	Police Use Only	Com	Commonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	30	State Police Local Police MBTA Police Campus Police	1
	06/11/2023 1146 Wil	mington	Police	Report	1	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	·	TION >		NOT A	r inter	SECT		7
										2 10
					471	SALE	M ST			_
¹ 1	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address #		Name of	Roadway	//Street	-
1		7.1		Feet N S	EW of		- •	or	·	
	Route# Direction Na	me of Intersecting Road	way/Street	[Mile Ma	arker		Exit Number	1 11
		Also at Intersection v	with	Feet N S		Route#	Inters	ecting Roa	adway/Street	
² 1	Route# Direction Na	me of Intersecting Road	way/Street	Feet N S	E W of					
1							La	andmark		-
3	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Report	1D# 23	-17	7-AC	2		
	License # D620538471730 St J	PT. DOR/Age	Pari	# <u>52LB60</u>		Rea Tym	. PC	Rea	State MA	-
	10 10	20	_	Year 2020					21	1 12
	Sex 12 Lic. Class D Lic.	L 15	indorcoment				ı	ven Ci	oning.	
41	Operator DIROCCO, LAWE			er <u>CARLSON</u> ,		First	- 440	Middle	e	
1	Address 1727 SURFSIDE			ess 1254 OSG						
	City CAPE CORAL Sta	-		NORTH AND	VER					
	Insurance Company PLYMOUTH	ROCK ASSUR	ANCE C Vehic	cle Action Prior to Crasl	1		amaged Area	Code: 1	27 8 27 27	
5	Vehicle Travel Direction: NSEX	Responding to Emer	rgency? 2 Even	t Sequence 5 23	23 23	~~ 1	est Status:	1	29	
⁵ 2	Citation # (If Issued)		Most	Harmful Event 5	24	•	AC Test Res	ult [,] 1	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	26	ısp. Alcohol:	ــــــــــــــــــــــــــــــــــــــ	Susp. Drug 2 32	5 ¹³
	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from so	-	22	
⁶ 1		ator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	46 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator	S	See Above		1 1	4 0	0 10	1		-
										1
	Please Select One	#0 	·	15 16	[17	. 18		<u>. lo., .</u>	1
⁷ 1 .	of the Following:	#Occupants Nor	n-Motorist A Type	Action	Location	Condit	tion	Hit	t/Run Moped	_
····		DOB/Age	Reg :	#		Reg Type	<u> </u>	Reg		
	Sex Lic. Class 19 19 Lic.	Restrictions 20	DL Veh	Year	Veh Make			Veli Co	onfig. 21	
	Operator	First		er		First		Middle		
⁸ 2	Address	First		ess		Pirst		Middle		
	CityStat	eZip	City_			Sta	te 2	Zip		1 14
	Insurance Company		Vehic	ele Action Prior to Crash	. [22 D	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	reency? Even	Sequence 23	23 23	23 Te	est Status:		28	
	Citation # (If Issued)			Harmful Event	24	-	pe of Test:		29	
⁹ 2	· · ·			er Contributing Code	25	25	AC Test Res		30	
	Viol. 1: Ch/Sec/Sub			er Distracted by	26		isp. Alcohol: owed from so	\vdash	Susp. Drug: 32	
	Viol. 3; Ch/Sec/Sub	****		a Distracted by	34 35	36 37	38 39	40		4
	Please fill out for operator/no Name (Last First Middle)	m-motorist and all occup	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	1
	Operator/Non-Motoris	<i>t</i> s	iee Above	><X	1				_	
]
					$H = \frac{1}{2}$					1
										4

	= Direction	1 = Vehicle 1 2	= Vehicle 2	오 = Pedestri:	an 🕳 =	Bicycle	
Crash Diagram:	ie: →	2	→	<u> </u>	→ ‱		
Salem Street					Woods	If Crash <u>Did I</u> on a Public W	
		***************************************	- a tilka - a sto			Off-Street Parkin	ng Lot
	J.					☐ Garage	
	Ž					■ Mall/Shopping (Center
		W. 6-35				Other Private W	
						One i i ivale w	<i>ay</i>
						Indicate North	by Arrow
NAME AND THE CONTRACTOR OF THE	and the operation of the state	NATIONAL STATEMENT OF THE STATEMENT OF T	and on the months and an analysis of	ilionaana kalinin Nimoona voorana v			
Crash Narrative:							
	veling west in the						
	n the roadway. Vehi tor suffered no app						
	r and front left da						
from the scene.			······································				
				•			
Witnesses:		T			TS1 #		1
Name (Last, First, Middle)		Address			Phone #		Statement
						···	
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Inform	nation: Registration#	1	(From Vehicl	e Section)			
Carrier Name			,			Bus Use	42
Address		· · · · · · · · · · · · · · · · · · ·	City		St	Zip	
	State Number						
43	44	Γ	45				
<u> </u>	go Body Type Code	GVWR/GCWR			Г	46	
	Reg Type	Reg State	Reg Year	Traile	er Length		
Hazmat Information:	48					ſ	49
Placard Materia	I 1 digit # Material Na	ne		Material 4 digi	#	Release code	
Patrol Officer Mic	chael W Powers	2	31 Wil	mington	Police D	epartment (06/11/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

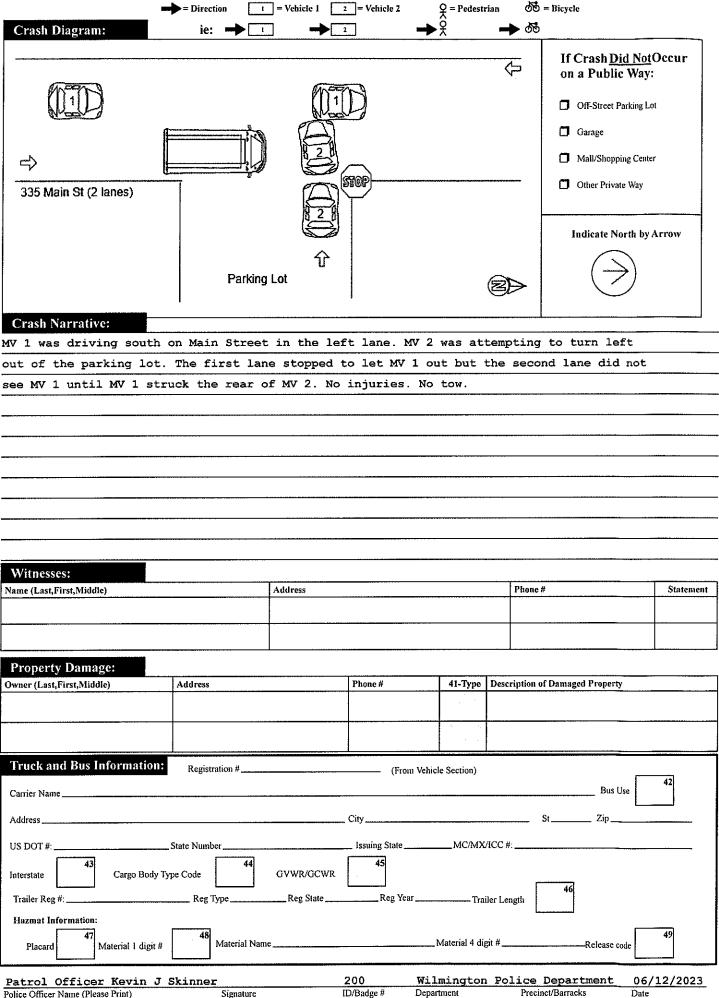
Department Precinct/Barracks

Date





	Police Use Only	Com	monwealth (of Massacl	husetts	5	RM	IV Docun	nent Number	
	Date of Crash Time of Crash 06/12/2023 1532 W	City/Town Vilmington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	35	State Police Local Police MBTA Police	800
	24HR	ramming con	Police 1	Report	2	0	Latitude Longitude _		Campus Police Other:	<u> </u>
	AT INTERSI	ECTION:	< LOCA	TION >		NOT A	Γ INTEF	SECT	ION:	<u> </u>
			3		335	MAIN	r em			2 10
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	<u> rin i i</u>		Roadway	y/Street	
1		At		Feet NS	S E W of			or		_
	Route# Direction	Name of Intersecting Road	way/Street			Mile Ma	rker		Exit Number	3 11
		Also at Intersection v	with		S E W of	Route#	Inters	ecting Ro	adway/Street	- [
² 1	Route# Direction	Name of Intersecting Road	way/Street	Feet NS	E W of					
	Please Select One	2 #020000015			0.2	. 17		andmark	······································	
3	of the Following:	2#Occupants Hit	/Run Moped	Crash Repor	rt ID# Z 3) — <u>1</u> /)	8-AL	<i>.</i>		
	License # S09294000	St MA DOB/Age		TA15GX					21	1 12
	Sex M Lic. Class D	Lic. Restrictions 1	Endorsement	Year <u>2014</u>		ODGE		Veh C	Config. 1	
⁴ 2	Operator GONZALEZ , E	First	Middle	er RELIABLE		First	<u>.</u>	Middl	le	-
2	Address 5 BUNKERHIL			ess 60 ISLAN	ID ST		PT 93			- -
	City LAWRENCE	•	_	LAWRENCE			ite MA amaged Area		$\frac{840-1835}{27 _4-27 _2}$	¬ l
	Insurance Company PROGRES		_	ele Action Prior to Cras	h 1 23 23		est Status:	1 Code. 3	28]
⁵ 1	Vehicle Travel Direction: NXI			1 sequence 1	24		pe of Test:	Ė	29	
	Citation # (If Issued)			Harmful Event 1	1 25	25	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub			r Distracted by	26	St	isp. Alcohol: owed from so		Susp. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	operator and all occupants in		Distracted by U	34 35	36 37	38 39	40		_
	Name (Last First Middle)		Address	DOB/Age Sex	/ 	Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	4
	Operator	36 SMITH ST	See Above	/	1 1	2 0	0 10	1		
	CARLOS LUGO	LAWRENCE, MA 010	840	M	3 1	2 0	0 10	1		
⁷ 1	Please Select One of the Following:	1 #Occupants Nor	ı-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	П на	t/Run 🔲 Mope	:d
		St MA DOB/Age	Reg #	s65980		Reg Type	CO	Rea	State MA	
	19 19	20	-		Veh Make C			_	onfig. 1 21	-
	Operator SANDERSON ,	E	ndorsement Owne	r MERCHANT						_
⁸ 1	Address 239 W RIVER	ST.	Middle Addre	ess 1278 HOC	KSETT	RD First		Middle	e	
	City ORANGE	State MA Zip 0136 4	4-1420 City 1	HOOKSETT		Sta	te NH 2	ip 03 1	<u> 106-1839</u>	1 14
	Insurance Company ARBELLA	PROTECTION	INSURA Vehic	le Action Prior to Cras	h 4	22 Da	ımaged Area	Code: 1	27 27 27	
	Vehicle Travel Direction: X S E	W Responding to Emer	gency? 2 Event	Sequence 23	23 23	-1	st Status:	1	28	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24	•	pe of Test: AC Test Resi	ılt: 1	30	
2	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	r Contributing Code	18 25	25 Su	sp, Alcohol:	2 31 5	Susp. Drug 2 32	
į	Viol. 3; Ch/Sec/Sub	Viol. 4: Clı/Sec/Sub —	Drive	Distracted by	26		wed from so		33	
	Please fill out for operat Name (Last First Middle)	or/non-motorist and all occup	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airhag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Moto	prist s	ee Above	X	1 1	4 0	0 10	1		
Ì										
										_



