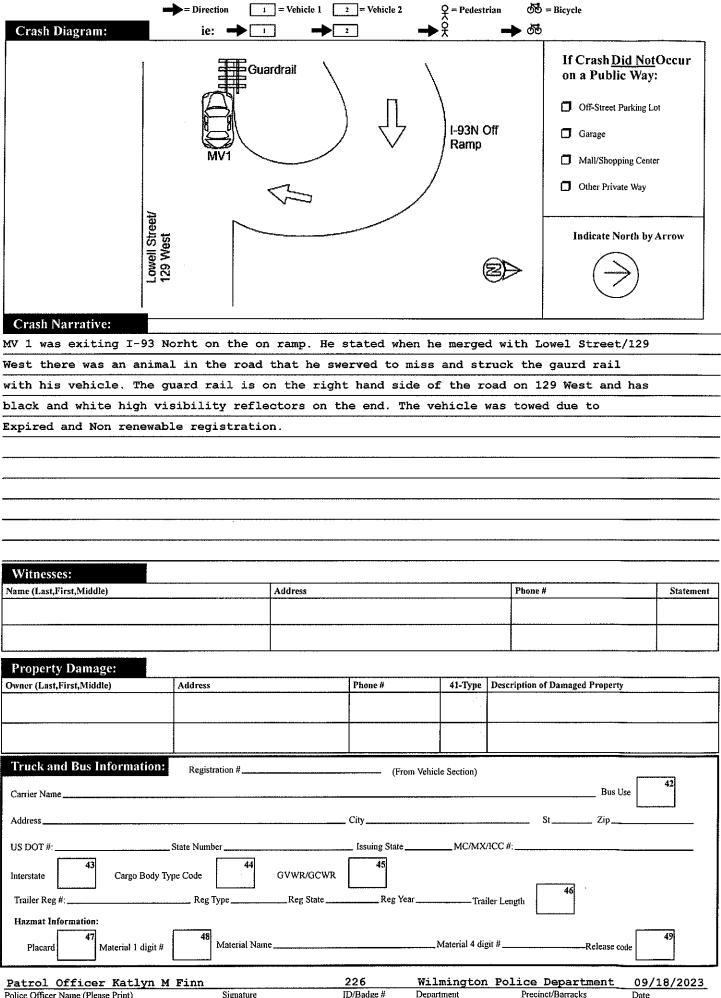
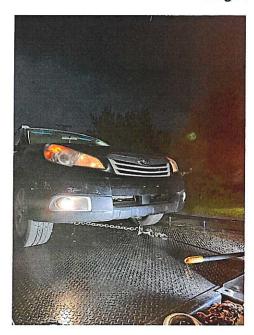
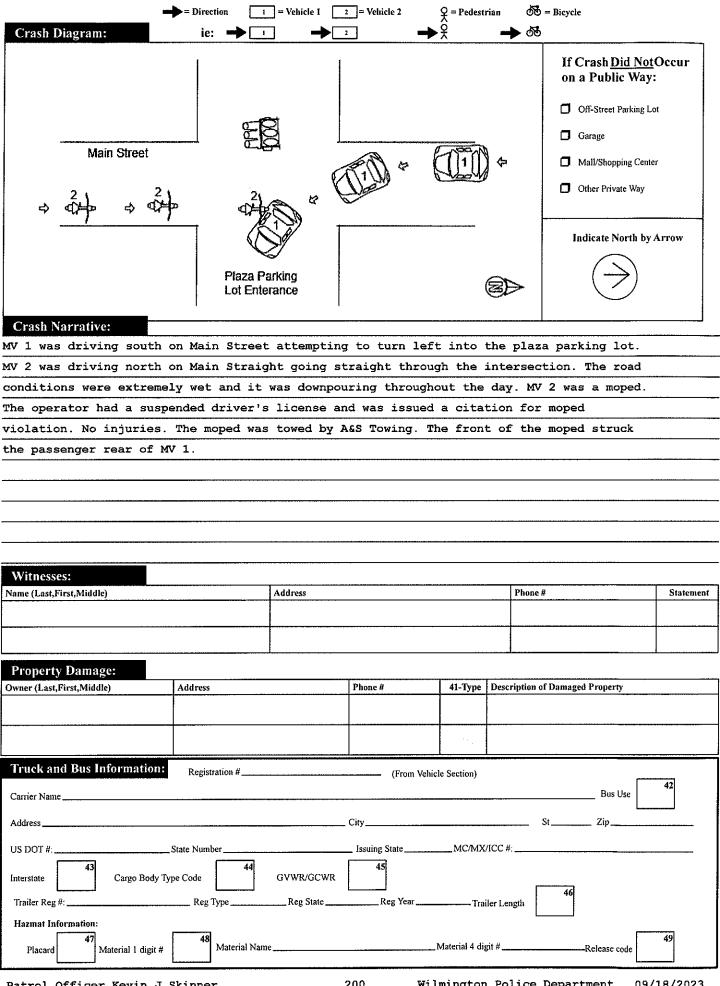
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Wilmington Police Department Images Associated with 23-300-AC



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Patrol Officer Kevin J Skinner

200

Wilmington Police Department

09/18/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

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	Operato	r/Non-Moto	rist	See Above		1 99	4 0	0 10	1		
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	= Direction	= Vehicle 1	2 = Vehicle 2	္ = Pedestrian	ØØ = Bicycle	
Crash Diagram:	ie: 👈	· -	2	▶ } -	→ №	
					If Crash <u>Did Noon a Public Wa</u>	y :
			7		☐ Garage	i
		7/11	2		Mall/Shopping Ce	nter
		W				
					Other Private Way	
					Indicate North b	y Arrow
Obugah Ot / Douba 53	**************************************		******			
Church St./ Route 62			{	3 Church St.		
Crash Narrative:						
NV 1 was travelling e	astbound on Chu	rch St. MV	2 was exitin	g 8 Church	St., crossing the	
estbound travel lane						
eft into the travel	lane, MV 2 coll	ided into M	W1 and struc	k the left	rear quarter of the	
IV.						

Witnesses:		1			In "	
Name (Last,First,Middle)		Address			Phone #	Statement
				· · · · · · · · · · · · · · · · · · ·		
Property Damage:						=
Owner (Last,First,Middle)	Address		Phone #	 	cription of Damaged Property	
Truck and Bus Information	n: Registration #		(From Ve	hicle Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT#:				MC/MX/ICC	#:	
Interstate 43 Cargo Boo	ly Type Code	GVWR/GCWR	45		<u> </u>	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ength 46	
Hazmat Information:						
Placard Material I digi	t # 48 Material Na	me		Material 4 digit #	Release code	49
Patrol Officer Brian						/19/2023
Police Officer Name (Please Print)	Signature		ID/Badge # De	partment	Precinct/Barracks Dat	e

