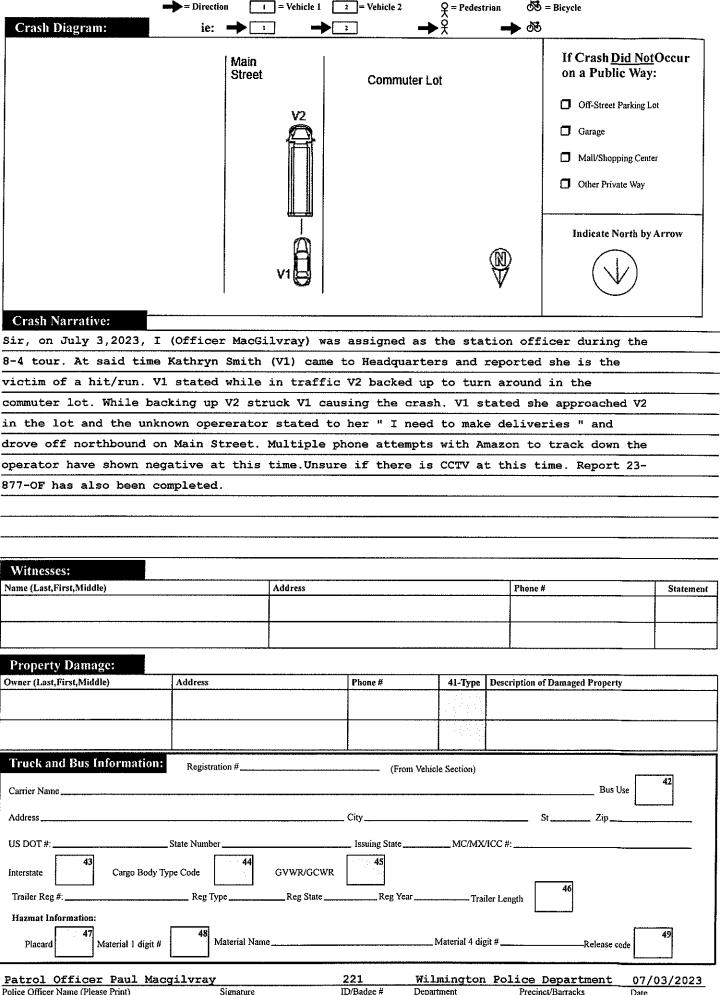
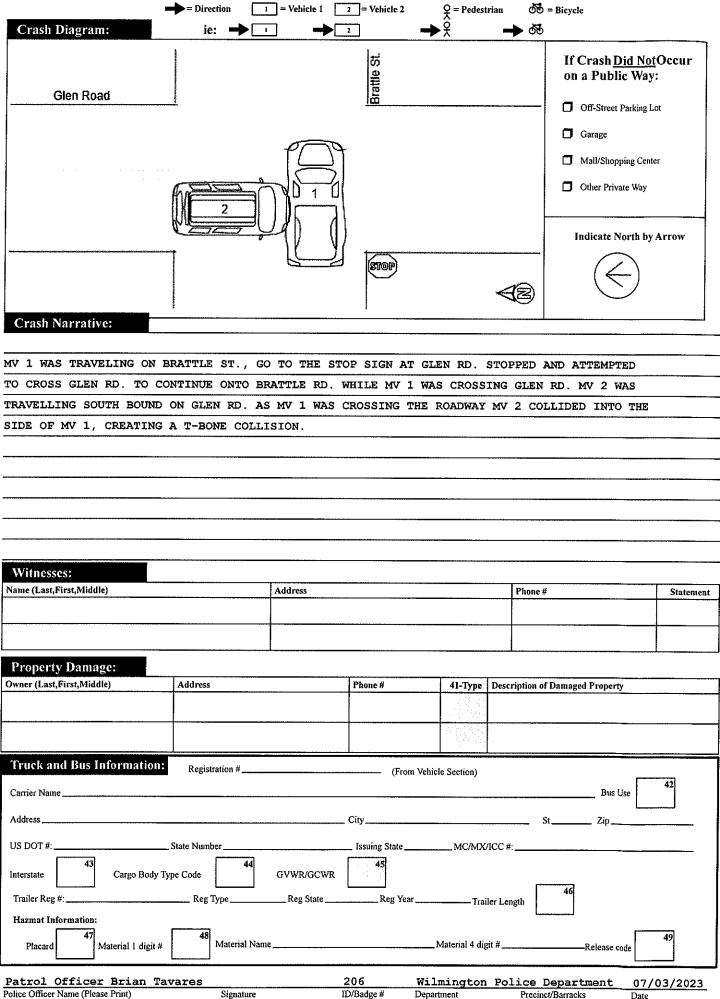
	Pol	ice Use Only	Com	monwealth	iwealth of Massachusetts RMV Document N						
	Date of Crash 07/03/2023	Time of Crash 0828 W	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lin	it35	State Police Local Police MBTA Police Campus Police	
	07/03/2023	24HR	ilmington	Police	Report	2	0	Latitude Longitude		Campus Police	
		AT INTERSE	CTION:	< LOCA	TION >		NOT A	TINTE	RSECT	ΓΙΟΝ:	
											2 10
,	Route# Direc	ction	Name of Roadway/St	reet	Route# Direction	411 Address #	MAIN		of Roadwa	av/Street	_
1			At								1
<u> </u>			21 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		Feet N S	E W of	Mile M	• arker	– or <u>–</u>	Exit Number	·
	Route# Direc	ction	Name of Intersecting Roads Also at Intersection v		Feet N S	EW of					8 ''
					Feet N S		Route#	Inter	secting R	.oadway/Street	
² 2	Route# Direc	ction	Name of Intersecting Roads	way/Street				1	.andmark		-
	Please Select C		1 #Occupants Hits	Run Moped	Crash Repor	· ID# 23	-20				1
³ 3	of the Followi	ng.									4
	1	7.0	St MA DOB/Age		3DLE61					21	1 12
	Sex F Lic. 6		Lic. Restrictions 1 C	DL Veh '	Year <u>2018</u>	Veh Make 1	'OYOTA	<u> </u>	Veh	Config. 1	
4]	ITH, KATH	First	Middle	er SMITH, B		First		Mid	ldle	
⁴ 3	l	MAPLE ST			ess <u>261 MAPL</u>	E ST					
	City TEWK	BURY	State MA Zip 0187 0	5-1515 City	TEWKSBURY					876-1515	
	Insurance Comp	any CITIZEN	S INSURANCE (COMPAN Vehic	le Action Prior to Crasl	h 2		amaged Are	a Code:	1 27 27 27 27 27 28	
⁵ 2	Vehicle Travel D	Pirection: NXE	Responding to Emer	gency? 2 Even	Sequence 23	23 23	23	est Status: ype of Test;		29	
2	Citation # (If Iss	ued)		Most	Harmful Event 1	24	•	AC Test Re	sult:	, 30	
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	usp. Alcoho		Susp. Drug 2 32	1 13
6	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		owed from s	-		
⁶ 2			operator and all occupants in			34 35 Seat Safety	36 37 Airbug Eject	38 39 Trap Inju	y Transp.		1
	Operate			Address ee Above	DOB/Age Sex	Pos. System	Status Code	Code State	z Code	Medical Facility	1
	Operate					\ -			-	······································	-
								<u> </u>	1		_
	·										
7_	Please Select O		1 #Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Н	lit/Run Moped	
'2			DOD!		D000363	L		7.D	<u> </u>		1
