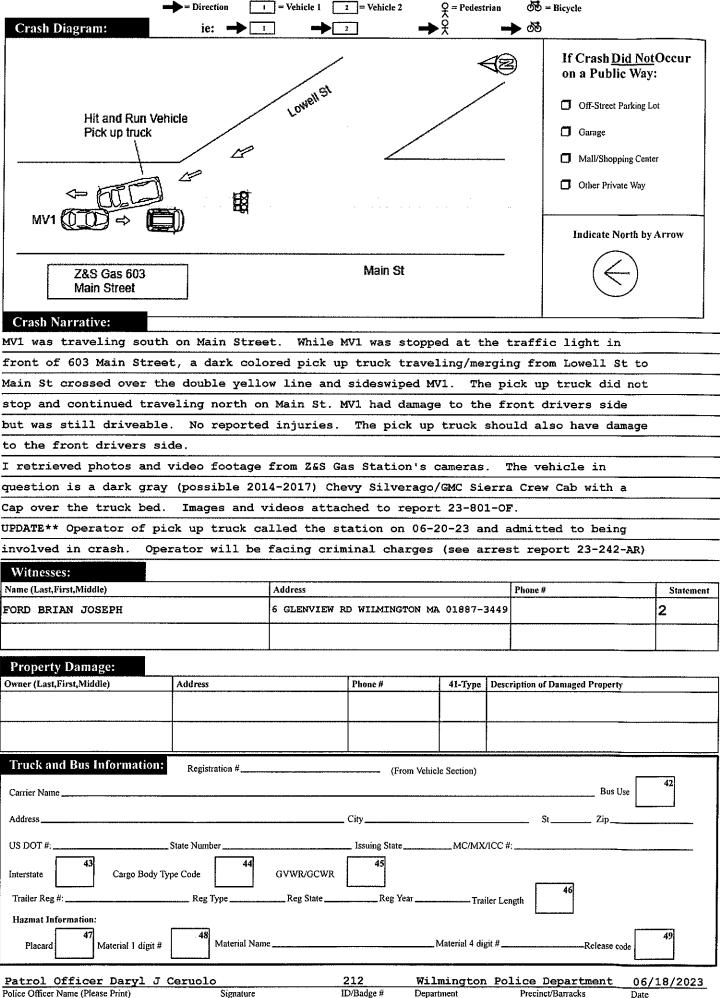
	Police Use Only	Com	monwealth	of Massa	chus	etts	5	İ	RM	IV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h [Number /ehicles		, John	d Limi	t <u>3</u> .	5 State Police Local Police	
	06/18/2023 1801 Wil	Lmington	Police :	Report	2		0	Lau	ude gitude_		Local Police MBTA Police Campus Police Other:	:
	AT INTERSECT	ΓΙΟΝ:	< LOCA				NOT				TION:	1
												10
					<u>60</u>		MA	IN S				_ 2
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	on Ado	dress #		N	lame of	Roady	vay/Street	-
<u> </u>		Ai		Feet N	SEV	of		· —		or.		_
	Route# Direction N	ame of Intersecting Roads	vay/Street				Mile	Marker			Exit Number	5 11
		Also at Intersection v	vith	Feet N	SEV	V of	Route#	-	Inters	ecting	Roadway/Street	
² 1	Route# Direction N	ame of Intersecting Roady	vav/Street	Feet N	SEV	of						
1	round. Birodoii	asile of Energeoing Road.		,					La	ındınar	k	_
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Re	port ID#	23	-18	39-	-AC	3		
	License # S09965955 St 1	M78 DOD/4	'	4KWY71			n .	. Dr	~		a. M7	_
	[[[[[]]	20									21	1 12
	<u> </u>	غ لـــــــا	ndorsement	Year 2022						Vel	Config.	
4	Operator FIELDS CHAR	First	Middle	er <u>BOSS</u> ST	łt.		First			М	iiddle	-
⁴ 3	Address 49 COLONIAL D	R	Addr	ess <u>107 BL</u>	ANCH	ARD	ST					.
	City TEWKSBURY Sta	te MA Zip 01876	5-0000 City	LAWRENCE				State M	A 2	Zip O	1843-1415	.
	Insurance Company UNION IN	SURANCE COM	IPANY Vehic	le Action Prior to C	ìrash	2	22	Damag	ed Area	Code:	<u> </u>	
•	Vehicle Travel Direction: NXEW	Responding to Emer	gency? 2 Even	Sequence 1 23	23	23	23	Test Sta	atus:		1 28	
5 2	Citation # (If Issued)		Most	Harmful Event	L 24			Type of			30	1
	Viol. 1: Ch/Sec/Sub			ם r Contributing Code		25	25	BAC To				13
				r Distracted by		I		Susp. A		_	33	
⁶ 1	Viol. 3: Ch/Sec/Sub	rator and all occupants in		i Distracted by	34	35	36	7 J8	39	40	2 33	4
	Name (Last First Middle)	rator and an occupants in	Address	DOB/Age	Sex Pos.	Safety System	Airbag E	eet Trap xde Code	Injury	Transp.	Medical Facility	
	Operator	Se	ee Above		$ \mathbf{X} $	1	4 0	0	10	1		
	NICOLE FIELDS	49 COLONIAL DR TEWKSBURY, MA 01	876-2847	F	3	1	4 0	0	10	1		1
								-	-			4
				1	_	-		-	-	ļ		_
								<u> </u>	<u> </u>			
⁷ 1	Please Select One of the Following: Vehicle 21	_#Occupants Non	-Motorist A Type	15 Action 1	Locati	on	17 Cor	dítion	18		Hit/Run Moped	
Τ_		1A _ DOB/Age		OCVEGE		<u> </u>	<u></u>	D.C	<u> </u>			┥
	10 10	20	_	8SY595				/pe <u>PC</u>			eg State MA	
		└ Er	idorsement	ear <u>2015</u>						_	Config. 1	
§1	Last	VARD MICHAE	Middle	r GAUTREA			RD N	IICH	AEL		ddle	
	Address 84 ALDRICH RD		Addre	ss 84 ALDF	RICH	RD			·			14
	City WILMINGTON Star	te MA Zip 01887		WILMINGT	ON						L887-2204	1 "
	Insurance Company ARBELLA		Vehic	le Action Prior to Ci	rash	3	22	Damage		Code:		
	Vehicle Travel Direction: X S E W	Responding to Emerg	ency? 2 Event	Sequence 1 23	23	23	23	Test Sta			1 28	
,	Citation # (If Issued) 038027AC	_	Most	Harmful Event 1	24		_	Type of		.16.	30	
2	Viol. 1: Ch/Sec/Sub 90 24	- Viol. 2: Ch/Sec/Sub 89	4A Drive	ــــ Contributing Code r	99	²⁵ 6	25	BAC Te Susp. A				1
		- Viol. 4: Ch/Sec/Sub		Distracted by	9 26			Towed i	•		2 33	ļ
ŀ	Please fill out for operator/no				34	35	36 1	7 38	39	40		4
	Name (Last First Middle)	···-	Address	DOB/Age	Sex Pos.	Sofety System	Airbag Ej Status Co	de Code	Injury Status	Transp. Code	Medical Facility	4
	Operator/Non-Motoris	Se Se	e Above		1	99	4 0	0	99	1		
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	Pol	lice Use Only	Con	<u>ı</u> monwealth	of Massac	husetts	S	RMV	V Document Number	- 1
	Date of Crash 06/20/2023	Time of Crash	City/Town	Motor Ve	hicle Crast	Number Vehicles		Speed Limit	25 State Police Local Police MBTA Police	0.00
	06/20/2023	1940 W	lilmington	Police	Report	1	0	Latitude Longitude	Campus Police Other:	<u>.</u>
		AT INTERSI	ECTION:	< LOC	CATION >		NOT AT	INTER:	SECTION:	
										2 10
	Route# Direc	ction	Name of Roadway	'Street	Route# Direction	16 Address #	GROV	E AVE Name of	Roadway/Street	
11			At		- 57	alaw) .				
	Route# Direc	ction	Name of Intersecting Roa	ndway/Street	- Feet N	S E W of	Mile Ma	rker	orExit Number	r 11
			Also at Intersection	· · · · · · · · · · · · · · · · · · ·	Feet N	S E W of				11
م					Feet N	S E W of	Route#	Interse	ecting Roadway/Street	
² 1	Route# Direc	ction	Name of Intersecting Roa	dway/Street				Lar	ndmark	
3	Please Select (of the Followin		2 #Occupants H	lit/Run Moped	Crash Repo	ort ID# 23	-190	O-AC	i •	
			St MA DOB/Age	D _o	g# <u>96DS66</u>		D 70	. P.C	D C MA	
	Sex F Lic. 6	10 10	Lic. Restrictions 1 20		h Year 2017					21 1 12
	1	<u> </u>	SARAH ORCUT	Endorsement	vner GILLESPI				_ ven Conng	_
⁴ 1	1	FOXRUN DI	First	Middle	dress 31 FOXRI		First	· . d.d	Middle	
<u></u>			State MA Zip 0188					3/7	. 01007_14	
	!		ENERAL INSUE		y WILMINGTO		_	te MA Zi imaged Area	ip 01887-14	27
	,				hicle Action Prior to Cra	sh 1		st Status:	28	
5		Direction: NS		•	ent Sequence 22 23		- 1	pe of Test:	29	
	1	ued)			st Harmful Event 2:	<u> </u>	25	AC Test Resul		
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub		ver Contributing Code	99 ²⁵	Su	sp. Alcohol:		32 22 ¹³
٠ <u></u>	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub -		ver Distracted by			wed from sce	<u>-</u>	
-	Name (Last First Mi		operator and all occupants	Involved Address	DOB/Age Se.	34 35 Seat Safety x Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code Medical Facility	ıy
	Operato	or		See Above		1 1	3 0	0 10	1	
	AIYANA NOEL	4	8 VERANDA AVE WILMINGTON, MA	01867-2003	F	3 1	3 0	0 10	1	,
						 				
