	Police Use Only	Comr	nonwealth o	of Massa	achi	uset	ts			RM	V Doc	ument N	lumber	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cra	sh	Num		umber njured	1 '	l Limit	3.	Loca	Police I Police IA Police pus Police	
	09/04/2023 1609 Wili 24HR	mington	Police 1	Report		2	1	ាមានព	Latitu Long				TA Police   pus Police   r	
	AT INTERSECT	ION:	< LOCA		>	<u>l</u>	N(	OT A			SEC	TION		7
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	Pouts# Disastion	Name of Dandama/Sta		Daniell Disconti		306		(AII			D .	<b>10</b> :		_
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str At	CCI	Route# Direct		Address			N:	ame of	Koady	way/Stree	et	-
	·			Feet [	N S I	E W of	· —		(	•	or .	r	Manyl	- L
	Route# Direction Nar	ne of Intersecting Roadw			N S	E W		Mile M	агкег			EXII	Number	2 11
		Also at Intersection wi	ith	_		E W of	Ro	ute#		Inters	ecting	Roadway	//Street	
<sup>2</sup> 1	Route# Direction Nar	ne of Intersecting Roadw	ay/Street	Feet	NSI	E W of	, 							
-	Diam Calas Occ					·····			_		ndmar	k		
3	Please Select One of the Following:	#Occupants Hit/F	Run Moped	Crash R	eport I	ID# <b>2</b>	3-:	27	6-	AC	•			
	License #_	<b>.</b>	Reg#	91BY54			R	eg Typ	e PC		R	Reg State	MA	
	Sex <b>F</b> Lic. Class D 19 19 Lic. F	Restrictions 1 20 CE	DL Velı Y	ear <u>2021</u>	V	eh Make	HON	DΆ			Vel	n Config.	1 21	1 12
	Operator SALAS , GYSEL	En	dorsement	r SALAS,									·	
<sup>4</sup> 1	Address 72 KENMERE RD	First	Middle	ss 72 KEN	așt			First			М	liddle		
	City MEDFORD State	MA 7in 02155		EDFORD				D.	ua Mi	Δ -	ران الاران ا	2155	-4118	
	Insurance Company THE COMME				C- 1		22			d Area			27 27	
				e Action Prior to		23 23	<u>l</u>		est Sta		Couc.	1 28		
<sup>5</sup> 2	Vehicle Travel Direction: SEW	Responding to Emerg		acquence 1			2.3		ype of			29		
_	Citation # (If Issued)	_	Most 1	Hannful Event	╚┷┈┌	24	ı <del></del>		AC Te	st Resi	ılt:	30		757
	Viol. 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Driver	Contributing Cod		1 <sup>25</sup>	2	S1	usp. Al	cohol:	2 31	-	Drug 2 32	1 13
6 1	Viol. 3: Clr/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	0	26		To	owed f	rom sc	епе?	1 33		
1	Please fill out for opera Name (Last First Middle)	tor and all occupants inve	olved Address	DOB/Age	Sex	Seat Sa	5 36 fety Airba tem Statu	g Eject	38 Trap Code	39 Injury Status	40 Transp. Code		dieal Residies	1
	Operator		Above	DODINGS		1 1	4	o Code	O	1	1	Me	dical Facility	-
					$\hookrightarrow$	-	<del> </del> -	<del> </del> -	ļ	<del></del>	<u> </u>			-
									_	_	<u> </u>	ļ. <u>.</u>		
										<u></u>				
,	Please Select One Vehicle 23	#Occupants Non-	Motorist A Type	15 Action	16	ocation	17	Condi	tion	18		Hit/Run	Moned	1
1	of the Following:	- ,				-vanvii					二	- AND INUM	- wroped	_
	License t		•	1YJR43				eg Type			R	eg State	MA 21	
	<u></u>		L Veh Ye	ear 2012	Ve	eh Make	SUB	ARU	<u>'</u>		_ Veh	Config.	1 "	
	Operator SPINOSA, MARK			SPINOS	A S	SALV		RE First	TEI	<u> </u>	<b>X</b> 4-	iddle		
1	Address 243 LOWELL ST	· · · · · · · · · · · · · · · · · · ·		s 26 BEA	CON	ST		PT !	53A		IVII		<del> </del>	
	City WILMINGTON State	MA Zip 01887	-2555 City E	BURLINGI	ON			Sta	te <b>M7</b>	<b>1</b> z	ip <u>0</u> :	1803	<u>-3806</u>	1 14
	Insurance Company ALLSTATE I	NSURANCE C	OMPAN Vehicle	e Action Prior to (	Crash	1	22	D	amage	d Area	Code:	1 <sup>27</sup> 8	27 27	
ļ	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Event :	Sequence 1	3 2	3 23	23	Te	st Stat	us:		1 28		
	Citation # (If Issued)	_	Most I	larmful Event	1 2	24	L	•	pe of			29		
2	Viol. 1: Ch/Sec/Sub	Jiol 2: Ch/Saa/SL		Contributing Cod		 20 <sup>25</sup>	19 ²	_		t Resu		30	27	
				·		26				cohol:	_	Susp. E	orug 2 32	
ļ	Viol. 3: Clt/Sec/Sub	viol. 4: Ch/Sec/Sub			T	34 3.	5 36	37	38	39	40	<u> </u>		4
	Name (Last First Middle)	•	Address	DOB/Age		Seat Saf Pos. Syst	ety Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Med	ical Facility	_
	Operator/Non-Motorist	See	Above		X	1 1	1	0	0	9	1			
F	11.000.00.11			T ***	6	5 4	4	0	0	10	1			1
ŀ		,			4	. 0	4	0	0	10	1			1
ŀ						-	<del>-   -</del> -	ļ	<u> </u>					-

Crash Diagram:	= Direction 1		enicle 2 $Q = Pedest$		= Bicycle	
Crush Ding. unit					If Crash Did Not	Occur
			Main St R38			
					Off-Street Parking L	ot
- mary	<b>1</b> .				☐ Garage	
	<u> </u>			·····	Mall/Shopping Cent	er
MV2 N	IV1	0	₩		Other Private Way	
#306 Main		Hark St			Indicate North by	Arrow
	l	;		<b>2</b> >	$\bigcirc$	
Crash Narrative:		<del>.</del>				
	traveling North	on Main Street	(RT38). MV1 w	as stoppe	d at the	
raffic light just pri	or to the Main	St/Clark St int	ersection and w	as struck	from behind	
y MV2. Operator of M	V2 claimed a be	e flew into his	car which caus	ed the di	straction.	
W2 had heavy front en	d damage and fr	ont air bag der	oloyment. MV2 h	ad modera	te rear end	
amage. Operator of M	V1 declined med	lical attention	and operator of	MV2 also	declined	
edical attention for 1	nimself and his	juvenile passe	engers (children	. Both	vehicles were	
owed by A&S Towing.						
		11 11 11 211 211 211 211				
Witnesses:		· · · · · · · · · · · · · · · · · · ·				
lame (Last,First,Middle)		Address		Phone #		Stateme
		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Property Damage:						
Owner (Last,First,Middle)	Address	Phon	e# 41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehicle Section)			
Carrier Name			(Tom Tombo Steller)		Bus Use	42
Address		City		S		
US DOT #:	State Number	Issui	ng StateMC/MX	/ICC #:		
43	44		45			
	· L			ler Length	46	
Hazmat Information:			1141			
47	48 Material Name	e	Material 4 dig	git #	Release code	49
Crash Dilingram:						
Patrol Officer Daryl J Dice Officer Name (Please Print)	Ceruolo Signature	212 ID/Badg			Department 09/t/Barracks Date	04/2023