ļ	License #	19 19	StDOB/Age	_	P898363		Reg Type			g State IN 21	
	Sex Lic. C Operator unl	L		ndorsement	ear 2022	Veh Make 🚹	IUNDA	-	Veh C	Config. 10	
§ 1	-	Last	First	Middle	er <u>AMAZON</u> Ess 4255 ANS	ON DIT	First		Midd	dle	
	Address	······································	Canala Tim		WHITESTOWN			te IN	7: A 6	075	14
			State Zip	•		T	 1	amaged Are		·····	
		-	n . r . r		le Action Prior to Crash	23 23		est Status:	1	28	
		irection: NXE		—	Sequence 1 23	24		pe of Test:		29	
2	•	led)			Harmful Event 1	99 ²⁵	25	AC Test Re		30	
			— Viol. 2: Ch/Sec/Sub —		Contributing Code		Sı		<u> </u>	Susp. Drug: 2 32	
Ļ	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub		Distracted by 99	34 35	Tc 36 37	wed from s	cene? 2	33	
	Plea Name (Last First Mic	•	or/non-motorist and all occupa	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injur Code Statu	Transp.	Medical Facility	
	Operato	r/Non-Moto	<i>rist</i> Se	e Above	\times X	1 99	4 0	0 10	1		
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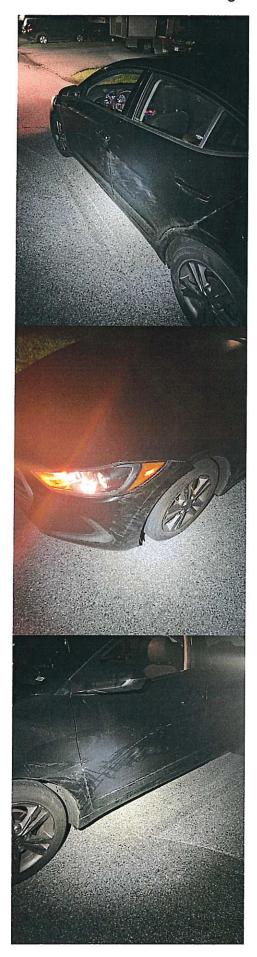
	Police Use Only	Com	nonwealth	wealth of Massachusetts RMV Document Nu						
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	it <u>25</u>	State Police Local Police MBTA Police	1
	07/03/2023 1247 Wil	mington	Police	Report	2	0	Latitude Longitude_		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A	T INTER			1
								***************************************		2 10
	Route# Direction GLEN RD	Name of Roadway/Str	ant	Route# Direction	Address #		Nama a	f Roadway	./24	.[]
11	- Notice Direction	At		Route# Direction	Address #		Name o		//Street	-
	BRATTLE	ST		Feet N S	E W of	Mile Ma	<u> </u>	- or	Exit Number	
	Route# Direction Na	me of Intersecting Roadw		Feet N S	s le lud	IVIIIE IVI	ai n Ci		CAII Number	3 11
		Also at Intersection w	ien	Feet N S		Route#	Inter	secting Ro	adway/Street	
² 2	Route# Direction Na	me of Intersecting Roadw	ay/Street		P LE W OI		 			-
	Please Select One Vivalent 1	#0 -		<u> </u>		- 00		andmark		┨
3	of the Following:	#Occupants Hit/	Run Moped	Crash Repor	rt ID# 23	-20	6-A(<u>ن</u> ــــــــــــــــــــــــــــــــــــ		
		A DOB/Age	Reg	# <u>799¥X8</u>		Reg Typ	e <u>PC</u>	Reg		12
	Sex M Lic. Class D M Lic.	Restrictions 20 CI	DL Veh	Year 2017	Veh Make E	ORD		Veh C	onfig. 21	1
