	Police Use Only	Comr	nonwealth	of Massacl	husetts	8	RN	IV Docur	ment Number	
	Date of Crash Time of Crash 08/08/2023 0831 Wil i	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	t40	State Police [Local Police MBTA Police [
	24HR	aring con	Police :	Report	2	0	Latitude Longitude _		Campus Police (5
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTEI	RSECT	TION:	
	i.				2.4					2 10
•	Route# Direction	Name of Roadway/Str	eet	Route# Direction	34 Address #	ROUI	E 62 Name o	HWY f Roadwa	y/Street	_
1		At		Feet N S	EW c					_
	Route# Direction Nam	ne of Intersecting Roadw	av/Street	reet [11] 2	of E w	Mile Ma	arker	- or	Exit Number	
		Also at Intersection w		Feet N S	E W of	D				2
2	Route# Direction Nan	and Internation Deads	/P	Feet N S	E W of	Route#	Inter	secting Ko	oadway/Street	
² 3	Route# Direction Nam	ne of Intersecting Roadw	ay/Street		400		L	andmark		_
³ 2	Please Select One of the Following:	_#Occupants Hit/l	Run Moped	Crash Repor	t ID# 2 3	-24	6-A	2		
2	License #	L		U 8VY948		Dog Top	. PC	Dag	· Crain MA	
	1 101 101	Restrictions 20 CI		/ear <u>2015</u>					21	1 12
	Operator COLUCCIELLO,	En	dorsement	er COLUCCIE				ven C	Lonning,	
⁴ 1	Address 49 NORTH ST	First	Middle	es 49 NORTE	· ·	First		Midd	lle	-
	City NORTH READING State	MA 2: 01864		NORTH REAL		O.	M75		864-1416	-
	Insurance Company ARBELLA M						amaged Are	_		-
	Vehicle Travel Direction: N S E			le Action Prior to Cras	h 2 23 23		est Status:	1	28	
5		Responding to Emerg	•	Sequence 1	24		pe of Test:	-	29	
	Citation # (If Issued)			Harmful Event 1		25	AC Test Res		30	13
	Viol. 1; Ch/Sec/Sub ————			r Contributing Code	26 25	Sı	ısp. Alcohol	<u> </u>	Susp. Drug 2 32	1
<u> </u>	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —— tor and all occupants inv		r Distracted by 0	34 35	36 37	wed from s	ene? 2	33	4
	Name (Last First Middle)	-	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	_
	Operator	Se	e Above	\times X	1 99	4 0	0 10	1		
										_
	Please Select One Manage 1			15 16		17	18			4
1	of the Following: Vehicle 2.1	#Occupants Non-	Motorist A Type	Action	Location	Condit	ion	Hi	t/Run Mopec	
•	License #		:g #	4HPH41		Reg Type	PC	Reg	State MA	.]
	Sex M Lic. Class D 19 Lic. R	estrictions B 20 CE	L Veh Y	ear 2018	Veh Make 🧘	eep		Veh C	config. 21	
	Operator JULIANO, STEPI	HEN CHARLES		JULIANO,	STEPH	IEN CH	ARLES	Middl	l.	
1	Address 10 FOREST LN			ss 10 FORES	T LN			1-4,040		
	City BOXFORD State	MA Zip 01921	-2644 City]	BOXFORD		Sta	le <u>MA</u>	Zip 01	921-2644	1 14
	Insurance Company THE COMMER	CE INSURAN	CE CO Vehic	le Action Prior to Crasl	ı 1		maged Area	Code: 1		
	Vehicle Travel Direction: NSE	Responding to Emerge	ency? 2 Event	Sequence 23	23 23	~~	st Status: pe of Test:	1	28	
<u>, </u>	Citation # (If Issued)	-	Most	Harmful Event 1	24	•	AC Test Res	ult:	30	
2	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Drive	Contributing Code	99 25	25	sp. Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub\	/iol. 4; Cli/Sec/Sub	Driver	Distracted by 99	26	То	wed from so	·	33	
	Please fill out for operator/non	•	nts involved	DOB/Age Sex	34 35 Sent Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp, Code	Medical Facility	
	Operator/Non-Motorist		: Above	SODIAGE SEX	1 99	4 0	0 10	1	Moureat Pacifity	-
	-L				-					-
								-	···-	-
					 				· · · · · · · · · · · · · · · · · · ·	_

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Pedest	rian 💇	≃ Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □	2	·¥	→ ₩		
193 Highway						If Crash Did Note on a Public Way: Off-Street Parking Lo	
				ه الله	밴		
						☐ Mall/Shopping Center	r
·						Other Private Way	
	Ŧ	Route 62					
		Overpass					
						Indicate North by A	Arrow
Crash Narrative:					<u>_</u>		
MV1 WAS TRAVELLING WEST	BOUND ON THE F	OUTE 62 OVI	ERPASS OF 193.	MV2 W	AS TRAVE	LING WESTBOUND	
BEHIND MV1. MV1 STARTED							
COLLIDED INTO THE BACK							
		, ,,,,					
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:	Lan		T	1 11 80			
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Twelf and Dug Information	<u> </u>						
Truck and Bus Information:	Registration #		(From Vehic	le Section)			42
Carrier Name		<u> </u>				Bus Use	42
Address			. City			t	
US DOT #:	State Number		Issuing State	MC/MX/	TCC #:		
Interstate 43 Cargo Body Ty		GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Lenoth	46	
Hazmat Information:	🗸 🗸			<u> </u>	Longii		
47	48		_		S. II	<u> </u>	49
Placard Material 1 digit #	Material Nam	e	1	Material 4 dig	at #	Release code	
Patrol Officer Brian Ta	raros	· · · · · · · · · · · · · · · · · · ·	206 Wil	minaton	Police	Department 08/	08/2023

Department

Police Officer Name (Please Print)