Signature

# Wilmington Police Department Images Associated with 23-276-AC









	Pol	lice Use Only		(	Common	wealth	of Mass	acł	ıus	etts	\$			RM	IV Doc	ument l	Number		
	Date of Crash	Time of Crash		City/Town	Mo	otor Veh	icle Cra	ısh		lumber ehicles		urod	•	d Limit		Loca	e Police al Police TA Police	0080	
	09/04/2023	1919 24HR	ł.	ingto	n	Police :	Report		1	**********	O			ide itude _			npus Police	8	
		AT INTER	SECTI	ON:	<	LOCA	TION	>			NO	ТАТ	IN	TER	SEC	TION	<b>4</b> :		
										_									<b>2</b> 10
	Route# Dire	ction		Name of Ro	nadway/Street		Route# Direc	ction	35 Add	ress #	<u>M</u>	IDD				<b>/E</b> vay/Stre	.et		
1					At			IN A	Inles	7 -									
	Route# Direc	ction	Nam	e of Intersect	ing Roadway/Stree	et	Feet	NS	EW	of		Lile Ma	rker		or .	Exi	t Number	<u> </u>	<b>1</b> 11
	7.00.00				rsection with		Feet	NS	EW	of of								_	1
2	Route# Direc		NI	CI	ing Roadway/Stree		Feet	NS	EW	of	Rou	(e#		inters	ecting	Roadwa	y/Street		
<sup>2</sup> 1	Route# Direc	ction	INGHIS	e or miersect	ing Koadway/Sire	et .								Li	andınar	k		_	
3	Please Select ( of the Followi	One Vehic	le 1 <u>2</u>	#Occupants	Hit/Run	Moped	Crash 1	Repor	t ID#	23	-2	27'	7 –	AC	3				
	License #_					eg	3HBP74				Re	ur Tyne	PC	<u></u>	R	lea State	MA	$\dashv$	
	•	Class D	19 1 ic 8	estrictions	20 CDI		Year <b>2018</b>										21	ī	1 <sup>12</sup>
		OTZ, EM		<u> </u>	CDL Endorsem	ent	er DUFFEI								VCI	i Comg.	[ <del>***</del>	╛╽	
4 1	1	l.ast HILL R		First	Middle		ess 3 N H	Last				irst	83.3C	D##	М	liddle		- $ $	
	1			MA 7in	01886-11		WESTFOR					let?	a Mi	Δ :	zin Oʻ	1886	5-110	2	: !
					NSURANCE		ele Action Prior to		h	1	22				Code:			27	
		Direction: XS			g to Emergency? 2		t Sequence 24		23	23	23		st Sta			1 28		-	
5	1	ned) <b>T3281</b>		respondin	g to Emergency: _		Harmful Event	<del></del>	24			Ту	pe of	Test:		29			
				- %al 2: Ch/9a	c/Sub		r Contributing Co	Ц	99	25	25	7		st Res		30			24 <sup>13</sup>
					c/Sub		r Distracted by	99	26	L				icohol: rom sc	2 31 ene?	Susp. 2 33	Drug: 2 3	"	
<b>1</b>	VIOI, 3; CII/SEC/				cupants involved				34	35	36	37	38	39	40				
	Name (Last First M	fiddle)			Address		DOB/Age	Sex	Sent Pos.	Safety System	Status	Code	Tran Code	1	Code	М	edical Facility	_	
	Operate	or		3 N HILL	See Above	····		X	1	99	4	0	0	10	1				
	TERRY SKOT2	ž 			, MA 01886-1102	?		М	3	99	4	0	0	10	1				
<del>,</del>	Please Select C		e 2	#Occupants	Non-Motoris	st A Type	15 Action	16	Locatio	<u>,                                    </u>	17	Conditi		18	$\overline{\Gamma}$	Litt/Dun	□ Мор	ad.	
1	of the Followin	ig: Tellie			_				Locati			COMM	.011		, mare	THUKUM	Mob	eu -	
	License #	19 1	19	DOB/Ag	20		f					~				eg State.	21	<u> </u>	
	Sex Lic. (	Class	Lic. Re	strictions	CDL Endorseme	ent	/ear		Veh M	ake					Veli	Config.		┚┃	
³ <sub>1</sub>	Operator	Last	I	First	Middle			Lost			ŀ	irst			M	iddle		-	
_	Address						SS											— <u> </u>	[4]
											22			2	Zip Code:	27	27 2	<u>-</u>	
	•	,					le Action Prior to	Crash 23	23	23	23		st Stat		Couc,	28			
		rection: NS		•	g to Emergency?		Sequence	<u> </u>	24			Туг	pe of	Test:		29			
2		ued)					Harmful Event	<u></u>		25	2.5			st Resi	····	30	<del></del>	_	
					c/Sub		r Contributing Co	ae	26			J Sus	•	cohol:		Susp. 1	Drug: 3	2	
ļ	Viol. 3; Ch/Sec/S				all occupants invol		r Distracted by	<u> </u>	34	35	36	To.	wed fi	79 39	40				
	Name (Last First Mi	iddle)		motorist and	Address	1vcu	DOB/Age	Sex	Sent Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Мо	dical Facility	$\Box$	
	Operato	or/Non-Mo	otorist		See Above	:	> <	X	1										
Ī		<del></del>									_		·	_ <u>-</u>					
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ŀ				-															
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Crash Diogram:  ie:   I Weisled I 2 - Weisled 2							
Crash Diagram:	ie: 👈 📑	<b>→</b> □	2	· <del>옷</del>	<b>→</b> ‱		
355 Middlesex Ave	MV1					off-Street Parking Lo Garage Mall/Shopping Center Other Private Way	1
Crash Narrative		<del>,</del>					
	in an attempt	to park. W	Thile pulling	into +	ne parking s	page the	
					g 20 00 Dilap	- OPELACOL	
			The Daniper.				
		L			Ta. "		-
Name (Last, First, Middle)		Address			Phone #	~	Statement
Property Demogra							
	Address		Phone#	41-Tvne	Description of Damas	zed Property	
		WILMINGTON MA				,PT-V	
OHMINDI CONTINI			ļ -		Guarurarr		
Truck and Bus Information:	Desirentian #						
	Registration #		(From Vehicl	le Section)			42
Carrier Name						Bus Use	
Address			City		St	Zip	
US DOT#	State Number		Issuing State	MCMY	TCC #·		
43	44			1-1 -11-11-11			
		GVWR/GCWR					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length		
Hazmat Information:					Ļ		
Placard Material 1 digit #	48 Material Name	9		Material 4 die	it #	_Release nodo	49
1 Month 1 Might #						Aciouse code	
	2102		21.4 101.7				- 4 /

Signature

ID/Badge #

Precinct/Barracks Department

	Pol	ice Use Only		Com	monw	ealth (	of Mass	ach	us	etts	}			RM	V Doc		Number	
	Date of Crash 09/05/2023	Time of Crash		City/Town L <b>ngton</b>	Moto	r Veh	icle Cra	ash		umber ehicles		nber ured	l '	l Limit	3	Loc	te Police :al Police : SITA Police : ITA Pol	
	09/03/2023	24HR	MITIU	ing con	P	olice l	Report		4		2		Latitu Longi			Car	npus Police	
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO	T A]	Γ 1N′	TER	SEC	TIO	V:	1
		-												_				2 10
	Route# Dire	ction	]	Name of Roadway/S	Street		Route# Dire	ction	96 Add	ress #	<u>M</u> 2	AIN			Roady	vay/Stre	eet	
1				At						3								1
	1			er e e	1 /0:		Feet	NS	EW	of	— ·	ile Ma	— • ırker	· —	or -	Exi	it Number	ļ
	Route# Direc	CHOIL		of Intersecting Road Also at Intersection			Feet	N S	E W	of								2 11
,								N S			Route	e#		Interse	ecting l	Roadwa	y/Street	
<sup>2</sup> <b>1</b>	Route# Direc	ction	Name	of Intersecting Road	dway/Street					-				La	ndmar	k		-
2	Please Select C of the Followi		1_1#	Occupants Hi	it/Run	Moped	Crash	Report	ID#	23	-2	71	8 –	AC	<b>y</b>			
J		ng:															\C3	-
	License #	19 19	9	20			M21659										21	1 12
	Sex M Lic.	<u> </u>	→	trictions 1	CDL Endorsement		ear 2012								Veh	Config	. [	
<sup>4</sup> 1	1 '	LIA, CAR	Fi	rst .	Middle		er DELIA,	Last			F	irst			М	iddle		
т	]	METHUEN			C_E01.C	<del></del>	ess <u>515 M</u>	E.T.H	UEN	· S	1					100		
	i '			(A Zip 0182			DRACUT	<del></del>		<u> </u>	22					,	27 27	
				TECTION			le Action Prior to	<del>,</del>		23	23		amage st Stat		Code:	1 28		
5		Direction: N	<del></del>	Responding to Eme	ergency? 2	_ Event	Sequence 1	23	23	23	23		pe of			29		
	1	ued)					Harmful Event	1	24	25	25		AC Te	st Res	ult:	1 30		_ 13
	Viol. 1; Ch/Sec/S	Sub	Vio	l, 2: Ch/Sec/Sub —		Drive	r Contributing C		26	25	25	Su	sp. Al	cohol:	2 31		Drug: 2 32	1 "
<sup>6</sup> 1	Viol. 3: Ch/Sec/			l. 4: Ch/Sec/Sub —		Drive	r Distracted by	0			·	То	wed fi	rom sc		1 33		ļ
	Name (Last First M		or operator	and all occupants i	nvolved Address		DOB/Age	Sex	Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	7mp Code	39 Injury Status	40 Transp. Code	М	edical Facility	
	Operate	or		:	See Above		$\sim$	X	1	1	4	0	o	10	1			
		<del> </del>	· · · · · · · · · · · · · · · · · · ·							-						ļ <u>.</u>		
									-					ļ				
				<u> </u>			15	16			17			18		,	I	1
<sup>7</sup> 1	Please Select C of the Followin		22_#0	Occupants No	n-Motorist A	Туре	Action	I	Locatio	on L		Condit	ion	10		Hit/Run	Moped	
	License		7			Reg#	RSW148				Re	д Туре	PC		R	eg State		
	Sex M Lic. (	lass D 19	Lic. Rest		CDL Endorsement	. Veh Y	ear <b>2021</b>		Veh M	ake <b>T</b>	OYC	TA			_ Veh	Config.	1 21	
,	Operator <b>PA</b>	LLADINO,	ROBE			. Owne	r PALLAD	INC	),	DEB		AH ini	GO	<del>J</del> UE	И	iddle		
<sup>8</sup> 1	Address 614	E MERRI	MACK	ST	7784510	_ Addre	ss 614 E	ME:	RRI	MAC		ST			Mi			L
	City <b>LOWE</b> I	<u>,,, , , , , , , , , , , , , , , , , , </u>	State <u>M</u>	<b>A</b> Zip <b>0185</b>	2-1421	City_	LOWELL										-1421	1 14
	Insurance Compa	uny USAA GI	ENERA	L INDEMN	ITY CO	Vehic	le Action Prior to	Crash		2	22				Code:		27 27	
	Vehicle Travel D	irection: N	EW	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 <sup>28</sup>		
·2	Citation # (If Issu	ied)				Most	Harmful Event	1	24			-	pe of T AC Tes	test: st Resu	ılt:	30		
2	Viol. 1; Ch/Sec/S	ub	Vio	1. 2: Ch/Sec/Sub		Drive	Contributing Co	ode	1	25	25	l			2 31	Susp.	Drug 2 32	
	Viol. 3: Ch/Sec/S	ub	—— Vio	I. 4: Ch/Sec/Sub	····	Drive	Distracted by	0	26					om sc		1 33	<u></u>	
	Ple:	-	ator/non-m	otorist and all occup	pants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Codo	38 Trup Code	39 Injury Status	40 Transp. Cođe		Cast Castlina	
		or/Non-Mot	orist	2	See Above		LOBAge		1 1	System 1		O	Coda O	Status 8	2	Lahey (	dical Facility Clinic	
	DEBORAH PAL			614 E MERRIMACK	ST	·	<del>/ &gt;</del>	<u> </u>	3	1	4	0			2	Lahey (	Clinic	
				LOWELL, MA 0185	z=1421		<del> </del>	<del>-</del> -	<del>-</del>	H	+	-	-		-			
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	Police Use Only	Com	monwealth	of Massacl	husetts	5	R	MV Doc	ument Number	
	Date of Crash   Time of Crash	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Lin	nit <u>35</u>	State Police Local Police MBTA Police	80
	24HR	mriig coii	Police	Report	4	2	Lantude Longitude		Campus Police Other:	ğ
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSEC'	TION:	
					96	MAIN	ייצו			<b>2</b> 10
1	Route# Direction	Name of Roadway/St	treet	Route# Direction	Address #			of Roadw	vay/Street	
1		At		Feet N S	E W of			— or _		
	Route# Direction Na	me of Intersecting Roads	way/Street			Mile M	arker		Exit Number	2 11
		Also at Intersection v	with	Feet N S		Route#	Inte	rsecting F	Roadway/Street	
<sup>2</sup> 1	Route# Direction Na	me of Intersecting Roads	way/Street	Feet N S	E W of					
	Please Select One Vivalence 2	#Occupants   □   1			2.2	27		Landmarl	<u> </u>	$\dashv$
3	of the Following:	#Occupants Hit		Crash Repor	1D# Z 3	-21	8-A	<u> </u>		
	License	20	-						2.1	1 12
		Restrictions B C	Indorsement	Year <u>2023</u>				Veh	Config. 1	
<sup>4</sup> 1	Operator SCHILL, KATHE	First	Middle	er SCHILL, Last		First	4	Mi	iddle	-
1	Address 95 DECAROLIS I			ess 95 DECAF						_
	City <b>TEWKSBURY</b> Stat			TEWKSBURY					1876-336°	I
	Insurance Company AMICA MUT			ele Action Prior to Cras			amaged Are	ea Code:	1 27 5 27 2' 1 28	ן ן
5	Vehicle Travel Direction: NXEW	Responding to Emer	•	t Sequence 1 23	23 23		ype of Test:	:	29	
	Citation # (If Issued)			Hannful Event 1		25 B	AC Test Re		1 30	13
	Viol. 1: Ch/Sec/Sub			r Contributing Code	26 25	S	usp. Alcoho	<u> </u>	Susp. Drug 2 3:	2 1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub — ator and all occupants in		r Distracted by	34   35	36 37	owed from		1 3	
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Inju	ry Transp.	Medical Facility	
	Operator	S	ee Above	$\times$	1 1	4 0	0 10	1		
									· <del>· ·</del>	
7	Please Select One	#Occupants Non	n-Motorist A Type	15 Action 16	Location	17 Condi	tion 1	8 m	Hit/Run Mope	
<sup>7</sup> 1	of the Pollowing:							ــــاك		_
	License #	20	_	546DT4		Reg Typ	PC .		eg State <u>MA</u>	_
	<u> </u>	E	ndorsement	/ear 2014 er AMIDON ,			(ONTO	Veh	Config. 1	
<sup>8</sup> 1	Operator AMIDON, CYNTH  Last  Address 18 LLOYD RD	IA JANE First	Middle	es 18 LLOYD		First	IOND	Mic	ddle	-
		e <b>MA</b> Zip <b>0188</b>		WILMINGTO		Sta	te MA	7in 01	L887-1740	1 14
	Insurance Company PLYMOUTH 1			le Action Prior to Crasi	ſ		amaged Are			- I
	Vehicle Travel Direction: NXEW	Responding to Emer		Sequence 23	23 23	23 Te	st Status:		1 28	<b>-</b>
	Citation # (If Issued)		•	Harmful Event 1	24	•	pe of Test:	ł	29 30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	F Contributing Code	1 25	35	AC Test Re isp. Alcoho		<u></u>	2
		Viol. 4: Ch/Sec/Sub		r Distracted by	26		wed from		2 33	1
	Please fill out for operator/no	n-motorist and all occup			34 35 Seat Safety	36 37 Aitbag Eject	38 39 Trap Inju	ry Transp.		<b>-</b>
	Name (Last First Middle)  Operator/Non-Motorisi	e.	Address ee Above	DOB/Age Sex		Status Code	Code State	as Code	Medical Facility	_
	operation ron-motorist				\^   <sup>-</sup>			+ +		$\dashv$
								+		
								4-1		_

