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Crash Diagram: ie: → ¹ → ² → ☼ Lowell Street	
Lowell Street	
	If Crash <u>Did Not</u> Occur on a Public Way:
	Off-Street Parking Lot
	☐ Garage
	☐ Mall/Shopping Center
The state of the s	Other Private Way
AND SANDSAND	Indicate North by Arrow
V1 V1 V1 (stopped in traffic)	
Crash Narrative:	
V2 was stopped in traffic near 300 Lowell St just prior to the intersection	of Lowell St
and West St. V1 then collided with the rear of V2. V1 sustained major front	-end damage and
required a tow from A&S Towing. V2 sustained minor damage the to rear and w	
driven away. The operators were the only occupants of their vehicles. Neith	
sustained any injuries and they both denied medical attention. The operator	
that the brakes on his vehicle were not working properly. However, he state	d that he was
possibly distracted just prior to the crash.	
Witnesses:	
	# Statement
Name (Last, First, Middle) Address Phone	
Name (Last, Pirst, Middle) Address Prone	
Name (Last, Pirst, Wittule) Address Prone	
Property Damage:	f Damaged Property
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description o	f Damaged Property Bus Use 42
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of the section of the secti	42
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of the section of the secti	Bus Use 42 St Zip
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of the section of the secti	Bus Use 42 St Zip
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description o Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name Address City US DOT #:	Bus Use 42 St Zip
Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of the section of the secti	Bus Use 42 St Zip

Patrol Officer Michael W Powers
Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks

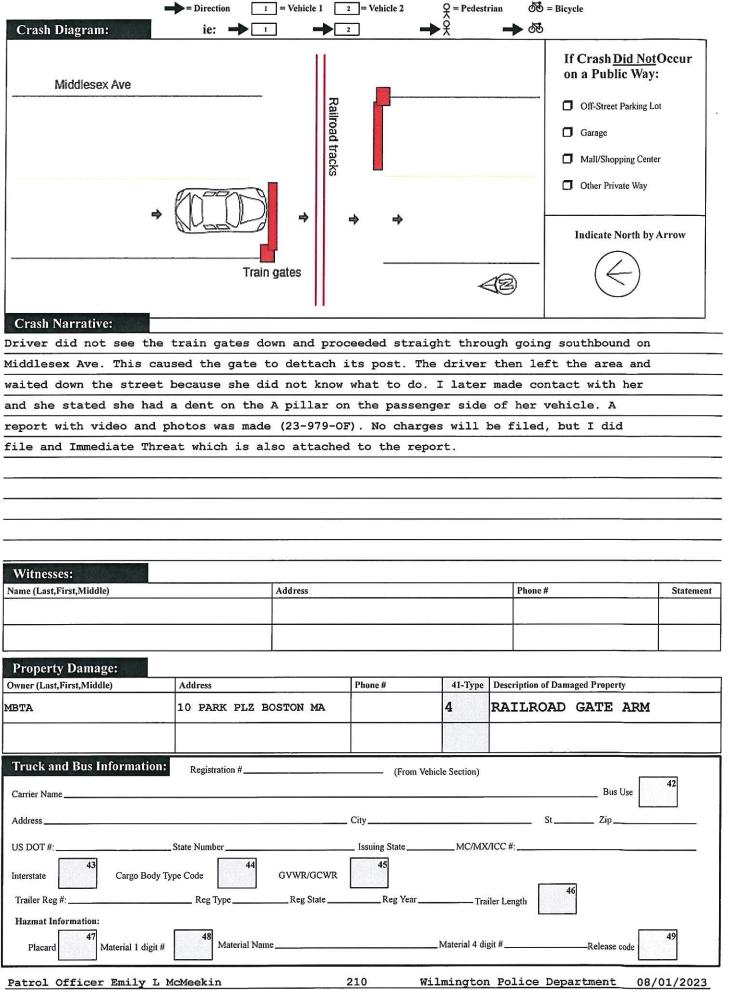
07/30/2023

Wilmington Police Department Images Associated with 23-236-AC





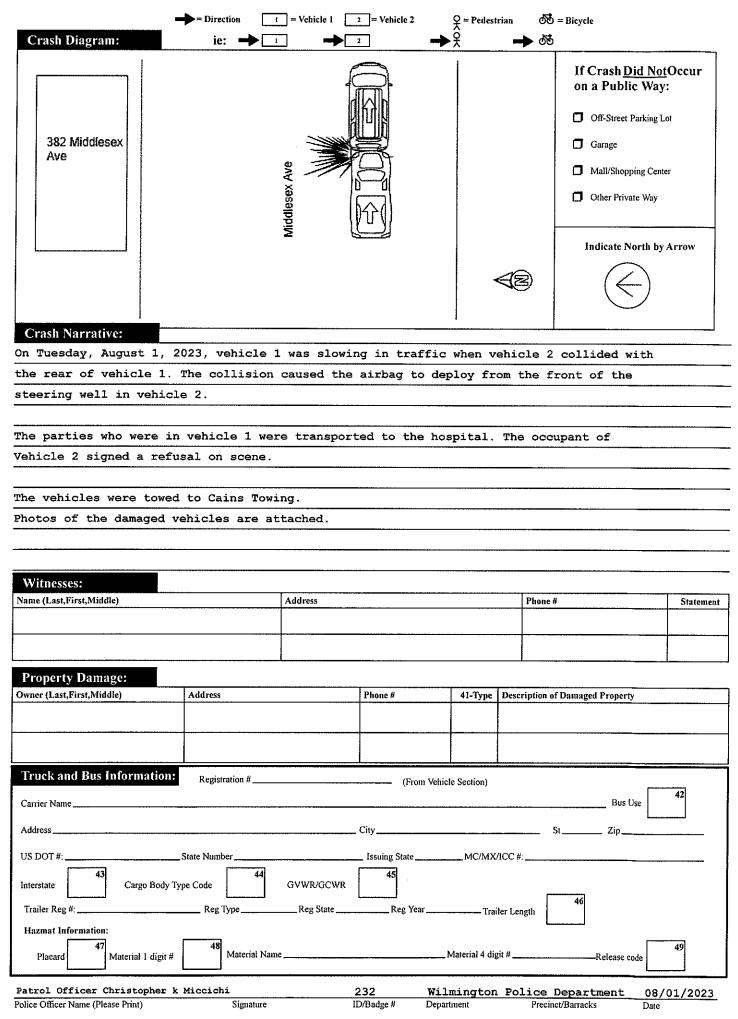
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⁵ 1	Citation # (If Iss	ued)					Harmful Event		24				oe of T	iest: st Rest	ıtı-	30		
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⁶ 1				and all occupants in					34 Sean	35 Safety	36 Airbag	37 Eiect	38 Trap	39 Injury	40 Transp.			1
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Police Officer Name (Please Print)

