:	30			
	Viol. 1: Ch/Sec/S	Sub	V i	iol. 2: Ch/Sec/Sub —		Drive	r Contributing Co	ode	19	25	25				2 31	1-	Drug 2 3	2 2	24 ¹³
6	Viol. 3: Ch/Sec/S	Sub	Vi	iol. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26					rom sc		2 33	- <u> </u>	-	
⁶ 1			for operate	or and all occupants in					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			\dashv	
	Name (Last First Mi				Address See Above		DOB/Age	Sex	Pos.	System 99	Status 4	Code	Code	Status 10	Code 1	Ме	dical Facility	\dashv	
	Operato	<i>,</i> ,			see Above				<u> </u>	33	1	0	-	10	<u> </u>			_	
									-									_	
7_	Please Select O		· 2f	Occupants No	n-Motorist A	Туре	15 Action	16 I	Locatio	on	17	Conditi	on	18		Hit/Run	□ Море	ed	
3	of the Followin									<u> </u>	<u>l</u>							4	
	License #	19 1	9	DOB/Age		_					•					eg State_	21	$\lceil \rceil$	
	Sex Lic. C	Class	Lic. Res		CDL Indorsement		еаг	············	Veh M	ake					Veh	Config,		'	
³ 1	Operator	Last	F	irst	Middle			Lost			Fi	rsi	,		Mi	iddle		-	
	Address		Ctt	7:			SS					S		-	·			-	14
				Zip			e Action Prior to				22	_ Stat Da			.ıp Code:	27	27 27	<u>-</u> [
	·	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P 4:				23	23	23	23		st Stat			28		۱ ا	
		Vehicle Travel Direction: NSEW Responding to Emerge					Sequence		24			Тур	pe of T	l'est;		29		-	
2	,	ıed)					Harmful Event			25	25	BA	C Tes	t Resu		30		,	
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Susp. Alcohol: 31 Susp. Drug: 32								2				
		Viol. 3; Ch/Sec/Sub ————————————————————————————————————					Distracted by	<u> </u>	34	35	36	Tov 37	wed fr	om sc	ene?	33		_	
	Plea Name (Last First Mic		1 4101/110N-1	потогът ане ан осепр	Address		DOB/Age	Sex	Sent Pos.	Safety System	Airbog Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	lical Facility		
	Operato	r/Non-Mo	torist	s	ee Above		><	X	1									_	
																		\dashv	
									ļ								***************************************	-	
- 1				1			1	1	1			- 1						- 1	



Patrol Officer Michael W Powers

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Wilmington Police Department

