	Police Use Only	,	monwealth	ealth of Massachusetts							RMV Document Number				
	Date of Crash Time of Cr 08/29/2023 1314	1	City/Town	Motor Ve	hicle Cras	sh [Number Vehicles		. 1~,	eed Limi	t3(O State Police Local Polic MBTA Poli	e 🔀]	
		HR HR	ington	Police	Report	2		0	La	ntitude ongitude _		Campus Po	olice 🛅		
	AT INT	ERSECTIO	ON:	< LOC	LOCATION > NOT AT INTERSECTION									<u> </u>	
														2 10	
_	Route# Direction		Name of Roadway/St	reet	Route# Direction Address# Name of Roadway/Street										
1			At		F	NSEV	77 .							1	
	Route# Direction	Name	of Intersecting Roads	wav/Street	- reet [N S E	or	Mil	le Marke	er —	or .	Exit Num	iber	111	
			Also at Intersection v		Feet [NSEV	of	Route	 -	Interi	natio u	Roadway/Stre		2 "	
2	Route# Direction	Nama	of Intersecting Roads	ymy/Straat	Feet [NSEV	v of	Koute	H	inter	secung	Roadway/Sile	CI		
² 2	Rotte# Direction	Manic	or intersecting Acade	way/alleel						L	andmar	k		1	
3	Please Select One of the Following:	ehicle 11	#Occupants Hit	/Run Moped	Crash R	eport ID#	23	-2	71	-A(C				
	License #	St,	DOB/Age	Res	# 1WMN13			Rev	Type I	?C	R	teg State MA		1	
:	Sex M Lic. Class D	19	20		Year 2023								21	1 12	
	Operator ANGLE,	PETER F	E	ndorsement	ner ANGLE,			_							
⁴ 3	Address 44 HOLT	F	inst	Middle	iress 44 HOL	n.si		Fir	zi.		М	liddle			
	City ANDOVER		MA Zip 01810		ANDOVER				_ State	MA	Zip_ 0]	1810-4	122		
	Insurance Company QUIN				icle Action Prior to		7	22		aged Are					
	Vehicle Travel Direction:		Responding to Emer			3 23	23	23	Test	Status:		1 28			
⁵ 2	Citation # (If Issued)			•	· —	2 24			٠.	of Test:		29			
	Viol. 1: Ch/Sec/Sub				t ver Contributing Coo	-	25	25		Test Res . Alcohol		1 30 Susp. Drug:	32	1 13	
	Viol. 3: Ch/Sec/Sub				-	0 26				ed from s	ا	33 33	2		
⁶ 1			r and all occupants in			34 Sea	35 Safety	36 Airbag	37 Eject I	38 39 Trap Injury	40 Transp.	<u> </u>		1	
	Name (Lust First Middle)		T	Address	DOB/Age	Sex Pos	System	Status		Code Status	Code	Medical Fa	edity	-	
	Operator		S	ee Above		X^1	99	4	0 0	10	1	1			
											ļ				
						:									
, 	Please Select One	hicle 2 <u>2</u>	Occupants Non	-Motorist A Type	15 Action	16 Local	ion	17 C	ondition	18		Hit/Run 🔲	Moped		
3	or the conoxing.		7074		# <u>UM387</u>				т Г			eg State RI		┨	
	License #.	St	OOB/Age		# OM38 7 Year 2020		TU		Type _E			Config. 1	21		
	Se Lic. Class D	Lic. Kes		ndorsement	ner VITI, I				****		ven	Connig.			
2	Operator Last Addres	ŀ	ırst	Middle	ress 40 COV	ısı		APT			М	iddle			
	City.	State	_ Zip		WARWICK	· · · · · · · ·		**.*.		RI :	Zin 0 2	2889		1 14	
	Insurance Company	State	_ Zip	-	icle Action Prior to 0	rash	2	22		aged Area			A 27		
		N S E W	Responding to Emer		nt Sequence 2	3 23	23	23	Test :	Status:		1 28			
	Citation # (If Issued)	N 3 2 11	responding to Emer	-	· 1	1. 24			Туре	of Test:		29			
°2	Viol. 1: Ch/Sec/Sub	V.	al 2: Ch/Saa/Sub		er Contributing Cod		25	25		Test Res		1 30	32		
			·	0 26				. Alcohol:	<u> </u>	Susp. Drug:	2 32				
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————		ol. 4: Ch/Sec/Sub —— notorist and all occup			34	35 Safety	36 Airbag	37 :	38 39	40	<u>-</u>		ļ	
,	Name (Last First Middle)		<u>.</u>	Address	DOB/Age	Sex Pos	System	Status	Code C	rap Injury ode Status	Code	Medical Fa	cility		
	Operator/Non-	Motorist	So	ee Above		X^1	99	4	0 0	10	1				
	ASHLEY MCGANN		4			F 3	99	4 (0 0	10	1				
	,													1	

