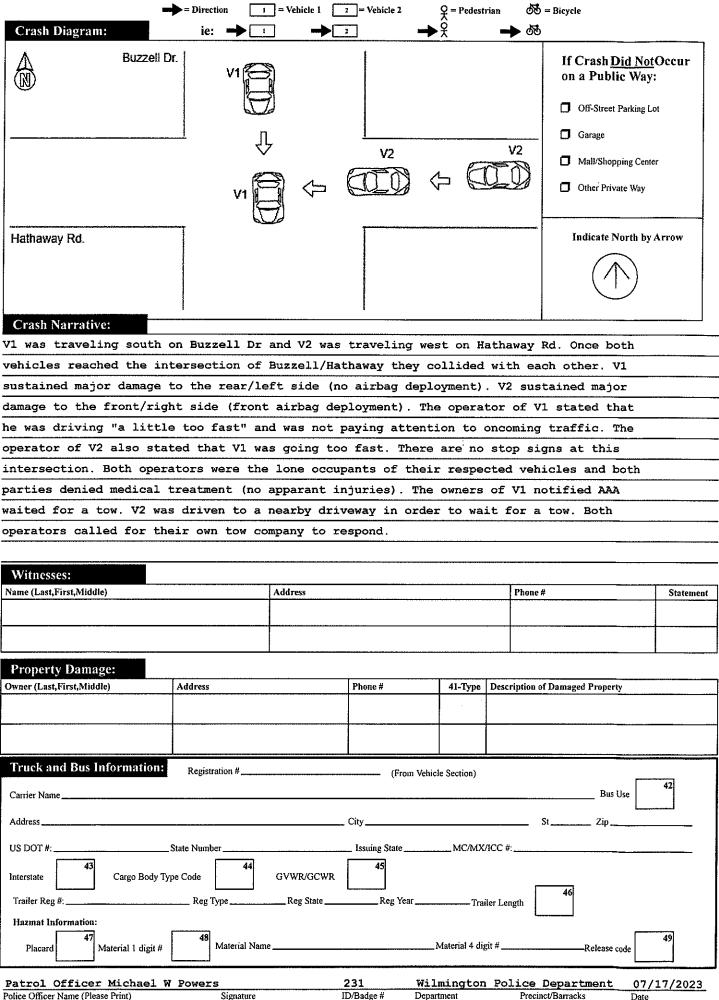
	Police Use Only Commonw				nonwe	alth (olth of Massachusetts						RMV Document Number]
	Date of Crash 07/17/2023	Time of Crash	1	City/Town ington	Motor	·Veh	icle Cra	sh		mber hicles		المال وسي	eed Lin	nit <u>2</u>	O State Police Local Police MBTA Police		
	0171772023	24HR	M T TIII	riig con	Po	lice]	Report		2		o Î	La	titude ngitude		Campus Police	 	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO	'AT I	NTE	RSEC	CTION:]
		77 B 1971	7 % P.Y% 3 Y	22		:											2 10
1	Route# Direc		IAWAY	Name of Roadway/Str	reet		Route# Direc	tion	Addr	ess#	********		Name	of Road	way/Street		
1				At				NI C	EW]
	Route# Direc		ELL Name	DR of Intersecting Roadw	vav/Street		reet	МЭ	E	10	Mil	e Marke	• er	- or	Exit Numb	er	11
	<u></u>		····	Also at Intersection w			Feet	NS	EW	of							8 "
2	Route# Direc	ation	Manua	of Intersecting Roadw	·/544		Feet	NS	EW	of	Route	7	Inte	rsecting	Roadway/Street		
² 1	Rodle# Direc	ction	Name	of intersecting Roadw	/ay/Sireei]	_andmar	rk		
3	Please Select (of the Followi		. 1	Occupants Hit/	Run 🛄	Moped	Crash F	Report	1D# 2	23	-2	20	-A	C			l
	License			DOB/Age		Reg f	1623				Dan	Time F	יר יר	п	Dag State MA		
	_	Class D 19 I	9 Lic Re	strictions I 20 CI	חז		ear 2010									21	1 12
	Operat	Ciass D	_ Lie. Ke.	surenous E	ent		or OATIS,					* 57.4		vei	a Conng.		
⁴ 1	Addres	Last	F	írst	Middle			Last			Fin	ıL		M	liddle		
	Cit		Stat	7:			WILMING			. ب	-	G	MB	~: ∩	1887-19		
	· ·			_ Zip OCK ASSURA	NCF C				Г	4	22				6 27 7 27	27	
							le Action Prior to	,		1 23	23		Status:		1 28		
5	Vehicle Travel D	نظب		Responding to Emerg	gency? Z		acquence 1		24	L_		Туре	of Test:		29		
	1	ued)						1		²⁵ 2	25		Test Re	,	1 30		13
				ol. 2: Ch/Sec/Sub			r Contributing Co		<u> </u>					1: 2 31		32	1
6 1	Viol. 3: Ch/Sec/S			ol. 4: Cli/Sec/Sub —— r and all occupants inv		_ Drive	Distracted by	99	34	35	36		d from :		1 33		1
	Name (Last First M		or operato	•	Address		DOB/Age	Sex	Sunt Pos.	Safety System	Airbag	Eject T	rap İnju ode Şıatı	y Transp.	Medical Facil	ity.	
	Operate	or		Se	e Above		><	X	1	1	4	0	10	i			

