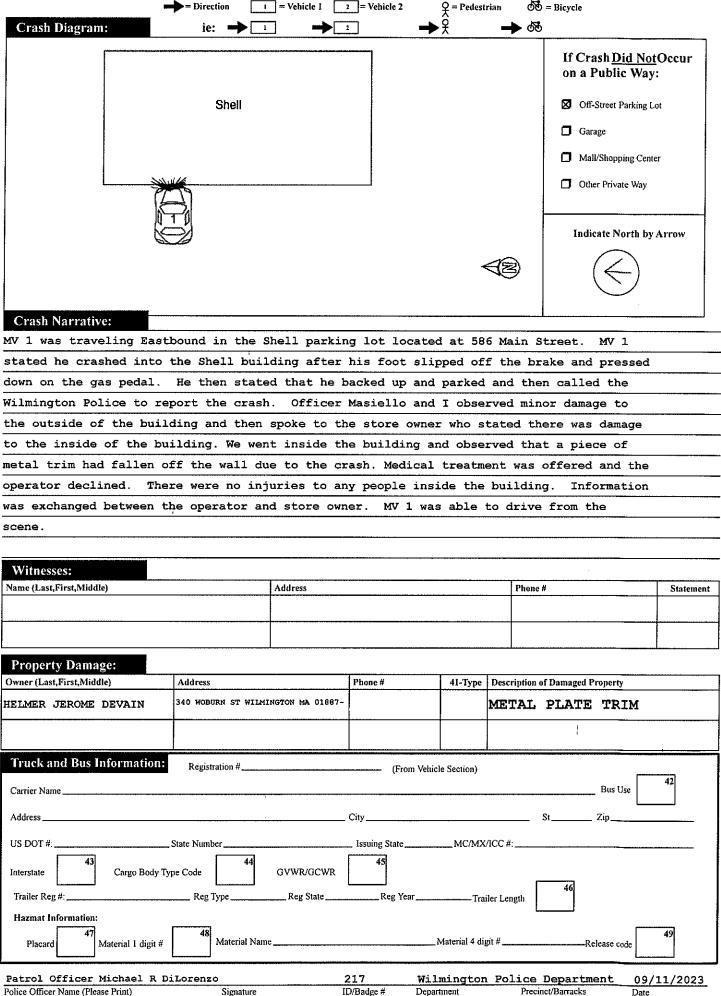
	Pol	lice Use Only		Commo	nwealth	of Massa	chus	etts	\$		RM	V Docu	ment Number		]
	Date of Crash 09/11/2023	Time of Crash	City/To <b>Wilming</b>	wn M		icle Cras	sh [	Number /ehicles		,	d Limit	15	State Police Local Police MBTA Police		1
	0,7,11,2023	24HR	naamang	COII	Police	Report	1		0		gitude		Campus Polic		
		AT INTERS	ECTION:		< LOCA	TION >	>		NOT	AT IN	TER	SEC	TION:		<u>L_</u>
							58	26	MA:	n s	egu .				2 10
1	Route# Dire	ection	Name (	of Roadway/Street		Route# Directi		iress #	<u> </u>			Roadw	ay/Street		
1				At		Feet	N S E V	V of			. —	or _			
	Route# Dire	ection	Name of Inte	rsecting Roadway/St	treet				Mile	Marker			Exit Numbe	r	11
			Also at	Intersection with		-	NSEV		Route#		Inters	ecting R	Roadway/Street		
<sup>2</sup> 2	Route# Dire	ction	Name of Inte	rsecting Roadway/St	treet	Feet	NSEV	of							
	Please Select	One 574	4 "0		<u></u>	<u> </u>						mdmark	<u></u>		-
3	of the Followi	ing: Vehicle	1#Occup	ants Hit/Run	Moped	Crash Re	eport ID#	23	-28	36-	·AC	·			
	License #		SDOI		Reg	# <u>3WBJ16</u>			Reg 7	уре <u>РС</u>		Re	eg State <u>MA</u>	21	12
	Sex M Lic.	Class D 19	Lic. Restriction	ns 20 CDL_ Endorse	Veh	Year <b>2014</b>	Veh N	/lake <u>N</u>	IISSI	N		Velı	Config. 1	21	<u>                                     </u>
4		POR, DAV	First	Midd	lle	er <b>TOPOR</b> ,	ast		NA First			Mid	ddle		
41	1	OLLOY RE				ess 9 MOLL		D							
	· .			Zip 01887-2		WILMINGT			22				27 27	27	
				INSURANCE		cle Action Prior to 6		23	23	Damage Test Sta		Code:	8 27 27		
5	Vehicle Travel I	L		nding to Emergency		t Sequence 35				Type of		ľ	29		
	1	sued)				·	33	25	25	BAC Te		ناست	1 30		13
				h/Sec/Sub		er Contributing Cod				Susp. A		-	32	32	30 <sup>13</sup>
<sup>6</sup> 2	Viol. 3: Ch/Sec/			li/Sec/Sub li occupants involved		er Distracted by	99 26	35	36	Towed	trom sc	T 40	2 33		
	Name (Last First M		or operator and a	Addres		DOB/Age	Sex Pos.		Airbag E Status C	7 38 eet Trap sde Code	Injury		Medical Facili	ly	
	Operate	or		See Abo	ove	>	$X^1$	99	4 0	0	10	1			
7	Please Select C		2 #Occupa	ents Non-Moto	orist A Type	15 Action	16 Locati	ion	17 Co	dítion	18	П	fit/Run 🔲 N	loped	
<sup>7</sup> 1	of the Followin		g. Dor						D 7					-	
	License # Lic. (	19 19	St DOF Lic, Restriction	20		# Year								21	
	Operator	Class	Lic, Kesincion	Endorse	ement	er	YCH IY	iake				_ von	Coning.		
81	Address	Luxt	First	Middl	le	ess	) at		First			Mid	id]e		
			State 2	Zip						State	Z	ip			1 14
	Insurance Comp	any			Vehic	ele Action Prior to (	Crash		22	Damage	d Area	Code:	27 27	27	
	Vehicle Travel D	Direction: N S	E W Respon	nding to Emergency?	? Even	t Sequence 2	3 23	23	23	Test Sta		-	28		
9 _	Citation # (If Iss	ued)			Most	Hannful Event	24	•		Type of BAC Te		ılt:	29 30		
2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Cl	h/Sec/Sub	Drive	r Contributing Cod	le	25	25	Susp. A			Susp. Drug	32	
	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Cl	h/Sec/Sub	Drive	r Distracted by	26			Towed 1	from sc	ene?	33		
	Ple Name (Last First M		ator/non-motorist	and all occupants in		DOB/Age	34 Seat Sex Pos.	35 Safety System	36 Ej Airbag Ej Status Co	et Trap		40 Transp. Code	Medical Facili	ı.	
		or/Non-Mot	orist	See Abo			1	5,4441					areatest racing	7	
	*							<del>                                     </del>		1			<del>, ,,, ,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,</del>		
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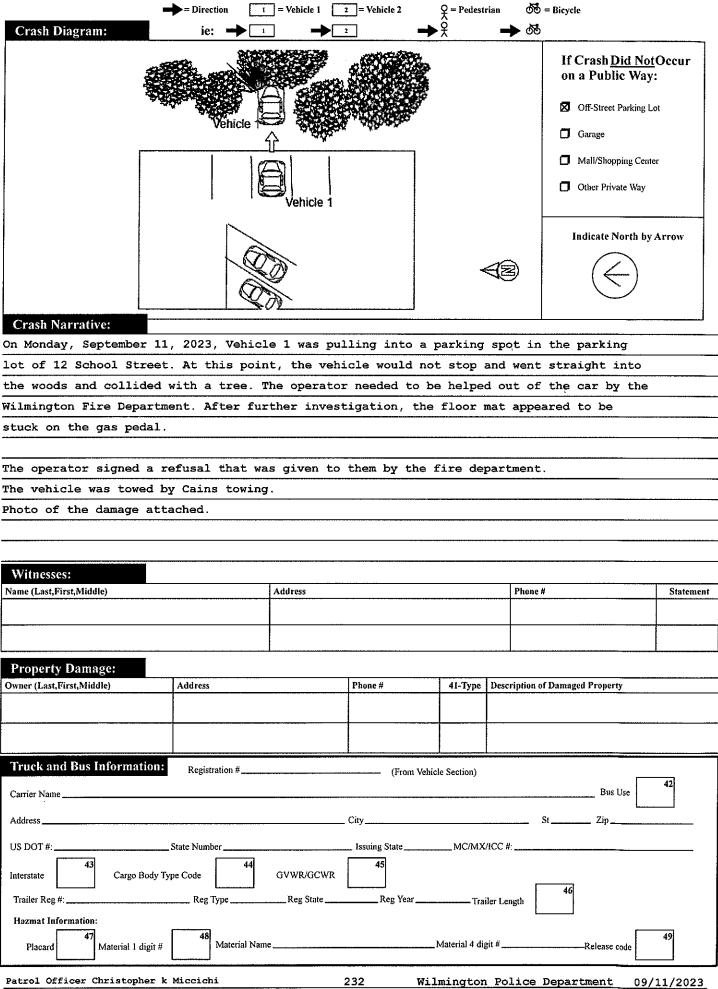


# Wilmington Police Department Images Associated with 23-286-AC





	Pol	lice Use Only	Com	monweal	th (	of Massa	ach	use	etts	}		RM	V Docu	ment Number		
	Date of Crash 09/11/2023	Time of Crash 0959 Wil	City/Town .mington	Motor \	Veh	icle Cra	sh		umber hicles		1 '	d Limit	5	State Police Local Police MBTA Police	280	
	03/11/2023	24HR	ining con	Poli	ce ]	Report		1		o Í	Latitu Long	itude		Campus Police Other:	ŏ	
		AT INTERSECT	TION:	< L(	OCA	TION	>			NOT A	T IN	TER	SECT	ΓΙΟΝ:		
								<u>15</u>		SCH	OT.	ST	ı		ŀ	2 10
1_	Route# Dire	ection	Name of Roadway/S	ireet		Route# Direct	ion	Addr	ess#					ay/Street		
1			At			Feet	N S	E W	of				or _		_	
	Route# Dire	ction N	me of Intersecting Road			ſ	ماء			Mile M	arker			Exit Number	-	1 11
			Also at Intersection	with		Feet [				Route#		Interse	ecting R	oadway/Street	-	
<sup>2</sup> 2	Route# Dire	ction Na	une of Intersecting Road	way/Street		Feet	N 2	EW	of			Lo	ndmark		_	
	Please Select	One Nation 11	#Occupants Hi	t/Run Mo	unad .	Creek P	ana ##	ED# 4	33	-28	7_				$\dashv$	
3	of the Followi	ng: 25 venicie 12		Vican   - ivio											4	
	License #_	S 19 19	OB/A <sub>L</sub>			IC99ZG								71	_  -	7 12
	Sex <b>F</b> Lic.			CDL Endorsement		Year 2019							Veh (	Config. 1	┞	
<sup>4</sup> 1		UTURE, DIAN	First	Middle		er <u>COUTUR</u>	asi.			First	<u> </u>		Mid	dle	-	
Τ.		PEMBROKE SINGTON Sta		7-3145		ess <u>13 PEM</u> WILMING'			, Ş'.		<b>T</b>	Δ -	O 1	887-3145	-	
	-	oany LIBERTY 1	-			le Action Prior to		- 1	11	_			_	10 27 8 27 2	- I	
	Vehicle Travel I		Responding to Eme	_		·		23	23		est Sta			1 28	1	
5		sued)	responding to sine	.5007 /		· <u></u>	21	24			ype of			29		
		Sub	 - Viol. 2: Ch/Sec/Sub			r Contributing Co			25	25	AC Te usp. Al			Susp. Drug 2 32		21 13
	Viol. 3; Ch/Sec/		- Viol, 4; Ch/Sec/Sub			•	0	26			owed f			33 July 2	] 	
<sup>6</sup> 1	·	Please fill out for ope	ator and all occupants in					34 Seat	35 Safety	36 37 Airbag Eject	38 Trap	39 Injury	40 Transp.		┥	
•	Operate			Address See Above		DOB/Age	Sex	Pos.	System 1	Status Code	Code 2		Code 1	Medical Facility	_	
	Operati		•				$\triangle$	1	-	, ,	-	-			$\dashv$	
				····											$\dashv$	
											ļ	ļ				
												<u> </u>	<u> </u>		4	
<sup>7</sup> 9	Please Select C of the Followin		#Occupants No	n-Motorist A Typ	ре	Action	16	ocatio.	ก	17 Condi	tion	18	П	lit/Run 🔲 Mope	ed	
	License #	St	DOB/Age		Reg#					Reg Typ	e		Re		_	
	Sex Lic. C	Class 19 19 Lic.		CDL	Veh Y	'ear	\	/eh Ma	ıke				Veh (	Config. 21		
	Operator	Last	First	Middle	Owne	er				First			Mids		-	
1	Address					258									-	14
l	City	Star	e Zip		City_			Г	·	<del></del> 1	ate			27 27 27	_ ]	L ]
	•	any			Vehic	le Action Prior to		13	23		amage est Stat		Code:	27 27 27	]	
		Pirection: NSEW	Responding to Eme			Sequence	!3	24	43	23	ype of			29		
″2	•	ued)	_			Harmful Event	. 1		25	25 B	AC Te	st Resu		30		
1		Sub				r Contributing Coo r Distracted by	ie	26		s	usp. Al owed fi	L		Susp. Drug: 32		
Ļ		Sub ease fill out for operator/no			Drive	r Distracted by		34	35	36 37	38	39	40		4	
-	Nume (Last First M	iddle)		Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Eject Status Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operato	or/Non-Motoris	t s	ee Above			$\Delta$	1		-	ļ					
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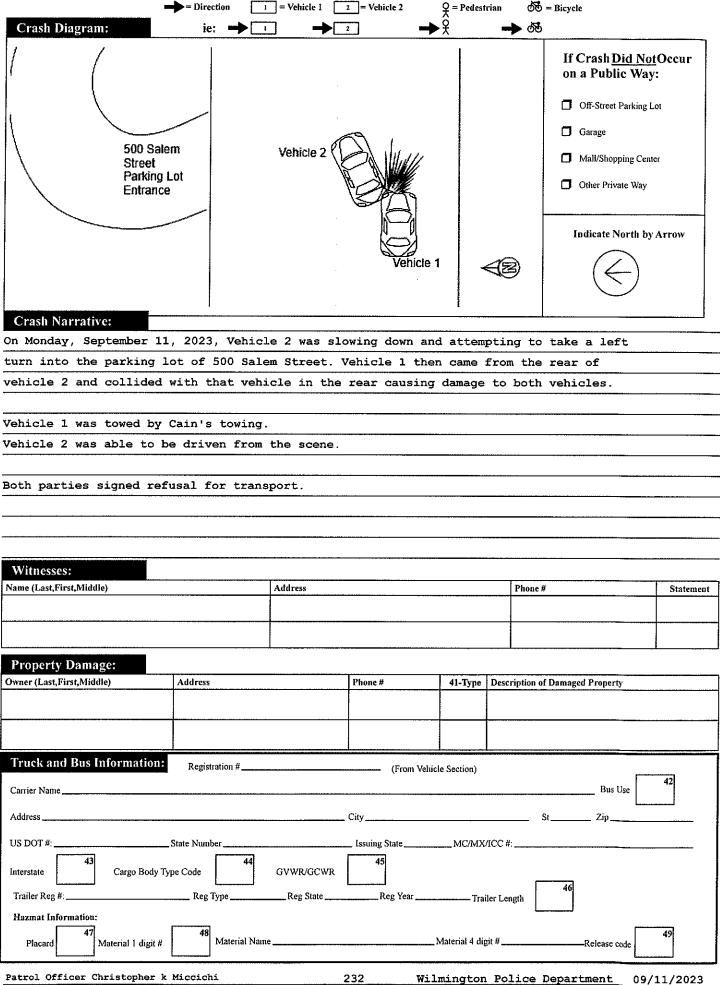


