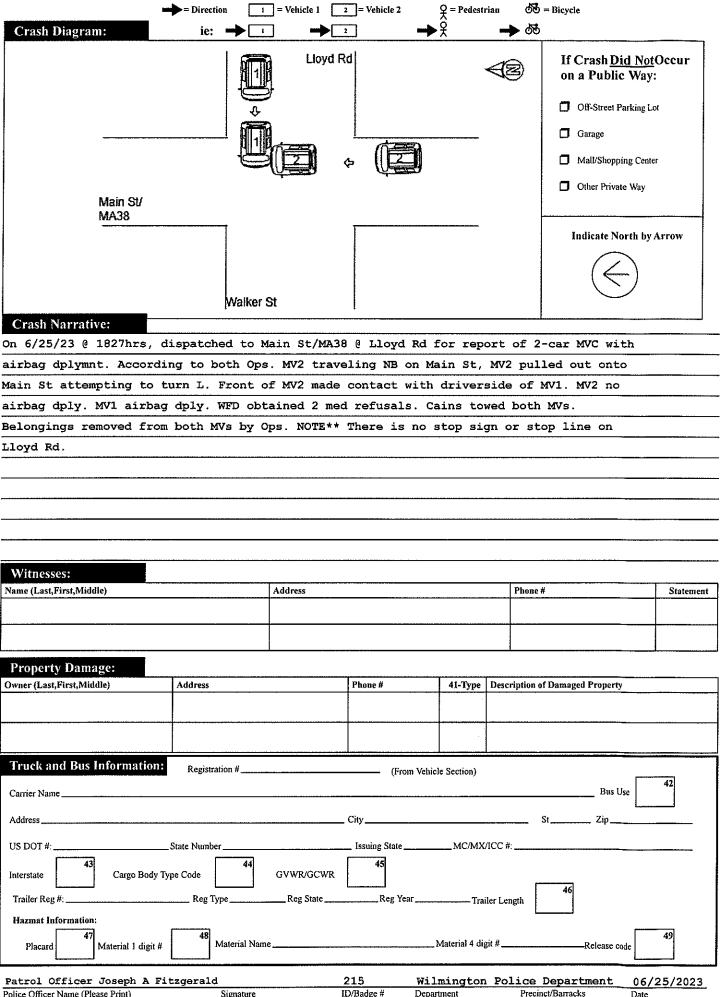
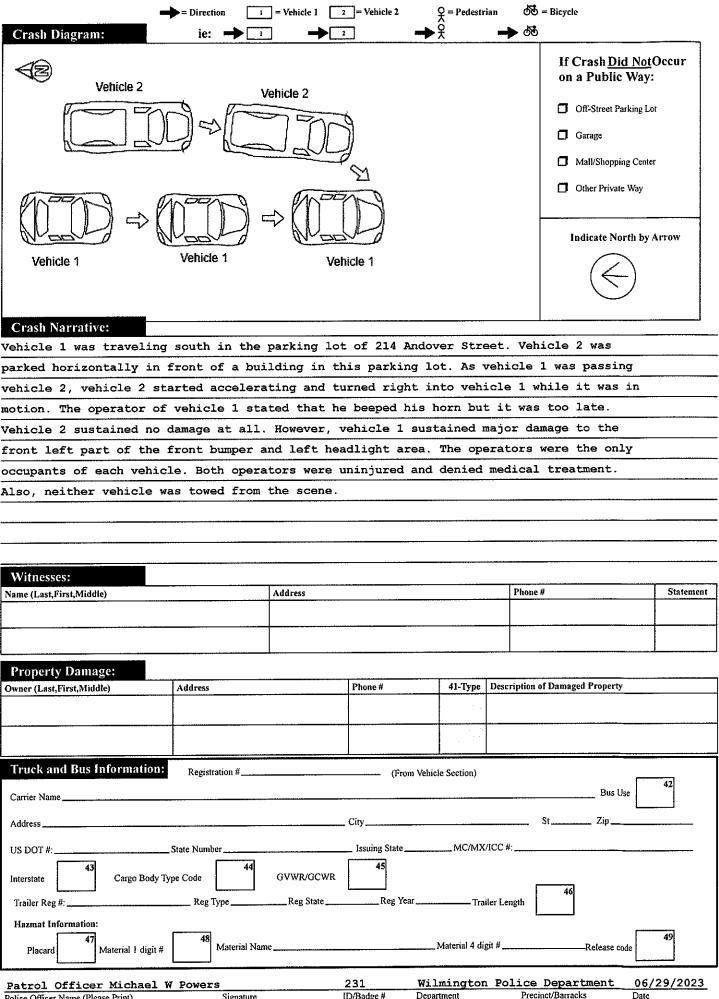
	Police Use Only		Comi	monwealth	of Massac	huset	ts		RMV Doc	ument Number	
	Date of Crash Time of Cra		City/Town	Motor Vel	hicle Crasl	Numb Vehic		, Johann		O State Police Local Police	
	06/25/2023 1827	HR W11m	ington	Police	Report	2	0	Latitud Longitud		MBTA Police Campus Police Cother:	3
		ERSECTION	ON:		ATION >	!	NOT		ERSEC		7
											10
	<u> </u>	IN ST				· 					_
¹ 1	Route# Direction	·	Name of Roadway/St	reet	Route# Direction	Address	#	Nar	me of Roady	way/Street	_
	T.T.	OYD RD	·		Feet N	S E W of			or .		[
	Route# Direction		e of Intersecting Roady	vay/Street			Mile	Marker		Exit Number	3 11
			Also at Intersection w	vith	Feet N	S E W of	Route#	<u>-</u>	Intersecting	Roadway/Street	- []
2	Route# Direction	Name	e of Intersecting Roady	vav/Straat	Feet N	S E W of	route.	•	ancerocoun _B	roadway/outer	-
² 1	Route# Direction	Name	of Intersecting Roady	vay/aueet					Landmar	k	
3	Please Select One of the Following:	hicle 1.1	#Occupants Hit/	Run Moped	Crash Repo	rt ID# 2	3-19	96-2	AC		
,		200	<u> </u>								
	License # NHL15431(DOB/Age		# <u>284M2</u>		_	-		21	- 1 12
	Sex M Lic. Class D	Lic. Re	strictions 99 C	DL Veh ndorsement	Year 2015	_ Veh Make	MAZDA		Vel	1 Config. 1	
	Operator CALLAHAN	I, MATI			ner <u>CALLAHAN</u>	, MA	THEW	WILL	IAM	liddle	-
⁴ 1	Address 243 GABRI	IELLE S	5 T		ress 243 GAB	RIELL	E ST		IVI	lioure	_
	City MANCHESTER	State	NH Zip 0310	33901 City	MANCHESTE	R		State NH	Zip_ 0 _	31033901	_
	Insurance Company STAT	'E FARM	1	Veh	icle Action Prior to Cra	sh 1	22		Area Code:		1
	Vehicle Travel Direction:		Responding to Emerg		nt Sequence 1 23	23 23	23	Test Statu		1 28	1
5	<u> </u>					24		Type of T	est:	29	
	Citation # (If Issued)				t Harmful Event		25	BAC Test	t Result:	30	13
	Viol. 1: Ch/Sec/Sub ————	V	iol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	99 25	25	Susp. Alc	ohol: 2 31	1 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5] 1 1
⁶ 2	Viol. 3: Ch/Sec/Sub	V	iol. 4: Ch/Sec/Sub —	Driv	er Distracted by	9 26		Towed fro	om scene?	1 33	
2		out for operate	or and all occupants inv		5054	34 3 Scat Sai	ety Airbag Ej	et Trap	19 10 Injury Transp.	44 % 232 %	7
	Name (Last First Middle) Operator			Address ee Above	DOB/Age So	Pas. Sys	em Status Co		Status Code	Medical Facility	
ŀ	Орегию		36	E AUOVE	+	1 1		-			4
Ì							11	1			1
	N 61-40				15 16		17		18	<u> </u>	-
⁷ 2	Please Select One of the Following:	hicle 2 1	Occupants Non-	-Motorist A Type	Action	Location	Con	dition	ַ" ע	Hit/Run Mope	ď
[License # SA345014	2 St MA	DOB/Age	Reg	# 2RKL68	_	Reg Ty	pe PC	R	eg State MA	
- 1	Sex M Lic. Class D	19	20		Year 2016	Veh Make				21	_
	<u> </u>		En	idorsement	ner HUYNH , M				70	Contag.	
~ 1	Operator LE, ERIC			Middle	Last		First		M	iddle	-
	Address 362 RINDG				ress 16 KENNI						14
ì			MA Zip 02140	•	TEWKSBURY				•	1876-2911	
	Insurance Company PLYM	OUTH RO	OCK ASSURA	NCE C Vehi	cle Action Prior to Cras					1 27 2 27 27 1 28	
	Vehicle Travel Direction:	SEW	Responding to Emerg	gency? 2 Ever	it Sequence 1 23	23 23	**1	Test Status		29	
)_	Citation # (If Issued)			Mos	t Harmful Event 1	24		Type of Te BAC Test		30	
2	Viol. 1: Ch/Sec/Sub	Vi	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code	99 ²⁵	25		ohol: 2 31		ıl
			ol. 4: Ch/Sec/Sub ——		er Distracted by	26		Towed fro		1 33	I .
-			notorist and all occupa			34 35	36 3	38	39 40	<u>+</u> _	4
	Name (Last First Middle)		•	Address	DOB/Age Sex	Seat Safe Pos. Syst	sty Airbag Ejo ern Status Co		Injury Transp. Status Code	Medical Facility	_