	= Direction	≂ Vehicle 1	2 = Vehicle 2	오 = Pedestr	ian OS =	Bicycle	
Crash Diagram:	ie: 🖚 🗆	□ →□	2	₽Ŝ	<b>→</b> ॐ		
	0 (30) (120		Cottage Street			If Crash Did No on a Public Way  Off-Street Parking I  Garage  Mall/Shopping Cent  Other Private Way	ot
	Main					Indicate North by	Arrow
	Street		96 Main S	treet	3>		
Crash Narrative:							
Traffic traveling sou	th on Main Stree	et began to	slow and con	ne to a s	top. Veh	icle 1	
operator stated that	he noticed this	and went t	o break. As l	ne began	to break	his foot	
slipped off the break	causing him to	continue t	raveling str	iking the	rear of	vehicle 2	
with the front end of	vehicle 1. This	s caused a	chain reactio	on where	vehicle	2 then was	
pushed into the rear	of vehicle 3. Ve	ehicle 3 wa	s then pushed	d into th	e rear o	f vehicle 4.	
No airbags were deplo	yed. The operator	or and sing	le passenger	of vehic	le 2 wer	e transported	
to lahey Hospital via	Wilmington Fire	e Departmen	t ambulance.	All othe	r partie	s signed	
medical refusals with	the Wilmington	Fire Depar	tment. Vehic	les 1,2,a	ınd 3 wer	e all towed by	
A&S Towing. Vehicle 4	was driven from	n the scene	•				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
	· · · ·						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Control (Sasty Months	11001035		T HOILE II	41-13/10	Description of	Damaged 1 toperty	
Truck and Bus Information	Registration #		(From Veh	icle Section)			
Carrier Name						Bus Use	42
Address			City		\$1	Zip	
US DOT #:	State Number		Issuina Stata	MC/MY/	ICC#		
43	ly Type Code	GVWR/GCWR	45	WC/WIA/	ЮС #		
Trailer Reg #:				Trail	er Length	46	
Hazmat Information:					· L		
Placard 47 Material I dig	t # Material Nam	ne		_Material 4 digi	it#	Release code	49
Patrol Officer Michael 1	Pilorenzo		217 Wi	lminaton	Police F	epartment 09/	OF /2022

Signature

ID/Badge #

Department Precinct/Barracks

## Wilmington Police Department Images Associated with 23-278-AC





# Wilmington Police Department Images Associated with 23-278-AC





	Police Use Only			(	Comm	onw	ealth	of Mass	acł	ıus	etts	3			RM	V Doc	ument	Number		
	ì	: 1	Total I am	City/Town		Mot	or Veh	icle Cra	ish		lumber ehicles		mber ured	Speed	d Limit	.33.5	O Stat	te Police al Police tal Police ta		
	09/03/2023		MITIU	ingto	<b>n</b>	]	Police :	Report		2		0		Latiti Long	ide itude_	71.10	94 Car Oth	mpus Police		
		AT INTERS	SECTION	ON:		<	LOCA	TION	>			NO					TION	٧:		
										19	3	м	AIN		m				2 10	)
1	Route# Dire	etion		Name of Ro		et		Route# Direc	ction		ress#	. <u>171</u>	TIN			Roady	way/Stre	et		-
11					At			Feet	N S	EW	of			_ ,		- or				
	Route# Dire	ction	Name	of Intersect	ing Roadway	y/Street						M	lile Ma	rker			Exi	it Number	2 11	ī
				Also at Inte	rsection with	h				EW	_	Rout	e#		Inters	ecting	Roadwa	y/Street	<u> </u>	_
<sup>2</sup> 1	Route# Dire	ction	Name	of Intersect	ing Roadway	y/Street		Feet	NS	EW	of								_	
	Please Select (	One Du	.1	#Osaupanta		ſſ					22		> 77 (			undmar	·k	<u></u>	┨	
3	of the Followi	One Vehicle	: L.	#Occupants	Hit/Ri	ın ţ	Moped	Crash l											_	
	License	19 1	 a	_	20			SP1054										21	1 12	!
	Sex M Lic.	Class D		strictions	CDI End	orsement		/ear <b>2017</b>								Vel	Config	5		_
<sup>4</sup> 1		CECCA, F		<b>J</b> First	1	Middle		er WILMIN	Last			VN (	OF irst			М	fiddle	<u> </u>		
1	J	CHURCH						ess <u>121 G</u>			)									
		INGTON			01887-	-1446		WILMING				22				Zip <b>O</b> Code:		7-3500		
		any SELF I						le Action Prior to	Crasl 23	23	23	23		image st Sta		(Code	5 28			
5	Vehicle Travel E	حعت	······································	Responding	g to Emerger	ncy?_2		1 Dequence 1		24		2.5	Ту	pe of	Test:		29			
	1	sued)		-				Harmful Event	1	ᆔ.	25	25	7		st Res		1 30	<del></del>	13	1
	Ì	Sub ————						r Contributing Co	Ode	26			Su			2 31	22	Drug: 2 32	1	
<sup>6</sup> 1	Viol. 3: Ch/Sec/	Sub Please fill out f					Drive	r Distracted by		34	35	36	37	38	rom sc	40	2 33		-	
	Name (Last First M	liddle)		1	•	ddress		DOB/Age	Sex	Seat Pos.	Sufety System	Airbug Status	Code	Trup Code		Transp. Code	M.	edical Facility	_	
	Operate	or			See .	Above			X	1	1	4	0	0	10	1			_	
						· · · · · · · · · · · · · · · · · · ·	·····									<u> </u>				
7 1	Please Select C of the Followir		21 #	Occupants	Non-M	lotorist A	Туре	15 Action	16	Locatio	on	17	Conditi	ion	18		Hit/Run	Moped		
<u> </u>	License:	185		¹		_	Pani	8PG237				 	д Туре	PC			eg State		-	
	Sex M Lic. (	19 19	Lic. Res	strictions	20 CDL		_	ear 2015		Veh M	ake H			_ <del></del>			Config.	21		
		LEY, BRI	J		—— Endo <b>K</b>	orsement		r FANTAS			EAN						· Comig.	<u> </u>		
<sup>8</sup> 1	· •	GROVE AV	F	írst	ì.	Middle		ss 50 GRO	Lost		E	F	irst			М	iddle			
	City <b>WILMI</b>	NGTON	State <b>1</b>	MA Zip C	1887-	4006	City 1	WILMING	TON	1			_ Stat	e <u>M</u> 7	<b>A</b> z	ip <b>O</b>	1887	-2036	1 14	
	Insurance Compa	any PROGRE	SSIV	E DIRE	CT IN	ISURA	Yehic	le Action Prior to	Crash	ı	1	22	Da	mage	d Area	Code:	1 27	27 27	一	
	Vehicle Travel D	irection: NX	E W	Responding	to Emergen	cy?_2	Event	Sequence 1	23	23	23	23		st Stat		i	1 28			
"1	Citation # (If Issu	ned)					Most	Harmful Event	1	24				pe of '. .C Tes	iest: st Resu	ılt:	30			
	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2; Ch/Sec	/Sub		Drive	Contributing Co	de	99	25	25	1		cohol:		Susp.	Drug 2 32		
	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec	/Sub		Drive	Distracted by	0	26			To	wed fr	om sc	ene?	2 33			
	Ple: Name (Last First Mi	ase fill out for oper	ator/non-n	notorist and a	-	s involved	d	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trsp Code	39 Injury Status	40 Transp. Code	Ме	dical Facility		
	Operato	r/Non-Mot	orist		See A	Above		><	X	1	1		0	0	10	1		· · · · · · · · · · · · · · · · · · ·	1	
									$\Box$								<del></del>	Actor in annual con-	1	
																			1	
ļ						<u></u>				<u></u>							<u> </u>			
- 1				1				1	1	1	1	1	I		<b>!</b>	, 1			ŀ	