	Direction	1 = Vehicle I	2 = Vehicle 2	ट्र = Pedestrian	්ත් = Bicycle	
Crash Diagram:	ie: 🛨 🗀	□ →□	2	→ ĝ	→ №	
	Q	(Red ligh	nt)		If Crash <u>Did N</u> on a Public W	
	w				Off-Street Parkin	g Lot
					☐ Garage	
Rt. 125			V2		☐ Mall/Shopping C	enter
			V2 		Other Private Wa	v
			i		_	ĺ
		介			Indicate North	by Arrow
		707	í			
	193 off ramp		V1			
Crash Narrative:						
		-				
V2 was stationary at t	_					
collided with it (rear						
for potential traffic						
collision. Both operator						
There was also a passe						
major rear-end damage						
was towed.						
				199.		
Witnesses:		•				
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						<u> </u>
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	

Truck and Bus Information	Registration #		(From 3	/ehicle Section)		
Carrier Name	registration in		(FIOR V	encie Section)	Bus Use	42
Address			City		St Zip	
			•		•	,
US DOT #:	State Number		Issuing State	MC/MX/ICC	C#:	
Interstate Cargo Body	Type Code	GVWR/GCWR			<u>∵⊿6</u>	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer I	Length	
Hazmat Information:						
Placard Material I digit #	Material Nar	me		Material 4 digit #	Release code	49
Patrol Officer Michael	W Powere		231 1	Vilminator D	clice Department 0	8/29/2023