	Operator HOLMES, CHARI			er HOLMES,	CHARLE	ES E J	JR			
⁴ 2	Address 63 GARDEN AVE	First		ess 63 GARDE	EN AVE	First		Middle	de .	
	City WILMINGTON State	e MA Zip 01887	-1872 City.	WILMINGTO	N	Sta	ate MA	Zip 01 {	887-1872	
	Insurance Company GEICO GEN	ERAL INSURA	NCE C Vehic	cle Action Prior to Cras	sh 1	_	amaged Are		27 27 27	
	Vehicle Travel Direction: NSXW	Responding to Emerg	ency?_2Even	t Sequence 23	23 23	23 Te	est Status:	1	28	
⁵ 1	Citation # (If Issued)	, ,	•	Harmful Event 1	24	•	ype of Test:		29	
	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Saa/Sub		er Contributing Code	4 25	25	AC Test Res		30 32	13
				er Distracted by	_ 		usp. Alcohol owed from se	·	Susp. Drug 2 32	<u></u>
⁵ 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	ator and all occupants inv		J. Distracted by	34 35	36 37	38 39	40		4
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System		Trap Injury Code Status	Transp. Code	Medical Facility	_
	Operator	Se	e Above	X	1 99	4 0	0 10	1		
			······································					+		1
	Niver Charles			15 16		17	18			1
2	of the Following: Vehicle 22	_#Occupants Non-	Motorist A Type	Action	Location	Condit	tion	Hit	t/Run Moped	
\neg	License # SA7160065 St M	A DOB/Age	Reg #	3KNK39		Reg Type	PC	Reg	State MA]
ļ	Sex F Lic. Class D 19 Lic. I	Restrictions 20 CE		_{(ear} <u>2013</u>	Veh Make H	ONDA		Veh Co	onfig. 1	
,	Operator PARR, KELSEY		dorsement Own	r PARR, MA	TTHEW)	Middle		
1	Address 772 TRULL RD	FILM		ess 6 LEDGEW	OOD RI	First		Middle	: 	<u></u>
	City TEWKSBURY State	MA Zip 01876	-1060 City	WILMINGTOR	<u> </u>	Sta	te MA 2	Zip 018	387-3445	1 14
	Insurance Company THE COMME	RCE INSURAN	CE CO Veluio	le Action Prior to Crast	h 1	22 Da	amaged Area	ı Code: 1	27 27 27	
	Vehicle Travel Direction: N K E W	Responding to Emerg	ency? 2 Event	Sequence 1 23	23 23	*3	st Status:	1	28	
	Citation # (If Issued)		Most	Harmful Event 1	24	•	pe of Test:	.	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	2 25	25	AC Test Res isp. Alcohol:		Susp. Drug: 2 32	
		Viol. 4: Ch/Sec/Sub ——		r Distracted by 99			wed from so		33	
-	Please fill out for operator/no.		nts involved		34 35 Seat Safety	36 37 Airbag Ejeet	38 39 Trup Injury	40		1
-	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	
	Operator/Non-Motorist	Sec	e Above		1 99	1 0	0 10	1		