Signature

ID/Badge#

Precinct/Barracks

Date

	Police Use Only	Comme	onwealth	of Massa	chus	etts			RM	V Docı	ument Nu		
	1 1	City/Town	Motor Veh	icle Cras	sh 🖔	lumber ehicles	Numb	1 10100	d Limit	4.5	State P Local F MBTA	Police 🔯	1
	08/08/2023 1736 Wilm 24HR	ington	Police :	Report	2		1	Laut	ude itude			s Police	
	AT INTERSECTION	ON:	< LOCA	TION >	>		NOT	AT IN	TER	SEC'	TION:		1
													2 10
	Route# Direction ROUTE 62	HWY Name of Roadway/Street		Route# Directi	ion Add	ress #		N	ame of	Roadw	/ay/Street		.[
¹ 1	TOURS DIRECTOR	At											1
	<u> </u>			Feet L	N S E W	of	— — Mile	 Marker	•	or _	Exit N	lumber	<u></u>
	Route# Direction Name	of Intersecting Roadway/	Street	Feet [N S E W	of.							2 11
		7 III G G INCOSCOTO WILL		_	NSEW	_	Route#		Interse	ecting F	Roadway/S	Street	
² 2	Route# Direction Name	of Intersecting Roadway/	Street] or			l a	ndmark			.
	Please Select One Valuable 13	#Occupants Hit/Rur		Cool D	eport ID#	22	2	17			`		1
3	of the Following:	Hit/Rui	1 Moped	Crash Re	eport ID#	<u> </u>		± /	AC				
	License S:	, DOB/Age	Reg	# <u>VT7D62</u>			Reg T	уре <u>РС</u>		R	eg State 🗘		12
	Sex M Lic. Class D 19 Lic. Re	strictions B 20 CDL	Veh '	Year 2019	Veh M	Iake <u>T</u>	OYO	<u>'A</u>		Velı	Config.	1 21	
	Operator KENNEY, JAMES	RYAN		er KENNEY		ES	RYA]	<u> </u>		\ C	iddle	······································	ŀ
⁴ 5	Address 738 WOBURN ST	nz M		ess <u>738 WO</u>	BURN	ST	Pirst			MI	iddie		
	City WILMINGTON State	MA Zip 01887-	3423 City	WILMINGT	ON			State M	A z	ip 01	1887-	-3423	
	Insurance Company USAA GENER	AL INDEMNIT	Y CO Vehic	cle Action Prior to (Crash	2	22	Damage	ed Area	Code:	6 ²⁷ 5	27 4 27	
	Vehicle Travel Direction: NSWW	Responding to Emergence	:y? Even	t Sequence 1 2	3 23	23	23	Test Sta	itus:		1 28		
⁵ 1	Citation # (If Issued)	, ,		<u> </u>	1 24			Type of			29		
	Viol, 1: Ch/Sec/Sub ————Vi	ial 2. Ch/Caa/Cub		L or Contributing Cod		25	25	BAC To			30	32	1 13
					0 26	ll		Susp. A Towed			33	rug. 2 32	
⁶ 1	Viol. 3: Cli/Sec/SubVi	or and all occupants involv		Distracted by	34	35		37 38	39	40			}
	Name (Last First Middle)	Add		DOB/Age	Sex Pos.	Safety System	Airbag I Status C	ject Trap oxle Code	Injury Status	Transp. Code	Medic	al Facility	
	Operator	See A	bove	><	X	1	4 0	0	8	1			
	ASHLEY KENNEY	738 WOBURN ST WILMINGTON, MA 0188	7-3423	02/24/1986	F 6	1	4 0	0	10	1			
					м 4	4	4 0	-	10	1		· · · · · · · · · · · · · · · · · · ·	1
						<u> </u>							1
	****			1.	77	<u></u>	15		7.01				1
⁷ 6	Please Select One of the Following:	Occupants Non-Mo	otorist A Type	15 Action	Locati	on	17 Co	ndition	18	 	Hit/Run [Moped	İ
	License #	_ DOB/Age	Reg	2JZW28			Reg 1	уре РС		Re	eg State N	IA	1
	Sex F Lic. Class D Lic. Res	strictions 20 CDL			Veh M	_{lake} M	ERCE	DES-	BENZ	<u>ሬ</u> Veh	Config.	1 21	
	Operator CURTIN, JENNY	Endor	sement	er CURTIN							٠ ر		
84	Address 8 TARBOX LN	irst Mi	ddle	ess 8 TARB	isi		First			Mi	ddle		
	City NORTH READING State 1	MA Zin 01864-2		NORTH RE				State M	A z	in 0 1	L864-	2987	2 14
	Insurance Company OUINCY MUT	•	•	ele Action Prior to C			22	Damage				27 27	
	Vehicle Travel Direction: N S X W	Responding to Emergence		t Sequence 2	3 23	23	23	Test Sta	itus:		1 28		
		Responding to Emergence		·	1 ²⁴			Type of	Test:		29		
2	Citation # (If Issued)	•		L		²⁵ 1,	o 25	BAC Te	1		30		
·····	Viol. 1: Ch/Sec/Sub ———Vi			er Contributing Cod	<u> </u>		7	Susp. A	ı	=	33	ug: 2 32	
		ol. 4: Ch/Sec/Sub ———		r Distracted by	99 26	35	36	Towed 1	rom sc	ene? [2 33		ļ
	Please fill out for operator/non-i Name (Last First Middle)	notorist and all occupants Add		DOB/Age	Sen Pos.	Safety System	Airbog E	jeet Trap ode Code	Injury Status	Transp. Code	Medic	al Facility	
	Operator/Non-Motorist	See A	bove		\times 1	1	4 0	0	10	1			
				-		-	$\vdash \vdash$		1	$\vdash \vdash$			•
						-		-	-	-			-

	□ ≃ Direction	ı = Vehicle 1	2 = Vehicle 2	Q = Pedestria	ი ტუნ	= Bicycle	
Crash Diagram:	ie:		2	•ĝ	→ 85		
Crash-Magrain.	10. 7	<u> </u>	02/0-1 0:	^		If Crash <u>Did Not</u> on a Public Way:	
		Route	62/Salem Street			_	
		⇔				Off-Street Parking Lo	n
						Garage	
				⇒		Mall/Shopping Cente	r
) a	<i></i>	~		Other Private Way	
	01	"					
	2					Indicate North by	Arrow
2		f-Ramp for Exit 33 NB	34			(\uparrow)	
Crash Narrative:							
MV1 was stopped in tr	affic on the of	f ramp for	Exit 34 of I-	93 north	ound.	MV1 was stopped	
and waiting to merge							
also stopped in traff.							
Route 62 eastbound. M					-		
began traveling straid							
vehicles pulled off th		·					
damage to the rear end were able to be driver						· · · · · · · · · · · · · · · · · · ·	
		***************************************				icai refusai	
from the operator of h	avi, and the op	erator or M	vz claimed to	be uninj	urea.		
Witnesses:							
Name (Last,First,Middle)		Address			Phone	¥	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription o	f Damaged Property	
Truck and Bus Information	Registration #		(From Vehi	cle Section)			
Carrier Name						Bus Use	42
Address			City			StZip	
US DOT #:	State Number		Issuing State	MC/MX/IC	C#:		
43 Interstate Cargo Body	/ Type Code	GVWR/GCWR	45				
Trailer Reg #:	 Reg Type	Reg State	Reg Year	Trailer	Length	46	
Hazmat Information:					· L		
Placard 47 Material I digit	# 48 Material Nar	me		Material 4 digit	#	Release code	49
Patrol Officer Michael	A Wilson		209 Wil	minator '	Police	Department 08/	08/2023
Police Officer Name (Please Print)	Signature			rtment		ct/Barracks Date	00/2023

	Police Use Only	Comi	nonwealth	of Massacl	husetts	}	RM	IV Docu	ment Number		
	Date of Crash Time of Crash	City/Town mington	Motor Veh		Number Vehicles		Speed Limi	t35	State Police Local Police MBTA Police	0800	
	24HR		Police 1	Report	2	0	Longitude_		Campus Police Other:	ā	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r intei	RSECT	ΓΙΟΝ:		
					205	MAIN	ST			2	10
1	Route# Direction	Name of Roadway/Str	reel	Route# Direction	Address #			f Roadw	ay/Street		
Τ		At		Feet N S	S E W of		- • -	- or	***	_	
	Route# Direction Na	me of Intersecting Roadw		_ 50.6	ما العامل	Mile M	arker		Exit Number	<u> </u>	11
		Also at Intersection w	uth	Feet N S		Route#	Inter	secting R	Roadway/Street	- -	
² 1	Route# Direction Na	ne of Intersecting Roadw	/ay/Street	reet [14]	3 LE W OT			andmark		_	
	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Repoi	t ID# 23	-24				┨ .	
3	of the Ponowing.		<u>l</u>						1.73		
	License # S	_ DOB/A ₁		# 2SFF39					7	ī 1	12
		E ₁	ıdorsement	Year 2009				Veh	Config. L	┙┠╼	
⁴ 3	Operator HENRIQUEZ, HE Last Address 34B ROCKINGHAN		Middle	er MAGUIRE , ess 34B ROCK		First	TKTE	Mid	ddle	-	
<u>-</u>	City LOWELL Stat			LOWELL	(TINGIIM		ΜΆ	շ: Ո1	852-482	_	
	Insurance Company PLYMOUTH			ele Action Prior to Cras	sh 2		amaged Are	-		7	
	Vehicle Travel Direction: X S E W	Responding to Emerg		Sequence 1 23	23 23		est Status:		28	-	
⁵ 1	Citation # (If Issued)		•	Harmful Event 1	24		pe of Test:		29		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		r Contributing Code	1 25	25	AC Test Res 1sp. Alcohol		Susp. Drug 2 3	1 1	13
		Viol. 4: Ch/Sec/Sub		r Distracted by	26		owed from s		2 33	┙┣	
⁶ 1	•	ator and all occupants inv		<u> </u>	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		\dashv	
	Name (Last First Middle) Operator		e Above	DOB/Age Sex	Pos. System	Status Code	Code Statu	1	Medical Facility		
	Орегию				+	-		-		_	
								-			
					<u> </u>						
						<u>LL_</u>	<u> </u>			_	
⁷ 3	of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	П	fit/Run 🔲 Mop	ed	
	License # S	DOB/Age_	Reg #	3LND56		Reg Type	PC PC	Re	g State MA		
	Se: _ Lic. Class D 19 19 Lic. I		DL Veh Y	/ear <u>2023</u>	Veh Make 💆	AZDA		Veli (Config. 21]	
B _	Operato			r PARR , LY	NNE M	First		Mid	ldle	-	
1	Addres.		Addre	ess 27 JACQU	IITH RI					- -	14
	Ci Sta	_ Zi		WILMINGTO					887-221	<u>1</u> 1	
İ	Insurance Company THE COMME	RCE INSURAN	CE CO Vehic	le Action Prior to Crasi		ᅼᅟ	amaged Area est Status:	a Code:	1 27 27 2 28	1	
	Vehicle Travel Direction: X S E W	Responding to Emerg	•	Sequence 1 23	23 23	4-7	pe of Test:		29		
2	Citation # (If Issued)	and the second s		Harmful Event 1		25	AC Test Res		30	_	
		Viol. 2: Ch/Sec/Sub ——		r Contributing Code	19 ²⁵	Su	sp. Alcohol:	-	Susp. Drug: 2 3:	2	
	Viol. 3: Ch/Sec/Sub — Please fill out for operator/no	Viol. 4: Ch/Sec/Sub —— n-motorist and all occura		r Distracted by 4	34 35	36 37	wed from so	10	3 "]	_	
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	_	
	Operator/Non-Motorist	Se	e Above	$\nearrow\!\!\!\!\!/\!\!\!\!/\!\!\!\!\!/\!\!\!\!\!/\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	1 1	4 0	0 10	1	· -		
İ											