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	\delta = Bicycle	
Crash Diagram:	ie: 🖚	□ →□	2	<b>→</b> ĝ -	<b>→</b> ੴ	
				€	If Crash <u>Did N</u> on a Public W	
					Off-Street Parkin	g Lot
					☐ Garage	
					Mall/Shopping C	enter
					Other Private Wa	y
		W2D			Indicate North	by Arrow
				<i></i>		
Crash Narrative:			!			
Vehicle #1 was stopp		<del>.</del>	didnt stop	in time and	bumped into Vehicl	e
#1. No visable dam	age to either ve	hicle.				
M						
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
raine (1995), risting (1996)		Address			1 tone #	Statement
nuncionar current contract con						
Property Damage:			In "	41.05		
Owner (Last,First,Middle)	Address		Phone #	41-Type Desc	cription of Damaged Property	
					<u> </u>	
Truck and Bus Informat	Registration #		(From Ve	chicle Section)		42
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate 43 Cargo B	ody Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	46 ength	
Hazmat Information:					<b></b>	
Placard 47 Material 1 d	igit # 48 Material Na	me		Material 4 digit #_	Release code	49

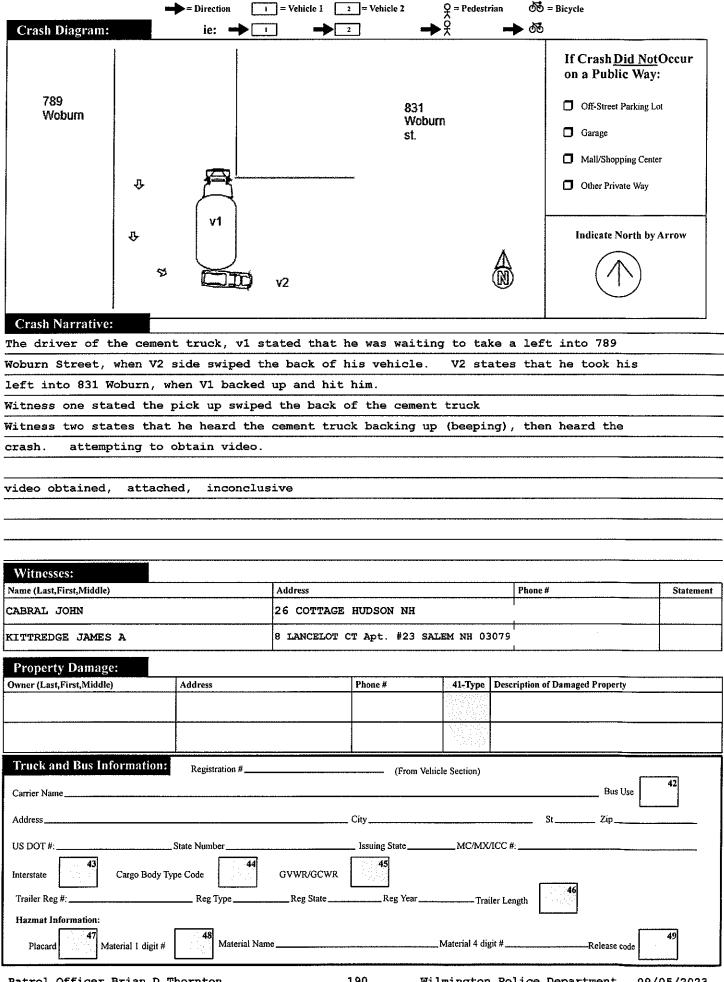
Patrol Officer Anthony Fiore Police Officer Name (Please Print)

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Wilmington Police Department
Department Precinct/Barracks

09/05/2023

	Police Use Only	Comn	nonwealth	of Massa	.chuse	tts			RMV	Docum	nent Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh Nu		Number Injured	Speed		25	State Police Local Police MBTA Police	<u> </u>	
	09/05/2023 0905 Wilr	mington	Police 1	Report	2	C	•	Latitud Longiti			Campus Police	ä	
	AT INTERSECT	ION:	< LOCA	TION >	, <u>'</u>	N	OT A'	ΓINT	ERS	ECT	ION:		
												2 10	1
	Route# Direction	Name of Roadway/Str	eet	Route# Direction	on 831		WOBU			oadway	y/Street	_	J
<sup>1</sup> 1		At											
				Feet [	N S E W	of —	Mile Ma	— ∙ urker	—	or	Exit Number	-	٦
	Route# Direction Nan	ne of Intersecting Roadw Also at Intersection w		Feet	NSEW	of						3 11	l
				Ξ	NSEW	R-	oute#	I	Intersect	ting Ro	oadway/Street		•
<sup>2</sup> 1	Route# Direction Nam	ne of Intersecting Roadw	ay/Street			_			Land	lmark			
	Please Select One	#Occupants Hit/I	Run Moped	Crash Ro	eport ID#	23-	281	<b>n</b> – :					
3	of the Following:			<u>l</u>						· · · · · · · · · · · · ·			
	License #	20	_	<u>99914</u>							21	$\lceil \frac{1}{1} \rceil^{12}$	]
	Sex M Lic. Class D Lic. F	Restrictions 1 CI	dorsement	Year <u>2016</u>						Veh C	Config. <b>10</b>	J <u>F</u>	
1	Operator PICHARDO, BRA	ILYN A	Own	er <u>BENEVEN</u> La		ONCR	FTE First	COR	RP	Midd	lie	-	
<sup>4</sup> 1	Address 1 ARROW TER A	PT 1	Addr	ess <u>900 SA</u>	LEM S	T						-	
	City <b>LAWRENCE</b> State	MA Zip 01841	-3905 City	WILMINGT	ON					_	887-123	- I	
	Insurance Company THE TRAVE	LERS INDEMN	IITY C Vehic	ele Action Prior to C	Crash	99 <sup>22</sup>	j		l Area C	ode: 5		7	
5	Vehicle Travel Direction: SEW	Responding to Emerg	ency? 2 Even	t Sequence 1 2	3 23	23 2	"	est Statu		-	28		
<sup>5</sup> 1	Citation # (If Issued)		Most	Harmful Event	1 <sup>24</sup>		•	/pe of T AC Test	t Result:	. <b> </b> -	30		_
	Viol. 1: Cli/Sec/Sub	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Cod	le 99	25	25	ısp. Alc			Susp. Drug: 3	1 1 13	l
4	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	0 26		To	owed fro	om scen	ie? 2	33	<del></del>	ı
<sup>6</sup> 1	•	tor and all occupants inv			34 Seat	Safety Air	36 37 rbag Eject	38 Trap Code	Injury To	40 ransp.			
	Name (Last First Middle)  Operator		Address e Above	DOB/Age		System Str 1 4	atus Code		Status C	Code	Medical Facility		
	Operator	-			^ -								
							_	-					
				;								**********	
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	Action	16 Location	n 1	7 Condit	tion	18	🔲 ні	it/Run 🔲 Mop	ed	
<u> </u>	License #		*9 !	2EDD55		<u> </u>	Reg Type	· PC		Reg	State MA	_	
	19 19	testrictions 1 20 CI		rear 2019						Veh C	21	]	
	<u></u>		dorsement	FORTES,							, sang.	,	
<sup>8</sup> 1	Last	First PT 2	Middle	ess 3 WALK	ist		First 2			Midd	lle		
	City NORTH ANDOVER State	MA Zip 01845		NORTH AN		t	Sta	te <b>MA</b>	Zip	018	845-191	5 1 <sup>14</sup>	l
	Insurance Company GEICO GENE	_	•	ele Action Prior to C	Г	4 22	D:	amaged	Area C	ode: 6	27 27 2	7	1
	Vehicle Travel Direction: NXEW	Responding to Emerg	ency? 2 Even	Sequence 1 2	3 23	23 23	7 Te	st Statu	ıs:		28	_	
	Citation # (If Issued)		Most	Harmful Event	1 24		_	pe of T		-	30		
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	r Contributing Code	e <b>1</b>	25	25	AC Test isp. Alc	t Result:		Susp. Drug 3	2	
		Viol. 4: Ch/Sec/Sub ——		Ī	0 26		_	•	om scen		33	<b>-</b>	
	Please fill out for operator/nor				34 Sent	35 3 Safety Air	6 37 rbag Eject	38 Trap		40 ransp.		$\dashv$	
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System Sta	itus Code	Code	Status (	Code	Medical Facility		
	Operator/Non-Motorist	Se	e Above		$X^1$	1 4	0	°	10 1	-	<del></del>	_	
										$\perp$			
												_	