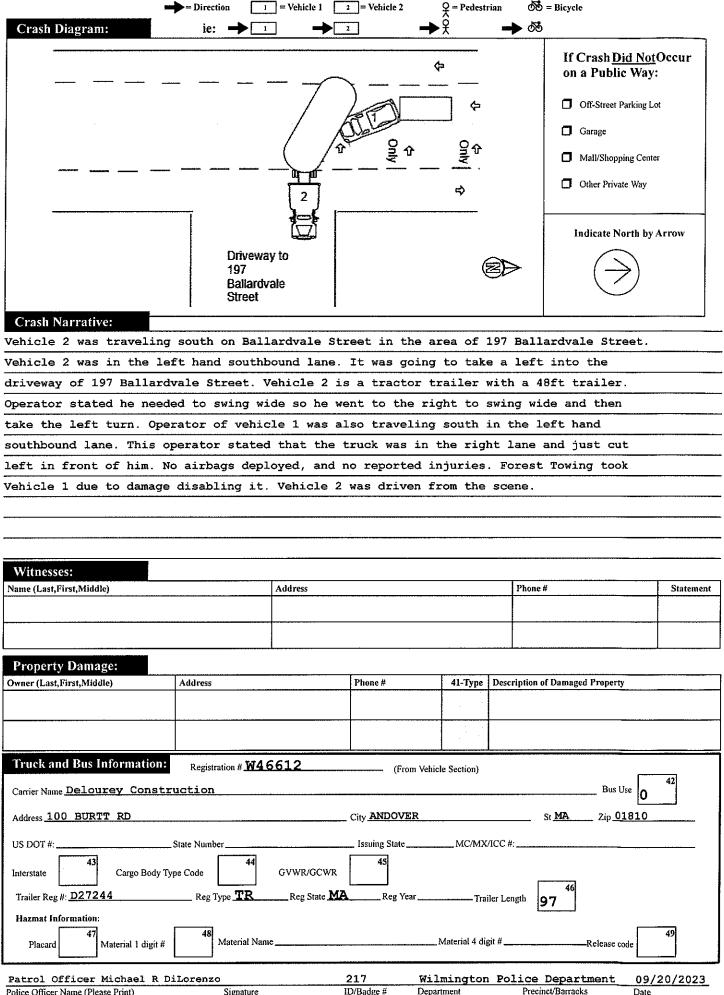
	Police Use Only	monwealth (of Massa	chuse	etts			RMV	/ Docu	ment Number			
	Date of Crash Time of Crash 09/20/2023 0402 Wil:	City/Town mington	Motor Veh	icle Cras	$\mathbf{h} \overline{\mathbb{V}}_{\mathbf{v}_{\epsilon}}^{\mathbf{N}_{\epsilon}}$	umber chicles	Number Injured	Speed	_	20	State Police Local Police MBTA Police	080	
	24HR	ming con	Police 1	Report	2		1	Lande			Campus Police Other:		ı
	AT INTERSECT	ION:	< LOCA	TION >			NOT A	r int	rers	SECT	TION:		
					11		EAME		श्य				2 10
i _	Route# Direction	Name of Roadway/St	reet	Route# Direction		ress#				Roadwa	ny/Street		
4		At		Feet N	SEW	of -				or _			
	Route# Direction Nat	me of Intersecting Roady		- IN	de e w	١.	Mile M	arker			Exit Number		9 11
		Also at Intersection w	vith	Feet N	SEW		Route#		Interse	cting Ro	oadway/Street	-	
² 1	Route# Direction Nar	me of Intersecting Roady	vay/Street	reet [1	(lalri)	j 01 -			Las	ıdınark			
	Please Select One Vehicle 10	#Occupants Hit/	Run Moped	Crash Re	nort ID#	23.	-30	3-				╗	
³ 2	of the Following.										- 10	\dashv	
	19 19	DOB/Age		4AH153 _{ear} 2001							2	ī [1 12
	<u> </u>		ndorsement	ear <u>2001</u> er MACINNI						ven c	Config. 1	┙┠	
⁴ 2	Operator Driverless M. Address	First	Middle	es 859 MA	a		First			Mide	dle	_	
	CityState			WILMINGT			Str	ate MZ	1 2i	in 01	887-334	5	
	Insurance Company GOVERNMEN	-		le Action Prior to C		,				Code: 2		27	
	Vehicle Travel Direction: NSEW	Responding to Emer		Sequence 23			23 T	est Stati	us:	1	28	_	
⁵ 1	Citation # (If Issued)		-	Harmful Event	24	-	`	ype of T			30		
	Viol. 1: Ch/Sec/Sub		Drive	L Contributing Code	1	25	25	AC Tes usp. Alc	г		Susp. Drug 2	32	2 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	Distracted by) ²⁶			owed fr	L		32	╜┟	
⁶ 1	Please fill out for opera	ator and all occupants in	volved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	\neg	
	Operator	Sı	ee Above	200,000,00	1	System	Status Crose	-	Şutus	COL	Wedical Pacifity		
							-			-		\dashv	
										\dashv			
	Please Select One			15 1	16	┯	17		18				
⁷ 1	of the Following: Vehicle 21	#Occupants Non-	-Motorist A Type	Action	Locatio	on	Condi	tion		Н	it/Run Moj	red	
	License S	DOB/A _{	-	1FGN30			_ Reg Typ			Reg	g State MA	-	
ĺ	Sex M Lic, Class D 99 Lic, F	Restrictions CI	adorsement	ear 2019			OLKSW		N	_ Veh C	Config. 1]	
8 1	Last	ANTHONY PE	Middle	r MARTIGN	ι		AREN First	J		Midd	lle	-1	
	Address 30 ENOS CIR	3.53 01.0 <i>6</i> 7		ss 30 ENOS	S CIR	<u> </u>		3.73			067 005	_	14
	•	MA Zip 01867		READING	[- 2				Code: 1	867-225 27 27 2	<u>-</u>	
	Insurance Company SAFETY IN Vehicle Travel Direction: NSE	Responding to Emerg		Sequence 23	rasn 23	23		est Stati		2	28	-	
	Citation # (If Issued)	Responding to Enterg		Harmful Event	24	l		pe of T	lest:	1	29		
ຶ2	Viol. 1: Ch/Sec/Sub	 Viol 2: Ch/Sec/Sub		Contributing Code		25	25	AC Test		—⊢	30	12	
		Viol. 4: Ch/Sec/Sub ——		Distracted by				owed fro	E		Susp. Drug 1 3		
}	Please fill out for operator/nor	•	ants involved		34 Seat		36 37 Airbug Eject	38 Trap	39 Injury	40 Transp.		_	
	Name (Last First Middle) Operator/Non-Motorist	<i>t</i> 0.	Address ee Above	DOB/Age	Sex Pos.	System	Status Code	Code	Status	Code	Medical Facility		
}	operator/11011-140101131					\vdash				ⁿ	ospital 		
}											···-		
					_								

	= Direction	= Vehicle 1	= Vehicle 2	⊋ = Pedesti	rian ⊘® =	Bicycle	
Crash Diagram:	ie: 🕕 📑	_ -	2	₽Ř	→ ‱		
889 Main						If Crash Did Not	
Street 3	Main	Street				on a Public Way	
						Off-Street Parking L	ot
		_				Garage	
		1	STOP			Mall/Shopping Cent	er
		THE STATE OF THE S	Mary 1			Other Private Way	
			12/2	1	1 -		
			TI) All CA		Indicate North by	Arrow
	Earnes Street				\mathbb{A}		
	т			'			-
Crash Narrative:				*			
Motor Vehicle 1 ran st	op sign on Eame	es Street (p	oublic way)	and crasl	ned into	the drive way	
of 889 Main Street str	iking vehicle r	number 2, 3,	and strikin	g the she			
							
						·	· · · · · · · · · · · · · · · · · · ·
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
							<u> </u>
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
		TTON MA 01887-33	1 none #	1	•	Damaged 1 Toperty	
MACINNIS CHRISTOPHER D		3104 124 01007-33			SHED		
Truck and Bus Information	Registration #		(From Ve	hicle Section)			
Carrier Name						Bus Use	42
Address			City		S	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45				
Trailer Reg #:			Den Voor			46	
Hazmat Information:	Keg Type	reg otate	Keg rear	Trai	ier Length		
47	. 48 Material Nam	ie.		Material A di-	rit #	Release code	49
Placard Material 1 digit	* Iviateriai ivain			tvtaterial 4 dif	31. IT	Kelease code	
Patrol Officer Zachary A	Leighton		227 W:	ilmington	Police D	epartment 09/	20/2023
Police Officer Name (Please Print)	Signature			partment		t/Barracks Date	