	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Document		
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles	Number	Speed Limit	Los	nte Police cal Police BTA Police campus Police	7
	06/13/2023 0410 Wi]	Lmington	Police	Report	1	Injured O	Latitude Longitude	Cai	BTA Police	
	AT INTERSEC	TION:	<u> </u>	TION >	1=		INTER		her:	1
	THE ITTERSES	10111				110 7 77	1111111	350110	. 12	10
					340	BALI	ARDVA	LE ST		2 ~
1	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address #		Name of	Roadway/Stre	eet	-
'4		At		Feet N S	E W of		- •	ог		
	Route# Direction N	ame of Intersecting Road	way/Street			Mile Ma	ırker	Ex	át Number	1 11
		Also at Intersection v	with	Feet N S	E W of	Route#	Interse	ecting Roadwa	av/Street	
2	Route# Direction N	ame of Intersecting Roads	way/Street	Feet N S	E W of	110010	ncorpe	omig read (.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
² 2	Rottle# Direction N	ante of Intersecting Road	way/Street				Lai	ndmark		_
3	Please Select One of the Following:	#Occupants Hit.	/Run Moped	Crash Report	ID# 23	-17	9-AC	:		
³ 3										4
	10 10	RI DOB/Age	-	# <u>3311613</u>				-	71	3 ¹²
	Sex M Lic. Class A Lic.	. Restrictions C	Endorsement	Year 2019			t listed	Veh Confiț	g. 10	
<u> </u>	Operator PORTO, DOMING	GO First	Middle Own	er RYDER TRU	JCK RE	NTAL First	<u> </u>	Middle		
⁴ 1	Address 8 BODELL AVE	APT 3	Addı	ess 11690 NW	105S	Ţ				
	City PROVIDENCE Sta	ite RI Zip 0290	9 City.	MIAMI		Sta	te F'L Z	ip 3317	8	
	Insurance Company BURLINGTO	ON INSURANC	E Vehi	cle Action Prior to Crash	3	22 D	amaged Area	Code: 3 27	27 27	
	Vehicle Travel Direction: N X E W	Responding to Emer	rgency?_2 Even	t Sequence 97 23 28	23 22 23 1	23 Te	est Status:	1 28	İ	
5	Citation # (If Issued)			Harmful Event 97	24	iy	pe of Test:	29		
	Viol. 1: Ch/Sec/Sub ———			er Contributing Code	6 25	25	AC Test Resu	1-	32	97 ¹³
				er Distracted by 99	<u> </u>		sp. Alcohol:	- 27		[]
⁵ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub — rator and all occupants in		er Distracted by 99	34 35	36 37	38 39	ene? 2 33	<u> </u>	ļ
	Please fill out for ope Name (Last First Middle)	rator and all occupants in	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	
	Operator	s	ee Above	><X	1 1	4 0	0 10	1		
										1
									•	1
			······································		<u> </u>					-
										_
,	Please Select One of the Following:	#Occupants 🔲 Non	ı-Motorist A Type	15 Action 16 1	ocation	17 Condit	ion 18	Hit/Ru	n Moped	
1	· · · · · · · · · · · · · · · · · · ·				L					┨
	19 19	DOB/Age		<u>. </u>					21	
	Sex Lic. Class Lic.	Restrictions C	DL Veh	/ear\	/eh Make			_ Veli Config	ļ	
	Operator	First	Middle Own	erLast		First		Middle		
1	Address		Addr	2ss						14
	CitySta	te Zip	City		F	_	te Zi	·		1 1
	Insurance Company		Vehic	le Action Prior to Crash			maged Area	<u> </u>		
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Even	Sequence 23	23 23		st Status:	28		
	Citation # (If Issued)	<u>-</u>	Most	Harmful Event	24	•	pe of Test:			
2	Viol. 1: Cli/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	AC Test Resul	<u>"" </u>	Drug 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by	26		wed from see			
	Please fill out for operator/no				34 35	36 37	38 39	40		ļ
	Nome (Last First Middle)	The state of the s	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code M	fedical Facility	
	Operator/Non-Motoris	at So	ee Above	\times X	1					
ŀ										1
}									· · · · · ·	-

Crash Diagram:	= Direction 1		2 = Vehicle 2	Q = Pedest Q	rian 🎉	e = Bicycle	
Jersey barriers x2 The barriers were in front of the utility pole		prox 200-300 ya	Trucks mak turn sign da	maged Utility Po		If Crash Did Not On a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
Crash Narrative:	TARRYINTE CO.	(MONADDO DE	125) 7 00000	TED 3	TD1 CEC	MDATIED INTE	
THAT WAS STOPPED IN THE		-	•				
JERSEY BARRIERS STUCK U							
BALLARDVALE ST AND WERE	DRAGGED APPRO	X. 200-300	YARDS DOWN BA	LLARDV	ALE ST.	THE TRUCK WAS	
TURNING RIGHT OUT OF TH	E PARKING LOT	AND STRUCK	A SIGN, METAL	POST	AND A UI	ILITY POLE	
CAUSING MINOR DAMAGE TO	ALL THREE. MI	NOR DAMAGE	TO TRAILER. D	PW WAS	CALLED	OUT TO REMOVE	
BARRIERS FROM UNDER TRU	CK. SEE SUPPLE	MENTAL FOR	FURTHER INFOR	MATION	•		
Witnesses: Name (Last,First,Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	-	of Damaged Property	
VERIZON	28 DIANA LN DRA	CUT MA 01826		4	UTILI:	TY POLE	
MARKET BASKET	875 EAST ST TEWKS	SBURY MA 01876			SIGN A	AND METAL POS	ľ
Truck and Bus Information:	Registration # 331	11613	(From Vehicl	e Section)			
Carrier Name 3 Lions Logisti	cs, Inc.					Bus Use	42
Address 9 STAFFORD ST		,	City LAWRENCE			St_MA Zip	
US DOT #: 3287504	State Number		Issuing State	MC/MX	/ICC#:		
43	44		45	1/10//1-21			
Interstate Cargo Body Ty		GVWR/GCWR			Γ	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Тга	ler Length		
Hazmat Information:	40						49
Placard 47 Material I digit #	Material Nam	e	N	Aaterial 4 di	git #	Release code	
Sergeant Daniel P Furbu	sh Signature		196 Wil			Department 06/	13/2023

Wilmington Police Department

Page: 1

NARRATIVE FOR SERGEANT DANIEL P FURBUSH

Ref: 23-179-AC

Vehicle involved was a Freightliner cab. The trailer involved was a 53 foot trailer with a Maine semi permanent trailer plate 2851940.

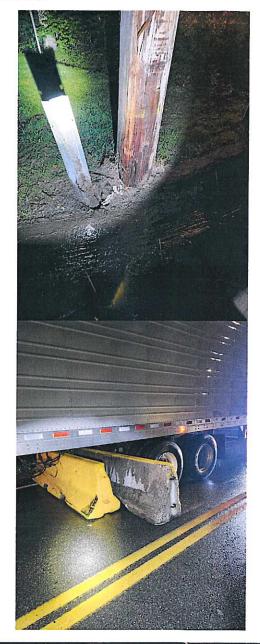
The company information was 3 Lions Logistics Inc from 9 Stafford St Lawrence Ma. The company number 888-683-5990. The Insurance Company is Hub Transport but the local carrier is Burlington (VT) Insurance with the policy number of 948B001585

Market Basket Management was notified.