Patrol Officer Brian D Thornton

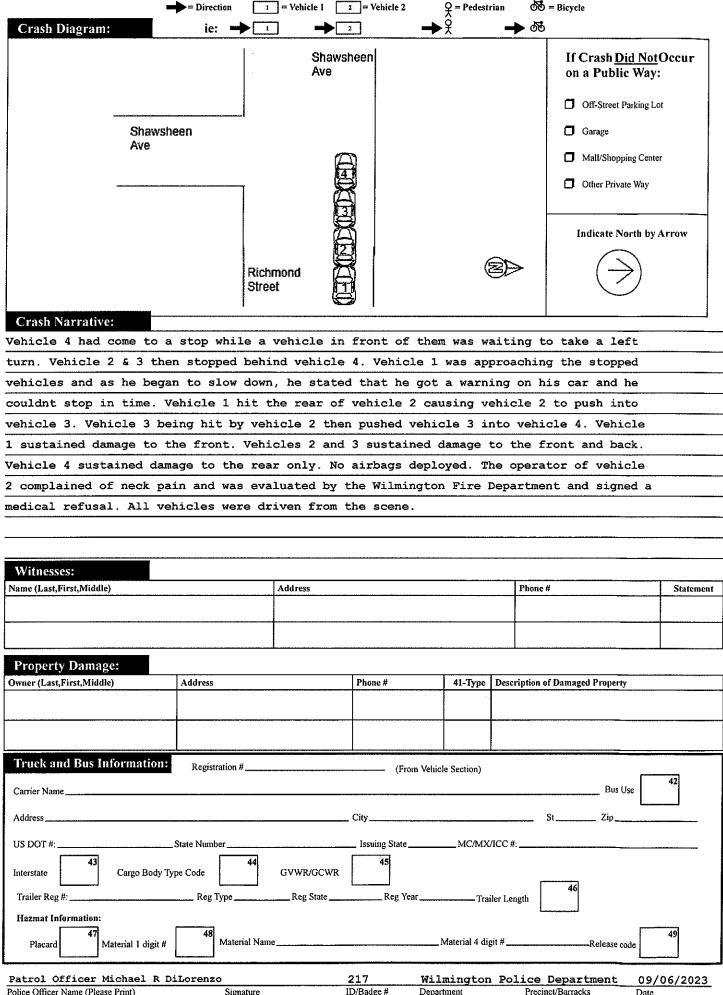
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Wilmington Police Department

09/05/2023

	Police Use Only	Com	monwealth	of Massach	usetts		RM	V Docum	ent Number	
	Date of Crash   Time of Crash   09/06/2023   1447   Wil	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit Latitude	40	State Police Local Police MBTA Police	
	09/06/2023   <b>1447</b>   <b>Wil</b>	mington	Police	Report	4	0	Lantude		Campus Police  Other:	
	AT INTERSECT	TION:	< LOCA	TION >		NOT AT	T INTER	SECTI	ION:	<u> </u>
										2 10
	Route# Direction RICHMON	Name of Roadway/S	treet	Route# Direction	Address #		Name of	Roadway	/Street	<b> </b>
<sup>1</sup> 1		At		Feet N S	IEIW s		_			]
	Route# Direction SHAWSHE	EEN AVE	way/Street	Feet N S	E W of	Mile Ma	nrker	or	Exit Number	11
	TOMO! Director	Also at Intersection v		Feet N S	E W of	D	- Into an		1/C+	2
<u> </u>	Route# Direction Na	ame of Intersecting Road	/Stat	Feet NS	E W of	Route#	inters	ecing Roa	adway/Street	
<sup>2</sup> 1	Route# Direction Na	ame of intersecting road	way/Stieet				La	ndmark		-
3	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Report	1D# <b>23</b>	-28	1-AC	7		
	License #		. Reg	# <u>896ZY6</u>		Reg Type	PC	Reg	State MA	12
	Sex M Lic. Class D Lic.			Year <b>2021</b>	Veh Make <u>J</u>	eep		Veh Co	onfig. 1 21	1 1
	Operator SALVAGGIO, G		Endorsement Own	er SALVAGGI	O, GLE	N R				
<sup>4</sup> 1	Address 7 ABBOTT RD	First	Middle Addi	ess 7 ABBOTT	RD	First		Middle	v	
	City <b>BILLERICA</b> Sta	te <b>MA</b> Zip 0182:	1-3072 City	BILLERICA		Sta	te <b>MA</b> 2	Zip <b>018</b>	321-3072	
	Insurance Company INTEGON N	ATIONAL IN	SURANC Vehi	cle Action Prior to Crash	ı <b>2</b>	<b>22</b> D	amaged Area	Code: 1		
	Vehicle Travel Direction: NSE	Responding to Eme	rgency? 2 Even	t Sequence 1 23	23 23	40	est Status:	1	28	
5	Citation # (If Issued)	<u> </u>	Mos	Harmful Event 1	24	•	pe of Test: AC Test Resi	ult:	30	
	Viol, 1; Cli/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	5 25	25	usp. Alcohol:		Susp. Drug: 2 32	1 13
<u> </u>	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		owed from so	·	33	
<sup>6</sup> 1	· ·	rator and all occupants in		DON'T G	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury Code Status	40 Transp. Code	M. E. d P. ZEw	1
	Name (Last First Middle)  Operator	S	Address See Above	DOB/Age Sex	Pos. System	Status Code 4 0	0 10	1	Medical Facility	†
							-			-
							-		·	1
								<u> </u>		-
1		<u> </u>						<u> </u>	· · ·	1
<sup>7</sup> 3	Please Select One of the Following:	#Occupants	n-Motorist A Type	Action 16	Location	Condit	tion 18	Hit	t/Run 🔲 Moped	
_	License 4		Reg	# 2WF346		Reg Type	PC	Reg	State MA	1
	Sex <b>F</b> Lic. Class D 19 19 Lic.			Year <b>2018</b>	Veh Make <b>F</b>	ORD		Veh Co	onfig. <b>1</b> 21	
ę	Operator CIANCIULLI, S	SUSAN JEAN	indorsement  Middle  Own	er CIANCIULI	LI, SU	SAN J	EAN	Middle		
°1	Address 17 JERE RD	2.11.94		ess 17 JERE	RD	rust		tytidale		
	City WILMINGTON Sta	te <b>MA</b> Zip <b>0188</b>	7-1670 City	WILMINGTON	Ţ			· —	87-1670	1 14
	Insurance Company GEICO GEN	ERAL INSUR	ANCE C Vehic	ele Action Prior to Crash	2	_	amaged Area	Code: 1		
	Vehicle Travel Direction: NSE	Responding to Emer	gency? 2 Even	i Sequence 1 23	23 23	20	est Status:	1_	28	
, 2	Citation # (If Issued)		Most	Hammful Event 1	24	В	AC Test Resi	ılt: 1	30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2; Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 St	isp. Alcohol:	2 31 5	Susp. Drug 2 32	
		Viol, 4; Ch/Sec/Sub —		er Distracted by 0	26		wed from so		33	]
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occup	ants involved	DOB/Age Sex	34 35 Seat Safety Pos. System	Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	st s	ee Above	><X	1 1	4 0	0 10	1		
									· <u>·</u> ·.	