06/07/2023

Department

Wilmington Police Department Images Associated with 23-172-AC

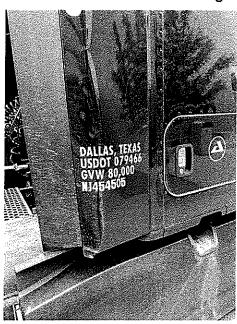








Wilmington Police Department Images Associated with 23-172-AC



	Police Use Only	Comr	nonwealth (of Massa	chu	setts							
	Date of Crash Time of Crash	City/Town mington	Motor Veh		sh	Number Vehicles			d Limit	35	5 State Police Local Police MBTA Police	0080	
	24HR		Police 1			2	0		itude		Campus Police Other:	<u> </u>	
	AT INTERSECT	TION:	< LOCA	TION >	>		NOT.	AT IN	TER	SEC	TION:	_	10
					2	273	MAI	N S	T			2	2 10
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Directi		ddress #				Roadw	vay/Street		
		At		Feet	N S E	W of		_	• —	or _		_ [
	Route# Direction Na	une of Intersecting Roadw		F F	N S E	₩ _c	Mile	Marker			Exit Number	— g	9 11
		Also at Intersection w	RII		N S E		Route#		Inters	ecting I	Roadway/Street	⁻ -	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	1001		1 Ot			La	udmar!	k		
2	Please Select One Vehicle 11	#Occupants Hit/I	Run Moped	Crash Re	eport ID	#23	-1	73-	·AC	•		***	
3	of the Ponowing.			5BCE61							c. MA		
	License # SA4280700 St 1 Sex M Lic. Class D Lic.	20		ear 2015							2	ī [1	1 12
	Operator LUCIEN, STEVE	En	dorsement	en <u>ZOIS</u> er <u>LUCIEN</u>						veii	Connig. 1	┙ ┣	
⁴ 1	Address 342 SALEM RD	First	Middle	ss 342 SA	ast		First			Mi	iddle	_	
	City BILLERICA State	te MA Zip 01821		BILLERIC				State M	A 2	Zip 0 🕽	1821-213	6	
	Insurance Company GEICO GEN	ERAL INSURA	NCE C Vehic	le Action Prior to (Crash	6	22	Damage				7	
5	Vehicle Travel Direction: NSWW	Responding to Emerg	ency? 2 Event	Sequence 1 2	3 23	23	23	Test Sta			1 28		
J	Citation # (If Issued)		Most	Hannful Event	1 ²	4		Type of BAC Te		dt.	30		
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	ie 1	9 ²⁵	25	Susp. A			Susp. Drug: 2	12 1	L 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 ²	6		Towed i			1 33		
1	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	olved Address	DOB/Age	S	34 35 ieat Safety os. System	Airbag Ej	7 38 cet Trap de Code	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator	Se	e Above	\times	X	1 1	4 0	0	10	1			
									 		<u> </u>		
7	Please Select One Vohigla 2 1	#Occupants Non-	Motorist A Type	15 Action	16	ation	17 Cor	dition	18		flit/Run Mor	vod l	
⁷ 1	of the Pollowing:								<u>_</u>				
	10 19	1A DOB/Ag 20	_	9NS874				pe <u>PC</u>	<u></u>		eg State MA	T	
	Sex F Lic. Class D Lic. Coperator MOORE, MARTHA	En	dorsement	ear <u>2018</u> r MOORE ,					тн	Ven	Config. 1]	
⁸ 1	Address 102 SANBORN LN	First	Middle	ss 102 SA	nst		First	A.A.K.ANL	<u> </u>	Mi	ddle		
		e MA Zip 01867		READING				State M	A z	ip 01	L867-100	9 2	2 14
	Insurance Company CITIZENS	INSURANCE C	OMPAN Vehic	e Action Prior to C	Crash	1	22	Damage	d Area	Code:	2 27 27 2	7	
Ì	Vehicle Travel Direction: NXEW	Responding to Emerg	ency? 2 Event	Event Sequence 23 23 23 23 Test Status: 1 28									
92	Citation # (If Issued)	_	Most	Hannful Event	1 ²	4		Type of BAC Te		ılt:	30		
	Viol. 1: Clr/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	Contributing Cod		25	25	Susp. Al			Susp. Drug: 2	12	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Cl/Sec/Sub	Driver	Distracted by	0 2	<u></u>	,	Towed f	,		1 33		
	Please fill out for operator/no	•	nts involved Address	DOB/Age	S	34 35 em Safety los. System	36 3 Airbag Ej Status Cu	et Trap	39 Injury Status	40 Transp. Code	Medical Facility		
	Operator/Non-Motoris	t See	e Above	$\geq \leq$	X	1	4 0	0	10	1			
Ī													

	= Direction 1	= Vehicle 1 2 = Veh	icle 2	trian 📆 =	Bicycle	
Crash Diagram:	ie: 👈 🗆	2	₽Ŷ	→ ॐ		
273 Main St	Vehicle 1	hicle 2		\$	If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	nt .
Crash Narrative:			*	<u> </u>		
On Wednesday, June	6 2023 at approvi	mately 5.30PM V	Schiole 2 was t	raveling	couth on Main	
	lided with Vehicle					
	on located at 273 M		merging onto	Marii Scre	st IIOm the	
speedway gas statio	on located at 2/3 F	ain street.			<u> </u>	
	ned medical attenti					
Both vehicles were	towed by Cains Tow	ring.	:			
			- · · · · · · · · · · · · · · · · · · ·			
Photos of the damag	ged vehicles are at	tached.				
Witnesses:						
Name (Last,First,Middle)		Address		Phone #		Statement
			.			
		<u> </u>				
Property Damage:						
Owner (Last, First, Middle)	Address	Phone #	41-Type	Description of	Damaged Property	
					 	
