	Pol	lice Use Only		Common	wealth	of Massa	chu	sett	S		I	RMV Do	cument N	umber		
	Date of Crash 08/13/2023	Time of Crash <b>1213 W</b> :	City/Tow ilmingt	n Mo	tor Vel	icle Cras	sh [	Numbe Vehicle		d	Speed L		Local	Police 8 I Police 8 A Police cous Police	3	
	00, 13, 2023	24HR			Police	Report		2	o <sup>*</sup>	Į.	atitude ongituc			pus Police	5	
		AT INTERSE	CTION:	<	LOCA	TION >	·		NO'	ΓΑΤ	INTI	ERSE	CTION.	:		
		SALEM	ST <sup>®</sup>												2	10
1 .	Route# Dire			Roadway/Street		Route# Directi	on A	ldress #	· ·		Name	of Road	lway/Street	t		لــ
1	_			At		Feet [	N S E	w of		<del></del>	- • ·	— ог				
	Route# Dire	ction	Name of Interse	ecting Roadway/Street					Mi	le Marl	ker		Exit	Number	3	ii
			Also at In	ntersection with		_	N S E		Route	<del></del> -	Int	ersecting	Roadway	/Street	-  -	_
<sup>2</sup> 1	Route# Direc	ction	Name of Interse	ecting Roadway/Street		Feet [	N S E	W of								
	Please Select (	000 574	M		<u></u>							Landma	rk	·	4	
3	of the Followi	ng: Vehicle L.	L#Occupan	ts Hit/Run	Moped	Crash Re	eport ID#	23	3-2	55	) — <u>A</u>	C				
	License #	S	DOB/	Age [	Reg	# 3NNT18			Reg	Туре_	PC	1	Reg State ]		- 1	2
	Sex.M Lic.	Class D 19 19 I	ic. Restrictions	1 CDL_ Endorsemen	Veh	Year <b>2014</b>	Veh	Make <u>J</u>	<i>I</i> OLK	SWZ	AGEN	<b>[</b> Ve	h Config.	1 21	1	
4	Operator <u>QU</u>	INTON, MA	XWELL J			er <u>OUINTON</u>	1, G	INAI	MARI				Middle		-	
<sup>4</sup> 1	Address 24	PEARL ST			Addı	ess 24 PEA	RL S	T	111	31		,	vildale		-	
	City WAKE	FIELD	State <b>MA</b> Zij	, <u>01880-500</u>	4 City	WAKEFIEL	D			_ State	MA	_ Zip_ <b>Q</b>	1880	-0000	-	
	Insurance Comp	any THE COM	ÆRCE II	SURANCE C	O Vehic	ele Action Prior to C	Crash	9	22			rea Code	-	27 27		
5 .	Vehicle Travel D	Direction: N S E	Respond	ing to Emergency? 2	Even	t Sequence 1 2.	3 23	23	23		Status:		28			
<sup>5</sup> 2	Citation # (If Iss	sued)			Most	Harmful Event	1 <sup>24</sup>				e of Tes C Test R		30			_
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/S	Sec/Sub	Drive	r Contributing Cod	e <b>3</b>	25 g	25		p. Alcoh		1 Susp. D	nug 2 32	1 13	3
<sup>6</sup> 1	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/5	Sec/Sub	Drive	r Distracted by	5 <sup>26</sup>			Tow	ed from	scene?	2 33	······································		_
1	Name (Last First M	Please fill out for o	pperator and all o	ecupants involved	•	DOB/Age	34 Sex Sex Po:	it Safety		37 Eject Code	Trop In	39 40 jury Trensp stus Code		ical Facility		
	Operate			See Above	············		X 1	+		0 0			Medi	car ruemy		
										$\dashv$						
								+			$\perp$				-	
							_				+		ļ <u>-</u>			
				<u> </u>		10	7				$\perp$				_	
<sup>7</sup> 1	Please Select C of the Followin		#Occupant	S Non-Motorist	A Type	15 Action	Loca	tion	C	onditio	n		Hit/Run	Moped		
	License #	S	DOB/A	.ge	Reg #	38G740			Reg	Туре _	PC	R	Reg State	1A	1	
	Sex M Lic. C	Class D 19 19 L	ic. Restrictions	CDL_ Endorsemen		'ear <b>2018</b>	Veh 1	∕Iake <u>V</u>	OLK	SWA	GEN	Vel	ı Config.	1 21		
₹	Operator BR7	ANCATO, HA	ALEY EL	IZABETH Middle		BRANCAT	<u>'O, 1</u>	/AUF	REEN		ITL		fiddle			
³2	Address 285	SALEM ST		Made	Addre	ess 285 SAI	LEM	ST	rus				addie			_
	City <b>WILMI</b>	NGTON S	State <b>MA</b> Zip	01887-112	3 City 1	WILMINGT	ON			_ State	MA	_ Zip _ <b>O</b>	1887-	-1123	1 14	
	Insurance Compa	any GARRISON	PROPER	RTY & CASU	A Vehic	le Action Prior to C	rash	4	22			rea Code	<u> </u>	27 27		,
	Vehicle Travel D	irection: NSE	Respondi	ng to Emergency? 2	Event	Sequence 23	23	23	23		Status: of Test		28			
2	Citation # (If Issu	ued)			Most	Hannful Event	L <sup>24</sup>			••	Test R		30			
	Viol. 1; Ch/Sec/S	Sub	Viol. 2: Ch/S	ec/Sub	Drive	r Contributing Code		25	25	Susp	. Alcoh	ol: 2 31	Susp. Dr	nug 2 32		
	Viol. 3; Ch/Sec/S	Sub	Viol. 4: Ch/S	ec/Sub	Drive	r Distracted by					.,	scene?	2 33			
	Plea Name (Last First Mic	ase fill out for operator	/non-motorist an	d all occupants involv	ed	DOB/Age	Sex Pos			Ejeci 1	38 3 Frap Inje Tode Sta	ary Transp.	Medic	al Facility		
	Operato	or/Non-Motor	rist	See Above			1	1	4 (	0	10	1		<u></u>		
	MAUREEN BRA	NCATO	285 SAL WILMING	EM ST TON, MA 01887		F	3	1	4 (	) 0	10	1			1	
								-		$\dashv$	$\dashv$	<del>                                     </del>			1	
													<u></u>		]	

= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestrian	<b>0</b> 20 = 1	licycle	
Crash Diagram: ie:	<b>→</b> □ <b>→</b> □	2	<b>₽</b>	<b>→</b> 85		
B		10			If Crash Did Not on a Public Way	:
	V2	V2	فياس.		<b>~</b>	
			(CE		☐ Garage	
V2/			~ M		Mall/Shopping Center	ar
				V1	Other Private Way	
Q		VI	V1		Indicate North by	Arrow
	V1					
305 Solom	· C+					
285 Salerr	191					
Crash Narrative:						
V2 was turning left into the dri						
the left and ended up colliding	with it instead	. V1 exited t	he right	travel l	ane and drove	
into the opposite lane into once	ming traffic in	an improper	attempt to	pass V	2. As V2 was	
just about to enter the driveway	,, V1 was direct	ly in front o	f it, which	ch resul	ted in the	
collision. V1 sustained damage t	to the entire ri	ght side. V2	sustained	damage	to the left	
front area near the left headlig	tht. Both operat	ors suffered	no appare	ıt injur	ies. The	
passenger of V2 also sustained r	o apparent inju	ries. All inv	olved part	ies den	ied medical	
treatment. Neither vehicle was t	owed.					
			·			
Witnesses:						
Name (Last, First, Middle)	Address			Phone #		Statement
Property Damage:						
Owner (Last, First, Middle) Address		Phone #	41-Type De	scription of Da	maged Property	
Truck and Bus Information: Registration	n#	(From Vehi	cle Section)		·····	
Carrier Name					Bus Use	42
Address		_ City		St	Zip	
US DOT #:State Number		Issuing State	MC/MX/ICC	: #:		
Interstate Cargo Body Type Code	44 GVWR/GCWR	45				
Trailer Reg #: Reg Type			Tailer I	ength	46	
Hazmat Information:			Iraner I	Actignt		
[ 49 ]	terial Name		Motorial A 45-4-11			49
Placard Material I digit # Mat	erial Manie		_aviateitäi 4 tilgit #		Release code	

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

231

Wilmington Police Department
Department Precinct/Barracks

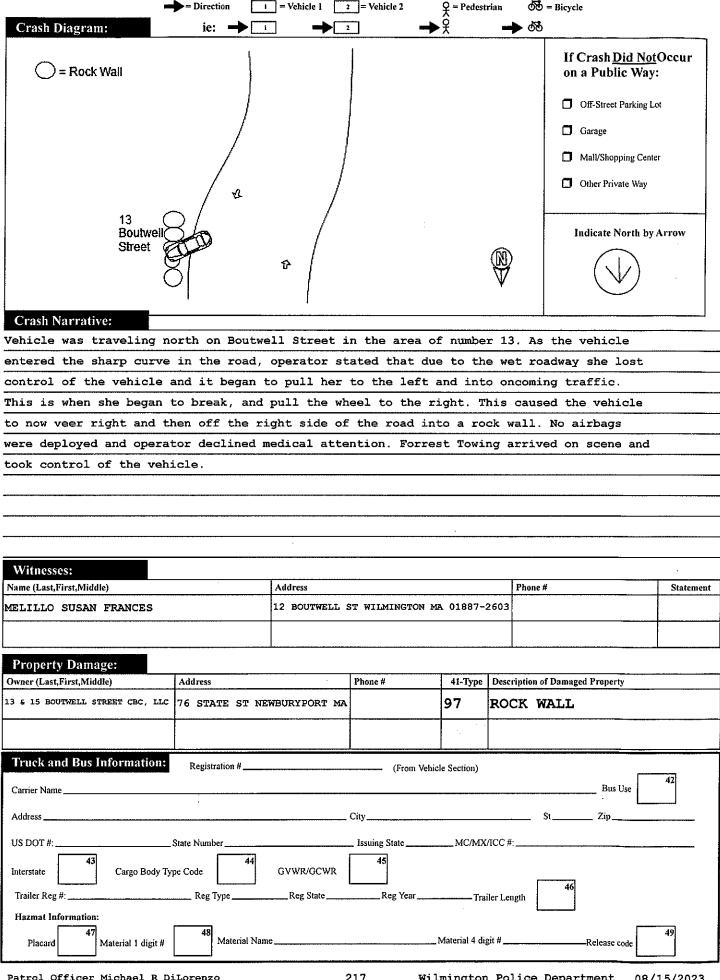
08/13/2023

## Wilmington Police Department Images Associated with 23-255-AC





	Police Use Only	Comr	nonwealth	of Massach	usetts		RMV Do	cument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Industració 1 1	, , , , , , , , , , , , , , , , , , ,	State Police Local Police MBTA Police Campus Police	ī
	08/15/2023 <b>1210</b> Wil	mington	Police	Report		ام ا <sup>لد</sup>	ntitude ongitude	MBTA Police Campus Police Other	
	AT INTERSECT	ION:	·	TION >			INTERSEC		7
									2 10
	Route# Direction	N		D	13	BOUTW	ELL ST		_ ]
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name of Road	lway/Street	-
				Feet N S	EW of		• — or	Exit Number	. L
	Route# Direction Na	me of Intersecting Roadw		- N.C	EW .	Mile Mark	er	Exit Number	1
		Also at Intersection wi	ith	Feet N S		Route#	Intersecting	g Roadway/Street	-
²3	Route# Direction Na	me of Intersecting Roadw	/ay/Street	Feet N S	EW of				_
	Please Select One	"a		<u> </u>	~~~	056	Landma	.rk	-
³ <sub>2</sub>	of the Following:	#Occupants Hit/F	Run Moped	Crash Report	1D# 23	-256	-AC		
	License #St.	_ DOB/Age_	_ Reg	#2ZCV96		_ Reg Type _	2C 1	Reg State <b>MA</b>	. 12
	Sex <b>F</b> Lic. Class D 19 Lic.		DL Veh	Year <u>2008</u>	Veh Make <b>L</b> ]	INCOLN	Ve	eh Config. 21	3
	Operator MENDONCA, KEI		dorsement  Middle  Own	er SOUSA, NA	ATALIE				
1	Address 126 MARION ST	First		ess 126 MARI	ON ST	First		Middle	
	City WILMINGTON State	e <b>MA</b> Zip <b>01887</b>	-3396 City	WILMINGTON	I	State	<b>MA</b> Zip <b>O</b>	1887-3396	
	Insurance Company AMICA MUT			ele Action Prior to Crash	<u></u>		aged Area Code		
	Vehicle Travel Direction: XSEW	Responding to Emerg		t Sequence 35 23			Status:	1 28	
;	Citation # (If Issued)			Hannful Event 35	24	Туре	of Test:	29	
				er Contributing Code	2 25	25	Test Result:	1 30	30 <sup>13</sup>
	Viol. 1: Clt/Sec/Sub			-	26		Alcohol: 2 3	22	30
2	Viol. 3: Ch/Sec/Sub	ator and all occupants inve		r Distracted by 0	34   35		38 39 40	1 33	4
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety / Pos. System :	Airbag Eject T	rep Injury Transp ode Status Code	n. Medical Facility	_
	<b>Operator</b>	Ser	e Above	$\times$ X	1 1	0 0	10 1		
									1
									1
									-
				15 76		12	10		4
1	Please Select One of the Following:	#Occupants Non-I	Motorist A Type	Action 16 L	ocation.	Condition	18	Hit/Run Moped	
	License #St	DOB/Age	Reg #	<u> </u>		Reg Type	,	Reg State	1
	Sex Lic. Class 19 19 Lic. I	Restrictions 20 CD	DL Veh \	(ear \	/eh Make		Vel	h Config. 21	
	Operator	Enc	dorsement Own	er.				· · · · · · · · · · · · · · · · · · ·	
1	Last Address	First	Middle	Last SS		First	N	Aiddle	
	CityState	e Zin				State	Zìp		<b>4</b> 14
	Insurance Company		•	le Action Prior to Crash	2.	7	iged Area Code	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerge		<u> </u>	23 23 2	Test S	Status:	28	
	Citation # (If Issued)	responding to Emerge	,	Harmful Event	24	Туре	of Test:	29	
2				r Contributing Code	25	25	Test Result:	30	
	Viol. 1: Ch/Sec/Sub			r Distracted by	26		Alcohol: 31	1 Susp. Drug. 32	
	Viol. 3: Ch/Sec/Sub			Distracted by	34 35	36 37 3	d from scene?		
	Please fill out for operator/no Name (Last First Middle)	•	Address	DOB/Age Sex	Seut Safety A	irbag Eject Tr	ap Injury Transp. de Status Code	Medical Facility	
	Operator/Non-Motorist	. See	e Above	$\times$ X	1				
		1					++-	<del> </del> -	†
	· · · · · · · · · · · · · · · · · · ·								1
- [							1 1	1	



Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

08/15/2023

Police Officer Name (Please Print)

Signature

ID/Badge#

Department

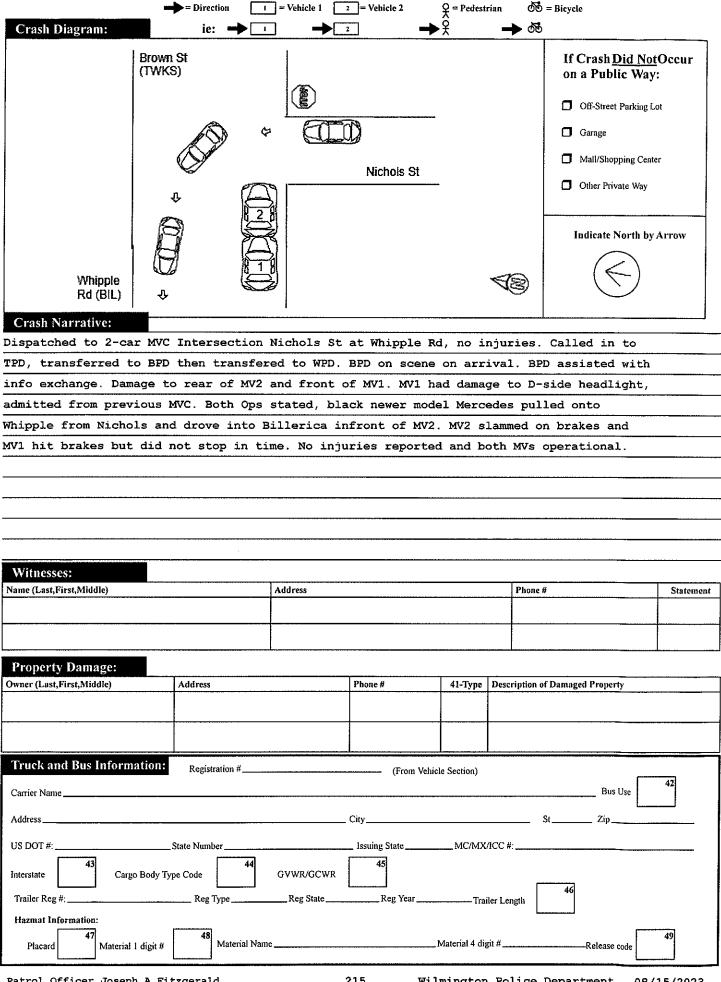
Precinct/Barracks

## Wilmington Police Department Images Associated with 23-256-AC





	Police Use Only  Commonwealth of Massachusetts  RMV Document Number  Date of Crash  Time of Crash  City/Town  Motor Vehicle Crash  Number  Number  Number  Speed Limit  30  State Police Local Police Local Police Local Police										
	1 1		City/Town L <b>mington</b>			Numbe Vehicle		Speed Lin	it <u>30</u>		0800
	20,10,1023	24HR		Police	Report	2	0	Lanuide Longitude		Campus Police Other:	<u> </u>
		AT INTERSEC	TION:	< LOC	ATION >		NOT A	T INTE	RSEC'	TION:	
							NTCI	OLS :	ST		2
Ι.	Route# Directi	on	Name of Roadway/S	treet	Route# Direction	Address #				/ay/Street	
4			At		Feet N	S E W of		_ • -	- or _		
	Route# Direction	on N	ame of Intersecting Road		-		Mile M	arker	•	Exit Number	2
			Also at Intersection	with		S E W of	Route#	Inter	secting F	Roadway/Street	- F-
<sup>2</sup> 1	Route# Direction	on N	ame of Intersecting Road	way/Street	Feet N	S E W of	<u> </u>	-	, ,		
	Please Select On	g <b> </b>	#Occupants Hit	In			) ) E		.andmark	· · · · · · · · · · · · · · · · · · ·	
3	of the Following	venicle 11	Woccupants Hit			ort ID# <b>2</b> 3					_
	License	St	_ DOB/Age,		g# 4AXX61					7	_  -
	Sex M Lic. Cla	ass D Lic	1	Endorsement	1 Year 1996				Veh	Config. 1	] 🛅
<sup>4</sup> 1		LIA, JUST	EN N First	Middle	ner PAGLIA,		Y N First		Mi	ddle	-
1	Address 75 L				dress 75 LAKE						-
	l '		te <b>MA</b> Zip <b>0187</b>		y TEWKSBURY	[					O
			ERAL INSUR		nicle Action Prior to Cra			amaged Are	a Code:	8 27 27 2	ا ك
<del></del> 5		ection: N S W	, ,		ent Sequence 1 23	23 23	-3	ype of Test:		29	
	Ì	d)			st Harmful Event 1		25	AC Test Re		30	
			Viol. 2: Ch/Sec/Sub		ver Contributing Code	99 <sup>25</sup>		usp. Alcoho	-	Susp. Drug. 2	12 1
, 1	Viol. 3: Ch/Sec/Sul		- Viol. 4: Ch/Sec/Sub -		ver Distracted by 0	34 35	Ti 36   37	owed from s		2 33	_
	Name (Last First Midd	-	rator and all occupants in	Address	DOB/Age Sc	Seat Safety	Airtrag Eject	Trep Injur	v Transp.	Medical Facility	
	Operator	•	S	See Above	$\langle \rangle \langle \rangle$	1 1	4 0	0 10	1		
	,,										
	Please Select One	Vehicle 21	#Occupants   No.	n-Motorist A Type	15 Action 16	Location	17 Condi	18		lit/Run Mop	_
3	of the Following:	V venicle 24				Location		L.		lit/Run Mop	ed
	License	19 19 S	DOB/Age		# 3DPJ51		Reg Type	PC	Re	g State <b>MA</b>	T
	Sex M Lic. Cla	ss D Lic.	Restrictions 99	Indorsement	Year 2017				Veh	Config. 1	
2	ੌ ι	ONTE, ROBI	First G	Middle	ner <b>LAMONTE</b>		KT G First		Mid	ldle	-
_	·	REGON RD	N/3 - 0197/		iress 21 OREG			103	O1	076 410	
	City TEWKSE		te <u>MA</u> Zip 01870		TEWKSBURY			ite <u>IVIA</u> amaged Are		876-413	7 -
		<del></del>	MUTUAL INSU		icle Action Prior to Cra	sh 2 23 23		est Status:		28	┚┃
	Vehicle Travel Dire	L	Responding to Emer	-	in Sequence 1	24	1	pe of Test:		29	
2	Citation # (If Issued		1		st Harmful Event 1	99 25	25	AC Test Re		30	a
			- Viol. 2: Ch/Sec/Sub —	<u>.</u>	ver Distracted by	99		isp. Alcohol owed from s	-	Susp. Drug: 2 3	<b>4</b>
	Viol. 3: Ch/Sec/Sul		- Viol. 4: Ch/Sec/Sub on-motorist and all occup		ver Distracted by	34 35	36 37	38 39	40	<u> </u>	
	Name (Lost First Middle	ه)		Address	DOB/Age Se	<i>7</i> .	Status Code	Trap Injur Code Statu	s Code	Medical Facility	_
	Operator.	Non-Motoris	rt s	ee Above		1 1	4 0	0 10	1	·····	
				(2-10-k) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