•	= Direction	1	= Vehicle 1	= Vehi	cle 2	Q = Pedest	rian	0 20 =	Bicycle			
Crash Diagram:	ie: =	▶ □	→ □	2	→	ĝ		▶ %				
	hmond St	D _M	V1	9005 0005	Main St		3D	-	on a	Public Public ff-Street Pa arage all/Shoppir ther Private	Way: arking Los ang Center e Way	
		i		1								
Crash Narrative:												
MV 1 was travelling on	Richmond	Stree	t toward th	e int	ersection	n at M	ain	Stree	t in	usual		
morning traffic. MV 2 r	ear ended	MV 1	in traffic	whil	e rollin	g forwa	ard.	MV 1	oper	ator		
stated she had picke du	p her pho	ne wh	ile waiting	, in t	raffic.							
						······································			·			
										· · · · · ·		
Witnesses:												
Name (Last,First,Middle)			Address					Phone #				Statement
							Ì					
							[
Property Damage:												
Owner (Last,First,Middle)	Address			Phone #		41-Type	Descr	iption of	Damaged	Property		
	 											
Truck and Bus Information:	Registration	#			(From Vehicl	e Section)	·····					
Coming Name	•				(110ili velloi	c Beetlon,				Bus Us		42
Carrier Name									·	1303 US		
Address				City				Sı		_ Zip		
US DOT #:	State Number			_ Issuing	State	MC/MX/	/ICC #:					
43		44		45	1							
Interstate Cargo Body Ty	pe Code		GVWR/GCWR					Γ	:-			
Trailer Reg #:	Reg Type_		Reg State	R	eg Year	Trai	ler Len	gth	46			
Hazmat Information:								L				
Planard Material Edigit #	48 Mate	rial Name	e		3	Material 4 die	eit#			Dalance -	4	49
Placard Material I digit #	Iviate	174111			r		,			verease cod	De	
Patrol Officer Katlyn M				226	Tari 1 .	minaton	Do 1	iaa D	00000		00/0	9/2023

	Pol	ice Use Only	Com	monwealth	of Massacl	usetts	S	RM	V Docum	ent Number	
	Date of Crash 08/09/2023	Time of Crash 1339 Wil	City/Town mington	Motor Vel	hicle Crash	Number Vehicles		Speed Limi	35	State Police Local Police MBTA Police	
	06/03/2023	24HR	ming con	Police	Report	2	0	Latitude Longitude_		Campus Police Other:	<u> </u>
		AT INTERSECT	TION:	< LOC.	ATION >		NOT A	r inter	SECT	ION:	
	Ì					280	T.OUT	ELL ST	,		2 10
7	Route# Direc	ction	Name of Roadway/	Street	Route# Direction	Address #	TIOMI		Roadway	/Street	
1			Αt		Feet N S	E W of		_ • _	- ог		_
	Route# Direc	ction Na	nne of Intersecting Roa	dway/Street			Mile M	arker		Exit Number	3 []
			Also at Intersection	with	Feet N S		Route#	Inters	ecting Ros	adway/Street	- []
² 1	Route# Direc	ction Na	une of Intersecting Roa	dway/Street	Feet NS	E W of					
	Please Select (One 🖂	#Onespents			- 22	24		andmark		┨
3	of the Followi		#Occupants H	it/Run Moped	Crash Repor	t ID# 2 3	-24	9-A(<u>ز</u>		_
	License #,	St	_ DOB/Ag	Reg	# W79978		Reg Typ	e <u>CO</u>	Reg	State MA 21	12
	Se Lic.	Class D D Lic.	Restrictions 99 20	Endorsement	Year 2019					onfig. 1	
4	Operator,	Lant	bust	Middle	ner <u>BRUNO</u> <u>BRO</u>		First	BING .	AND I	HVAC INC	<u>.</u>
⁴ 1	Addre:				ress 10 PATRI						-
	City	Sta	•	_	BILLERICA				_	321-5503 27 27 27	- I
	Insurance Comp	any SAFETY IN	ISURANCE C		icle Action Prior to Cras			amaged Area	Code: 0	27 27 27 28]
⁵ 2	Vehicle Travel D	Direction: NSE	Responding to Em		nt Sequence 1 23	23 23	23	ype of Test:	1	29	
	Citation # (If Iss	ued)	· · · · · ·		t Harmful Event 1		B	AC Test Res		30	13
	Viol. 1: Ch/Sec/S	Sub	-Viol, 2; Ch/Sec/Sub		er Contributing Code	26	S	isp. Alcohol:		Susp. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/S	Sub			er Distracted by 0	34 35	To 36 37	owed from so	ene? 2	33	_
	Name (Last First M	7	ator and all occupants i	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	
	Operate	or		See Above	\times X	1 1	4 0	0 10	1		
	! !		1		М	3 1	4 0	0 10	1		
											7
7	Please Select O		#Occupants No	on-Motorist A Type	15 Action 16	Location	17 Condi	18	Hit	/Run Mope	,
⁷ 1	of the Followin		_ ' _ ' ' '	<u></u>		Docation			I		4
	License #	19 19	20		# <u>2TKW42</u>		Reg Type			State MA 21	-
	Sex M Lic. C	L	::::::::::::::::::::::::::::::::::::::	Endorsement		Veh Make H			Veh Co	onfig. 🗘	
³ 1	•	RIEN, KENNE Lasi DEMINGWAY	First BUSEPR EXT	Middle	ner <u>OBRIEN, 1</u> ress <u>109 DEMI</u>		First	EFR	Middle		
		NGTON Stat			WILMINGTON			M7A 2	_{/ia} 018	887-3645	1 14
		any GOVERNMEN			cle Action Prior to Crasl	[1	amaged Area		27 27 27	,
	Vehicle Travel D		Responding to Eme		at Sequence 23	23 23		est Status;	1	28	1
	Citation # (If Issu		responding to Enc		t Harmful Event 1	24	T ₃	pe of Test:		29	
2	·	Sub	Wiol 2: Ch/Suo/Sub		er Contributing Code	4 25	25	AC Test Resi isp. Alcohol:		Susp Drug 2 32	,
		Sub			er Distracted by	26		isp, Alconoi; wed from sc		Susp. Drug 2 32 33	
		ase fill out for operator/no				34 35 Seat Safety	36 37	38 30	40 Transp.		-
	Name (Last First Mi			Address	DOB/Age Sex	Pos. System	Status Code	Trap Injury Code Status	Code	Medical Facility	_
	Operato	or/Non-Motoris		See Above		1 0		10	1	-	_
									 		_