	Operator/Non-N	Aotorist	Se	e Above	\times	1 1	4 0	0 1	10 1		
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	Po	lice Use Only		Co	mmonv	wealth	of Mass	acł	lus	etts	3			RM	(V Doc	ument l	Number		
	Date of Crash 06/29/2023	Time of Crash	Wiln	City/Town			icle Cra	ish		umber ehicles		nber ared	Spee:	d Limit	·	Loca	e Police al Police TA Police	0800	
		24HR				Police :	Report		2		0		l	itude				Ğ	
		AT INTER	SECTI	ON:	<	LOCA	TION	>			NO	T A	ΓIN	TER	SEC	TION	l:		
									21	4	7 A1	VDC	TTV	R S	·Т			ŀ	2 10
¹ 1	Route# Dire	ction		Name of Roadw At	/ay/Street		Route# Direc	ction		ress #						vay/Stree	et		
<u> </u>	1			Al			Feet	N S	EW	of			_ •	• —	or.			_	
	Route# Dire	ction	Nam	e of Intersecting F			.	Ne	EW	1 .	М	ile Ma	rker			Exit	t Number	_	3 11
				Also at Intersect	uon with				EW		Rout	 e#	_	Inters	ecting	Roadway	y/Street	-	
² 1	Route# Dire	ction	Nam	e of Intersecting F	Roadway/Street		reet	1115	121.	J 01				1.5	ındmar	·k		_	
3	Please Select (le 1 1	#Occupants	Hìt/Run	Moped	Crash I	Repor	t ID#	23	-1	g'	7 –						
3	of the Followi	2242046															\ <u></u>	\dashv	
	Sex M Lic.	10	19		CDL		1NYE11 (ear 2013										21	T	7 ^{I2}
		FEBVRE,			Endorsemen	at	er LEFEBV					<u>/ </u>	<u> </u>		ver	ı Conng.	<u> </u>	╵┟	
⁴ 1	1	Last		First VENUE EX	Middle XT		ess 50 GRI	Last	-		F	irst NUF	. म	יויצ	М	liddle			
				MA Zip 01			METHUEN								Zin O :	1844	-626	_ 4	
	l			CE INSU			le Action Prior to		1	1	22				Code:		27 2	I	
	Vehicle Travel D	Direction: N	EW	Responding to	Emergency? 2	Event	Sequence 1	23	23	23	23	Te	st Sta	tus:		1 28		_	
⁵ 2	Citation # (If Iss	ued)		_		Most	Harmful Event	1	24			_	pe of		.1.	30			
	Viol. 1: Ch/Sec/S	Sub	\	/iol. 2; Ch/Sec/Sul	b	Drive	r Contributing Co	ode	1	25	25	1		st Rest cohol:		1	Drug: 2 3	2 1	1 13
6	Viol, 3: Ch/Sec/S	Sub ———	\	/iol. 4; Ch/Sec/Sul	b	Drive	r Distracted by	0	26					rom sc		2 33		┪	
⁶ 1	Name (Last First M		for operat	or and all occupar	nts involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		edical Facility		
	Operate				See Above		IXOLIAGE	X	1	1	4	O O	0	10	1	Me	dear ruenty	\neg	
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								-	-										
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	Diana Calant C						15	16		<u> </u>	17		<u></u>	18			I	_	
⁷ 1	Please Select C of the Followin		e 2 <u>1</u>	#Occupants	Non-Motorist	A Type	Action	10 1	Locatio	n		Conditi	ion			Hit/Run	Мор	ed	
	License # NHI	1752110	O St NI	L DOB/Age_	ล	Reg#	9C2006				Reg	Туре	CO		R	eg State]		-	
	Sex M Lic. C	<u> </u>		strictions B	CDL	t	'ear <u>2022</u>								Veh	Config.	1 21]	
81	Operator VAU	Last		First	Middle		MINER	Last			THE		T		Mi	iddle		-	
	Address 8 W				~~~		ess 18 WII	,LE	Y R	D_						4000		-	I4
	City SANDC			NH Zip 031			SACO		1		22				ip <u>U</u> Code:	407 <u>2</u>	27 2	- 	-
,	Vehicle Travel D		EX	FM TRU Responding to B			Sequence	Crash 23	23	3 23	23		st Stat		Code.	1 28		-	
	Citation # (If Issu	L	I E DX	Responding to E	smergency / _=_		Sequence 1	1	24			Ty	pe of 1	Fest:		29			
⁹ 2	,	ŕ	V	- iol. 2: Clı/Sec/Sub			Contributing Co	<u> </u>	19	25	25			t Resu		1 30		a	
	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub			_	О	26				•	cohol: om sc		2 33	Orug 2 37	ן נ	
}				motorist and all oc		ed		<u> </u>	34 Sest	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.				
	Name (Last First Mi	or/Non-Mo	torist		Address See Above		DOB/Age	Sex	Pos.	System 99	Status	Code	Code	Status 10	Code	Med	lical Facility		
ŀ	Operato		WILSE		Dec roove				-		-	-	-		-			_	
ŀ								_										\dashv	
								<u> </u>	<u> </u>										