# Wilmington Police Department Images Associated with 23-287-AC



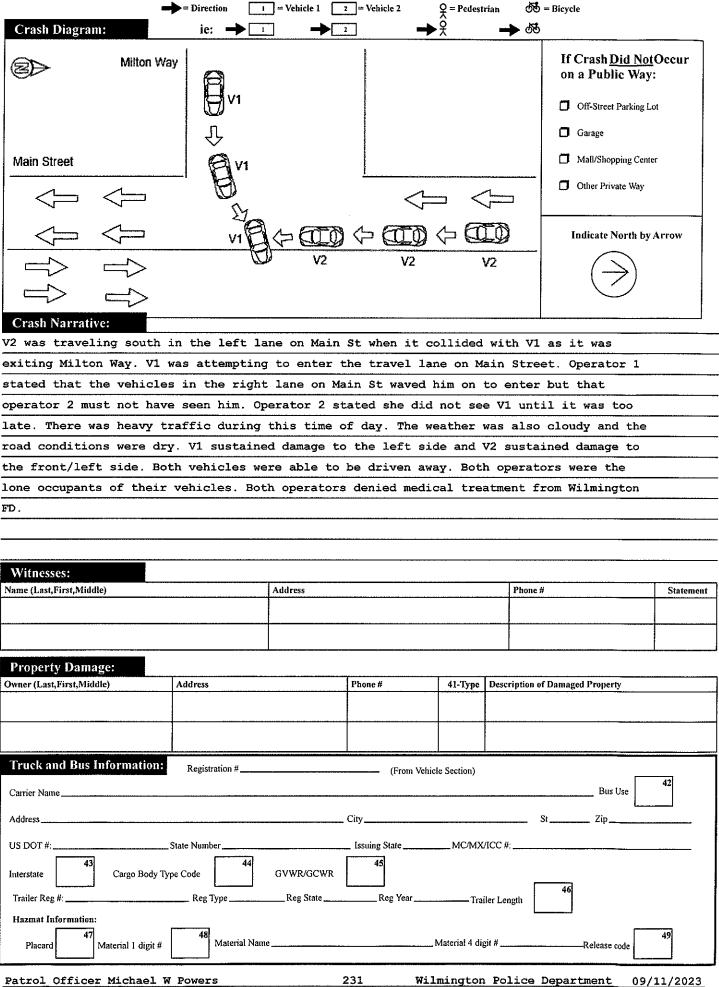


	Pol	lice Use Only		Comi	nonwealth	of Mass	acl	ıus	ett	S		RM	IV Doc	ument l	Number	
	Date of Crash 09/11/2023	Time of Crash	Wilm	City/Town	Motor Vel		ash	[\]	lumbe ehicle		oper	ed Limi	: 3	Loc	re Police at Police Mar Police Inpus Police Input Police	7
	03/21/2020	24HR	VY -1 -1.11.	iring con		Report		2		1	Lam	ude gitude _			npus Police	
		AT INTERS	SECTI	ON:	< LOC	ATION	>			NOT A	TIN	TEF	RSEC	TION	٧:	
								44	13	SAL	EM	ST				2 10
1	Route# Direc	ction		Name of Roadway/St	reet	Route# Dire	ction	Add	ress#				f Roadv	vay/Stre	et	
1				At		Feet	N S	EW	of			•	or _			
	Route# Direc	etion	Name	e of Intersecting Roady			Tart a	Landa	7	Mile I	1arker			Exi	t Number	8 11
	<u> </u>			Also at Intersection w	ith	1	N S		_	Route#		Inters	ecting l	Roadwa	y/Street	
<sup>2</sup> 2	Route# Direc	ction	Name	e of Intersecting Roadw	/ay/Street	reet	[1/2	E	.] ot				andmarl	le .		-
	Please Select (		11	#Occupants Hit/	Run Moped	Censh	Danar	• ID#	23	-28	Ω_			к		1
3	of the Followin	ng:		<u> </u>									_			4
	License # _	19 1	S)	DOB/Age		# 3NX225								-	21	1 12
	Sex F Lic. C		_	E	idorsement	Year 2021							Veh	Config.	. [1]	
<sup>4</sup> 1		RBES, SU PHOEBE S		First	Middle	ner <u>FORBES</u> ress 37 PH	Last			First	TKI	CK	Mi	iddle		
				MA Zip 01844		METHUEN		<u> </u>	2.4		tata M	<b>Z</b> A	7in 01	1844	-2379	1
				OCK ASSURA		cle Action Prior to		1	1					B 27	27 27	
	Vehicle Travel D			Responding to Emerg	-	nt Sequence	23	23	23		Test Sta			1 28		
5	Citation # (If Issi	ued)	<b>V</b>	-		t Harmful Event	1	24			Type of			29		
	Viol. 1: Ch/Sec/S	Sub	Vi	iol. 2: Ch/Sec/Sub	Driv	er Contributing C	ode	19	25	25		est Res Joehol:		1	Drug: 2 32	<b>1</b> 13
5	Viol. 3: Ch/Sec/S	Sub	Vi	iol. 4: Clı/Sec/Sub	Driv	er Distracted by	99	26				from so		1 33	<u></u>	
<sup>5</sup> 1			or operate	or and all occupants inv			Ī	34 Seat	35 Safety		38 Trap	39 Injury	40 Transp.			4
	Name (Last First Mi				Address e Above	DOB/Age	Sex	Pos.	System 1	Status Cod	e Code	Status 9	Code 1	Me	odical Facility	1
	<u> </u>						<u> </u>	┡	$\vdash$		-	-	<u>                                     </u>			_
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							1	-	<u> </u>			-				-
	Please Select O	50 5 A					16		┞	17	<u> </u>	18				1
1	of the Followin		2 <u>2</u> #	Occupants Non-	Motorist A Type	Action		Locatio	оп	Cond	ition	Ĵ		lit/Run	Moped	
	License #	10 10	ī	3/	eg	# 4CTN11				Reg Tyj	e <u>PC</u>	, 	Re	eg State	MA 21	
	Sex_ <b>F</b> Lic. C	<del></del>	j		dorsement	Year <b>2021</b>							_	Config.		
3.	Operator PEF	Last	F	MARIE	Middle	er PHILLI	Last			First	CKW	OOD	Mic	ddle		
		MORRISON		//////////////////////////////////////		ess 10 MOI		SON	LKI		<b></b>	<b></b>	01		0105	14
	City WAKEF			CE INSURAN	•	WAKEFIE			_				Code:		<u>-2105</u>	
	Vehicle Travel Di		- KA	Responding to Emerge		Sequence	23	23	23		est Sta			1 28		
	Citation # (If Issu	LJ1	<u> </u>	responding to Emerg	, —	Harmful Event	1	24			ype of		Į	29		
2	•	,	Vis	ol. 2: Ch/Sec/Sub ——		er Contributing Co	L	1	25	25		st Resi Icohol:		1 30	Orug: 2 32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub		er Distracted by	0	26				rom sc	۷	2 33	Jug. 2	
ľ		•	ator/non-n	notorist and all occupa				34 Seat	35 Safety	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.			
f	Operato	r/Non-Mot	orist		Address Above	DOB/Age	Sex	Pos.	System 1	Status Code	Code	Surus 10	Coxle 1	Mec	lical Facility	
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09/11/2023