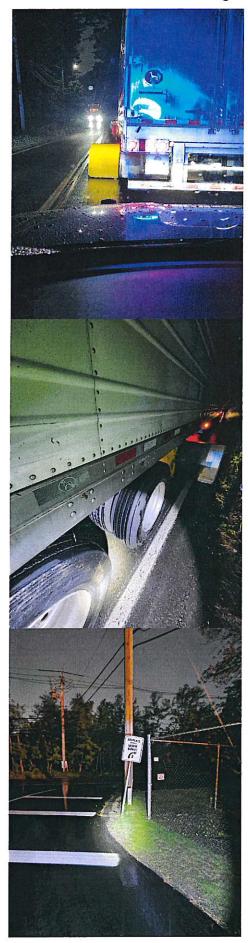






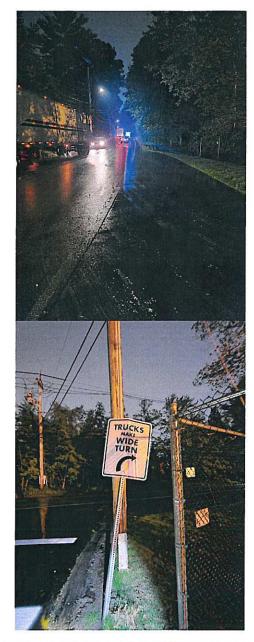








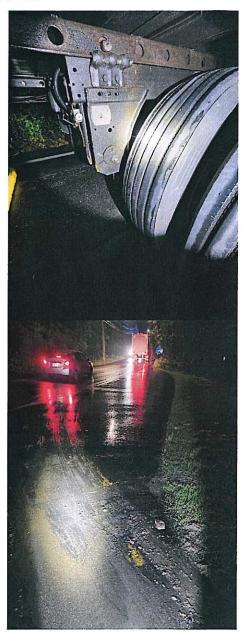












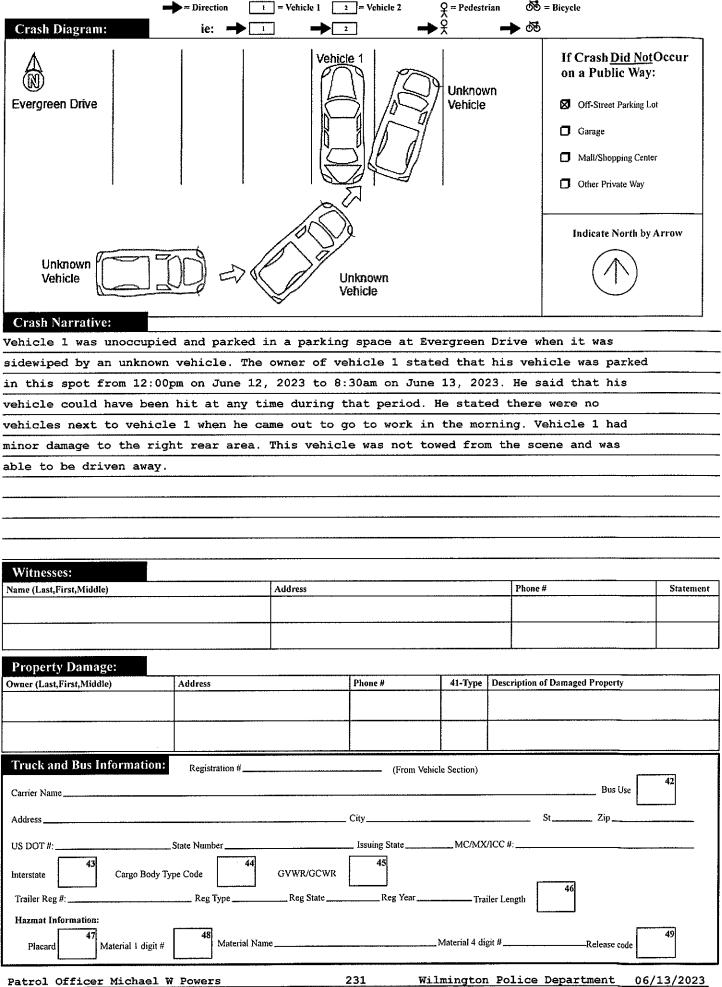
	Police Use Only	nwealth (wealth of Massachusetts					RMV Document Number			
	Date of Crash Time of Crash	City/Town N mington	Iotor Veh	icle Crash	Num Vehi			ed Limi	30	Local Police	200
	24HR	many con	Police 1	Report	1	0	1	tude gitude _		Campus Police Other:	
	AT INTERSECT	TON:	< LOCA	TION >		NO	T AT II	NTER	SEC	TION:	
					1	TD (OUTE	125	LITY	TU	2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction	Addres					vay/Street	
11		At		Feet N	S E W o	f —			or _		
	Route# Direction Na	me of Intersecting Roadway/S	treet			М	ile Marker			Exit Number	1 11
		Also at Intersection with	İ		S E W o	Rout				VALE ST Roadway/Street	- []
² 2	Route# Direction Na	me of Intersecting Roadway/S	treet	Feet N	S E W o	f 					
-	Please Select One Value 17	#Occupants Hit/Run				2 1	90		ndmari	<u>K</u>	
3	of the Following:	#Occupants Hit/Run	Moped	Crash Repo	rt ID# Z	2-1	.80-	-AC			
	License # S16067954 St N	DOB/Age.		3CZV63						21	1 12 12
		Restrictions CDL_ Endors	ement	_{Tear} <u>2022</u>					Veli	ı Config. 1	
⁴ 3	Operator MACRI, JOY TA	First Mide	die	er MACRI, J		F	irst		M	iddle	-
3	Address 120 GREENMEADO			ess 120 GREI		DOM				1000 110	-
	City TEWKSBURY Stat	•		TEWKSBURY	Г	22				$1876 - 110$ $\begin{bmatrix} 27 & 27 & 2 \end{bmatrix}$, I
	Insurance Company THE COMME			le Action Prior to Cra	sh 1 23 2		Test St		Coue.	5 2 4 1 28	۱ ا
⁵ 2	Vehicle Travel Direction: NSWW	Responding to Emergency		Sequence 24 23			Туре о	f Test:		29	
	Citation # (If Issued)			Harmful Event 24		5 25	1	est Res		1 30	2413
	Viol. 1: Ch/Sec/Sub			r Contributing Code r Distracted by	26	JL	Susp. A	Alcohol: from so		33	2 24
6 1	Viol. 3: Ch/Sec/Sub Please fill out for oper	ator and all occupants involved		1 Distracted by U		35 36	37 38	39	40	2 33	
	Name (Last First Middle)	Addre		DOB/Age Set	Pos. Sy	afety Airbag stem Status	Eject Tra Code Cox			Medical Pacility	
	Operator	See Ab	oove		1 1	4	0 0	10	1		_
								\perp			
7_	Please Select One of the Following:	#Occupants Non-Mot-	orist A Type	15 Action 16	Location	17	Condition	18		Hit/Run 🔲 Mop	ed
3		DOB/Age	Pag			<u> </u>	r Type		l R	ea State	_
	19 19	Restrictions 20 CDL_		′еаг						21	T
	Operator	Endorse	ement Owne								<u> </u>
2	Address	First Midd	dle	Last		F	nsi		Mi	iddle	
	City State	2 Zip	City_				State	2	ip		1 14
	Insurance Company		Vehic	le Action Prior to Cras	sh	22	Damag	ed Area	Code:		
	Vehicle Travel Direction: NSEW	Responding to Emergency	? Event	Sequence 23	23 23	3 23	Test St			28	
,	Citation # (If Issued)		Most	Harmful Event	24		Type o BAC T	est Resi	ılt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Clr/Sec/Sub ———	Drive	r Contributing Code	25	25	Susp. A	Alcohol:	31	Susp. Drug: 3	2
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	Distracted by	26		Towed	from sc	ene?	33	
	Please fill out for operator/no: Name (Last First Middle)	n-motorist and all occupants in		DOB/Age Sex	Seat Se	35 36 Hety Airbag Stem Status	37 38 Eject Traj Code Cod	Injury	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	f See Abo	ove	\times	1						
					1				† †		
					++	_		1			_
				 		_		1			\dashv
- 1				1				1	1 I		1

	= Direction 1	= Vehicle I 2	= Vehicle 2	्रे = Pedestria	ი დდე∍	Bicycle	
Crash Diagram:	ie: 🖚 🔼	2	→	ĝ	→ №		
			Ballardvale S	treet	}	If Crash <u>Did No</u> on a Public Way	- 1
_			O destruction			Off-Street Parking I	_ot
						☐ Garage	
						☐ Mall/Shopping Cent	ter
Route 125						Other Private Way	
						Officer Frivate way	
	Unkn	own vehicle ↓ → → ↓				Indicate North by	Arrow
	$\Rightarrow \square \square \Rightarrow \square$					(Λ)	:
	∯ ∜ ∀ Vehicl	e 1					
Crash Narrative:							
Vehilce 1 was station	ary at a red liç	tht in the ri	ght lane at	the inte	rsectio	n of Route 125	
at Ballardvale Street	. At that time,	an unknown v	ehicle was i	n the le	eft lane	and attempted	
to drive in the right	lane where vehi	cle 1 was. I	n order to a	woid the	unknow	n vehicle,	
vehicle 1 swerved to	the right and in	the process	hit the gua	rd rail	on the	side of the	
coad. The operator of	vehilce 1 state	d she beeped	but the unk	nown veh	icle co	ntinued to	
drive away and left t	the scene. The wa	s no collisi	on between v	rehicle 1	and th	e unknown	
vehicle. There was mi	nor damage and s	cratches to	vehicle 1 or	the pas	senger	side doors and	
front right/rear righ	t side bumpers.	The operator	reported no	injurie	s and s	he was able to	
drive her vehicle.							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
LAROCHE JUSTIN M		21 MEADOW LA	ORANGE MA	1364-974	7		
h							
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of	Damaged Property	
(2.13,110,1,100,1)						· · · · · · · · · · · · · · · · · · ·	
Truck and Bus Information	OH: Registration #		(From Vehic	le Section)			
Carrier Name			(110th Yente	ic Section)		Bus Use	42
		(litv		S	L_ t Zia	
US DOT #:	State Number		45	MC/MX/IC	C#:		
	dy Type Code	GVWR/GCWR	73				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	46	
Hazmat Information:					L		
Placard Material 1 dig	tit # 48 Material Nan	ne		Material 4 digit	#	Release code	49
Patrol Officer Michae			··	mington timent		Department 06	/13/2023
Police Officer Name (Please Print)	Signature	ענ	/Badge # Depar	onent	1 Lectile	oraniaces Date	•