Police Officer Name (Please Print)

Signature

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 23-197-AC





	Police Use Only	Com	nonwealth	of Massac	hus	etts	}		RMV	Docur	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crasl	h N	umber elucles		1.	Limit_	30	State Police Local Police	
	06/29/2023 1339 Wil	mington	Police	Report	2	rincics	Injured 0	Latitu Longi			MBTA Police [Campus Police [Other:	3
	AT INTERSECT	ION:		TION >			NOT A	1		SECT		
												0 10
	ROUTE 1											_[]
1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Addı	ress #		Na	me of R	Roadwa	ıy/Street	
	: RAT.T.ARD	VALE ST		Feet N	SEW	of				or		_
		me of Intersecting Roadw	vay/Street			-	Mile M	arker			Exit Number	8 11
		Also at Intersection w	rith	Feet N			Route#		Intersec	ting Re	oadway/Street	. <u> </u>
2	Route# Direction Na	me of Intersecting Roadw	au/Street	Feet N	s E W	of	110011211		111101300	viiii e rec	oadway/50ccc	
² 1	Route# Direction 14a	ne of finersecting Roadw	ray/Siteet						Lan	dınark		
3	Please Select One of the Following: Vehicle 11	#Occupants	Run Moped	Crash Repo	ort ID#	23	-19	8-	AC			
,	Y											
	License # SA1890814 St M	70		S22254						-	71	1 12
	Sex M Lic. Class D Lic. I	Restrictions 1 CI	ndorsement	Year <u>2006</u>	_ Veh M	ake <u>C</u>	HEVRO	LEI	<u> </u>	_ Veh C	Config. 97	
	Operator ESQUIVEL SOSA	KEVIN RO	NAEL Own	er CREONTE	TIR	E A	ND AU	JTO	INC	Midd	D.,	-
⁴ 3		APT 8		ess 127 LIN	DEN	ST	(.172)			MIGG		_
	City WALTHAM Stat	e MA Zip 02452	-6178 City	WALTHAM			St	ate M Z	Zi ₁	02	452-6204	_
	Insurance Company PILGRIM I	NSURANCE CO	MPANY Vehic	le Action Prior to Cra	ısh	10	22	amageo	d Area C	Code:	27 27 27	
	Vehicle Travel Direction: SEW	Responding to Emerg		Sequence 23	23	23		est Stat		1	28	'
⁵ 2				<u> </u>	24		IJ _T	ype of I	Test:	Ī	29	
	Citation # (If Issued)	<u></u>		Harmful Event 2		35		AC Tes	t Result	t: 1	30	1 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	<u></u>	²³ 2	1 25 S	usp. Ald	cohol: 2	31	Susp. Drug: 2 32	2 13
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	26		T	owed fr	om scer	ne? 2	33	
1		ator and all occupants inv			34 Seat	35 Nafety	36 37 Airbag Eject	38 Trop		10 Fransp.		
	Name (Last First Middle) Operator		Address e Above	DOB/Age Sc	Pos. 1	System 99	Status Code	Code		Code 1	Medical Facility	
	Орегию	36	e Above		1	33	1 0	-	10			4
•			*** *** *******************************									_
1	D C 1 / C			15 16	i	닏	17		18		<u> </u>	
⁷ 3	of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	Action	Locatio	n	Condi	tion	10	L Hi	it/Run 🔲 Mope	d .
	License # S47695950 St M	A_ DOB/Agt	, Reg #	W48995			Reg Typ	. CO		Reg	State MA	1
	19 19	testrictions 1 20 CD		ear 1999	Veh Ma	ke Cl			1		Config. 97 21	
	Operator BRITO, MARCUS	End End	dorsement	BRITO, M	=					, ven e	comig.	·
32	Address 135 3RD ST	First	Middle	ess 135 3RD			First			Middl	le	-
		307 01050			21					011	050 0500	- 14
	•	MA Zip 01850		LOWELL	Г						850-2509	
ı	Insurance Company UNITED FIN	MANCIAL CAS	UALTY Vehic	le Action Prior to Cra		2	ᆜ, -		Area C	ode: 1	27 2 27 8 27 28	
	Vehicle Travel Direction: X S E W	Responding to Emerge	ency? 2 Event	Sequence 1 23	23	23		est Statu pe of T		1	29	
,	Citation # (If Issued)		Most	Harmful Event 1	24			•	t Result:		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	Contributing Code	1	25	25		ohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol, 4; Ch/Sec/Sub	Drive	Distracted by	26				om scen		33	
L	Please fill out for operator/nor			<u> </u>	34	35 Safatu	36 37	38	39	40		-
	Name (Last First Middle)		Address	DOB/Age Se	Sent Pos.	Safety System	Airbag Eject Status Code	Trap Code		ransp. Code	Medical Facility	_
	Operator/Non-Motorist	See	: Above		1	99	4 0	0	10 1			
}			and the sale			\dashv						-
-					-			\vdash			-	
1												