Patrol Officer Joseph A Fitzgerald

215

Wilmington Police Department

08/15/2023

	Pol	ice Use Only		Comi	nonwealtl	h of Mass	sach	luse	etts	}			RM	V Doc	ument Number		
	Date of Crash	Time of Crash		City/Town	Motor Vo	ehicle Cr	ash		umber		المصر	Speed		4(	Local Police	0000	
	08/17/2023	1431 Y	W1 IM:	ington	Polic	e Report		2	inoic.	0		Latitus Longit			MBTA Police Campus Police Other:	ä	
		AT INTERS	ECTIO	ON:		CATION	>			NO'				SEC	TION:		1
					-											~	2 10
	David Dia			Name of Roadway/Str		Route# Dir		<u>19</u>	5 ress #	B	<b>YLL</b>			LE			
<sup>1</sup> 1	Route# Direc	CHOR		At		Kodie# Dil	ection	Addi	ess #			INA	ine or	Koadv	vay/Street		1
	-					Fee	t N S	E W	of			_ •	-	or _	Exit Number		L _
	Route# Direc	ction		of Intersecting Roadw			l N S	EW	١ ۵	M	ile Ma	rker			EXII Number		3 11
				Also at Intersection w	ath .					Route	2#		Interse	ecting l	Roadway/Street	_	<b> </b> -
<sup>2</sup> 2	Route# Direc	tion	Name	of Intersecting Roady	vay/Street	Fee	NS	EW	of								
	Please Select (	) was 573												ndmarl	k		}
3	of the Followi	ng: Vehicle	1_1#	Occupants Hit/	Run 🔲 Mope	d Crash	Report	t ID#	23	-2	:58	ქ —.	AC	;			
	License	_	_ St	DOB/Age.	R	eg# <u>2R9378</u>	}			Reį	д Туре	MC		R	eg State <b>MA</b>		12
	Sex M_ Lic.	Class D M	Lic. Res	strictions 1 20 C	DL V	eh Year <b>2023</b>		Veli M	ake <u>K</u>	AW	SA	KI		Veh	Config. 3	21	1 '-
	Operator NO	BLE, MAT	THEW		ndorsement C	wner <u>NOBLE</u>	M	ATT	HEW	IJ						_	
<sup>4</sup> 1	1	ELLINGTO	F	írst	Middle	ddress 51 EI	Last			Fí	rsl			М	iddle		
	ļ			4A Zip 01876		ity <b>TEWKSB</b> I					Stat	e MZ	A 2	z <sub>ip</sub> O	1876-14:	10	
				E DIRECT I		ehicle Action Prior		,	1	22				Code:		27	
		oirection: XS		Responding to Emerg		vent Sequence	23	23	23	23		st Stati			1 28		
5				Responding to Enterg		<u> </u>	1	24			Ту	pe of T	Test:		29		
	Ì	ued)			_	lost Harmful Event	1	ᆚ	25	25		AC Tes			1 30		_ 13
				ol, 2: Ch/Sec/Sub		river Contributing (		26	]		Su		1	2 31	Susp. Drug: 2	32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/S			ol. 4; Ch/Sec/Sub —		river Distracted by	0	1 34	35	36	To-	wed fr	om sc	ene?	2 33		
	Name (Last First M		or operator	r and all occupants inv	/OIVed Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trup Code	Injury Status	Transp. Code	Medical Facility		
	Operate	or		Se	e Above	$\sim$	$\mathcal{I}$	1	5	4	0	0	10	1			
								ļ									
							<u></u>	<u>.</u>	<u> </u>				<u> </u>	<u> </u>			
<sup>7</sup> 3	Please Select C of the Followir		2 <b>1</b> #	Occupants Non-	Motorist A Type	15 Action	16	Locatio	m	17	Conditi	on	18		Hit/Run 🔲 Me	ped	
_	License i		5	_ DOB/Ag	R	eg# <b>W52264</b>	<del></del>			Reg	Туре	co		I Re	eg State MA		
	Sex.M Lic. C	19 19		20		eh Year 2016		Veh M	ske D							21	
		RTINEZ,		S M	dorsement	wner <u>EMPIR</u>						ROV	/F:M		- L	_	
81		Last CHERRY S	Fi	rst	Middle	ddress 9 PET	Last			Fig		***		Mi	ddle		
	City CHELS			1A Zip 02150		ity ANDOVE		. m do . do .		<u> </u>	C+	" MI		ւ <sub>ն</sub> Ո1	L810-120	_	14
	•			CE INSURAN					<u> </u>	22				Code:		27	
	•				_	ehicle Action Prior	23	23	23	23		st Statu			28	<b>-</b> '	
	Vehicle Travel D		EW	Responding to Emerg	• —	vent Sequence 1		24			Ту	oe of T	Test:		29		
9 <sub>2</sub>	Citation # (If Issu	sed)				lost Harmful Event	1		25	25		C Tes			1 30	_	
$\dashv$	Viol, 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub ——		river Contributing (	-	<u> -</u>	25	25			L	2 31	Susp. Drug: 2	32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub		river Distracted by	0	26				wed fr	om sc		2 33		
	Ple Name (Last First Mi	•	ator/non-n	notorist and all occupa	ints involved Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Statur	37 Eject Code	38 Trap Code	39 Injury Status	40 Trunsp. Code	Medical Facility		
		or/Non-Mot	orist	1	e Above	$\sim$	X	1	1	4	0	0	10	1			
	<u> </u>					<del></del>											
							-										
				1												ļ	