				F			10	1 10	 	
1	Please Select O of the Followin		#Occupants No	on-Motorist A Type	15 Action 16	Location	17 Conditi	on 18	Hit/Run M	oped
	License #		St DOB/Age	Re	; #		Reg Type		Reg State	
	Sex Lic. C	Class 19 19			ı Year	Veh Make				21
	Operator	Jasi		Endorsement Ow	ner					
1	Address	Last	First	Middle Add	Last Iress		First		Middle	
	City		State Zip	City	<i>,</i>		Stat	e Zi	p	1 14
	Insurance Compa	any		Vel	nicle Action Prior to Cras	slı	22 Da	maged Area (Code: 27 27	27
	Vehicle Travel Di	irection: NSE	W Responding to Eme	ergency? Eve	ent Sequence 23	23 23	***	st Status:	28	
	Citation # (If Issu	ıed)		Мо	st Hannful Event	24		oe of Test:	30	
2	Viol. 1: Ch/Sec/S	iub	Viol. 2: Ch/Sec/Sub	Dri	ver Contributing Code	25	25	C Test Resul	31 Susp. Drug:	32
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub		ver Distracted by	26	·········	wed from sce		
			or/non-motorist and all occu		<u> </u>	34 35 Sent Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	
	Name (Last First Mic			Address	DOB/Age Sex	Pos. System	Status Code		Code Medical Facility	<u>y</u>
	Operato	or/Non-Moto	rist	See Above		1				
									-	

	= Direction	= Vehicle 1	= Vehicle 2	Pedest	rian 📆 =	Bicycle	
Crash Diagram:	ie: →	→ □	→	웃	→ ॐ		
		A				If Crash <u>Did Not</u> on a Public Way	
			sidewalk			Off-Street Parking Le	ot
	\		\$			☐ Garage	
		vehicle	(=				
						☐ Mall/Shopping Cente	er
						Other Private Way	
					-		
						Indicate North by	Arrow
Grove Ave Wilr	nington						
					V		
Crash Narrative:							
L	ing east bound on (Grove Ave to	ward Main Str	eet V	ehicle st	ruck a utility	
	ty of 16 Grove Ave						
	veway to 10 Grove A						,,
Grove is adjacent	16 Grove. The opera	ator stated	she looked aw	ay for	a second	"to get	
directions" then r	oticed she crashed	into the po	le. No injuri	es obs	erved or	reported in	
the operator or pa	ssenger. The passer	nger's fathe	r was on scen	e and	arranged	for private	
tow.Vehicle had da	mage to the passen	ger side (se	e attached im	ages).			
						1001	
			· · · · · · · · · · · · · · · · · · ·				
Witnesses:		T					I
Name (Last,First,Middle)		Address		<u>.</u>	Phone #		Statement
							!
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
VERIZON	28 DIANA LN DRA	ACUT MA 01826	!		UTILIT	Z POLE	
Truck and Bus Inform	ation: Registration #		(From Vehicl	a Santian)			
Carrier Name			(Fioni venici	e section)		Bus Use	42
Address			City			Zip	
	State Number			MC/MX	/ICC #:		
Interstate 43 Carg	o Body Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:					L		
Placard 47 Material	1 digit # Material Nam	ne	N	Material 4 dig	git #	Release code	49
	<u> </u>						
Patrol Officer Kath Police Officer Name (Please Print)			216 Wili D/Badge # Depart			epartment 06//Barracks Date	20/2023