Signature

ID/Badge #

	Police 1	Use Only	Cor	<u>n</u> monwealth	of Massac	husett	S	RM	MV Doc	ument Number	
	1 1	me of Crash	City/Town ilmington	Motor Vel	hicle Crasi	Number Vehicle		Topeca zim	it4(State Police Local Police MBTA Police	
	03/20/2023	24HR	r iming con	Police	Report	2	0	Latitude Longitude		Campus Police Other:	
	A'	Γ INTERSE	CTION:	< LOC	ATION >		NOT A	T INTE	RSEC	TION:	
						197	י דאם	LARDV	A T E	C III	2 10
1	Route# Direction	<u> </u>	Name of Roadway	y/Street	Route# Direction	. <u></u>				vay/Street	
1			At		Feet N	S E W of			or		
	Route# Direction	<u> </u>	Name of Intersecting Ro	oadway/Street			Mile M	arker	· .	Exit Number	3 11
			Also at Intersection	on with		S E W of	Route#	lnter	secting l	Roadway/Street	
² 1	Route# Direction		Name of Intersecting Ro	padway/Street	. Feet N	S E W of				·	
	Please Select One				<u> </u>				andmarl	k	_
3	of the Following:	Vehicle L	1#Occupants	Hit/Run Moped	Crash Repo	ort ID# 2 3	3-30	4-A	<u> </u>		
	License !		DOB/A	•	# <u>W46612</u>		Reg Typ	e CO	R		12
	Sex M Lic. Clas	S A M	Lic. Restrictions 1	CDL Veh	Year <u>2021</u>	_ Veh Make _	FORD		Veh	Config. 8	
	Operator WARD	, SCOTT	J First		ner DW LEAS	ING CO	RP First		M	iddle	_
⁴ 1	Address 754 S	O MAIN			ress 100 BUR	TT RD		<u>PT Ģ0</u>		············	_
	City HAVERH	ILL	State MA Zip 018	35-7280 City	ANDOVER					1810-5920	_
	Insurance Company	HARTFORI	FIRE INSU	RANCE C Veh	icle Action Prior to Cra	ısh 1		Damaged Are	a Code:	F]
5	Vehicle Travel Direc	tion: NXE	W Responding to E	nergency? 2 Eve	nt Sequence 23	23 23	23	est Status; ype of Test:		28	
_	Citation # (If Issued)			Mos	t Harmful Event 1	24		SAC Test Re		1 30	
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	1 25	25 S	usp. Alcoho	2 31	Susp. Drug 2 32	1 13
6 1	Viol. 3; Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	Т	owed from s	cene?	1 33	<u> </u>
1	Name (Last First Middle)		pperator and all occupants	s involved Address	DOB/Age Se	34 35 Sent Safet x Pos. Syste	y Airbug Eject	38 39 Trap Injur Code Statu	y Transp.	Medical Facility	
	Operator			See Above		1 1	4 0	0 10			
											1
									-		
		•			15 16		18		7	<u> </u>	_
⁷ 9	Please Select One of the Following:	Vehicle 2	#Occupants	Non-Motorist A Type	Action 16	Location	17 Condi	tion 18	י ם ן[Hit/Run 🔲 Mope	d
	License #		, DOB/A	Reg	# 1AE16L		Reg Typ	e AP	Re	eg State MA	_
	Sex M Lic. Class	19 19 L	ic. Restrictions B	CDL Veh	Year 2023	_ Veh Make _			Veh	Config. 10 21	
2	Operator MORE	NO, JOA	OUIN First		ner ADVANTAG	E TRU	CK LEA	SING		ddle	_
1	Address 21 PE	ARL ST	APT 1		ress 409B HAI	RTFORD			1410		-
	City MARLBO	ROUGH	State MA Zip 017 .	52-1115 City	SHREWSBUR	<u>Y</u>	Sta	ate MA	Zip 0 J	L545-4002	1 14
	Іпѕцгапсе Сотраву	THE COMM	ERCE INSUR	ANCE CO Vehi	cle Action Prior to Cra	sh 4		amaged Are	a Code:	7 27 27 27 - 28	
	Vehicle Travel Direct	ion: NXE	W Responding to En	nergency? 2 Ever	nt Sequence 1 23	23 23	-3	est Status: ype of Test;		29	
2	Citation # (If Issued).			Mos	t Harmful Event 1	24	В	AC Test Res	sult:	1 30	
	Viol. 1: Ch/Sec/Sub -		Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	9 25	25 S	usp. Alcohol	2 31	Susp. Drug 2 32	
	Viol. 3; Ch/Sec/Sub -		— Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		owed from s		2 33	
	Please f Name (Last First Middle)	ill out for operator	r/non-motorist and all occ	cupants involved Address	DOB/Age Sea	34 35 Seat Safety x Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/l	Non-Motor	ist	See Above		1 1	4 0	0 10	1		
		· · · · · · · · · · · · · · · · · · ·									_
							 			···-	-
											-
					1		1 1 1				



Wilmington Police Department Images Associated with 23-304-AC







					nonwe	alth (of Massa	ach	use	etts	}		F	RMV Do	cument]
	Date of Crash	Time of Crash	1	City/Town	Moto	r Veh	icle Cra	sh		umber	1	mad I	peed Li		Loc	te Police (
	09/21/2023	1800 24HR	W11m:	ington	Po	olice]	Report		2	Jucies	0	-	atitude ongitud			TA Police [mpus Po	러
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO	ТАТ	INTE	ERSE	CTIO	٧:	7
		TATE OF	- cm				**										2 10
Ti .	Route# Direc	west		Name of Roadway/Str	eet		Route# Direc	tion	Addr	ess#			Name	of Road	lway/Stre	et	_}
¹1				At _			Feet	N S	EW	l of			. . .	or			
	Route# Direc		LL S' Name	<u>r</u> of Intersecting Roadw	ay/Street		1001		1 - 1 - 1] 01	Mi	ile Marl	ег		Ex	it Number	4 11
		,, , , , , , , , , , , , , , , , , , , ,		Also at Intersection w	ith		Feet	NS	EW	of	Route		Int	ersectinu	Roadwa	ıv/Street	. 🔼
² 1	Route# Direc	ction	Name	of Intersecting Roadw	ay/Street		Feet	NS	EW	of				Landma		•	_
	Please Select (One X Vahiale	. 12 #	Occupants Hit/I	In	Moped	Crash F	2000	104	33	_3	<u> </u>			117	Millio T	1
3	of the Followi	ng: ZS venicio				· ·											4
	License	19 1	_ Si	DOB/Age			258RT3									21	1 12
	Sex M Lic.	Class D	Lic. Res	trictions 99 CI	DL dorsement		/ear <u>2012</u>				<u>'OYC</u>	<u> TA</u>		V	eh Config	. [1	
⁴ 3	_	RKE, PAU	F	ist	Middle		BURKE,	Last				irst		1	Middle		-
3		LINCOLN					ess <u>97 LIN</u>		LN	WOO	ods						-
	-			(A Zip 02451			WALTHAM		I		22			_ Zip _Q rea Code		$\frac{1-1431}{27}$	· I
				CE INSURAN			le Action Prior to		23	23	23		Status:		28		
⁵ 1		Direction: NS		Responding to Emerg	ency? <u>Z</u>		Sequence 1	ᆜ	24			Тур	e of Tes	t:	29		
	,	ued)					Harmful Event	1		25	25		C Test R		1 30		13
				ol. 2; Ch/Sec/Sub ——			r Contributing Co		26			Susp	Alcoh		22	Drug: 2 32	1
⁶ 1	Viol, 3; Ch/Sec/S			ol, 4; Ch/Sec/Sub ——— and all occupants inv		Drive	r Distracted by	0	34	35	36	37	18 1 3	scene?	<u> </u>		_
	Name (Last Pirst M			•	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Ejest Code		ury Transp itus Code	».	ledical Facility	_
	Operate	or			e Above		> <	X	1	1	4	0 0	10) 1			
	JAMESON LUM	ISDEN		97 LINCOLN WOODS WALTHAM, MA 02451			·	М	6	1	4	0 0	10) 1			
								1									
⁷ 2	Please Select Co		21 #	Occupants Non-	Motorist A	Туре	15 Action	16 L	ocatio	on T	17	Conditio	n	18	Hit/Run	Море	
_	License t _			_ DOB/A		Reg#	3268084	1			Reg	Type _	ľR	 1	Reg State	IN	
	Sex M Lic, C	Class A 19 19	Lic. Resi	rictions 99 20 CD		Veli Y	ear <u>2023</u>	V	/eh Ma	ıke <u>V</u>	OLK	SWA	GEN	Ve	h Config.	10 21	
	Operator GII	BEAU, RO	NALD		JR	Owne	PENSKE	TR	RUCI	K L			CO	L	Р		-
81	Address 949	BEDFORI	ST	APT 1N	Mindite	Addre	ss 2675 M	ORO	GAN	TOV	VN 1				viiddle		-
	City FALL	RIVER	State K	A Zip 02723	<u>-1266</u>	City_	READING					_ State	PA	Zip <u>1</u>	9607	<u> </u>	_ 2 14
	Insurance Compa	ny OLD RE	PUBL.	IC INSURAL	NCE	Vehicl	le Action Prior to	Crash		3	22			rea Code	<u> </u>	27 27	
	Vehicle Travel D	irection: NS	E	Responding to Emerge	ency? 2	Event	Sequence 1	23	23	23	23		Status: of Test		1 28		
2	Citation # (If Issu	ied)				Most I	Harmful Event	1	24	···			Test R		1 30		
	Viol. 1: Ch/Sec/S	iub	Vio	l. 2: Clı/Şec/Sub ——		_ Drive	Contributing Co	de		25	25	Susp	. Alcoh	ol: 2 3	1 Susp.	Drug: 2 32	
Į	Viol. 3: Ch/Sec/S			l. 4: Cli/Sec/Sub		Driver	Distracted by	0	26	·			ed from		2 33		_
	Ple: Name (Last First Mi	•	rator/non-in	otorist and all occupan	nts involved Address		DOB/Age	Sex	34 Sent Pos.	35 Safety System	36 Airbag Status	Eject '	38 3 Frap Inj Jode Sto	9 40 ury Transp tus Code		edical Pacifity	
	Operato	r/Non-Mo	torist	See	: Above			X	1	1	4	0 0	10	1			
													\top	1			1
-														\top	—		1