Police Use Only Commonwealth of Ma			of Massa	ich	use	etts			RM	V Doc	ument N	umber					
	Date of Crash 06/13/2023	Time of Crash	1	City/Town ington	Moto	r Veh	icle Cra	sh		umber hicles	Numb Injure	مراحا ا	ed Limi	1(Local	Police I Police A Police pus Police	
	06/13/2023	1324 24HR	MITIU	ington	Pe	olice	Report		2		0	Lau	tude gitude _			pus Police	
		AT INTER	SECTIO	ON:	<	LOCA	TION :	>			NOT	AT II	YTER	SEC	TION	:	
	Ì								51	33	ווזים	יםמי	REEN	r ne	•		2 10
1	Route# Direc	ction		Name of Roadway/S	Street		Route# Direct	ion		ess#	<u> 17.47</u>				vay/Stree	:t	-
¹ 1				At			Feet	N S	EW	of			. —	- or _			
	Route# Direc	etion	Name	of Intersecting Road	lway/Street						Mile	Markei			Exit	Number	4 11
				Also at Intersection	with		Feet				Route#		inters	ecting	Roadway	/Street	<u>-</u>
² 1	Route# Direc	ction	Name	of Intersecting Road	lway/Street		Feet	NS	EW	of							_
	Please Select (one 🔽		#O		.				2 2	1 () 1		andmar	k		1
3	of the Followin		e 1 <u>U</u>	#Occupants Hi	t/Run	Moped	Crash R	eport	ID#	23	<u> </u>	3 T.	-A(<i>-</i>			
	License #	19	St	DOB/Age		Reg	# <u>7LJ270</u>				Reg 7	уре <u>Р</u>	<u> </u>	R	eg State	MA 21	7 12
	Sex Lic. (Class	_	strictions	CDL Endorsement		Year <u>2016</u>					'A		Vel	Config.	1	
4	Operator Dr:	iverles:	s M.V	First	Middle		er HOLMES	ași.			First			M	liddle		
⁴ 1	Address						ess <u>5133</u> E										
	'			Zip		-	WILMING		1		22				1887 4 ²⁷ 3	27 27	
				RAL INSUR			cle Action Prior to		23	23	23	Test S		i Code.	1 28		
⁵ 2	l	pirection: N S		Responding to Eme	ergency?		1 Sequence 1	Щ.	24			Туре	of Test:		29		
	1	ued)		•				1	ᆂ	25	25		Test Res		1 30		13
				iol. 2: Ch/Sec/Sub			er Contributing Coo er Distracted by	0	26				Alcohol:		22	Drug 2 32	
⁶ 1	Viol. 3: Ch/Sec/S			iol. 4: Cli/Sec/Sub —		Dive	T Distracted by	<u> </u>	3.4	35	36	37 38	39	40	2 33		-
	Name (Last First Mi	iddle)	op		Address		DOB/Age	Sex	Sent Pos.	Safety System	Airbag E Status C	ect Tra	p Injury le Status	Trunsp. Code	Med	dical Facility	_
	Operato	or			See Above	*		X	1				_	ļ			_
														ļ			_
7 _	Please Select O		e 2 <u>1</u> #	Occupants No	n-Motorist A	Туре	15 Action	16 I	ocatio	ın 💮	17 Co	ndítion	18	M	Hit/Run	☐ Мореd]
1	License #		C+	DOB/Age		Dan f	unknown			<u> </u>	Pag T	vne.		Ц		L	-
	Sex Lic. C	19 1	9	20	CDL	_	ear				_				-	21	
	Operator unl	1		j	Endorsement		er							, ,	Conng,		
2	Address	Last	F	irst	Middle		ess	asi			First			Mi	iddle		
			State_	Zip		City_						State	2	Zip			1 14
						Vehic	le Action Prior to	Crash	ſ		22	Damaş	ged Area	Code:	27	27 27	
	Vehicle Travel Di	irection: N S	EW	Responding to Eme	ergency?	Event	Sequence 2	23	23	23	23	Test St			28		
)_	Citation # (If Issu	ied)				Most	Harmful Event		24			Type of BAC 1	t Test: Test Res	ult:	30		
2	Viol. 1: Ch/Sec/S	Sub ————	Vi	ol. 2: Cli/Sec/Sub —		Drive	r Contributing Coo	de		25	25		Alcohol:		Susp. D	Orug: 32	
	Viol. 3: Cli/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub —		Drive	T Distracted by		26			Towed	from so	ene?	33	<u></u>	
	Plea Name (Last First Mi		erator/non-r	notorist and all occu	pants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag E	7 38 ect Tra xde Cux	p Injury	40 Transp. Code	Med	lical Facility	
		or/Non-Mo	torist		See Above			X	1								7
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			<u></u>										-				-
							4		ı	ı			ı	1	l		1







	Police Use Only	Com	monwealth	of Massac	husetts	5	RM	IV Docur	ment Number	
	Date of Crash Time of Crash 06/14/2023 1226 Wilr	City/Town	Motor Vel	nicle Crash	Number Vehicles		Speed Limi	, 25	State Police Local Police MBTA Police Campus Police	
	24HR	aring con	Police	Report	2	0	Latitude Longitude _		Campus Police C	i
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	T INTER	RSECT	TION:	
					E	BTD	CH ST			2 10
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	DIN		f Roadwa	ny/Street	_
1]	At		Feet N	S E W of	 -	•	- or		_
	Route# Direction Nan	ne of Intersecting Road	way/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection v	with	i <u> </u>	S E W of	Route#	Inters	secting Ro	oadway/Street	· []
² 1	Route# Direction Nan	ne of Intersecting Road	way/Street	Feet N	S E W of					_
	Please Select One XI Valuate 1.1	#O		<u> </u>	- 0 2	10		andmark		\dashv
3	of the Following: Vehicle 11	_#Occupants	/Run Moped	Crash Repo	rt ID# 23	-T8	2-A(<u>ئ</u> ــــــــــــــــــــــــــــــــــــ		
	License # S70483160 St M	A DOB/Age,	_ Reg	# <u>W41812</u>		Reg Typ	e <u>CO</u>	Reį	g State MA	- 1 12
	<u> </u>	E	DLVeh	Year <u>2016</u>	Veli Make <u>F</u>	ORD		Veh C	Config. 2	<u> </u>
4	Operator FARRELL, PAUL	FRANCIS First	Middle Own	ter PARTS AU	THORIT	First	<u> </u>	Midd	ste .	-
⁴ 1	Address 8 MASS AVE			ress						_
	City WILMINGTON State	•	-				nte	·	20 20 20	-
	Insurance Company ACE AMERIC			cle Action Prior to Cra			amaged Area	a Code: 8	27 27 27 28	
5 1	Vehicle Travel Direction: SEW	Responding to Emer	rgency? 2 Even	t Sequence 1 23	23 23	**3	ype of Test:	1	29	
<u></u>	Citation # (If Issued)			t Harmful Event 1	24	25	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub ———			er Contributing Code	99 ²⁵	S1	usp. Alcohol		Susp. Daug: 2 32	1
⁵ 1	Viol. 3: Ch/Sec/Sub			er Distracted by 0	34 35	To	owed from se	ene? 2	33	_
	Please fill out for opera	tor and all occupants in	Address	DOB/Age Ser	Seat Safety	Airbag Eject	Trap Injury	Transp.	Medical Facility	
	Operator	s	ee Above	\rightarrow	1 99	4 0	0 10	1		
									·	٦
7	Please Select One Vehicle 21	#Occupants Non	a-Motorist A Type	15 Action 16	Location	17 Condi	18	Пн	it/Run Mopeo	, 1
9	of the Pohowing:				Location					-
	10 19	DOB/Age 20		# <u>W17862</u>		Reg Type			State MA 21	-
		E	ndorsement	Year 2020			ruck	Veli C	Config. [7	
1	Operator BONANCA, ANTOI Last Address 130 DUBLIN ST	First	Middle	er <u>BMO HARR</u> ess <u>770 N W</u>		First		Midd	lle	-
_		MA Zip 02726		ess <u>770 N WA</u> MILWAUKEE	TIER S.		"WT	zi. 53:	202-0002	14
	Insurance Company OLD REPUBL	•	•	le Action Prior to Cras	h 10	_	amaged Area	_		
	Vehicle Travel Direction: N X E W	Responding to Emer	_	Sequence 23	23 23		st Status:	1	28	
	Citation # (If Issued)	responding to zaro	•	Harmful Event 1	24	•	pe of Test:	_	29	
2	Viol. 1: Ch/Sec/Sub\	 /iol_2: Ch/Sec/Sub		r Contributing Code	99 25	25	AC Test Resi isp. Alcohol:		30 Susp. Drug 2 32	
		/iol. 4: Ch/Sec/Sub —		er Distracted by	26		wed from so		21	
	Please fill out for operator/non				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		-
	Name (Last First Middle) Operator/Non-Motorist		Address ee Above	DOB/Age Sex		Status Code	Code Status 0 10	Code 1	Medical Facility	-
	Operator/Avon-motorist	31	OC /100YC		1 1 1 1 1 1			-		-
								-		-
										_