	=	= Direction	,	= Vehicle 1	= Vehicle 2	र् = Pedest	rian	= Bicycle	
Crash Diagram	1:	ie: 🗕	▶□	<b></b>	<b>→</b>	·ĝ	<b>→</b>	<b>ර</b> ්ම	
					195 Ballard Street	ívale		If Crash Did Note on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way  Indicate North by A	1
Crash Narrativ	re:								
Vehicle 1 (Mot	torcycle) v	vas trave:	ling	north on Ba	llardvale St	reet wh	en the	e vehicle in front	
of him began t	to slow do	m. The o	perat	or of this	truck and tr	ailer (	Vehic.	le 2) swung out to	
the left side	of the roa	adway giv:	ing t	he motorcyc	le operator	the ide	a he v	was turning left.	
This vehicle v	was in fact	turning	righ	nt and made	the swing to	ensure	he ma	ade it into the	
driveway of 19	95 Ballard	zale Stree	et. V	ehicle 2 th	en turned ri	ght int	o the	path of the	
motorcycle. Ve	ehicle 1 ti	ruck vehic	cle 2	in the fro	nt right sid	e. No a	irbags	s were deployed,	
and both opera	ators decl	ned medic	cal a	ttention. V	ehicle 2 sus	tained :	ninor	scratches and	
vehicle 1 sust	tained scra	tches to	the	right side.	Vehicle 2 w	as driv	en fro	om the scene, and	
vehicle 1 had	a friend o	coming wit	th a	trailer.					
Witnesses:									
Name (Last,First,Midd!	le)			Address			Pl	ione#	Statement
Property Dama		<del></del>				1			
Owner (Last,First,Midd	lle)	Address			Phone #	41-Type	Descript	tion of Damaged Property	·
Truck and Bus I	nformation:	Registration	# TAT 5.1	2264					
				203	——— (From Vehic	ele Section)		Due II	42
Carrier Name <u>Empir</u>	е опе ноше	Improveme	ent_					Bus Use	
Address		<del></del>			City			St Zip	
US DOT #:		State Number			Issuing State	MC/MX	/ICC #:		
Lateratote 43	Come De de M	Cod-	44	CVIII (CCVIII)	45				
Interstate	Cargo Body Ty	<u> </u>		GVWR/GCWR				46	
Trailer Reg #: <u>C7822</u>	25	Reg Type <b>_</b>	UO	Reg State MA	Reg Year	Tra	ler Length	1	
Hazmat Information:									49
1 1 11	Material I digit#	Mate	rial Nam	e		Material 4 di	git #	Release code	
Patrol Officer	Michael R D:	Lorenzo			217 Wil	mington	Poli	ce Department 08/1	7/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Date

	Police Use Only	Comi	monwealth -	of Massacl	husett	S	RM	IV Docum	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicle		Speed Limi	1_30	State Police Local Police MBTA Police Campus Police	
	08/17/2023 1544 Wil	mington	Police 1	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA		<u> </u>	NOT A	FINTER	SECT		1
										10
					474	MAIN				2 "
l,	Route# Direction	Name of Roadway/St At	reet	Route# Direction	Address #		Name of	Roadway	y/Street	-
<u>'1</u>		Al		Feet N	S E W of			- or		
	Route# Direction Nat	ne of Intersecting Roady	vay/Street			Mile Mi	ırker		Exit Number	4 11
		Also at Intersection w	vith	Feet N :	S E W of	Route#	Intere	actinu Do	padway/Street	
	D . 21 D	CV	(6)	Feet N	S E W of	Roaler	lintors	cening red	adway/Succi	
<sup>2</sup> 1	Route# Direction Nar	ne of Intersecting Roady	vay/Street				L	andmark		<u>.</u>
	Please Select One Vehicle 11	_#Occupants  Hit/	Run Moped	Crash Repo	rt ID# <b>2</b> 3	1-25	9-AC	٦.		]
³99	of the Following:									4 .
	License # S	_ DOB/Age	_ Reg	<u> US2070</u>		Reg Typ	PC	Reg	State MA 21	1 12
	Sex M Lic. Class D 19 19 Lic. I		DL Veh '	/ear 2016	. Veli Make 🗓	ATOYO!		Veh C	Config. 1	
	Operator FALSINI, ARTH			er FALSINI,	ARTH	JR		Middl		
1	Address 100 CORINNE WA	Y APT 309		ess 100 COR	INNE W	First AY A	PT 30		le	
	City <b>TEWKSBURY</b> State	MA Zip 01876	5-1682 <sub>City</sub>	TEWKSBURY		Sta	te MA	Zip <b>01</b> 8	876-1682	
	Insurance Company SAFETY IN			le Action Prior to Cras			amaged Area	_	.,	
	<u></u> _			22	23 23		est Status:	1	28	
2	Vehicle Travel Direction: SEW	Responding to Emer	-	Sequence 1	24		pe of Test:	F	29	
	Citation # (If Issued)	<del>-</del>	Most	Harmful Event 1			AC Test Res	ult: 1	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 S	sp. Alcohol:	2 31	Susp. Drug: 2 32	1 '3
5	Viol. 3: Clt/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	owed from so	ene? 2	33	<b> </b>
1		tor and all occupants in			34 35 Seat Safety		38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sen	/	Status Code	Code Status	Coxle 1	Medical Facility	
	Operator	26	ee Above		1 1	4 0	0 10	-		
										1
			<u>r</u>	15 10		12	[ 10	<u>                                     </u>		1
1	of the Following: Vehicle 21	_#Occupants  Non-	-Motorist A Type	Action 16	Location	17 Condi	ion 18	Hi	t/Run   Moped	
	License # St.	DOB/Ag-	Reg #	53BV70		Reg Type	PC	Reg	State MA	1
	19 19	20	_	ear 2022	Vol. Maka M				21	
		E <sub>1</sub>	ndorsement	r FERRIS,					onig	
1	Operator FERRIS, RICHA	First	Middle	Last		First	DERIC	Middle	le	
	Address 21 PICKMAN DR			ss 21 PICKN	MAN DK					_ [4]
	City <b>BEDFORD</b> State	MA Zip 01730	0-1009 City	BEDFORD	f					1
	Insurance Company UNITED SEF	RVICES AUTO	OMOBIL Vehic	le Action Prior to Cras	հ 6		amaged Area	Code: 8		
	Vehicle Travel Direction: X E W	Responding to Emerg	gency? 2 Event	Sequence 23	23 23	~~	st Status:	1_	28	
	Citation # (If Issued)	<del></del>	Most	Harmful Event 1	24	-	pe of Test: AC Test Resi	<u> </u>	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	sp. Alcohol:		Susp. Drug: 2 32	
				r Distracted by	26		wed from so	<u>-   `</u>	33 Susp. Drug 2	
ļ	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —			34 35	36 37	38 39	40		1
	Name (Lust First Middle)	-motorist and an occupa	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	Se	ee Above	><X	1 1	4 0	0 10	1		
}		1			1					
}					+			+		

Cras	h Diagrai	m:	= Direction ie: -	= Vehicle	z = Vehicle 2	Q = Pedestrian	ණ = Bi ➡ ර්ම්	cycle	
				P lease		<b>E</b>	<b>3</b> >	If Crash <u>Did No</u> on a Public Wa	y:
								Off-Street Parking	Lot
~				MV				Garage	
			474 Main S	st	Ø <sub>MV</sub> :	2		■ Mall/Shopping Cer ■ Other Private Way	
								Indicate North b	y Arrow
	Rt 38 Smoke Shop	Barber Sh	op All Floo	orz Agga		Marble and Granite		$(\Rightarrow)$	
	***************************************		Shopping F	laza	ON THE REAL PROPERTY OF THE PR	<del></del>			
	n Narrati		thbound with	the flow of	traffic o	n+ 30 (Mai)	s Stlin i	the town of	
		<del></del>	iting the par						
			oom in front						
		g into MV 1							
									·
	esses:	11-3		1			Tnt #		Succession
Name (L	ast,First,Mide	ile)		Address			Phone #		Statement
Prop	erty Dama	age:							
Owner (1	ast,First,Mid	ldle)	Address		Phone #	41-Type De	scription of Da	maged Property	
Truck	and Bus	Information:	Danistanian H						
	Vame		Registration #		(From	Vehicle Section)		Bus Use	42
Address					_ City		St	Zip	·
US DOT	`#: <u></u>		State Number		Issuing State	MC/MX/ICC	C#:		
Interstat	43	ł	44	GVWR/GCWR	45				
	L	]	Reg Type			em in .		46	
	keg #: t Information		reg type	reg state	Ceg rear	Trailer I	ength		
	ard 47	: Material 1 digit #	48 Material Na	ne		Material 4 digit #		Release code	49