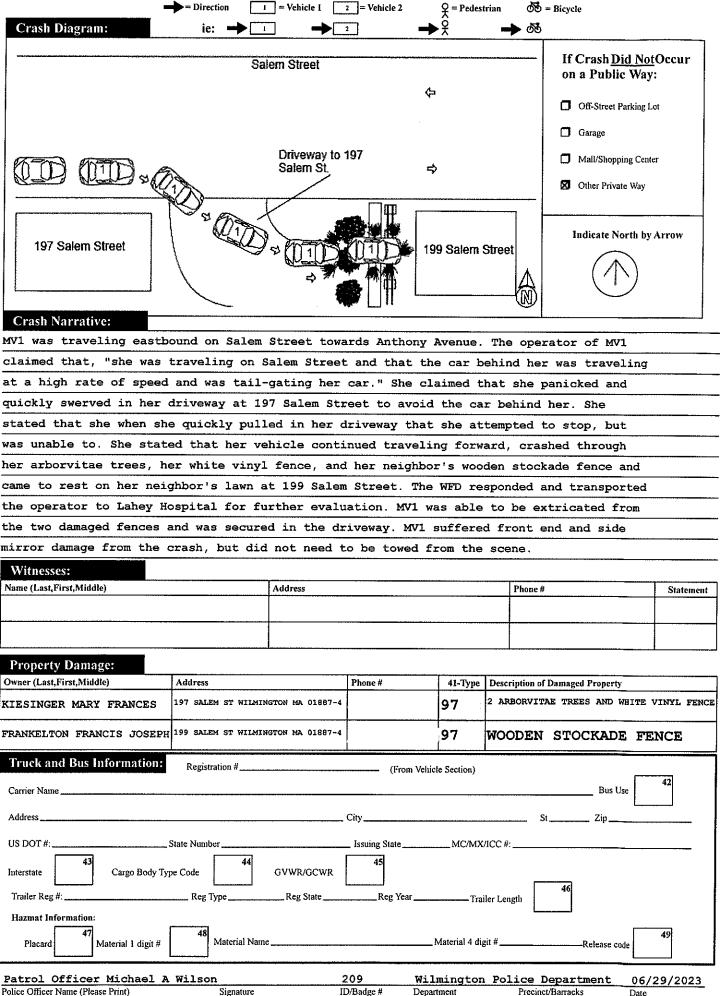
-	= Direction	= Vehicle I	2 = Vehicle 2	Pedesti	rian 📆	= Bicycle	
Crash Diagram:	ie: 👈 🔟] →[2	.	→ ‱		
≪3			Ballardvale S	St.		If Crash <u>Did Not</u> on a Public Way	
			STANSAM			Off-Street Parking Lo	ot
			TERROPERA			☐ Garage	
Route 125 (Wilmington)			ALEXAN PRODUCTION CALL			☐ Mall/Shopping Cente	r
	—ı Re	d Light				Other Private Way	
	Q	-8					
	Č					Indicate North by	Arrow
Vehicle 2 Vehicle 1	Vehicle 1						
Vehicle 2 Vehicle 1	Tornero 1						
Crash Narrative:							
Vehicles 1 and 2 were be	oth stationary	at a red 1	light at the i	interse	ction of	Route 125 and	<u>, ,</u>
Ballardvale Street in W	ilmington. At	that time,	vehicle 1 bac	cked in	to the f	ront of vehicle	
2. The operator of vehic	cle 1 stated t	hat he thou	ight he was pu	itting	his vehi	cle in park but	
put it into reverse by n	mistake. Opera	tor 1 state	ed he tried to	put i	t in par	k because he	
was tired from work. Vel	hicle 1 sustai	ned no dama	ige at all, ho	owever,	vehicle	2 sustained	
major damage to the ent:	ire front end.	Operators	1 and 2 were	the so	le occup	ants of their	
respected vehicles. Neit	ther operator	sustained a	ny injuries a	and both	n denied	medical	
treatment. Vehicle 1 was	s able to be d	riven away.	However, veh	nicle 2	needed	to be towed, as	
it had major damage and	was leaking f	luids. Oper	ator 2 called	l AAA aı	nd he wa	s having it	
towed to his place of bu	ısiness.						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	of Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name						Bus Use	42
Address			City		and the same of th	StZip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	pe Code 44	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:					L		
Placard Material 1 digit #	48 Material Nam	e	1	Material 4 dig	git #	Release code	49
Patrol Officer Michael W	Powers	:	231 Wil	minaton	Police	Department 06/	29/2023