	= Direction	1 = Vehicle 1	2 = Vehicle 2	웃 = Pedestrian	🕳 = Bicycle	
Crash Diagram:	ie: →	□_	2	→ ∺	> №	
					If Crash Did Not on a Public Way. Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by	ot
					_	
Crash Narrative:						
Vehicle # 1 attempted	to pull out of	the drivwa	y of #5 Bird	ch St. Vehi	cle #1 stopped as	
it noticed Vehicle #2	Backing down B	irch toward	Vehicle #1.	Both ve	hicles made contact	
causing minor damage	to both vehicle:	S.				
The state of the s				,		

VV:						
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
		11001033			I HOILE (Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type Descr	iption of Damaged Property	
	:				<u></u>	
-						
Truck and Bus Informatio	II: Registration #		(From Ve	hicle Section)		
Carrier Name			(3.1511)		Bus Use	42
Carrier Name					243 030	
Address			City		St Zip	
US DOT#:	State Number		Issuing State	MC/MX/ICC#:		
43	44	CVIIID (CCIVID	45			
	y Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Len	gth	
Hazmat Information:						
Placard 47 Material 1 digit	# 48 Material Nan	ne		Material 4 digit #	Release code	49
	<u> </u>					
Patrol Officer Anthon Police Officer Name (Please Print)	y Fiore Signature			ilmington Pol partment	ice Department 06/ Precinct/Barracks Date	14/2023

CDP1 11-24-00

			nmonwealth of Massachusetts				RMV Document Number			
	Date of Crash Time of Crash 06/14/2023 1851 W	City/Town Vilmington	Motor Veh	icle Crash	Number Vehicles		Speed Limit		State Police Local Police MBTA Police Campus Police]
	24HR	TIMING CON	Police :	Report	2	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSI	ECTION:	< LOCA	TION >		NOT A	r inter	SECTI	ON:	
					211	T.OWE	LL ST	ı		2 10
ı	Route# Direction	Name of Roadway/S	freet	Route# Direction	Address #	HOME		Roadway/	Street	_
1	_	At		Feet N S	E W of			or		.
	Route# Direction	Name of Intersecting Road	way/Street			Mile Ma	ırker		Exit Number	4 11
		Also at Intersection v	vith	Feet NS		Route#	Inters	ecting Road	dway/Street	
² 3	Route# Direction	Name of Intersecting Road	way/Street	Feet N S	E W of					_
_	Please Select One Volutelo	1 #0	_					ndmark		Name
3	of the Following:	1 #Occupants Hit.	/Run	Crash Report	ID# 23	_T8	3-AC	<u> </u>		
		St MA DOB/Age	Reg #	8CG299		Reg Type	PC	Reg S	State MA 21	7 12
		Lic. Restrictions 99 20 C	DL Veh	Year <u>2019</u>	Veh Make <u>D</u>	ODGE		Veh Co	ntig. 1 21	Ľ
4	Operator MULIK, CHAI	RLES J		er <u>MULIK , CI</u>	HARLES	J First		Middle		
⁴ 1	Address 30 DEWEY AV			ess 30 DEWEY	AVE					
	City WILMINGTON			WILMINGTON	[87-2055	
	Insurance Company SAFETY		OMPANY Vehic	ele Action Prior to Crash		┙,	amaged Area	<u> </u>	27 27 27	
5	Vehicle Travel Direction: S I	·	gency? 2 Even	Sequence 2 23	23 23	2	pe of Test:	1	29	
	Citation # (If Issued)			Harmful Event 2	24	25 B	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub	—— Viol. 2: Ch/Sec/Sub —		r Contributing Code	97 ²⁵	St	isp. Alcohol:		isp. Drug: 2 32	2
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	34 35	To	owed from so	ene? 2	33	_
	Please fill Out for Name (Last First Middle)	operator and all occupants in	VOIVED Address	DOB/Age Sex	Scat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	_
	Operator	s	ee Above	$\times X$	1 1	4 0	0 10	1		
										1
-	Please Select One Vehicle 2	0 #Occupants Non	-Meterist A Type	15 Action 16	Location	17 Condit	18	T 13340	Run Moped	1
⁷ 1	of the Following:	, occupants 14811			Location		<u></u>	<u></u>		-
	License #	St DOB/Age					PC	_	21	
	Sex Lic. Class	Lic. Restrictions C	ndorsement	ear 2023				Veh Cor	ıfig. 1	
99	Operator <u>Driverless</u>	M.V. First	Middle	YANG, SUS		First	<u>Kulu</u> Y	Middle		
	Address	G		ess 34 FRANK WAKEFIELD	FIN S.		MD a	. 019	80-0152	14
	City		_	le Action Prior to Crash	11		maged Area		27 27 27	
	Vehicle Travel Direction: XS E			Sequence 23	23 23		st Status:	<u> </u>	28	
	Citation # (If Issued)	Responding to Emer	-	Harmful Event 1	24	<u> </u> ту	pe of Test:		29	
2	Viol. 1: Ch/Sec/Sub	3/2-1 3: Cl-/C/Cul-		r Contributing Code	1 25	25	AC Test Resi		30 33	
	Viol. 1: Ch/Sec/Sub ————————————————————————————————————			r Distracted by	26		sp. Alcohol: wed from sc		isp. Drug: 2 32 33	
		or/non-motorist and all occup			34 35 Seat Safety	36 37	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	-	Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Non-Moto	risi Se	ee Above		1					-
										

	= Direction 1	= Vehicle 1	2 = Vehicle 2	र्भ = Pedestria	n ⊘ 55 ≃ B	icycłe	
Crash Diagram:	ie: 👈 🔟	→ □	2	₽Ŝ	→ №		
	Lowell St/	MA-129				If Crash <u>Did Not</u> on a Public Way:	
]					Off-Street Parking Lo	t
211 Lowell St Pacific Grove		Anni Pirent Canada Cana				☐ Garage	i
Tacilic Olove		<u></u>	- Maria Mari			■ Mall/Shopping Center	
						Other Private Way	
						S cliff Filtrate way	
		<i>\$</i>				Indicate North by	1 11 11 11 11 11 11 11 11 11 11 11 11 1
					<u>,</u>	Indicate North by A	ALLOM
				1		(Λ)	
	***	 Not exact soots	s for diagram***	`			
Crash Narrative:							
Dispatched to 211 Lov	well St for a rep	port of 2 ca	ar MVC in par	cking lot	. MV2 par	ced	
unoccupied in lot. M	V1 parked next to	it. OP1 a	ttempted to e	exit space	e and cut	turn too	
sharp and side swiped	d MV1. Admitted t	o cutting	turn too sha	cp. MV2 u	noccupied	, OP2 in	
Pacific Grove. OP2: 3	·····		xchanged info	ormation p	prior to	ny arrival.	·
No injuries reported,	, both vehicles d	lriveable.					
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Da	maged Property	
						,	
Truck and Bus Information							
	Registration #		(From Veh	iicle Section)		5 J	42
Carrier Name		<u></u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Bus Use	
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate Cargo Bo	dy Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length	46	
Hazmat Information:	• • • • • • • • • • • • • • • • • • •	-	- -	- 174116			
47 Placard Material 1 dig	rit # 48 Material Nam	ie		_Material 4 digit	#	Release code	49
Thomas Tong	<u> </u>						
	- 21		015 174		Dolina Do		