Truck and Bus Informs	ation: Registration #		(From Vehicle Section)			
Carrier Name			•		Bus Use	42
Address		City		St	Zip	
US DOT #:	State Number	Issuing	StateMC/M>	//ICC #:		
Interstate 43 Cargo	Body Type Code	GVWR/GCWR 45				
]	<u> </u>	46	
	Reg Type	Reg State1	Keg YearTra	iler Length		
Hazmat Information:	40					
Placard Material	1 digit # Material Nam	e	Material 4 di	git#	Release code	49
Patrol Officer Christon	oher k Miccichi	232	Wilmington	Police D	epartment 06/	07/2023

Department

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 23-173-AC





	Police Use	Only	Comi	monwealth	of Massa	ichus	setts	3		RM	V Doc	ument N			
		of Crash	City/Town	Motor Vel	iicle Cra	sh [Number Vehicles		a lober	ed Limit	3(Local	Police Di Police Maria Police Di Pol		
	06/07/2023 210	24HR WIII	nington	Police	Report	2		1	Lan	tude gitude _			A Police		
	AT I	NTERSECTI	ON:	< LOCA	TION :	>		NOT			SEC	TION		1	
									·					2	10
	Route# Direction	ALDRICH	RD Name of Roadway/Str	reet	Route# Direct	ion Ad	dress #		Ň	Jame of	'Roadu	vay/Stree	t	<u>.</u> [-	
4			At							tanic or	Rodun	ray/Sacc		1	
		FOREST S			Feet	N S E	V of	Mile	—— Marker	• —	ог _	Exit	Number	<u></u>	
	Route# Direction	Nam	e of Intersecting Roady Also at Intersection w		Feet	N S E	v of	***************************************						5	11
					l	NSE		Route#		Inters	ecting I	Roadway	/Street	-	
² 1	Route# Direction	Nam	e of Intersecting Roadv	vay/Street				-		Ia	uidmarl				
	Please Select One	Vahirla 1	#Occupants Hit/	Run Moped	Crash Re	ID4	23	_1'	7 /			`			
3	of the following.		HIII											_	
	License # S76447	10 10	DOB/Age		# <u>2W9309</u>			-	-			_	21	1	12
	Sex M Lic. Class D	Lic. R	estrictions 1 C	ndorsement	Year <u>2007</u>	Veli 1	Make H	ARLEY	-DAV	IDSO	N Veli	Config.	3 21	<u> </u>	
4	Operator MATTER	A-BREEN,	CHRISTIAN First	DANIEL Own	er MATTER	A-BR	EEN,	CHI First	RIST	IAN	DA	NIE	<u> </u>		
⁴ 2	Address 11106	INWOOD D	R APT 110)6 Addı	ess 11106	INWO	OD :		APT	110)6				
	City WOBURN	State	MA Zip <u>01801</u>	L-5168 City	WOBURN				State M	A _ 2	Zip 0	1801	<u>-5168</u>		
	Insurance Company GE	ICO INDE	MNITY COM	IPANY Vehic	cle Action Prior to 0	Crash	1	22	Damag	ed Area	Code:		27 27		
	Vehicle Travel Direction:	NSXW	Responding to Emerg	gency? 2 Even	t Sequence 1	3 23	23	23	Test Sta			1 28			
⁵ 1	Citation # (If Issued)		_	Mos	Hannful Event	1 ²⁴			Type of BAC To		.14.	29 30			
	Viol. 1: Ch/Sec/Sub ——	V	iol. 2: Ch/Sec/Sub —	Drive	er Contributing Cod	ie 1	25	25	Susp. A			1	Orug. 2 32	1	3
	Viol. 3: Ch/Sec/Sub ——	V	iol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	0 26			Towed			2 33	2		٢
⁶ 1			or and all occupants inv			34 Sea	35 1 Safety		7 38 ect Trap	39 Injury	40 Transp.			1	
	Name (Last First Middle)			Address	DOB/Age	Sex Pos	System	Status C	ale Code	Status	Code	Med	tical Facility		
	Operator		Se	ee Above		X^1	5	5 3	0	8	1				
	Please Select One	Vehicle 21	#Occupants Non-		15	16	. [17	dition	18	<u>.</u>	1:./5	☐ Moped	1	
′3	of the Following:	- 	- Non-	Motorist A Type	Action	Loca	L				,	1117Kun	L Moped		
	License # <u>\$72172</u>	728 St MZ	DOB/Age	-	455LZ0				/pe PC	-	Re	eg State 🛚	MA 21		
i	Sex M Lic. Class D	Lic. Re	strictions 1 CI	DL Veh V	rear <u>2015</u>	Veh 1	Aake N	ISSA	N		_ Veh	Config.	1		
~ I	Operator DURGIN			Middle Own	er DURGIN	JOI	IN C	III First	· 		Mis	ddle			
1	Address 162A MC				ess <u>162A M</u>	ONTV	ALE.	AVE						[4	<u> </u>
ı	City WOBURN	State	MA Zip 01801	-3646 City	WOBURN								-3646	1	
	Insurance Company SA	FETY INS	URANCE CO	MPANY Vehic	le Action Prior to C	Crash	4	22	Damage		Code:	5 ²⁷	27 27		
	Vehicle Travel Direction:	SEW	Responding to Emerg	ency? 2 Even	Sequence 1 2	3 23	23	23	Test Sta Type of			29			
, 2	Citation # (If Issued)		-	Most	Hamiful Event	1 24			BAC Te		ılt:	, 30			
	Viol. 1: Ch/Sec/Sub	v	iol. 2: Ch/Sec/Sub ——	Drive	r Contributing Cod	e 4	25	25	Susp. A	lcohol:	2 31	Susp. D	rug. 2 32		
	Viol. 3: Ch/Sec/Sub	v	iol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	99 ²⁶			Towed i	from sc	ene?	2 33	نـــا		
Ī	Please fill of Name (Last First Middle)	ut for operator/non-	motorist and all occupa	nts involved	DOB/Age	Sex Pos		36 3 Airbag Ej Status Co	7 38 set Trap de Code	39 Injury Status	40 Transp. Code	L2. 1	ion) franction	Ī	
f	Operator/No.	n-Motorist	1	e Above	DODINGE .	1	1	4 0	0	†	1	Medi	ical facility		
-	-*					- -	+		+						
-						-	+-								
-									_	-					