Patrol Officer Shane A Foley Police Officer Name (Please Print)

Signature

211

Wilmington Police Department
Department Precinct/Barracks

08/17/2023

Date

	Police Use Only	Comr	nonwealth	of Massach	usetts	l	RMV	V Documen		
	Date of Crash   Time of Crash   08/19/2023   <b>0957</b>   <b>Wil</b> :	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limit	L	inte Police Local Police ABTA Police Campus Police	[
	24HR	ming con	Police :	Report	2	0	Latitude Longitude	c	Campus Police	i
	AT INTERSECT	ION:	< LOCA	ATION >		NOTA	Γ INTERS	SECTIO	N:	7
	62 E MIDDLES				***************************************					2 10
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str At	eet	Route# Direction	Address #		Name of i	Roadway/St	treet	_
	WILDWOO			Feet N S	E W of		_ •	or		_
		me of Intersecting Roadw				Mile M	arker	E	Exit Number	2 11
		Also at Intersection w	th	Feet N S		Route#	Interse	cting Roady	way/Street	
<sup>2</sup> <b>2</b>	Route# Direction Na	me of Intersecting Roadw	ay/Street	Feet N S	E W of		Lar	ndmark		-
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Report	1D# <b>23</b>	-26	0-AC	•		1
	License . ;	DOB/Age	Reg	# <u>9</u> DX583		Reg Тур	e PC	Reg Sta	ate <b>MA</b>	12
	Sex F Lic. Class D Lic. I	Restrictions 20 CI		Year <u>2020</u> v					21	1 12
	Operator CORREA SANTOS	En	dorsement	er PANATTA,						
<sup>4</sup> 3	Address 1075 MAIN ST	First	Middle	ess 1224 AVA		First		Middle		
	City WOBURN State	. MA 7in 01801		WILMINGTON			MZ 2:	:_ 0188	37-1155	
	Insurance Company GEICO GEN	•	•				amaged Area			ĺ
				cle Action Prior to Crash	23 23		est Status:	2		
<sup>5</sup> 1	Vehicle Travel Direction: NSWW	Responding to Emerg		i beddeizee 1	24		ype of Test:	25	9	
	Citation # (If Issued)			Harmful Event 1			AC Test Resul	lt: 30	0	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——		er Contributing Code	1 25	25 St	ısp. Alcohol:		p. Drug: 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	26	To	owed from sce	ne? 2 33	3	
1	Please fill out for opera	ator and all occupants investigated	olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	]
	Operator	Sec	e Above		1 1	4 0		1	wadicar Patrixi	_
	LINDA GORRIA	1075 MAIN ST WOBURN, MA 01801		F	3 1	4 0	0 10	1		
1				- <del> </del>	4 4	4 0	0 10	1		
ا		<b></b>		+	6 4	4 0	0 10	1		1
1		<u> </u>		15 16		17	<u> </u>	<u></u>		4
<sup>7</sup> 3	Please Select One of the Following: Vehicle 21		Motorist A Type	Action	ocation	Condit		Hit/Ru		
	License	DOB/Ag	-	<u>W20572</u>		Reg Type		Reg Stat	te <b>MA</b>	
	Sex M Lic. Class D Lic. F	Restrictions CD	dorsement		eh Make <u>C</u>			_ Veh Confi	g. <b>2</b>	
8,	Operator O DONOGHUE, S	<u>EAN FITZGEI</u> First	Middle	er <u>ODONOGHUE</u> Last		AN GE	RARD	Middle		
1	Address 15 WEST ST			ess 15 WEST S				<u>_</u> .		14
	City WILMINGTON State	MA Zip 01887	-3007 City 1	<u> WILMINGTON</u>			-		7-3007	2
	Insurance Company OHIO SECUE	RITY INSURA	NCE C Vehic	le Action Prior to Crash	2		amaged Area (	<u> </u>		
	Vehicle Travel Direction: NSWW	Responding to Emerge	ency? 2 Event	Sequence 23	23 23	23	st Status: pe of Test:	28	_	
<sub>2</sub>	Citation # (If Issued)		Most	Hannful Event 1	24		AC Test Result	<del>  _</del>		
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	5 <sup>25</sup>	25	sp. Alcohol:		Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26	То	wed from scer	<del>   </del>	السسسا	
•	Please fill out for operator/nor	•			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trup Injury T Code Status	40 Transp.		1
}	Name (Last First Middle)  On arctor/Non Matorist		Allowe	DOB/Age Sex	_	Sinius Code			Medical Facility	-
	Operator/Non-Motorist	See	Above		1 1	-   <sup>v</sup>			·	-

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	, o <u>o</u> g =	Bicycle	
Crash Diagram:	ie: -> [	· →	2	<b>→</b> X	<b>→</b> 🕉		
	FE		GIE	en rd.		If Crash <u>Did Not</u> on a Public Way	
Rte.62/Middlesex	av.	<	<b>=</b>	Ŷ <	<b>;</b>	Off-Street Parking L	ot
र्र री	<b>\$</b>	क क		<b>\</b>	<b>•</b>	Garage	
	<b>□</b> ⇒					Mall/Shopping Center	er
	0	F 00	<del></del>	E CO		Other Private Way	
	Wildwood st	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Indicate North by	Arrow
	Wildw			(		$\bigcirc$	
Crash Narrative:							
Operator 1 stated she	e was stopped in	traffic at	a red ligh	nt. The ligh	t turne	d green and	
traffic began to move	e. She stated M/	V 2 came fro	om behind a	and crashed	into he	r rear end.	
Operator 2 stated the							
green and traffic beg		en traffic s	uddenely s	topped and	he cras	hed and rear	
ended M/V 1. (A.M./22	29). ——————						
	<u> </u>					······································	
			·				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
				•			
Property Damage:			T=:				
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of .	Damaged Property	
Truck and Bus Information	n: Registration #		(From	Vehicle Section)			
Carrier Name			(1.011			Bus Use	42
Address			City		St	Zip	<del></del>
US DOT #:	State Number		Issuing State	MC/MX/IC	C #:		
43	dy Type Code	GVWR/GCWR	45			•	
Trailer Reg #:			Reg Year	Trailer	Length	46	
Hazmat Information:	- ·· —		-	.,			
Placard 47 Material I dig	rit # Material Na	me		Material 4 digit #	! 	Release code	49

Patrol Officer Alec S Masiello
Police Officer Name (Please Print)