	= Direction	n 1] = Vehicle 1	z = Vehicle 2	♀ = Pedestri	ian 🕅	= Bicycle	
Crash Diagram:	ie:	1	i →	2	₽Ŷ	→ №		
							If Crash <u>Did Not</u> on a Public Way	:
Lowell Street							Oil-Street Parking Lo).
							☐ Garage	
							☐ Mall/Shopping Cente	r
		<	Hyundai Sante Fe V#2				Other Private Way	
							Indicate North by	Arrow
Ford Transit V#1			Burger 280 Lo Street		ł	M		į
Crash Narrative:								
Vehicle # 1 was trave	ling westb	ound or	Lowell	Street whe	n Vehicle #2	took a	left hand turn	·····
out of Burger King or								
front and rear door.								
driver side damage. C								
declined medical trea					·· · · · · · · · · · · · · · · · · · ·			
Operator #1 and the p								
refusals for medical					cherr paren		DCGTIL ACTORI	
Telusars for medicar	creacment	due to	Derng Ju	venilies.				
<u> </u>								
Variable to the second of the			· · · · · · · · · · · · · · · · · · ·					
Witnesses:		T						
Name (Last,First,Middle)			Address			Phone	#	Statement
		Ī						
Byonouts Damaga		<u>l.</u>						
Property Damage: Owner (Last, First, Middle)	Address	-		Phone #	41-Type	Description	of Damaged Property	
Other (Edist, 195), Marie	Truuress			T HOKE II	41-1урс	Description	or Damaged Froperty	
Truck and Bus Informatio	n: Registratio	on #		(Fro	nn Vehicle Section)			42
Carrier Name		···-··································					Bus Use	72
Address				City			St Zip	
US DOT #:	State Number_			Issuing State	MC/MX/I	CC #:		
Interstate Cargo Boo	ly Type Code	44	GVWR/GCWI	45 R				
						_ [46	
	Keg Type	=	Keg State	Keg Ye	arTraile	er Length		
Hazmat Information:	48							40
Placard Material I digi	t# Ma	aterial Name			Material 4 digit	t#	Release code	49
	<u> </u>							
Patrol Officer Jonathan Police Officer Name (Please Print)		ignature		224 ID/Badge #	Wilmington Department		Department 08/0	09/2023

Wilmington Police Department Images Associated with 23-249-AC





	Police Use Only		Comm	onwealth	of Massac	chuset	tts	R	MV Docu	ment Number	
	Date of Crash Time of Crash 08/09/2023 1803	Cit Wilmi r	y/Town [Motor Ve	hicle Cras	h Num Vehi		Speed Lim	it 40	State Police Local Police MBTA Police	
	24HR	MATTI	ig con	Police	Report	2	0	Latitude Longitude		Campus Police Other:	i
	AT INTER	SECTION	! :	< LOC	ATION >		NOT A	T INTE	RSECT	ΓΙΟΝ:	
						200	T OFT	3TT 0			2 10
1	Route# Direction	Na	me of Roadway/Street		Route# Direction	n 280 Addres		ELL S'. Name o	f Roadw	ay/Street	
1			At		East N	S E W o	F				
	Route# Direction	Name of	Intersecting Roadway/	Street	reet [15151110	Mile M	arker	- 01 _	Exit Number	
		Als	so at Intersection with		Feet N	SEWo	f	luter	cecting P	Loadway/Street	2
² 1	Route# Direction	Name of	Intersecting Roadway/	Street	Feet N	S E W o	f	Bitel	accing it	coadway/Sircer	
1				<u> </u>	<u> </u>				andmark		_
3	Please Select One of the Following:	. 1 <u>1</u> #0c	cupants Hit/Rur	Moped	Crash Rep	ort ID# 2	3-25	0-A	C		
	License:	_ [.	DOB/Age	Reg	# 1SNS68		Reg Typ	e PC	Re	g State MA	- - -
	Sex M Lic. Class D	9 Lic, Restric	ctions 1 20 CDL		Year 2019					21	1 12
	Operator HOPKINS, W	_ VILLIA	M T	rsement Ow	ner HOPKINS						
[‡] 1	Address 34 MASON A	First		iddle	ress 34 MASC		First		Mid	idle	_
	City NORTH BILLERIC	A State MA	Zip 01862-		NORTH BI			ate MA	Zip 01	862-1145	
	Insurance Company PROGRE				icle Action Prior to Cr	aslı 1		amaged Are			. !
	Vehicle Travel Direction:	EW R	esponding to Emergenc	y? <u>2</u> Eve	nt Sequence 23	23 23	3 23 T	est Status:		1 28	
5	Citation # (If Issued)	<u></u> -		•	t Hannful Event 1	24		ype of Test:		29	
	Viol. 1; Ch/Sec/Sub ————		2: Ch/Sec/Sub		er Contributing Code	97 25	25	AC Test Re usp. Alcoho		30 Susp. Drug: 2 32	1 13
	Viol, 3: Ch/Sec/Sub				er Distracted by	24	, ————————————————————————————————————	owed from s	_	33 Stage 2	
1			nd all occupants involve			34	35 36 37	38 39	10	<u></u> j	-
	Name (Last First Middle)		Add		DOB/Age S	Sex Pos. Sy	stem Status Code	1 1	8 Code	Medical Facility	_
	Operator		See A	bove		1 1	4 0	1 10	1	 .	_
,	Please Select One Vehicle	2 1 #Occ	cupants Non-Mo	torist A Type	15 Action 10	6 Location	17 Condi	18		lit/Run Moped	<u> </u>
1	of the Following:		11001110			Location			<u> </u>	in was triopet	_
	10 10		DOB/Ag(# <u>228FW0</u>		Reg Type	PC	Reg	g State MA 21	-
	Sex F Lic. Class D	Lic. Restric	tions B CDL_ Endor	sement			HONDA			Config. 1	
2	Operator ACKERMANN,	KATE First	R Mic	lále	er ACKERMAI	•	First	RNHAF	Mide	dle	-
	Address 56 CHESTNUT		01007 0		ess 56 CHES						14
	-		. Zip 01887-3	-	WILMINGTO	F			· ,-	887-3907 27 27 27	. 1
	Insurance Company MAIN S				cle Action Prior to Cra			amaged Are	a Code: 6	28	
i	Vehicle Travel Direction:	EW Re	sponding to Emergency		t Sequence 1 23		'l " "	pe of Test:	ľ	29	
2	Citation # (If Issued)				Hannful Event 1	24	15	AC Test Res		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2	2: Cli/Sec/Sub ———		er Contributing Code	26	Si	sp. Alcohol		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub		I: Ch/Sec/Sub		er Distracted by 0			wed from s	٤	33	_
	Please fill out for oper Name (Last First Middle)	ator/non-moto	orist and all occupants of Addr		DOB/Age S	Sent Sa	15 36 37 fety Airbag Eject stem Status Code	38 39 Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Mo	torist	See Al	oove	$\rightarrow \rightarrow$	1 1	4 0	0 10	1		
							- 		$\dagger \dagger$		-
							++-				-
- 1		1			1 !	1 1		1 1	1 1		i

	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ = Pedest	rian 📆	= Bicycle	
Crash Diagram:	ie: 👈 🗀	→	2	₩Ŷ	→ ₩		
		Burger Kin 280 Lowel				If Crash <u>Did Not</u> on a Public Way	
						Off-Street Parking L	ot
						☐ Garage	
						_	_
						Mall/Shopping Cente	er
				1	1	Other Private Way	
				Traffic Stop	from Light	Indicate North by	Arrow
Lowell St/MA-129			•	<u></u>]		
					₹	(\leftarrow)	
			···				
Crash Narrative: On 08/09/23 @ 1803hrs	s, dispatched to	280 Lowell	St for repo	ort of 2-	car MVC.	no injuries.	<u> </u>
MVs able to pull into					•	-	
Was rear ended by MVI	OP1 stated at	tmepted to	slow/stop be	ehind MV2	when ac	cidently hit	<u></u>
gas not brake. OP1 ac	mitted he panio	ked and cut	wheel to le	eft. MV2	damage t	o rear,	
driveable. MV1 heavy	damage to engin	e block, to	wed by Forre	est. Both	OPs rep	orted no	
injures. OP2 later st	ated very faint	shoulder/l	ower neck pa	ain, and	refused	medical	
multiple times. MV2 1	eft under own p	ower. Assis	ted with in	fo exchan	ge.		