	= Direction	= Vehicle 1	2 = Vehicle 2	웃 = Pedesti	rian 🐠	= Bicycle	
Crash Diagram:	ie: 🖚 🗔	□ →□	2	·£	→ ॐ		
			 w	est Streel		If Crash <u>Did Not</u> on a Public Way	· L
	r1	3				Off-Street Parking Lo	ot
		8	·	·	-	☐ Garage	
				H T			
		State		Vehic	ات	Mall/Shopping Cente	er .
			/	venic	le Z	Other Private Way	
		PT	*/			121 202 202 12 12 12	
			/			Indicate North by	Arrow
Paris Strate	5				~		
8		Vehicle 1		(2	3>	(\rightarrow)	
		Verneig 1			:		
Crash Narrative:							
On Thursday, Septem	ber 21,2023, Vehic	ele 2 was tu	rning right o	onto Wes	st stree	t, when the	
rear or the trailer	struck the front	right side	of vehicle 1	. No dar	nage was	seen on	
vehicle 2. Vehicle	1 had damage to th	ne front ric	ght mirror and	d above	the fro	nt right wheel	
well.					• • • • • • • • • • • • • • • • • • • •		
All parties were of	fered medical atte	ention and o	leclined.				
Parties took photos	of the damage to	vehicle 1.					
Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:			· · · · · · · · · · · · · · · · · · ·		J		<u> </u>
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
					-		
			:				
Truck and Bus Informat	tion: Registration #_321	68084	(From Vehic	le Section)			
Carrier Name Purity Line	n Services		•			Bus Use	42
Address 405 MYRTLE ST			a. Mest person	D			
Address 405 MIRILE SI			City NEW BEDFOR	<u>. </u>		St <u>MA</u> Zip <u>02746</u>	
	State Number			MC/MX/	ICC #:		
Interstate 43 Cargo I	Body Type Code 97	GVWR/GCWR	1 45				
Trailer Reg #: <u>4LK2950</u>		Reg State CA	Reg Year <u>201</u>	2Trai	er Lenoth	46	
Hazmat Information:			· -		L	<u> </u>	
Placard 2 Material 1 (digit # 48 Material Nam	e		Material 4 dig	it #	Release code 3	49
Patrol Officer Christoph	ner k Miccichi		232 Wil	mington	Police	Department 09/	21/2023

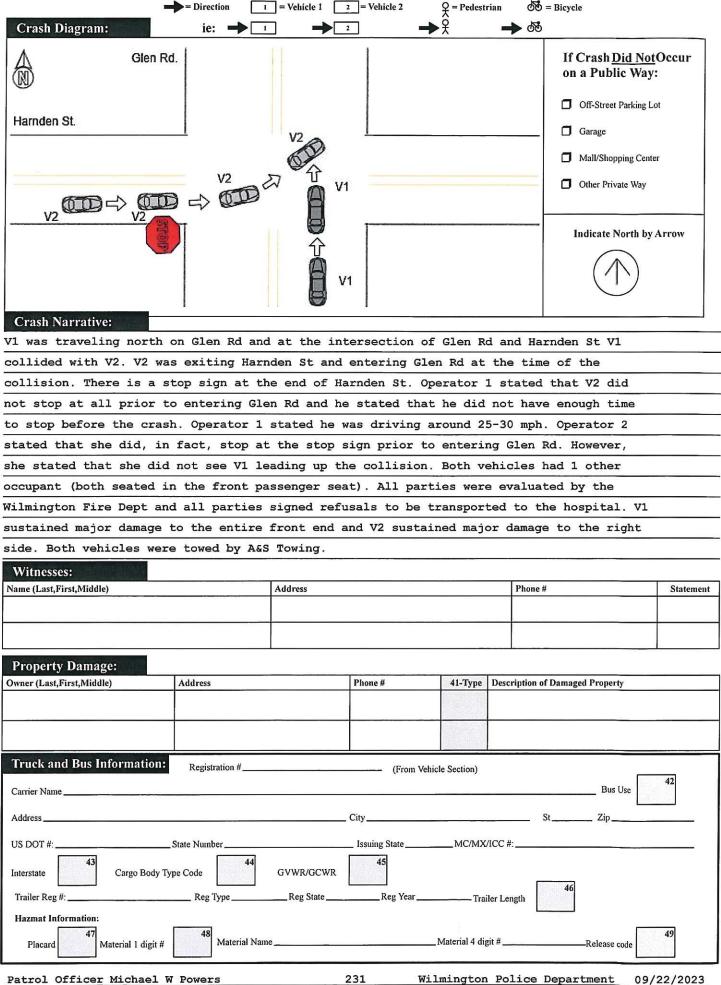
Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

	Police Use Only	Common	ıwealth	of Massa	chi	ısett	S			RM	V Doct	ament Nur	nber	1
	1 1	City/Town M ington	otor Veh	icle Cras	sh	Numbe			Speed Latitud		25	State Po Local Po MBTA I	olice 🔯	
	24HR	ing con	Police :	Report		2	2		Lantud			Campus Other:	Police 🗖	
	AT INTERSECTION	ON:	LOCA	TION >	>		NO'	ΓΑΊ	'INT	rer:	SEC'	TION:		<u> </u>
	GLEN RD													2 10
1 .		Name of Roadway/Street		Route# Directi	on .	Address #			Na	me of	Roadw	/ay/Street		_
'4	HARNDEN	At ST		Feet [N S E	EW of			- •		or _			.
		of Intersecting Roadway/Stre	eet		NG F	राज्य .	M	ile Ma	rker			Exit N	umber	3 1
		Also at Intersection with				W of W of	Rout			Interse	cting F	Roadway/S	treet	
² 1	Route# Direction Name	of Intersecting Roadway/Stre	eet	reet [.113 [2	3 141 01				Lau	ndmark	······································		-
	Please Select One Vehicle 12	#Occupants Hit/Run	Moped	Crash Re	nort I	D# 2 :	3-3	106	<u> </u>					1
3	or the ronowing:											- M	73.	-
	19 19	DOB/Ag strictions 1 CDL		# <u>2NHM80</u> Year <u>2012</u>								Г	21	1 12
	Sex M Lic. Class D Lic. Re Operator HOWARD, BRIAN	Endorsen	nent	er HOWARD)FUI			ven	Comig.	<u>. </u>	
⁴ 2	Address 156 WILMINGTON	First Middle		ess 156 WI	181		P	rst D			Мі	ddle		
	City BURLINGTON State I			BURLINGT					e MA	L z	io 0 I	L803-	1126	
	Insurance Company GREEN MOUN	•		cle Action Prior to C		1	22					1 27 2		
	Vehicle Travel Direction: SEW	Responding to Emergency?		t Sequence 2	3 2	3 23	23	Te	st Stati	us:		1 28		-
⁵ 2	Citation # (If Issued)		Most	Hannful Event	1	24		-	pe of T	lest: t Resu		29		
	Viol. 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	le []	25	25			olioi:		1	ug 2 32	1 13
6	Viol. 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	0	26		To	wed fr	om sce	ene?	1 33		
1	Please fill out for operato	or and all occupants involved		DOB/Age	Sex	34 35 Seat Safet Pos. Syste	y Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medica	il Facility	1
	Operator	See Abov	ve		X	1 0	1		0		1			1
	THERESA BRUNETTO	10 CHRISTINE DR WILMINGTON, MA 01887~1	1803	<u> </u>	F 3	9 0	1	0	0	8	1			1
							 							1
														1
	Please Select One Vehicle 22	Occupants Non-Motor	- A Time	15 Action	16	cation	17	Conditi		18		Hit/Run	Moped	†
2	of the Following:	Non-Maria			100	Cation					<u> </u>		······································	4
	License # St	_ DOB/Ag [']	_	2KRA37				Type				g State M	A. 21	
1	Sex F Lic. Class D Lic. Res	strictions B CDL_ Endorsen	nent	/ear <u>2020</u> er WAGNER ,		_					_ Veli	Config.	L	
2	Address 37 CASTLEWOOD D	irst Middle		es 37 CAS	st		Fi	rst	£1		Mis	ddle		
		MA Zip 01821-32		BILLERIC				_ Stat	е МА	z	ip 0 1	821-	3232	1 14
	Insurance Company UNITED SERV			le Action Prior to C		6	22				Code:		27 27	
	Vehicle Travel Direction: NSWW	Responding to Emergency?	2 Even	Sequence 1	3 2.	3 23	23		st State			1 28 29		
)_	Citation # (If Issued)		Most	Harmful Event	1 2	24			pe of T C Tes	est: t Resu	lt:	, 30		
2	Viol. 1; Ch/Sec/Sub ————Viol.	ol, 2: Ch/Sec/Sub	Drive	er Contributing Cod	e 4	25	3 ²⁵			ohol:		± Susp. Drı	ıg: 2 32	
	Viot, 3: Ch/Sec/SubVi	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 2	26		To	wed fr	om sce	ene?	1 33		J
	Please fill out for operator/non-t Name (Last First Middle)	notorist and all occupants inv Address	olved	DOB/Age		34 35 Seat Safet Pos. System	36 Aubag n Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medica	l Pacility	
	Operator/Non-Motorist	See Abov	/e		X	1 1	2	0	0	8	1			
	JORDAN LEGERE	162 MIDDLESEX AVE WILMINGTON, MA 01887		1	м 3	3 1	2	0	0	10	1			
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														1