	Police Use Only	Comm	onwealth	of Massa	ch	uset	ts			RM	V Docu	ment Number	•	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh	Num		Number Injured	•	I Limit	35	- Local Police		
	09/11/2023   1549   Wiln	ington	Police :	Report		2		-	Latitu Longi	ide itude		MBTA Police Campus Police Other:	. 4	
	AT INTERSECTI	ON:	< LOCA	TION >	·		N	OT A	<u></u>		SECT			1
	"													2 10
	Route# Direction MAIN ST	Name of Roadway/Stree		Route# Direction		Address	<u> </u>		N:	ame of	Roadwa	ıy/Street		
1		At								2010 01	2000011	ij/oneet		
	MILTON V			Feet N	v s	E W of	f —	Mile Ma			or	Exit Numb	21	
	Route# Direction Nam	e of Intersecting Roadway  Also at Intersection with		Feet N	vIs	E W of	r							3 11
				Feet N			R	oute#		Inters	ecting Re	oadway/Street		
<sup>2</sup> 2	Route# Direction Nam	e of Intersecting Roadway	//Street	reer [-	11.2.1.	21:10	_			1.0	ndmark			
	Please Select One Vivalia 1	#Occupants Hit/Re				2	<u> </u>	-20	<u> </u>					
3	of the Following:	"Occupants Hit/Re	ın Moped	Crash Re	port I	10#	<u> </u>	.78	9-	AC				
	Licens:	OB/Age	Reg #	8NH123				Reg Typ	PC		Re	g State <b>MA</b>	2.1	12
	Sex M Lic. Class B 19 19 Lic. R	estrictions 20 CDI	Veh '	Year <b>2002</b>	V	eh Make	HO	NDA			Veh (	Config. 1	21	1
	Operator DENNIS, DANIE	. P		er DENNIS,	_ C	YNT	HIA		RIE					
<sup>4</sup> 1	Address 64 LEONARD AVE	riisi (		ess 64 LEO	NAF	RD A	VE	Füst			Mide	šle		
	City BRADFORD State	MA Zip 01835-	.7919 City	BRADFORD	)			Sta	te <b>M</b>	<b>A</b> z	Zip <b>01</b>	835-79	19	
	Insurance Company GEICO GENE	RAL INSURAN	ICE C Vehic	le Action Prior to C	Crash	4	22	D	amage	d Area	Code:	27 27	27	
	Vehicle Travel Direction: N S XW	Responding to Emerger	ncy? 2 Event	t Sequence 1 23	3 2	23 23		3 To	est Stat	us:	1	28		
<sup>5</sup> 2	Citation # (If Issued)			Harmful Event	<u></u> 1	24	1		pe of		_	29		
	Viol. 1: Ch/Sec/Sub ———\			er Contributing Code		4 <sup>25</sup>		25	AC Tes			30	32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub — \			r Distracted by	<u>_</u>	26	<u> </u>		isp. Ale	,		Susp. Drug 2		•
<sup>6</sup> 1		or and all occupants invol		I Distracted by				36 37	38	39	10			
	Name (Last First Middle)		ldress	DOB/Age	Sex	Seat Sa Pos. Sy:	stem St	rbag Eject atus Code	Trap Code	Injury Status		Medical Facil	ity	
	Operator	See .	Above		X	1 99	9 4	0	0	10	1			
												. ,,		
							$\dashv$		-					
		1		15 1	16	<u> </u>		7	┖┯	18				
<sup>7</sup> 3	of the Following: Vehicle 21	#Occupants Non-M	otorist A Type	Action	L	ocation	^	Condit	ion	10	н	it/Run	loped	
	License	, DOB/Ag	Reg #	13KB01				Reg Type	PC		Reg	State MA		
	Sex <b>F</b> Lic. Class D 19 Lic. Re	strictions 1 20 CDL	Veli Y	/ear <b>2015</b>	Ve	eh Make	HO	NDA			Velı C	Config. 1	21	
	Operator MCINTYRE, MARY	MARTHA	orsement Owne	r MCINTYR	Œ,	MAI	RY :	MART	HA					
2	Address 12 CAROLINE ST	First A	diddle Addre	ss 12 CARC	OLI	NE	ST	First			Midd	lle		
	City BURLINGTON State	MA Zip 01803-	1220 City 1	BURLINGT	ON			Sta	te <b>M7</b>	<u>.                                    </u>	ip <b>01</b>	803-12	20	2 14
	Insurance Company LM GENERAL	INSURANCE	COMP Vehic	le Action Prior to Ci	rash	1	22	Da	amagec	i Area	Code: 8	27 27	27	
	Vehicle Travel Direction: NXEW	Responding to Emergen	cv? 2 Event	Sequence 23	3 2	23 23	23	] Te	st Stati	us;	1	28		
	Citation # (If Issued)			Hamful Event	<u></u> 1	24	·		pe of T		-	29		
2	Viol. 1: Cli/Sec/SubV	ial 2: Ch/Sac/Su-		r Contributing Code		19 <sup>25</sup>		25	AC Tes			30	37	
				r Distracted by		26	<u> </u>		sp. Ale	E	-	Susp. Drug: 2	32	
ļ	Viol. 3: Ch/Sec/SubV  Please fill out for operator/non-	iol. 4; Ch/Sec/Sub		. Distriction by			5 3	6 37	38	39	40			
ļ	Name (Last First Middle)	•	dress	DOB/Age		Seat Sai Pos. Sys		bag Eject	Trap Code	Injury Status	Transp. Code	Medical Facili	ly	
	Operator/Non-Motorist	See A	Above		X	1 99	4	0	0	10	1		_	
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}							- -							
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# Wilmington Police Department Images Associated with 23-289-AC





	Pol	ice Use Only		Comi	nonwealth			tts		RM	(V Doci	ument Number		
	Date of Crash 09/11/2023	Time of Crash		City/Town ington	Motor Vel		Nun Vehi	nber Num icles Injur	المراجع	ed Limit tude	30	State Police Local Police MBTA Police	0000	
		24HR		2.1.g con		Report	2	0		gitude		Campus Police Other:	ă	
		AT INTERS	ECTIO	DN:	< LOCA	TION >		NOT	AT IN	NTER	SEC	TION:		
		MIDD:	LESE	X AVE									2	10
<sup>1</sup> 1	Route# Dire			Name of Roadway/Str	reet	Route# Direction	Addres	is#	ì	Vame of	Roadw	vay/Street		
1	-	SHAD	Y T.A	At NE DR		Feet N	S E W o			• —	- or _			
	Route# Direc			of Intersecting Roady		[57]	مراجات		Marker			Exit Number	-2	11
				Also at Intersection w	eth		SEW o	Route/	<del>-</del>	Inters	ecting F	Roadway/Street	-	
<sup>2</sup> 2	Route# Direc	etion	Name	of Intersecting Roadw	/ay/Street	reet [14]	3   5   11   0			1.0	andmark			
	Please Select (		11 /	Occupants Hit/	Run Moped	Crash Repo	et ID# <b>2</b>	3-2	an-					
3	of the Followi	ng.										1.73	_	
	License #	19 19	St,	_ DOB/Ag	-							eg State MA	TI	12
	Sex M Lic. (	LLAGHER,	l	Er	idorsement	Year <u>2019</u>					Veh	Config. 1	┚┠╌	
<sup>4</sup> 1		ILLOW ST	F	Îral	Middle	er ENTERPRI Last Cess 600 COR		Firs			Mi	iddle	-	
	]			MA Zip 01915		ST LOUIS	FORMI	E EK		in :	7:- 63	3105-000	_	
	1			IRE INSURA		ele Action Prior to Cra	sh 2	22	Damag					
	Vehicle Travel D			Responding to Emerg		t Sequence 23		3 23	Test St			1 28	~	
<sup>5</sup> 2		ued)			•	Harmful Event 1	24		Type of			29		
	Viol. 1: Ch/Sec/5	Sub	Vi	ol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 2	5 25		est Resi Acohol:		1 30 Susp. Drug: 2 3	1 1	13
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub		er Distracted by	26			from sc	2	2 33	٦ <u> </u>	
<sup>6</sup> 1			r operato	r and all occupants inv			Seat S	15 36 afety Airbag	37 38 Eject Trap	Injury	40 Transp.			
	Operate				Address e Above	DOB/Age Set		ystem Status	Code Code	Status 10	Code 1	Medical Facility	<del></del>	
	op													
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						15 15		1.0		10	<u>                                     </u>		_	
<sup>7</sup> 3	Please Select O of the Followin		2 <u>1</u> #	Occupants Non-	Motorist A Type	Action 16	Location	17 Co	ndition	18	D F	fit/Run 🔲 Mop	ed	
	License #		t,	OB/A <sub>1</sub>	. Reg #	3PMC16		Reg	Гуре <u>Р</u> С	:	Re	eg State <b>MA</b>	_	
	Sex M Lic. C	Class 99 19	Lic, Res		DL Veh Y	<sub>(ear</sub> <u>2018</u>	. Veh Make	FORD			Veli	Config. 21		
		JRA, RODE	Fi	VIEIRA		er <u>MOURA , R</u>	ODRI	GO VI	EIRA	L	Mid	ldle		
2	Address <b>125</b>	O LAWREN				ess <u>1250 LAV</u>	VRENC	E ST					-	14
	City <b>LOWEL</b>			IA Zip 01852	- · · · · · · · · · · · · · · · · · · ·	LOWELL		22				852-553	4 1	
	•			RAL INSURA		le Action Prior to Cras	sh <b>1</b>		Damage Test Sta		Code:	8 27 27 2	<u>"</u>	
	Vehicle Travel Di			Responding to Emerg	•	Sequence 2 25	24		Type of			29		
<sup>2</sup> 2	,	176513A		90		Hannful Event 2	<u></u>	20 <sup>25</sup>	BAC To	,		1 30	_	
				ol. 2: Ch/Sec/Sub <u>89</u>		r Contributing Code	<del></del>	20 -	Susp. A	L		Susp. Drug: 2 3	<u> </u>	
ļ	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub —— notorist and all occupa		r Distracted by 99	34	35 36	Towed:	39	40	2 33	_	
	Name (Last First Mic	idie)		•	Address	DOB/Age Sex	Pos. Sy	stem Status C	ject Trap ode Code	Status	Transp. Code	Modical Facility		
	Operato	r/Non-Moto	orist	Sec	e Above		1 9	9 4 0	0	10	1			
							$\bot \bot$							

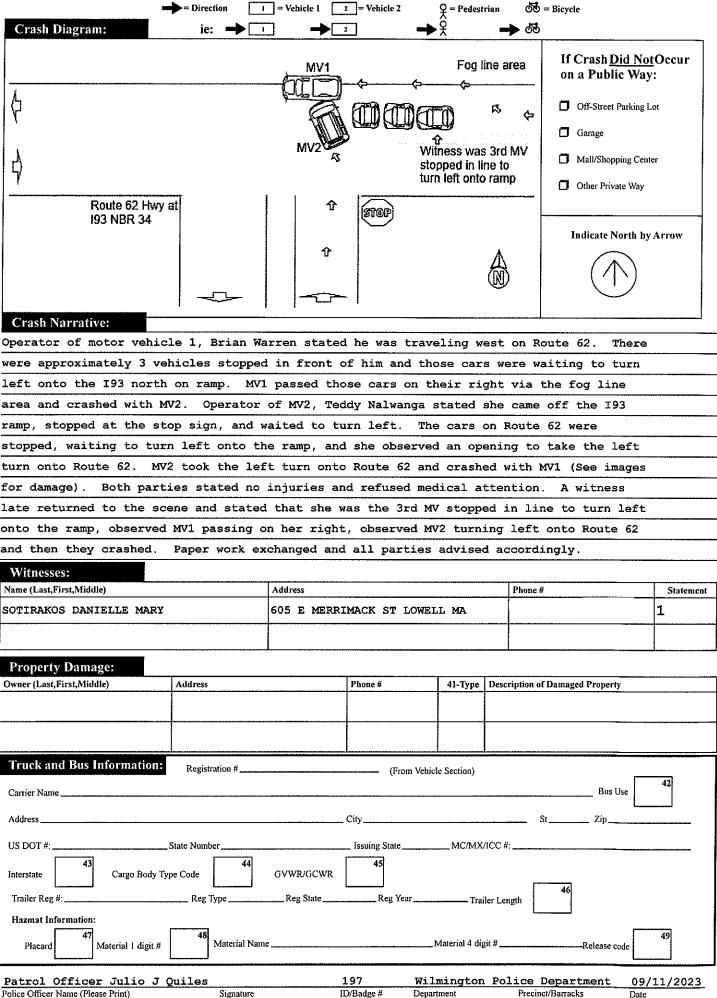
	= Direc	ction 🔃	= Vehicle 1	2 = Vehicle 2	오 = Pede	strian ಹ	= Bicycle	
Crash Diagram:	ie	: <b>→</b> □		2	→Ŷ	→ 55		
		Shady	Ln.				If Crash <u>Did Not</u> on a Public Way	· I
							Off-Street Parking Le	ot
							☐ Garage	
							Mall/Shopping Cente	ar.
Middlesex Ave.							_	,
						•	Other Private Way	
			_				Indicate North by	Arrow
		\$ €		7			$\bigcirc$	
Crash Narrative:			···· · · · · ·					
V1 was stationa:	y in traffic	at the i	ntersect	ion of Midd	lesex Ave	and Shady	Ln. While V1	
was waiting to t	urn left onto	Shady L	n (from	Middlesex A	ve) it was	rear-end	ed by V2. V1	
sustained minor	damage to the	rear/ri	ght side	with a bro	ken right	taillight	. V2 sustained	
minor damage to	the front/lef	t side.	Both ope	rators were	the lone	occupants	of their	
vehicles. Both	perators deni	ed medic	al atten	tion. Neith	er vehicle	was towe	d. The operator	
V2 was issued MA	Uniform Cita	tion 176	455AC in	hand for u	nlicensed o	operator	of a motor	
vehicle and fail	ure to yield.	However	, this c	itation was	voided due	e to inco	rrect "crash"	
indicator and th	ne operator of	V2 was	mailed M	A Uniform C	itation 17	6513AC fo	r the same	
charges. An acti	ve licensed o	perator	responde	d to the so	ene and to	ok custod	y of V2 due to	
the operator's 1	icense status			W	10 11			
Witnesses:								
Name (Last,First,Middle)			Address			Phone	¥	Statement
			<u> </u>			<b>.</b>		1
Property Damage: Owner (Last, First, Middle)	Address			Phone #	41-Туре	Description o	f Damaged Property	
Owner (Last, First, Middle)	Address			1 none w	41-1310	Description o	1 Damaged 1 Topicity	
								*···
					i			
Truck and Bus Info	rmation: Regist	ration#	·	Gr.	om Vehicle Section)			
				(FI)	on venicle section)		Bus Use	42
Carrier Name							Bus use	
Address		<u> </u>		City			StZip	
US DOT #:	State Num	ber		Issuing State	МС/М	X/ICC #:		
Jutanitata 43	Cargo Body Type Code	44	GVWR/GCV	45				
						Г	46	
	Reg	lype	Reg State	Reg Y	earTi	railer Length		
Hazmat Information:	40	l					Γ	49
	erial 1 digit #	Material Name	e		Material 4 o	ligit#	Release code	~
				0.5.4				
Patrol Officer M Police Officer Name (Please F		Signature		231 ID/Badge #	Wilmingto Department		Department 09/	11/2023