229

Wilmington Police Department
Department Precinct/Barracks

08/19/2023

Signature

ID/Badge #

Department

Date

	Pol	ice Use Only		Common	wealth	of Mass	achu	ısett	S		RN	AV Do	cument Numbe	er	]
	Date of Crash 08/19/2023	Time of Crash 1647 W:	City/Town ilmingto	Mo	tor Vel	iicle Cra	ish	Numbe Vehicle		.a   55°	ed Lim	it <u>2</u>	5 State Police Local Police	. 5	1
	00/19/2023	24HR	riming co	,,,,	Police	Report		2	0	Lat	itude ıgitude _		MBTA Polic Campus Pol Other:	ice	
		AT INTERSE	CTION:	<	LOCA	ATION	>	<del>'</del>	NOT	AT I	NTEI	RSEC	CTION:		1
								·····							2 10
	Route# Direc	ction	Name of R	oadway/Street		Route# Direc		235 Address #		IN S		f Road	way/Street		
i 1		1.04.00.11.11.11.11.11.11.11.11.11.11.11.11.		At									,		-
·····-	Route# Direc	43	N61	4 - D - 3 - 164		Feet	NSE	W of	Mile	– – – : Marker	• –	– or	Exit Numb	рег	ļ
	Route# Direc	SHOUL		ting Roadway/Street ersection with		Feet	N S E	W of							4 11
						1	N S E		Route		Inter	secting	Roadway/Stree	et .	
<sup>2</sup> 1	Route# Direc	ction	Name of Intersec	ting Roadway/Street	t						L	andma	rk		
3	Please Select C		#Occupants	Hit/Run	Moped	Crash F	Report II	» <b>2</b> 3	3-2	61.	- A (	~			1
J	of the Followi	ug.													4
	License #	19 19	St DOB/A <sub>L</sub>	20		# 6NF451								21	7 12
	Sex Lic. 0	Class	ic. Restrictions	CDL Endorseme	nt	Year 2023						Vel	h Config. 1		
<sup>4</sup> 1	Operator <b>Dx</b>	iverless !	<b>Y</b> First	Middle			Last		First		<u>.                                    </u>	h	Aiddle		
1	Address					ess 8 MORE									
	1		<u>-</u>			BURLING	TON		22				1803-19		
	1	any SAFETY		CE COMPAN		cle Action Prior to		11		Damag Test Si	ged Are	a Code	7 27 27	27	
5	Vehicle Travel D	rirection: NSE	W Respondin	ig to Emergency?	Even	t Sequence 2	23 23	<u> </u>	23	Type o			29		
	Citation # (If Iss	ued)	<del></del>		Most	Harmful Event	2 2	4		- •	Test Res	ult:	1 30		
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Clı/Se	ec/Sub	Drive	er Contributing Co	de <b>1</b>	25	25	Susp. A	Alcohol	2 31	Susp. Drug:	2 32	2 13
· 1	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Se	c/Sub	Drive	er Distracted by	0 2	6		Towed	from s	cene?	2 33	<del></del>	
1	Name (Last First Mi	Please fill out for o	perator and all occ	cupants involved		DOB/Age	1 5	34 35 ical Safety 'ox. System	Airbag I	37 38 jeet Tra	p Injury	40 Transp. Code	Medical Fac	:1::::	
	Operato			See Above				1 0	4 0	_	10	1	Medical Fac	inty	ĺ
									+			-			
									+++		<del> </del>	ļ			
	ļ														
				1		<u></u>	<u> </u>								
1	Please Select O of the Followin		#Occupants	Non-Motorist	A Type	15 Action	16 Loc	ation	17 Co	ndition	18	<b>⊠</b>	Hit/Run 🔲 🏻	Moped	
	License #	S	t DOB/Ag	re	Reu #	unknown	l		Reg T	vpe		R	er State		
	SexLic. C	19 19	ic. Restrictions	20 CDL		'ear								21	ĺ
	Operator unk			Endorsemen	nt	er	,	111010				,	Conng.		
1	Address	l,nst	First	Middle		i ess	.ast		First			М	iddle		
			State Zin							State	,	7.in			14
		ny				le Action Prior to			22		ed Area		27 27	27	
		rection: NSE	_	g to Emergency?		_	23 23	23	23	Test St	atus:		28		
		ed)	<del></del>			Harmful Event	24	4		Type of	f Test:		29		
2	Ì	ub ———		a/Sub		r Contributing Co	de	25	25		est Res		30	- 27	
		ub ———				r Distracted by	20	L 5		Susp. A	dcohol: from se	L	Susp. Drug:	32	
		use fill out for operator						H 35		37 38	39	40			
	Name (Last First Mid	idle)	1	Address		DOB/Age	Sex P	est Safety os. System		ject Trap ode Code		Transp. Code	Medical Facil	ity	
	Operato	r/Non-Motor	rist	See Above			$\Delta$	<u> </u>							

	-	= Direction	1	= Vehicle 1	2 = Vehicle 2	र्दे = Pedes	strian 📆	= Bicycle	
Crash Diag	ram:	ie: =	1	] →[	2	→Ŷ	→ ॐ		
Savers	Parking sp		nkown V	Vehicle Vehicle Vehicle Vehicle				If Crash Did Not on a Public Way  Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way  Indicate North by	ot er
Crash Narr	rative:								
		2023. Ve	hicle	one was no	arked legs	illy in a r	parking s	pot outside of	
								e collided with	
	ide of vehicl							e corraded wren	
the left si	ide or venici	e I leavi	ing dan	lage to the	a doors.				
								_	
There are r	no cameras in	the area	that	look towar	rds where	vehicle 1	was park	ed.	
Photos of t	the damage to	the vehi	cle is	attached	•				
There were	no occupants	inside t	he veh	nicle when	the accid	lent happer	ned.		
Witnesses:									
Name (Last,First,	Middle)			Address			Phone	#	Statement
									]
Property Da	image:								
Owner (Last,First,		Address			Phone #	41-Туре	Description o	f Damaged Property	
Truck and B	us Information:	Registration	· #		/F	n Vehicle Section)			
		, <b>9</b>			(FIOI	n venicle section)		Bus Use	42
Address					City			St Zip	
US DOT #:	43	_State Number	44		Issuing State	MC/M	A/ICC #:		
Interstate	Cargo Body T	ype Code	-3-4	GVWR/GCWR			_	<del></del>	
Trailer Reg #:	<del></del>	Dan Trus		Rea State	Ren Ves	or 70-	ailer Lenoth	46	
		Reg Type.		1/0B Ottito		., 11	anci Dengin 1	1	
Hazmat Informa		Reg Type.		Tog oute			and Edigii		
	ation:	40					L		49
Hazmat Informa	ntion:	40					L	Release code	49