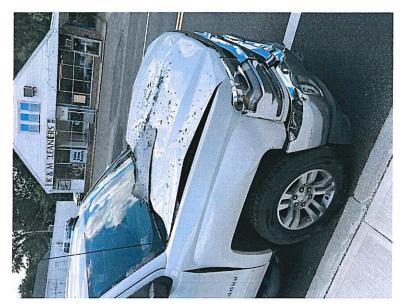
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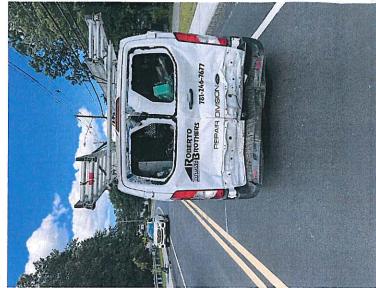
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⁴ 1	I	SALEM ST				ess <u>65 SP</u>		G S	ST							
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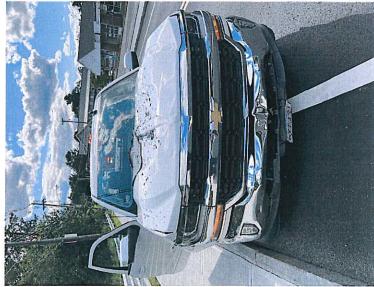
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Wilmington Police Department Images Associated with 23-238-AC







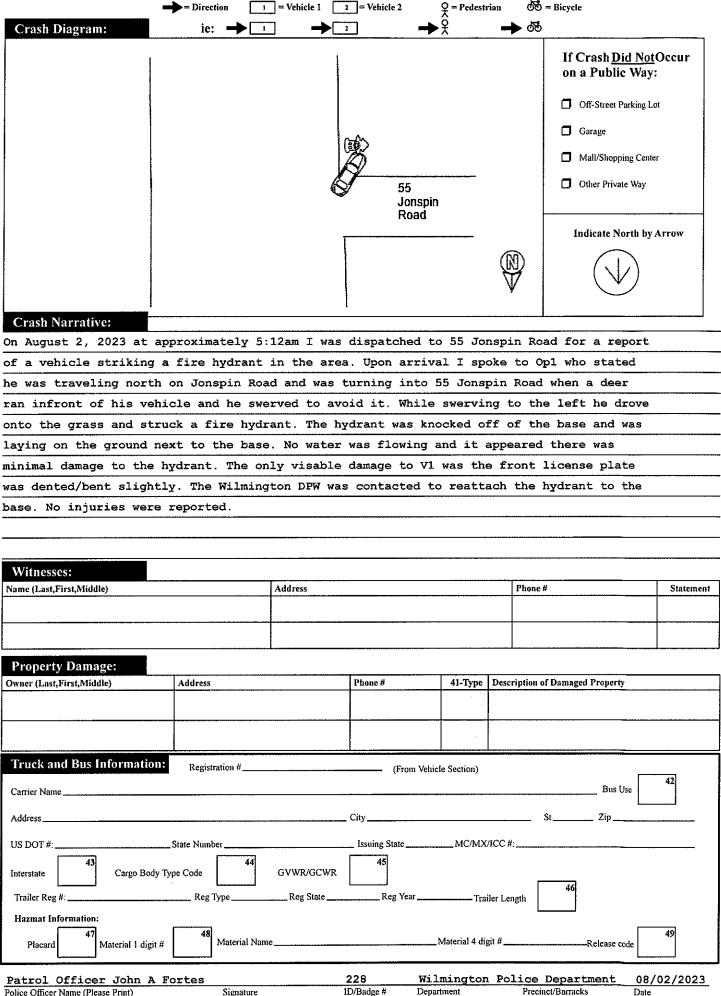


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⁷ 2	of the Followir		2.4	Occupants Non	-Motorist A	\ Type	Action	1	ocatio	on		Conditi	ion			Hit/Run	Moped	_
	License #_	101 1	St. តា	DOB/Age.		-	GRU76				-	з Туре				eg State	71	
	Sex. M Lic. (E	_	strictions 99 C	DL ndorsement		ear 2019					Y-D	AVI	DSO	Veh	Config.	3	
⁸ 2	_	PSON, WI	LLIA	M First	Middle		COPSON	Lusi		LIA	M Fi	ist			М	iddle		
		ERRY PL		on 01001	1016		ss 4 PERF	ξ¥	PL.	····			3.47			1001	7076	14
	City WOBUR			MA Zip 01801		-	OBURN		l		22				Code:		27 27	
	_	· .	 -	MNITY COM			e Action Prior to		23	1 23	23		st Stat		Couc.	1 28	<u> </u>	
	Vehicle Travel D	K-3L	EW	Responding to Emerg	gency?_2		Sequence 43	43				Туј	pe of	Test:		29		
⁹ 2	Citation # (If Issu	•						<u> </u>		25	25			t Resu		30		
\dashv				ol. 2: Ch/Sec/Sub			Contributing Co Distracted by	oe O	11 26			Su		cohol: rom sc	2 31	33	Drug 2 32	
	Viol. 3: Ch/Sec/S	****		ol. 4: Ch/Sec/Sub notorist and all occupa	ants involve		Distracted by	<u></u>	34	35	36	37	38	39	40	3 33		4
	Name (Last First Mi	iddle)		The same and overline	Address		DOB/Age	Sex	Sent Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Me Lahey (dical Facility	-
	Operato	or/Non-Mo	torist		e Above			X	1	5	5	3	0	9	2			_
	CYNTHIA CAR	BERRY		78 SUNSET RD DRACUT, MA 01826	-2440		.	F	4	5	5	3	0	10	1			
Ī						· · · · · · · · · · · · · · · · · · ·			-									