## Wilmington Police Department Images Associated with 23-290-AC





	Pol	ice Use Only		Comr	nonwealtl	of Massa	achu	setts	S		RMV	Docus	ment Number	
	Date of Crash	Time of Crash		City/Town	Motor Ve	hicle Cra	sh [	Number Vehicles		opera	Limit_	45	State Police Local Police	
	09/11/2023	24HR	T TIM:	ington	Police	Report		2	0	Latitu Longi			MBTA Police Campus Police Other:	វ
		AT INTERSE	CTIC	ON:	< L00	CATION	>		NOT A	TIN	ΓERS	ECT	TION:	
							_	_						2 10
	Route# Direc	etion		Name of Roadway/Str	eet	Route# Direc		4 ddress#	ROU				ny/Street	
1				At		_	w a la							
	Route# Direc	ction	Name	of Intersecting Roadw	ou/Street	Feet	N S E	w of	Mile M	arker	_	or	Exit Number	
	Teories Direct	ottott		Also at Intersection w		Feet	N S E	w of						3
	ļ					Feet	N S E	w of	Route#		Intersec	ting Ro	oadway/Street	
<sup>2</sup> 1	Route# Direc	ction	Name	of Intersecting Roadw	ay/Street						Lanc	dmark		_
3	Please Select ( of the Followi	One Vehicle L	1_#	Occupants Hit/	Run Mope	i Crash R	Leport ID:	# <b>2</b> 3	-29	1-	AC			
<sup>3</sup> 2		· ·	W	DOD()		g# <u>8FH752</u>							~ MA	$\dashv$
	License #	19 19		DOB/Age									g State MA	- <b>1</b> 12
	Sex <u>M</u> Lic. (			trictions 1 CI	dorsement	th Year <u>2023</u>				<u> </u>		_ Veh (	Config. 🚣	
<sup>4</sup> 2		RREN, BRI	F	inst	Middle		ast		First			Midd	dle	-
		CHANDLER		#h 01076		idress 11 CHA		<u> </u>		`			096 1001	- [
				<u> </u>		ty TEWKSBU					🚹 Zip d Area C	_	876-1901	, I
	,			CE INSURAN		hicle Action Prior to	Crash 23 23	23		est Stati		1	28	
<sup>5</sup> 1	Vehicle Travel D	Direction: NSE		Responding to Emerg	•	ent Sequence 1	1 2		2.5	ype of T		Ė	29	
-		ued)					<u> </u>	25	26		st Result		30	_ 13
	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub		iver Contributing Co		_			cohol: 2		Susp. Drug: 2 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub —		iver Distracted by	<u> </u>	]			om scen		33	
-	Name (Last First M		operator	and all occupants inv	Olved Address	DOB/Age	Sex Po	at Safety		38 Trap Code	Injury T	40 ransp. Code	Medical Facility	
	<b>O</b> perate	or		Se	e Above	$\sim$	X 1	1	4 0	0	10 1	L		
		Manual Comment												-
			_	<u> </u>		15	16		17		18			
<sup>7</sup> 3	Please Select O of the Followin		<b>1</b> #	Occupants Non-	Motorist A Type	Action	Loca	tion	Cond	ition	10	Hi	it/Run Mope	1
	License :			)B/A <sub>b</sub>	. Re	g#2PDD59			Reg Typ	e PC		_ Reg	State MA	_
	Sex <b>F</b> Lic. C	Class D 19 19	Lic. Rest	trictions 1 20 CE		h Year <b>2009</b>	Veh	Make <b>T</b>	OYOTZ	<b>.</b>		Veh C	Config. 21	
	Operator NA	LWANGA, T	EDD.	Y TRACY	dorsement On	vner <u>NALWAN</u>	GA,	redi	Y TRI	ACY		Middl	n	_
°1.	Address 43	OAK ST	711	ы -		dress 43 OAK	ST		r Hxt			Mind	ne .	-
	City NORTH	BILLERICA	State <u>M</u>	IA Zip 01862	<b>-1907</b> Ci	y NORTH B	CLLE	RICA	St	ate MA	Zip	01	862-1907	_ 14
	Insurance Compa	my SAFETY	INS	JRANCE CO	MPANY Ve	hicle Action Prior to	Crash	4	22	amaged	l Area C	ode: 1	<u> </u>	
	Vehicle Travel Di	irection: X S E	w	Responding to Emerge	ency? 2 Ev	ent Sequence 1	23 23	23	23	est Stati		1	28	
)	Citation # (If Issu	ied)			Me	ost Harmful Event	1 <sup>24</sup>			ype of T	t Result:	.  -	30	
2	Viol. I: Cli/Sec/S	Sub	Vìo	l, 2; Ch/Sec/Sub	Dr	iver Contributing Cod	de <b>1</b>	25	25		ohol: 2		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/S	Sub	Vio	1, 4: Ch/Sec/Sub	Dr	iver Distracted by	0 26				om scen	-	33	
j		•	or/non-m	otorist and all occupa		Sen:	34 See	at Safety	36 37 Airbug Eject	38 Trap	Injury Tr	40 ransp.		7
	Onerata	or/Non-Moto	rist		Address Above	DOB/Age	Sex Po		Status Code	Code	10 1	Coxte	Medical Facility	-
	- Sperato	THE PARTY OF THE P					/ \ \ \ \ \	-			<sup>-</sup>	+		-
														4



# Wilmington Police Department Images Associated with 23-291-AC





	Pol	ice Use Only		Com	monwe	alth	of Mass	ach	use	etts			RM	V Doc	ument	Number	
	Date of Crash 09/11/2023	Time of Crash	City/I <b>Wilminc</b>		] Moto:	r Veh	icle Cra	ash		unber hicles	Numbe Injure	, lobec	d Limit	10	— Loc	te Police Cal Police STA Police	2
	03/11/2023	24HR	MT TINT 11G	, con	Po	olice	Report		2		o	Lan	ude itude_		Car Oth	mpus Police 🛛 🕻	នី
		AT INTERS	ECTION:		<	LOCA	TION	>			NOT.	AT IN	TER	SEC	OIT	V:	
									235	<b>=</b>	7 3.TF	\^T TE	D 0	m			2 10
1	Route# Direc	ction	Name	of Roadway/	Street		Route# Dire	ction	Addre		ANL	OVE N			/ay/Stre	et	_
1				At			Feet	NS	EW	of			<u> </u>	or.			
	Route# Direc	ction	Name of Int	ersecting Road	lway/Street						Mile	Marker		O	Ex	it Number	99 <sup>11</sup>
			Also	at Intersection	with		Feet	N S	EW	of .	Route#		Interse	ecting F	Roadwa	ny/Street	99
<sup>2</sup> <b>2</b>	Route# Direc	ction	Name of Int	ersecting Road	lway/Street		Feet	NS	EW	of						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Diagram Calasta						1	***************************************						ndmarl	ζ		=
3	Please Select ( of the Followi	Vehicle	1 <b>0</b> #Occu	pants Hi	t/Run	Moped	Crash	Report	ID# 2	23	-29	92-	AC	-			
	License #		StDC			Reg t	831ZR2				_ Reg T	/ре <u>РС</u>	;	R	eg State		- 12
	SexLic. (		Lic. Restriction	ons 20	CDL Endorsement	Veh Y	Year <b>2013</b>		Velı Ma	ke <b>F</b>	ORD			Veh	Config	1 21	7
	Operator <u>Dr</u>	iverless	M.V.		Middle	Own	er <b>BALL</b> ,	RYI	ARI	LEO	N A	OLL	os	M	ddle		-
<sup>4</sup> 1	Address					Addr	ess <u>155 L</u>		ND :	LN	AP	r 35	<u> </u>	ivii.	odie		-
	City		State	Zip		City_	DRACUT								,	6-4482	-
	Insurance Compa	any <b>GOVERNI</b>	MENT EM	PLOYEE	s Insu	Vehic	le Action Prior t	o Crash		11	22	Damage		Code:		27 27	
5	Vehicle Travel D	Pirection: NS	E W Resp	onding to Eme	ergency?	Even	Sequence	23	23	23	23	Test Sta Type of			1 28 29		
	Citation # (If Iss	ued)				Most	Harmful Event	2	24			BAC Te		alt:	30		
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: 0	Ch/Sec/Sub		Drive	r Contributing C	ode	<u> </u>	25	25	Susp. A	lcohol:	2 31	Susp.	Drug 2 32	2 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/S	Sub				Drive	r Distracted by	0	26			Towed t	rom sc	епе?	2 33		
	Name (Last First M	Please fill out fo	r operator and a	ali occupants i	nvolved Address		DOB/Age	Sex		35 Safety System	36 3 Airbag Ej Status Co	et Trap	39 Injury Status	40 Transp. Code	М	tedical Facility	
	Operato	)r		:	See Above		> <	X	1	10	4 0	o	10	1			
		<del>*************************************</del>															
													ļ			· · · · · · · · · · · · · · · · · · ·	-
								-									_
	Please Select O	na FT	<b>.</b>			····	15	16	İ		17		18	5.7		<del></del>	-
<sup>7</sup> 1	of the Followin		. <b>1</b> #Оссир	oants No	n-Motorist A	Туре	Action	1	ocation.	1	Con	dition		I I	lit/Run	Moped	! 
	License #		. St DO			Reg#	unknow	<u>n</u>			_ Reg Ty	ре		Re	g State	21	-
	Sex Lic. C	Class 19 19	Lic. Restriction		CDL Endorsement	Veh Y	ear	\	/elı Mal	ke				_ Veh	Config.		
3 1	Operator unl	cnown Lasi	First		Middle	Owne	er	Last			First			Mic	ldle		
	Address					Addre	ess										14
	City		_ State	Zip		City_						tate			27	27 27	. 1
	•	nny					le Action Prior to			7.7		Damage Test Sta		Code:	99 28	21 21	
		irection: NSI		onding to Eme	rgency?		Sequence 2		24		23	Type of			29		
2	•	ied)					Harmful Event	2	27 99 <sup>2</sup>	25	2.5	BAC Te			30	<del></del>	
		iub ———					r Contributing Co	<u>'</u>	26			Susp. Al	L		Susp.	Drug: 32	
-	Viol. 3; Cli/Sec/S	ubase fill out for opera			pants involved	Drive	r Distracted by	99	34	35	36 3		39	40			4
-	Name (Last First Mi	ddle)		. and an occup	Address		DOB/Age	Sex	Seat		Airbag Ejo Status Co	сі Ттир	Injury Status	Transp. Code	Ме	edical Facility	4
	Operato	r/Non-Mote	orist	5	iee Above			X	1								_
Ī																	
f										T							1

•	= Direction	1 = Vehicle 1	2 ≃ Vehicle	2 <u>Q</u> =	Pedestrian	<u>92</u> 9	≃ Bicycle	
Crash Diagram:	ie: →	<b>→</b> [	2	→Ĥ	•	→ ॐ		
loading bay docks for traile  Kintentsu World 235 Andover St	Express	10 b 2	Driveway o Rear ouilding of 135 undover				If Crash Did Not on a Public Way  ☑ Off-Street Parking L  ☐ Garage ☐ Mall/Shopping Cente ☐ Other Private Way	ot
	Ando	over St			-	<b>(2)</b>	Indicate North by	Arrow
Crash Narrative:								
MV1 was parked, unoccup								
building (235F Andover								
the rear causing signif								
Express, believes it or	cured sometime	e later in	the day,	because	no one	ment:	oned the	
damage to him until aft	er 5 PM. It s	hould be me	ntioned	that Kin	tentsu	has pr	rivate	
contractors that drive	tractor traile	ers into an	d out of	the lot	every	day to	the loading	
bays. The registered ow	mer believes a	about a doz	en truck	s come t	hough e	ach da	y. The	
registered owner is goi	ng to follow t	up with the	facilit	ies mana	ger in	the mo	rning when he	
comes in to work, and f	orward any CC!	TV or other	informa	tion alo	ng to 0	fficer	Hanson. No	
airbags were deployed.	The vehicle wa	as not towe	d.					
						,		
Witnesses:							<u>,                                      </u>	
Name (Last,First,Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41	-Type Des	cription of	Damaged Property	
								- 1000-
Truck and Bus Information:	Registration#		(I	rom Vehicle Se	ction)			42
Carrier Name							Bus Use	42
Address			_ City			S	t Zip	
Na Domi							-	<del>.</del>
US DOT #:				e1	vic/MX/ICC	#:		
Interstate Cargo Body T	ype Code	GVWR/GCWR	45					
Trailer Reg #:	Reg Type	Reg State	Reg	Year	Trailer I	ength	46	
Hazmat Information:	- · · · · · · · · · · · · · · · · · · ·	- <u>-</u>	6		. ianoi Di			
47	48							49
Placard Material 1 digit #	Material Nam	ne		Mater	nai 4 digit#_		Release code	
Patrol Officer Kayla M	Hanson		230	Wilmir	igton Po	olice I	Department 09/	11/2023

### Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER KAYLA M HANSON

Ref: 23-292-AC

On Monday, September 11th, at approximately 5:57 PM, I Officer Hanson, along with Officer Ceruolo, while working our assigned 4 PM to 12 AM shift, were dispatched to 235 Andover Street for a hit and run accident that occured at at some point today.