ice Department
Precinct/Barracks

06/14/2023

	Pol	lice Use Only	Com	monwealth	of Massac	Γ	RM								
	Date of Crash	Time of Crash	City/Town	Motor Veh	icle Crash	Numb Vehic			eed Limit	35	State Police Local Police MBTA Police Campus Police				
	06/15/2023	1741 W	Vilmington	Police	Report	2	0	La	titude ngitude _		Campus Police Other:				
		AT INTERSI	ECTION:	< LOCA	TION >		NO	T AT I	NTER	SECT	TION:	<u>] </u>			
		D 7 T T 7	ARDVALE ST									2 10			
1	Route# Dire		Name of Roadway/S	Street	Route# Direction	Address	#		Name of	Roadwa	ay/Street	-			
¹ 1		T000	At		Feet N	S E W of			•	or					
	Route# Dire	- 1.//	Name of Intersecting Road	lway/Street			М	ile Marke	ſ		Exit Number	2 11			
			Also at Intersection	with	Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of										
² 1	Route# Dire	ction	Name of Intersecting Road	lway/Street	Feet N	S E W of						_			
	Please Select 0	One 572	<u> </u>							ndmark	:	┪			
3	of the Followi		2 #Occupants Hi	t/Run Moped	Crash Repo	rt ID# Z	3-1	.84	-A(-		_			
Ĺi	License # S4		St MA DOB/Age.	Reg	unknown_		Re	g Type 📕	,C	Re	eg State MA 21	12			
	Sex M Lic.	Class D 19 19		CDL Veh	Year 2017	_ Veh Make	AUD]	<u> </u>		Veh	Config. 1				
А	Operator PA	NNOZZI, N	MICHAEL HENR	Middle	er <u>PANNOZZI</u> Last	-	HAE	L HE	NRY	Mid	ldle				
⁴ 3		COUNTY RI			ess 85 COUN'										
	-		State MA Zip 0187		TEWKSBURY	F	12			-	<u> 27 27 27 27 27 27 27 27 27 27 27 27 27 </u>	i			
	Insurance Comp	-	H ROCK ASSUR		cle Action Prior to Cra		22		iged Area Status:	Code:	5 ²⁷ ²⁷ ²⁷ 27				
⁵ 1	Vehicle Travel E	Direction: S E	Responding to Eme		t Sequence 23	23 23	23		of Test:	-	29				
	·	sued)			Harmful Event 1		25		Test Res		1 30	13			
			Viol. 2: Clt/Sec/Sub		er Contributing Code	26 25		Susp.	Alcohol:		Susp. Drug 2 32	1			
⁶ 1	Viol. 3: Ch/Sec/		Viol. 4: Clr/Sec/Sub —		er Distracted by 0	34 3	5 36	37	d from so	ene?	2 33	4			
_	Nome (Last First M		operator and all occupants i	Address	DOB/Age Se	Seat Sai	ery Airbag	Eject T Code C	rap Injury ode Status	Transp. Code	Medical Facility	-			
	Operate	or		See Above	\rightarrow	1 1	4	0 0	10	1	3-11-18-18-18-18-18-18-18-18-18-18-18-18-				
,			·			6 4	4	0 0	10	1					
ŀ												1			
7	Please Select C		6 #Occupants No	n-Motorist A Type	15 Action 16	Location	17	Condition	18		Hit/Run Moped	1			
⁷ 3	of the Followin	nda				L						4			
		19 19	St MA DOB/Age.		4KFY74						g State MA	İ			
	Sex F Lic. C	[]		Endorsement	Year 2018		FORL	<u>,</u>		Veh (Config.				
8_	-	UYEN, LIN COLUMBUS	First	Middle	er <u>POLA , VC</u> ess 29 COLUN			irst		Mid	hile				
	City LOWEI		State MA Zip 0185		LOWELL	<u></u>	3. Y. 441	State I	MA 2	7in 01	851-1313	1 14			
	-		SIVE DIRECT		ele Action Prior to Cra	sh 1	22		ged Area						
	Vehicle Travel D				Sequence 23	23 23	23	Test S	Status:		1 28				
	Citation # (If Iss			0 ,	Harmful Event 1	24		• •	of Test:		29				
⁹ 2	•	•	Viol. 2: Ch/Sec/Sub		er Contributing Code	5 25	25	ł .	Test Resi Alcohol:		1 30 Susp. Drug: 2 32				
			Viol. 4: Ch/Sec/Sub		er Distracted by				d from so	_	33 2 33				
L			or/non-motorist and all occu	pants involved		34 3 Seat Sui	ety Airbag	37 3 Eject Ti	8 39 ap Injury	40 Transp.		4			
	Name (Last First M		wist	Address See Above	DOB/Age Set		em Status	Code Co	de Status	Code 1	Medical Facility	-			
	Operate	or/Non-Moto	11131	DIC AUGVE		\	_		_	-		-			
ŀ					; 	2 1	4	0 0	10	1	<u> </u>	-			
اُ						3 1	4	0 0	10	1		_			
						5 1	4	0 0	10	1					

						monwealth of Massachusetts RMV Document Number]			
	Date of Crash 06/15/2023	Time of Crash		ity/Town .ngton	, N			icle Cr			umber chicles	Num Inju	۳۰ د ا	ed Limi	it 35	Local I			
	00, 20, 2020	24HR	T she she4f-kehe		<u></u>	P		Report		2		0		ndde ngitude_			us Police 🗀		
		AT INTERS	ECTIO	N:		<	LOCA	TION	>			TON	AT I	NTEF	RSEC	TION:		10	
		BALL	ARDVA	LE SI	ľ													2 10	
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	Route# Direc		Name o	f Intersectin	ng Roadway/:	Street		Feet	NS	EW] of	iVIII	Mile Marker Exit Number						
				aso at inters	ection wan	ith Feet NSEW of Route# Intersecting I								Roadway/	Street				
² 1	Route# Direc	ction	Name o	f Intersectin	ng Roadway/S	Street					,			L	andmarl	k		_	
3	Please Select C	One Vehicle	2 6 _#0	Occupants [Hit/Run		Moped	Crash	Report	ID#	23	-1	84	-A(3			1	
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		UYEN, LI	i			sement		POLA,											
⁴ 3	Address 29	COLUMBUS	AVE	91	Mi	ddle	Addre	ess 29 CC	Last LUM	BUS	A	Fic 7E	t		М	iddle			
	City LOWE	LL	_ State M	A Zip O	1851-1	<u> 1313</u>	City_	LOWELL					State 1	MA.	Zip 0	1851-	-1313		
	Insurance Comp	any					Vehic	le Action Prior	to Crasl	ı		22		-	a Code:	 	27 27		
⁵ 1	Vehicle Travel D	Direction: NS	E W	Responding	to Emergenc	y?	Event	Sequence	23	23	23	23	Test S	itatus: of Test:		28			
1	Citation # (If Iss	aued)					Most	Hannful Event		24			• •	Test Re	sult:	30		12	
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⁶ 1	Viol. 3: Ch/Sec/	Sub					Drive	r Distracted by		26	35	36		d from s	сепе?	2 33			
-	Name (Last First M	Please fill out fo	or operator	and all occu	pants involve			DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Tr	ap Injur de Statu	Transp.	Medi	ical Facility	_	
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⁷ 3	Please Select C		4#C	Occupants	Non-Mo	torist A	Туре	15 Action	16	Locatio	on [17 C	ondition	18		Hit/Run	Moped		
	License #			DOB/Age			Reg#					Reg	Туре		R	eg State_			
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81	Address	Last	Firs		Mic	kile		ess	Last			Firs	l		Mi	ddle			
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9 ₂	Citation # (If Iss	ued)					Most	Harmful Event		24				Test Res	sult:	30			
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ļ	Viol. 3: Ch/Sec/S			Drive	Distracted by	, <u>;</u> ,	Towed from scene? 33												
	Ple Name (Last First M	ase fill out for opera	ator/non-mo	otorist and a	ll occupants			DOB/Age	Sex	J4 Scat Pos.	35 Safety System	36 Airbag Status	37 3 Eject Tr Code Co	8 39 ap Injury de Status		Medic	cal Facility		
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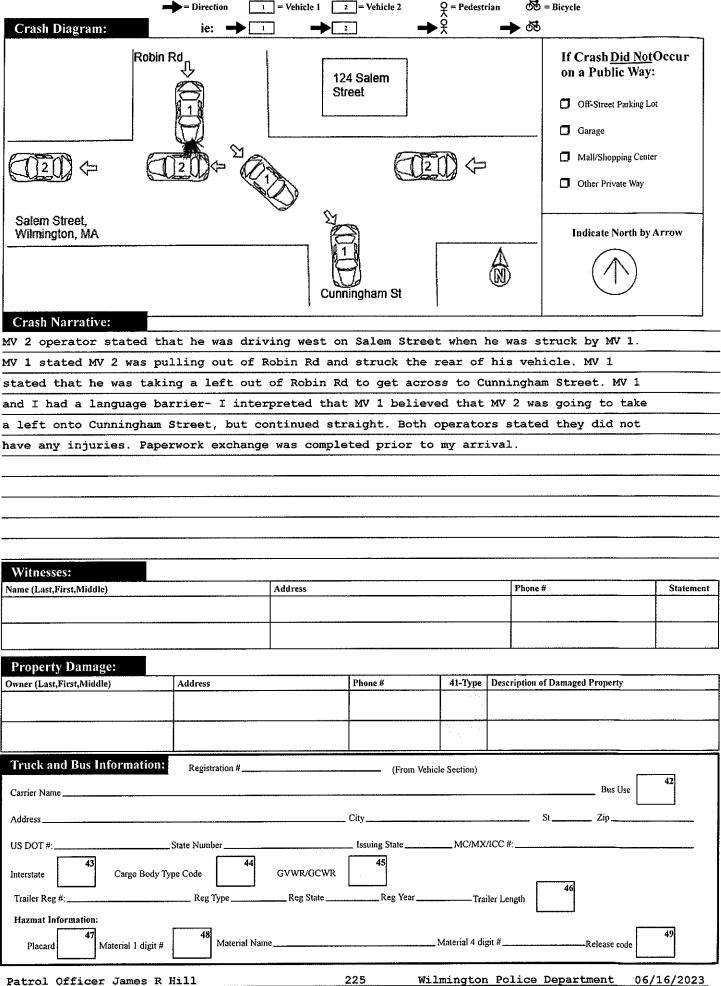
	= Direction	1 = Vehicle 1	2 = Vehicle 2	ट्र = Pedesti	rian 📆	= Bicycle						
Crash Diagram:	ie: 🖚		2	→Ŷ	→ ॐ							
	I93SB On- Ramps	The Rt. 125 (Ballardva Street)	(1±0) (1 2)			If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way Indicate North by A	r					
Crash Narrative:												
	ualing nambh a	n Dt 125 ot	the inter	sastian of	TOSCB D	mana Maila						
Both vehicles were tra	······											
traveling straight veh												
Vehicle 1 sustained dar												
center. Vehicle 2's ope												
causing her to make con												
	collected medical refusals from all vehicle occupants. Both vehicles sustained minor											
damage and was driven	trom the scene											

Witnesses:												
Name (Last,First,Middle)		Address			Phone #		Statement					
							I					
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property						
Owner (Basis Haishindae)	Tuu Lii		T House II	11 2,700	Description of							
Truck and Bus Information:												
THER and Das Milotination	Registration #		(Fron	Vehicle Section)			42					
Carrier Name						Bus Use						
Address			City			t Zip						
US DOT #:	State Number		Issuing State	MC/MX/	/ICC #:							
43	44		45									
Interstate Cargo Body	Type Code	GVWR/GCWR			Г	46						
Trailer Reg #:	Reg Type	Reg State	Reg Yea	Trai	ler Length	46						
Hazmat Information:					L.,							
47 Placard Material 1 digit #	48 Material Na	me		Material 4 dig	git #	Release code	49					
Patrol Officer Michael R	Dileropee		217	Wilmington	Police i	Department 06/	15/2023					