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	ian ಹ = Bicycle	ļ	
Crash Diagram:	ie: →	□ →	2	₽¥	→ ₩		
Butters Row	Main S MA-38		¢ (III)	C	on	Crash Did Not Ca Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	
Crash Narrative:		<u> </u>					
	St @ Cross St at a	200v 1810	hre for repor	t of moto	rovole accid	ent MV1	
	St from Cross St.					siic. Hvi	
	Main St NB. Fearing					in the	
	and PASS2 were up a		-			· · · · · · · · · · · · · · · · · · ·	
							
	elled over. MV1 and						
	panied OP2. MV2 was					LO MVZ.	
OPI and PASSI unin	jured, no damage to	D MVI. MVI	Tert under o	wn power.			
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damage	wi Property	
Owner (Last, First, Finduce)	Autress		1 none #	4х-хурс	Description of Damage	a 1 Toperty	
Truck and Bus Inform	nation: Registration#		(From Ve	hicle Section)			42]
Carrier Name						Bus Use	42
Address			City		St	Zip	
HE DOT #	State Number		Innuina Ctata	MOMON	ICC #·		
US DOT #:	State Number 44		45	WIC/WIA/			
	go Body Type Code	GVWR/GCWR			<u> </u>		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length		
Hazmat Information:	p.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				·J		
Placard 47 Material	1 digit # 48 Material Nam	ne		Material 4 dig	it #	-Release code	49
Patrol Officer Josep	h a minamanald		01E 177	ilmineton	Police Depar	t	11 /2002

Department

	Police Use Only	Common	nwealth	of Massac	huse	tts		RM	V Docı	ument Number	
	Date of Crash Time of Crash 08/02/2023 0512 Wilr	City/Town M	lotor Veh	iicle Crasi	h Nui Veh	nber Nun icles Inju	rod Spt	ed Limit	30	State Police Local Police MBTA Police Campus Police	9
	08/02/2023 0512 Wilr 24HR	mington	Police	Report	1	0	Lati	tude gitude		Campus Police C	i
	AT INTERSECT	ION:	LOCA	TION >		NO	ΓΑΤ ΙΝ	TER	SEC	TION:	
											2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	55 Addre		NSPI			ay/Street	_
¹ 2		At		- NI	SEW						
	Route# Direction Nam	ne of Intersecting Roadway/Str	reet	Feet [N	S E W		le Marker	•	or _	Exit Number	- 111
		Also at Intersection with		Feet N	SEW						
2	Route# Direction Nam	no of Interposting Deadure (St		Feet N	S E W	Route of	HT	interse	eung s	Roadway/Street	
² 1	Route# Direction Nan	ne of Intersecting Roadway/Str	eet					La	ndmark	(_
3	Please Select One of the Following:	_#Occupants Hit/Run	Moped	Crash Rep	ort ID# 2	23-2	40-	-AC	•		
	License #	_	Pen	# 6RD824		Par	Time Pi	~	D.	an State MA	
	10 10	Restrictions 99 20 CDL_		Year 2013						21	7 12
	Operator HEBERT , JOHN	Endorser	ment	er HEBERT ,					•	Conng.	
⁴ 1	Address 3 HEBERT LN	First Middle	ė	ess 3 HEBER		Fi	wt	**	Mic	ddle	-
	City SHIRLEY State	MA 7: 01464-27		SHIRLEY	<u> </u>		State N	ΙΔ 2	1 1	L464-2733	-
	Insurance Company VERMONT M		_	cle Action Prior to Cr	aab [1	22		ed Area			1
	Vehicle Travel Direction: X S E W	Responding to Emergency?				23 23	Test St			1 28	
5		Responding to Emergency?		t Sequence 35 23	5 ²⁴		Туре о	f Test:		99 29	
	Citation # (If Issued)			<u> </u>		5 25		est Resu		1 30	97 ¹³
	Viol. 1: Ch/Sec/Sub			er Contributing Code	24			Alcohol:		77	97
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub for and all occupants involved		er Distracted by	34	35 36	37 38	from sc	ene?	2 33	_
	Name (Last First Middle)	Address		DOB/Age S	Seat	Safety Airbag system Status	Eject Traj Code Cod	n Injury	Transp. Code	Medical Facility	_
	Operator	See Abo	ve	$\langle \rangle \langle \rangle$		4	0 0	10	1		
										,	
								 			-
	Please Select One			15 16	<u> </u>	17		18			-
⁷ 3	of the Following:	#Occupants Non-Motor	rist A Type	Action	Location	C	ondition		l I	lit/Run Moped	
		DOB/Age	Reg #	ļ		Reg	Туре		Re		.]
	Sex Lic. Class 19 19 Lic. Re	estrictions 20 CDL		/ear	_ Veh Mak	e			Veh	Config. 21	
}	Operator	First Middle	Own	erLası		Fir	et .		Mid	Me	
1	Address			ess			•				-
	City State	Zip	City_				_ State	z	ip		1 14
	Insurance Company		Vehic	le Action Prior to Cra	ısh	22		ed Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Event	Sequence 23	23 2	3 23	Test Sta		-	28	
,	Citation # (If Issued)	-	Most	Harmful Event	24		• •	est Resu	lt:	30	
2	Viol. 1: Ch/Sec/Sub —————————V	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	2	5 25		.lcohel:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		Towed	from sce	ne?	33	
	Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants inv		DOB/Age Se	Seat S	35 36 infety Airbag ystem Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	7
	Operator/Non-Motorist	· · · · · · · · · · · · · · · · · · ·			1	, som Gallis		-Autus		modical rachity	1
					+					<u> </u>	-
					+						-
					44						_