Wilmington Police Department Images Associated with 23-198-AC





	Police Use Only	Com	monwealth	of Massach	usetts	RMV	/ Document Number	
	Date of Crash Time of Crash 06/29/2023 1802 Wil	City/Town mington	Motor Vel	nicle Crash	Number Numb Vehicles Injur	ad open min_	30 State Police Local Police MBTA Police Campus Police	1
	24HR	ming con	Police	Report	1 1	Latitude Longitude	Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >	NOT	AT INTERS	SECTION:]
					199 SA	TEM OF		2 10
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	LEM ST Name of R	Roadway/Street	-
11		At		Feet NS	EW of	• -	or	
	Route# Direction Na	me of Intersecting Road	way/Street	100(11/2)		Marker	Exit Number	11
		Also at Intersection	with	Feet NS	E W of Route	Intercer	cting Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Road	way/Street	Feet NS	E W of	morsec	Ang Roadway/Sheet	
1				<u> </u>			dmark	-
3	Please Select One of the Following:	_#Occupants His	t/Run Moped	Crash Report	ID# 23-1	99-AC		
	License # S70635954 St N	A DOB/Ags	Reg	# <u>72</u> SJ15	Reg	Туре <u>РС</u>	Reg State MA	12
	Sex F Lic. Class D 19 19 Lic.		CDL Veh	Year 2012 V	eh Make LINC	OLN	_ Veh Config. 21	7 12
	Operator KIESINGER, MA		Endorsement S Own	er KIESINGER	, MARY F	RANCES		
1	Address 197 SALEM ST	First		ress 197 SALEN	First		Middle	
	City WILMINGTON Stat	e MA Zip 0188	7-4022 City	WILMINGTON		State MA Zi	p 01887-4022	
	Insurance Company FARMERS P	ROPERTY &	CASUAL Vehi	cle Action Prior to Crash	7 22	Damaged Area (Code: 8 27 1 27 2 27	
	Vehicle Travel Direction: NSWW	Responding to Eme	rgency? 2 Ever	nt Sequence 40 23 21	23 23 23 23	Test Status:	28	
,	Citation # (If Issued)	····	Mos	t Harmful Event 30	24	Type of Test: BAC Test Result	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	7 25 11 25	Susp. Alcohol: 2	31 Susp. Drug 2 32	21 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by 99	26	Towed from scen		
1	1	ator and all occupants in			Seat Safety Airbag I		40 Transp.	1
	Name (Last First Middle) Operator	5	Address See Above	DOB/Age Sex	Pos. System Status C		Code Medical Facility Lahey Clinic	1
	Operator				<u> </u>		-	1
				_				-
								_
1	Please Select One of the Following:	#Occupants Nor	n-Motorist A Type	15 Action 16 L	ocation 17 Co	ndition 18	Hit/Run Moped	
_	License # St_	DOB/Age	Regi	#	Reg		Reg State	1
	19 19	20		Year Ve			21	
	Operator		indorsement Own	er				
2	Last Address	First	Middle	Last	Pirst		Middle	
	CityState	: Zip	City_			StateZip	<u> </u>	2 14
	Insurance Company		Vehic	ele Action Prior to Crash	22	Damaged Area C	Code: 27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emer	gency? Even	t Sequence 23 2	3 23 23	Test Status:	28	
	Citation # (If Issued)		Most	Harmful Event	24	Type of Test: BAC Test Result	30	
2	Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	25 25	Susp. Alcohol:	31 Susp. Drug. 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	Towed from scen		
	Please fill out for operator/nor	1-motorist and all occup			Seat Safety Airbag E	37 38 39 ject Trap Injury T	40 fransp.	1
	Name (Last First Middle) Operator/Non-Motorist	S	ee Above	DOB/Age Sex	Pos. System Status C	ode Code Status (Code Medical Facility	
	operator/1100-motor tot				-			1
								_
								_



Police Officer Name (Please Print)

Wilmington Police Department Images Associated with 23-199-AC





	Pol	ice Use Only		Comi	monwealth	of Mass	ach	use	etts	\$			RM	IV Do		Number	_	
	Date of Crash 06/29/2023	Time of Crash 1950	Wilm	City/Town	Motor Vel	hicle Cra	sh		umber chicles		mber ured	1.	d Limi	t4	<u></u> Lo	ite Police cal Police BTA Police		
	00, 23, 2023	24HR	11 7 77	riigcon	Police	Report		2		0		Latitu Long	ude itude		— Ca	mpus Police her:	<u>.</u>	
		AT INTER	SECTI	ON:	< LOC	ATION	>			NO	T A	TIN	TER	SEC	TIO	N:		
								26	Λ	M	7. T.N	1 S'	m.					2 10
1	Route# Direc	ction		Name of Roadway/Str	reet	Route# Direc	tion		ess#	1/1/				Road	way/Str	ect		<u> </u>
13	_			At		Feet	N S	E W	of			(• or				·
	Route# Direc	ction	Name	e of Intersecting Roadw	/ay/Street					М	ile M	arker			Ex	it Number		4 11
				Also at Intersection w	ith		N S			Rout	e#		Inters	ecting	Roadwa	ay/Street		
² 1	Route# Direc	tion	Name	e of Intersecting Roadw	/ay/Street	Feet	NS	EW	of									ĺ
	Please Select C	ne 🔽	.1	#Occupants Hit/I		<u> </u>			2 2		<u> </u>	^		andmai	rk	····		
3	of the Followin	ig: Venici	c 1	#Occupants Hit/		Crash F												ĺ
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						Off-Street Parking L	ot
						☐ Garage	
	Vehicle 1		Main St			Mall/Shopping Cent	er
						Other Private Way	
						Indicate North by	Arrow
	260 !	Main St			2>		
Crash Narrative:							
n Thursday, June 29	, 2023, vehicle 1	was travel	ling south on	Main S	treet. T	ne vehicle	
raveling in front o	f vehicle 1 brake	d to turn i	in to the pla	za of 2	60 Main	Street. To	
void colliding with	the rear of the	braking veh	nicle, vehicl	e 1 mer	ged into	the next lane	
ausing vehicle 1 to	collide with the	side of ve	hicle 2.				
hotos of the damage	d vehicles are at	tached					
11 parties refused		,					
·······							
Witnesses:		Address			Phone #		Statement
tame (Basi, Fisi, Fiduce)		Addiess			1 none		Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone#	41-Type	Description o	f Damaged Property	8.101
Truck and Bus Informati	On: Registration #		(From Vehi	cle Section)	<u> </u>		
Carrier Name						Bus Use	42
Address	·····		City			StZip	
US DOT#:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	——Tra	iler Length	46	
Hazmat Information:	40				_		40
Placard 47 Material 1 dig	git # 48 Material Name			Material 4 dig	git #	Release code	49
atrol Officer Christophe	r k Miccichi		232 Wi	lmington	Police	Department 06/	/29/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

