					nwealth of Massachusetts RMV Document Number														
	Date of Crash 09/26/2023	Time of Crash	1	City/Town ington			icle Cra	sh		umber chicles		wad	Speed Latitu	Limit	3	Loca	e Police al Police TA Police	080	
	03, 23, 2023	24HR	***********			Police :	Report		2		0	- 1		itude			npus Police	Ğ	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO'	ТАТ	'IN'	TER	SEC	TION	1:		
	129	LOWE	ELL S	T															2 10
¹ 1	Route# Direc	ction		Name of Roadway At	/Street		Route# Direc	tion	Addı	ress#			Na	me of	Roady	vay/Stre	et		
	Ī	WES?	r st	711			Feet	N S	E W	of	— -		- •		or .	F2 -1.	t Number		
	Route# Direc			of Intersecting Ro	······		Past	N S	Flw	1 . c	M	ile Ma	rker			EXI	Number		2
				Also at Intersectio	n with			N S			Route	e#		Inters	ecting i	Roadwa	y/Street	-	
² 2	Route# Direc	ction	Name	of Intersecting Ro	adway/Street		reei	1113	121	J OI				La	ndmar	k		—	
3	Please Select C	One Vehicle	e 11	#Occupants 🔲 I	lit/Run	Moped	Crash F	leport	ID#	23	-3	31:	L —	AC	;				
	Liceuse:		2	_ DOB/Ag		Reg :	9929TT				Res	g Tyne	PC	· · · · · · · · · · · · · · · · · · ·	R	eg State	MA	\dashv	
	Sex F Lic.	Class D	19	strictions 20	CDL		Year 2005									-	71	ī	1 12
	1	RNER, GI		<u> </u>	Endorsemen	nt	er TURNER										L		
⁴ 3		ASHLAND		rirst	Middle			Last				irst			М	iddle			
	City MALDE	EN	State]	MA Zip 021	48-701	6 City	MALDEN					Stat	e M Z	A 2	ip 0	2148	3-701	6	
	Insurance Comp.	any THE CO	MMER	CE INSUR	ANCE C	O Vehic	ele Action Prior to	Crash		3	22	Da	ınage	d Area	Code:	5 27	27 2	17	:
-	Vehicle Travel D	Direction: N S	Xw	Responding to En	nergency? 2	Even	Sequence 1	23	23	23	23		st Stat			28			
⁵ 1	Citation # (If Iss	ued)				Most	Harmful Event	1	24			•	pe of	Test: st Resi	.1•-	30			
	Viol. 1: Ch/Sec/S	Sub ———	Vi	ol. 2; Ch/Sec/Sub -		Drive	r Contributing Co	de	1	25	25	l		cohot:			Drug: 3	12	1 13
6	Viol. 3; Clı/Sec/S	Sub	Vi	ol. 4; Ch/Sec/Sub	····	Drive	r Distracted by	0	26			To	wed fi	rom sc	ene?	2 33	- [- }	
⁶ 1	Name of a d Cine M		for operato	r and all occupants	involved Address		DOB/Age	F	34 Seat	35 Safety	36 Airbag	37 Eject : Code :	38 Trap	39 Injury	40 Transp.		Part C - 25		
	Name (Last First M Operate				See Above		DOBINGe	Sex	Pos.	System 1	Status 4		Code	Status 10	Code 1	Me	edical Facility		
	- /	-															-	_	
														<u> </u>				\dashv	
										<u> </u>					1			\dashv	
⁷ 2	Please Select O of the Followin		21#	Occupants	ion-Motorist	A Type	Action	16 1	Locatio	on _	17	Conditi	on	18		Hit/Run	🔲 Мор	ed	
	License #		Sı	DOB/Ag		Reg #	79P790				Reg	з Туре	PC		R	eg State		_	
	Sex M Lic. C	Class D 19 1	Lic. Res	trictions 20	CDLEndorsemen	Veh \	_{'ear} 2013	\	√eh Ma	ake S	UBA	RU			_ Veh	Config.	1 21		
8 ₁	Operator MAI	RCIAL RC	F:	irst	ANAEL Middle	Owne	r MARCIA	L F	ROD:	RIG	UE2	rst	NA!	<u>CAN</u>		ddle		-	
	Address 38						ss 38 OME		PL		\PT					· .		-	14
	City FITCH			1A Zip 0142			FITCHBU	RG			22						-231	-, 1	L
ŀ	Insurance Compa	ny PROGRE		DIRECT			le Action Prior to		<u>t</u>	23			maged it Stati		Code:	28	27 2		
	Vehicle Travel D	<u> </u>	XW	Responding to En	nergency? 2		Sequence 1		24	23	23		e of l			29			
2	Citation # (If Issu	•					Hannful Event	1		25	25		C Tes	t Resu	ilt:	30		_	
				ol. 2; Ch/Sec/Sub -			r Contributing Co		5 26		43	Sus	•	cohol	31	- 110/21	Drug: 3:	2	
ļ	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub -		*	r Distracted by	99	34	35	36	Tov 37	38	0111 SC	40	2 33		_	
	Nume (Last First Mi	ddle)		LOCULES AND AN OCC	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	dical Facility		
	Operato	r/Non-Mo	torist		See Above		> <	X	1	1	4	0	0	10	1	<u>-</u> .			
												[1	