Wilmington Police Department Images Associated with 23-240-AC



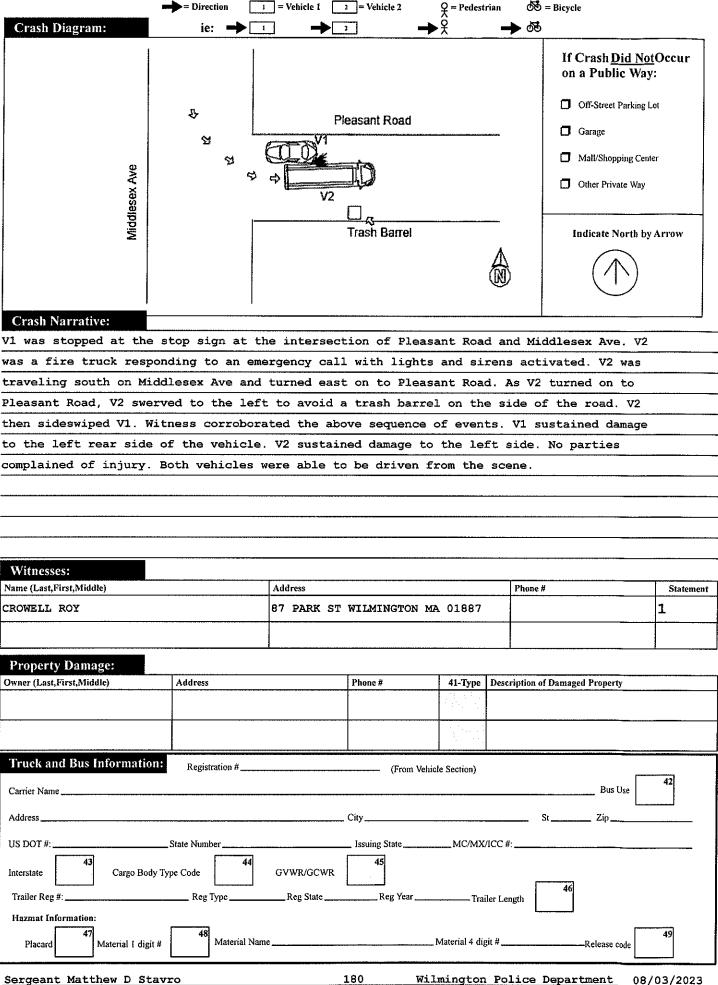


	Police Use Only	Common	wealth	of Massa	chus	etts	,		RM	IV Doc	ument Num		
	1 1 1	City/Town ${f M}_0$	tor Veh	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles		100	eed Limi titude	:3(State Poli Local Pol MBTA Po	lice 🔯]
	24HR	riig con	Police :	Report	2		2		ngitude		Campus I		
	AT INTERSECTION	ON: <	LOCA	TION >			NOT	`AT I	NTER	RSEC	TION:		
	 HIGH ST												2 10
1		Name of Roadway/Street		Route# Directio	n Add	ress#			Name of	Roadw	vay/Street		
1	LINDA RD	At		Feet N	SEW	of			• —	- or _			
		of Intersecting Roadway/Stree	t			- 1	Mil	e Marke	T		Exit Nu	mber	2 11
		Also at Intersection with			SEW	_	Route	- -	Inters	ecting I	Roadway/Sti	reet	
² 1	Route# Direction Name	of Intersecting Roadway/Street	t	Feet N	SEW	of							
	Please Select One Value 11	TO a superior Company	In			22		A 1		andmarl	<u>k</u>		1
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Rep	ort ID#	23		4 T	-A(<i>-</i>			
	License #.	anl		MPF696								21	1 12
	Sex M Lic. Class B 19 19 Lic. Res	strictions 1 CDL Endorseme	Veh '	Year <u>2020</u>	Veh M	lake <u>F</u>	ORD			Velı	Config. 1		
4	Last F	MAS WILLIAM inst Middle		er <u>WILMING</u> Last	ı		N C		EPT		JICE iddle		
41	Address 1 ADELAIDE ST			ess 1 ADELA		ST							
	City WILMINGTON State 1	MA Zip 01887-371	City	WILMINGT	ON		22				1887-2		
	Insurance Company MIIA			cle Action Prior to C		2	22		iged Area	a Code:	11 28	27 27	
5	Vehicle Travel Direction: NSE	Responding to Emergency? 1	Even	t Sequence 1 23	24	23	23		of Test:		29		
	Citation # (If Issued)			Harmful Event 1		25	25	BAC	Test Res	ult:	30		13
	Viol. 1: Ch/Sec/Sub ————Vi			r Contributing Code		23	43		Alcohol		1	g: 2 32	1
6 1	Viol. 3: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub		Drive	r Distracted by	34	35	36		d from se	ene?	1 33		ļ
	Name (Last First Middle)	r and all occupants involved Address		DOB/Age :	Seat Pos.	Safety System	Airbag	Eject Tr	up Injury såe Status	Treasp.	Medical		_
	Operator	See Above		>>>	$\sqrt{1}$	0	4	0	8	2	Brigham & hospital	Womans	
4	Please Select One X Vehicle 21 #	Occupants Non-Motoris	t A Type	15 Action 1	6 Locatio	<u></u>	17	ondition	18		Hit/Run	Manad	1
′ 3	of the Following:	140H-1410HIS	,, L		Location								-
	Licens 19 19		_	MPF697			_	Туре 🗘	F		eg State M Z	21	
	(12 Fr.	trictions 1 CDL Endorsemen	nt	Year 2020							Config. 1		
³ 1	Last Fi	STOPHER rst Middle		er WILMING Last ess 1 ADELA			Firs	וע א	SPT		ICE		
	Address 1 ADELAIDE ST City WILMINGTON State N	1A zip 01887		WILMINGTO				Ctata T	//Δ ·	z: Λ1	L887-2	719	1 14
	Insurance Company MIIA	14 21p 01007	-	le Action Prior to Cr		1	22		ged Area				
		Responding to Emergency? 1		Sequence 23	23	23	23	Test S			1 28	نــــــــــــــــــــــــــــــــــــــ	
	Citation # (If Issued)	responding to Emergency:		Harmful Event 1	24	L_		Туре	of Test:		29		
2	Viol. 1: Ch/Sec/Sub — Vio	ol 2: Ch/Sec/Sub		r Contributing Code		²⁵ 5	25		Test Res		30	32	
	Viol. 3: Ch/Sec/SubVio			r Distracted by					Alcohol: I from se	<u> </u>	Susp. Drug	<u> </u>	
	Please fill out for operator/non-n				34 Sept	35 Safety	36 Airbag	37 3	8 39 ap Injury	40 Transp.			1
	Name (Last First Middle)	Address		DOB/Age S	iex Pos.	System		Code Co	de Status	Code	Medical I Lahey Clin		
	Operator/Non-Motorist	See Above			\ <u>\</u>		1 0		- -	 			
									-				
						<u> </u>							