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					······································		 										
l							15	16			17		1:	ā I	<u> </u>		
⁷ 2	Please Select O of the Followin		21_#	Occupants Non-	Motorist A	Туре	Action	L	ocatio.	n	C	ondition			Hit/Run N	foped	
	License #		-	/Age		₹#	1CJR26				Reg	Туре	C	R	eg State MA		
	Sex M Lic. C	Class D 19 19	Lic. Res	trictions B 20 CI		Veh Y	ear <u>2019</u>	V	/eh Ma	ke H !	OND	A		Veh	Config. 1	21	
,	Operator LEI	BOVITZ,	MATT	HEW ALLEN	dorsement	Owne	LEBOVI	TZ,	MZ	TT			LEN				
1	Address 106	HIGHLAN	ID AV	E	Middle	Addre	ss 106 HI	GHI	LAN	D F	VE.			М.	iddle		
	City SOMER	VILLE	State 1	IA Zip 02143	-1663	City_	OMERVII	LLE				State 1	MA_	Zip 0	<u> 2143-16</u>	63	1 14
	Insurance Compa	my GEICO	GENEF	RAL INSURA	NCE C	Vehicl	e Action Prior to	Crash	[L	22	Dama	ged Are	a Code:	1 27 8 27	27	
	Vehicle Travel Di	irection; NS	EX	Responding to Emerg	ency?_2	Event	Sequence 1	23	23	23	23	Test S			1 28		
)_	Citation # (If Issu	ied)				Most l	Harmful Event	1	24				of Test: Test Re	ent.	29		
2	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub ——		Driver	Contributing Cod	de	19 ²	25 2	25		Alcohol		<u> -</u>	32	
	Viol. 3: Ch/Sec/S	Sub	Vic	ol. 4: Ch/Sec/Sub		Driver	Distracted by	99	26	L	· L	•	d from s		2 33	_	
•		-	ator/non-n	otorist and all occupa-					34 Seat	35 Sofety	36 Airbag	37 3 Eject Tr	op Injur				
ŀ	Name (Last First Mis	or/Non-Mot	fariet		Address e Above		DOB/Age	Sex	Pos.	System	Status 1	Code Co			Medical Facili	y	
}	Operato	· · / ↓ · · · · · · · · · · · · · · · ·	UI ISI	361					*	_		-	-	1			
-		•••	·										_	-			