	Direction	ı = Vehicle 1	2 = Vehicle 2	오 = Pedesti	ian 🕭 =	= Bicycle	
Crash Diagram:	ie: →	→ [2	→ }	→ 55		
Lowell st.	True 129		本 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	\$\$\$\$\$\$ ↓	AB	If Crash Did Note on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	•
		ļ					
Crash Narrative:					1		
Oper.#1 Related she wa	s attempting '	to exit from	West st.,	onto Lowe	ll st./rt	e.129. At the	
time she was stopped w	aiting for tra	affic to ope	n, so she	could merg	. While s	topped m/v#2	
crashed into the rear	of her m/v#1						
Oper.#2 related that h	e was stopped	at the time	and waiti	ng for m/v	‡1 to mov	e forward. At	
some point he thought	m/v#1 was mer	ging out ont	o Lowell s	t., so he :	starting	moving forward	
and crashed into the r	ear of m/v#1.	(PWJ/142)					

Witnesses:							
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Owner (Cast, Prost, Made)	Address		T HOLE II	41.2790	Description of	Samuged 1 Topicity	
Truck and Bus Information	Pagistration #		/r	17.1 (-1- 6			
	Kegisti attoit #		(From	Vehicle Section)		Dura II a	42
Carrier Name						Bus Use	
Address			_ City		S	t Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
43	44		45				
Interstate Cargo Body		GVWR/GCWR	L			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length		
Hazmat Information:							40
Placard Material 1 digit #	: A8 Material N	ame		Material 4 diş	git #	Release code	49
Patrol Officer Paul W	Jongon		142	Wilmington	Police D	Department 09/	26/2023

Police Officer Name (Please Print)