!					3 99	1 0	0 10	1		
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1		1		1	1	L	1 I.	F 1		1

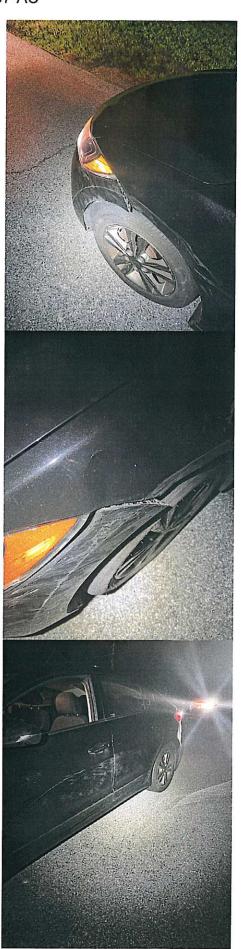


	Police Use Only	Com	monwealth	of Massac	RN								
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicle		Speed Lim	it35	Local Police	1			
	07/03/2023 2226 W:	ilmington	Police	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:				
	AT INTERSE	CTION:	< LOCA	ATION >		NOT A	T INTER	RSEC	TION:	7			
										2 10			
	Route# Direction MAIN	ST Name of Roadway/S	treet	Route# Direction	Address #		Name o	f Roady	vay/Street	╌┠╌╌┙			
4		At					<u> </u>			1			
	Route# Direction GROVE	AVE Name of Intersecting Road		Feet N	S E W of	Mile M	— • — arker	– or _	Exit Number	5 11			
	Rolle# Direction	Also at Intersection v	-	Feet NS I			N S E W of Route# Intersecting Roadway/Street						
² 1	Route# Direction	Name of Intersecting Road	way/Street				L	andmari	k	_			
3	Please Select One of the Following:	1#Occupants Hit.	/Run Moped	Crash Repo	rt ID# 2 3	3-20	7-A	C					
		St MA DOB/Age	L	#1EW326		р. т.	PC						
	19 19	20		# <u>1101320</u> Year <u>2018</u>					21	1 12			
	Operator VIVEIROS, S	السسا ا	ndorsement	er VIVEIROS				ven	Contig.				
⁴ 3	Address 27A HOBSON A	First	Middle	ress 27A HOBS		First	/INF311	Mi	iddle				
	City WILMINGTON			WILMINGTO			MA	z: 01	1887-2059	ŀ			
	Insurance Company GEICO GE			cle Action Prior to Cras	ſ		ane Are Damaged Are						
	Vehicle Travel Direction: X S E			at Sequence 1 23	23 23		est Status:		1 28				
⁵ 1	Citation # (If Issued)			t Harmful Event 1	24	ш т	ype of Test:		29				
	Viol. 1: Ch/Sec/Sub —			er Contributing Code	7 25	3.5	AC Test Res		30	13			
			er Distracted by	26		usp. Alcohol owed from s		Susp. Drug 2 32	<u> </u>				
61	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	pperator and all occupants in		J. Distriction of D.	34 35	36 37	38 39	40		4			
	Name (Last First Middle)		Address	DOB/Age Sex	/	Airbag Eject Status Code	Code Statu	y Transp. is Code	Medical Facility	-			
	Operator	S	ee Above	\times	1 1	4 0	0 10	1					
										1			
7	Please Select One Vehicle 2.3	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18		Hit/Run Moped	1			
3	of the Pollowing:		-		L					4			
	19 19	20		unknown					21				
- 1		ic. Restrictions C	ndorsement	Year	Veh Make			Veh	Config.				