Signature

Precinct/Barracks

Wilmington Police Department Images Associated with 23-220-AC





	Pol	lice Use Only	monwealth (nwealth of Massachusetts						RMV Document Number				
	Date of Crash 07/17/2023	Time of Crash	City/Town Vilmington	Motor Veh		sh 🛚 N	lumber ehicles	Numbe Injured		d Limit	25	5 State Police Local Police MBTA Police		
		24HR		Police 3		3		0		itude		Campus Polic	* <u>6</u>	
		AT INTERSE	ECTION:	< LOCA	TION >	>		NOT A	T IN	TER	SEC	TION:		
						91		WES	T S'	т				2 10
¹ 1	Route# Dire	ction	Name of Roadway/S	treet	Route# Directi		ress#				Roadw	vay/Street		
1			At		Feet	N S E W	of			. —	or _			
	Route# Direc	ction	Name of Intersecting Road		r:		7	Mile I	/larker			Exit Numb	er	5 11
			Also at Intersection v	vith	_	N S E W	_	Route#		Interse	ecting I	Roadway/Street		├─┘
² 1	Route# Direc	ction	Name of Intersecting Road	way/Street	Feet [N S E W	of of				(1			
	Please Select (One Vivava	2 #Occupants Hit	/Run Moped		eport ID#	22	-22	1_		ndmarl	K		
3	of the Followi		Z woccupants Hit	I =										
L	License #	19 19	Age		P40463								21	1 12
	Sex M Lic.	Class D	Lic. Restrictions 1	indorsement	rear <u>2016</u>							Config. 1		
⁴ 1			NALDO ANTONIO		er GARRICE	ast		First	ON	INC	Мі	iddle		
Τ		BEACH ST		-	ess 110 EA					•		1000 04		
			State MA Zip 0215:		WILMINGT				tate M Damage			1887-34	27	
:		-	INSURANCE CO		Sequence 2		23		Test Sta		Couc.	28		
5	Vehicle Travel D	ned)		-	Sequence 1	1 24			Type of	Test:		29		
			Viol. 2; Ch/Sec/Sub		r Contributing Cod	-	25	35	BAC Te			30	73	13
			Viol. 2; Ch/Sec/Sub Viol. 4; Ch/Sec/Sub			0 26	L_		Susp. Al Fowed f	•	-	Susp. Drug 2	32	
⁶ 1	Viol. 3: Cil/Sec/3		operator and all occupants in		I Districted by	34	35	36 3	38	39	40			
	Name (Last First M	iiddle)	1	Address	DOB/Age	Sex Pos.	Safety System	Airbag Eje Status Co			Transp. Code	Medical Facil	ity	
	Operate	or ————	139 FRANKLIN ST	ee Above		X^1	99	5 0	0	10	1			
	RICARDO MEN	JIVAR	MALDEN, MA 02146	3~5727	1	м 3	99	5 0	0	10	1			
⁷ 1	Please Select C		0 #Occupants Non	-Motorist A Type	15 Action	16 Locati	on	17 Con	lition	18		Hit/Run 🔲 N	1oped	
Т	License #		StDOB/Age	Pan #	C47537			Pag Tu	<u>ן</u> קיד _{פר}			se State MA		
	Sex Lic. C	19 19	20	_	ear 2018								21	
		iverless	FF	ndorsement Owne	r GARRICK							Ottang, L		
⁸ 1	Address	Lost	First	Middle	La:			First			Mic	ddle		
	City		State Zip	City_				S	ate	Z	.ip			1 14
	Insurance Compa	any		Vehic	le Action Prior to C	Crash	1	22	Damage	d Area	Code:	7 27 10 27	27	
	Vehicle Travel D	irection: NXE	W Responding to Emer	gency? 2 Event	Sequence 2	3 23	23	*5	Fest Stat			1 28 29		
9 2	Citation # (If Issu	ied)		Most	Hammful Event	1 24			Type of " BAC Te:		ılt:	, 30		
2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	e 1	25	25	Susp. Al			Susp. Drug 2	32	
	Viol. 3: Cli/Sec/S	Sub	Viol. 4: Cli/Sec/Sub	Drive:	r Distracted by	0 26			Towed fi	rom sc	ene?	1 33		
	Ple: Name (Last First Mi	•	or/non-motorist and all occup	ants involved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eje Status Cox	t Trap	39 Injury Status	40 Transp. Code	Medical Facil	ity	-
		or/Non-Moto	orist s	ee Above		1	0	5 3	0	10	1			
						1			-			····-		
ŀ						\dashv						-		
- 1			1		1	1	1	1	1	1				