	= Direction	= Vehicle 1	= Vehicle 2	오 = Pedestria	ın ⊘ ğ =	Bicycle	
Crash Diagram:	ie: 👈 🗔	→ □	→	2	→ №		
	Lind	a Rd		and Autoria consists of State of Autor State of Aut		If Crash Did N on a Public Wa Off-Street Parking Garage Mall/Shopping Ce	. y: Lot nter
High St						Other Private Way	
				·	-	Indicate North l	oy Arrow
(121) (112)	D)		\bigcirc	
Crash Narrative:							
See report #23-985-OF							

Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
CADIGAN GLENN P		384 EMERY M	ILLS RD SHAPLEI	GH ME 040	76 .		
Property Damage: Owner (Last, First, Middle)	4.1		Phone #	41.75 11	D1-4	Damaged Property	
Owner (Last, rirst, wildule)	Address		rnone #	41-Type I	rescription of i	Jamaged Property	
Truck and Bus Information	Registration #		(From Vehicl	e Section)			
Carrier Name						Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45				
Trailer Reg #:			Pag Vent	m '1	a I annah	46	
Hazmat Information:	Keg Type	veg state		Iraile	r Length		
Placard Material 1 digit	# Material Nan	ne		Material 4 digit	#	Release code	49
- Additional 1 Digit							
Sergeant Michael W War	ndell Signature		174 Wil : D/Badge # Depart				3/03/2023
Police Officer Name (Please Print)	Signature	1	ольниве # осрап	udelk	Freemen	Barracks Da	ic.

	Poli	ce Use Only			Comr	nonv	wealth	of Mas	ssac	hus	ett	S			RM	IV Doc	cument Number		
	Date of Crash 08/03/2023	Time of Crash	Turi Ter	City/Town		Mo	tor Vel	iicle C	rash	ı []	Number Vehicle:		red	l. ' .	d Limi	142 . 57	71 3 Local Police		
	00,00,202	24HR	****	g cc	,,,,		Police	Repor	t	2		0		Latiti Long	ude itude _	-071.	156 Campus Police Other:	_ 🗸	
		AT INTER	SECTI	ON:		<	LOCA	TION	>			NO.					CTION:		
		PLEA	SANT	ת איז														2	10
¹ 1	Route# Direc			Name of R		eet		Route# D	Direction	Ado	dress #			N	ame o	f Roads	way/Street		
1	62	MTDI	T.E.C.E	X AVE	At •			FeFe	eet N S	SEV	v of			(- or .			
	Route# Direct			e of Intersec	ting Roadw							Mi	le Ma	rker			Exit Number	5	11
				Also at Inte	ersection wi	th		l	eet N S		_	Route	#		Inters	ecting	Roadway/Street	- F	
² 1	Route# Direct	tion	Nam	e of Intersec	ting Roadw	ay/Street		Fe	eet N S	SEV	V of								
L	Please Select O	ne V E 37-1-7-1	. , 1	#Occupants	[m.,				22		11			andmar	rk	\dashv	
3	of the Followin	g: Venicio	e 1 	_#Occupants	Hit/F	Kun	Moped		sh Repo										
L	License # _	19 1	<u> </u>		20												Reg State MA	1 1	12
	Sex <u>M</u> Lic. C	Class D	Lic. Re	estrictions	En	Ldorsemen	ıŧ	Year <u>2020</u>							•	Vel	h Config. 1	֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֡֓֓֓֡֡֡֓֓֓֡֡֡֓֓֡֡֡֓֓֓֡֡֡֓֡֡	
⁴ 2	Operator LAF	Lust		First	<u> </u>	Middle		er LARO	Last			Fiz	II.			м	fiddie		
2	Address 10 (ess <u>10 G</u>											
	City WILMI							WILMIN				22					1887-213	<u>8</u> 27	
	Insurance Compa							le Action Pric		h 23	23	23		nnage st Stat		i Code:	7 27 27 2		
⁵ 1	Vehicle Travel Di	<u> </u>	·	Respondin	ig to Emerge	ency? 2		t Sequence	1 23	24	23			pe of			29		
-	Citation # (If Issu			- 				Harmful Ever	Ц	لسم	25	25	BA	AC Te	st Res	ult:	30	_ -	13
	Viol. 1; Ch/Sec/Si							er Contributing	·	26					lcohol:		Susp. Drug: 2 3	32 1	
⁶ 1	Viol. 3: Ch/Sec/Si	Please fill out					Duve	T Distracted b	у <u>О</u>	34	35	36	37	wed f	rom so	ene?	2 33	_	
	Name (Last First Mid	ldie) .		1	•	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airtag	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operato:	r			See	Above		\rightarrow	X	1	1	4	2	0	10	1			
															<u> </u>				
		,																	
7_	Please Select Or		22	#Occupants	Non-N	Aotorist .	A Type	15 Action	16	Locati	on [17 C	onditi	on	18		Hit/Run Mop	ned	
⁷ 3	of the Following	3:20						MESER						<u> </u>					
ļ	License #_i Sex M Lic. Cl	19 19	J.i. D.		20 _{CD}		_	MF86B _{Tear} 1996			0	-		DC li			eg State MA 21 Config. 6	7	
l	Operator JEN		J LIG. RE MICH	Strictions	End	orsement JR	!	ear <u>1996</u> er WILMI									<u> </u>] [
8 ₄	Address 1 AD	1.ast	Ī	irst	* * X *** >	Middle		ess 121	Last			Firs			. \		iddle	_	
-	City WILMI			MA Zip	01887			WILMIN					State	. MZ	A 2	in 01	1887-350	_ - 0 1	14
	Insurance Compan			_				le Action Prior			4	22				Code:		- I	
	Vehicle Travel Dire	ection: NS	Xw	Responding	g to Emerge	ncy?_1	Event	Sequence -	23	23	23	23	Tes	t Stati	us:		1 28	-	
	Citation # (If Issue	:d)		=			Most	e Hannful Even	1	24				oe of T			29 30		
2	Viol. 1: Cl/Sec/Su	ıb	Vi	ol. 2: Ch/Sec	c/Sub		Drive	Contributing	Code	12	25	25			st Resu cohol:	1		2	
	Viol. 3: Ch/Sec/Su	b	Vi	ol, 4; Ch/Sec	:/Sub		Drive	Distracted by	0	26					om sc		2 33	-	
ľ		se fill out for oper	ator/non-r	notorist and	•		:d	DOB/Age	-	34 Seat	35 Safety		37 Sject	38 Trap	39 Injury	40 Transp.			
	Name (Last First Midd	r/Non-Mot	torist			Above		LXJB/Age	Sex	Pos.	System 1	Status C		Code 0	Status 10	Code 1	Medical Facility	-	
	JASON BAKER			1 ADELAII	DE ST			,	<u></u>	3	1	4 0				1	· · · · · · · · · · · · · · · · · · ·		
ľ				PILPINGTO	ON, MA 018				+	F	-			-		_		_	
-							······································		-				\dashv					_	