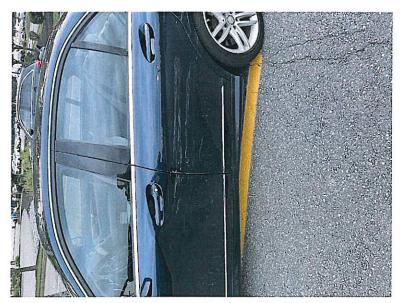
Department Precinct/Barracks

Date

Wilmington Police Department Images Associated with 23-200-AC

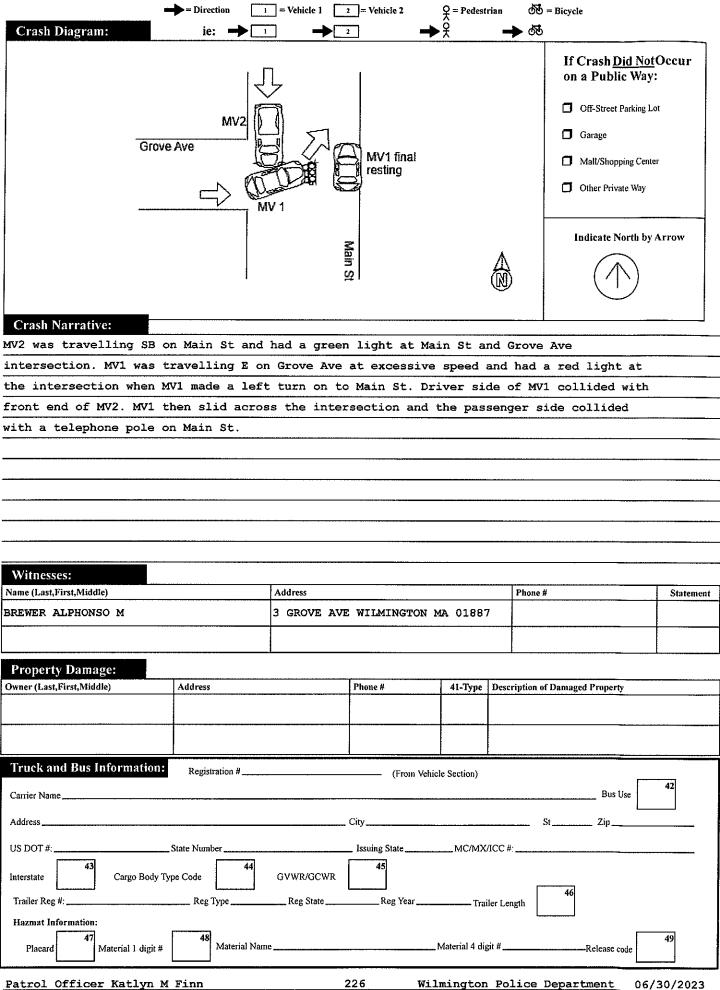








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i 4	Rotte# Direction	Name of Roadway/Str At	eet	Route# Direction	Address	#	Name	or Koadw	/ay/Street	-
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Patrol Officer Katlyn M Finn

06/30/2023

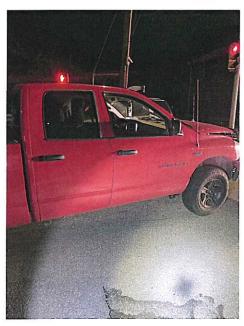
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Wilmington Police Department Images Associated with 23-201-AC



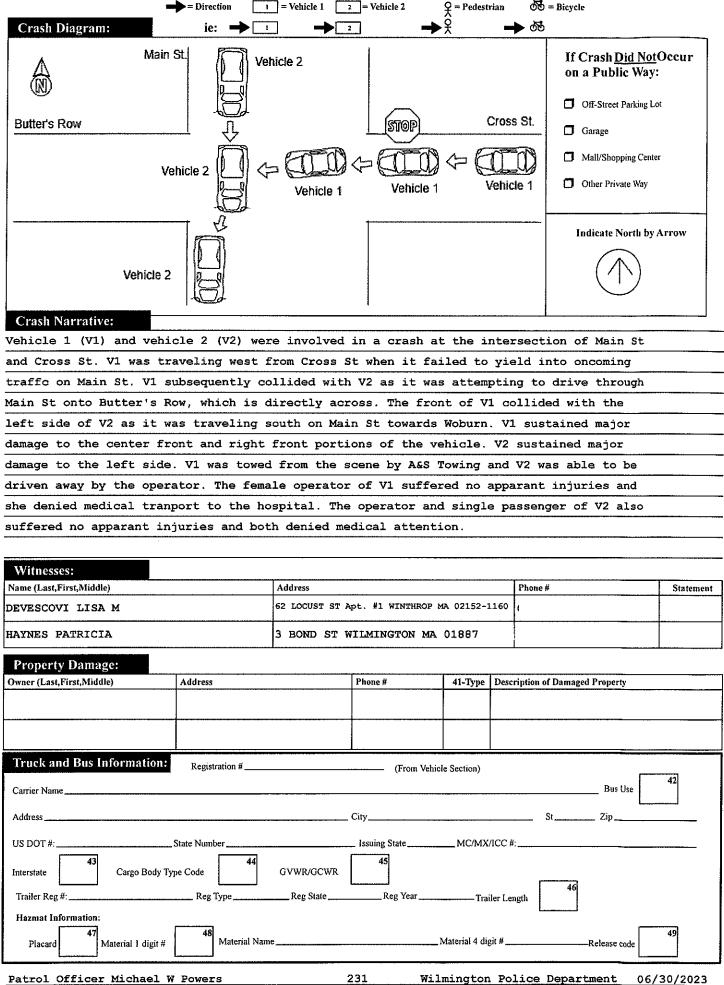








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Patrol Officer Michael W Powers

06/30/2023

Department

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER MICHAEL W POWERS

Ref: 23-202-AC

I, Officer Michael Powers of the Wilmington Police Department, report the following summary of facts:

On Friday, 06/30/2023, I was assigned to uniformed patrol in sector 3 in fully marked police cruiser #38 for the 0800-1600 hours shift. At approximately 1535 hours, I was dispatched to the intersection of Main Street and Cross Street for a 2-car motor vehicle crash. Please reference case number 23-202-AC for more information. While en route to this location, dispatch stated that a white van was involved in the crash and left the scene. Officer Stebbins conducted a motor vehicle stop of a white van, however, this vehicle showed no signs that it was just involved in a crash (photos were attached to document). After arriving on scene, I spoke to a witness of the crash, Lisa Devescovi. Devescovi stated that she was in her vehicle on Butter's Row and witnessed a white van crash into one of the involved vehicles (Toyota) and then flee the scene. I asked her if this van may have just been trying to avoid the Toyota from crashing into it and she replied, "No." I also spoke to another witness, Patricia Haynes, over the phone and asked her what she saw. Haynes told me that she was behind the Toyota on Cross Street just before it entered Main Street. Haynes then told me that the Toyota drove onto Main Street and failed to yield into oncoming traffic. Haynes then stated that the Toyota crashed into the left side of the other involved vehicle in the crash (Chevrolet). I asked Haynes if, at any time, she witnessed a white van and she told me, "No." I also asked Haynes if the Toyota and the Chevrolet were the only vehicles involved in the crash and she replied, "Yes."

Respectfully Submitted,

Officer Michael Powers #231 Wilmington Police Department

Wilmington Police Department Images Associated with 23-202-AC













Wilmington Police Department Images Associated with 23-202-AC













Wilmington Police Department Images Associated with 23-202-AC



	Police Use Only	Com	nonwealth	of Massa	chus	etts	3			RM	V Doc	ument N		
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-	Viol. 1; Clı/Sec/Sub	Viol. 2: Cl/Sec/Sub —	Drive	r Contributing Code		25	25	Sus	p. Alce	ohol: 2	2 31	Susp. I	Drug 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Cli/Sec/Sub ——	Drive	r Distracted by	26			Tov	ved fro	om sce	ne?	2 33		
	Please fill out for operator/no	•		new	34 Scal	35 Safety	36 Airbag	37 Eject			40 Тгалыр.			Ī
	Name (Lost First Middle) Onavator/Non-Motoris:		Address a Aboue	DOB/Age S	Pos.	System 1	Status 4			Status 10	Code 1	Med	dical Facility	
	Operator/Non-Motorist	, Se	e Above		\ <u>'</u>	 		<u> </u>	_					-
								\dashv						1
				<u> </u>		[J

	= Direction 1	= Vehicle 1	z = Vehicle 2	오 = Pedestria	an Ø5i≕	= Bicycle	
Crash Diagram:	ie: 🗪 📑	□ →□	2	₽	→ ‱		
		167 M a	in Street			If Crash <u>Did Not</u> on a Public Way:	
						Off-Street Parking Lo	.
			Z.			_	л
		(In Extensi				☐ Garage	
		2				Mall/Shopping Cente	r
C FORM						Other Private Way	
11211					_		
						Indicate North by	Arrow
	仓						
	Amazon vehicle			6	49	(\rightarrow)	
				V		\bigcirc	
Crash Narrative:					<u> </u>		
Vehicle 1 was traveli	ng North down Ma	ain street w	with Vehicle	2 follow	ing behi	nd. Both	
Vehicle 1 and 2 encou	intered an Amazoi	n vehicle pa	arked on on t	he side (of the r	oad just	
before 167 Main Stree	t which was veh:	icle 1's des	stination. Af	ter mane	uvering	around the	
Amazon vehicle, vehic	:le 1 began to to	ırn left int	to their resi	dence. V	ehicle 2	was unaware	
that vehicle 1 was sl	owing down to to	ırn left and	d collided wi	th the re	ear of v	ehicle 1. Both	
vehicles had minor da	mage with no aim	rbag deploym	ment and no a	pparent :	injuries		
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:					•		
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of	Damaged Property	
Truck and Bus Information	Registration #		(From Vehi	cle Section)			
Carrier Name						Bus Use	42
Address			Cíty		S	tt	
			•			-	
US DOT #:	State Number		Issuing State 45	MC/MX/I	UC #:		
	ly Type Code	GVWR/GCWR					
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	r Length	46	
Hazmat Information:					L		
47 Placard Material 1 dig	it # Material Nan	ne		Material 4 digit	#	Release code	49
Patrol Officer Thomas Police Officer Name (Please Print)	Lawrenson Signature			Lmington rtment		Department 07/	01/2023