	Pol	lice Use Only		Com	nmonwealth of Massachusetts								RMV Document Number					
	Date of Crash 08/30/2023	Time of Crash	1	City/Town ington			icle Cra	sh		umber hicles		-ad	peed :		35	Loca	e Police al Police TA Police	80
	00,00,2023	24HR	1	111g CO11	Po	lice :	Report		2		0	- 1	.ongiti				apus Police	
		AT INTER	SECTIO	ON:	<	LOCA	TION :	>			NO	ΓAT	INT	ER	SEC	TION	\(\) :	
						280 LOWELL ST										2 10		
 I	Route# Dire	etion		Name of Roadway/S	treet		Route# Direct	ion	Addr			71111			Roady	vay/Stre	et	
1				At			Feet	N S	EW	of			•		or			
	Route# Dire	ction	Name	of Intersecting Road	way/Street						Mi	e Mar	ker		·· -	Exi	t Number	3 11
				Also at Intersection	with		Feet				Route	# -	I	nterse	ecting l	Roadwa	y/Street	- -
1	Route# Dire	ction	Name	of Intersecting Road	way/Street		Feet [N S	EW	of								
<u> </u>							1	-							ndmarl	k		$\overline{}$
	Please Select t of the Followi		e 1 <u>1</u> #	Occupants Hit	/Rua l	Moped	Crash R	eport	ID#	23	-2	72	2-7	AC	;			
	License	<u> </u>	£	DOB/Age		Reg	3BSY78				Reg	Туре	PC		R	eg State		1 12
	Sex M Lic.	Class D	19 Lic. Res		CDL	Veh Y	Year 2006		Veh Ma	ake <u>N</u>	ISS	AN			Veh	Config.	1 21	1
	Operator DI	ADAMO,	 PETER		Endorsement Middle	Own	er WOODMA	N,	JA	CQU							*****	_
1	Address 43	MARION	ST EX	TT	Middle	Addr	ess 43 MAR	LASI RIO	N S	T	Fír	*1			м	iddle		_
	City WILM:	INGTON	State 1	MA Zip 0188	7-3172	City	WILMING	CON	Ī			_ State	MA	Z	ip 0	1887	7-317	2
	Insurance Comp	oany THE CO	OMMER(CE INSURA	NCE CO	Vehic	tle Action Prior to	Crash	. [1	22	Dar	naged	Area	Code:		27 2	7
	Vehicle Travel D	Direction: N S	EX	Responding to Emer	rgency? 2	Even	t Sequence 1	23	23	23	23		t Statu			1 28		
	Citation # (If Iss	sued)				Most	Harmful Event	1	24	•		• • •	e of Test		.le.	30		
	Viol. 1: Ch/Sec/	Sub	Vi-	ol. 2: Ch/Sec/Sub —		. Drive	er Contributing Cod	de	1	25	25				2 31	1	Drug 2 3	1 13
	Viol. 3: Ch/Sec/	Sub	Vi	ol. 4: Ch/Sec/Sub —		Drive	r Distracted by	99	26				ved fro			1 33	- [-
2			for operator	r and all occupants in					34 Seat	35 Safety	36 Airbog	37 Eject	38 Trop	39 Injusy	40 Transp.			
	Operate				Address See Above		DOB/Age	Sex	Pos.	System 1		_		Status 10	Code 1	Me	edical Facility	
	Орегин								_			_						
							:											
										<u> </u>								
																	-	
1	Please Select C of the Followin		e 2 <u>1</u> #	Occupants Nor	n-Motorist A	Гуре	15 Action	16 I	Locatio	տ	17 C	onditio	m	18		Hit/Run	□ Мор	ed
1	License #		Sı .	_ DOB/As		Reg	6NA924				Rep	Туре_	PC		R	eg State	MA	1
	Sex F Lic. (Class D	9	20	CDL	_			Veh Ma	ıke T	OYO					Config.	21	
		GLE, MI	!	E	indorsement		NAGLE,										L	_
1	Address 11	Lası	Fi	PT 1	Middle		ss 11 SCH	อรเ			Pin AP				Mi	ddle		
	City BEVER		State N	/A Zip 01915	5-4894	City_	BEVERLY					_ State	MA	Z	ip <u>01</u>	L915	-4894	1 14
	Insurance Comp	any THE CO	MMERC	E INSURAL	NCE CO	Vehic	le Action Prior to	Crash		4	22					4 27	27 2	- I
	Vehicle Travel D	irection: NS	Xw	Responding to Emer	gency?_2	Event	Sequence 1 2	23	23	23	23	Test	Statu	s:		1 28		-
	Citation # (If Iss	ued)	· · · · · · · · · · · · · · · · · · ·	, -		Most	Harmful Event	1	24		_		e of Te		.	29		
2	Viol. 1: Ch/Sec/S	Sub	Vic	ol, 2; Ch/Sec/Sub		Drive	ı r Contributing Coc	de	1	25	25		C Test	-	it: 2 31	1	Drug: 2 3	2]
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————						r Distracted by	0	26				ed fro			2 33	2 2	-
	Please fill out for operator/non-motorist and all occupants involved								34 Sest	35 Safety		37 Eject		39 Injury	40 Transp.			
	Name (Last First M		tanics	0	Address		DOB/Age	Sex	Pos.	System	Status		Code	Status	Code 1	Me	dical Facility	
	Operate	or/Non-Mo	iorisi	5	ee Above			\triangle	1		-		- -		-			_
											\sqcup	_	\dashv					_
		m																