Patrol Officer Michael W Powers

09/22/2023

Department

Wilmington Police Department Images Associated with 23-306-AC

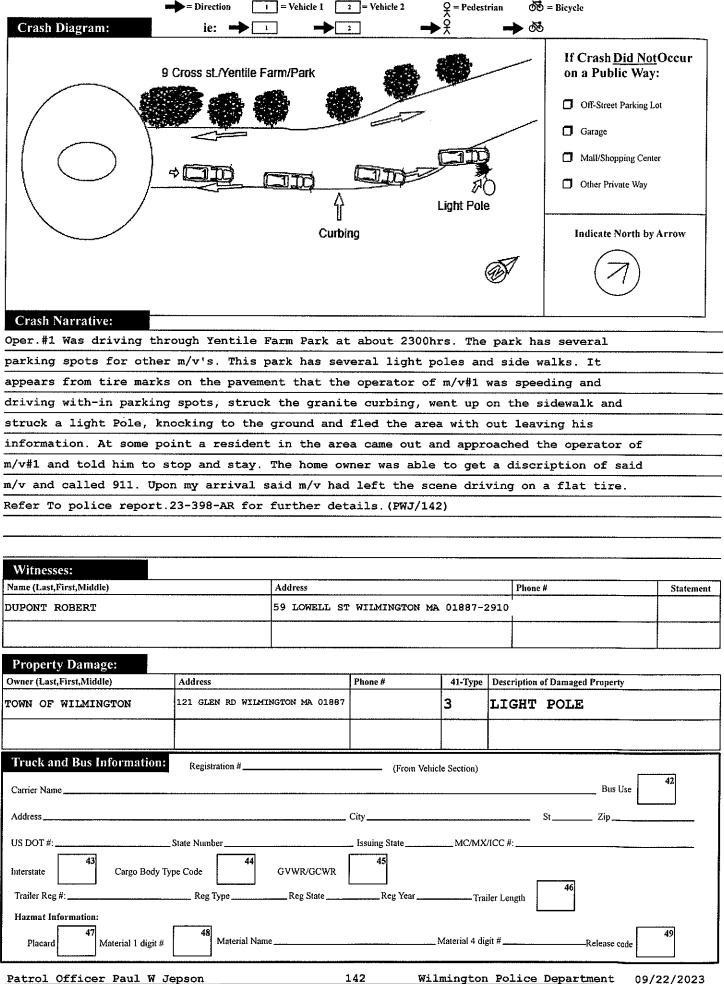






	Police Use Only	Comm	onwealth (of Massach	usetts	5	RM	IV Docum	nent Number	7
	Date of Crash Time of Crash 09/22/2023 2253 Wil i	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limi Latitude	it 1 0	State Police Local Police MBTA Police	: I
	24HR	ming con	Police 1	Report	1	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	RSECT	ION:	
					a	CDUS	S ST			2 10
1 .	Route# Direction	Name of Roadway/Stree	et	Route# Direction	Address #	CNOL		f Roadway	y/Street	_
4		At		Feet NS	E W of			- or		
	Route# Direction Nat	ne of Intersecting Roadway				Mile Ma	rker		Exit Number	1 11
		Also at Intersection with	1	Feet N S		Route#	Inters	secting Ro	adway/Street	
² 2	Route# Direction Nar	ne of Intersecting Roadway	y/Street	Feet N S	E W of					-
	Please Select One Vivalent 1	#Occupants Hit/Re		Crash Report	O O	- 2 O		andmark		┪
3	of the Following:	HIVR								_
	License # 19 19	JOB/Agt		BR86YP				_	21	3 12
	Sex M Lic. Class D Lic. I	Restrictions CDL Endo	orsement	/ear 2019				Veh C	Config. 2	
⁴ 1	Operator MARTINS, FERN	First 1	Middle	er MARTINS,		First	JR_	Middle	le .	
1	Address 305 BURLINGTON			ess 305 BURL						
	City WILMINGTON State	-	• "	WILMINGTON			te MA amaged Area	_	887-3106 27 27 27	
	Insurance Company PROGRESSI			le Action Prior to Crasl			amaged Area	2	28	
5	Vehicle Travel Direction: NSEX Citation # (If Issued) T3190657	Responding to Emerger		Sequence 20 ²³ 23			pe of Test:		29	
	Viol. 1: Ch/Sec/Sub 90 24			Harmful Event 20 r Contributing Code	10 ²⁵ 2	25	AC Test Res		30	20 ¹³
				r Distracted by 99			isp. Alcohol: owed from so		32 Susp. Drug: 32	20
⁶ 1	Viol. 3: Cli/Sec/Sub Please fill out for opera	tor and all occupants invol		Distracted by 33	34 35	36 37	38 39	10		
	Name (Last First Middle)	•	ldress	DOB/Age Sex	Sent Safety Pos. System	Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	-
	Operator	See .	Above		1 99	4 0	0 99	1		_
					<u> </u>			$\perp \perp$		1

⁷ 1	Please Select One of the Following:	#Occupants Non-M	lotorist A Type	15 Action 16	Location	17 Condit	ion 18	Hii	t/Run Moped]
		DOB/Age	Reg #			Reg Type		Ren	State	1
	19 19	20	_	ear				_	21	
	Operator Contract Con	Endo	Owne	:r					<u> </u>	
1	Address	First A	Addre Addre	Lası SS		First		Middle		
	City State	Zip	City_	***************************************		Star	ie 2	Zip		1 14
	Insurance Company		Vehic	le Action Prior to Crash		22 Da	imaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergen	cy? Event	Sequence 23	23 23		st Status:		28	
,	Citation # (If Issued)	_	Most 1	Harmful Event	24	•	pe of Test: AC Test Resi	ωlt:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driver	Contributing Code	25	25 Su	sp. Alcohol:	31 S	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ———	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	26	То	wed from so	ene?	33	
	Please fill out for operator/non Name (Last First Middle)	•	s involved	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	
	Operator/Non-Motorist	See A	Above		1					
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ŀ										1
		l		1	1 1		!	1		1



Police Officer Name (Please Print)

Signature

ID/Badge#

Department

Precinct/Barracks

	Police Use Only	Comr	nonwealth	of Massac	huset	ts	F	RMV Doc	ument Number	
	Date of Crash Time of Crash 09/19/2023 1100 Wil:	City/Town mington	Motor Veh		Num Vehic		loberg 19.		5 State Police Local Police MBTA Police	800
	24HR	ming con	Police	Report	1	o [*]	Latitude Longitud		Campus Police Other:	<u> </u>
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	T INTE	ERSEC	TION:	
					316	T.OW	ELL S	2171		2 10
1	Route# Direction	Name of Roadway/Str	reet	Route# Direction					vay/Street	
¹ 1		At		Feet N	S E W of	· — —		or _		_
	Route# Direction Na	me of Intersecting Roadw	vay/Street			Mile I	Aarker		Exit Number	1 11
		Also at Intersection w	rith		S E W of	Route#		ersecting	Roadway/Street	- []
² 3	Route# Direction Nat	me of Intersecting Roadw	vay/Street	Feet N	S E W of			1.1.	١.	_
	Please Select One Valuation 1	#Occupants Hit/	Run Moped	Const. Dog		3-30	0 _ 7	Landmar	K	┥
³99	of the Following:	HIV								_
	License S1	DOB/A	_				•		leg State MA 21	7 12
	<u> </u>	Restrictions 1 CI	ndorsement	Year 2014					n Config. 8	
⁴ 1	Operator TEJADAPEREZ,	First	Middle	er CASDI TE		First	ON CO	ORPOF M	RATION	-
1	/iddress	APT 1		ess 201 WHE	ELER					_
	City YONKERS State			METHUEN		22	tate MA Damaged A		1844-1886	-, I
	Insurance Company UNITED FI			cle Action Prior to Cra	23 23	<u>- </u>	Damaged A Test Status:		28	J
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emerg		1 36 June 135		1 1	Type of Tes	£:	29	
<u>-</u>	Citation # (If Issued)	-		Harmful Event 3	19 25	25	BAC Test R		1 30	30 ¹³
	Viol. 1: Ch/Sec/Sub			er Contributing Code	1.5	<u> </u>	Susp. Alcoh	1	33] 30
⁶ 2	Viol, 3: Cli/Sec/Sub	Viol. 4: Ch/Sec/Sub ator and all occupants inv		er Distracted by 9	34	35 36 37	Towed from	39 40	2 33	_
	Name (Last First Middle)	•	Address	DOB/Age Se	x Pos. Sy	fety Airbag Eje stern Status Co	le Code St	jury Transp. aus Code	Medical Facility	_
	Operator	Se	e Above		1 9	9 4 0	0 10	0 1		
								Ì		
, ,	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action 16	Location	17 Cone	lition	18	Hit/Run Mope	
		DOB/Age	Ren f	<i>y</i>]	Rea Tv	De L		ea State	\dashv
	19 19	20	_	Year					21	-
	Operator	En	dorsement						, John B.	
99	Address	First	Middle	erLast ess		First		M	iddle	_
	CityState	:Zip	City_			S	tate	_ Zip		_ 2 14
	Insurance Company		Vehic	le Action Prior to Cra	sh	22	Damaged A	rea Code:	27 27 27]
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency?Event	Sequence 23	23 23	1 21	Test Status:		28	
)	Citation # (If Issued)		Most	Harmful Event	24		Type of Test BAC Test R		30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	T Contributing Code	25	25	Susp. Alcoh		Susp. Drug: 32	
	Viol, 3: Ch/Sec/Sub	Viol. 4: Cli/Sec/Sub	Drive	r Distracted by	26		lowed from	scene?	33	_
Ì	Please fill out for operator/nor	•	nts involved	DOB/Age Se	Seat Sa	5 36 37 fety Airbog Ejec tem Status Cod	t Trap liej	19 40 iury Transp. itus Code	Medical Facility	
ľ	Operator/Non-Motorist	<u> </u>	e Above		1					
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ļ			THE RESIDENCE OF THE PARTY OF T				11			
		·								1
- 1		l l		1 1		1 1	1 1			•