Wilmington Police Department Images Associated with 23-190-AC









Wilmington Police Department Images Associated with 23-190-AC

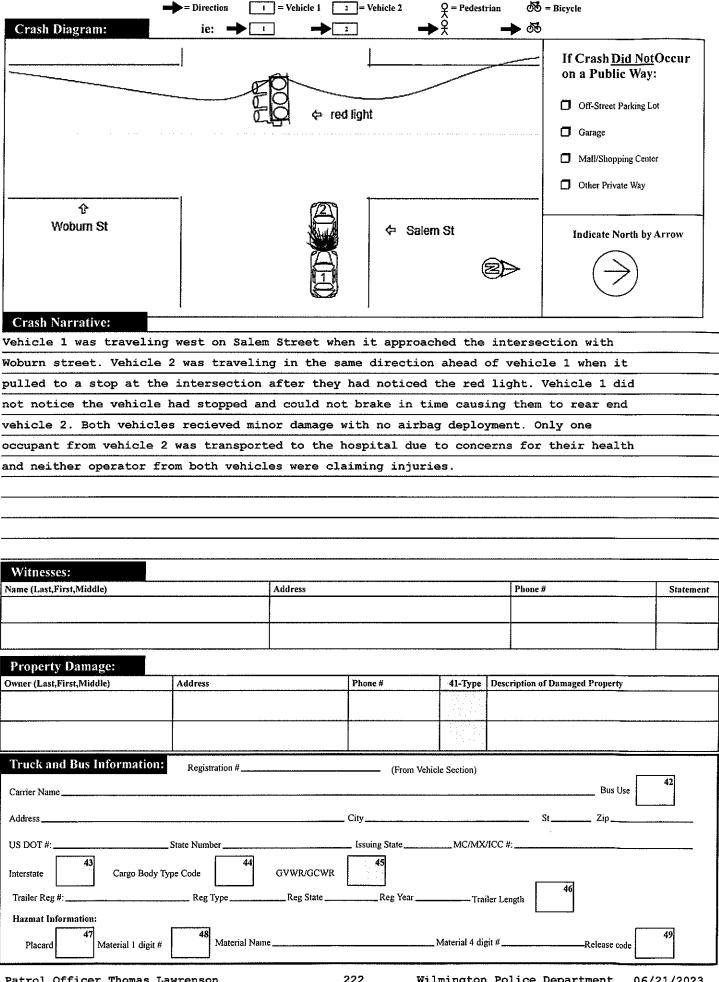


	Pol	ice Use Only		Comi	monw	ealth (of Mass	ach	us	etts	;			RM	V Doc		Number	
	Date of Crash 06/21/2023	Time of Crash		City/Town ington	Mote	or Veb	icle Cra	ısh		umber hicles		nber ured	Speed Latitu	d Limit	1.	Loc	e Police al Police Barrier TA Police prous P	
	00/21/2023	24HR	14 T TIII	Ing con	F	Police 1	Report		2		0		Lantu				npus Police	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO	ТАТ	L IN.	TER	SEC	TION	1 :]
									21	^	.					~ ~		2 10
1	Route# Direc	ction		Name of Roadway/St	reet		Route# Direc	ction		ess#		ALL			LE Roady	ST vay/Stre	et	-
1				At			Foot	N S	Ew	ا مد]
	Route# Direc	ction	Name	of Intersecting Roady	vay/Street		reet	[M]	[2]	J 01	M	ile Ma	rker		01.	Exì	t Number	- 11
				Also at Intersection v			Feet	NS	EW	of	Rout	0#		Interes	anting I	Roadwa	u/Streat	
2	Route# Direc	tion	Name	of Intersecting Roady	vav/Street		Feet	NS	EW	of	Kou	C#		MILLE	coung	icoauwa.	улынсен	
² 2	Roller Direc	.11011	1 vario	or intersecting Roads	way/Silect									La	ındmar	k		_
3	Please Select C of the Followi		. 12	#Occupants Hit/	Run	Moped	Crash I	Report	ID#	23	-1	.9:	1 –	AC	7			
	License # S6	2130862	St MA	DOB/Age_(!	Reg #	4HP359				Re	e Type	PC	•	R	ec State	MA	_
	Sex F Lic, 0	10 1	9	20	DL		ear 2017										21	1 12
		ELLA, SA		E	ndorsement		r CHELLA											
⁴ 1	1 '	OBERTS I	F	irst	Middle		ess 1 ROBI	Last			F	irst			М	iddle		
	l			MA Zip 01887	7-3114		WILMING					Stat	te M	A 2	Cip. 0	1887	7-3114	
				URANCE CO			le Action Prior to		1	10	22				Code:		27 27	
	·	Pirection: NS		Responding to Emer					23	23	23	Te	st Stat	tus:		28		
⁵ 2		ued)	Z.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Hannful Event	1	24	L		-	pe of			29		İ
	1			ol. 2; Ch/Sec/Sub			r Contributing Co	ode	1	25	25			st Resu cohol:	.ilt: 31	Susp.	Daig 32	13
				ol. 4: Ch/Sec/Sub —			r Distracted by	0	26			•	-	rom sc		333	Diag	
⁶ 1	Tion. 3. Chracer.	<u></u>		r and all occupants in			1		34 Seat	35 Sufety	36 Airbag	37 Eject	38 Trup	39	40 Transp.			-
	Name (Last First Mi			1	Address		DOB/Age	Sex	Pes.	System	Status	Code	Code	Sintus	Code	М	edical Facility	_
	Operato) <i>!</i> *		So	ee Above			X	1	99	4	0	0	10	1			
	·						+		6	4	4	0	0	10	1			
																		1
7	Please Select O		21 #	Occupants Non	-Motorist A	Type	15 Action	16	Locatio		17	Conditi	ion	18	П	Hit/Run	Moped	1
1	of the Followin	R:		1100		L			2004110	<u>"L</u>					<u> </u>			-
	License # unk	19 19	St 9]	DOB/Age		-	3XKP17					з Туре				eg State	21	
		Class 99	Lic. Res	strictions 1 C	DLent		ear <u>2016</u>							~~~		Config.	2	
³ ₁	Operator.	Lasi	F	irst	Middle		MARTIN	Last		ממט		rst	AK	بلنتان		iddle		
	Address _{		_				ss 6 FRYE	<u>. 5</u>	<u>. </u>						. 0	1051	-4204	14
	City_		State	, Zir TUAL FIRE	TNCIID	-	LOWELL			1.0	22					6 27	27 27	
		,					le Action Prior to		23	23	23		st Stat			28		
	Vehicle Travel Di	ii.	<u>VN</u>	Responding to Emerg	gency?_ <u></u>		Sequence 1	1	24			Туј	pe of î	Test:		29		1
2		ned) T27493					Harmful Event	1	99	25	25			st Resu		30		
				ol. 2; Ch/Sec/Sub —			r Contributing Co	<u></u>	26	_		Su	sp. Ale	cohol: rom sc	31	Susp. 1	Drug: 32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub notorist and all occupa	ints involved		Distracted by	0	34	35	36	37	38	39	40	2		ļ
	Name (Last First Mis	ddle)		T and an occupa	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Ме	dical Facility	4
	Operato	r/Non-Moi	torist	Se	e Above		\geq	X	1	99	4	0	0	10	1			
																-		
		- <u>-</u>														-		