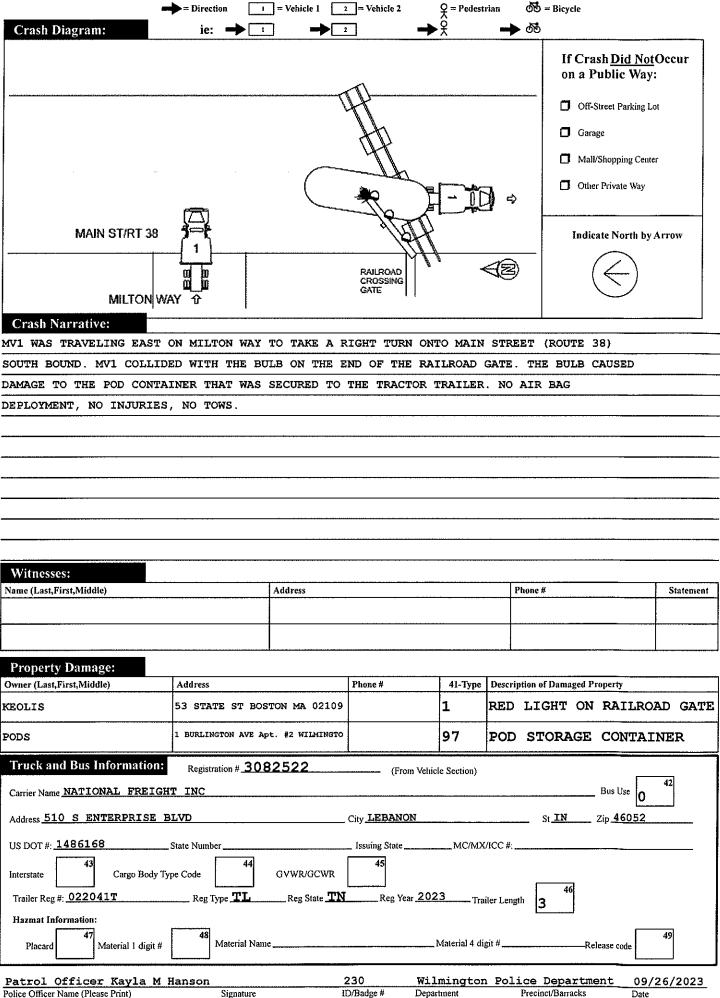
Signature

ID/Badge #

Precinct/Barracks

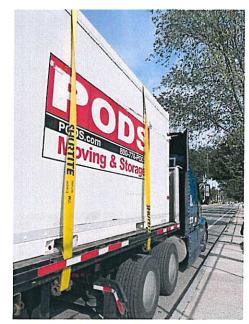
Date

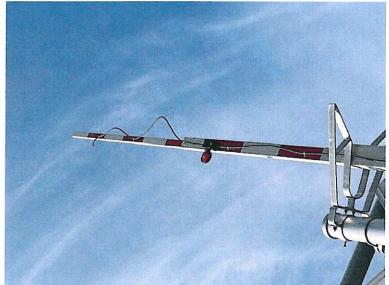
	Police Use Only	Commor	nwealth	of Massach	usetts		RMV	Document	Number	
	Date of Crash Time of Crash	City/Town M	otor Veh	icle Crash	Number		Speed Limit_	35 Stat	te Police	
		mington	Police	Report	Vehicles 1	Injured O	Latitude	Car	te Police cal Police STA Police mpus Police	
	24HR					<u> </u>	Longitude	Oth	ner:	1
	AT INTERSECT	TION:	LOCA	TION >		NOTA	Γ INTERS	ECTION	٧:	
					477	\				2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	411 Address #	MAIN		loadway/Stre	et	
¹ 1		At								1
				Feet N S	E W of	— — – Mile Ma	<u> </u>		it Number	
	Route# Direction Na	une of Intersecting Roadway/Stre	eet	1:112	1-1-1	wille Ivia	ігкет	EX	K latimper	1 11
		Also at Intersection with		Feet N S		Route#	Intersec	ting Roadwa	ay/Street	\vdash
2	Route# Direction Na	une of Intersecting Roadway/Stre	est .	Feet N S	E W of			Ü	•	
² 1	Rotter Direction 148	me of intersecting readway/one	-C1				Lan	dmark		
	Please Select One Vehicle 11	#Occupants Hit/Run	Moped	Crash Report	ID# 23	-31	2-20			
3	of the Following:		1							4
	License St	OB/Age_	teg i	3082522		Reg Type	AP	Reg State		12
	Sex M Lic. Class A Lic.	Restrictions 20 CDL	Veh '	Year 2022	Veh Make <u>V</u>	OLVO		_ Veh Config	, 8 ²¹	<u> </u>
	Operator LYTCH, RONALD	Endorsen	Own	er NATIONAL	FREIG	HT IN	C			
⁴ 1	Address 3001 RTE 130 S	First Middle		ess 510 S EN		First		Middle		
					TEKEK.					
	City DELRAN Stat	e NJ Zip <u>08075</u>	City_	LEBANON			te IN Zi			
	Insurance Company		Vehic	ele Action Prior to Crash	1	22 Da	amaged Area (-		
	Vehicle Travel Direction: N X E W	Responding to Emergency?	2 Even	t Sequence 35	23 23	23 Te	st Status:	1 28		