	Pol	ice Use Only	ealth (th of Massachusetts RMV Document Number													
	Date of Crash	Time of Crash		City/Town	Moto	r Veh	icle Cra	sh		ımber hicles	Nun Inji	1 [~]	eed Li	nit_3	U Loc	e Police al Police CA Poli	1
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L	l	ROBI					Feet	NS	EW	of		ile Mark		— or	Exi	t Number	L.,
	Route# Direc	ction		of Intersecting Road Also at Intersection			Feet	NS	EW	of							3 11
									EW		Route	e#	Inte	ersecting	Roadwa	y/Street	<u> </u>
² 1	Route# Direc	ction	Name	of Intersecting Road	way/Street			·			~			Landma	rk		-
L	Please Select (11 #	Occupants Hit	·Run	Moped	Crash I	?anart	113# 4	23	_1	25	<u> </u>				1
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	Sex M Lic.		Lic. Res	strictions B	DL Indorsement		/ear <u>2008</u>							Ve	h Config	. [1	
d	1	ENG, ERI	F	írst	Middle		er CHENG,	l,ast			Fi	rst	T	N	Aiddle		
⁴ 1	1	REENMEAD				_	ess 8 GREI	ENM	EAD	OW	LN						
	City ANDO	/ER	State 1	MA Zip 0181	0-1255	City	ANDOVER				221)-1255	
	Insurance Comp	any PLYMOU'	rh Ro	OCK ASSUR	ANCE C	_ Vehic	le Action Prior to	Crash		4	22		_	ea Code	1 28	2 27 8 27	}
⁵ 2	Vehicle Travel D	Direction: N	EW	Responding to Eme	rgency? 2	_ Event	Sequence 1	23	23	23	23		Status: of Tes	•	29		
2	Citation # (If Iss	ued)				Most	Hannful Event	1	24			BAC	Test R		1 30		
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⁶ 1	Viol, 3: Ch/Sec/	Տսե	Vio	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	99	26			Tow	ed from	scene?	2 33			
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⁷ 3	Please Select C of the Followir		2 <u>1</u> #	Occupants Nor	ı-Motorist A	Туре	15 Action	16	Locatio	n	17	Condition	ין י		Hit/Run	Moped	
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	Sex M Lic. C	19 19	Lic. Res	trictions B 20	DL		ear 2022		Veh Ma	ıke <u>K</u>	IA			Ve	h Config.	1 21	
ļ		NG, AARO	N MI	CHAEL E		_ Owne	r KING,	AAF	RON	MI	CHA						
⁸ 2		SALEM S	Fi	[3]	Middle	_ Addre	ss 393 SZ	Lasi	M S	T	Fi	rai			liddle		
	City WILMI	NGTON	_ State <u></u>	<u> </u>	7-1207	City_	WILMING'	TON	<u> </u>			_ State	MA	Zip 0	1887	<u>/-1207</u>	1 14
	Insurance Compa	any ALLSTA	CE IN	SURANCE (COMPAN	Vehic	le Action Prior to	Crash		1	22	Dam	aged Aı	ea Code	3 27	27 27	
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⁹ 2	Viol. 1: Ch/Sec/S	Sub	——Vic	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	1	25	25			ol: 2 3	<u> -</u>	Drug 2 32	
	Viol. 3: Ch/Sec/S		Distracted by	0	26					scene?	2 33	~ <u>[&</u>					
ŀ		•	tor/non-ir	totorist and all occup					34 Seal	35 Safety	36 Airbag	37 Eject 1	38 3 rap lnj				1
-	Name (Last First Mi	or/Non-Mot	oriet		ee Above		DOB/Age	Sex	Pas.	System 1	Status 4	Code C	ode Sia		Me	edical Facility	1
ŀ	Орегии		vi isi	3					1	-	-	-	- -	+			-
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									L								



Patrol Officer James R Hill

Police Officer Name (Please Print)