	= Direction 1	= Vehicle 1	2 = Vehicle 2	오 = Pedesti	rian ಹ =	Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □	2	· X	→ №		
Aldrich Rd						If Crash <u>Did Not</u> on a Public Way	•
						Off-Street Parking L	ot
	MAY2 U					☐ Garage	
		B	_				
						Mall/Shopping Center	er
ro.	4 0	10	((())			Other Private Way	
4000 →			r Pr		<u> </u>	12.70	
		MITTO	" em [5000		Indicate North by	Arrow
				\smile			
			MV2		\triangle	(1)	
	Fores	st St			(M)		
Crash Narrative:							
MV1 was traveling EB							
Aldrich. The operator							
stop but was unable to							
was damage to both vel					sponded ar	d both	
operators refused med:	cai care. Neith	er venicie	required a to				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of I	Damaged Property	
						,	
				<u> </u>			
Truck and Bus Information	Registration #		(From Vehic	le Section)		 -	
Carrier Name						Bus Use	42
Address			Cîty		St_	Zip	
US DOT #:	State Number		Icenina State	MC/MY	// CC #-		
43	44		Issuing State	IVIC/IVIA/	100 m.		
Interstate Cargo Body	/ Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	70	
Hazmat Information:					-	_ 	49
Placard Material 1 digit	# Material Nam	e		Material 4 dig	git #	Release code	49
Patrol Officer Mechan	Source		214 Wil	minator	Police De	epartment 06/	07/2023