	Police Use Only	Comn	nonwealth (of Massa	ich	uset	ts			RM	IV Do	cument N	umber	
	Date of Crash Time of Crash 07/01/2023 2216 Wiln	City/Town	Motor Veh	icle Cras	sh	Num Vehi		umber ijured	i		it		Police R	1
	24HR	ington	Police 1	Report		2	0	.jurou	1	ude gitude_			A Police	
	AT INTERSECTI	ON:	< LOCA	TION >	>	<u> </u>	NO	OT A	_	-		CTION		7
														2 10
	Route# Direction MAIN ST	Name of Roadway/Stre	Aet	Route# Directi	-	Addres			N	lama at	6 Dand	way/Street		<u>-</u>
¹ 4	Addition Distriction	At		Koute# Directi	OII	Addres	s #		IN	iame o	r Koad	way/Street		-
L	LLOYD RI			Feet [N S I	E W o		— . Mile M		•	or	End :	Number	
	Route# Direction Nam	e of Intersecting Roadw Also at Intersection wi	<u> </u>	F [1	uleli	E W of		vine ivi	arker			EXII	MINOCI	3 11
		Auso at linersection wi					Ro	ite#	******	Inters	ecting	Roadway	Street	-
² 1	Route# Direction Nam	e of Intersecting Roadwa	ay/Street	Feet	N S I	c W o	· · · · · · · · · · · · · · · · · · ·					<u> </u>		.
	Please Select One	#Ossussants D					2	~~			andmai	rk		1
3	Please Select One of the Following:		Run Moped	Crash Re	eport I	D# Z	3-	20	4 –	·A(<u> </u>			l
L	License # D20313317312852 St N	DOB/Age	Reg #	8TB351			R	ед Тур	e PC		F	Reg State	<u> </u>	<u> 12</u>
	Sex M Lic. Class D 19 19 Lic. Re	estrictions 1 20 CD	DL Veh Y	ear <u>2009</u>	Ve	eh Make	NIS	SAN	1		Vel	h Config.	1 21	1 "
	Operator DEANDRADE, HIG		dorsement Own	er BATISTA	A , (CAM:	LLLA							
⁴ 1	Address 336 CENTENNIAL	AVE	Middle	ess 75 SIE	ıst			First			N	liddle		
	City CRANFORD State	NJ Zio 07016	-3390 City 1	BOSTON				Sta	ate M	A :	7in 0	2136		
	Insurance Company GOVERNMENT	-	-	le Action Prior to C	Trach	1	22				Code		27 27	
	Vehicle Travel Direction: N S E	Responding to Emerge		Sequence 1		3 2	23		est Sta			1 28		
5	Citation # (If Issued) T2749120	responding to Energy		Sequence 1	<u> </u>	24	<u></u>	Ty	ype of	Test:		29		
	Viol. 1: Ch/Sec/Sub 90 24C v	- 		Ľ	<u>.</u> _		2	_		st Res		30		13
				r Contributing Cod		4 ²⁵ 26		_] Si			2 31		nug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub 90 34J V			r Distracted by	99			To	owed f	from sc	ene?	1 33]
_	Please fill out for operate Name (Last First Middle)		Olved Address	DOB/Age	Sex	Seat Sa	fety Airba tem Status	Bject Code	Trup Code	39 Injury Status	Transp. Code	Medi	eal Facility	
	Operator	See	Above		X	1 1	4	0	0	10	1			
	GUSTAVO SILVA OLIVERIA	***UNKNOWN*** OUT OF STATE, OC	00000		4 3	3 1	4	0	0	10	1			1
	1					5 1	4	0	0	10	1			1
				-		<u> </u>	4		-	10	-			-
⁷ 2	Please Select One of the Following:	Occupants Non-M	Motorist A Type	15 Action	16 Lo	cation	17	Condit	ion	18		Hit/Run	Moped	
	License # S96280134 St MA	_ DOB/Age	Pag#	VT34375		E		o Tros	. PC		<u> </u>	an State N	47 <u>\</u>	
	19 19	20		ear 2010	14.1					<u> </u>		eg State 1	1 21	
- 1	Operator BRIGHAM, JEREM	End	orsement						•		Veh	Config.	4	
8 ₂	Address 74 ANDOVER ST	irst	Middle	r BRIGHAM	ıt .		J	First			Mi	iddle		
		43 - 01997-		ss 74 ANDO		2 2	.							14
	•	MA Zip 01887-		VILMINGT		Γ.	22				ip U Code:		-1202 27 27	
	Insurance Company UNITED SER			e Action Prior to C	т	1			amage st Stat		Code:	2 28	21 21	
	Vehicle Travel Direction: SEW	Responding to Emerge	ncy? 2 Event	Sequence 1 23	1	<u> </u>	23		pe of			29		
2	Citation # (If Issued)		Most I	Harmful Event	<u> </u>	:4			AC Tes	st Resu	ılt:	30		
	Viol. 1: Ch/Sec/SubVi	ol. 2: Ch/Sec/Sub	Driver	Contributing Code	ᆫ		2:	Su	sp. Al	cohol:	2 31	Susp. Di	ug 2 32	
	Viol. 3: Ch/Sec/Sub — Vi	ol. 4: Clı/Sec/Sub	Driver	Distracted by) 2	:6		To	wed fi	rom sce	епе?	2 33		1
	Please fill out for operator/non-r	•	ts involved	DOB/Age	[5	34 3: Seat Safe Pos. Syst	dy Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	31.0	al Fasilie	
f	Operator/Non-Motorist		Above	Controlle		1 1	4	O	O		1	Medic	al Fucility	
-	LISA HUGHES	74 ANDOVER ST			3	_	4	-	0					
-		WILMINGTON, MA 018	9/-1202	^F			-	Ľ		10	1			
						_								

	= Direction	= Vehicle }	2 = Vehicle 2	♀ = Pedestriar	n 💇 = Bicycle	
Crash Diagram:	ìe: 🕶	1	2	Ŷ	→ &	
Crash Diagram:	ie: →		2	**	If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cen Other Private Way Indicate North by	ot Let
Crash Narrative:						
	/22 M appy 1221	Chan diana	tabad ta 2	- W/O	Maia Ot and Tland DJ	
See 23-265-AR. On 7/1/23 @ appx 12216hrs, dispatched to 2-car MVC at Main St and Lloyd Rd. MV1 left scene prior to arrival. According to OP2 and PASS2, saw MV1 traveling down Lloyd						
Rd at high rate of speed. OP2 attmepted to stop MV2. MV1 entered MV2's lane of travel and						
struck front of MV1. MV2 pulled over after intersection. MV1 had minor damage on front						
bumper near pass headlight. OP1 exited vehicle, looked into MV2, did not say anything,						
returned to MV1 and fled SB Main St. Later, OP2 returned to Lloyd Rd in another MV.						
Admitted to being OP1. OP1 stated stopped past stop sign and line. OP1 left MV1 on a side						
street. Ofcs located MV1 near 5 Quincy St. MV1 had heavy damage hear Driver headlight. OP1						
cited, Leaving Scene Property Damage, Unregistered & Uninsured: T2749120. MV2 left under						
own power, MV1 towed. No injures reported.						
Witnesses:						
Name (Last,First,Middle)		Address		Phone #	Statement	
		l				
Property Damage:	1		T	· · · - · · ·		
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damaged Property	
Truck and Bus Information: Registration #						
Carrier NameBus Use 42						
Address			_ City		St Zip	
He por #.						
US DOT #:	State Number	···	45	MC/MA/ICC	C#:	
Interstate Cargo Body	Type Code	GVWR/GCWR			[
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length						
Hazmat Information:						
Placard Material 1 digit # Material Name Material 4 digit # 49						
Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 07/02/2023						

Department