		→ ≃ Direct	ion 🗀	= Vehicle 1	2 = Vehicle 2	$\frac{Q}{\lambda} = P$	destrian	් වී = B	icycle	
Crash Diagram	:	ie:	→] -	2	→ĝ		→ জু		
(not to scale)				9	1 West St				If Crash Dic on a Public	Way:
		V1(00	V2	Trailer ⇔	•		Š.		Garage Mall/Shoppin Other Private	
V2	ঐ		12				West S	it	Indicate No	th by Arrow
							8	>)
Crash Narrative								-		
V1 was traveli	ng SB on	West St	in the	vicinit	y of 91 Wes	t St tow	ng a	landscaj	oing trail	er.
V2, traveling	NB on Wes	t St cr	cossed t	he doubl	e yellow li	ne into 1	he op	posite ·	ravel lan	e
striking the t	railer to	wed by	Vl. The	collisc	n Caused ex	tensive o	lamage	to the	axel and	
tires. After s	triking t	he trai	ler V2	traveled	арргож 30у	ards when	e it	came to	rest in a	n
askewed positi										
leaving it una										
										
all involved r		-			· · · · · · · · · · · · · · · · · · ·					8
scene.The Trai	ler was to	owed fr	om the	scene by	A&S and V2	was towe	d fro	m the so	cene by	
Forrest towing										
Witnesses:										
Name (Last,First,Middle	e)			Address				Phone #	·····	Statement
10 11100 01 111 1				[·		<u> </u>		
Property Damag	ze:									
Owner (Last,First,Middl	·	Address			Phone #	41-1	ype Desc	cription of Da	maged Property	
	<u></u>									
							.			
Truck and Bus In	ıformation•	<u> </u>								
Carrier Name		Registra	ation #		(Fr	om Vehicle Section	on)		Bus Use	42
Address					City			St	Zip	
US DOT#:		State Numbe	.		Issuing State	MC	MYIICC:	#-		
43			44		45	IVIC		···		
Interstate	Cargo Body Ty	pe Code		GVWR/GCV	VR				46	
Trailer Reg #:		Reg.T	уре	Reg State	Reg Ye	ear	-Trailer Le	ength	46	
Hazmat Information:								<u> </u>		
Placard 47	Material 1 digit #	48	Material Name	· 		Material	4 digit #_		Release cod	e 49
Patrol Officer	Michael F	Johnson			199	Wilmina	ton Po	lice Do	artment	07/17/2023
Police Officer Name (Pleas			Signature		ID/Badge #	Department	COM FO	Precinct/B	····	Date