Upon arrival we were met by Rydarleon Ball, the registered owner of MA REG 831ZR2. Rydarleon's vehicle had significant damage to the rear (see images). MA REG 831ZR2 was parked, unoccupied and unattended, behind the building at 235F Andover St, in a parking spot at the end/corner, on the rear side of building. At some point throughout the day, the vehicle was struck in the rear. The owner, Rydarleon Ball, who works at Kintentsu World Express, believes it to have been some time later in the day, because no one mentioned the damage to him until after 5 PM. It should be mentioned that Kintentsu has private contractors that drive tractor trailers into and out of the lot every day to the loading bays. The registered owner believes about a dozen trucks come through each day. The owner is going to follow up with the facilities manager in the morning when he comes in to work, and forward any CCTV or other information along to Officer Hanson. No airbags were deployed. The vehicle was not towed.

Respectfully Submitted,

Officer Kayla Hanson #230 Wilmington Police Department

# Wilmington Police Department Images Associated with 23-292-AC





	Police Use Only	Comr	nonwealth	of Massacl	ıusett	S	R	AV Docui	ment Number		
	Date of Crash   Time of Crash   09/11/2023   1814   Will	City/Town nington	Motor Veh	icle Crash	Numbe Vehicle	r Number s Injured	Speed Lim	it 30	State Police Local Police	080	
	24HR	iirng com	Police :	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	<u></u>	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSECT	rion:		
										72	2 10
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	35 Address #		Name o	<b>ST</b> of Roadwa	ıy/Street	<b>-</b> ├	
1		At			T						
	Route# Direction Nam	ne of Intersecting Roadw	av/Street	Feet N S	EW of	Mile M	arker	- or	Exit Number	-  -	11
		Also at Intersection w		Feet NS	E W of					8	3 ''
<u> </u>				Feet N S	EW of	Route#	Inter	secting Ro	oadway/Street		
<sup>2</sup> 2	Route# Direction Nan	ne of Intersecting Roadw	ay/Street				[	andmark			
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Repor	t ID# <b>2</b> 3	-29	3-A			$\neg$	
<sup>3</sup> 3	License # S	DOB/Age		1 3LCR17					MA	$\dashv$	
	19 19	20		/ear 2010					21		L 12
	<u> </u>	En En	dorsement					Ven C	Config. 14	'  -	
<sup>4</sup> 1	Operator	First	Middle	er <b>THAYER</b> , Last		First		Midd	dle	-	
μ	Address			ess 255 BURL						-	
	City	DD EIDE IN		WILMINGTON			ite <b>MA</b> amaged Are		887-3151 27 27 2	-, I	
	Insurance Company THE STANDA			le Action Prior to Crasl			amaged Are	a Code: 1	28	]	
5	Vehicle Travel Direction: X S E W	Responding to Emerg	ency?_2 Event	Sequence 23	23 23	#3	pe of Test:	1	29	İ	
	Citation # (If Issued)	<del></del>	Most	Harmful Event 1	24		AC Test Re	sult: 1	30	L	12
	Viol. 1: Ch/Sec/Sub	/iol, 2; Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 Si	ısp. Alcohol	2 31	Susp. Drug 2 37	2 1	. 13
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub	/iol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	26	To	owed from s	cene? 2	33		
	Please fill out for operal Name (Last First Middle)	or and all occupants inv	olved Addresa	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injur Code Statu	40 Transp. Code	Medical Facility		
	Operator	Sec	: Above	X	1 99	4 0	0 10	1			
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-										4	
			<del></del>	<u> </u>					<del></del>		
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action 16	Location	17 Condit	ion 18	Hi	it/Run 🔲 Mope	be	
	License #		Reg#	1ABF28		Reg Type	PC	Reg	State MA	1	
	Sex M Lic. Class D Lic. Re	estrictions 1 20 CD			ت Veh Make ت			Veh C	21		
- 1		Enc EHAN ARTHUI	lorsement  S. Owne	DECOSTA,		_	RTHUF				
1	Address 88 GROVE AVE	First	Middle	ss 88 GROVE		First		Middl	le	_	
	City WILMINGTON State	MA Zip 01887	-3721 City 1	WILMINGTON	Ī	Sta	te <b>MA</b>	Zip <b>01</b> 8	887-3721	1	14
ı	Insurance Company UNITED SER	VICES AUTO	MOBIL Vehici	e Action Prior to Crash	1	22 Da	amaged Area	Code: 5	27 27 27	Ī	
ĺ	Vehicle Travel Direction: X S E W	Responding to Emerge	ency? 2 Event	Sequence 23	23 23	23 Te	st Status:	1	28		
	Citation # (If Issued)	_	Most	Harmful Event 1	24	-	pe of Test:		30		
2	Viol. 1; Ch/Sec/Sub — V	iol. 2: Ch/Sec/Sub	Driver	Contributing Code	1 25	25	AC Test Res sp. Alcohol:		Susp. Drug: 2 32	a	
		iol. 4: Ch/Sec/Sub		Distracted by	26		wed from so		33 Orugi <sub>2</sub>	]	
-	Please fill out for operator/non-		ts involved		34 35 Seat Safety	36 37 Airbug Eject	38 39 Trap Injury	40 Trousp.		-	
}	Name (Last First Middle)  On any story (Non-Motowict)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	$\dashv$	
-	Operator/Non-Motorist	See	Above		1 99	4 0	0 10	1		_	
ſ									· <del>_</del>		

	= Direction	1 = Vehicle 1 2 = Vehicle 2	र् = Pedestrian	<b>්</b> = Bicycle	
Crash Diagram:	ie: 👈 🗀	2	<b>→</b> ĝ •	→ ൽ	
l <del>g</del> rp				If Crash <u>Did No</u> on a Public Wa	ÿ:
				Off-Street Parking	Lot
	NAMES OF THE PROPERTY OF THE P			Garage	
	]2			☐ Mall/Shopping Cen ☐ Other Private Way	ter
		⊏;> Concord St		Indicate North by	Arrow
		35 Concord St	(N		
Crash Narrative:					
MV2 WAS TRAVELING WES					
MV1 WAS ALSO TRAVELIN					
COLLLIDED WITH THE RE			ONT, MV2 HAD D	AMAGE TO THE REAR.	
NO AIRBAGS WERE DEPLO	YED. NO INJURIES	3.			<u> </u>
IV2 DROVE AWAY FROM T	YE SCENE OF THE	ACCIDENT BUT THE OD	PATOR NOTICED	MUE CAD MAC	
VERHEATING AND PULLE					
EHICLE TO CAINS LOT.	O TOTAL PAROUND 4.	5 CHORCH ST ON ROUTE	OZ. CAINS TON	ING TOWED THE	
ANI'					
Witnesses: Name (Last,First,Middle)		Address		Phone #	Statement
tame (Lasty Patymoore)		Audress		F HOHE #	Statement
Property Damage:					
Owner (Last,First,Middle)	Address	Phone #	41-Type Des	cription of Damaged Property	
				The state of the s	
Truck and Bus Information	•				
Carrier Name	Registration #	(Fro	n Vehicle Section)	Bus Use	42
Address		City		St 7in	
US DOT #:	State Number	Issuing State _	MC/MX/ICC	#;	
	Type Code	GVWR/GCWR			
Trailer Reg #:	Reg Type	Reg State Reg Yea	rTrailer Le	ength 46	
Hazmat Information:	<b></b>				
Placard 47 Material 1 digit	#   48   Material Nam	ne	Material 4 digit #_	Release code	49
<u> </u>	<u> </u>			<u> </u>	
Patrol Officer Kayla Molice Officer Name (Please Print)	f Hanson Signature	230 ID/Badge #	Wilmington Po Department	lice Department 09/	11/2023

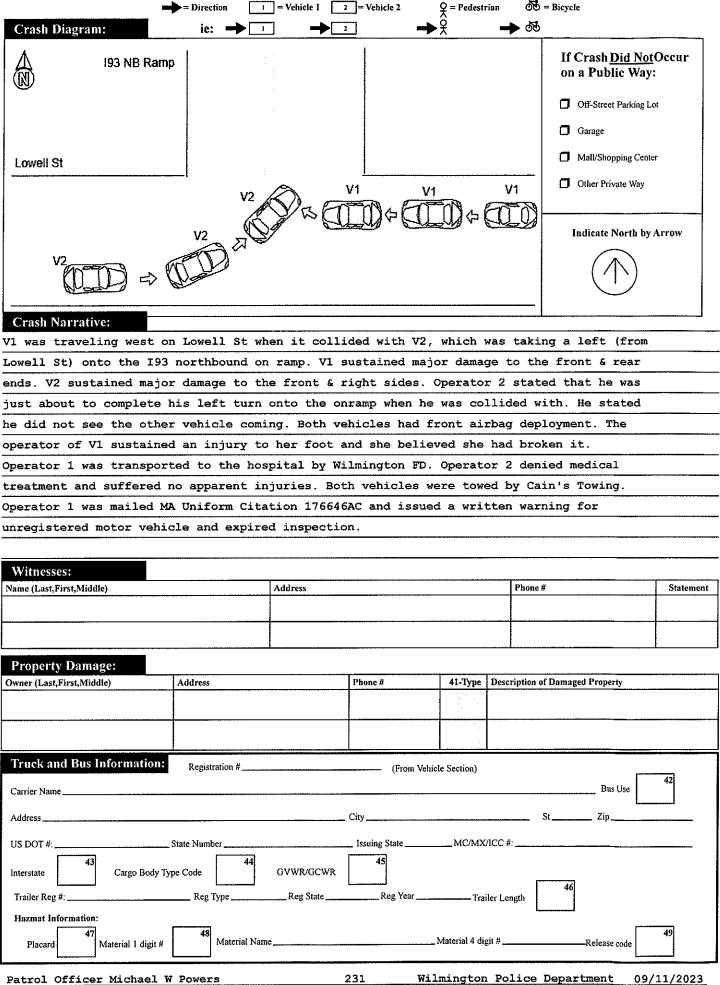
Once Officer Manie (1)