Crash Diagram: ie:	tion	2 = Vehicle 2	Q = Pedesti	rian 🐯	- Dicycle	
Crash Diagram.	→ i	2	·ĝ	→ ॐ		
Lowell St	If Crash <u>Did Not</u> on a Public Way:					
					Off-Street Parking Lo	ot
					☐ Garage	
	B				■ Mall/Shopping Cente	r
		Hartin to the state of the stat			Other Private Way	
Pump 9					·	
1 3 3 11 2 3		and testero testero a comment of the			Indicate North by	Arrow
		-			(\rightarrow)	
Mo	bil On the Run	316 Lowell St				
Crash Narrative:						
The operator of Motor vehicle town of Wilmington. He pulled						
account of the size of his veh						·····
pumping area his truck collide						
itself, as well as the support						
damage to Mobil on the Run Pro						
Witnesses: Name (Last, First, Middle)	Address			Phone	4	Statement
SANTINI DEREK H		AVE WILMINGTON M	A 01887-:		<u> </u>	Statement
Property Damage:						
Property Damage: Owner (Last,First,Middle) Address		Phone #	1		f Damaged Property	
Property Damage: Owner (Last,First,Middle) Address	CLL ST WILMINGTON MA 018		41-Type 97		f Damaged Property IMPING STATIO	on .
Property Damage: Owner (Last,First,Middle) Address	LL ST WILMINGTON MA 018		1			DN .
Property Damage: Owner (Last,First,Middle) MOBIL ON THE RUN 316 LOWE		387	97)N
Property Damage: Owner (Last,First,Middle) MOBIL ON THE RUN 316 LOWE	ation # W98377	(From Vehic	97		MPING STATIO	DN 42
Property Damage: Owner (Last, First, Middle) MOBIL ON THE RUN 316 LOWE Truck and Bus Information: Registr Carrier Name Casdi Transportation	ation # W98.377	(From Vehic	97	GAS PU	MPING STATIO	42
Property Damage: Owner (Last,First,Middle) MOBIL ON THE RUN Truck and Bus Information: Carrier Name Casdi Transportation Address 201 WHEELER ST	ation # W98.377	(From Vehic	97	GAS PU	Bus Use Bus Use Zip 01844	42
Property Damage: Owner (Last, First, Middle) MOBIL ON THE RUN 316 LOWE Truck and Bus Information: Registr Carrier Name Casdi Transportation	er	(From Vehic	97	GAS PU	Bus Use Bus Use Zip 01844	42
Property Damage: Owner (Last,First,Middle) MOBIL ON THE RUN 316 LOWE Truck and Bus Information: Registr Carrier Name Casdi Transportation Address 201 WHEELER ST	er	City METHUEN Issuing State MA 45	97	GAS PU	Bus Use St MA Zip 01844	42
Property Damage: Owner (Last,First,Middle) MOBIL ON THE RUN 316 LOWE Truck and Bus Information: Registr Carrier Name Casdi Transportation Address 201 WHEELER ST US DOT #: 3912711 State Numb	er	City METHUEN Issuing State MA 45	97 Ble Section) MC/MX	GAS PU	Bus Use Bus Use Zip 01844	42
Property Damage: Owner (Last,First,Middle) MOBIL ON THE RUN 316 LOWE Truck and Bus Information: Registr Carrier Name Casdi Transportation Address 201 WHEELER ST US DOT #: 3912711 State Numb All Interstate 1 Cargo Body Type Code Trailer Reg #: Reg Thazmat Information:	er	City METHUEN Issuing State MA Reg Year	97 Ble Section) MC/MX	GAS PU	Bus Use Si MA Zip 01844	42
Property Damage: Owner (Last,First,Middle) MOBIL ON THE RUN 316 LOWE Truck and Bus Information: Registr Carrier Name Casdi Transportation Address 201 WHEELER ST US DOT #: 3912711 State Numb All Interstate 1 Cargo Body Type Code Trailer Reg #: Reg Thazmat Information:	er	City METHUEN Issuing State MA Reg Year	97 Ble Section) MC/MX	GAS PU	Bus Use Si MA Zip 01844	42