	Police Use Only	nonwealth	wealth of Massachusetts					RMV Document Number			
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limit	_ 25_	State Police Local Police MBTA Police	1	
	07/17/2023 1549 Wili	mington	Police	Report	1	O	Latitude		MBTA Police Campus Police Other:		
	AT INTERSECT	ION:		TION >		NOT A	F INTER	SECTI		1	
										10	
					29	WEST					
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of	Roadway/	/Street	-	
		At		Feet NS	E W of		_ • _	or			
	Route# Direction Nam	ne of Intersecting Roadw	/ay/Street			Mile Ma	uker		Exit Number	11	
		Also at Intersection w	ith	Feet N S	E W of	Route#	Interes	ection Roa	idway/Street		
2	Route# Direction Nar.	ne of Intersecting Roadw		Feet NS	E W of	Router	mois	cung Roa	igway/Sitteet	1	
² 1	Roule# Direction Nan	ne of intersecting Roadw	/ay/street				La	ndmark		<u>-</u>	
2	Please Select One Vehicle 11	_#Occupants	Run Moped	Crash Report	1D# 23	-22	2 – AC	*]	
,	of the Following:									-	
	License +	OB/Age		# <u>5184312</u>					21	1 12	
	l "	Restrictions 1 Cl		Year 2013 \	Veh Make 👤	ODGE		Veh Co	onfig. 1		
	Operator KUNHARDT , JAI	DEN THOMAS	Own	er KUNHARDT,	JAIC	EN TH	OMAS	Middle			
1	Address 6 CARBERRY DR			ess 6 CARBERI	RY DR			Missie			
	City DERRY State	NH Zip 03038	37320 City	DERRY		Sta	te NH 2	ip 030	387320		
	Insurance Company STATE FAR			cle Action Prior to Crash	1		amaged Area				
	Vehicle Travel Direction: NXEW	Responding to Emerg		t Sequence 31 23 35	<u></u>		est Status:	1	28		
5					[31]	_T ,	pe of Test:		29		
	Citation # (If Issued) 080538AC			Harmful Event 31			AC Test Resi	ılt:	30	13	
	Viol. 1: Ch/Sec/Sub 89 4A	Viol. 2: Ch/Sec/Sub ——	Drive		9 25	25 St	sp. Alcohol:	2 31 S	usp. Drug: 2 32	30 ¹³	
,	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by 99	26	To	wed from sc	ene? 1	33		
1	_	tor and all occupants inv		DOD!	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1	
	Name (Last First Middle) Operator		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code 1	Medical Facility	1	
	Орегии	36	e Above		A -	4 0	10	-	-	-	
										1	
	B) C b-+ O			15 16		17	18		- I	1	
1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action L	ocation.	17 Condit	ion 13	Hit/	Run Moped]	
	License #St	DOB/Age	Reg #	1		Reg Type		Reg S	State	1	
	19 19	20	•	/ear V		_		-	21		
		En	dorsement		CII WIERO			7011 CO	inig.		
1	Operator	First	Middle	erLasi		First		Middle			
_	Address			ess						_ 14	
	City State	Zip	City_			\neg	le Z	_			
	Insurance Company		Vehic	le Action Prior to Crash			nnaged Area		27 27 27		
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Event	Sequence 23	23 23	**1	st Status:		28		
	Citation # (If Issued)		Most	Hannful Event	24	•	pe of Test:		30		
2	Viol. 1: Ch/Sec/Sub	Jiol 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	AC Test Resu sp. Alcohol:		usp. Drug: 32		
			r Distracted by	26		wed from see		33			
ļ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	/iol. 4: Ch/Sec/Sub ——			<u>ы</u> 35	36 37	38 39	40		1	
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Sufety	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	Se	e Above	>>	1						
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Wilmington Police Department Images Associated with 23-222-AC