	= Direction	= Vehicle 1	2 = Vehicle 2	♀ = Pedestria	n 🐠 = Bicycl	e	
Crash Diagram:	ie: 🗪 📑	→ [2	→ ĝ	→ №		
Diagram. Signature Signature Signature MV#1	Parking Spots Amount of MV#2 Side of Store parking		Front of store Target Sto 210 Ballardvalo Street			Crash Did Note a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way Indicate North by A	t
•	spaces						
Crash Narrative:							
Oper.of MV#1 was back	ing out of her p	parking spo	ts and state	s that as	she was bac	king out	
she was struck by MV#	2 who was backing	ng up in the	e travel lan	e between	parking spo	ts. Oper.	
of MV#2 did not speak							
travel lane and MV#2	······································			· · · · · · · · · · · · · · · · · · ·			
clavel lane and mv#2	diiverside lear	COTITUEG W.	con MV#1 pas	senger rea	it side.		
,				·			
						· · · · · · · · · · · · · · · · · · ·	
					•		
Witnesses:		T			T		· · · · <u>-</u>
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:			_				
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damag	ed Property	
		<u>.</u>					
Truck and Bus Information	11: Registration #		(Etom Ve	shicle Section)			
			(1-1011) VE	ancie accion)		, <u> </u>	42
Carrier Name					 	Bus Use	
Address			City		St	Zip	
LIC DOT#.	Ctata N		Innie - Pter	3400 0000	O. #.		
	State Number			MC/MX/IC	C#:		
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45				
Trailer Reg #:	Pag Tuna	Dan Streen			46		
Hanci VeR 4.		veB prate	Dan Vaar				
	Nog 15po	-	Reg Year	Trailer	Lengin		
Hazmat Information:	19				<u> </u>		40
Hazmat Information: 47 Placard Material 1 digit	19		Reg Year		<u> </u>	Release code	49
47	19				<u> </u>	Release code	49