5	Citation # (If Issued)			Harmful Event 35	24	— ту	pe of Test:	29		
						25	AC Test Result			30 ¹³
	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ————		er Contributing Code	<u> </u>	Su	sp. Alcohol: 2			30
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	wed from scen	ne? 2 33		
1	•	rator and all occupants involved		DOB/Age Sex	34 35 Sear Safety	36 37 Airbag Eject Status Code		40 Fransp. Code M	fedical Facility	
	Name (Last First Middle) Operator	See Abov		DOB/Age Sex	Pos. System	4 0	0 10		legical Facility	
	Орегию	See Abbe	vc		1 33					
į										
⁷ 3	Please Select One of the Following: Vehicle 2	#Occupants Non-Motor	rist A Type	15 Action 16 I	Location	17 Condit	ion 18	Hit/Rus	Moped	
3									<u> </u>	-
	License # St St	DOB/Age		1				-	21	
	Sex Lic. Class Lic. I	Restrictions CDL CDL		/ear \	Veh Make			Veh Config.		
8	Operator	First Middle	Own	er		First		Middle		
⁸ 1	Address		Addre	ess						
	CityState	e Zip	City_		••••	Star	teZij	,		1 14
	Insurance Company		Vehic	le Action Prior to Crash		22 Da	unaged Area C	Code: 27	27 27	-
	. ,			73	23 23	Te	st Status:	28		
1	Vehicle Travel Direction: NSEW	Responding to Emergency?	Even	Sequence 23			pe of Test:	29		
⁹ 2	Citation # (If Issued)	AT-111-1	Most	Harmful Event	24		AC Test Result	30	Ī	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Cli/Sec/Sub	Drive	r Contributing Code	25	25 Su	sp. Alcohol:	31 Susp.	Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	То	wed from scer	ie? 33	!	
		n-motorist and all occupants inve			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury 1	40 Transp.		;
	Name (Last First Middle)	Address		DOB/Age Sex	Pos. System	Status Code			edical Facility	
	Operator/Non-Motoris	t See Abov	/e	\times X	1					
Ī										
}					 		 			
ļ							-			