Witnesses:							
Name (Last, First, Middle)		Address			Phone :	į	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
Truck and Bus Information	n: Registration #		(From V	ehicle Section)			
Carrier Name						Bus Use	42
Address			_ City			St Zip	
US DOT #:						•	
43 Interstate Cargo Boo	iy Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:					L		
Placard 47 Material I dig	it # 48 Material Na	me		Material 4 dig	it#	Release code	49
Patrol Officer Joseph A	Fitzgorald		215 W	Ti 1 mi nakan	Dolico	Department 08/	

08/09/2023 Date

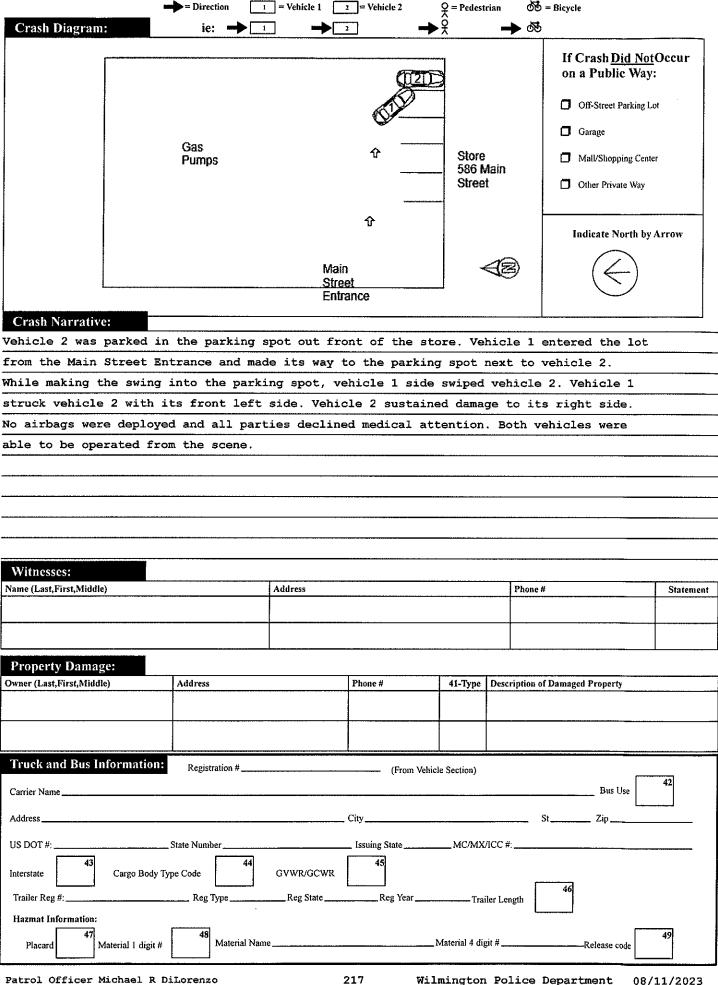
	Pol	ice Use Only		Co	mmonv	vealth	of Mass	ach	ius	etts	3			RM	V Doci	ument l	Number			
	Date of Crash 08/10/2023	Time of Crash		City/Town ington	Mo1	tor Veh	icle Cra	ısh		iumber ehicles				1 Limit	30	Loc	te Police al Police TA Police	080		
	06/10/2023	24HR	M T TIII.	Ing con		Police :	Report		2		o Î	- 1	Latitu Longi	itude			npus Police	_ <u>G</u>		
		AT INTERS	ECTIO	ON:	<	LOCA	TION	>			NO.	ΓΑΊ	'IN'	TER	SEC	TION	٧:			
		MAIN	СTT																2 1	10
1	Route# Direc			Name of Roadwa	ay/Street		Route# Direc	tion	Add	ress #			Na	ame of	Roadw	vay/Stre	et			
11		BRID	<u>උත් 1</u> 1	At NT			Feet	N S	EW	of				. —	or _					
	Route# Direc		Name	of Intersecting R					T T T	7	Mi	le Ma	rker			Exi	it Number		3	[]
				Also at Intersect	ion with		Feet			-	Route			Inters	ecting F	Roadwa	y/Street	-	\vdash	ل
² 1	Route# Direc	ction	Name	of Intersecting R	oadway/Street		Feet	INIS	<u> E W</u>	of				I.a	ındınarl	k				
3	Please Select C		11_#	Occupants	Hit/Run	☐ Moped	Crash F	Report	ID#	23	-2	51	L							
	License		S	OOB/Ags	j	Rev	4 <u>593XY9</u>									ev State	MA		_	
	Sex M Líc.	Class p 19 19	Lic. Res		O CDL		Year 2004										7		1 1	12
		ROLA, TH	1	ı—	→ Endorsemen	ıt	er MEROLA										· L	_		_
⁴ 2		KING ST	F	irst	Middle		ess <u>30 KIN</u>	Last				rst		·	Mi	iddle				
	City WILM	INGTON	State 1	1A Zip 018	387-194	O City	WILMING	TON	<u> </u>			Stat	ie M /	A 2	Zip 0]	1887	7-194	ا ف	ĺ	
	Insurance Comp	any THE HA	NOVE	R INSUR	NCE CO	M Vehic	ele Action Prior to	Crash	ı	6	22	Da	ımage	d Area	Code:	 	27	27		
5	Vehicle Travel D	Direction: NS	Xw	Responding to I	Emergency? 2	Even	Sequence 1	23	23	23	23		st Stat			1 28 29				
⁵ 1	Citation # (If Iss	ueđ)				Most	Hannful Event	1	24		<u>_</u>		pe of ' AC Te:	Test: st Resi	rlt:	30				
	Viol. 1: Ch/Sec/S	Sub	Vie	ol. 2: Ch/Sec/Sut)	Drive	r Contributing Co	ode	19	25	25			cohol:		Susp.	Drug: 2	32	1	13
⁶ 1	Viol. 3: Cli/Sec/	Sub	Vic	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26			To	wed fi	rom sc	ene?	2 33		_		
1	Name (Last First M		or operator	r and all occupan	ts involved Address		DOBVAGE	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	.38 Trap Code	39 Injury Status	40 Transp. Code	М	ledical Facility			
	Operate	i			See Above			X	1	1			0	10	1					
														 						
								 	 					 				\neg		
	Please Select C	ne X Vehicle	_ 7 #	000000000000000000000000000000000000000			15	16		1	17		┢	18				_		
⁷ 3	of the Followin		2	Occupants	Non-Motorist		Action		Locatio	on		Conditi			<u></u>	Hit/Run		ped		
	License #	19 19		_ DOB/Age.	 0]		4HVR71					Type	PC			eg State	2	1		
	Sex F Lic. C	l 	l	trictions 1	CDL	t	fear 2020			ake <u>K</u>	LA REI	1 21	ATAT		Veh	Config.	<u> </u>	┚┃		
⁸ 1	-	MAHON, M. Last CHURCH S	Fi	IST CON THE	ERESA Middle		er MCMAHO ess 43 CHU	Last			Fir		TATA.		Mic	ddle		-		
	City WILMI			<u>ra</u> z _{ip} 018	87-270		WILMING'			<u>-</u>		State	- M7	A 7	is 01	1.887	7-270	<u> </u>	1 14	4
	,	any THE CON		-		•	le Action Prior to			1	22				Code:			27		J
	Vehicle Travel D			Responding to E			Sequence 1	23	23	23	23	Tes	st Stat	us:		1 28		_		
	Citation # (If Issu	ued)			,	Most	Hamful Event	1	24				oe of		.	29				
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2; Ch/Sec/Sub		Drive	r Contributing Co	de	1	25	25			st Rest cohol:		1	Drug 2	32		
	Viol. 3: Ch/Sec/S	Sub	Vic	ot, 4: Ch/Sec/Sub		Drive	r Distracted by	0	26					rom sc		2 33		-		
•		ase fill out for opera	ntor/non-ir	otorist and all o	-	ed	DODY		34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Trunsp.		.ac. 179 - 204	\dashv		
ŀ	Operato	or/Non-Mot	orist		Address See Above		DOB/Age	Sex	1°0s.	System 1	Status 4	Code 0	Code	Status 10	Code 1	Me	edical Facility	\dashv		
}					· · · · · · · · · · · · · · · · · · ·					Г					$\vdash \vdash$			\neg		
}								ļ <u>.</u>										_		
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	= Direction	1 = Vehicle 1	2 = Vehicle 2	♀ = Pedesti	rian 🕭	🕏 = Bicycle	
Crash Diagram:	ie: → 🗀	→	2	₽Ŝ	→ Ø	క	
	Brid	ge Lane				If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center	P I
Main Street						Other Private Way	
					¢	Indicate North by A	Arrow
Crash Narrative:						<u> </u>	
MV 1 was stopped at th							
straight on Main St. N							
on scene due to an eme							
to MV 2 before leaving	. Information	exchange wa	s completed.	No inju	ries. N	o tow.	