CDP1 11-24-00

	Pol	lice Use Only		Con	monw	ealth	of Mass	ach	ıus	etts	3			RM	V Doc	ument N		
	Date of Crash 06/21/2023	Time of Crash	1	City/Town	Mot	or Veh	icle Cra	ish		lumber ehicles			•	d Limit	25	Loca	Police I Police A Police pus Police	
	0072172023	24HR	14 T TIII	ing con	I	Police	Report		2		1		Latitu Longi				pus Police	<u>i</u>
		AT INTER	SECTION	ON:	<	LOCA	TION	>			NO	ΑT	'IN	TER	SEC	TION	:	
									43	n	97	T.F	м :	CT.				2 10
1	Route# Direc	ction		Name of Roadway	Street		Route# Dire	ction		ress#					Roadw	vay/Stree	et	
1	<u> </u>			At			Feet	NS	EW	of					or _			_
	Route# Direc	ction	Name	of Intersecting Roa	dway/Street						Mil	e Ma	rker			Exit	Number	2 11
				Also at Intersection	n with			NS		_	Route	#		Inters	ecting I	Roadway	/Street	F
² 1	Route# Direc	ction	Name	of Intersecting Roa	dway/Street		Feet	NS	EW	of of								_
	Please Select (One 🔯	. 1	"O			-					~			ındmarl	k		-
3	of the Followi	rig: Vehicl	e 1	#Occupants H	it/Run [Moped	Crash l	Report	t ID#	23	<u> </u>	92		AC	<i>:</i>			
	License # NHI	L1019151	9 St NH				8FE952								R	eg State	MA 21	- 12
	Sex M Lic. 6	E		strictions 20	CDL Endorsement		/ear <u>2009</u>					RO:	<u>LE</u>]	r	Veh	Config.		
4	1	RRO, ST]	D First	Middle		er <u>TORRO</u> ,	Last			IN Fir	it			Mi	iddle		-
⁴3 		LANCAS		ST			ess 475 NO			ST								-
				NH Zip 035'		-	TEWKSBU	RY			22						-1229 27 27	
	İ			OCK ASSUE			le Action Prior to		23	23	23		ımageı st Stat		Code:	1 ²⁷	21 21	
5 1	Vehicle Travel D		EX	Responding to Em	ergency? 2		Sequence 1	23	24	23	23		pe of			29		
	1	ued)		-			Hannful Event	1_	<u></u>	25	25	BA	AC Tes	st Rest	alt;	1 30		_ 13
	İ			iol. 2: Cli/Sec/Sub -			r Contributing Co		19 26					cohol:		72	Drug 2 32	1
5 1	Viol. 3: Ch/Sec/5			ol. 4: Ch/Sec/Sub = or and all occupants		Drive	r Distracted by	99	34	35	36	To ¹	wed fr	rom se	ene? 40	2 33		_
	Name (Last First Mi		Tot operate	and an occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trup Code	Injury Status	Transp. Code	Мо	dical Facility	
	Operato	or			See Above		\geq	X	1	1	4 (2	0	10	1			
																		7
						····												7
	Please Select O		· 22 #	Occupants No	n-Motorist A	Туре	15 Action	16	Locati	on T	17 C	onditi	on	18		Lit/Run	Moped	, T
2	of the Followin	#													<u> </u>			-
	License # S26	10 1	9	DOB/Age	an.	-	735YBW ear 2020			. 13	-		<u>PC</u>			g State	MA 21	·
	Sex M Lic, C Operator HUN		_		CDL Endorsement		r HUNT ,				I ON	va.	<u>. </u>		Ven	Config.	<u> </u>	
2	Address 49	Last	F	irst	Middle		s 49 SPI	Last			Firs	ı			Mid	idle		·
	City ARLIN			17A Zip 0247	6-7923	_	ARLINGT		~ ~			State	e MA	A z	in 02	2476	-7923	1 14
	,			CE INSURA		•	le Action Prior to			1.	22				Code:		27 27	
	Vehicle Travel Di	irection: NS	EX	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23	Tes	t Stati	us:		1 28		
	Citation # (If Issu	ied)	······································			Most	Hannful Event	1	24				oe of T			29		
2	Viol. 1: Ch/Sec/S	iub	Vic	ol. 2: Ch/Sec/Sub —		Drive	Contributing Co	de	1	25	25			t Resu cohol:		1	orug: 2 32	
	Viol. 3: Ch/Sec/S	ub	Vi	ol, 4: Ch/Sec/Sub		Drive	Distracted by	0	26				•	om sc	4	2 33	· · · · · · ·	
		•	rator/non-n	notorist and all occu	•	1	tsone	0	3-l Sent	35 Safety	36 Airbag	37 Sjeet	38 Trap	39 Injury	40 Transp.			7
	Name (Last First Mic	or/Non-Mo	torist		Address See Above		DOB/Age	Sex	Pos.	System 1	Status C	Code	Code O	Status 10	Code 1	Med	ical Facility	-
	SOFIE HUNT			49 SPRING ST				F	3	1	4 0	-+				Lahey C	linic	-
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Patrol Officer Thomas Lawrenson