³ 2	Operator unknown	Fürst	Middle	erLast		First		Mis	ddle				
	Address			ess		Q.	· · · · · · · · ·	~		1 14			
	City	-		ele Action Prior to Cras	. [ate		27 27 27				
	Vehicle Travel Direction: NSE			t Sequence 23	23 23		est Status:		28				
	Citation # (If Issued)			Hannful Event	24	T	ype of Test:		29				
2	, ,			er Contributing Code	25	25	AC Test Res		30				
	Viol. 1: Ch/Sec/Sub			er Distracted by	26		usp. Alcohol owed from s	L	Susp. Drug: 32				
ļ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub —		a Distracted by	34 35	36 37	38 39	40		-			
}	Name (Last First Middle)	· ·	Address	DOB/Age Sex	<i>y</i>		Trap Injury Code Status	Transp. Code	Medical Facility	-			
	Operator/Non-Motor	tist s	ee Above	\times	1								
				:									
-										1			
										.t			

= Direction 1	= Vehicle 1	= Vehicle 2	오 = Pedestri	an 💑	= Bicycle	
Crash Diagram: ie: -	→ □	<u> </u>	- ĝ	→ ॐ		
	Main St				If Crash <u>Did Not</u> on a Public Way	
Grove Ave	0				Off-Street Parking L	
	T.				C	
					☐ Garage	
		D 😖			Mall/Shopping Center	er
					Other Private Way	
					Indicate North by	Arrow
			(\bigcirc	
Crash Narrative:		•				
06/03/2023 @ appx 10:26pm disptched t	o Main St @	Miles St fo	r a 2-ca	r MVC hi	t and run.	
(23-873-OF) According to OP1, MV1 was	at Main St	NB stopped	at Grove	Ave li	nt. Saw MV2	
make wide turn onto Main St SB. Attme	epted to mov	e to side aw	ay from	MV2. MV2	sideswiped	
MV1 from Dside front wheel to Dside r	ear wheel.	MV1 obtained	damage	to drive	er door,	
steering column and front Dside tire.	MV2 fled S	B on Main St	. MV1 fo	llowed N	N2 until Miles	
St where he turned off. MV1 able to m	nove under o	wn power. OP	1 not in	jured. F	teg of MV1	
renewed electronically.	· · · · · · · · · · · · · · · · · · ·			• •		
Witnesses:						
Name (Last, First, Middle)	Address			Phone #		Statement
	<u> </u>					
Property Damage:						
Owner (Last,First,Middle) Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information: Registration #		(From Vehic	cle Section)			
Carrier Name					Bus Use	42
Address		City		S	tZip	
US DOT #:State Number		Issuing State	MC/MX/I	CC #:		
Interstate Cargo Body Type Code 44	GVWR/GCWR	45				
Trailer Reg #: Reg Type		Reg Year	Traile	er Length	46	;
Hazmat Information:	-					
49	e		Material 4 digi	t#	Release code	49
					<u> </u>	
Patrol Officer Joseph A Fitzgerald Police Officer Name (Please Print) Signature			mington rtment		Department 07/	03/2023

Wilmington Police Department Images Associated with 23-207-AC





	Palice Use Only Commonweal						th of Massachusetts						RMV Document Number							
	Date of Crash 07/05/2023	Time of Crash	W-1-	City/Town	_		icle Cra	sh		lumber chicles		mber ured	١.	d Limi	3	Loca	Police Il Police LA Police	080		
	0770372023	24HR	I .	aring co	11	Police :	Report		2		0		Latite Long	itude			pus Police	_ 🗖		
		AT INTER	SECTI	ON:	<	LOCA	TION	>			NO	T A	r in	TER	SEC	TION	l:			
	ŀ								11	3	TaT	tr en	ים פו	rji					2	10
¹ 1	Route# Dire	ction			oadway/Street		Route# Direction Address# WEST ST Name of Roadway/Street													
1	_			Feet NSEW of • or																
	Route# Dire	etion	Nam	e of Intersect	ing Roadway/Street	t					N	lile M	arker			Exi	Number		5	11