Witnesses:		<u> </u>					
Name (Last,First,Middle)		Address			Phone	e#	Statement
Property Damage:					· · · · · · · · · · · · · · · · · · ·	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description	of Damaged Property	
				1	•	· ·	
	-						
Truck and Bus Information	Registration #		/From Vahi	cle Section)			
			(From vent	cie Section)		Bus Use	42
Carrier Name						Bus ose	
Address			_ City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body	Turna Coda	GVWR/GCWR	45				
					1	46	
	Reg Type	Reg State	Reg Year	Trail	er Length		
Hazmat Information: 47							
1 7/1	48					1	40
Placard Material 1 digit	48 Material Nar	ne		Material 4 dig	it #	Release code	49

Police Officer Name (Please Print)

	Police Use Only	Comi	mmonwealth of Massachusetts RMV Document Number											
	Date of Crash Time of Crash 08/11/2023 1212 Wil:	City/Town mington	Motor Veh		sh [Number Vehicles		. احدا	ed Limit tude	15	State P Local I MBTA	Police 🔀]	
	24HR	arrig con	Police 1	Report	2	2	0	- 1	gitude			ıs Police		
	AT INTERSECT	ION:	< LOCA	TION :	>		NOT	AT IN	TER	SEC	TION:		ļ	
			586 MAIN ST									2 10		
¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction Address # Name of Roadway/Street										
1		At		Feet	N S E	v of			•	or _				
	Route# Direction Na	vay/Street	Mile Marker Exit Number											
		vith	Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of											
² 1	Route# Direction Nat	ne of Intersecting Roady	vay/Street	Landmark										
	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash R	eport ID#	23	-2	52-			`		1	
3	or the rollowing.												-	
	License # 19 19	City WOBURN State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 Vehicle Action Prior to Crash 3 22 Damaged Area Code: 8 27 27 27 27 27 Vehicle Action Prior to Crash 2 24 Susp. O1801-3011 Oriver Contributing Code 19 25 Susp. Alcohol: 2 31 Susp. Drug 99 32 32 33 34 Susp. Drug 99 32 34 34 34 34 34 34 34												
		State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 City WOBURN State MA Zip O1801-3011 City WOBURN City WOBURN State MA Zip O1801-3011 City WOBURN City												
⁴ 1	Operator NESTICO, FRAN Last Address 101 SALEM ST	füst	Middle	Į.	ครเ		Firs	WYTE		Mi	ddle			
		MA zin 01801				V - .		State M	(A :	7in 01	1801-	-3011		
		•		22										
				[<u>-</u>			23	Test St	atus:		-			
5	Citation # (If Issued)		Most	Harmful Event	2 24	L.								
	Viol. 1: Ch/Sec/Sub	Viol. 2: Cli/Sec/Sub	Drive	r Contributing Cod	ie 1 9	25	25				1	rug 0 0 32	2 13	
6	Viol. 3: Cli/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	99 ²⁶					_	22	. [<u>55</u>]		
⁶ 1	•	tor and all occupants inv		DOBA	Sea	1 Safety	36 Airbag	37 38 Eject Trap	hjwy	Transp.	Va. E	T (%: 11/	1	
	Name (Last First Middle) Operator	Se	ee Above	DOI:	1	99	4 0		10	1	ivieur	car pacinty	=	
									 				1	
						+							1	
						+		-	+				1	
	Please Select One			15	16	<u> </u>	17	<u> </u>	18	<u> </u>	Т,		1	
⁷ 1	Please Select One of the Following:	_#Occupants Non-	-Motorist A Type	Action	Local	tion	Co	ndition			lit/Run	Moped		
	License #)B/A _ξ		2810ZJ				Type P C			g State <u>M</u>	<u>17A</u>		
		estrictions B CI	ndorsement		Veh N					Z Veh	Config.	1]		
8 ₁		RA EVELYN First	Middle	SERAFII	usi .		Final		N	Mic	Idle			
<u></u>	Address 1 DUBLIN AVE	N/S 01007		ss 1 DUBL		VE_			**************************************	. 01		2005	1 [4	
	City WILMINGTON State Insurance Company THE HANOVE	<u>MA</u> Zip 01887	•	WILMING!		11	22	State IVI				-3205 27 27	 -	
	Vehicle Travel Direction: NXEW	Responding to Emerg		Sequence 2	3 23	23	23	Test Sta			1 28			
	Citation # (If Issued)	responding to Dinorg	•	· -	2 24			Type of		[29			
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		r Contributing Cod		25	25	BAC To			1 30 Susp. Dr	32		
		Viol. 4: Ch/Sec/Sub ——		Driver Contributing Code Susp. Alcohol: 2 31 Susp. Drug 2 32 Driver Distracted by 0 26 Towed from scene? 2 33										
	Please fill out for operator/nor	ı-motorist and all occupa			34 Sea		Airbag I	37 38 Sjeet Trap	39 Injury	40 Transp.			1	
	Name (Last First Middle) Operator/Non-Motorist	Se	ee Above	DOB/Age	Sex Pos	System 99	Status C	Ode Code	Status 10	Code 1	Medic	al Facility		
	7								╁┈	\vdash	-			
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													1	