Wilmington Police Department Images Associated with 23-222-AC









Wilmington Police Department Images Associated with 23-222-AC





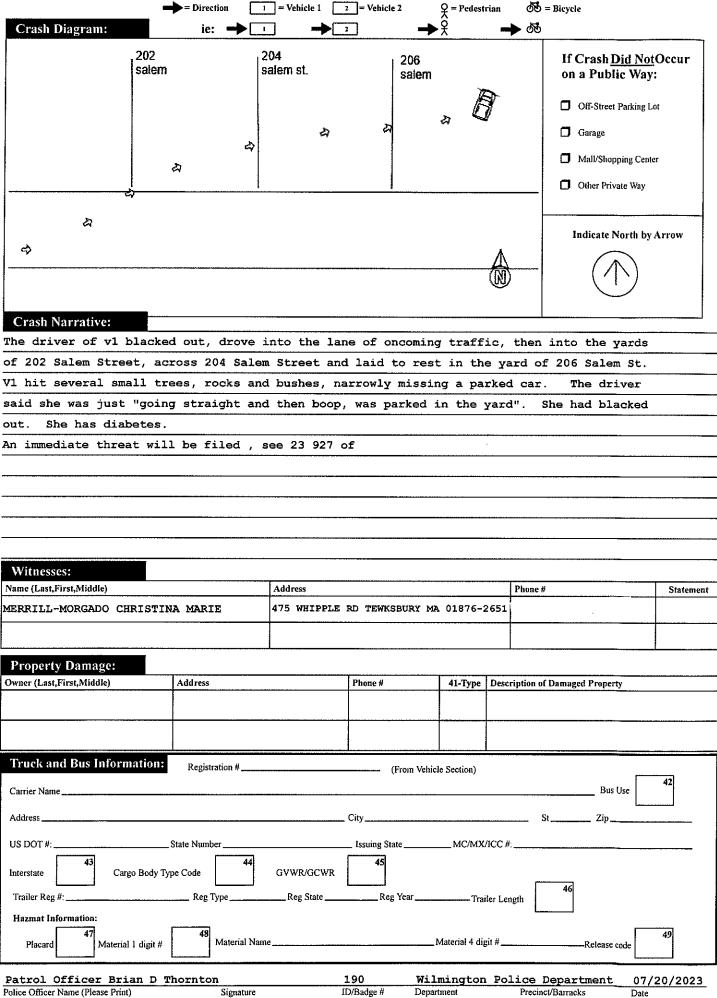




Wilmington Police Department Motor Vehicle Crash Report 23-223-AC

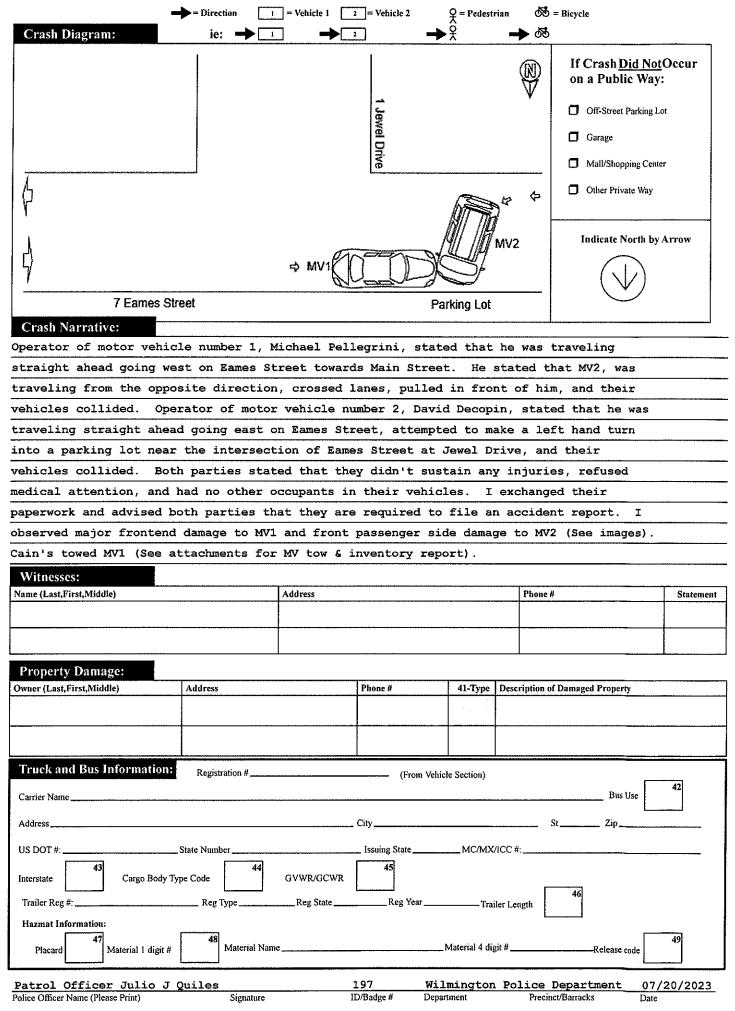
Requests for Wilmington Police Department Report, 23-223-AC, may be made via the department's Public Records Email at publicrecords@wpd.org