CDP1 11-24-00

Wilmington Police Department Images Associated with 23-308-AC





Wilmington Police Department Images Associated with 23-308-AC





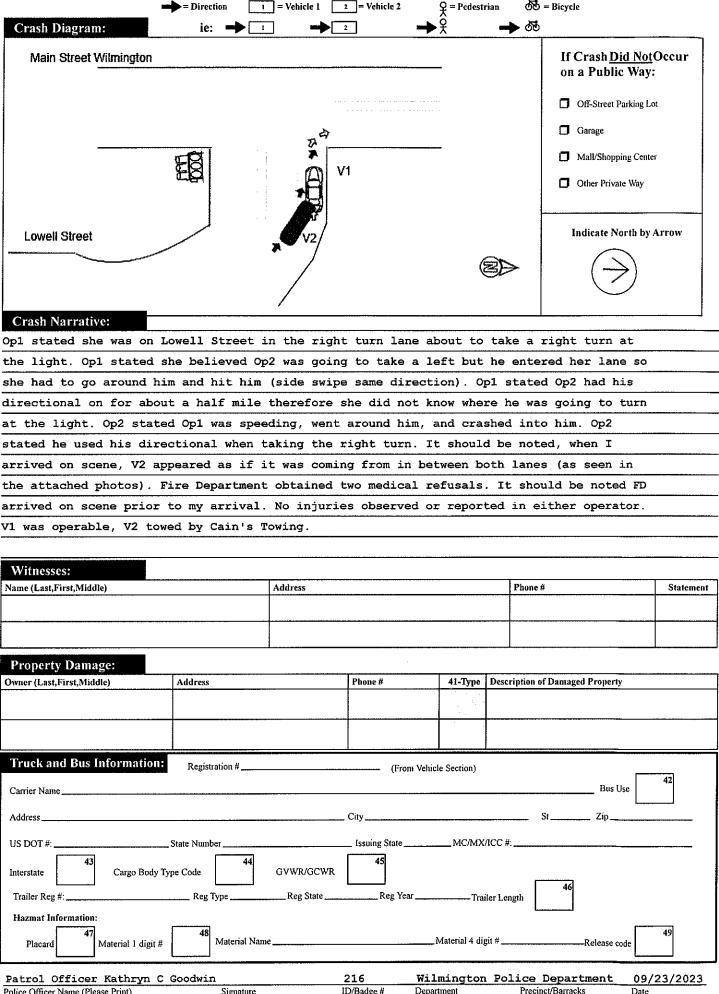




	Police Use Only Com			nonwealth of Massachusetts						RMV Document Number				
	Date of Crash Time of Crash City/Town 09/23/2023 1621 Wilmington			Motor Veh	icle Cras	sh	Number Vehicles		4 0100	d Limit	3(State Police Local Police MBTA Po	ce 🔕]
	05/23/2023	24HR	i i i i i i i i i i i i i i i i i i i	Police	Report		2	0	- 1	ude itude_		Campus P Other:	olice 🗖	
		AT INTERSEC	CTION:	< LOCA	TION >	>		NOT	AT IN	TER	SEC	TION:		
						1	5	CID	NIN	CHY	M S	su.		2 10
1	Route# Dire	ction	Name of Roadway/S	treet	Route# Directi	ion .	Address #					vay/Street		
1			At		Feet	N S I	E W of				or _			
	Route# Dire	ction	Name of Intersecting Road	way/Street	_			Mile	Marker			Exit Nur	nber	3 11
			Also at Intersection	with	_		EW of	Route#		Inters	ecting l	Roadway/Str	eet	
² 2	Route# Direc	ction	Name of Intersecting Road	way/Street	Feet	NSI	E W of							
_	Please Sciect (One NZt1	#0 -		<u> </u>	_	- 03	20			ndmar	k		1
³ 3	of the Followi	ng: Vehicle 1.	#Occupants Hit	/Run Moped	Crash Re	eport I	D# 23	-31	<u> </u>	·AC	<i>.</i>			
	License #	S		Reg	826NK9			Reg T	уре <u>РС</u>		R	eg State MZ	21	12
	Sex.M Lic.		I	CDL Veh `	Year 2017	Ve	h Make <u>I</u>	CURF	<u> </u>		Veh	Config. 1		<u> -</u>
4		NDELL, BEI		Middle	er MENDELI	ast		MIN First	A		М	iddle		
⁴ 1		QUIMBY RD			ess <u>17 OUI</u>			. 						
	-		State MA Zip 0186	•	NORTH RE	AD.	ING	22				1864-3		
			D MUTUAL IN		ele Action Prior to 0	_,	1 22		Damage Test Sta		Code;	1 27 2 2		
5	Vehicle Travel D	Direction: N S	W Responding to Eme	rgency? 2 Even	t Sequence 1		3 23	23	Type of			29		
		ued)			L	<u> </u>	24	25	BAC To	est Res	alt:	1 30		13
	Viol. 1: Ch/Sec/S		— Viol. 2: Ch/Sec/Sub —		er Contributing Cod		L 23		Susp. A			22	2 32	1
⁶ 2	Viol. 3: Ch/Sec/		— Viol. 4: Ch/Sec/Sub — perator and all occupants in		r Distracted by	0	34 35	36	Towed 1	from sc	ene?	2 33		
	Name (Last First M		perator and all occupants if	Address	DOB/Age		Seat Safety Pos. System	Airbog E	ect Trap ode Code	Injury	Transp. Code	Medical I	acility	
	Operate	or	S	See Above	><	X	1 1	4 0	0	10	1			
	Please Select C	ne Vehicle 21	#Occupants No	n-Motorist A Type	15 Action	16	cation	17 CO	dition	18		Hit/Run	Monad	
⁷ 3	of the Followin	ig: Veincle 2.4		<u> </u>			Cation							1
	License	S 19 19	20	•							eg State MA	21		
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8_	•	RRASSO, WI Last SALEM ST	First P	Owner BARRASSO, WINIERED P Last Last Address 91 SALEM ST							Mi	iddle		
	City WILMI		State MA Zip 0188		es <u>91 SAL.</u> WILMINGT		21		Stata M	A 2	_{in} Ω1	1887-4	.003	1 14
ŀ	-		ERCE INSURAL		le Action Prior to C		4	22	Damage		٠.			
	Vehicle Travel D			22 22 22 Test Status:						1 28	1			
	Citation # (If Issu	<u> </u>	responding to Ellier	•	· -	1 2	24		Type of			29		
2	•	,	Viol. 2: Ch/Sec/Sub		r Contributing Cod		25	25	BAC Te			1 30 Susp. Drug	32	
	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Contributing Code Susp. Alcohol: 2 31 Driver Distracted by 0 26 Towed from scene?							2 33	2 -	
Ļ			non-motorist and all occup			- 1	34 35 Seat Safety	36 3 Airbag Ej	act Trap	39 Jajury	40 Transp.			ı
-	Name (Last First Mi	or/Non-Motor	ict c	Address ee Above	DOB/Age	Sex	Pos. System 1 1	Status Co		Status 10	Code 1	Medical F	neility	
-	Operato		131 5	CC AUOYC		\forall	* *	-	-		-			
-						-								
										<u> </u>				

Salem Street Salem Street Salem Street Salem Street Salem Street If Crash Did NotOccur on a Public Way: ORSomet Furning Lot Orange: MMV2 MV2 MV2 Indicate North by Arrow Indicate North Barrow Indicate North Barrow Indicate North Barr		= Direction 1	= Vehicle 1 2	= Vehicle 2	Q = Pedesti	rian ಹ	= Bicycle	
Wilnesse: Name (LastFortabilidity) Name (LastFortabilidity) Address Name (LastFortabilidity) Name (LastFortabilid	Crash Diagram:	ie: 🖚 🛄	→ 2	→	· 옷	→ 🚳		
Crish Narrative:	P	Salen	n Street					
Crash Narrative: Operator of notor vehicle number 1, Benjamin Mendell, stated that he was traveling straight going East on Salem Street towards North Reading. Operator of motor vehicle number 2, Whinfred Barrasso, etated that she was traveling West on Salem Street and turning left onto Cunningham Street when their vehicles collided. Both parties stated no injuries and refused medical attention. Paperwork was exchanged and parties advised to fall a motor vehicle crash report. Willieses: Name (LastFirstMiddle) Address Phone 8 Sintement Property Damage: Oncer (LastFirstMiddle) Address Phone 8 Address	M	V2 ^{t2}	¢	¢	þ	•		
Crash Narrative: Operator of motor vehicle number 1, Benjamin Mendell, stated that he was traveling straight going East on Salem Street towards North Reading. Operator of motor vehicle number 2, Winifred Barrasso, stated that she was traveling West on Salem Street and turning left onto Cunningham Street when their vehicles collided. Both parties attend no injuries and refused medical attention. Reperwork was exchanged and parties advised to file a motor vehicle crash report. Wilnesses: Name (LastFirstMiddle) Address Phone # 44-Type Description of Danaged Property Truck and Bus Information: Concer (LastFirstMiddle) Regarding # Green Name #							☐ Garage	
Crash Narrative: Operator of motor vehicle number 1, Benjamin Mendell, stated that he was traveling straight going East on Salem Street towards North Reading. Operator of motor vehicle number 2, Winnifred Barrasso, stated that she was traveling West on Salem Street and turning left onto Cunningham Street when their vehicles collided. Both parties stated no injuries and refused medical attention. Paperwork was exchanged and parties advised to file a motor vehicle crash report. Winnesses: Name (Last, First, Middle) Address Phone 8 41-Type Description of Damaged Property Truck and Bus Information: Regionation 8 Green Vehicle Scoice) Caric Name Bus List 41 Address State Namber Insuing State McCNCXCC 8 Zep Userstate 44 Cargo Body Type Code 44 GVW/NGCWR 44 Internate 45 Cargo Body Type Code 44 GVW/NGCWR 44 Internate 46 Cargo Body Type Code 44 GVW/NGCWR 44 Internate 47 Material 1 digit 8 48 Material Name Material 4 digit 5 Retease code 49 Paterol Officer Julio J Quiles 197 Wilmington Police Department 99/23/2023							■ Mall/Shopping Cente	r
Crash Narrative: Operator of motor vehicle number 1, Benjamin Mendell, stated that he was traveling straight going East on Salem Street towards North Reading. Operator of motor vehicle number 2, Winifred Barrasso, stated that she was traveling West on Salem Street and turning left onto Cunningham Street when their vehicles collided. Both parties stated no injuries and refused medical attention. Paperwork was exchanged and parties advised to file a motor vehicle crash report. Witnesses: Name (Last, First, Middle) Address Phone # 41-Type Description of Danuaged Property Owner (Last, First, Middle) Address Phone # 41-Type Description of Danuaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name				1			Other Private Way	
Crash Narrative: Operator of motor vehicle number 1, Benjamin Mendell, stated that he was traveling straight going East on Salem Street towards North Reading. Operator of motor vehicle number 2, Winifred Barrasso, stated that she was traveling West on Salem Street and turning left onto Cunningham Street when their vehicles collided. Both parties stated no injuries and refused medical attention. Paperwork was exchanged and parties advised to file a motor vehicle crash report. Witnesses: Name (Last, First, Middle) Address Phone # 41-Type Description of Danuaged Property Owner (Last, First, Middle) Address Phone # 41-Type Description of Danuaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name		eet		STOP)				
Crash Narrative: Operator of motor vehicle number 1, Benjamin Mendell, stated that he was traveling straight going East on Salem Street towards North Reading. Operator of motor vehicle number 2, Winifred Barrasso, stated that she was traveling West on Salem Street and turning left onto Cunningham Street when their vehicles collided. Both parties stated no injuries and refused medical attention. Paperwork was exchanged and parties advised to file a motor vehicle crash report. Witnesses: Name (Last, First, Middle) Address Phone # 41-Type Description of Danuaged Property Owner (Last, First, Middle) Address Phone # 41-Type Description of Danuaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name		at l					Indicate North by	Arrow
Operator of motor vehicle number 1, Benjamin Mendell, stated that he was traveling straight going Bast on Salem Street towards North Reading. Operator of motor vehicle number 2, Winifred Barrasso, stated that she was traveling West on Salem Street and turning left onto Cunningham Street when their vehicles collided. Both parties stated no injuries and refused medical attention. Paperwork was exchanged and parties advised to file a motor vehicle crash report. Witnesses: Name (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name		Cunninghan	☆					
Operator of motor vehicle number 1, Benjamin Mendell, stated that he was traveling straight going Bast on Salem Street towards North Reading. Operator of motor vehicle number 2, Winifred Barrasso, stated that she was traveling West on Salem Street and turning left onto Cunningham Street when their vehicles collided. Both parties stated no injuries and refused medical attention. Paperwork was exchanged and parties advised to file a motor vehicle crash report. Witnesses: Name (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	Crash Narvativa	<u> </u>		,				
witnesses: Name (Last,First,Middle) Address Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address Carrier Name State Number US DOT #: State Number State Number Registration # Carrier Name Carrier Name Address City State Lasteling State MCNKXICC #: Lasteling State McNKXICC #: Lasteling State McNKXICC #: Lasteling State McNKXICC #: Lasteling State Material 1 digit # Material 1 digi		icle number 1. H	Benjamin Men	dell. stated	that he	e was tra	veling	
number 2, Winifred Barrasso, stated that she was traveling West on Salem Street and turning left onto Cunningham Street when their vehicles collided. Both parties stated no injuries and refused medical attention. Paperwork was exchanged and parties advised to file a motor vehicle crash report. Witnesses: Name (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address City St. Zip US DOT #: State Number Issuing State Reg State Reg State Reg State Reg State Reg State Reg State Motorial 4 digit # Reclease code ## Material 1 digit # ## Material 1 digit # ## Material Name Patrol Officer Julio J Quiles 197 Wilmington Police Department 09/23/2023								
Witnesses: Name (Last,First,Middle) Address Phone # Statement Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name								
Witnesses: Name (Last,First,Middle) Address Phone # Statement Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name								
Witnesses: Name (Last,First,Middle) Address Phone # Statement	injuries and refused	medical attention	on. Paperwo	rk was excha	nged and	d parties	advised to	
Property Damage: Owner (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name	file a motor vehicle	crash report.						
Property Damage: Owner (Last, First, Middle) Address Phone # Statement Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name								
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Carrier Name								
Carrier Name								
Carrier Name	7° 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			·				
US DOT #: State Number Issuing State MC/MX/ICC #: Interstate		Registration #		(From Vehic	le Section)		Bus Use	42
Interstate	Address			City		S	itZip	
Interstate	US DOT #:	State Number		Issuing State	MC/MX/	'ICC #:		
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard	43	44	-			_		
Placard Material 1 digit # Material Name Material 4 digit # Release code Patrol Officer Julio J Quiles 197 Wilmington Police Department 09/23/2023	Trailer Reg #:	Reg Type	Reg State	Reg Year	——Trai	ler Length	46	
Placard Material 1 digit # Material Name Material 4 digit # Release code Patrol Officer Julio J Quiles 197 Wilmington Police Department 09/23/2023	Hazmat Information:					L		
Patrol Officer Julio J Quiles 197 Wilmington Police Department 09/23/2023	1 **1	# 48 Material Nam	ne		Material 4 dig	it #	Release code	49
BU OF M DIA DIA							Department 09/	23/2023