222

Wilmington Police Department

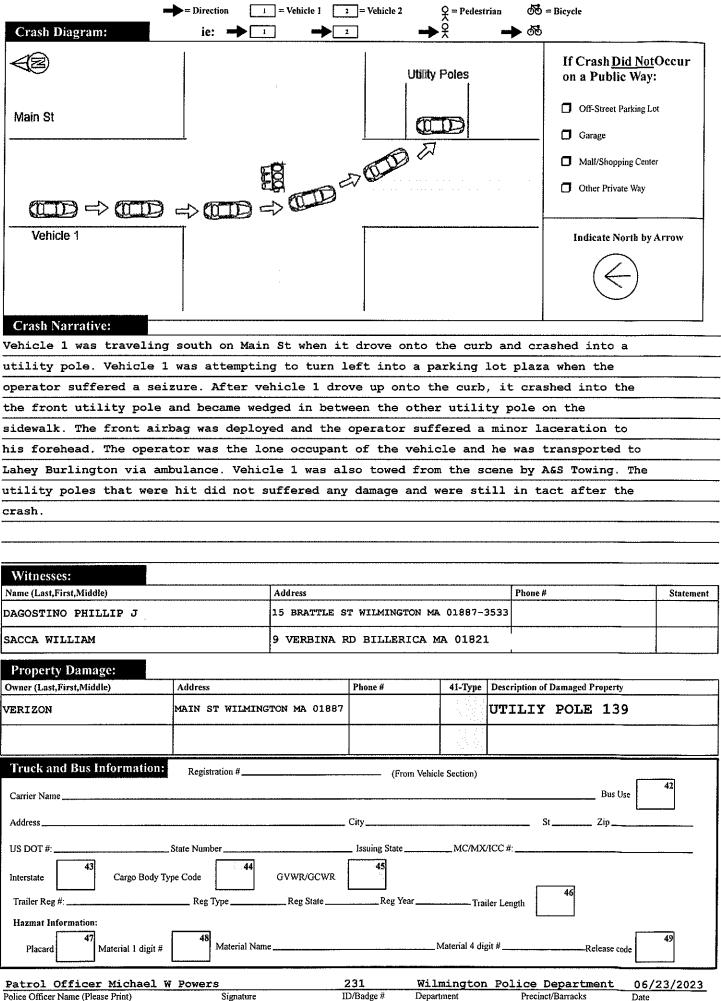
06/21/2023

Department

	Pol	lice Use Only		Co	mmonv	wealth	of Mass	acl	nus	etts	8			RM	V Doci	ument N	lumber			
	Date of Crash 06/21/2023	Time of Crash	l	City/Town ington	Mo	tor Vel	iicle Cra	ash	\big \big \big \big	lumber ehicles		mrad i	Speec Latitu	l Limit	40	Local	Police I Police FA Police			
	00,22,2023	24HR	****	Ing con		Police	Report		2		0	į.		tude			pus Police r:	8		
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		T.OWF	ELL S	TT.														ŀ	2 ,	10
1	Route# Dire	ection		Name of Roadw	ay/Street		Route# Direc	ction	Add	ress #			Na	nne of	Roadw	vay/Stree	:t			_
13		anoc	10 OM	At			Feet	NS	EW	of					or or					
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				Also at Intersect	ion with				EW	_	Rout			Inters	ecting F	Roadway	/Street	- [
² 1	Route# Direc	ction	Name	of Intersecting R	Loadway/Street		Feet	N S	EW	of						•				
	Please Select 0	000 572				I									ındmarl	k		\dashv		
3	of the Followi		14	Occupants	Hit/Run	Moped	Crash I	Repor	t ID#	23	-1	.9:	3 —	AC	;					
	License # S1	7510095	_	DOB/Age		Reg	# <u>3EWY87</u>				Re	д Туре	PC	!	R	eg State_		_	13	2
	Sex M Lic.	Class D 19 1	Lic. Re	strictions 99 2	CDL	Veh	Year 2012		Veh M	lake 🗜	IONI)A			Veh	Config.	1 21] 	<u> </u>	╛
4	Operator <u>CA</u>	MERON, N	IICHA	EL WILL			er CAMERO	N,	MI	CH		WI:	LL:	IAM	[Mi	iddle		-1		
⁴ 1	Address 13	ORCHARD	LN			Addr	ess 13 ORG	CHA	RD	LN								_		
	City CHELL	MSFORD	State 1	MA Zip 018	324-132	City	CHELMSF	ORI	2		_				٠.		-132	3		
	Insurance Comp	oany ALLSTA	TE I	NSURANCI	COMPA	N Vehic	cle Action Prior to	Cras		1	22				Code:		27 2	7		
5	Vehicle Travel D	Direction: XS	EW	Responding to I	Emergency? 2	Even	t Sequence 1	23	23	23	23		it Stat be of			28		ı		
	Citation # (If Iss	sued)				Most	Harmful Event	1	24			. BA		st Resi	ult:	30		L		
	Viol. 1: Ch/Sec/S	Sub ———	Vi	ol. 2; Ch/Sec/Sub		Drive	er Contributing Co	ode	99	25	25	Sus	sp. Al	cohol:	2 ³¹	Susp. I	Drug 2 3	2 1	1 13	3
⁶ 1	Viol. 3: Ch/Sec/	Sub	Vi	ol. 4: Ch/Sec/Sub)	Drive	er Distracted by	99	26			Tov	ved fi	rom sc	ene?	1 33				
т	Nome (Last First M		for operato	r and all occupan	ts involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	lical Facility	\Box		
	Operate	or			See Above			X	1	1	4		0	10	1					
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	Pi C-l C						15 .	16			17			18				\dashv		
⁷ 2	Please Select C of the Followir		21_#	Occupants	Non-Motorist	A Type	Action		Location	On _		Conditio	on	10	 	Hit/Run	П Мор	ed		
	License # S74		_	_ DOB/Age,		Reg #	BC15BA				Reg	з Туре	PC		Re	g State]				
	Sex F Lic, C	Class D 19 19	Lic. Res	trictions 99 20	CDL	Veh \	ear <u>2004</u>		Velı M	ake H	ONE	A			Veh	Config.	1 21]		
3	Operator SHZ	ANAHAN,	KRIS	TEN M	Middle		er KACAMB	UR/	AS,	LC	RII		JE	AN	Mic	ddle				
°2	Address 74	ELM ST				Addre	ess 49 PAF	RK	ST									_ _	14	ה
	City ANDOV	ER	State 🛕	<u>(A</u> Zip 018	110-371	L City	WILMING	TON	1								-151(- I	L 14	
	Insurance Compa	any <u>USAA</u> G	<u>ENER</u>	AL INDEM	NITY C	O Vehic	le Action Prior to	Crasl		7	22				Code:	5 ²⁷	27 2	"		-
	Vehicle Travel D	rirection: XS	EW	Responding to E	mergency? 2	Event	Sequence 1	23	23	23	23		t State e of T			29		-		
2	Citation # (If Issu	ued)				Most	Harmful Event	1_	24	201	1		C Tes	t Resu	ılt:	30				
	Viol. I: Ch/Sec/S	Sub	Vid	ol, 2: Ch/Sec/Sub		Drive	r Contributing Co		133	25	25	Sus	p. Alc	:lodo	2 31	Susp. D	orug: 2 3	2		
	Viol. 3: Ch/Sec/S			ol. 4; Ch/Sec/Sub			r Distracted by	99			1			om sce		2 33				
	Ple: Name (Last First Mi	ase fill out for oper	rator/non-n	notorist and all oc	Cupants involve	ed	DOB/Age	Sux	Seal Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	ical Facility			
	Operato	or/Non-Mot	torist		See Above		><	X	1	1	4	0 (0	10	1	_				
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	→-	= Direction	n <u>1</u>	= Vehicle 1	1 2 = V	ehicle 2	Q = Pedest	rian 🔊	5 = Bicycle	
Crash Diagram:		ie:	→ □		2	→	·ĝ	→ ðī	.	
		Lov	well St/N		EXECUTE A STATE OF THE STATE OF				on a Public	
		<u>-</u> <u>-</u> <u>-</u> <u>-</u>			<u> </u>		***************************************		☐ Garage	
									☐ Mall/Shopp	ing Center
Cross St									Other Privat	te Way
					Φ				Indicate No.	orth by Arrow
Crash Narrative:					•					
On 06/21/23 @ a		nrs, I	was d	ispatch	ed to Lo	well St	g Cross	St for	a 2-car mvc	, no
injuries. On ar										
Cross St. Accord	ding to OP2	2, she	stopp	ed to t	urn L o	to Cross	St and	was rea	ar-ended by 1	MV1.
OP1 stated he d	id not see	break	lights	and re	ar-ende	MV2. Dai	nge to	front of	f MV1, damage	e to
rear of MV2. No	injuries r	ceport	ed, MV	1 towed	by For	est, MV2	left u	nder ow	n power.	
								· · · · · · · · · · · · · · · · · · ·	······································	
		<u> </u>								
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Witnesses:									· · · · · · · · · · · · · · · · · · ·	
Name (Last, First, Middle)				Address				Phone	.#	Statement
<u> </u>								1		- Diamentent
Property Damage										
Owner (Last, First, Middle)		idress			Phon	e#	41-Type	Description	of Damaged Property	
	•									
		• • • • • • • • • • • • • • • • • • • •								
	L						1 1 1 1 1			
Truck and Bus Info	ormation:	Registratio	on #			- (From Vehic	le Section)			
Carrier Name									Bus U	se 42
Address					City				St Zip	
US DOT#:	State	: Number_			Issuí	·-	MC/MX	ЛСС #:		
Interstate 43	Cargo Body Type Co	ode	44	GVWR/GC	WR	45				
Trailer Reg #:		ـــــا Reg Type _	 	Reg State	e	 _Reg Year	Tra	iler Length	46	:
Hazmat Information:			. •	~						
47		48	sterial Name				Material # di-	nit #	n	49
Placard Mat	erial 1 digit #		uctial Lights					o** " ————	Release co	de
Patrol Officer Jo	seph A Fitza	erald			215	Wil	minator	Police	Department	06/21/2023
Police Officer Name (Please I			ignature		ID/Badg		tment		inct/Barracks	Date