# Wilmington Police Department Images Associated with 23-293-AC





	Police Use Only		Comi	monwealth	of Massacl	huset	ts		RM	V Docui	ment Number	
	Date of Crash   Time of Crash   09/11/2023   1943	1	City/Town ington	Motor Vel	nicle Crash	Num Vehic		a laber	d Limit	40	State Police Local Police MBTA Police Campus Police	
	24HF	1	riig coii	Police	Report	2	1	Laun	ude itude _		Campus Police C	
	AT INTE	RSECTIO	ON:	< LOCA	ATION >		NOT	AT IN	TER	SECT	MON:	
	т.ом	ELL S	ηr									2 10
1_	Route# Direction		Name of Roadway/St	reet	Route# Direction	Address	s #	N	ame of	Roadwa	ıy/Street	
¹ <b>4</b>	T 93	NBR31	At DAMD		Feet N	E W o	f — —		• —	or		_
	Route# Direction		of Intersecting Roady			. [		Marker			Exit Number	3 11
			Also at Intersection v	vith	Feet N 5		Route#		Interse	ecting Ro	oadway/Street	
<sup>2</sup> 3	Route# Direction	Name	of Intersecting Roady	vay/Street	Feet N S	SEW of	i		ſ.a	ndmark		-
3	Please Select One Vehic	cle 1 <u>1</u>	Occupants Hit	Run Moped	Crash Repo	t ID# 2	3-2	94-				1
3	or are ronowing.				# <u>264RP3</u>						a . M7	
	License #.  Sex <b>F</b> Lic. Class D	19 Lie Be	strictions 1 C		# <u>204RF3</u> Year <u>2008</u>						21	<b>1</b> 12
	<del></del>		Е Е	ndorsement	ner TOWER, K					ven c	contrig	
<sup>4</sup> 1	Operator TOWER, KR Last Address 6 KARA LN	F	irst	Middle	ress 6 KARA I		First			Midd	ile	
_	City BILLERICA	State 1	//A Zin 01821		BILLERICA			State M	A 7	in 01	821-1409	
	Insurance Company THE C		-	-	cle Action Prior to Cras		22				27 2 27 5 27	
	Vehicle Travel Direction: N		Responding to Emer		nt Sequence 1 23	23 2	3 23	Test Sta	itus:	1	28	
<sup>5</sup> 2	Citation # (If Issued) 17664			-	t Harmful Event 1	24	<del></del>	Type of			30	
	Viol. 1: Ch/Sec/Sub 90		ol. 2: Ch/Sec/Sub 90	) 20 <sub>Driv</sub>	er Contributing Code	19 <sup>25</sup>	25	BAC Te Susp. A			Susp. Drug 2 32	1 13
	Viol. 3: Ch/Sec/Sub	Vi	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		Towed i	,		33	
<sup>6</sup> 2		it for operato	r and all occupants in			Sent Sa	ifety Airbag I	37 38 Jeet Trap	39 Injury	40 Transp.		7
	Name (Last First Middle)  Operator		Se	Address ee Above	DOB/Age Sex	Pos. Sy		ode Code	1		Medical Facility  Linchester  Lospital	-
							++		+			
}								+				-
								$\perp$				-
			<u> </u>		16 12	1	191		10			
<sup>7</sup> 3	of the Following:	le 2 <u>1</u> #	Occupants Non-	-Motorist A Type	Action 16	Location	17 Co	ndition	18	Hi	it/Run Moped	
	License #			Reg	# 4WZD41		Reg T	ype PC		Reg	State MA	
	Sex M Lic. Class D 19	Lic. Res		DL Velu	Year <b>2012</b>	Veh Make	MAZDZ	<b>.</b>		Veh C	Config. 21	
8 <sub>2</sub>	Operator OSAFEHINT	I, DA			er OSAFEHIN	TI, I	First		<u></u>	Midd	le	İ
2	Address 1574 BEACH	AVE	APT 1A		ess <b>1574 BE</b>	CH A	VE A	PT 1	A			14
	City BRONX		Y Zip 10460	-	BRONX			State N		· -		4
	Insurance Company LIBER		UAL FIRE	INSUR Vehic	cle Action Prior to Cras	<u>-</u> -	22	Damage Test Stat		Code: 2	27 3 27 27 28	
	Vehicle Travel Direction:	SEW	Responding to Emerg	· · —	t Sequence 1 23	23 23	23	Type of		-	29	
2	Citation # (If Issued)				Harmful Event 1	24 25	25	BAC Te	st Resu		30	
$\dashv$	Viol. 1: Clt/Sec/Sub ————				er Contributing Code	2		Susp. Al	Ľ		Susp. Drug: 2 32	
Ļ	Viol. 3: Ch/Sec/Sub		ol. 4: Ch/Sec/Sub		er Distracted by 99	34 3		Towed f	39	ne? 1	33	4
_	Name (Last First Middle)		I	Address	DOB/Age Sex	Seat Sa	Grty Airbag E	eet Trap ode Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Non-Mo	otorist	Se	e Above	/××	1 99	1 0	0	10	1	_	
	· · · <del></del>											
												1



Police Officer Name (Please Print)

Signature

ID/Badge#

Department

Precinct/Barracks

Date

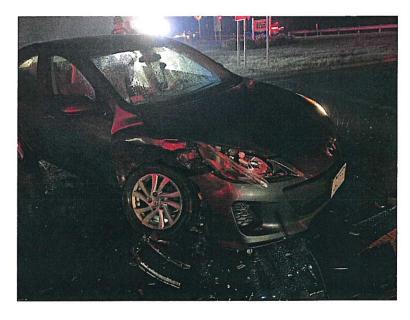
# Wilmington Police Department Images Associated with 23-294-AC











	Police Use Only	Com	monwealth	of Massacl	huset	ts	RM						
	Date of Crash   Time of Crash   09/12/2023   1532   Wil:	City/Town mington	Motor Veh	icle Crash	Numi Vehic		Speed Limi	it <u>5</u>	State Police Local Police MBTA Police				
	24HR	ming con	Police	Report	2	0	Latitude Longitude _		Campus Police Other:	<b>i</b>			
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	T INTER	RSECT	ION:				
				1 ANALOG WAY									
ı	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address			f Roadway	y/Street				
'ı	#	At		Feet N S	E W of		•	- or					
	Route# Direction Nat	ne of Intersecting Roads	way/Street			Mile M	arker		Exit Number	3 11			
		Also at Intersection v	with	Feet N S		Route#	Inters	secting Ro	adway/Street	·			
<sup>2</sup> <b>1</b>	Route# Direction Nat	ne of Intersecting Roads	way/Street	Feet N S	E W of					_			
_	Please Select One National 1	#Ossuments   Dans				2 00		andmark	·	-			
3	of the Following: Vehicle 11	_#Occupants  Hit.	/Run Moped	Crash Repor	t ID# <b>Z</b>	3-29	5-A(	<u> </u>					
	License #	20	Reg	# <u>463ZN5</u>		Reg Typ	e <u>PC</u>	Reg	State MA 21	- 12			
		E	Indorsement	Year <u>2019</u>				Veh C	onfig. 1				
	Operator FREDETTE, MEL	ISSA J First	Middle	er KING, YA		SROUS First	JI	Middl	le	-			
1	Address 65 OMALLEY RD			ess 33 LAKIN	ST					-			
	City MARLBOROUGH State	-	_	NEEDHAM				_	494-1811	-			
	Insurance Company PROGRESSIV			ele Action Prior to Cras			amaged Area	a Code: 1	27 27 27 28				
5 2	Vehicle Travel Direction: N E W	Responding to Emer	rgency? 2 Even	t Sequence 2 23	23 23	43	ype of Test:	1	29				
	Citation # (If Issued)			Harmful Event 2	24	B B	AC Test Res	sult:	30	13			
	Viol. 1; Ch/Sec/Sub			er Contributing Code	19 25		usp. Alcohol:		Susp. Drug 2 32	2 13			
, 1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————			r Distracted by 5	26		owed from so	cene? 2	33				
-	Please till out for opera Name (Last First Middle)	tor and all occupants in	VOLVECI Address	DOB/Age Sex	Seat Sal Pos. Sys	ety Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility				
	Operator	S	ee Above	$\times$	1 0	4 0	0 10	1					
										1			
,	Please Select One Vehicle 20	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	18		t/Run Moped	7			
1	of the Following:				Location								
	License # St	DOB/Age	•	1YGJ68		1106 170			State MA 21				
	Sex Lic. Class Lic. R	estrictions C	ndorsement	/ear <u>2015</u>			S-BEN	Z Veh Co	onfig. 1				
1	Operator <u>Driverless M. V</u>	First	Middle	er MARTINOV:	-	First		Middle	•				
_	Address	phy. *		ess 5 NEILON	PARI			- 021	40 4070	14			
	City State Insurance Company GOVERNMENT	•	•	MALDEN		22	te <u>IVIA</u> 2 amaged Area		27 27 27	1			
	Vehicle Travel Direction: N S E W			le Action Prior to Crasl	23 23	-	st Status:	3	28				
	Citation # (If Issued)	Responding to Emerg	-	Sequence 1 23	24		pe of Test:		29				
2	Viol. 1: Ctr/Sec/Sub			r Contributing Code	1 25	25	AC Test Resi		30				
		/iol. 4: Ch/Sec/Sub		r Distracted by	26		isp. Alcohol: owed from sc		Susp. Drug: 32				
ŀ	Please fill out for operator/non			. Districted by		36 37	38 39	40		4			
}	Name (Last First Middle)	·	Address	DOB/Age Sex	Seat Soft Pos. Syst		Trap Injury Code Status		Medical Facility	_			
	Operator/Non-Motorist	Se	ee Above		1					1			

	= Direction	= Vehicle 1	2 = Vehicle 2	♀ = Pedest	rian ᢐ	= Bicycle	
Crash Diagram:	ie: 🖚 🗔	□ →□	2	<b>→</b> ĝ	→ ॐ		
		Parked MV1	Pa	nalog Device erking Garag		If Crash Did Not on a Public Way:  Off-Street Parking Lo Garage Mall/Shopping Cente	t d
	Ŷ					Indicate North by	Arrow
		MV1			<b>A</b>		
Crash Narrative: Operator of MVI pulled	the webicle for	orward to re	atrieve an	item from	the tru	nk. Operator	
was not familiar with			****			cle was not in	
PARK and rolled forwar							
front end cosmetic dam							
injuries reported. No	te this accider	nt occured	on the third	i floor o	f the An	alog Devices	
parking garage.							
			·····				
				····			
Witnesses: Name (Last,First,Middle)		Address			Phone	4	Statement
Traine (Dasit Historic)		TRUUT CSS			T Hone	<u></u>	этатемен
				***************************************			
Property Damage:					·	······································	
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	f Damaged Property	
Truck and Bus Information	Registration #		(From V	ehicle Section)			
Carrier Name			<del></del>			Bus Use	42
Address			City			StZip	<del></del>
US DOT#:	State Number		Issuing State	MC/MX	/ICC #:		
43	44		45				
Interstate Cargo Body		GVWR/GCWR			Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Tra	ler Length		
Hazmat Information:	48					l	49
Placard Material 1 digit #	Material Nan	ae		Material 4 di	git #	Release code	

	Pol	th of Massachusetts RMV Document Number														
	Date of Crash 09/12/2023	Time of Crash	E	City/Town ington	Motor Vo	ehicle Cra	ash	N V	lumber ehicles		Брос	Speed Limit 35 State Police Local Police MBTA Police MBTA Police Campus Police				
	037, 227, 2023	24HR	**	111G CO11	Police	e Report		2		1	Latitude Campus Police Chapter Other:					
		AT INTER	SECTIO	ON:	< LO	CATION	>			NOT A	T IN	TER	RSEC	TION	<b>l</b> :	
						<u>223</u> MAIN ST										2 10
1	Route# Dire	ction		Name of Roadway/S	street	Route# Dire	ction	Add	ر ress #	TITAL			Road	way/Stre	et	_
11				At		Feet	N S	EW	of				- or			
	Route# Dire	ction	Name	of Intersecting Road	lway/Street			1	<u>,                                    </u>	Mile l	/larker		01	Exi	t Number	11
				Also at Intersection	with	Feet	NS	EW	of	Route#		Inters	ecting	Roadwa	v/Street	
<sup>2</sup> 1	Route# Dire	ction	Name	of Intersecting Road	lway/Street	Feet	NS	EW	of				andmai			-
	Please Select 0		# 1 A	Occupants Hi	t/Run Mope	d Crash	Danan	4 ID#	23	-29	6-			<u> </u>		┪
3	of the Followi	nge Venici														4
	License #	19	19	20		eg # <u>1CWV43</u>								_	21	1 12
	Sex_F Lic. (	Class D	Lic. Res	· · · · · · · · · · · · · · · · · · ·	Endorsement O	eh Year <u>2019</u> wner <b>MUKAT</b>								n Config.	1	
1	1	BOSTON	F	PT 121	Middle	ddress 41 BO	Last			Pirst <b>APT</b>			M	liddle		
	1			MA Zip 0186		ty NORTH E							7in <b>0</b>	1862	-1040	
				RAL INSUR		hicle Action Prior t			1		Damage				27 27	
	Vehicle Travel D			Responding to Eme		vent Sequence	23	23	23	23	Test Sta	itus:		1 28		
2		ued)		<b>,g</b>		ost Hannful Event	1	24	<u> </u>		Type of			29		
				ol. 2: Ch/Sec/Sub		river Contributing C	ode	1	25	25	BAC Te Susp. A		,	30	D 32	<b>1</b> 13
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub —		iver Distracted by		26	!_		Susp. A Fowed:			33	Drug 2 32	
1	VIOI. 3. CIP GCO.			r and all occupants in			<u> </u>	34	35	36 37	38	39	40			-
	Name (Last First M			1	Address	DOB/Age	Sex	Scat Pos.	Safety System		e Code	Status	Code	Me Winches	sdical Facility	-
	Operate	or 			See Above		X	1	99	4 0	0	8	2	Hospita	al	-
								ļ	ļ							
								ļ								
1	Please Select C of the Followin		2 <u>2</u> #	Occupants No	n-Motorist A Type	15 Action	16	Location	on a	17 Cond	lition	18		Hit/Run	Moped	
	License #					g# SP1116	21			Reg Ty	oe SE	3	R	eg State	MA	1
	Sex M Lic. C	Class D 1	9 Lic. Rest			h Year <b>2012</b>		Velı M	ake <u>C</u>	HEVR	OLE'	Г	Veh	Config.	1 21	
1	Operator ME	JIA, JAN	CAR		Indorsement  Middle On	vner REYES,	M7	ARI	A A	First				iddle		
1	Address 4 P	ACKARD S	ST			dress 15 FR	ENC	H S	T	rirst			IV2	idale		
	City <b>LAWRE</b>	NCE	State <u>N</u>	1A Zip 0184	3-1117 Ci	y <b>LYNN</b>				s	ate M	<b>A</b> 2	Zip <u>0:</u>	1902	-2611	1 14
	Insurance Compa	any <b>SAFETY</b>	INS	URANCE CO	MPANY ve	hicle Action Prior to	Crash	ı	1		Damage		Code:	<del>-</del>	27 27	
	Vehicle Travel D	irection: XS	EW	Responding to Emer	gency? 2 Ev	ent Sequence 1	23	23	23		Test Sta Type of			1 28 29		
-	Citation # (If Issu	aed) <b>17815</b>	2AC		Me	ost Harmful Event	1	24			SAC Te		alt:	30		
1	Viol. 1: Ch/Sec/S	<sub>Sub</sub> <u>90</u>	11	ol. 2: Ch/Sec/Sub 90	0 8A12 <sub>Dr</sub>	iver Contributing Co	ode	1	25	25	Susp. Al			Susp. E	Эги <u>д</u> : 2 32	
	Viol. 3: Ch/Sec/S	Sub	Vio	ol. 4: Ch/Sec/Sub —	Dr	Driver Distracted by 0 26 Towed from scene? 2 33							<del></del>			
	Plea Name (Last First Mi	•	rator/non-m	otorist and all occup	eants involved	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 37 Airbag Ejec Status Cod	38 Trap Code	39 Injury Status	40 Transp. Code	Med	fical Facility	]
		r/Non-Mo	torist	S	ee Above		X	1	99	4 0	0		1		T	
}				1		T	1	6	99	4 0	0	10	1			
ļ												1				
							<u> </u>									