	Police Use Only	monwealth	ealth of Massachusetts						RMV Document Number					
	Date of Crash Time of Crash	City/Town	Motor Vel	iicle Cras	h [Number Vehicles		1 12500	d Limit	25	- Local Poli	e 🔀		
	09/23/2023 1750 Wil	mington	Police	Report	2		0	Latii	ude itude _		MBTA Pol Campus P Other:	olice		
	AT INTERSECT	ION:		TION >			NOT.				ΓΙΟΝ:		1	
													2	10
	Route# Direction MAIN ST	Name of Roadway/St	reet	Route# Directio	n Ad	dress #		N	ame of	Roadw	ay/Street		-	
¹ 1		At							71		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
	LOWELL	ST		Feet N	SEV	V of		 Marker	•	ог	Exit Nur	nber	L	
	Route# Direction Na	ne of Intersecting Roady Also at Intersection w		Feet N	SEN	V of							4	11
		And at intersection W	******	Feet N		_	Route#	_	Inters	ecting R	oadway/Stre	eet		
² 3	Route# Direction Na	me of Intersecting Roady	way/Street		10 15 1	u		••••	1	ındmark				
	Please Select One	#Occupants					21				•		1	
3	of the Following:	#Occupants Hit/	I	Crash Rep										
	License : S	_ DOB/A	Reg	# <u>3RZS31</u>			Reg T	/pe PC		Re	g State MZ		-	12
	Sex F Lic. Class D 19 19 Lic. I		DL Veh	Year 2010	Veh N	/lake <u> 1</u>	TOYO!	A		Veh	Config. 1	21	1	
	Operator GARRARD, BRIT	TANY ANNE	Middle Own	er GARRARD	, BI	RIT'I	ANY	ANN	E	Mid	late			
⁴ 3	Address 17 CLIFF ST A	PT 2		ess 17 CLIE	F S	T :	APT :	2		MIC				
	City MELROSE State	MA Zip 02176	5-1925 City	MELROSE				State M	A _ 2	Zip 02	176-1	925		
	Insurance Company AMICA MUT	UAL INSURAN	NCE CO Vehi	cle Action Prior to Ci	rash	1	22	Damage	ed Area	Code:		27		
	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Ever	t Sequence 23	23	23	23	Test Sta			1 28			
⁵ 1	Citation # (If Issued)	_	Mos	Harmful Event	24			Type of		,	30			
	Viol, 1: Ch/Sec/Sub			Contributing Code	1	25	25	BAC Te Susp. A			Susp. Drug	32		13
	Viol. 3: Ch/Sec/Sub ———			er Distracted by				Susp. A Towed :			33 33	2 -	F	
⁶ 2		ntor and all occupants inv			34	35 Safety	36 3	7 38	39	40			1	
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status Co	de Code	Status	Code	Medical F	acility	-	
	Operator	Se	ee Above		$X \mid 1$	1	4 0	0	10	1				
						1		<u> </u>	1		, , , , , , , , , , , , , , , , , , , ,		1	
	Please Select One Nation 21	#Occupants Non-		15 1	6	.	17	<u>Г</u>	18				1	
⁷ 3	of the Following: Vehicle 21	Non-	-Motorist A Type	Action	Locat	1011		dition		<u> </u>	lit/Run	Moped		
	Licens S	DOB/Ag	Reg	# 2AMG57			Reg Ty	ре <u>РС</u>	<u> </u>	Re	g State MA			
	Sex M Lic. Class D 19 Lic. R		DL Veh	Year 2012	Veh N	1ake H	ONDA			Veh (Config. 1	21		
3	Operator COMNINOS, CYR	US D		er <u>COMNINO</u>	s, c	YRU	S D			Mid	dle			
1	Address 1734 LAKEVIEW	AVE ST AP		ess 1734 LA	KEV	IEW		ST	AF	PT 1		·		
	City DRACUT State	MA Zip 01826	5-3388 City	DRACUT				itate M	A z	ip 01	<u>826-3</u>	388	4	14
	Insurance Company GREEN MOU	NTAIN INSU	RANCE Vehic	Vehicle Action Prior to Crash								27		_
	Vehicle Travel Direction:	Responding to Emerg	gency? 2 Even	t Sequence 23	23	23		Test Sta		1	L 28 29			
)_	Citation # (If Issued)		Most	Harmful Event 1	. 24			Type of BAC Te		ılı.	30			
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1	25	25	Susp. A	1		Susp. Drug:	2 32		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26			Towed f	,	-	33	لـــــــــــــــــــــــــــــــــــــ		
	Please fill out for operator/nor	•			34 Seat	35 Safety	36 3 Airbag Eje	et Trap	39 Injury	40 Transp.			•	
	Name (Last First Middle) Ongrator/Non Motorist		Address	DOB/Age S	Sex Pos.	System 1	Status Co	le Code	Status 10	Code 1	Medical Fa	ciby		
	Operator/Non-Motorist	Se	ee Above		\ <u></u>	1-	1	- 0	1.0	-	·			
									 					
								T						



Wilmington Police Department Images Associated with 23-310-AC