	Pol	lice Use Only		Com	nonweal	th (	of Massa	ich	us	etts	ı			RM	V Doc	ument N		İ	
	Date of Crash 09/06/2023	Time of Crash		City/Town	Motor V	Veh	icle Cra	sh		umber hicles			•	Limit	40	Loca	e Police		
	09/06/2023	24HR	W T TIII.	ington	Poli	ce l	Report		4		o ĺ		Latitu Longi				pus Police		
		AT INTERS	ECTIO	ON:	< L(	OCA'	TION	>			NO	ΓΑΊ	'IN'	rer	SEC	TION	<b>l</b> :		
					•													2	D
<b></b>	Route# Dire	ction RICH		ST Name of Roadway/St	reet	-	Route# Direct	tion	Addı	ess#			Na	me of	Roadw	vay/Stree	et	-	J
<sup>1</sup> 1				At				v a	l l 1	1 .								1	
L	Route# Direc			N AVE of Intersecting Roady	/nu/Street		Feet	NIS	EW	of	— Mi	le Ma	rker		or -	Exit	Number		n
	Kouice Direct	CHOIL		Also at Intersection w		[	Feet	N S	E W	of								2	
_							Feet	N S	E W	of	Route	e#		Interse	cting I	Roadway	y/Street		
<sup>2</sup> 1	Route# Direc	ction	Name	of Intersecting Roady	vay/Street									La	ndmarl	k_		-	
2	Please Select C of the Followi	One Vehicle	3 <b>1</b>	Occupants Hit/	Run Mo	ped	Crash R	eport	ID#	23	-2	81	L -	AC	•			1	
,		III.															)/B	-	
	License:	19 19	1	20			529¥Z3										2.1	1 12	2
	Sex <b>F</b> Lic.	Class D	Lic. Res	E <sub>1</sub>	DL idorsement		ear 2015									Config.	<u> </u>	-	١
<sup>4</sup> 1			_	<u>ISTY MARI</u>	Middle		-	Jan 1	-		Fi	AE'L isi	<i>ير</i> ل	ME	<b>S</b>	iddle			
1		BANBURY		- 01004			ess 29 BAN		RY	DR									
	1			1A Zip 01886			WESTFORI				22				-		27 27		
		·		TUAL INSU	RANCE	Venic	le Action Prior to	-,-		4	Ц.		ımagee st Stat		Code:	28	5 27 27		
5	Vehicle Travel D	Direction: N S	E 🗙	Responding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		pe of 1			29			
	Citation # (If Iss	sued)				Most	Harmful Event	1_	24			BA	•	st Resu	ılt;	1 <sup>30</sup>		1.	п.
	Viol. 1: Ch/Sec/	Sub	Vi	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	de	1_	25	25	Su	sp. Al	ohol:	2 31	Susp.	Drug 2 32	1 13	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub		Drive	Distracted by	0	26			To	wed fr	om sc	епе?	2 33			_
1	Name (Last First M		or operato	r and all occupants inv	olved Atklress		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbeg Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	М	edical Facility		
	Operate			Se	e Above			X	1	1			0		1		· · · · · · · · · · · · · · · · · · ·	<del></del>	
									-									_	
									ļ									-	
																		4	
<sup>7</sup> 3	Please Select C of the Followir		4 <u>1</u> #	Occupants Non-	·Motorist A Typ	ne	Action	16 L	_ocatio	n	17	Conditi	ion	18		Hit/Run	Moped		
_	License #,					Reg#	4PHY28				Reg	з Туре	PC		R	eg State.	MA	1	
	Sex <b>F</b> Lic. (	Class D 19	Lic. Res	trictions I 20 CI	DL	Veh Y	ear <u>2023</u>	\	√elı Ma	ake <b>V</b>					Veh	Config.	1 21		
			GAIL	ELIZABET	idorsement <b>H</b>	Owne	NOLAN,	sc	OT'	T D	ı								
<sup>8</sup> 1	Address 31	CHESTNUT	ST	Laf	Middle	Addre	ss 31 CHE	st ST1	TUN	SI	Fia C	rat			Mi	ddle			
	City <b>WILMI</b>	NGTON	_ State <u></u>	<u>IA</u> Zip 01887	-3911	City <b>I</b>	WILMING!	CON	<u> </u>			_ Stat	e <b>M</b>	z	iр <u>01</u>	L887	-3911	1 14	
	Insurance Compa	any THE CON	MERC	E INSURAN	ICE CO	Vehicl	e Action Prior to	Crash		2	22	Da	mageo	Area	Code:	5 <sup>27</sup>	27 27		J
	Vehicle Travel D	pirection: N S	E 🔀	Responding to Emerg	ency? 2	Event	Sequence 2	23	23	23	23		st State			1 28			
0	Citation # (If Issu	ued)				Most I	Hannful Event	1	24				pe of T			29			
2	Viol. 1: Ch/Sec/S	Sub	Vic	ol, 2; Ch/Sec/Sub —		Driver	. Contributing Cod	de	1	25	25			t Resu ohol:			Drug: 2 32		
	Viol. 3: Ch/Sec/S	Sub	Vic	ol. 4: Ch/Sec/Sub		Driver	Distracted by	0	26				-	om sce		2 33			
		-	ntor/non-n	notorist and all occupa					34 Sent	35 Sufety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.				
	Name (Last First Mi	or/Non-Mot	oriet	0	Address e Above		DOB/Age	Sex	Pos. 1	System 1	Stotus	Code	Coxle	Status	Code 1	Мо	dieal Facility		
	Орегии	)1/1 \UR=IVIUI	vi ist	l se	C MUUYE			$\triangle$	1		-	-	-					-	
																		-	
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	Police Use Only	nonwealth	onwealth of Massachusetts					RMV Document Number		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it 30	Local Police	7
	09/07/2023 <b>0821 Wil</b>	mington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSEC		1
			<del></del>							2 10
	Route# Direction	Name of Roadway/Str	rpel	Route# Direction	8 Address #		NG RI		/ay/Street	
<sup>1</sup> 1	Atomon Buconon	At					14tine 0	1 ICOAUN	ay/Sirect	-
				Feet N S	E W of	Mile M	•	- or _	Exit Number	
	Route# Direction Nan	ne of Intersecting Roadw Also at Intersection w	····	Feet N S	SEW of	Mile to	anoi			4 11
		ruso at intersection w		Feet N S		Route#	Inter	secting R	Roadway/Street	-
<sup>2</sup> 1	Route# Direction Nam	ne of Intersecting Roadw	/ay/Street	reet []	<u>/[=[11]</u> 01			andmark		_
	Please Select One	#Occupants Hit/			Q 2	20				1
399	of the Following:	_#Occupants   Hit/	Run Moped	Crash Repor	1 ID# <b>Z</b> 3	-28	Z-A(	<u>ن</u>		_
	License :		Reg	# 1NKY19		Reg Typ	e <u>PC</u>	Re		12
	Sex <b>F</b> Lic. Class 19 19 Lic. R		DL Veh	Year <b>2017</b>	Veh Make <u>1</u>	1AZDA		Veh	Config. 21	1
	Operator GAYNOR, KELLY			er GAYNOR ,	KELLY	L				
<sup>4</sup> 1	Address 8 GOWING RD	rasi		ess 8 GOWING	RD	First		Mic	ddle	
	City <b>WILMINGTON</b> State	MA Zip 01887	<b>'-1504</b> City	WILMINGTO	Ŋ	Sta	nte <b>MA</b>	շւր <b>01</b>	L887-1504	
	Insurance Company <b>GOVERNMEN</b>	C EMPLOYEES	INSU Vehic	cle Action Prior to Crasi	h 11	<b>22</b> D	amaged Are	a Code:	7 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emerg		t Sequence 23	23 23	23 T	est Status:		1 28	
2	Citation # (If Issued)			Harmful Event 2	24		ype of Test:		29	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	7 25	25	AC Test Res	1	30	13
					26		usp. Alcohol owed from s		Susp. Drug: 2 32	2
1	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub —— tor and all occupants inv		r Distracted by	34   35	36 37	38 39	40	2 55	4
	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap laiury	Transp.	Medical Facility	
	Operator	Se	e Above	><X	1 0	5 3	0 10	1		
										1
									<u> </u>	1
								 		1
3	Please Select One of the Following:	#Occupants Non-	Motorist A Type	Action 16	Location	17 Condi	tion 18	⊠н	lit/Run Moped	
_	License # St	DOB/Age	Reg #	unknown		Reg Type	· · · · · · · · · · · · · · · · · · ·	Re	eg State	•
	19 19	2.0		/ear					21	
	Operator unknown	En	dorsement	er					ounig.	
1	Address	First	Middle	Last SSS		First		Mid	ldle	
	CityState	Zin		730		Sto	te2	7in		<b>1</b> 14
	Insurance Company	<u>-</u>	-	le Action Prior to Crasl			amaged Area		27 27 27	
	Vehicle Travel Direction: N S E W			23	23 23	Te	st Status:	ľ	28	
		Responding to Emerg	•	Sequence	24		pe of Test:	Ī	29	
2	Citation # (If Issued)	_		Harmful Event	25	25 B	AC Test Res		30	
	Viol. 1: Ch/Sec/Sub ———— V			r Contributing Code	26	Sı	sp. Alcohol:	<u> </u>	Susp. Drug: 32	
ļ	Viol, 3: Ch/Sec/Sub ————V			r Distracted by			wed from so	<u> </u>	33	]
	Please fill out for operator/non- Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	İ
	Operator/Non-Motorist	Sec	e Above	X	1					
ŀ								$\dagger$		
}							<u>                                       </u>			
-		:								

	= Direction 1	= Vehicle 1 2 = Vehicle 2	Q = Pedest	rian 🐠 = Bicycle	
Crash Diagram:	ie: 👈 📑	2	<b>→</b> ¾	<b>→</b> 86	
8 Gowing Rd	M	V 1 Gowing Rd		If Crash Did Non a Public Wall Off-Street Parkin Garage Mall/Shopping C Other Private Wall Indicate North	ay: g Lot enter
		Oakridge Circle			
Crash Narrative:					
MV 1 was parked on the	side of the ro	ad in front of 8 Gow	ing Rd. T	he reporting party	
stated that the vehicle	was parked th	ere from 11am-3pm.	The report	ing party said that sh	e
believes the vehicle wa	s struck in th	at period of time.	The vehicle	e had fresh damage on	
the left side indicating	g the vehicle	was side swiped (See	Images).	The vehicle is	
primarily parked in the	driveway, and	once the damage was	seen it w	as moved to the	
driveway of 8 Gowing Rd	. (Reference	23-1129-OF)			
	· · · · · · · · · · · · · · · · · · ·				
Witnesses:					
Name (Last,First,Middle)		Address		Phone #	Statement
Property Damage:					
Owner (Last,First,Middle)	Address	Phone #	41-Туре	Description of Damaged Property	
Truck and Bus Information:	Registration #	(Fron	n Vehicle Section)	Г	42
Carrier Name				Bus Use	**
Address		City		St Zip	
Additos					
	State Number	Issuing State	MC/MX	/ICC #:	
US DOT #:	44	45	MC/MX	/ICC #:	
US DOT #:  43 Interstate Cargo Body Ty	pe Code	GVWR/GCWR 45		46	
US DOT #: 43 Cargo Body Ty Trailer Reg #:	pe Code	GVWR/GCWR 45		46	
US DOT #:  43 Interstate Cargo Body Ty	pe Code 44 Reg Type	GVWR/GCWR 45  Reg State Reg Year	FTrai	46	49