Department

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

Date

	Pol	lice Use Only		Cor	nmonv	vealth -	of Massa	ich	use	etts	; 			RM	V Doc	ument Nu			
	Date of Crash 06/10/2023	Time of Crash		City/Town	1		icle Cra	sh		umber ehicles		urad 1	Speed	d Limit	1	State P Local F MBTA	olice Police Police	0000	
	00/10/2023	24HR	1	ining com		Police :	Report		2		0	- 1		itude			as Police	ă	
		AT INTER	SECTI	ON:	<	LOCA	TION :	>			NO	ТАТ	' IN'	TER	SEC	TION:			
									29	Ω	Q1	HAW	CH1	ואינים	7.4	ייני			2 ¹⁰
1	Route# Dire	ction		Name of Roadwa	y/Street		Route# Direct	ion		ess#		112 111				way/Street			
1				At			Feet	N S	E W	of					or .			_	
	Route# Dire	ction	Nam	e of Intersecting Ro	oadway/Street		_				M	ile Ma	rker			Exit N	Vumber		3 11
				Also at Intersection	on with		Feet				Rout	e#		Inters	ecting	Roadway/S	Street	-	
² 2	Route# Direc	ction	Nam	e of Intersecting Ro	oadway/Street		Feet	NS	EW	of									
	Please Select (One 🔽	0	#O			<u> </u>				-		_		ındmar	k			
3	of the Followi	ng: Vehic	le I.U	#Occupants	Hit/Run	Moped	Crash R	eport	ID#	23	_1	_ /:	> –	AC					
	License #	[[DOB/Age	<u> </u>		BC483										21	-	n 12
	SexLic,	***************************************	LIC. K	estrictions	CDL Endorsemen	t	Year 2016								Vel	n Config.	1		
4	Operator D r	iverles	s M.V	7 . First	Middle	Own	er <u>LEWIS,</u>	ast.			1 A	LBE irst	RT		М	liddle		-	
⁴ 1	Address						ess 24 ANT											-	
	1			Zip			NORTH RE	EAD							•	,		<u>7</u>	
				JTUAL IN	SURANC:	E Vehic	ele Action Prior to			11	22		ımage st Stai		(Code	7 27 6			
5	Vehicle Travel D	Direction: N 5	S E W	Responding to E	inergency?	Even	t Sequence	23	24	23	23		pe of			29			
	1	eed)		<u></u>			Harmful Event		24	25	25	1		st Res		1 30		_	_ 13
				iol. 2: Ch/Sec/Sub			er Contributing Coo	de	26			Su			2 31	22	nig 2 3	2	2 "
⁶ 1	Viol. 3: Ch/Sec/			iol. 4: Ch/Sec/Sub or and all occupant		Drive	r Distracted by		34	35	36	To:	wed fi	rom sc	ene?	2 33	~····	_	
	Name (Last First M		tor operati	or and an occupant	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury	Transp.	Medic	cal Facility		
	Operate	or			See Above		><	X	1										
								,											
													-						
7	Please Select C		e 22	#Occupants	Non-Motorist	A Type	15 Action	16	ocatio	,, [17	Conditi		18	\Box	Hit/Run [Мор	od.	
1	of the Followin	ış.			. 1021 1710101131					<u>" L</u>					ΙТ.		<u> </u>		
	License # S65	10	19	DOB/Age	,	_	5HBY11					g Type				eg State 💹	1A 21	7	
	Sex F Lic. C	·	_	strictions 1	CDL Endorsement	1	rear <u>2023</u> er <u>BORGES</u>					<u>ILLO:</u>	7		Veh	Config.	<u> </u>	[]]	
99	Operator <u>BO</u> Address <u>5</u> O	RGES, J AK ST	<u> </u>	First	Middle		es 5 OAK	ast	EO.	216		rst			М	iddle		-	
	City WILMI		Stata	MA Zip 018	87-3812		WILMINGT					Stat	. MZ	A 2	rin O	1887-	381:	<u>,</u>	1 14
	l 1			CE INSUR		-	le Action Prior to (ſ	4	22				Code:		27 2	- I	
	Vehicle Travel D			Responding to E			Sequence 2		23	23	23	Tes	st Stat	us:		1 28		1	
	Citation # (If Issa						. 12-	2	24			• • •	e of			29			
2	i '	·	v	iol. 2; Ch/Sec/Sub			ا r Contributing Cod	-	<u> </u>	25	25			st Resu cohol:		1 30 Susp. Dr	310.0 31	2	
	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub			r Distracted by	0	26					rom sc		2 33	ug <u>[2</u>]	
i	Ple	ase fill out for op-		motorist and all oc	cupants involve	ed			34 Scot	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			-	
	Name (Last First Mi	or/Non-Mo	otovist		Address See Above		DOB/Age	Sex	Pos.	System 1	Status	Code	Code 0	Status 10	Code 1	Modica	al Facility	+	
	Operate	/// \ \ O / (- [V] ()	noi isi	- I -	occ ADDVC	<u>.</u>		\wedge						 				\dashv	
				<u> </u>			+		4	1	5	0	0	10	1				
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Wilmington Police Department Images Associated with 23-175-AC