	Pol	lice Use Only		Com	monwealth	of Massac	huset	ts		RM	AV Doc	cument Number		
	Date of Crash 06/23/2023	Time of Crash		City/Town	Motor Ve	hicle Crash	Num Vehic		1	Speed Lim	it3	O State Police Local Police MBTA Police		
	00, 23, 2023	24HR	77 ± 111	riig con	Police	Report	1	1	-	atitude ongitude		Campus Police Other:	_ <u>5</u>	
		AT INTERS	SECTION	ON:	< LOC	CATION >		NO'	ТАТ	INTE	RSEC	TION:		
							222	M	AIN	СШ				2 10
1.	Route# Dire	ction		Name of Roadway/Si	treet	Route# Direction	Address		1111		f Road	way/Street		
11				At		Feet N	S E W of	·		- •	- or			
	Route# Dire	ction	Name	of Intersecting Road				**********	ile Marl	ker		Exit Number		1 11
				Also at Intersection v	vith	Feet N		Route		Inter	secting	Roadway/Street		
² 1	Route# Direc	ction	Name	of Intersecting Road	way/Street	Feet N	S E W of							
	Please Select 6	One V Valiate	. ,1	#Occupants Hit	/Run Moped	Crash Repo		フ _1	0.4		.andmar	·K		
3	of the Followi	11.5.											-	
	ļ	6606002	9	20		g# 3KA518						[1	21	7 12
	Sex M Lic.	Class D	Lic. Re	E	ndorsement	h Year <u>2013</u>						h Config. 1	╛╽	
4 3				FRANCIS C		vner WHELTON,		Fi	int	នេ ភា	3 <u> </u>	1idete		
3	1	FAIRMEAL				dress 25 FAIRM						1005 161	_	
				MA Zip 0188		y WILMINGTO		22				$\frac{1887 - 161}{\left[1 - \frac{27}{2}\right]^{2}}$		
				TUAL INSU		nicle Action Prior to Cras				Status:	a Couc.	1 2 8	┦	
⁵ 2	Vehicle Travel E		EW	Responding to Emer		ent Sequence 20 23 2 est Harmful Event 22	24		Тур	e of Test:		29		
	i	oued)		iol. 2: Ch/Sec/Sub		ost Harmful Event 22 Ver Contributing Code	17 ²⁵	25		C Test Re		1 30	-	20 ¹³
				iol. 4: Ch/Sec/Sub		ver Distracted by	26			p. Alcohol ed from s		Susp. Drug 2	32	20
⁶ 1	VIOI. 3: CIDSECA			or and all occupants in			34	5 36	37	38 39	40	<u>L</u>		
	Name (Last First M				Address	DOB/Age Sex	Pos. Sy:	fety Airbag stem Status	Code	Trop Injur Code Statu	s Code	Medical Facility Lahey		
	Operate	or		S	ee Above	- XX	1 1	1	0 0) 8	2	Clinic (BURLING	TON)	
		 									ļ			
⁷ 2	Please Select C of the Followir		2	Occupants Non	-Motorist A Type	15 Action 16	Location	17	Conditio	ո 18		Hit/Run 🔲 Mo	ped	
_	License #		St	DOB/Age	L.	;#	L	Red	Type	<u> </u>	R	eg State	\dashv	
	Sex Lic, C	19 19	0	20		Year						2	1	
	Operator	L			ndorsement Ow	ner								
2	Address	Last	F	irst	Middle Ad	lress		Fir	rs I		М	iddle	[
	City		State_	Zip	Cit	/	······································		_ State		Zip			1 14
	Insurance Compa	any			Vel	nicle Action Prior to Cras	h	22		naged Are	a Code:		27	
	Vehicle Travel D	irection: N S	EW	Responding to Emer	gency? Eve	ent Sequence 23	23 23	23		Status: e of Test:		28		
2	Citation # (If Issu	ued)			Mo	st Harmful Event	24			Test Res	su i t:	30		
	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub —	Dri	ver Contributing Code	25	25	Susp	. Alcohol	31	Susp. Drug:	32	
	Viol, 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub	Dri	ver Distracted by	26			ed from s		33		
	Ple: Name (Lost First Mi	•	rator/non-n	notorist and all occupa	ants involved Address	DOB/Age Sex	34 3 Seat Sai Pos. Sys		Eject '	38 39 Trap lajury Code Status	40 Transp. Code	Medical Facility		
	Operato	or/Non-Mo	torist	Se	ee Above	\searrow	1							
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Wilmington Police Department Images Associated with 23-194-AC