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

Wilmington Police Department
Department Precinct/Barracks

09/07/2023

# Wilmington Police Department Images Associated with 23-282-AC



	Police Use Only	nonwealth	of Massach	usetts	RM					
	Date of Crash   Time of Crash   09/07/2023   <b>2147</b>   <b>Wil</b> :	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t <u>35</u>	State Police Local Police MBTA Police Campus Police	]
	24HR	ming con	Police :	Report	1	0	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	RSECT	ION:	1
									···	2 10
	Route# Direction	Name of Roadway/St	reet	Route# Direction	281 Address #	SHAW	VSHEEN Name of	I AVE		
<sup>1</sup> 4		At								1
				Feet N S	E of	Mile Ma	• arker	or	Exit Number	
	Route# Direction Na	me of Intersecting Roady  Also at Intersection w		Feet N S	E W of					1 11
	j			Feet N S		Route#	Inters	secting Ro	oadway/Street	
<sup>2</sup> 1	Route# Direction Name	ne of Intersecting Roady	/ay/Street		·		L	andmark		-
	Please Select One     Vehicle 1 1	#Occupants Hit/	Run Moped	Crash Report	1D# 2 3	-28				1
3	of the Following:									4
	License # 19 19 19			BN53EI					21	7 12
	Sex M Lic, Class D Lic. I	Eı	ndorsement	Year <b>2010</b>				Veh C	Config. 1	
4	Operator <u>CERNEI</u> , <u>CATAI</u>	First	Middle	er CERNEI, C		First		Midd	le	
<sup>4</sup> 1	Address <b>16706 81ST AVE</b>			ess <u>16706 81</u>	ST AV				·····	
	City <b>PUYALLUP</b> State			PUYALLUP			nte <u>WA</u>	_		
	Insurance Company STATE FAR			ele Action Prior to Crash		<u></u>	amaged Area	a Code: 2	27 27 27	
5	Vehicle Travel Direction: NSE	Responding to Emerg	gency? 2 Even	Sequence 35 23	23 23		ype of Test:	3	29	
	Citation # (If Issued) <u><b>T3191159</b></u>			Harmful Event 35	<del></del>	В.	AC Test Res	rult: 5	30	
	Viol. 1: Ch/Sec/Sub <u>90 24J</u>	Viol. 2: Ch/Sec/Sub 89	4A Drive	r Contributing Code	9 25	25 St	usp. Alcohol	1 31	Susp. Drug: 2 32	30 <sup>13</sup>
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by 99	26	To	owed from so	cene? 1	33	
1	Please fill out for opera Name (Last First Middle)	ator and all occupants inv	olved Address	DOB/Age Sex	34 35 Sent Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Medical Facility	
	Operator	Se	e Above	XX	1 1	4 0	0 10	1		1
								1	•••	1
			·		$\vdash \vdash$			+		
								┼		-
										1
<sup>7</sup> 1	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	Action 16	Location	17 Condit	tion 18	П П	t/Run Moped	
_	License #St	DOB/Age	Reg #			Reg Type	2	Reg	State	1
	Sex Lic. Class 19 19 Lic. F	Restrictions 20 CI		/ear	Veh Make			Veh C	Config. 21	
	Operator	First Er	dorsement Own	erlast						
<b>1</b>	Address	First		Lost		First		Middl	le	
	CityState	: Zip	City_			Sta	te2	Zip		1 14
	Insurance Company		Veluic	le Action Prior to Crash		22 Da	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg	ency? Event	Sequence 23	23 23	~-1	est Status:	ļ	28	
9_	Citation # (If Issued)		Most	Hannful Event	24	-	pe of Test: AC Test Res	ult:	30	
2	Viol. 1; Ch/Sec/Sub ———	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	sp, Alcohol:	<del></del>	Susp. Drug: 32	
Ì	Viol. 3; Ch/Sec/Sub ———	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		wed from so	·	33	
	Please fill out for operator/not	n-motorist and all occupa		DODA "	34 35 Seat Sofety	36 37 Airbag Eject	38 39 Trap Injury			1
	Name (Last First Middle)  Operator/Non-Motorist	Se	Address e Above	DOH/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
								<del>   </del>		1

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedest	trian	ØØ = Bicycle	
Crash Diagram:	ie: 👈 🗓	<b>→</b> □	2	· 옷		<b>&gt;</b> 929	
	281 Shawsheen Av	r <del>e</del>				If Crash <u>Did Not</u> on a Public Way.  Off-Street Parking Lo	:
	rock wall					☐ Garage	
		<b>3</b> 0	Shawshe	en Ave/ F	Rt. 12	9	·r
		ey a				Other Private Way	
					⇔	Officer Frivate way	
					$\mathbb{A}$	Indicate North by	Arrow
					(III)		
Crash Narrative:							
MV1 WAS TRAVELING WEST							
THE FOG LINE, AND STRUC							
TRAVELING STRAIGHT AHEA							
STOP. MV1 SUFFERED HEAV		<del> </del>					
RESPONDED AND MEDICAL A							
THEIR LOT. THE ROCK WAL	L BELONGING TO	281 SHAWSH	EEN AVE SUFFI	ERED SI	GNIF	ICANT DAMAGE. REFER	
TO AR-372.		<del> </del>					
						1-14-14-14-14-1-1-1-1-1-1-1-1-1-1-1-1-1	
		<u> </u>					
Witnesses:		11					
Name (Last, First, Middle)		Address				Phone #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Descr	iption of Damaged Property	
SURPRENANT FRANCES E	201 SHAWSHEEN AVE W	VILMINGTON MA 01	t 	97	ROC	K WALL	
Truck and Bus Information:	Registration #		(From Vehic	le Section)		F	43
Carrier Name						Bus Use	42
Address	***************************************		City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	ИСС#:		
Interstate 43 Cargo Body Ty	ype Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Len	gth 46	
Hazmat Information:						i	
Placard 47 Material 1 digit #	48 Material Name	e		Material 4 di	git #	Release code	49
Patrol Officer Kayla M	Hanson		230 Wil	mington	ı Pol	ice Department 09/	07/2023

Signature

ID/Badge#

Department Precinct/Barracks

	Police Use Only			Com	Commonwealth of Massachusetts RMV Document Number														
	Date of Crash 09/09/2023	Time of Crash 0543	City <b>Vilmin</b>	/Town	Mot	or Veh	icle Cra	sh		umber		arad I	•	l Limit	3	Loc	te Police al Police TA Police	0800	
	09/09/2023	24HR	ATTIUTU	gton	I	Police :	Report		2		0	- 1	Latitu Longi	tude			npus Police	ᆸ	
		AT INTERS	ECTION:	, *	<	LOCA	TION	>			NO	ТАТ	'IN'	TER	SEC	TION	۷:		
														_					2 <sup>10</sup>
	Route# Dire	ction	Nan	ne of Roadway/St	reet		Route# Direc	tion	27 Addr	ess#	M	AIN			Roady	vay/Stre	et		
¹2				At					1 _ 1:::	1									
	1		NI 61				Feet	N S	EW	of	M	ile Mai	• rker		or	Exi	it Number		11
	Route# Direc	20011		ntersecting Roady o at Intersection v			Feet	NS	E W	of								_	2 11
								N S			Rout	e#		Inters	ecting l	Roadwa	y/Street		
<sup>2</sup> 2	Route# Direc	ction	Name of I	ntersecting Roads	vay/Street				I I					La	ındmarl	k			
	Please Select C	ne X Vehicle	1 <b>1</b> #0cc	cupants Hit	Run [	Moped	Crash F	Zenart	m# '	23		20	1						
3	of the Followi	ng:			.van														
	License #_	10 10	1	20			LBB622									_	7	╗ .	1 12
	Sex M Lic.	Class D	Lic. Restrict	tions 1 C	DL ndorsement		rear <u>2008</u>							BEN!	<b>Z</b> _Veh	Config.	. 1	] [	
Δ		AZ BAUTI:			Middle	Own	er ENCARN	IAC ]	ION	MUN	IOZ	F irst	I		M	íddle			
<sup>4</sup> 3	Address 9 G	RANITE S	T APT	r 16		Addr	ess <u>857 46</u>	<u> 5TH</u>	SI	<u> </u>		<del></del>				<del> </del>			
	City METHU	JEN	_ State MA	_ Zip 01844	<u>1-3780</u>	City_	BROOKLY	N								1220		_	
	Insurance Comp	any <b>STATE</b> 1	FARM M	TUT AUTO	co	Vehic	le Action Prior to	Crash		1	22				Code:	8 27	1 27 2	27	
٢	Vehicle Travel D	Direction: NXI	E W Res	sponding to Emer	gency? 2	Even	Sequence 1	23	23	23	23		st Stat			1 28 29			
<sup>5</sup> 1	Citation # (If Iss	ued) <b>173122</b>	AC_			Most	Harmful Event	1	24				pe of	iesi: st Resi	att ·	30			
	Viol. 1: Ch/Sec/S	Sub <u>90 9</u>	Viol. 2	: Ch/Sec/Sub		Drive	r Contributing Co	ode	5	25	25				2 31	Susp.	Drug 2 3	32	1 13
,	Viol. 3: Ch/Sec/	Sub	Viol. 4	: Ch/Sec/Sub		Drive	r Distracted by	99	26					rom sc		3 33	ــــــا	╛┠	
<sup>6</sup> 1				d all occupants in					34 Seat	35 Safety	36 Airbag	37 Eicet	38 Trap Code	39 Injury	40 Transp.				
	Name (Last First M		······		Address		DOB/Age	Sex	Pos.	System 1	Status	Eject Code		Status	Code 1	M	edical Facility	$\dashv$	
	Operate	)r			ee Above			$\triangle$	1	1	4	0	0	10	1			_	
,	Please Select C		1. #Occ	upants Non	-Motorist A	Type	15 Action	16	Locatio		17	Conditi	on [	18	Ь.	Hit/Dus	Mor	201	
<sup>7</sup> 2	of the Followir	ig:	<u> </u>	1100	-171010113171			^		** <u>L</u>			<u> </u>		<u> </u>				
	License,	19 19			**************************************	_	1ZLF52					д Туре			R	eg State	MA 21	<u>.</u>	
	Sex M Lic. (		Lic. Restrict	ions 1 C	DL idorsement			\		ike <b>V</b>	OLI	SW	AGE	IN_	Veh	Config.	1	╛┃	
8 2	_	IAN, LEY	First		Middle		r CHHAN,	Lasi			F	irst			Mi	ddle		-	
		THAYER S'					ess 83 THA	YE	R S	T								<b>-</b>  -	14
	City <b>LOWE</b> I			Zip <b>01851</b>		-	LOWELL				22				- 1		<u>-324</u>	_	L
	Insurance Compa	ny PLYMOUT	H ROCI	K ASSURA	NCE C	Z Vehic	le Action Prior to		<del></del>	2	Ц,		maged st Stati		Code:	5 28	27 4 2		
	Vehicle Travel D	irection: NX E	E W Res	ponding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		ne of I			29			
<sup>9</sup> 2	Citation # (If Issu	ıed)				Most	Hannful Event	1	24				.C Tes	t Resu	ılt:	1 30		İ	
	Viol. 1: Ch/Sec/S	iub	Viol. 2:	: Ch/Sec/Sub		Drive	r Contributing Co	de	<u></u>	25	25	Sus	sp. Ale	cohoi:	2 31	Susp. I	Drug: 2 3	32	
	Viol. 3: Ch/Sec/S	ub	Viol. 4:	: Ch/Sec/Sub		Drive	r Distracted by	0	26			Tov	ved fr	om sc	ene?	2 33		_	
	Ple: Name (Last First Mi	ase fill out for opera	tor/non-motor	rist and all occupa	ints involved	· ·	DOB/Age	Sex	34 Seat Pox.	35 Safety System	J6 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Coda	Мо	dical Pacility		
		or/Non-Moto	orist	Se	e Above			X	1	1	4		0	10	1				
	-																	$\dashv$	
								-								<u></u>		_	
																<u></u>			