	Police Use Only	Com	nonwealth	of Massach	usetts	5	RM	IV Document		
	Date of Crash Time of Crash	City/Towπ	Motor Veh	icle Crash	Number Vehicles		Speed Limi	Lo	nte Police Cal Police BTA Police Cal Police	7
	07/20/2023 0947 Wil:	mington	Police	Report	1	1	Latitude Longitude _	Ca	BTA Police mpus Police her:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A		SECTIO		1
										2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	204 Address #	SALE	M ST	Roadway/Str		_ []
¹ 1	- Nonce Direction	At	CCI	Routes Direction	Audress #		Name of	Koadway/Str	eet	-
				Feet NS	E W of	Mile Ma	•	or	it Number	
	Route# Direction Na	me of Intersecting Roadw Also at Intersection w	<u> </u>	Feet NS	EW c	tathe rat	ırker	EX	II Millioei	1 11
		Also at intersection w	ш			Route#	Inters	ecting Roadw	ay/Street	
² 1	Route# Direction Nat	ne of Intersecting Roadw	ay/Street	Feet NS	10 W 3					.
	Please Select One Vivalent 1	#C			^^			ındınark		1
3	of the Following: Vehicle 1.1	_#Occupants Hit/	Run Moped	Crash Report	ID# 23	-22	4 – A(_
	Licens	B/Age	Reg	# 28TY87		Reg Type	PC	Reg Stat		12
	Sex F Lic. Class D 19 Lic. I		OL Veh '	Year <u>2008</u> \	Veh Make H	IONDA		Veh Config	1 21	3
	Operator OLIVARI, EVEL			er OLIVARI,	EVELY					i
⁴ 1	Address 1350 ANDOVER S	T.		ess 1350 AND	OVER :	ST		Middle		
	City TEWKSBURY State	MA Zip 01876	-1004 City	TEWKSBURY		Sta	te MA 2	Zip 0187	6-1004	
	Insurance Company SAFETY IN	SURANCE CO		ele Action Prior to Crash	1		amaged Area			
	Vehicle Travel Direction: NSWW	Responding to Emerg		Sequence 40 23 20			est Status:	28	<u> </u>	
5	Citation # (If Issued)			Harmful Event 27	24	Ty	pe of Test:	29		
	Viol. 1: Ch/Sec/Sub				14 ²⁵ 1	- 25	AC Test Res	, <u> </u>		27 ¹³
				r Distracted by 99	اللبيا		sp. Alcohol:		Drug: 32	2/
⁶ 1	Viol. 3: Cli/Sec/Sub	Viol. 4: Ch/Sec/Sub		a Distracted by 99	34 35	36 37	wed from sc	ene/ 1 55		.]
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Sufety Pos. System	Airbag Eject	Trap Injury Code Status	Trausp. Code N	ledical Facility	
	Operator	Se	e Above	\times X	1 1	4 0	0 8		s Memorial al CTR	
										1
ľ										1
-										1
				10 12						4
1	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	Action 16 L	ocation	Condit	ion 18	Hit/Ru	1 Moped	
	License #St	DOB/Age	Reg #			Reg Type		Reg State		1
	19 19	20	_	'ear V				-	21	
1	Operator		dorsement Owns	er					·	
1	Address	First	Middle	Lasi SSS		First		Middle		
	CityState	7in		755		Star	te Z	in.		1 14
	Insurance Company			le Action Prior to Crash			maged Area		27 27	
	Vehicle Travel Direction: NSEW	Demanding to E	······································	23 /	23 23		st Status:	28	L	
		Responding to Emerg	• —	Sequence	24	Ty	pe of Test;	29		
2	Citation # (If Issued)			rialilitii Event	25	25 BA	AC Test Resu	it: 30	,	
\exists	Viol. 1: Ch/Sec/Sub	Viol, 2; Ch/Sec/Sub		r Contributing Code		Su	sp. Alcohol:		Drug: 32	
L	Viol. 3: Ch/Sec/Sub		<u> </u>]	
	Please fill out for operator/non Name (Last First Middle)	•	nts involved Address	DOB/Age Sux	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp, Code M	edical Facility	
	Operator/Non-Motorist	Sec	Above		1				· · · · · · · · · · · · · · · · · · ·	
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ŀ			 							
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CDP1 11-24-00