Wilmington Police Department
Department Precinct/Barracks

08/19/2023

Department

## Wilmington Police Department Images Associated with 23-261-AC



	Police Use Only	Comr	nonwealth of Massachusetts				RMV Document Number							
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh $\begin{bmatrix} N \\ V \end{bmatrix}$	lumber ehicles	Number Injured		Limit.	_25	Local	Police Po	1	
	08/19/2023 1926 Wili	mington	Police	Report	2		0	Latitud Longit				us Police		
	AT INTERSECT	ION:	< LOCA	TION >			NOT A	ΓΙΝΊ	TER:	SEC	TION:		]	
													2 10	
	Route# Direction LOWELL	ST Name of Roadway/Str	reet	Route# Direction	on Add	ress #		Na	me of l	Roadw	ay/Street			
<sup>1</sup> 3		At		Г		 1							-	
	Route# Direction WOBURN	ST ne of Intersecting Roadw	unu/Strant	Feet [	SEW	of	Mile M	arker		ог	Exit l	Vumber	11	
	Route# Direction Nat	Also at Intersection w		Feet	N S E W								3 ''	
				Feet	N S E W	of	Route#		Interse	cting R	loadway/a	Street		
<sup>2</sup> <b>1</b>	Route# Direction Nam	ne of Intersecting Roadw	vay/Street	_		-			Lar	ndmark			<u>.</u>	
3	Please Select One Vehicle 11	_#Occupants Hit/	Run Moped	Crash Re	port ID#	23	-26	2 –	AC				1	
3	of the ronowing.												-	
	License + St	DOB/Age		# <u>591EK9</u>								21	<b>1</b> 12	
	Sex <u>F</u> Lic. Class D Lic. F	En	ndorsement	Year 2015						_ Veh	Config.	1	ļJ	
<sup>4</sup> 3	Operator <u>CARIDEO</u> , <u>ANN</u>	First	Middle	er CARIDEC	ist.		First	S		Mic	ldle			
3	Address 24 FREEPORT DR			ess 24 FRE										
	City WILMINGTON State			WILMINGT	'ON					_		-1502		
	Insurance Company FARMERS PI	ROPERTY & C	CASUAL Vehic	cle Action Prior to C	, , , , , ,	4		amageo		Code:	3 27	27 27		
<sup>5</sup> 1	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	t Sequence 1 2.	3 23	23		est State			29			
1	Citation # (If Issued)	_	Most	Harmful Event	1. 24			AC Tes		ılt:	30			
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Cod	e <u>1</u>	25	25 Si	usp. Alc	cohol:	2 31	Susp. D	nıg: 2 32	1 13	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	0 26			owed fr	_		2 33		H	
<sup>6</sup> 1	•	ator and all occupants inv			34 Seat	15 Safety	36 37 Airbag Eject	38 Trap Code		40 Transp.			1	
	Nane (Last First Middle)  Operator		Address ee Above	DOB/Age	Sex Pos.		Status Code	1	Status 10	Code 1	Medi	cal Facility	-	
	Орегиют				<u> </u>	-	-	-	-				1	
								ļ					-	
					ľ									
<del>,  </del>	Please Select One Vehicle 21	#Occupants Non-	-Motorist A Type	15 Action	16 Locati	on.	17 Condi	ion	18		lit/Run	Moped	1	
2	of the Following:		L.										1	
	License 19 19	DOB/Age	_	CRASH			Reg Type			Re	g State <b>1</b>	21		
	Sex <u>B'</u> Lic. Class M Lic. R	Sex <b>B'</b> Lic. Class M Lic. Restrictions <b>1</b> CDL Veh Y					Year 2017 Veh Make TRIUMPH Veh Config. 3							
³ <sub>1</sub>	Operator FILLMORE, SAM	er FILLMORE , SAMANTHA BROOK Last First Middle												
	Address 43 AVERY ST APT 2			Address 43 AVERY ST APT 2								14		
	City <b>LACONIA</b> State	NH Zip 03246	63520 City	LACONIA							2463			
	Insurance Company NONE		Vehic	ele Action Prior to C		<u> </u>	ᆜ ;	amaged est Stan		Code:	2 27 3 . 28	27 27		
	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Even	t Sequence 1	3 23	23	45	pe of T			29			
2	Citation # (If Issued)	<del>_</del>	Most	Harmful Event	1 24		•	AC Tes		lt:	30			
_	Viol. 1: Cli/Sec/Sub	Viol. 2; Ch/Sec/Sub ——	Drive	er Contributing Code		25	<b>25</b> Su	ısp. Alc	ohol:	2 31	Susp. Dr	ng: 2 32		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26		To	wed fr	om sce	ne?	2 33			
Ì	Please fill out for operator/nor	•	nnts involved Address	DOB/Age	34 Seat Sex Pos.		36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	£4F	al Facility		
}	Name (Last First Middle)  Operator/Non-Motorist		ee Above	IAOUNGe I	1		5 0	1		1	Medic	а, гасниу	1	
-	~pointon/11on-112on ion			+	<u> </u>					+				
				1	_			$\vdash$		$\dashv$				

Crash Diagram:		1 = Vehicle 1 2 = Ve		ian oo	Bicycle	
	ie: 👈	2	→Ŷ	→ ৡ		
Woburn Street	# S S	Lowell Street		<b>3</b>	If Crash Did Not Con a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way  Indicate North by A	
		<b>†</b>		ŀ		
Crash Narrative:						
V1 was taking a left	turn from Lowel	.l Street onto Wo	burn Street. V2	(motorcy	cle) was	
traveling on Lowell S	Street, straight	through the int	ersection, towar	is Bay St	reet.	
Vehichles crashed in	the intersection	on. Op1 stated sh	e was merging w	ith traff	ic to take the	
left and the motorcyc	cle hit her. Op2	stated she was	traveling straid	ght and t	ried to avoid	
the vehicle but she	couldn't. Op2 st	ated she did not	fall and remain	ned on th	e bike the	
whole time.						
Photos of the damage	attached. No in	juries reported	or observed in (	op1 or Op	2. Both	
vehicles operable. Al	ll medical decli	ned.				
Witnesses:						
Name (Last First Middle)		Address		Phone #		
Name (Last,First,Middle)						Statement
iranic (2005,CHM),WIROIE)						Statement
(Australiance)						Statement
						Statement
Property Damage:	Addrass	Phone	# 41-Type	Description of	Damaged Property	Statement
	Address	Phone	:# 41-Type	Description of	Damaged Property	Statement
Property Damage:	Address	Phone	# 41-Type	Description of	Damaged Property	Statement
Property Damage:	Address	Phone	# 41-Type	Description of	Damaged Property	Statement
Property Damage:		Phone		Description of	Damaged Property	
Property Damage: Owner (Last,First,Middle)					Damaged Property  Bus Use	Statement 42
Property Damage: Owner (Last,First,Middle)  Truck and Bus Information	On: Registration #				Bus Use	
Property Damage: Owner (Last,First,Middle)  Truck and Bus Information Carrier Name Address	DII: Registration #	City	- (From Vehicle Section)		Bus Use	42
Property Damage: Owner (Last,First,Middle)  Truck and Bus Information Carrier Name Address US DOT #:	DII: Registration #	CityIssui	- (From Vehicle Section)		Bus Use	42
Property Damage: Owner (Last,First,Middle)  Truck and Bus Information Carrier Name Address US DOT #:	Registration #  State Number	CityIssui	— (From Vehicle Section)  ng StateMC/MX		Bus Use Zip	42
Property Damage: Owner (Last,First,Middle)  Truck and Bus Information Carrier Name Address US DOT #:	Registration #  State Number  dy Type Code	City Issui	— (From Vehicle Section)  ng StateMC/MX	s	Bus Use	42
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information Carrier Name Address US DOT #: Interstate  Cargo Bo	Registration #  State Number  dy Type Code	City Issui	— (From Vehicle Section)  ng StateMC/MX	s	Bus Use Zip	42
Property Damage: Owner (Last, First, Middle)  Truck and Bus Information Carrier Name Address US DOT #: Interstate  Trailer Reg #:	State Number  State State Number  44  Reg Type  48	City Issui	— (From Vehicle Section)  ing StateMC/MX  45  Reg Year Tra	STICC #:	Bus Use Zip	42

Patrol Officer Kathryn C Goodwin Police Officer Name (Please Print)

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Wilmington Police Department

08/19/2023

Department

## Wilmington Police Department Images Associated with 23-262-AC