Signature

ID/Badge #

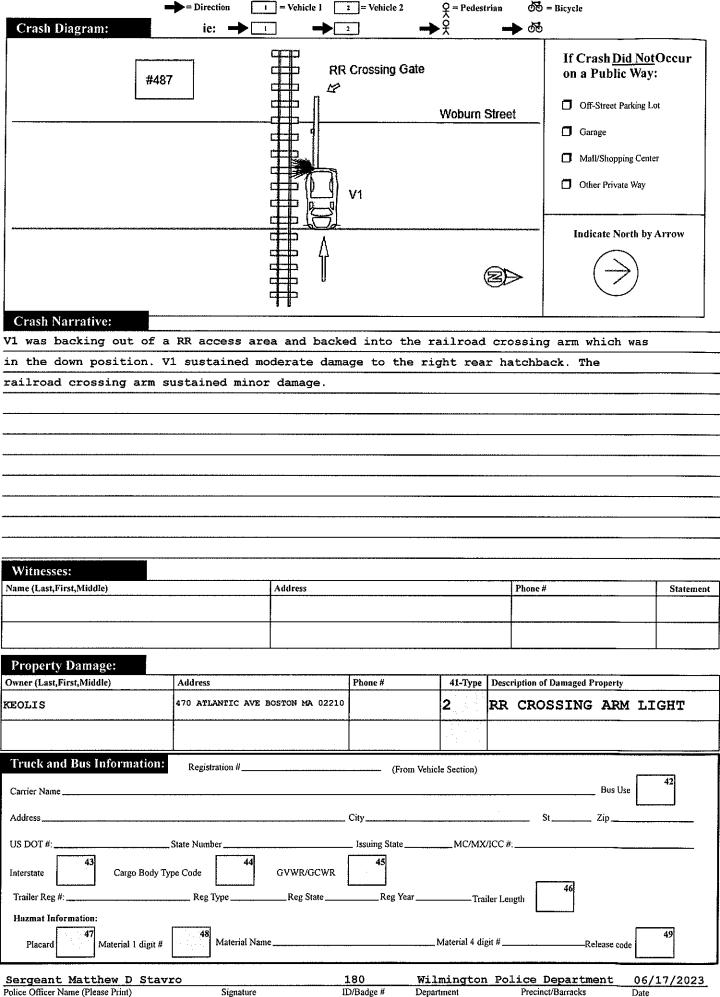
Department Precinct/Barracks



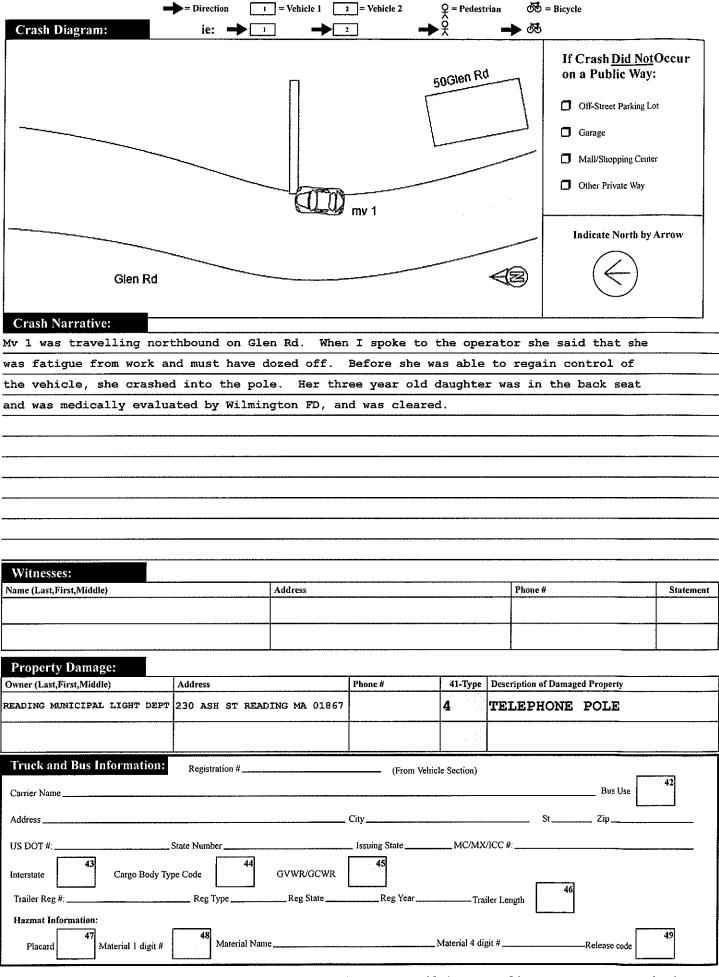




	Police Use Only	Com	nmonwealth of Massachusetts RMV Document Number												
	Date of Crash Time of Crash 06/17/2023 1256 Will	City/Town Lmington	Motor Veh	icle Crash	Number Vehicles		Speed Limi Latitude	1							
	24HR	initing con	Police	Report	1	0	Latitude Longitude _	-071.14	State Police Local Police MBTA Police Campus Police Other:						
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	Γ INTEF			<u> </u>					
					487	WORI	JRN SI	п		2 10					
1.	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #			f Roadwa	y/Street						
1		At		Feet N		• — or									
	Route# Direction N	ame of Intersecting Roads			SEW of	Mile M	ırker		Exit Number	1 11					
		Also at Intersection v	vith	oadway/Street											
² 2	Route# Direction N	ame of Intersecting Roads	way/Street Feet N S E W of Landmark												
	Please Select One Vehicle 11	#Occupants Hit	Run Moped		1										
³ 3	of the rollowing:			Crash Repo						4					
	19 19	MA DOB/Age		# MPF697					21	1 12					
	Sex M Lic. Class D Lic	. Restrictions C	DL Veh Year 2020 Veh Make FORD Veh Config. 1												
⁴ 8	Operator THORNTON, BR. Address 1 ADELAIDE ST	First	Middle	Owner WILMINGTON TOWN OF DEPT POLICE Last First Middle Address 1 ADELAIDE ST											
-	Address I ADELIATOR ST			ess I ADELA WILMINGTO			nte MZ	շտ ೧ 1:	887-2719						
	Insurance Company MIIA		•	cle Action Prior to Cras			amaged Are	_							
	Vehicle Travel Direction: SEW	Responding to Emer		t Sequence 35 23	23 23		est Status:		28						
⁵ 1	Citation # (If Issued)		- •	Harmful Event 35	24	•	pe of Test:	,	30						
	Viol. 1: Ch/Sec/Sub	Viol, 2: Ch/Sec/Sub	Drive	er Contributing Code	19 25	25	AC Test Res isp. Alcohol		Susp. Drug: 2 32	30 ¹³					
ż	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from s		33						
⁶ 2	•	erator and all occupants in			34 35 Seat Safety		38 39 Trap Injury	40 Transp.							
	Name (Last First Middle) Operator	S	Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code Status	1	Medical Facility	1					
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				15 16		17	18			1					
⁷ 10	of the Following: Vehicle 2	#Occupants Non	-Motorist A Type	Action	Location	Condi	ion	П н	it/Run Moped						
		DOB/Age	Reg	ř		Reg Type	·	Reg	State						
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⁸ 1	Operator	First	Middle Own	erLasi		First		Middl	le						
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	Insurance Company Vehicle Travel Direction: NSEW			t Sequence 23	23 23		st Status:	 	28						
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⁹ 2	Viol. 1: Ch/Sec/Sub			er Contributing Code	25	25	AC Test Res isp. Alcohol:		Susp Draw 32						
	Viol. 3: Ch/Sec/Sub			r Distracted by			ewed from so	<u> </u>	Susp. Drug: 32 33						
	Please fill out for operator/n			<u> </u>	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp]					
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							<u> </u>	-							



	Pol	ice Use Only		Comi	monw	ealth (of Mas	sach	us	etts	;			RM	V Doc		Number	
	Date of Crash 06/17/2023	Time of Crash	City/T /ilming	i i	Moto	or Veh	icle Cr	ash		umber				l Limit	2	L.oc	e Police al Police STA Police pipus Police p	1
	05/11/2023	24HR	TIMITING	,	P	olice]	Report		1		0	į.	Latitu Longi				npus Police	
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	Route# Dire	ction	Name	of Roadway/St	reet												et	
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	Konte# Dite	CIPOII		at Intersection w		***************************************	Fee	ı Ns	EW	of] 1 ''
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² 3	Route# Direc	ction	Name of Inte	ersecting Roady	vay/Street					•				La	ındmari	k		-
7	Please Select (2 #Occup	pants Hit/	Run	Moped	Crash	Repor	t ID#	23	-1	87	7 —	AC	•	•		1
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⁶ 2	Viol. 3: Ch/Sec/5	Sub				Drive	r Distracted by	0	26			Tov	wed fr	om sc	епе?	1 33		
2	Name (Last First M	Please fill out for	operator and a	volved Address		DOB/Age	Sex	34 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	М	edical Facility	1	
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7 1	Please Select C of the Followin		#Оссир	oants Non-	-Motorist A	Туре	15 Action	16	Locatio	on	17	Conditio	on	18		Hit/Run	Moped Moped	
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		red)	·Lumul		,,		Harmful Event		24			Тур	e of T	Test:		29		
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Patrol Officer Shane A Foley

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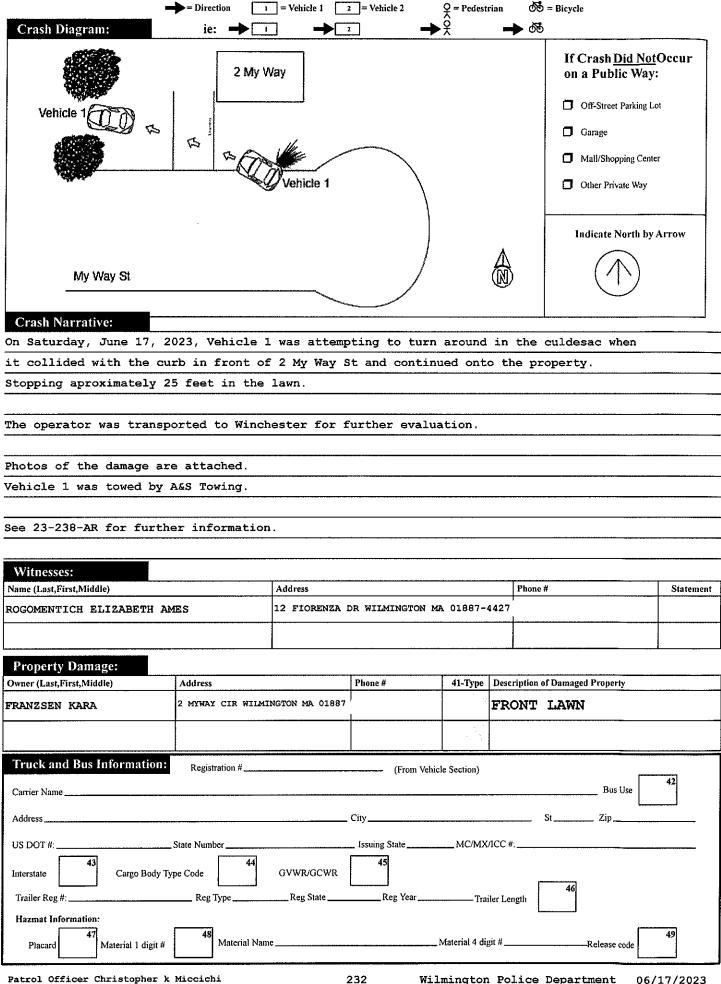
Wilmington Police Department

06/17/2023





	Pol	lice Use Only		Com	monwealth of Massachusetts RMV Document Number											
	Date of Crash 06/17/2023	1	1	City/Town	Motor Vel	nicle Cras	sh [Number Vehicles		-4 Ope.	d Limi	t2!	— j Locai i	Police D Police D	1	
	00,1.,2023	24HR	1	Ing con	Police	Report		L	1	Lau	ude gitude _			us Police		
		AT INTER	SECTIO	TION: < LOCATION > NOT AT INTERSE									TION:		10	
						2 MYWAY CIR										
¹ 4	Route# Dire	ction		Name of Roadway/St	reet	Route# Directi	on Ac	dress#					vay/Street			
4				At		Feet [N S E	w of			•	or _				
	Route# Direc	ction	Name	of Intersecting Roads					Mil	e Marker			Exit N	Number	11	
				Also at Intersection v	vith	Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of										
² 3	Route# Direc	ction	Name	of Intersecting Roads	vay/Street	Feet [NSE	₩ of								
	Please Select (One 🔽	.1	#Occurrents D				00	-			andmar •	<u>k</u>		┨	
3	of the Followi		e 1 <u>.4</u>	#Occupants Hit	Run Moped	Crash Re	eport ID#	23	<u> </u>	88-	-AC	<i>-</i>			1	
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	Sex F Lic. (Lic. Ke	strictions C	ndorsement	Year 2014						Veh	Config.	1 -		
⁴ 1]	Last	F	GARET M	Middle	er MACLELI	şı		RGAR Fin			М	iddle			
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	-			MA Zip 01852	-	LOWELL			22	State M Damag				-1512 27 27		
				RAL INSUR		cle Action Prior to C		7 23	23	Test Sta		i Code:	28	<u> </u>		
5		· · · · · · · · · · · · · · · · · · ·		Responding to Emer		t Sequence 40 ²				Type of	Test:		29			
		aled) <u>03374</u>		- iol. 2: Ch/Sec/Sub <u>90</u>		Harmful Event) ²⁵ 1	a 25	BAC T			1 30		20 ¹³	
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	Nome (Last First M	liddle)		1	Address	DOB/Age	Sex Pos		Airbag Status	Eject Trap Code Code		Code	Medic Winchest	cal Facility		
	Operato	or		S	ee Above		X^1	99	4 0	0	9		Hospi tal			
	Please Select O		2#	Occupants Non	-Motorist A Type	15 Action	16 Loca	tion	17 Co	ndition	18		Hit/Run [Moped	1	
1	License #	• • • • • • • • • • • • • • • • • • • •	C+	DOB/Age	Pag é				Don'	Trum a						
l	Sex Lic. C	19 1	9	20	_	/ear				•			Ĭ	21		
	Operator		_ Lie. Kea	Ei	dorsement	nr		vianc		·		ven	Comig. L			
1	Address	Last	Pi	Tesi	Middle	Las PSS	st		First			Mi	ddie			
	City		State	Zip	City_					State	Z	Zip			1 14	
İ	Insurance Compa	any		- 	Velnic	le Action Prior to C	Crash		22	Damage	d Area	Code	27	27 27		
	Vehicle Travel Di	irection: N S	EW	Responding to Emerg	ency? Event	Sequence 23	3 23	23	23	Test Sta			28			
	Citation # (If Issu	ued)			Most	Harmful Event	24			Type of BAC Te		ılt.	30			
2	Viol. 1: Ch/Sec/S	Sub		ol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	• [25	25	Susp. A	1	31	Susp. Dr	ug: 32		
	Viol. 3: Ch/Sec/S	Sub	Vio	ol. 4: Cli/Sec/Sub	Drive	r Distracted by	26			Towed t	rom sc	ene?	33			
	Plea	-	rator/non-n	notorist and all occupa	nts involved	DOB/Age	Sex Pos		Airbag I	37 38 iject Trap Code Code	39 Injury Status	40 Transp. Code	Martin	al Facility		
	···········	or/Non-Mo	torist	Se	e Above		1	1		1			(Alectica)			
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Wilmington Police Department

06/17/2023