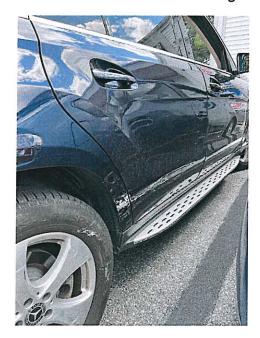


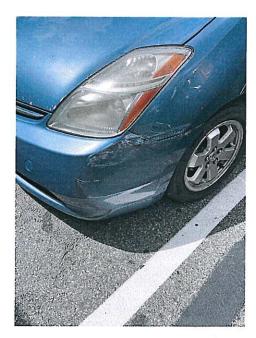
Patrol Officer Michael R DiLorenzo

Wilmington Police Department

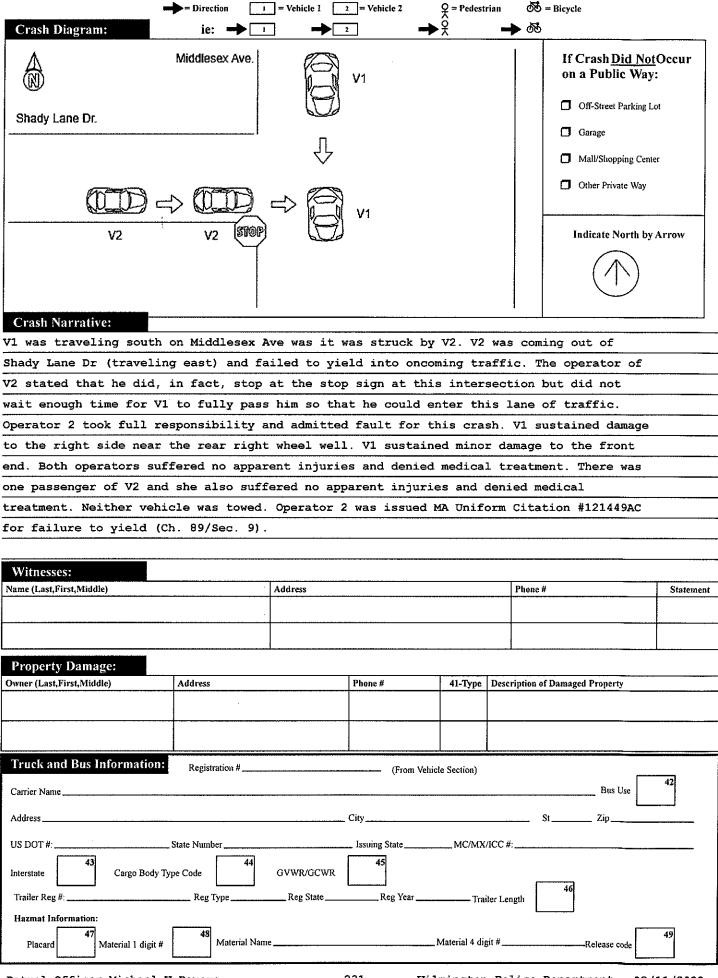
08/11/2023

Wilmington Police Department Images Associated with 23-252-AC





	Police Use Only	Comi	monwealth of Massachusetts RMV Document Number														
	Date of Crash Time of Crash	City/Town nington	Motor Veh	icle Cras	le Crash Number Number Vehicles Injured			""	ed Limi	30	State Police Local Police MBTA Police	080					
	24HR Police			Report	2	<u> </u>	0		tude gitude_		Campus Police Other:		ĺ				
	AT INTERSECT	< LOCA	OCATION > NOT AT INTERSECTION:														
	SHADY L											2 10					
I _	Route# Direction	reet	Route# Direction Address # Name of Roadway/Street														
1	MIDDLES	At RY AVE		Feet N	SEV	v of				or _							
		way/Street	Mile Marker Exit Number														
		vith	Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of														
² 1	Route# Direction Nan	vay/Street	Landmark														
	Please Select One	#Occupants Hit	Run Moped	Crash Re	nort ID#	23	-2	<u>53.</u>				\neg					
3	of the Pollowing.	I									3.25	\dashv					
	19 19	DOB/Age Restrictions B C									5	<u>.</u>	1 12				
	Sex M Lic. Class D Lic. R Operator MENDELSON, KY	ndorsement	Veh Year 2011 Veh Make BMW Veh Config. 1 " Owner MENDELSON, PATTI JENKINS														
⁴ 2	Address 112 FEDERAL ST	First	Middle	er <u>Fibiko Grito</u> ess 112 FEI	st		Firs	OBM	7417	Mi	iddle						
	City WILMINGTON State			WILMINGT				State N	ſA :	zin 0 1	1887-255	4					
	·	•	·				22			Reg State MA							
	Vehicle Travel Direction: N X E W	Avel Direction: NXEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 VSec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 1 VSec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33															
⁵ 2	Citation # (If Issued)		-	· <u>+</u>	L 24			• • •		,							
	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub	Drive	ـــ r Contributing Code:	1	25	25			\rightarrow	<u> </u>	32	1 13				
	Viol. 3: Cli/Sec/Sub	Viol. 4: Cli/Sec/Sub	Drive	r Distracted by) ²⁶	н				ا ا	22	┙┟					
⁶ 1	•			Sen	L Safety	Airbag	iject Tto	ր հոյաց	Transp.								
	Name (Last First Middle) Operator	Se	Address ee Above	DOB/Age	Sex Pos	System 99	Status 4	Code Coc	e Status		Medical Facility						
}												\dashv					
ŀ									-			\dashv					
						-			+-								
				16	<u></u>	<u> </u>	17	F	10								
⁷ 3	of the Following: Vehicle 22	#Occupants Non-	-Motorist A Type	Action	Local	ion	17 C	ndition	18	Ī	Hit/Run 🔲 Mo	ped					
	License i S	DOB/Age	Reg #	Reg # 3KXD27 Reg Type PC Reg State MA								=					
	Sex M Lic. Class D 19 Lic. R	estrictions 1 CI	DL Veh Y	Tear <u>2003</u>	Veh N	⁄lake H	OND	<u> </u>		Velı] [
§ ₂	Operator <u>CALVO</u> , <u>DEVIN</u>	S DOB/Age Reg # 3KXD27 Reg Type PC Reg State MA Class D 19 19 Lic. Restrictions 1 20 CDL Veh Year 2003 Veh Make HONDA Veh Config. 1 LVO, DEVIN JOSEPH Lust First Middle Address 23 CHESTNUT ST CHESTNUT ST Action Location Condition of Hirkun Middle Condition of Hirkun Middle Condition of Hirkun Middle Action Condition of Hirkun Middle Condition of Hirkun Midentition of Hirkun Middle Condition of Hirkun Middle Condition o							-								
						r s	<u>r</u>					<u> </u>	14				
	<u>-</u>	MA Zip 01887	_	WILMINGT	ON		22		ed Area		L887-391	. <u>1 </u>	1				
- 1	Insurance Company THE COMMER			le Action Prior to Ci	rash 23	23	23	Test St		Code:	1 28						
- 1	Vehicle Travel Direction: NSWW	Responding to Emerg	•	Sequence 1	24		23	Туре о	Test:		29		1. 14				
′っ I	Citation # (If Issued) 121449AC			Harmful Event 1	<u>- </u>	25	25		est Res		1 30	_					
			r Contributing Code	9 26				dicohol:		22	32						
Ļ	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	/iol. 4: Ch/Sec/Sub —— -motorist and all occupa		r Distracted by	34	35		37 38		1 40	2_33						
-	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status (ject Traj Jode Cod	Status	Transp. Code	Medical Facility						
	Operator/Non-Motorist	6 CEDARCREST RD	ee Above		$X \mid 1$	99	4 0	0	10	1	<u></u>						
	EMMELYN STONE	WILMINGTON, MA 0	1887-4006	·	3	99	4 0	0	10	1							



Patrol Officer Michael W Powers

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Wilmington Police Department

08/11/2023

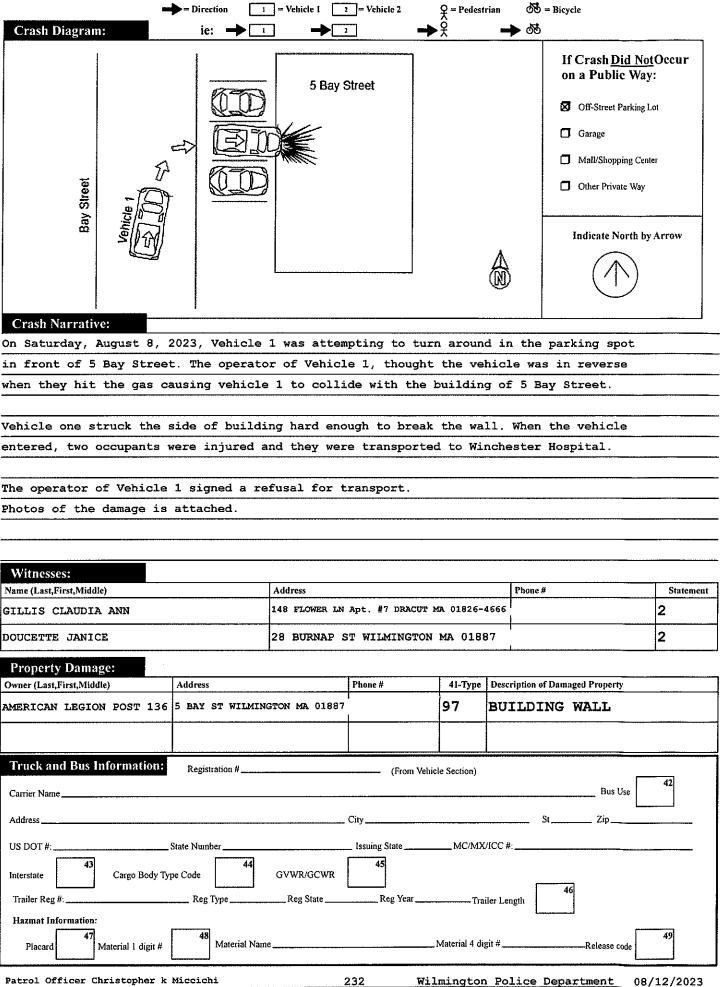
Wilmington Police Department Images Associated with 23-253-AC