Wilmington Police Department Department

08/03/2023

Police Officer Name (Please Print)

Signature

ID/Badge#

Precinct/Barracks

Wilmington Police Department Images Associated with 23-242-AC





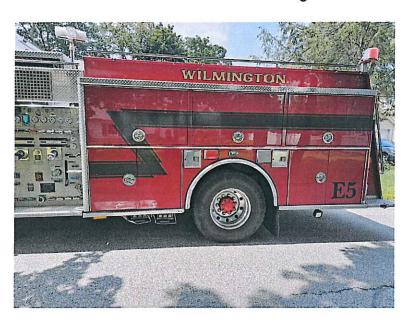




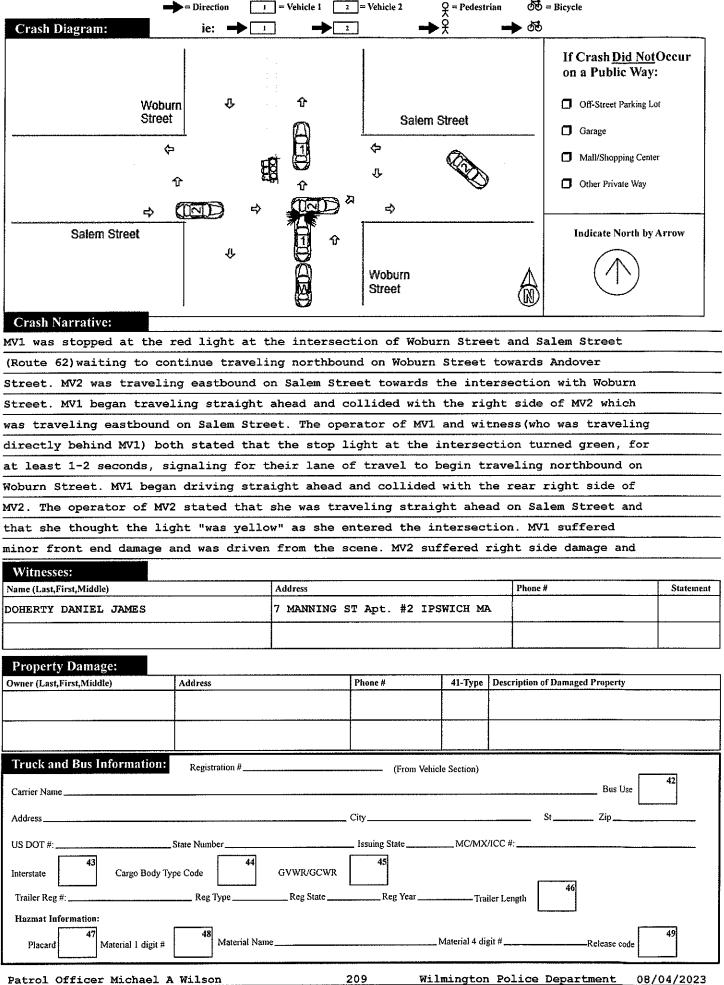




Wilmington Police Department Images Associated with 23-242-AC



	Pol	lice Use Only			monwea	alth o	of Massa	ach	use	etts	;			RM	V Doc	ument N	umber			
	Date of Crash 08/04/2023	Time of Crash		City/Town ington	Motor	Veh	icle Cra	sh		umber hicles			Speed Latitud	Limit	25	Local	Police			
	00/04/2023	24HR	**	Liig coii	Pol	lice l	Report		2		0	- 1	.ongit				ous Police	ă		
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO	ГАТ	INT	ΓER	SEC	TION	:	_		_
		SALE	M ST															2	2 10	0
1	Route# Dire			Name of Roadway/St	reet		Route# Direc	tion	Addr	ess#			Na	me of	Roadw	/ay/Stree	I	$=$ \lceil		_
1		WORII	IRN S'	At magnetic At			Feet	N S	EW	of			- •		or _			_		
	Route# Direc		Name	of Intersecting Roady							Mi	le Mar	ker			Exit	Number	—ૄ	3	ī
				Also at Intersection w	vith	ĺ	Feet				Route	# -		Interse	cting I	Roadway	/Street	-		لـ
² 2	Route# Direc	ction	Name	of Intersecting Roady	vay/Street		Feet	N _S	EIW	10				La	ndmarl			_		
	Please Select (One X Vehicle	. 11 #	Occupants Hit/	Run Di	Moped	Crash R	eport	10# 4	23	-2	44	l —							
3	of the Followi	ng:					<u> </u>											4		
	License	19 1	。 列	20			4JEA48										21	Ţ	1 12	2
	Sex M Lic.	E			DL ndorsement		ear 2019									-	<u> </u>	¹		٦
⁴ 3		MAIN ST	F	irst	Middle		s BROWNS	Last			Fi	rst	46.	: IA C	Mi	iddle		-		
_				//A Zip 01810)-3842		WAKEFIE		VII			State	. MZ	7	is O	1880	-3214	_		
				URANCE CO			le Action Prior to			1	22				Code:		27 7 2			
	Vehicle Travel D	· —		Responding to Emer				23	23	23	23	Tes	t Stati	us:		1 28		-		
⁵ 1		sued)			,		Harmful Event	1	24		J		e of T			30				
				ol, 2; Ch/Sec/Sub —		Drive	r Contributing Co	de	1	25	25			t Resu cohol:			Onigi <mark>2 3</mark> 2	2]	L 13	3]
	Viol. 3: Ch/Sec/	Sub	Vio	ol. 4: Ch/Sec/Sub —		Drive	Distracted by	99	26					om sc		2 33		┙┝		J
⁶ 1			for operator	r and all occupants in					34 Sent	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			\dashv		
	Operate			Se	Address ee Above		DOB/Age	Sex	Pos. 1	System 1	Status 4		Code O	Status 10	Code 1	Med	lical Facility			
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Ì																				
-																	***************************************	_		
7	Please Select C		71 #	Occupants Non	-Motorist A	Туре	15 Action	16	ocatio		17	Conditio	\mathbb{T}	18	<u>.</u>	Hit/Ron	Море			
⁷ 2	of the Followin	ng:								<u> </u>			<u> </u>		<u> </u>			\dashv		
	License #	19 15		20	DL	-	1MZT98 ear 2014		J-1- h 4-	H						eg State] Confie.	71A 21	T		
- 1	Sex F Lic. C	<u> </u>	_		idorsement		r GRISWO									Comig.	<u>+</u>	1		
8_ I	•	LOWELL F	Fi	lat.	Middle		ss 16 LOW	ast			Fir				Mi	ddle				
				1A Zip 01864	-1632		NORTH RI					_ State	MA	z	ip 01	L864·	-1632	2 2	2 14	
	Insurance Compa	any ARBELL	A MU	TUAL INSU	RANCE	Vehicl	e Action Prior to	Crash		1	22				Code:			- I		J
	Vehicle Travel D	irection: NS	Xw	Responding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		Statu			1 28 29				
9 ₂	Citation # (If Issa	ued)				Most l	Hannful Event	1	24			• •	e of T C Test	.est: t Resu	lt:	30				
2	Viol. 1: Ch/Sec/S	Sub —	Vic	ol, 2: Ch/Sec/Sub ——		Driver	Contributing Co	de		²⁵ 4	25			onol		Susp. D	nug: 2 32	2		
	Viol. 3: Ch/Sec/S	Sub	Vic	ol. 4: Ch/Sec/Sub		Driver	Distracted by	99	26					om sce	ا	2 33				
	Ple Name (Last First Mi	•	rator/non-n	notorist and all occupa	nts involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trop Code	39 Injury Status	40 Transp. Code	Medi	ical Facility			
	Operato	or/Non-Moi	torist	Se	ee Above		><	X	1	99	2	0 (10	1					
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Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