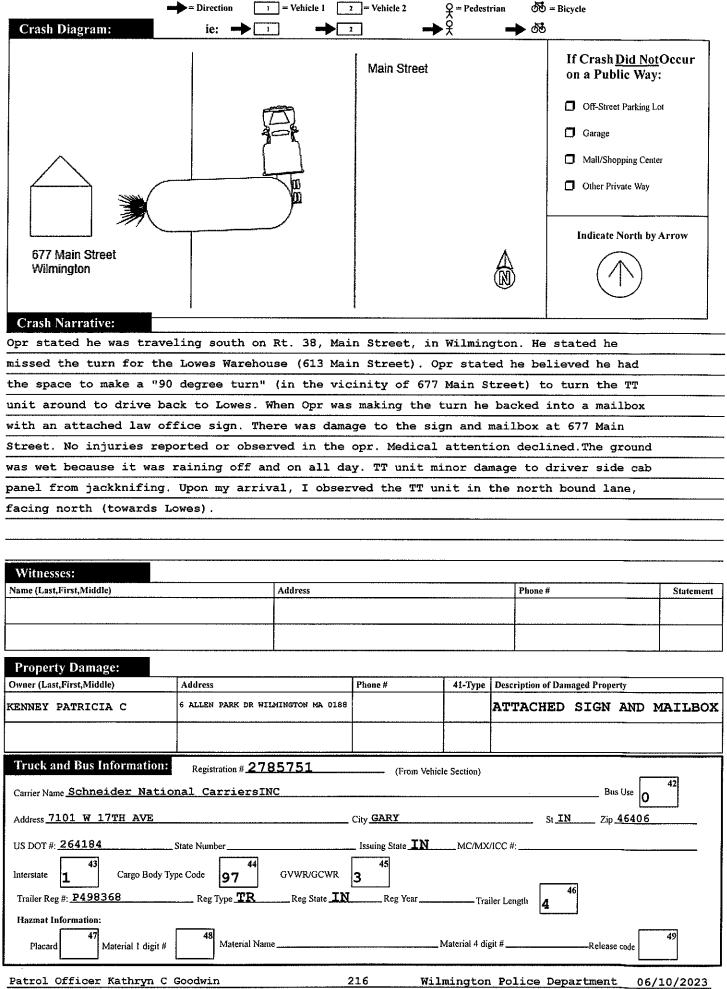








	Pol	lice Use Only		Comr	nonwealth	of Massa	ach	use	etts	;			RM	V Doc	ument l	dumber		ı
	Date of Crash 06/10/2023	Time of Crash	Wiln	City/Town	Motor Veh	iicle Cra	sh		mber hicles			•	Limit	4	Loca	e Police al Police TA Police	0000	
	00,10,2023	24HR	*********	iriig con	Police	Report		1		0		Latitu Longi	tude			ipus Police	ă	
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1_	Route# Dire	ction		Name of Roadway/Str	eet	Route# Direct	tion	Addre		<u> 1711</u>	****			Roady	vay/Stree	el		
13				At		Feet	N S	E W	of			_ •		or .				
	Route# Dire	ction	Nam	e of Intersecting Roadw	<u> </u>					Mi	le Ma	rker			Exit	t Number	_	1 11
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² 3	Route# Direc	ction	Nam	e of Intersecting Roadw	ay/Street	Feet [N S	EW	of								_	
	Please Select (One VIV.	.1	#Occupants Hit/I						. 1	7/			andmar	k		\dashv	
3	of the Followi	ng:			Run Moped	Crash R	eport	ID# ∠	<u> </u>	<u> </u>	/ () –	AC	<u>-</u>				
		10 11	2 St NO a	DOB/Age		# <u>2785751</u>										21	, 	12
	Sex M Lic.	E	i	En	dorsement	Year 2020									-	10	<u></u>	<u>. </u>
41	1	LOYAN , K		First	Middle	er SCHNEI	ası			Fi		CAI	RRI	ERS	iddle	<u>C</u>		
1		HENDERS				ess 7101 W	1 17	7 <u>TH</u>									-	
	City JACK	SONVILLE	State	NC Zip 28540	City.	GARY		Г		_					6406			
	Insurance Comp	•				cle Action Prior to			T ()	22		mage st Stat		Code:	97 ²⁷		1	
5	Vehicle Travel D	LII		Responding to Emerg	ency? 2 Even	t Sequence 31		Type of Test: 29										
		ued) T31904		_		Harmful Event	31	24			ВА	C Tes	st Ress	alt:	30		L	7.7
	Viol. 1; Ch/Sec/Sub 4A Viol. 2; Ch/Sec/Sub -				Drive	er Contributing Co	de	- -	25	25	Sus	sp. Ale	cohol:	2 31	-	Drug: 2	2 3	30 ¹³