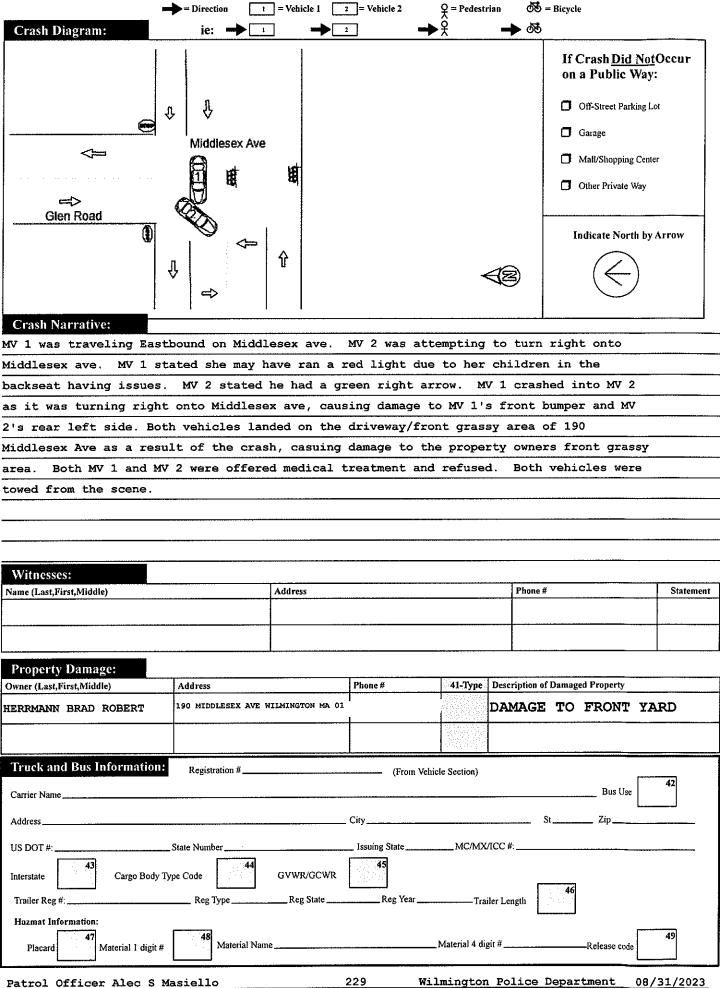
	-	= Direction [1 = Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian 🕳 = Bicycle		
Crash Diagran	n:	ie: →[<u> </u>	2	→ ĝ	→ 55		
Lowell St.	Burger entran	Burger 280 lov King ce sign				On a	rash Did NotOccur Public Way: ff-Street Parking Lot arage all/Shopping Center ther Private Way licate North by Arrow	
Crash Narrativ	/e·							╛
		on Lowell S	St. While app	roaching Bu	rger King,	MV 2 was tur	ning into	
						aused MV 2 to		
hit the Burge	r King ent	rance sign (causing damag	e to it. A	11 operato	rs refused me	dical	
treatment off	ered to the	em by the Fi	ire Departmen	t. MV 1 wa	s towed by	Cains Towing	to their	
tow facility	while MV 2	was able to	be driven a	way from th	e scene.			
Witnesses:								
Name (Last,First,Midd	le)		Address			Phone #	Statem	ent
Property Dama		Т			1 = 11			
Owner (Last,First,Mide	ile)	Address		Phone #	197,993 1,9115	Description of Damaged	<u> </u>	
BURGER KING		280 LOWELL ST W	VILMINGTON MA 0188	7		BURGER KING	ENTRANCE SI	GN
T I In .	C				Market and a col	<u></u>		
Truck and Bus I	шотшаноп:	Registration #		(From \	/ehicle Section)		42	
Carrier Name							Bus Use	
Address				_ City		St	Zip	
						ICC #:		
US DOT #:		State Number44	_	issuing State	WIC/IVIA/	ICC #:		
Interstate	Cargo Body Ty	pe Code	GVWR/GCWR			F		
Trailer Reg #:		Reg Type	Reg State	Reg Year_	Trail	er Length 46		
Hazmat Information:	:					<u> </u>		
Placard 47	Material I digit #	48 Material I	Name		Material 4 dig	it #	Release code	
				000	74 7 2 4	Daldas David		