	= Direction 1	= Vehicle 1 2 = Vehicle 2	Q = Pedestrian	රම් = Bicycle						
Crash Diagram:	ie: 👈 🗆	2	<del>→</del> X	<b>→</b> №						
	223 Main Stre	et (Wilmington plaza)	<	If Crash <u>Did</u> on a Public V						
do.				Off-Street Park	ing Lot					
<b>3</b>	<b>N</b>			☐ Garage						
The state of the state of</td <td></td> <td><b>\</b></td> <td>NAMES AND ASSOCIATED SOCIETY OF THE PROPERTY O</td> <td></td> <td></td>		<b>\</b>	NAMES AND ASSOCIATED SOCIETY OF THE PROPERTY O							
				☐ Mall/Shopping	Center					
		<b>\(\frac{1}{2}\)</b>		Other Private W	/ay					
	Main S		Indicate Nortl	by Arrow						
		\$			)					
Crash Narrative:										
V1 WAS TRAVELING NO	RTH ON MAIN ST/ROUT	TE 38 IN THE FAR RI	GHT LANE, MV2	(PUPIL TRANSPORT						
AN) WAS ALSO TRAVEL	ING NORTH ON MAIN S	ST/ROUTE 38 IN THE	FAR RIGHT LAN	E. MV1 CAME TO A						
TOP DUE TO THE TRAF	FIC LIGHT AHEAD. MY	72 COLLIDED WITH TH	E REAR END OF	MV1 WHEN COMING TO	0					
STOP. MV1 HAD VERY	MINOR DAMAGE TO TH	HE REAR, MV2 HAD NO	APPARENT DAM	AGE. NO AIRBAGS WEI	RE					
EPLOYED. THE OPERATO	OR OF MV1 IS PREGNA	NT AND WAS TRANSPO	RTED BY WFD T	O WINCHESTER						
SPITAL. THE OPERATO	OR OF MV2 DENIED ME	DICAL ATTENTION. T	HE MOTHER OF	THE JUVENILE	,					
ASSENGER IN MV2 ARR	IVED ON SCENE AND S	SIGNED A MEDICAL RE	FUSAL FOR HER	DAUGHTER. NEITHER						
AR WAS TOWED.										
				. , , , , , , , , , , , , , , , , , , ,						
				<u> </u>						
Witnesses:										
ame (Last,First,Middle)	A	ddress		Phone #	Statement					
Property Damage:										
wner (Last,First,Middle)	Address	Phone #	41-Type Des	cription of Damaged Property						
4										
Fruck and Bus Information	Registration #	(From	Vehicle Section)							
Carrier Name				Bus Use	42					
Address		City		StZip						
JS DOT #:	State Number	Issuing State	MC/MX/ICC	#:						
nterstate 43 Cargo Bo	dy Type Code 44	GVWR/GCWR 45								
Trailer Reg #:	Reg Type	Reg StateReg Year	Trailer Lo	ength 46						
Hazmat Information:				LJ						
Placard 47 Material 1 dig	it # Material Name		Material 4 digit #_	Release code	49					
ntmal Officer Veri	M Uanger	220	Mid landa at a sa	ligo Desertes						
atrol Officer Kayla	M Hanson Signature	230 ID/Badge #	Wilmington Po Department		09/12/2023 ate					

## Wilmington Police Department Images Associated with 23-296-AC





	Police Use Only	Comi	nonwealth of Massachusetts						RMV Document Number				
	Date of Crash   Time of Crash	City/Town	Motor Veh	icle Crasi	h 🖔	lumber ehicles		Speed I		35	State Police Local Police		
	24HR	mington	Police :	Report	2		0	Latitud Longitu			MBTA Police Campus Police Other:	_협	
	AT INTERSECT	ION:	< LOCA	TION >			NOT A	T INT	ERS	SECTI	ON:		
													2 <sup>10</sup>
	Route# Direction	Name of Roadway/St	reet	Route# Direction	27	9 ress #	<u>MAI1</u>			Roadway	/Street		
<sup>1</sup> 1		At											
	B. (# Bi ci		(D)	Feet N	SEW	of of	Mile M	arker		ог	Exit Number		
	Route# Direction Na	ne of Intersecting Roady Also at Intersection w		Feet N	SEW	of							4 11
				Feet N		_	Route#	]ı	ntersec	cting Roa	idway/Street		
<sup>2</sup> 3	Route# Direction Nar	ne of Intersecting Roady	vay/Street				<del></del>		Lan	ıdınark			
2	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	<u> </u>	-29	7-1	<u> </u>				
3	of the Following:												
	License #	20		4FMM75							State MA	21	1 12
	= = = = = = = = = = = = = = = = = = =	E:	ndorsement	Year <b>2021</b>						_ Veh Co	onfig. 1	╛┟	
4_	Operator <u>OUINLEY</u> , <u>SEAN</u>	First	Middle	er <u>OUINLEY</u> Last			First			Middle			
<sup>4</sup> 1	Address 2 KIMBALL CT			ess 2 KIMBA	LL (	CT_					····	— [	
	City WOBURN State			WOBURN			_		-		01-694	—, I	
	Insurance Company GOVERNMEN	<u> EMPLOYEES</u>	S INSU Vehic	ele Action Prior to Cra		5				Code: 8	27 27 28	27	
5	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Event	Sequence 23	23	23	<b>-</b> -1	est Status		1	29		
	Citation # (If Issued)		Most	Harmful Event 1	24		В	AC Test		t: 1	30	ļ	
	Viol. 1: Ch/Sec/Sub ————	Viol, 2; Ch/Sec/Sub ——	Drive	r Contributing Code	19	25	25 St	ısp. Alco	ohol: 2	31 S	usp. Drug: 2	32	1 13
ِ 2	Viol. 3; Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub	Drive	r Distracted by	9 26		To	owed fro	ın scei	ne? 2_	33		
2	Please fill out for opera Name (Last First Middle)	tor and all occupants inv	/olived Address	DOB/Age S	34 Sent ex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code		40 Transp. Code	Medical Facility		
	Operator	Se	e Above		1	99	4 0		10				
					$\top$	<b>-</b>							
					_	<del> </del>		<b> </b>					
į						-							
								<u></u>					
1	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action 16	Locati	on	Condit	tion	18	Hit/	Run 🔲 Mo	ped	
	License #		Reg #	3AFS74	.I		Reg Type	PC		Reg S	State MA		
	Sex <b>F</b> Lic. Class D Lic. R	estrictions 1 20 CE			_ Veh M	ake				_ Velı Co	ոնը 1	11	
		SARET MARY	dorsement Owne	ANGIUON	E. M	ARG	ARET	MAR	Y				
1	Address 20 AMHERST RD	First	Middle	ess 20 AMHE			First			Middle			
	City WILMINGTON State	MA Zip 01887	-2673 City 1	WILMINGTO	N		Sta	te <b>MA</b>	Zip	018	87-267	3	14
	Insurance Company THE COMMER	CE INSURAN	ICE CO Vehic	le Action Prior to Cra	isli	1	22 D	amaged /	Area C	Code: 3	27 27	27	
	Vehicle Travel Direction: N K E W	Responding to Emerg	ency? 2 Event	Sequence 23	23	23	23 Te	st Status	5:	1	28	_	
	Citation # (If Issued)	_	Most	Harmful Event 1	24		-	pe of Te		.	30		
2	Viol. 1: Ch/Sec/Sub	/iol, 2: Ch/Sec/Sub	Drive	ـــــ r Contributing Code	1	25	25	AC Test I sp. Alco		1		32	
		/iol. 4; Ch/Sec/Sub		Distracted by	26			wed from	<u> </u>		33	<b>-</b>	
	Please fill out for operator/non	•			34 Seat	35 Safety	36 37 Airbag Eject	38 Trap 1		40 Fransp.		_	
	Name (Last First Middle)  Operator/Non Motorist		Address	DOH/Age Se		System	Status Code	Code S	Status LO 1	Code	Medical Facility		
	Operator/Non-Motorist	Se	e Above		1		- V		- 1	_	·		
											<del>-</del>		

	= Direction 1	= Vehicle 1	2 = Vehicle 2	웃 = Pedest	rian 🚳	Bicycle	
Crash Diagram:	ie: 🖚 🗔	<b>→</b> [	2	<b>→</b> 윘	→ №		
W-:- 0						If Crash <u>Did No</u> on a Public Way	
Main St. (Route 38	3)					Off-Street Parking L	.ot
	ET 10	F				☐ Garage	
	TO SOL	<i>M</i>				_ •	
					}	Mall/Shopping Cent	er
						Other Private Way	
=>						Indicate North by	Arrow
	Main St.					indicate North by	Allow
	(Route 38	)		(		$(\rightarrow)$	
Crash Narrative:							
MV 1 was traveling so	uthbound on Mair	Street.	MV 2 was wa	s also tr	aveling s	outhbound on	
Main Street. MV 1 st	ated that he cra	ashed into	the right s	ide of MV	2 while	merging into	
the left lane from the	e right lane. N	AV 1 and MV	2 then pul	led into	the Simar	ds Roast Beef	
parking lot to get ou	t of the way of	traffic.	Information	was exch	anged bet	ween the two	
parties and they both	stated that the	y did not	have any in	juries. 1	Both vehi	cles suffered	
minor damage and were	driven from the	scene.					
			······································			<u></u>	
Witnesses:		1411					1
Name (Last,First,Middle)		Address			Phone #		Statement
<del></del>						,	
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	1: Registration #		(From V	ehicle 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 #:				Trai	ler Length	46	
Hazmat Information:	•			3	L		
Placard 47 Material 1 digit	# 48 Material Nam	e		Material 4 dig	it #	Release code	49
Potrol Officer Alex 6			220 W			longartment 00	/12/2022