	Police Use Only	Com	monwealth	of Massacl	husetts		RMV Document Number						
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Injured	ed Limit 25	- Local Police						
	08/12/2023 1342 Wili	mington	Police	Report	Vehicles 2	Lati	tude gitude	MBTA Police Campus Police Other:					
	AT INTERSECT	ION:	< LOCA	ATION >	N	OT AT IN	TERSEC	TION:	1				
					_		_		2 10				
	Route# Direction	Name of Roadway/St	Ireet	Route# Direction	Address #	BAY SI	lame of Roadw	ay/Street	-				
1		At			Jew .				7				
	Route# Direction Nar	ne of Intersecting Roady	way/Street	Feet N S		Mile Marker	• or _	Exit Number					
	Koules Director Na	vith	Feet NSEW of										
			Feet NSEW of Intersecting Roadway/Street										
² 1	Route# Direction Nar	ne of Intersecting Roady	way/Street	Landmark									
3	Please Select One of the Following:	_#Occupants	/Run Moped	Crash Repo	rt ID# 23 -	254-	-AC						
	<u>. </u>	OB/Age		# <u>4703693</u>	······································	Pag Tupa Pé	C p.	og State NH					
	License 19 19 19	20		# 4703033 Year 2017				21	7 12				
	Sex <u>F</u> Lic. Class 99 Lic. I Operator <u>GODSOE</u> , <u>THERE</u>	E	Endorsement	ner GODSOE,			ven	Comig.	 				
⁴ 1	Operator GODSOE, THERE Last Address 5 WILLIAMS ST	First	Middle	ress <u>5 WILLIA</u>		First	Mic	ddle					
	City SALEM State	NH 2: 0207		SALEM		Ctorn N	IH Zip 03	3079					
	Insurance Company SAFETY IN	•			12		ed Area Code:						
		Responding to Emer		Tellistic Flash									
5		Responding to Emer		nt Sequence 35 23 st Hannful Event 35		Type o	f Test:	29					
	Citation # (If Issued)			L	<u></u>	25	est Result:	1 30	30 ¹³				
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	Susp. A	Alcohol: 2 31	22	30				
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub — ator and all occupants in		er Distracted by 0	<u></u>	10Wea	39 40	2 33	4				
	Name (Last First Middle)	nor and an occupants in	Address	DOB/Age Sex	Seat Safety Air	rbag Eject Traj	p Injury Transp.	Medical Facility	_				
	Operator	S	ee Above	\times	1 1 4	0 0	10 1						
									1				
									1				
	Please Select One Valida 2			15 16	1	<u> </u>	18 -		4				
⁷ 1	of the Following:	#Occupants Non	-Motorist A Type 1	Action 7	Location 5	Condition	<u>. </u>	Hit/Run Moped	_				
	License #)B/Age	Reg	#		Reg Type	Re						
	Sex M Lic. Class 99 19 19 Lic. I		CDL Veh	Year	Veh Make		Veh	Config. 21					
8	Operator TOPPI, BRUNO	First		ier		First	Mic	ddle					
⁸ 1	Address 10 CAMBRIA ST	APT 1	Add	ress									
	City SOMERVILLE State	MA Zip 02143	3-1502 City			State	Zip		1 14				
	Insurance Company		Vehi	cle Action Prior to Cras	sh 97 22	2	ed Area Code:						
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? Ever	nt Sequence 23	23 23 23	Test St	ŀ	28					
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event	24	• • •	est Result:	30					
2	Viol. 1: Ch/Sec/Sub	Viol, 2: Ch/Sec/Sub	Driv	er Contributing Code	97 ²⁵	25	Alcohol: 31	Susp. Drug: 32					
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Driv	76									
:	Please fill out for operator/no	a-motorist and all occup	oants involved	DOB/Age Sex	34 35 3 Seat Sufety Airl Pos. System Sta	bag Eject Trag	n Injury Transp.	Medical Facility	1				
	Name (Last First Middle) Operator/Non-Motorist	s	ee Above	DOBINGE SEX	1 0			Winchester Hospital	1				
	operation national			+ $+$ $+$	\		1-1-1	•	-				
									-				
									_				

	Police Use Only Comr			Commony	monwealth of Massachusetts RMV Document Number										
	Date of Crash 08/12/2023	Time of Crash	City/Town Vilmingto	1 1710	tor Veh	icle Cra	cle Crash Number Number Vehicles Injured			4 50000	Speed Limit 25 State Police Local Police MBTA Police			080	
	08/12/2023	24HR	viiming co	,11	Police :	Report		1	2	Lami	itude		Campus Polic Other:	. ŭ	
		AT INTERS	ECTION:	<	< LOCATION > NOT AT INTERSECTION:							TION:			
									D 20 7	ST					2 ¹⁰
	Route# Dire	ction	Name of R	oadway/Street		Route# Direc	tion A	ddress#		N	ame of	Roadw	/ay/Street		
1				At		Feet	N S E	W of				or _			
	Route# Dire	ction	Name of Intersec	ting Roadway/Street					Mile	Marker			Exit Numbe	er	1 11
			Also at Int	ersection with		Feet NSEW of Route# Intersecting Roadway/Street									
1	Route# Dire	etion	Name of Intersec	ting Roadway/Street		Feet	NISIE	of							
	Please Select (One	a #Ossypants							- A _		ndmark	<u> </u>		1
	of the Followi		3#Occupants	Hit/Run	Moped	Crash R	keport III	" 2 3	-25)4-	'AL				
	License #	19 19	St DOB/A	ge	Reg	#			Reg T	уре		Re	eg State	21	7 12
	Sex Lic.	Class	Lic. Restrictions	CDL Endorsemen	Veh	Year	Vel	Make_				Velı	Config.		
1	Operator	Last	First	Middle			Last		First			Mi	dd]e		
Τ						ess									
			-		-	1.4.4. D.			22	State Damage			27 27	27	
		Direction: NS		no to Emercency?		cle Action Prior to	23 23	23	23	Test Sta		0000	28		
		sued)		ng to Emergency?		t Sequence Hamnful Event	2	<u> </u>		Type of	Test:		29		
	1			ec/Sub		er Contributing Co	L	25	25	BAC Te	r		30	32	30 ¹³
				ec/Sub		er Distracted by		<u></u> :L		Susp. All Towed f	Ŀ		Susp. Drug:		لـــــا
1	VIOI. 3. CIBBED.		or operator and all oc			1		34 35 Seat Safety		7 38 ect Trap	39	40 Transp.	<u></u>		!
	Name (Last First N			Address See Above		DOB/Age	Sex [os. System	Status Co	xde Code	Status	Code	Medical Facil	ily	
	Operate	UF		See Above											
										-					
		,													
									<u>L_L</u>						
1	Please Select C of the Followi		3#Occupants	Non-Motorist	A Type 1	Action 7	16 Loc	ation 5	17 Cor	dition 1	18	1	Hit/Run 🔲 M	loped	
	License		<u></u>		_ Reg /	#			Reg T	уре		Re	eg State		
	Sex. M Lic. 0	Class 19 19	Lic. Restrictions	CDL		Year	Vel:	Make				Veh	Config.	21	
	Operator TO	PPI, MAR	K NUNZIO	Endorsemen	Own	er	inel		First			Mir	ddle		
1	Address 148	FLOWER	LN APT			ess									_ 14
	City DRACU	JT	State MA Zip	01826	City_							•			1 "
	Insurance Company				Vehío	le Action Prior to		97	ᆚ	Damage Test Stat		Code:	27 27	27	
	Vehicle Travel D	Direction: NS	E W Respondi	ng to Emergency?	Even	t Sequence 1	23 23	<u> </u>	23	Type of		ŀ	29		
2	,	ned)				Harmful Event	1 2		25	BAC Te	st Resu	ilt:	30		
	Viol. 1: Ch/Sec/Sub —————Viol. 2: Ch/Sec/Sub ————————————————————————————————————					er Contributing Co	de 2	25 6	25	Susp. Al	L	31		32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involv				r Distracted by		34 35	36 3	Towed f	rom sco	ene? [33			
	Ple Name (Lost First M	•	nor/non-motorist and	d all occupants involv	eu	DOB/Age] s	eat Safety	Airbog Ej	ect Trup ede Code	Injury	Transp. Code	Medical Facili	ity	
	Operate	or/Non-Mot	orist	See Above		> <	X	1 0			9		Winchester Hospital		



08/12/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Wilmington Police Department Images Associated with 23-254-AC