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

Wilmington Police Department
Department Precinct/Barracks

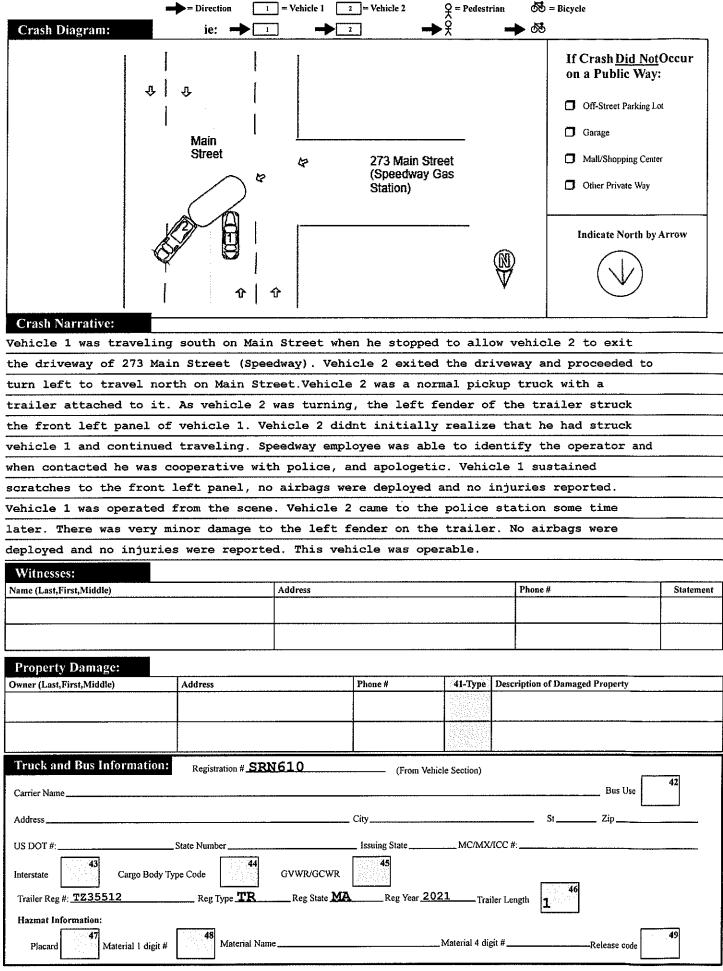
08/30/2023

Police Use Only Commonwealth of Massachusetts RMV Document Number															
	1 1	City/Town Moto	r Veh	hicle Crash Number Number Vehicles Injured					and I	•	Limit	25	Locai	Police Solution Police Solution Police Cous Police Cou	
	24HR	Po	olice	ice Report								ous Police	i		
	AT INTERSECTION)N: <	LOCA	CATION > NOT AT INTERSECTION:											
	MIDDLESE:	y ave												2 10	
1		Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street											
1	a	At		Feet	N S	EW	of			•		ог			
	Route# Direction GLEN RD Name	of Intersecting Roadway/Street						Mi	ile Mai	rker			Exit	Number	2 11
		Also at Intersection with		Feet				Route	 e#		Interse	ecting F	Roadway	/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Street		Feet	N S	EW	of								_
<u>+</u>												ndınarl	k	<u></u>	4
3	of the Following: Vehicle 13 #	Occupants Hit/Run	Moped	Crash R	Report	ID#	23	-2	273	3-	AC	<u> </u>			
	Licens	DOB/A	Reg	# 395RP3				Reį	д Туре	PC		R	eg State		12
	Sex F Lic. Class D Lic. Res	trictions 1 CDL CDL Endorsement	Veh '	Year 2018		Veh M	ake <u>C</u>	HEV	/RO	LET	<u> </u>	Veh	Config.	1 21	
	Operator PRUYNE , KAREN		Own	er PRUYNE	, F	KAR	EN	E	irst			N/i	ddle		-
⁴ 3	Address 11 FORBES AVE	TAOUT	Addr	ess 11 FOF		S A	VE	FI	1151			M			.
	City BURLINGTON State 1	MA Zip 01803-3043	City.	BURLING'	TON	<u> </u>								-3043	.
	Insurance Company PROGRESSIVE	DIRECT INSURA	Vehic	le Action Prior to	Crash		1	22				Code:	F	27 27	
5	Vehicle Travel Direction: NSWW	t Sequence 1	Test Status: 4 28												
`1 	Citation # (If Issued)		Most	Harmful Event	1	24			• • •	-	rest: it Resu	ılt:	1 30		
	Viol. 1: Ch/Sec/SubVio	ol, 2: Ch/Sec/Sub	Drive	er Contributing Co	de	19	25	25	Sus	sp. Ale	cohol:	2 31	Susp. I	Orag 2 32	1 13
5 .	Viol. 3: Ch/Sec/Sub — Viol.	ol. 4: Cl/Sec/Sub	_ Drive	r Distracted by	6	26			To	wed fr	om se	ene?	1 33		
⁵ 1	Please fill out for operator Name (Last First Middle)	and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	lical Facility	7
:	Operator	See Above			X	1	1			0		1			1
	-				<u> </u>	4	4	4	0	0	10	1			+
		,				6	4	4	0	0	10	1			
					 	-	<u>"</u>								
				7.5	16			17			10				4
, 3	of the Following: Vehicle 2.2 #	Occupants Non-Motorist A	Туре	Action	16 1	ocatio	on	17 C	Conditi	on	18	l 🗖 i	Hit/Run	Moped	
	License .	DOB/Ai	Reg #	34BG30				Reg	з Туре	PC		Re	eg State 1		.]
	Sex M Lic. Class D 19 Lic. Res	trictions 20 CDL	Veh Y	ear 2021	`	√eh Ma	ake H	OND	A			_ Veh	Config.	1. 21	
2	Operator TERRANOVA , PAU		Own	er TERRAN	OVE	لبذ	DEB	RA		UIS	E	Mic	ddle		
1	Address 1 CLORINDA RD		Addr	ess 1 CLOR	IN	DA.	RD								
	City WILMINGTON State 1	IA Zip 01887-2301	City	WILMING!	ľON	<u> </u>								-2301	. 1 14
	Insurance Company THE COMMERC	E INSURANCE CO	Vehic	le Action Prior to	Crash		3	22				Code:	6 ²⁷	27 27	
	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Event	Sequence 1	23	23	23	23		st Stati se of T			29		
2	Citation # (If Issued)		Most	Hannful Event	1	24			ВА		t Resu	lt:	1 30		
	Viol. 1: Ch/Sec/SubViol.	ol, 2: Ch/Sec/Sub	_ Drive	r Contributing Co	de	<u>L</u>	25	25	Sus	sp. Alc	ohol:	2 31	Susp. D	rug 2 32	
	Viol. 3: Ch/Sec/Sub ————————Vio	Drive	r Distracted by	0	26					om sce		1 33		_	
	Please fill out for operator/non-ir Name (Last First Middle)	otorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airtug Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Modi	cal Facility	
	Operator/Non-Motorist	See Above		><	X	1	1	4	0	0	10	1			
	DEBRA TERRANOVA	1 CLORINDA RD WILMINGTON, MA 01887-2301			F	3	1	4	0	0	10	1			
															1
i		1		1	1	1	ı !	ı I	- 1	- 1	 				1