	Police Use Only	monwealth	of Massac	RMV Document Number]				
	Date of Crash Time of Crash 07/20/2023 1823 Wilr	City/Town nington	Motor Vel	nicle Crasl	h Ni	umber hicles	Number Injured	Speed L		State Police Local Police MBTA Police	0000	
	24HR 24HR	urng con	Police	Report	2		0	Latitude Longitu		Campus Polic	, 5	
	AT INTERSECT	ON:	< LOC	ATION >			NOT A	INT.	ERSE	CTION:		
	; 			-							2 10	
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Addr	ess#	EAME			lway/Street		
1		At		Feet N	SEW	امو						
	Route# Direction Nan	ne of Intersecting Road	way/Street	Feet NSEW of Mile Marker Exit Number								
		Also at Intersection v	vith	Feet NSEW of JEWEL DR Route# Intersecting Roadway/Street								
² 1.	Route# Direction Nan	ne of Intersecting Road	way/Street	Feet N	S E W	of	reduce.	11.	nersconng	, readway/Succe	!	
<u> </u>			<u> </u>		.				Landina	ırk		ł
3	Please Select One of the Following: Vehicle 11	_#Occupants	/Run Moped	Crash Rep	ort ID#	23	-22	5 – <i>I</i>	AC			
	License v	/OB/Age		# 3VXX34			Reg Typ	PC		Reg State MA		_ 12
	Sex M Lic. Class D 19 19 Lic. R		CDL Veh	Year 2003	_ Veh Ma	ake <u>B</u>	MW		Ve	eh Config.	21	1 '
	Operator PELLEGRINI, MICH	AEL ANGELO	indorsement SILVANO Middle Own	ner PELLEGR	INI,	ΜI		AN	GELO	SILVAN	<u> </u>	
⁴ 1	Address 19 BRIARWOOD R	D D		ress 19 BRIA	RWOO	D F	First		1	Middle		
	City WOBURN State	MA Zip 0180:	1-1232 City	WOBURN			Sta	ite <u>MA</u>	Zip_ Q	1801-12	32	
	Insurance Company PROGRESSIV	E DIRECT	INSURA Veh	cle Action Prior to Cr	ash	1	22 D	amaged /	Area Code	27 27	27	
•	Vehicle Travel Direction: N S E	Responding to Emer	rgency? 2 Ever	nt Sequence 23	23	23	21	st Status		1 28		
,	Citation # (If Issued)		Mos	t Harmful Event 1	24		-	/pe of Te AC Test		29		
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1	25	25	isp. Alco			32	1 13
<u> </u>	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		To	wed from	m scene?	1 33		
⁵ 1	Please fill out for opera	tor and all occupants in	volved Address	DOB/Age S	34 Seat ex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap I Code S	39 40 Injury Transp Status Code			1
	Operator	s	ee Above	DOB/Age 3	1	<u> </u>	4 0	1 1	10 1	Nicologi Pacili	ı,	
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з	of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	Action 16	Locatio	n	Condi	ion	18 0	Hit/Run . M	loped	
	License	OB/Age,	eg	#2TTS32			_ Reg Type	PC	I	Reg State MA		
	Sex M Lic. Class D 19 Lic. R		DL Veh	Year 2023	_ Veh Ma	ike <u>T</u> (ATOYO		Ve	h Config. 1	21	
ł	Operator DECOPIN, DAVII	_		er DECOPIN	, DA	VID	First		λ	diddle		
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	City PEABODY State	MA Zip 01960	0-5806 City	PEABODY						1960-58	— ·	1 14
	Insurance Company PLYMOUTH R	OCK ASSUR	ANCE C Velsi	cle Action Prior to Cra	<u></u>	4	ᆗ "	-	Area Code	2 27 27		
	Vehicle Travel Direction:	Responding to Emer	gency? 2 Ever	t Sequence 1 23	23	23		st Status pe of Te		29		
2	Citation # (If Issued)		Mos	Hamuful Event 1	24			AC Test 1	Result:	1 30		
_	Viol. 1: Ch/Sec/Sub\	/iol. 2: Ch/Sec/Sub		er Contributing Code		25		sp. Alco		1	32	
	Viol. 3: Ch/Sec/Sub		er Distracted by 0	26	1. 1			m scene?	2 33			
	Please fill out for operator/non Nume (Last First Middle)	-motorist and all occup	ants involved Address	DOB/Age Se	Scat Pos.	35 Safety System	36 37 Airbog Eject Status Code	Trup h	39 40 Injury Transp Status Code		ly	
	Operator/Non-Motorist	S	ee Above		1	1	4 0	0 1	10 1			



CDP1 11-24-00

Wilmington Police Department Images Associated with 23-225-AC