	= Direction 1	= Vehicle 1	2 = Vehicle 2	र् = Pedesi	rian 📆	= Bicycle			
Crash Diagram:	ie: 👈 🗔	¬ → □	2	₽Ŝ	<b>→</b> ॐ				
						If Crash <u>Did Not</u> on a Public Way			
						Off-Street Parking Lo	ot		
	THANKS COMMON BUT TO SEE THE S		100AL00403.6			☐ Garage			
					ret.	☐ Mall/Shopping Cente	er		
					日	Other Private Way			
		— — — — — — — — — — — — — — — — — — —			₩.				
					ew	Indicate North by	Arrow		
			Viging All Andrews						
	277 Main : Willmingto			₹	3				
Crash Narrative:									
MV 2 operator stated	that he was slow	ing for a	red traffic s	ional a	t the int	tersection of			
Main Street and 277 Ma									
translation, said that									
MV 2. MV 1 (NY Reg LB)									
stated no injuries. Ci	itation issued t	o MV 1 ope	rator. MV 1 t	owed by	A&S Towi	ing to A&S			
Towing. Damage to both	n vehicles appea	red very m	inor- both in	drivea	ble condi	tion.			
	100								
Witnesses:							,		
Name (Last, First, Middle)		Address			Phone #	Phone #			
Property Damage:									
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of	Damaged Property			
Touch and Due Information									
Truck and Bus Information	Registration #		(From Vehi	cle Section)		Γ-	42		
Carrier Name						Bus Use			
Address			City		S	itZip	<del> </del>		
US DOT #:	State Number	· · · · · · · · · · · · · · · · · · ·	Issuing State	MC/MX	/ICC #:				
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45						
			Pag Vas-	_	[	46			
Trailer Reg #:	Keg Type	reg state	Keg Ieai	Tra	ner Length				
47	48 Material Name	_		Material 4 "	.:. #	, <u></u>	49		
Placard Material 1 digit	# Material Name	e		ivialeriai 4 di	3H #	Release code			
Patrol Officer James H			225 Wi	lmingtor	Police	Department 09/	00/2022		

# Wilmington Police Department Images Associated with 23-284-AC







	Police Use Only Com			monwealth of Massachusetts RMV Document								]		
	Date of Crash Time of 09/09/2023 1949	ı	City/Town	Motor Veh		h Ni		lumber njured	Speed Latitu	Limit_	25	State Police Local Police MBTA Police		]
	03/03/2023 1343	24HR	Ing con	Police	Report	2	0		Longi			Campus Polic	· 5	
	AT IN	TERSECTION	ON:	< LOCA	TION >		N	OT A	r in	rer:	SEC'	TION:		
						64	1	BALI	.ARI	OVA	T.F.	ST		2 10
1_	Route# Direction		Name of Roadway/Str	eet	Route# Directio							/ay/Street		
<sup>'</sup> 5			At		Feet N	SEW	of —		<b></b> .		ог _			
	Route# Direction	Name	of Intersecting Roadw	ay/Street				Mile Ma	ırker			Exit Numb	er	1011
			Also at Intersection w	ith	Feet N		Ro	ute#		Interse	cting F	Roadway/Street		F
<sup>2</sup> 2	Route# Direction	Name	of Intersecting Roadw	ay/Street	Feet N	S E W	of							
	Please Select One		#O	. m	<u> </u>		2.2	201			ndmark •	<u> </u>	****	1
3	of the Following:	Vehicle 10	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	23-	<b>28</b> 3	<b>)</b> –	AC	•		***	1
	License #	St 19	DOB/Age		# <u>2JLX24</u>								21	<b>1</b> 12
	Sex Lic, Class	Lic. Re	strictions CI	dorsement	Year <u>2021</u>						_ Veh	Config. 1		
4	Operator <b>Driver</b>	less M.V	First	Middle Own	er MURPHY,	BRII	DGET	ANN First	<u> </u>		Mic	ddle		
<sup>4</sup> 1	Address			Addr	ess 64 BALI	ARDV		ST	·-····································					
	City			•	WILMINGT	ОИ						L887-11		
	Insurance Company THE	E STANDA	RD FIRE IN	SURAN Vehic	cle Action Prior to Ci		11 22			d Area	Code:	7 27 27 28	27	
5	Vehicle Travel Direction:	NSXW	Responding to Emerg	ency? 2 Even	t Sequence 2 23	<u> </u>	23 23		est State /pe of T			29		
	Citation # (If Issued)		_	Most	Harmful Event 2			В	•	t Resul	lt:	30		
	Viol. 1: Ch/Sec/Sub ——	Vi	iol. 2: Clı/Sec/Sub ——	Drive	er Contributing Code	<u> </u>	25	25 St	ısp. Alc	cohol:[2	2 31	Susp. Drug.	32	2 13
<sup>6</sup> 2	Viol, 3: Ch/Sec/Sub ———	Vi	iol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	26		To	owed fr	om sce	ene?	2 33		
2	Please Name (Last First Middle)	fill out for operate	or and all occupants inv	olved Address	DOB/Age	34 Seat Sex Pos.	35 36 Safety Airba System State	ig Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Faci	itv	
	Operator		Se	e Above			0 4	0	0		1			
			1	<u></u>		<u>       </u> a	177	1	<u> </u>	7.01		<del></del>		
<sup>7</sup> 1	Please Select One of the Following:	Vehicle 2.1	Occupants Non-	Motorist A Type	Action 1	Location	n 17	Condit	ion	18	<b>□</b>	Hit/Run 🔲 N	1oped	
	License #			Ť	3CSH75		R	eg Type	PC		Re	g State <b>MA</b>		
	Sex M Lic. Class D	19 19 Lic. Res	strictions 20 CI	L Veh Y	Year <b>2018</b>	_ Veh Ma	ke <b>Jee</b>	<b>p</b>			_ Veh	Config. 1	21	
₹	Operator ROSARIC	), HECTO	R MANUEL		er ROSARIO	, HEC	CTOR	MAN	UEI	4	Mid	ldle		
'1 ——	Address 60 SENE	CA ST A	PT 1		ess 60 SENE	CA S	T A	PT 1	<u> </u>					
	City FITCHBURG	State 1	MA Zip 01420	-5337 City_	FITCHBURG	3						420-53	37	1 14
	Insurance Company THE	STANDA	RD FIRE IN	SURAN Vehic	ele Action Prior to Cr	ash	10 22			l Area (	Code:	<del></del>	27	
	Vehicle Travel Direction:	NXEW	Responding to Emerge	ency? 2 Event	Sequence 2 23	23	23 23		st Statu pe of T			28		
,	Citation # (If Issued)			Most	Harmful Event 2			-	•	t Resul	lt:	30		
2	Viol. 1; Ch/Sec/Sub	Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Code	19	25 2	E .		ohol:		Susp. Drug: 2	32	
	Viol. 3; Ch/Sec/Sub	Vi	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 26		То	wed fr	om sce	ne?	2 33		
	Please fill out Name (Last First Middle)	for operator/non-r	notorist and all occupa-	nts involved	DOB/Age S		35 36 Sufety Airba System Statu	g Eject s Code	38 Trap Code		40 Transp. Code	Medical Facil	ity	•
	Operator/Non	-Motorist		: Above			99 4	0			1			
								+						
						+		-		$\dashv$				

	Direction	= Vehicle 1	2 = Vehicle 2	웃 = Pedest	rian 🐠	= Bicycle	
Crash Diagram:	ie: 🖚	<b>→</b> [	2	₽Ŝ	<b>→</b> №		
2	64 Ballardvale Street	} ↔			Ballardvale Street	If Crash Did Not on a Public Way  Off-Street Parking L Garage Mall/Shopping Cente Other Private Way  Indicate North by	ot er
					ĕ	$(\leftarrow)$	İ
Driveway of #64 /End of	Ballardvale Street				<b>₹</b> 3		
Crash Narrative:							
MV1 was parked and	unoccupied in fac	ing in towa	ırds 64 Balla	ardvale S	treet. M	72 drove down	
the end of Ballardy	ale Street and at	tempted to	turn around	in the d	riveway (	of \$64	
Ballardvale Street.	MV2 backed up wh	ile turning	around and	backed in	nto the	left side of	
MV1 (parked) causing	minor damage to	both vehicl	es (See Image	es). MV2	then pul	led forward,	
straightened out, a	and stopped briefl	y in front	of #64 Balla	ardvale be	efore lea	aving. MV1	
suffered minor dama	ge to the left si	de and both	driver's si	ide doors	. MV2 su	fered minor	
damage to the rear	driver's side tai	l-light. Th	e operator o	of MV2 cla	aimed he	was not	
injured. Neither ve	hicle was towed.	The operato	r of MV2 adm	nitted to	striking	, MV1	
accidentally, but 1	eft due to a fami	ly emergenc	y. (Reference	e #23-11	13-OF)		
Witnesses:		-1			·		1
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Informa	Registration #		(From Ve	ehicle Section)		<u></u>	42
Carrier Name		<del> </del>				Bus Use	
Address			_ City		5	tZip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo	Body Type Code	GVWR/GCWR	45		<del>[</del>	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:					<b>L</b>		
Placard 47 Material 1	digit # 48 Material Na	ne		Material 4 dig	it #	Release code	49
	1 % %%:1		200 12			2000-1-004	

Patrol Officer Michael A Wilson Police Officer Name (Please Print)

ice Department
Precinct/Barracks

09/09/2023 Date

## Wilmington Police Department Images Associated with 23-285-AC