Patrol Officer Alec S Masiello

	Police Use Only	Com	monwealth	of Massach	RM							
	Date of Crash Time of Crash	City/Town	Motor Vel	icle Crash	Number Vehicles	Number Injured	Speed Limi	t <u>35</u>	State Police Local Police MBTA Police Campus Police	1		
	09/01/2023 0718 Wilr	nington	Police	Report	2	0	Latitude MBTA Police Campus Police Other:					
	AT INTERSECT	ION:		TION >		NOT AT	r inter	RSECT				
				· ·		<u></u>				2 10		
	Route# Direction	Name of Roadway/St		Barriell Birth	273	MAIN		CD 1				
¹ 1	Route# Direction	At	reet	Route# Direction Address # Name of Roadway/Street								
				Feet N S	E W of		. • –	- ог	79 (-) X			
	Route# Direction Nan	ne of Intersecting Roady			-11	Mile Ma	irker		Exit Number	5 11		
		Also at Intersection w	vith	Feet N S		Route#	Inter	ecting Ro	adway/Street			
² 1	Route# Direction Nan	ne of Intersecting Roady	vay/Street	Feet NS	E W of					_		
				<u> </u>				andmark		4		
3	Please Select One of the Following:	_#Occupants Hit/	Run Moped	Crash Report	1D# 23	-27	4-A(2		İ		
	License # S	DOB/Ag	Reg	# <u>5081053</u>		Reg Type	. PC	Reg	State NH	 		
	19 19	20		Year 2015 \					21	1 12		
	Operator MCKENNA, JOHN	E E	ndorsement	er MCKENNA			··	YEIL C	oning.			
⁴ 1	Lust	First	Middle	Last		First		Middle	÷			
T	Address 3 WINDSOR DR	NTT 000=		ess 3 WINDSOI								
	City LITCHFIELD State	NH Zip 0305	City.	LITCHFIELD		_	te NH					
	Insurance Company Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 28 28 28 29 28 29 29 29 29 29 29 29 29 29 29 29 29 29											
5	Vehicle Travel Direction:	Responding to Emer	gency? 2 Even	t Sequence 1 23	23 23		pe of Test:	1	29			
	Citation # (If Issued)	_	Most	Harmful Event 1	24	•	AC Test Res	ult: 1	30			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25 Su	ısp. Alcohol	2 31 5	Susp. Drug 2 32	1 13		
6	Viol. 3: Ch/Sec/Sub	viol. 4: Cli/Sec/Sub —	Drive	er Distracted by	26	То	wed from s	<u></u>	33			
⁶ 1	Please fill out for opera	tor and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		7		
	Name (Last First Middle)	0.	Address	DOB/Age Sex	Pos. System	Status Code	Code Stotus	Code	Medical Facility	1		
	Operator	78 ARLINGTON RD	ee Above		1 1	4 0	0 10		·	-		
	RENEE BOWERS	WOBURN, MA 01801		F	3 1	4 0	0 10	1				
										1		
	Please Select One X Value 2 7	#G		15 16		17	18	<u> </u>		1		
9	of the Following:	#Occupants Non-	-Motorist A Type	Action	ocation	Condit	ion	Hit	/Run Moped			
	License # St	DOB/A	Reg #	SRN610		_ Reg Type	CO	Reg :	State MA			
	Sex M Lic. Class D 19 Lic. R		OL Veh Y	Year 2009 v	elı Make <u>G</u>	MC		Veh Co	onfig. 8 21			
	Operator SPINOS, MATTHE			er SPINOS, M	ATTHE		L					
1	Address 2 LT. BUCK DR	fotat		ess 2 LT. BUC	K DR	First		Middle				
	City WILMINGTON State	MA Zip 01887	-2279 City	WILMINGTON		Stat	e <u>MA</u> 2	Zip 018	87-2279	1 14		
	Insurance Company SAFETY INS	SURANCE CO	MPANY Vehic	le Action Prior to Crash	4	22 Da	maged Area	Code: 7	27 27 27			
	Vehicle Travel Direction: SEW	Responding to Emerg		Sequence 23	23 23	23 Te:	st Status:	1	28			
	Citation # (If Issued)		•		24	— _{Tyi}	pe of Test:		29			
2	, ,	-		<u> </u>	9 25	25	C Test Res	- -	30			
	Viol. 1: Ch/Sec/Sub —————V			26		sp. Alcohol:		33 Drug: 2 32				
ļ		/iol. 4: Ch/Sec/Sub		r Distracted by	34 35	36 37	wed from so	ene? 2		ļ		
	Please fill out for operator/non- Name (Lust First Middle)	-	nts involved Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility			
	Operator/Non-Motorist	Se	e Above	><X	1 1	4 0	0 10	1				
				1 1						1		
ŀ								 		-		
										-		



Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

09/01/2023

Police Officer Name (Please Print)

Signature

ID/Badge#

Department Precinct/Barracks

Wilmington Police Department Images Associated with 23-274-AC





	Police Use Only		Com	nmonwealth of Massachusetts RMV Document Number														
	Date of Crash Time of Cra 09/02/2023 1132	I	City/Town	Motor	Validas Injured						d		Limit	4(Local	Police I Police A Police		
	241	I .	rng con	Po	lice l	Report		2		0	1	_atitud _ongit				ous Police	<u></u> 5	ı
	AT INTE	RSECTIO	ON:	<	LOCA	TION	>			NO	ГАТ	INT	'ER	SEC	TION	:		
								52		MZ	TNT	citt	n				ļ	2 ¹⁰
1	Route# Direction		Name of Roadway/S	Street		Route# Direction Address # Name of Roadway/Street												
1			At			Feet	NS	ΕW	of			- •		OF				
	Route# Direction	Name	of Intersecting Road	lway/Street		Feet NSEW of Or Mile Marker Exit Number										a 11		
			Also at Intersection	with		Feet				Route	 .]	Interse	ecting I	Roadway	/Street	-	
² 1	Route# Direction	Name	of Intersecting Road	iway/Street		Feet	NS	EW	of									
			·			<u> </u>								ndmarl	k			
3	Please Select One of the Following:	ricle 1 <u>1</u>	Occupants Hi	t/Run	Moped	Crash R	leport	ID#	23	-2	75	5 – .	AC	•				
	License	:	OB/Ag		Reg#	VT45592	2			Reg	у Туре.	PC		R	.eg State		-	12
	Sex M Lic. Class D	Lic. Re		CDL Endorsement	Veh Y	ear <u>2019</u>		Veh M	ake <u>N</u>	ISS	AN			_ Veh	Config.	1 2	<u>ן</u>	1
	Operator MARGESON	, ROBE		Middle	Owne	r MARGES	ON.	_ R	OBE	RT	AL	AN		M	iddle			
⁴ 1	Address 35 SOUTH				Addre	ss 35 SOU	JTH	SI	<u> </u>	1.0				140				
	City TEWKSBURY	State]	MA Zip 0187	6-4173	City	<u>rewksbu</u>	RY									-417	, I	
	Insurance Company QUIN	CY MUT	JAL FIRE	INSURA	Vehicl	e Action Prior to	Crash	1	4	22		_		Code:	2 27	27 2	7	
 5	Vehicle Travel Direction:	SEW	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23		t Statu e of T			29			
	Citation # (If Issued)				Most 1	Hannful Event	1	24					t Resu	ılt:	1 30			
	Viol. 1: Ch/Sec/Sub	Vi	ol. 2: Ch/Sec/Sub		_ Driver	Contributing Co	de	19	25	25	Sus	p. Alc	ohol:	2 31	Susp. I	Ծաց: <mark>2 ³</mark>	2	1 13
5 1	Viol. 3: Ch/Sec/Sub				_ Driver	Distracted by	99	26			Tov		om sc	ene?	1 33		╝	1
	Please fill Name (Last First Middle)	out for operato	r and all occupants in	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	lical Facility		
	Operator		2	See Above		><	X	1	1	4	0	0	10	2	Lahey C	linic		
								<u> </u>							ļ. —			
						-									<u></u>			
	Please Select One	٠			T 1/3	15	16	<u></u>		17	I		18					
4	of the Following:	icle 2 1 #	Occupants No	n-Motorist A	Туре	Action	1 1/33	Locatio)n	C	onditio	n		L.J.	Hit/Run	Mor	ed	
	License i	Si	, DOB/A		_	3EKR14					Type_			R	eg State	MA 21	_	
	Sex F Lic. Class D	Lic. Res	trictions C	CDL Endorsement		ear 2021					TA			Velı	Config.	1 -		
2	Operator BEATRICE	F	ANNE	Middle		BEATRI	ast			D Fir	st			Mi	iddle		-	
	Address 40 MCLARE		- 0105			ss 40 MCI		EN	RD								<u> </u>	14
	City TEWKSBURY		(A Zip 0187		•	(EWKSBU)		1		22				ip U . Code:		-331 27 2	<u>/</u> 7	1
	Insurance Company THE			_		e Action Prior to		23	23	23		: Statu		Code.	1 28		ك	
	<u></u>	X E W	Responding to Eme	rgency? 2		Sequence 1	33 (10) - 100	24	(5) (3)		Тур	e of T	est:		29			
2	Citation # (If Issued)					Harmful Event	Δ.	Silitis Control	25	25			t Resu		1 30	_	,	
	Viol. 1: Ch/Sec/Sub	_	Contributing Co	20000	26					ohol:	-	Susp. D	nig 2 3	2				
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	_ Dilver	Distracted by	0	34	35	36	37	38	om sce	40	1]		4				
	Name (Lost First Middle)		lateras and an occup	Address		DOB/Age	Sex	Seat Post.	Safety System	Airbag Status	Ejeut Code	Trap Code	Injury Status	Transp. Code	Medi	ical Facility	_	
	Operator/Non-N	<i>Iotorist</i>	S	See Above			Χ	1	1	4	0 (2	10	1				
								L			[