09/13/2023 Date

	Police Use Only	Com	monwealth	of Massacl	IV Docum	V Document Number							
	Date of Crash   Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	1 '	Speed Limit 30 State Police Local Police MBTA Police Campus Police Campus Police						
	09/13/2023   <b>1708</b>   <b>Wil</b> 1	mington	Police	Report	3	Injured  1	Latitude Longitude_		MBTA Police Campus Police Other:				
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	Γ INTER	SECT	ION:	7			
	Route# Direction	Name of Roadway/S	treet	Route# Direction	361 Address #	MIDE	LESEX Name of	Roadway		-			
1		At			- I - I - I - I					1			
	Route# Direction Na	ne of Intersecting Road	wow/Street	Feet N 5	S E W of	Mile Ma	arker -	- or	Exit Number				
	route. Director 11a	Also at Intersection		Feet N 5	S E W of					2			
,				Feet N	S E W of	Route#	Inters	ecting Ro	adway/Street				
<sup>2</sup> 2	Route# Direction Nar	ne of Intersecting Road	way/Street				La	andmark		_]			
³ <b>3</b>	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Repo	rt ID# <b>2</b> 3	-29	8-AC	3					
3	License		Pag.	4HS951		Dog Tro	. PC	Dag	Ctata MA				
	19 19	Restrictions 20		Year 2007				_	21	1 12			
	Operator ZERMANI, LIND	<u></u> <u>[</u>	Endorsement	er ZERMANI,				ven c	omig. [#]				
1	Address 50 GREENWOOD F	First	Middle	er ZEFMANI , Last ess 50 GREEN		First		Middl	e				
	City BURLINGTON State			BURLINGTO			МА	∞. ∩1¢	303-2744				
	Insurance Company LIBERTY M	-	_				amaged Area						
				ele Action Prior to Cras	23 23 23		est Status:	1	28				
2	Vehicle Travel Direction; NSE	Responding to Emer	-	1	24	- 1	pe of Test:		29				
	Citation # (If Issued)			Hannful Event 1		25	AC Test Res		30	13			
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	Sı	isp. Alcohol:		Susp. Drug: 2 32				
2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub — tor and all occupants in		r Distracted by 0	34 35	36 37	owed from so	ene? 2	33	4			
	Name (Last First Middle)	nor and an occupants in	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility				
	Operator	S	ee Above	$\times$	1 99	4 0	0 10	1					
										1			
									<u>-</u> .	1			
	Please Select One National 2 7	<u> </u>		15 16	<u>L</u>	17	18			1			
1	of the Following:  Vehicle 21	_#Occupants   Non	a-Motorist A Type	Action	Location	Condít	ion	Hit	/Run Moped				
	License #		Reg #	268LA5		Reg Type	PC	Reg	State MA				
	Sex <b>F</b> Lic. Class D 19 19 Lic. R	testrictions <b>B</b> 20	DL Veh \	/ear <u>2013</u>	Veh Make 🗜	ONDA		Veh Co	onfig. 1 21				
	Operator FERRO, BRENDA			er FERRO , B	RENDA	LEE First		Middle					
1	Address 37 PONTOS AVE			ess 37 PONTO	S AVE					141			
	City <b>BURLINGTON</b> State	MA Zip 01803	3-2127 City	BURLINGTO	4			_		1 14			
	Insurance Company GEICO GENE	ERAL INSUR	ANCE C Vehic	le Action Prior to Cras	ո 2		amaged Area	Code: 1	27 5 27 27 28				
	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Event	Sequence 23	23 23		st Status: pe of Test:	1_	29				
2	Citation # (If Issued)	••••	Most	Hannful Event 1	24	•	AC Test Resi	ult: 1	30				
_	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 Su	sp. Alcohol:	2 31 S	Susp. Drug: 2 32				
İ	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	wed from sc	ene? 1	33				
	Please fill out for operator/non	n-motorist and all occup	ants involved	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/Non-Motorist	S	ee Above		1 99	1 0	0 9		hey Clinic	1			
				<del>                                     </del>	1			+	<del>-</del> -	1			
										1			
								ļ <u>.</u>		-			
			•							1			

	Pol	ice Use Only	Com		nwealth of Massachusetts RMV Document Number							
	Date of Crash 09/13/2023	Time of Crash	City/Town ilmington		nicle Crash	Number Vehicles	Number Injured	Speed Limi Latitude	it 30	State Police Local Police MBTA Police		
		24HR		Police	Report	3	1	Lammae Longitude_		Campus Police	<u>i</u>	
		AT INTERSE	CTION:	< LOCA	TION >		NOT AT	r inter	RSECTI	ION:		
						361	MTDF	LESEX	7 337F		2 10	
<sup>1</sup> 1	Route# Direc	ction	Name of Roadway/	Street	Route# Direction	Address #	MEDL		f Roadway			
1	]		At		Feet N S	E W of	<u> </u>	<del></del> •	- or		_	
	Route# Direc	ction	Name of Intersecting Road		C-1-		Mile Ma	ırker		Exit Number	2 11	
			Also at Intersection	with	Feet N S		Route#	Inters	secting Roa	ndway/Street		
<sup>2</sup> <b>2</b>	Route# Direc	etion	Name of Intersecting Road	dway/Street	Feet N S	E W of					_	
	Please Select C	)пе Макена з	1 #Occupants H		1 2 2 2	2 2	200		andmark		1	
<sup>3</sup> 3	of the Followin		1 #Occupants Hi	it/Run Moped	Crash Repor	HD# 23	-29	S-A(			_	
	License #	19 19	20		# <u>1SRZ96</u>				_	21	- 1 12	
	Sex M Lic. (	Class	Lie. Restrictions	Endorsement	Year <b>2018</b>				Veh Co	onfig. 1		
<sup>4</sup> 1	1	RIEN, JAC	First	Middle	er OBRIEN, I		<b>A</b> First		Middle		·	
1		OAKDALE P			ess 24 OAKDA							
			State <b>MA</b> Zip <b>0188</b>		WILMINGTON		_	te <b>MA</b> amaged Area		27 27 27 27		
		<u> </u>	MUTUAL INS		t Sequence 23	23 23		amaged Area st Status:	1 Code: 1	28		
<sup>5</sup> 2		rirection: NSE			i sequence 1	24	**	pe of Test:	-	29	·	
	1	ned)			Harmful Event 1		_ 25	AC Test Res		30	13	
			Viol. 2: Ch/Sec/Sub —		er Contributing Code			sp. Alcohol:		usp. Drug: 2 32	1	
<sup>6</sup> 2	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub — operator and all occupants is		er Distracted by 99	34   35	36 37	wed from so	40	33	_	
	Nome (Lost First Mi		operator and an occupants in	Address	DOB/Age Sex	Seat Safety Pos, System	Airling Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility		
	Operato	)r		See Above	$\times$ X	1 99	4 0	0 10	1			
											1	
7	Please Select O		#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Conditi	18	Hit/	Run Moped	1	
1	of the Followin	g: —							1		-	
	License #	10 10	t DOB/Age	_	<u>.                                    </u>				•	21		
	SexLic. C	lass L		Endorsement	(ear	Veh Make			Veh Co	ntig.		
1	Operator	Last	First	Middle	erLasi		First		Middle			
			State Zip		255		Stat	e Z	?in		1 14	
	-		State Zap	·	le Action Prior to Crash		921	maged Area		27 27 27		
	•	rection: NSE			Sequence 23	<u></u>		st Status:		28		
		ed)			Harmful Event	24		pe of Test:		29		
2	Viol. 1: Ch/Sec/Si	ub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	C Test Resu sp. Alcohol:		usp. Drug 32		
	Viol. 3: Ch/Sec/Si		Viol. 4: Ch/Sec/Sub		r Distracted by	26		wed from sc		33		
	Plea	se fill out for operator	r/non-motorist and all occup	oants involved		34 35 Seat Safety	36 37 Airbug Eject	38 39 Trap Injury			1	
	Operato	r/Non-Motoi	rist	Address See Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-	
}	Operuio	:/1 TOR=1710101	ent o			-		_			-	
}										<del>-</del>		
											-	
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	= Direction	i = Vehicle i	2 = Vehicle 2	Q = Pedest		= Bicycle	
Crash Diagram:	ie: 👈	1 <b>→</b>	2	<b>▶</b> X	<u>→ ॐ</u>		
		36	Middlesex Ave		· · · · · · · · · · · · · · · · · · ·	If Crash <u>Did No</u> on a Public Way	
						Off-Street Parking L	ot
						☐ Garage	
						Mall/Shopping Cent	er
	3000		1			Other Private Way	
						Indicate North by	Arrow
					(E)	$\bigcirc$	-
Crash Narrative:				· · · · · · · · · · · · · · · · · · ·			
		-1-2-3131		<u> </u>			
MV1 was slowly down to down to stop for MV1.							
the force of the coll							
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	·	Statement
							<u> </u>
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
,				12 -3/2-			
Truck and Bus Informatio	n						
Carrier Name	Registration #		(From Vel	hicle Section)		Bus Use	42
			0:-				
Address						Zip	
43	44		Issuing State	MC/MX	/ICC #:		
<u></u>	y Type Code	GVWR/GCWR			Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length		
Placard 47 Placard Material I digi	48 Material Na	me		Material 4 dig	git #	Release code	49
Patrol Officer Brian	Tavares		206 Wi	ilmington	Police I	epartment 09/	13/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

09/13/20. Date

	Pol	lice Use Only		nmonwealth of Massachusetts RMV Document Number									]					
	Date of Crash	Time of Crash		City/Town	Motor Vehicle Crash					lumber		read 1	peed Li			State Police Local Police		1
	09/14/2023	1655 24HR	MIIM	ington	Poli	ce :	Report		2	01110101	0		.atitude .ongitud			MBTA Police Campus Poli Other:		
		AT INTER	SECTIO	ON:	< L	OCA	TION	>			NO	ГАТ	INTE	RSE			<del></del>	1
																		2 10
	Route# Dire	ction		Name of Roadway/S	treet	<del></del>	Route# Direct	tion	19 Add	O ress#	<u>M</u> 2	IN		of Roa	dway/S	Street		
¹ <b>1</b>				At					11									1
		<del></del>		C7	10.		Feet	NS	E W	of	 Mi	ile Marl	• - ker	or		Exit Numb	er	L.,
	Route# Direc	CUON	Name	of Intersecting Road Also at Intersection			Feet	N S	EW	of								6 11
							Feet			-	Route	# *#	lnt	ersectin	g Road	way/Stree		
<sup>2</sup> 1	Route# Direc	ction	Name	of Intersecting Road	way/Street		(	······		<b>.</b>		······································		Landın	ark			
	Please Select C		. 11 #	#Occupants Hi	t/Run Mo	ned	Crash R	enort	ID#	23	-2	ac	) — Z	***************************************				1
3	of the Followi	ng:	<u> </u>															
	License i	1 19 1	õl	20			31448										21	12
	Sex M Lic.	<u> </u>	_	ا لسنت	CDL Endorsement		<sub>Үеаг</sub> <u>2021</u>							v	eh Con	ıfig. 1		
4 _	1	SSO, DOT	F	irat	Middle			Last			Fi	rsi			Middle			
<sup>4</sup> 2		JENNIFE:			<u>.</u>		ess			₹ C	IR							
	City <b>BILLE</b>	ERICA	State 1	MA Zip 0182	1-3779	City_	BILLERI	CA								21-37		
	Insurance Comp	any <b>SAFET</b>	INS	URANCE CO	YNAGMO	Vehic	ele Action Prior to	Crash		1	22		naged A	rea Cod	<u> </u>	27 27 28	27	
5 1	Vehicle Travel D	Direction: NS	EX	Responding to Eme	rgency? 2	Even	t Sequence 1	23	23	23	23		t Status: e of Tes	<b>.</b> .	1	29		
1	Citation # (If Iss	ued)				Most	Hannful Event	1	24				C Test R		L	30		
	Viol. 1: Ch/Sec/S	Sub ———	Vi	ol. 2: Ch/Sec/Sub	***************************************	Drive	er Contributing Co	de	13	25	25	Sus	p. Alcoh	ol: 2	31 Su	sp. Drug: 2	32	1 13
5	Viol. 3; Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26			Tow	ed from	scene?		33		
1	Name (Last First M		for operato	r and all occupants is			12004		34 Seat	35 Safety	36 Airbag	37 Eject Code	Trap In	9 40 ury Trans	sp.			
	Operate			S	Address See Above		DOB/Age	Sex	Pos.	System 1		0 (		tus Cod	ie .	Medical Faci	ity	
	operate								<del>  ^</del>									
									-			-						
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ĺ										<u> </u>								
,	Please Select O		2 <u>1</u> #	Occupants Nor	a-Motorist A Typ	e	15 Action	16 I	Locatio	วถ	17	Conditio	n	18	Hit/R	Run 🔲 N	loped	
3	License	·#-				00 #	64851	<u> </u>			Reg	Tuna	<u> </u>		Day St	ate MA		
	Sex M Lic. C	19 1	J Lie Bee	trictions 99 20	DL	_	ear 2016		Val. M						-	1	21	
	Operator HOU	<u> </u>	JOE :	E	ndorsement		BANVIL							Y	cii Cuii	ng,		
1	Address 9 C	Last	15	Iral	Middle		ss 1235 P	ast			Fir	st			Middle			
	City BILLE		State N	<u>(A</u> Zip 0182	1-6023		NEW BEDE					State	MΆ	zin C	1274	10-68	36	<b>1</b> 14
	•			CE INSURAL		-	le Action Prior to			2	22		aged A			7 27	27	
	Vehicle Travel D			Responding to Emer			Sequence 2		23	23	23		Status:		· -	8		
	Citation # (If Issu	<b>L</b>	سیم	responding to 2400	gono, .		·  =	1	24			Турс	e of Test	:	<u> </u>	.9		
2	,		15.	ol. 2: Ch/Sec/Sub			r Contributing Cod	<u> </u>	99	25	25		Test R	_	-		221	
				ol. 2: Ch/Sec/Sub ol. 4: Ch/Sec/Sub			- 1	0	26	L_			. Alcoho ed from		+-	ip. Drug: 2	32	
	Viol. 3: Ch/Sec/S			otorist and all occup	***************************************			<u> </u>	34	35	36	37	38 3	9 40	<u> </u>			
	Name (Last First Mi	ddle)		T	Address		DOB/Age	Sex	Sent Pos.	Safety System		Code (	Trap Inji Code Sta	tus Code	P.	Medical Facil	ity	
	Operato	r/Non-Mo	torist	S	ee Above			X	1	1	4	0 0	10	1				
Ī												T						
ļ																	••••	