		Also at Intersection with							EW	_	Rou	te#	<u></u>	Inters	ecting	Roadway	y/Street	-	F-	
² 2	Route# Dire	:	Feet	NS	EW	of														
	Please Select (One 🔽	1	#Occupants	Hit/Run	In				22	, ,	· ·	<u> </u>		andmar	k				
3	of the Followi	ng: Venici				Moped	Crash F	Repor	t ID#	<u> </u>		-0	8-	AC	<u> </u>					
L		4647684	St M	A_ DOB/Ag	20		6NVA50										2	_	1	12
	Sex M Lic.			estrictions 1	CDL Endorseme	nt	rear 2012								Vel	1 Config.	1	ן ב	<u> </u>	
⁴ 2	Ĭ	RKINS,		BOYD First	Middle		er PERKIN	Last			1	AN First			м	liddle				
2		WOBURN					ess 646 WC			ST										
		INGTON					WILMING			L 33 3	22				Zip <u>0</u> 1 Code:		27 27 27 27 27 27 27 27 27 27 27 27 27 2	3 27		
	1	-			E COMPAN		le Action Prior to		23	23			amage est Sta		Code	2 28		_		
⁵ 1	Vehicle Travel D		EW	Responding	g to Emergency? 2		Sequence 1	_	24		***	T	ype of	Test:		29		İ		
_	1	ued)					Harmful Event	1	99	25	2:		AC Te	st Res		30		_	_ 1	13
					c/Sub		T Contributing Co		26			J Si	-	lcohol:	L	27	Drug:	32	1	
⁶ 1	Viol, 3; Ch/Sec/				c/Sub	Drive	r Distracted by	0	34	35	36	37	38	rom so	40	2 33				
	Name (Last First M	liddle)	Tor operat	1	Address		DOB/Age	Sex	Sent Pos.	Safety System		Eject Code	Trap Code	Injury Status	Transp. Code	Ме	dical Facility			
	Operate	or			See Above		\geq	X	1	1	4	0	0	10	1					
7	Please Select C		e 2 2	#Occupants	Non-Motorist	t A Type	15 Action	16	Locati	on	17	Condit	ion	18		Hit/Run	□ мо	ned	ı	
⁷ 3	of the Followin	18:												<u> </u>			<u> </u>			
	License # S28 Sex F Lic. (10 1	19	DOB/Age	20 _{CDL}		3FCE59 ear 2014							 		eg State		1		
		D NANC		sulchons 1	Endorsemen	ıt .	r YEO, N			ake 🏬					ven	Config.	<u> </u>	」 	ı	
⁸ 1		LADE ST		First	Middle		ess 8 GLAD	Lası			F	irsI			M	iddle		_	ı.	
			-	MA Zip	1821-545		BILLERI					Sta	te M Z	9. 2	ip 0	1821	-545	0	1 l'	4
					ISURANCE		le Action Prior to		1	1	22				Code:			27		
	Vehicle Travel D	irection: N S	Xw	Responding	to Emergency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28				
9	Citation # (If Issu	ued)		_		Most	Hannful Event	1	24			•	pe of	Test: st Resi	ıle:	30				
⁹ 2	Viol. 1; Ch/Sec/S	Sub	ν	iol. 2: Ch/Sec	:/Sub	Drive	r Contributing Co	de	99	25	25			cohol:	31	L	Orug: 3	32		
	Viol. 3: Ch/Sec/SubViol. 4: Ch/Sec/Sub						Distracted by	0	26			То	wed fi	rom sc	ene?	1 ³³		-		
	Ple: Name (Last First Mi	-	erator/non-	motorist and	all 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	×4	fical Facility			
		r/Non-Mo	torist	T	See Above			Ź	1	1	2	0	0	10	1	Med	ruenty	\dashv		
	MICHAEL SUL			114 COGSW	WELL ST L, MA 01832-2571		/ 	, ,	1	1	4	0	0	10	1			\dashv		
								<u> </u>	 											
							-	ļ	ļ	<u> </u>			ļ	-						
]					

=	= Direction 1	= Vehicle 1	2 = Vehicle 2	₹ = Pedest	ian 🚳	= Bicycle	
Crash Diagram:	ie: → 🗔] → [2	→ 8	→ %		
West ST	tr fi	Indus MV 2	trial Way		B	If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Cent Other Private Way Indicate North by	ot er
Crash Narrative:					<u></u>		
The operator of MV 1 st	ated that whil	e travelin	g southboun	d on West	St, the	white ford	
Focus drove through the							
stated he wanted to star							
minute attempt to turn :		l hitting t	he Focus. M	V1 stated	that he	did not have	
his right directional or	1.						