	= Direction	t = Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian ಹ	= Bicycle		
Crash Diagram:	ie: → 🗀	□ →□	2	→ 🖁	→ ₩			
Lake Stre	et Þ	/				ı	ash <u>Did Not</u> Public Way	
						☐ Off	-Street Parking Le	pt
			4			☐ Ga	rage	
	الم	lle man				□ ма	Il/Shopping Cente	ır
	OID	[2]		\$ (12		□ 0:1	er Private Way	
man a						Ind	icate North by	Arrow
50 kinin Otroni	V EHICLE TO A 1970 TO A 19	**************************************	**************************************		***************************************	 		
52 Main Street Crash Narrative:								
Vehicle 1 was travelin	g on Main Stre	et when it	slowed dow	n to turn :	left ont	o Lake	Street.	
Vehicle 2 was travelin	g south on Mai	n Street go	ing straig	ht ahead. V	<i>T</i> ehicle	1 was u	ınaware	
how close vehicle 2 wa	s as it began	to turn lef	t. Vehicle	2 could no	ot stop	in time	and	
both vehicles collided	in the street	causing da	mage to th	e front of	both of	there		
vehicles. Both Vehicle	s had to be to	wed from sc	ene by For	rest Towing	and th	e opera	tor for	
vehicle 1 was transpor	ted to the hos	pital due t	o health c	oncerns.				
								
		***************************************	***************************************					
<u> </u>								
VXIII.								
Witnesses: Name (Last,First,Middle)		Address			Phone			Statement
							····	
						<u> </u>		
						····		
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description o	f Damaged	Property	
Owner (Last, Frist, Middle)	Address		T HOLE II		Description o	1 Damageo	Topicity	
					, ,			
Truck and Bus Information								
	Registration #		(From	n Vehicle Section)			Bus Use	42
Carrier Name		······································	C:L:			·		
Address			-					
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:			
Interstate Cargo Body		GVWR/GCWR			Г			
Trailer Reg #:	Reg Type	Reg State	Reg Yea	rTrai	ler Length			
Hazmat Information:	[]				_		Γ	49
Placard Material 1 digit #	Material Nan	ne		Material 4 dig	it #	F	telease code	49
Patrol Officer Thomas I	Lawrenson		222	Wilmington	Police	Departs	ment 09/	02/2023