	Pol	lice Use Only			Common	wealth	of Mass	ach	us	etts	5			RM	V Doc	ument l	Number		
	Date of Crash 06/24/2023	Time of Crash		City/Town	Mo	tor Vel	iicle Cra	ish		lumber		rad l	•	d Limi	2	Local	e Police al Police TA Police	080	
	00/24/2023	24HR	AA T TIII.	riig coi	· ·	Police	Report		2		0	- 1	Latitu Longi	itude			apus Police	.ㅂ	
		AT INTER	SECTIO	N:	<	LOCA	TION	>			NO'	ГАТ	`IN'	TER	SEC	TION	N:		
		GLE	ת פינ																2 ¹⁰
1	Route# Dire			Name of Ro	adway/Street		Route# Direc	ction	Add	ress#			Na	ame of	Roadv	vay/Stre	et		
1]				At		Feet	NS	EW	of					· or				
	Route# Direc		RENCE Name		ng Roadway/Stree	t					Mi	le Ma	rker		٠	Exi	t Number		2 11
				Also at Inter	section with		Feet	NS	EW	of	Route	. #	_	Inters	ectine l	Roadwa	v/Street	-	
² 1	Route# Direc	ction	Name	of Intersection	ng Roadway/Street	t	Feet	NS	EW	of							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Please Select 0	One 52t	.			Б									ındmar	k			
3	of the Followi	ng: Vehicl	e 1 <u>Z</u> #	Occupants	Hit/Run	Moped	Crash l	Report	ID#	23	Т	9:	<u> </u>	AC	<u>; </u>			_	
	License # <u>NH</u>	L1589394		_ DOB/Ag		Reg	# <u>511293</u>	3			Re	з Туре	PC	;	R	eg State		<u>. </u>	12
	Sex F Lic.	Class D	Lic. Res	trictions 1	CDL	Veh	Year 2018		Veh M	lake <u>E</u>	PORS	CH	E		Veh	Config.	1 2	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	T
<u> </u>	Operator <u>CA</u>	MELIO, Z	AVA M	ARIE	Middle		er CAMELI	<u>[O-</u>]	IIN	LIZ	MS	N nst	IN	A M	[iddle	· · · · ·	_	
41	Address 5 B	UTTONWO	OD DR			Addı	ess <u>5 BUT'</u>	TON	WC	COC					•••			_	
	City AUBU	RN	State 1	IH Zip	3032	City	AUBURN									3032	<u> </u>	_	
	Insurance Comp	any GEICO				Vehic	ele Action Prior to	Crash)	2	22				Code:	-	27 2	27	
5	Vehicle Travel D	Direction: S	EW	Responding	to Emergency? 2	Even	t Sequence 1	23	23	23	23		st Stat pe of			28		Į	
	Citation # (If Iss	ued)				Most	Hannful Event	1	24					st Resi	ult:	30		L	
	Viol. 1: Ch/Sec/	Sub	Vic	ol. 2: Ch/Sec	/Sub	Drive	er Contributing Co	ode	1	25	25			lcohol:		Susp.	Drug: 2 3	12	1 13
5 _	Viol. 3: Ch/Sec/S	Sub	Vic	ol. 4: Ch/Sec	/Sub	Drive	er Distracted by	0	26			To	wed fi	rom sc	ene?	2 33	<u> </u>		
°2	Name (Last First M		for operator	and all occi	apants involved		DOB/Age	Sex	34 Sent Pos.	35 Safety		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		sdical Facility	\neg	
	Operate				See Above		DOB/Age	Ž	1	System 99			0	10	1	Me	suicai Paciniy		
	P			-				F	3	99	4	0	0	10	1	·		-	
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 3	Please Select C of the Followin		2 <u>1</u> #6	Occupants	Non-Motoris	t A Type	15 Action	16 1	Locatio	on	17 C	onditi	on	18	Q :	Hit/Run	П Мор	ed	
	License #_ SA (500559	St MA	_ DOB/Age		Reg i	1VSC53				Reg	Туре	PC		R	eg State.			
	Sex F Lic. C	Class D 1	Lic. Rest	trictions 1	CDL	Veh Y	rear 2004		Veh M	ake <u>N</u>	ISS	AN			Veh	Config.	1 21		
	Operator SPI	EAR, ANG	ELIN	A MAR	I E. Middle		er SPEAR,	AN	IGE:	LIN	A M		ΙE			ddle		_	
1		PARKER A				Addr	ss 30 PAF	RKE:	R A	VE	Lit	31			lati	adic			
	City TEWKS	BURY	State M	IA Zip 0	1876-443	2 City	TEWKSBU:	RY				_ State	e <u>M</u> Z	A z	ip 0 1	<u> 1876</u>	-443	2 4	4 4
	Insurance Compa	any GARRIS	ON PR	OPERT	Y & CASU	JA Vehic	le Action Prior to	Crash		1	22		-		Code:		27 2	7	
	Vehicle Travel D	irection: S	EW	Responding	to Emergency? 2	Event	Sequence 1	23	23	23	23		t Stat			28			
	Citation # (If Issu	.ied)				Most	Harmful Event	1	24				oe of l C Tes	resi; st Resi	ılt:	30			
2	Viol. 1; Ch/Sec/S	Sub	Vio	l. 2: Ch/Sec/	Sub	Drive	r Contributing Co	ode	99	25	25			cohoi:		Susp. 1	Drug 2 3	2	
	Viol. 3: Ch/Sec/S	Sub	Vio	l. 4: Ch/Sec/	Sub	Drive	r Distracted by	99	26			Tov	wed fr	rom sc	ene?	2 33	<u>. </u>	-	
	Plea Name (Last First Mi	•	rator/non-m	otorist and a	ll occupants involv	ved	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Mes	dical Facility		
		or/Non-Mo	torist		See Above			X	1	99				10	1				
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	= Direction	1	= Vehicle 1	2 = Vehicle 2	र्भ = Pedestri	ian 📆 :	Bicycle	
Crash Diagram:	ie: •	→ □	→ □	2	→Ĥ	→ №		
		La	wrence St				If Crash <u>Di</u> on a Public	d NotOccur Way:
							Off-Street Pa	arking Lot
							☐ Garage	
							☐ Mall/Shoppi	ng Center
Gien Rd		,					Other Private	e Way
						<u>-</u>	Indicate No	orth by Arrow
V2 (□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□) v1	Lineard warmen for any analysis beautists of the decision of the second			nt-toniosetono is rectamblishin		•)
Crash Narrative: While traveling on Gle	n Pd 371 a	·lowad	Vetenned in	· +raffia	in the midi	nity of	Tauranga St	- 172
which was traveling di							•	
caused from rain earli				·				
vehicles sustaining da								
muffler. V2 sustained	damage to	its h	ood, grill	, and fron	bumper. B	oth vehi	cles were	
capable of driving way	from the	scene	. All party	y's refused	i medical t	reatment	offered to)
them.								

Witnesses:			T			- I 51 11		
Name (Last, First, Middle)			Address			Phone #		Statement
Property Damage:								
Owner (Last,First,Middle)	Address			Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	Registration	#		——— (From	Vehicle Section)			42
Carrier Name							Bus Us	se 42
Address				City		s	Zip	
US DOT #:	State Number			Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body	Type Code	44	GVWR/GCWR	45				
	L		Reg State	Reg Year	Trail	er Lanoth	46	
Hazmat Information:	g .,pc				17811	. Length		
Placard 47 Material 1 digit #	48 Mat	erial Nam	e		Material 4 digi	t#	Release co	49
Data 1 0665 2013 - 3				100	Mil-i	D=1		0.010.12.55
Patrol Officer Michael E Police Officer Name (Please Print)		gnature			Wilmington Department		Jepartment t/Baπacks	06/24/2023 Date