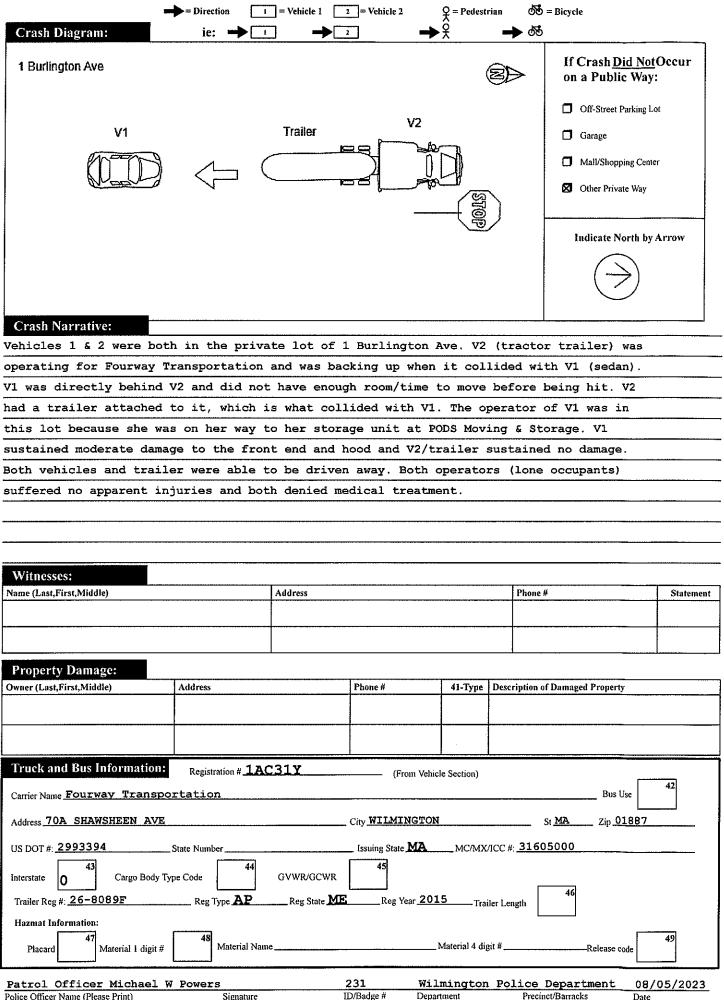
Ref: 23-244-AC

Entered: 08/04/2023 @ 2022 Entry ID: 209 Modified: 08/04/2023 @ 2024 Modified ID: 209 Approved: 08/07/2023 @ 1643 Approval ID: 195

had the right side airbags deployed as a result of the crash. MV2 was towed from the scene by A&S Towing. Neither operator was injured and both signed medical refusals with the WFD. I then gave the operator of MV2 a ride home to her house.