The operator of MV 2 sta	ated that whil	e they were	e at the st	op sign o	n Industr	ial Way, they	
observed MV 1 to have i	s right direc	tional on	signaling t	hat it was	s going t	o turn onto	
Industrial. MV 2 stated	that as they	rolled thre	ough the st	op sign, l	NV 1 stay	ed straight	
and then turned into the	em. MV 2 also	stated tha	t MV 1 was	driving at	a high	rate of speed.	
There were no injuries :	·······						
-	-						
With					· · · · · ·		
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
Traine (Dasiyi ii Siyiridole)		Auditas			1 none #	<u>, , , , , , , , , , , , , , , , , , , </u>	Statement
					-		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
VIIII (2111)			2	12.27/2	Description of	2 amagea 1 toperty	
Truck and Bus Information:				<u> </u>			
	Registration #		(From \	/ehicle Section)		Bus Use	42
Carrier Name						Dus Use	
Address		<u></u>	City		S	t Zip	
US DOT #:	State Number		Issuing State	MC/MX	ICC #:		
43	44		45				
Interstate Cargo Body Ty	e Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trai	ler Length	46	i
Hazmat Information:					<u></u>		
47	48 Material Nam	e		Material 4 die	it #	Release code	49
Placard Material I digit #	1419161191 149111			स्थानावा न प्राह		Kelease code	
Patrol Officer Robert M DeGree	orio III		223 V	Vilminator	Police C	Department 07/	05/2023
Police Officer Name (Please Print)	Signature			epartment		t/Barracks Date	VJ/2023

Wilmington Police Department Images Associated with 23-208-AC





Wilmington Police Department Images Associated with 23-208-AC



Wilmington Police Department Images Associated with 23-208-AC



	Pol	lice Use Only		Com	monwe	monwealth of Massachusetts RMV Document Number													
	Date of Crash 07/05/2023	Time of Crash		City/Town ington	Moto	r Veh	icle Cra	sh		umber ehicles		mber ured		l Limit	3.	Local	Police [Police { A Police		
	07/03/2023	24HR	A T T111-	riig con	Po	olice l	Report		2		Latitude MBTA Police Campus Police Other:					<u> </u>			
		AT INTERS	ECTIC	N:	<	< LOCATION > NOT AT INTERSECTION:							:						
									16	7	C 1	LI TA TA	eui	ר אים ים	ZA.	re:		2	10
t	Route# Direc	ction]	Name of Roadway/	Street		Route# Direc	tion		ress#		117311				vay/Stree	t		
1				At			Feet	NS	E W	of				. —	or _			_	
	Route# Direc	ction	Name	of Intersecting Road	dway/Street						М	ile Ma	rker			Exit	Number	2	11
				Also at Intersection	with				EW	-	Rout	e#		Interse	ecting	Roadway	/Street	-	_
² 1	Route# Direc	ction	Name	of Intersecting Road	dway/Street		Feet	NS	EW	of				I a	ndmar	<u> </u>	-	_	
	Please Select (11 #	Occupants H	it/Run	Moped	Crash F	?enord	10#	23		20	a_			<u> </u>		7	
3	of the Followi	ПЙ:					i											4	
		10 10		DOB/Age			165NC4										2.1	- 1	12
	Sex M Lic.	<u> </u>	l	trictions 1	CDL Endorsement		ear <u>2012</u>									Config.	1		
⁴ 1	· ·	LEY, COL	Fi	rst	Middle		COLE-S	Lasi			F	irsl	N_	REN	EE M	liddle		-	
т		MANCHEST			2-4016		ss <u>14 MAN</u>			ER	ST					1.450	4016	-	
		INSTER				•	LEOMINS				22				Zip <u>U.</u> Code:		-4016 27 27	, I	
	·	any PROGRES					le Action Prior to	Crash 23	23	23	23		st Stat		Couc.	5 1 28	<u> </u>	1	
⁵ 2	Vehicle Travel D	<u> </u>	¥¥	Responding to Eme	ergency?		Sequence 1	<u> </u>	24			Ту	pe of	Test:		29			
	,	ued)						_	1	25	25	đ		st Resi		30		, 📘	13
		Sub					r Contributing Co r Distracted by	0	26	_		Su		cohol: rom sc	-	22	Orug 2 32		