⁶ 2	Viol. 3: Ch/Sec/			/iol, 4: Ch/Sec/Sub		r Distracted by	0	26					om sc		2 33		\Box	
	Name (Last First M		or operate	or and all occupants inv	Olved Address	DOB/Age	Sex		35 Safety System	36 Airtsag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	edical Facility		
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	Plana Calant C			<u> </u>		15	16			17		Г.	18			<u> </u>	\dashv	
⁷ 1	Please Select C of the Followir		2	#Occupants Non-	Motorist A Type	Action	L	ocation	1	1 C	onditi	on	10		Hit/Run	Ш Мор	ed	
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3_	Operator	Last		First		er	ast			Fir	······································			Mi	ddle			
1	Address				Addre	ess											- -	14
	City		State_	Zip	City_												_ [1	L 14
	Insurance Compa	any			Vehic	le Action Prior to		<u> </u>		22		_		Code:	27	27 2	<u> </u>	
	Vehicle Travel D	irection: NS	E W	Responding to Emerge	ency? Event	Sequence 2	<u> </u>	<u></u>	23	23		t Stati e of T			29			
2	Citation # (If Issu	ued)		-	Most	Harmful Event		24					t Resu	ılt:	30			
	Viol. 1: Ch/Sec/Sub —————————————Viol. 2: Ch/Sec/Sub —			iol. 2: Ch/Sec/Sub	Drive	r Contributing Cod			15	25	Sus	p. Alc	:ohol:	31	Susp. I	Orug: 3	2	
	viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —			iol. 4: Ch/Sec/Sub ——	Drive	r Distracted by		26			Tov	ved fr	om sc	ene?	33			
	Pie: Name (Last First Mi	•	ator/non-	motorist and all occupar	nts involved	DOB/Age	Sex		35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	Sicol Facility		
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Wilmington Police Department Images Associated with 23-176-AC