	Police Use Only	Com	monwealth :	of Massacl	husetts	}	RM	IV Doc	ument Number	
	Date of Crash Time of Crash 08/05/2023 1147 Wi	City/Town lmington	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it	5 State Police Local Police MBTA Police	
	24HR	Iming con	Police	Report	3	0	Latitude Longitude		Campus Police	
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	Γ INTEI	RSEC	TION:	
					_					2 10
	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #	BURI	INGTO Name o		AVE: vay/Street	.
1		At		Feet N S	Jehrl a					
	Route# Direction	Vaine of Intersecting Road	way/Street	Feet [N]S) E W of	Mile Ma	— • — arker	- or <u>-</u>	Exit Number	11
		Also at Intersection		Feet N S	E W of	73			D. J. (C)	8
2	D # District			Feet N S	E W of	Route#	inter	secting i	Roadway/Street	
² 1	Route# Direction	Name of Intersecting Road	way/Street				I.	andmar	Κ	1
3	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Repor	11D# 23	-24	5-A	C		
	License #		Ren	# <u>62727</u>		Reg Tyn	e PC	R	eu State MA	1
	10 10	e. Restrictions 99 20	_	Year 2010					21	7 12
	Operator CARROLL, SHA		Endorsement ET Own	er DAVANAGE						
⁴ 1	Address 865 REFLECTIO	First	Middle	ess 7 LOCKE	-	First		M	iddle	
	City WESTON S			ARLINGTON		Sta	nte MA	Zio O2	2476-4220	
	Insurance Company Safety I			cle Action Prior to Cras	[amaged Are			
	Vehicle Travel Direction: SEW			t Sequence 1 23	23 23	To	est Status:		1 28	:
⁵ 2	Citation # (If Issued)			Harmful Event 1	24	— — Ту	pe of Test:		29	
	Viol, 1: Ch/Sec/Sub			er Contributing Code	19 ²⁵ 5	25	AC Test Res		1 30 32	1 13
	Viol, 3: Ch/Sec/Sub			er Distracted by	26		isp. Alcohol owed from s		Susp. Drug: 2 32	
⁶ 1		erator and all occupants in			34 35 Sent Safety	36 37	38 39	40		_
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	 	s Code	Medical Facility	-
	Operator	S	See Above		1 99	4 0	0 10	1		_
7	Please Select One Vehicle 21	#Occupants Nor	n-Motorist A Type	15 Action 16	Location	17 Condit	18	iln.	Hit/Run Moped	1
⁷ 1	of the ronowing:		<u>- L</u>					11 -		-
	License # 19 19		_	1AC31Y			AP		eg State MA	
		E	indorsement	/ear 2024			ITOM T		Config. 8	
81	Operator GERMANO, LUI	First	Middle	er FOURWAY Last ESS 70A SHAW		First	TON	Mi	iddle	
	Address 1 WATER ST City WILMINGTON St	ate MA Zip 0188		ess <u>70A SHAN</u> WILMINGTO			M2	~:. ∩1	L887-2666	14
	Insurance Company ARBELLA		-	le Action Prior to Cras			amaged Are			
		•		Sequence 2 23	23 23		st Status:		1 28	
	Vehicle Travel Direction: X S E W	1 Responding to Emer	-	Harmful Event 2	24	— Ty	pe of Test:		29	
⁹ 2	Citation # (If Issued)			r Contributing Code	19 25	25	AC Test Res		1 30	
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26	St	isp. Alcohol iwed from s		Susp. Drug 2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub — non-motorist and all occup	· · ·	1 Distracted by U	34 35	36 37	38 39	10	2	1
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	1
	Operator/Non-Motori	st s	ee Above	\times X	1 99	4 0	0 10	1		

	Police Use Only		Con	Commonwealth of Massachusetts RMV Document Number							
	Date of Crash 08/05/2023	Time of Crash	City/Town ilmington		iicle Crash	Number Vehicles		Speed Limi Latitude	t5	State Police Local Police MBTA Police	
	00/03/2023	24HR	L TIMITING COM	Police	Report	3	0	Lantude Longitude _		Campus Police Other:	
		AT INTERSE	CTION:	< LOCA	ATION >		NOT A	T INTER	SECT	ION:	
					1 BURLINGTON AVE						2 10
1	Route# Direction Name of Roadway/Str			/Street	Route# Direction Address #			Name of Roadway/Street			_
1			At		Feet N S E W of or						
	Route# Direction Name of Intersecting Roadw			-	ay/Street					Exit Number	8 11
	Also at Intersection w			n with	Route# Intersecting Roadway/Str				padway/Street		
² 1	Route# Direction Name of Intersecting Roadway			dway/Street	/Street Feet N S E W of Landmark						-
	Please Select (One 🔽	O_#Occupants			t ID# 23	24				1
3	of the Followi	vehicle 3	O #Occupants H								4
	License #	19 19	St DOB/Age	_	# <u>268089F</u>					21	7 12
	SexLic.	Class I	Lic. Restrictions	Endorsement	h Year 2015 Veh Make Other-not listed Veh Config. 8						
⁴ 1	Operator Driverless M.V. Owner 4 WAY TRANSPORTATION									lle	
1	Address				Address SHAWSHEEN AVE City WILMINGTON State MA Zip 01887						
	City		•	WILMINGTO				· _			
		any			Vehicle Action Prior to Crash LU Suitages Action Prior to Crash LU Suitage						
⁵ 2		Direction: NSE		•	t Sequence 23	24	1	vpe of Test:	f	29	
	i	ued)			t Harmful Event 2		25	AC Test Res		30	_ 13
Viol. 1; Ch/Sec/Sub Viol. 2; Ch/Sec/Sub Diver conditioning code							St	usp. Alcohol:	-	Susp. Drug: 2 32	
⁶ 1	Viol. 3; Ch/Sec/Sub Viol. 4; Ch/Sec/Sub Diver Distracted by U								40		-
	Name (Last First M	liddle)		Address	DOB/Age Sex		Airbag Eject Status Code	Trop Injury Code Status	Transp. Code	Medical Facility	_
	Operate	or		See Above	<u> </u>	1		<u> </u>	1-1		_
7_	Please Select C		#Occupants N	on-Motorist A Type	15 Action 16	Location	17 Condit	ion 18	П н	it/Run Moped]
⁷ 1			t DOB/Age	Page	#		Pag Type		Pag	State .	4
	License #	10 10	20						-	21	
	Endorsement									Joining.	
⁸ 1	Last First Middle Address				Lnst First Middle Address						
			StateZip	City.	CityStateZip						1 14
					hicle Action Prior to Crash 22 Damaged Area Code: 27 27 27						
	Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 Test Status: 28								28		
9_	Citation # (If Iss	ued)		Most	Harmful Event	24	-	pe of Test: AC Test Res	_{ult} . -	30	
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	25	25	isp. Alcohol:		Susp. Drug: 32	
	Viol. 3; Ch/Sec/5	Sub	Viol. 4: Ch/Sec/Sub _	Drive	Driver Distracted by 26 Towed from scene? 33						
	Ple Name (Last First Mi	•	r/non-motorist and all occ	upants involved	DOB/Age Sex	14 35 Seat Safety Pos. System	36 37 Aithag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	1
		or/Non-Motoi	rist	See Above		1					-
	4										1
											-
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								<u> </u>			



Wilmington Police Department Images Associated with 23-245-AC