⁶ 1	Viol, 3: Ch/Sec/S	Sub Please fill out fo		and all occupants i		Dilve	Distracted by		74	35	36	37	38	39	40	2 33			
	Name (Last First M.	iddle)		1	Address		DOB/Age	Sex	Scat Post,	Safety System		Ejoet Code	Trap Code	1	Transp. Code	Med	lical Facility	_	
	Operate	or			See Above		\geq	X	1	1	4	0	0	10	1				
											<u> </u>			ļ					
⁷ 1	Please Select O		2 <u>1</u> #0	Occupants No	n-Motorist A	Туре	15 Action	16	Locatio	оп	17	Condit	ion	18		Hit/Run	П Море	ď	
_	License # S80	669307	St MA	_ DOB/Ag		Reg#	1NNP41				Re	д Туре	PC		R	eg State 1	MA	_	
	Sex M Lic. C	19 19 19 19 D	Lic. Rest		CDL	Veh Y	ear <u>2003</u>	,	Veh Ma	ake T	OYO	TA			Veh	Config.	1 21		
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1	Address 178	W 6TH S	T e	31	Middle	Addre	ss 178 พ ี่	6T)	H S	T	Fi	irst			Mi	iddle	······································		_
	City LOWEL	.L	State M	IA Zip 0185	0-1940	City_	LOWELL					_ Stat	e M	1 z	ip 0]	1850 <i>-</i>	-1940	_ 1 1	4
	Іпѕигансе Сотра	my THE CON	MERC	E INSURA	NCE CO	Vehicl	e Action Prior to	Crash	· [1	22		-		Code:	=	27 27		
	Vehicle Travel D	irection: NSI	\mathbf{X}	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		st Stat pe of 1			1 ²⁸			
2	Citation # (If Issu	ied)				Most l	Harmful Event	1	24			-	•	iesi. st Resu	ılt:	30			
2	Viol. 1: Ch/Sec/S	Sub	Vio	l. 2: Ch/Sec/Sub —		Driver	Contributing Co	de	5	25	25	Su	sp. Ale	cohol:	2 31	Susp. D	rug 2 32		
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————					Driver	Distracted by	99	26					om sc		1 33			
	Plea Name (Lust First Mi	ase fill out for opera	tor/non-m	otorist and all occup	pants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	eal Facility		
		or/Non-Mote	orist	5	See Above		$>\!\!<$	X	1	1	1	0	0	10	1				
ľ																			

	= Direction	= Vehicle 1	2 = Vehicle 2	Pedesti	ian 🕉	= Bicycle	
Crash Diagram:	ie: 👈	□ →[2	→ Ĥ	→ 55		
167 Shawsheen Ave					A	If Crash <u>Did Not</u> on a Public Way	
MV1	- M. 1770	MV2				Off-Street Parking L	ot
		<u>`</u> ``	\			☐ Garage	
	Voo V	=¥I				Mall/Shopping Cente	;r
						Other Private Way	
						Indicate North by	Arrow
				7-18-W-CL.11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		\bigcirc	
Crash Narrative:							
MV1 and MV2 were both	n traveling west	on Shawshe	en Ave (R129	e). In the	ne area (of 167	
Shawsheen Ave MV1 red	luced speed due	to a build	up of traff	ic in fro	nt of him	n. As MV1 was	
reducing speed it was	s struck from be	hind by MV2	2. There was	s minor da	amage to	the rear of	
	front end dama	_		eployment	on MV2.	Both parties	
refused medical care	and MV2 was tow	ed by A&S T	Cowing.				

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:					I		
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description o	Damaged Property	
Truck and Bus Information	On: Registration#		(From V	ehicle Section)			
Carrier Name						Bus Use	42
Address			City		:	StZip	
US DOT #:	State Number		Issuing State	MC/MX	TCC #:		
43	dy Type Code	GVWR/GCWR	45		F-		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:	<u> </u>				_		
Placard Material I dig	it # 48 Material Na	пе		Material 4 dig	it #	Release code	49
Datum 1 Officer Dame	T Cornolo		212 K	(ilminatos	Police 1	Department 07/	/ns /2022

Department

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