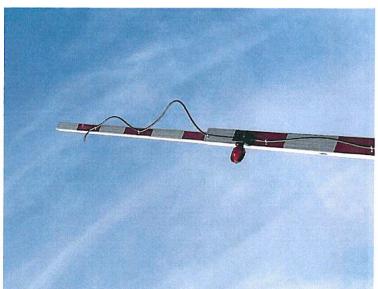


Wilmington Police Department Images Associated with 23-312-AC









111

	Police Use Only	Comr	nonwealth	of Massac	chus	etts			RM	V Doc	ument Nu			
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h} = \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles	Numb	a 5500	d Limi	4(Local i	Palice 🔣	1	
	09/27/2023 0900 Wil i	mington	Police	Report	2		0	Latti	ude gitude_		Campu Other:	Police		
	AT INTERSECT	ION:	< LOCA	TION >			NOT		-	SEC	TION:		1	
		***						•					2	10
	Route# Direction MAIN ST	Name of Roadway/Str	ant	Route# Direction	- 444	ress#			James ad	'Daadu	vay/Street		<u> </u>	
¹ 1	Router Direction	At	ec.	Roules Direction	n Add	1622 #			vanie oi	Koauv	vay/Street		-	
	EAMES S			Feet N	SEW	of	— —	 Marker	•	or _	Ci. X	Number		
	Route# Direction Nam	ne of Intersecting Roadw	·····	Feet N	cEv	7 .	Mile	Marker			EXIL	(tillibet	2	11
		Also at Intersection w	ιτα			_	Route#		Inters	ecting l	Roadway/S	Street		
² 1	Route# Direction Nan	ne of Intersecting Roadw	ay/Street	Feet N	SEM	of of								
_	Please Select One Nation 1	"o I								ındmar	'K		1	
3	of the Following: Vehicle 11	#Occupants Hit/I	Run Moped	Crash Rep	ort ID#	23	-3.	L 3 -	-A(; 				
	License #	OB/Agt	Reg	#2PGD77			Reg T	уре <u>Р</u> С		R	eg State 1		<u> </u>	12
	Sex M Lic. Class D 19 Lic. F		DL Veh	Year <u>2016</u>	Veh M	fake <u>S</u>	UBAI	tU		Vel:	ı Config.	1 21	L	
	Operator DARRIGO, SHAN	E	dorsement Own	er PALUMBO	-DAR	RIG	0, 1	NAT	ASH	IA				
⁴ 1	Address 69 VALLEY RD	First		ess 69 VALI	EY F	RD	First			М	liddle			
	City_ TEWKSBURY State	MA Zip 01876	-3170 City	TEWKSBUR	Y			State M	A _ :	Zip O :	1876-	-3170		
	Insurance Company THE COMMER			ele Action Prior to Cr		4	22	Damag				27 27		
	Vehicle Travel Direction: NXEW	Responding to Emerg		t Sequence 23	23	23	23	Test Sta			1 28			
5	Citation # (If Issued)			Hammful Event 1	24			Туре о	Test:		29			
	1			<u> </u>		25	25	BAC T			1 30			13
	Viol. 1; Ch/Sec/Sub			er Contributing Code	3/			Susp. A			Susp. Di	nig 2 32	<u> </u>	_
⁶ 1	Viol. 3: Ch/Sec/Sub			r Distracted by	34	35	36	Towed	From Sc	ene?	2 3		ļ	
	Please fill out for opera Name (Last First Middle)	tor and all occupants inv	Olved Address	DOB/Age S	Seat Sex Pos.	Safety System	Airbag I Status C	eut Trap	Injury Status		Medic	cal Facility		
	Operator	. Se	e Above		$\langle 1 \rangle$	1	4 0	0	10	1				
													1	
					_			_	+				-	
	-							+					1	
													4	
⁷ 3	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	Action 16	6 Location	on	17 Co	dition	18		Hit/Run [Moped		
<u>ی</u>	LicenseSt	DOB/Age	. Reg f	5DS659			Reg 1	уре <u>РС</u>	<u> </u>	R	eg State M	TA.	1	
	19 19	estrictions B CD	_		Veh M	aka G		, p <u></u>			Config.	7 21		
		HELLE DONN	dorsement	r DETOMAS:			ELLI	י חח	NNA		Config.		l	
³ 1	Address 11 NORTH ST	First	Middle	Lust ess 11 NORT			First		*1*1*1		iddle			
		MA Zip 01887		WILMINGTO				М	7) -	· Λ1	1007_	2136	- T	14
		•	•				22	Damage		,		27 27	<u> </u>	
	Insurance Company THE COMMER			le Action Prior to Cra	ash 23	23	23	Test Sta		0000.	1 28			
	Vehicle Travel Direction: N E W	Responding to Emerge	·	Sequence 1 23			23	Type of	Test:		29			
2	Citation # (If Issued)		Most	Harmful Event 1	. 24	25	26	BAC To	st Resi	ılt:	1 ³⁰			
	Viol. 1: Ch/Sec/Sub ———— \	/iol. 2: Cl/Sec/Sub	Drive	r Contributing Code		25	25	Susp. A	lcohol:	2 31		ug: ₂ 32		
		/iol. 4: Ch/Sec/Sub		r Distracted by 0				Towed	from sc	епе?	2 33]	
	Please fill out for operator/non	•	nts involved ^{Address}	DOB/Age S	34 Sent Sex Pos.	35 Safety System	Airbug E	7 38 ect Trap ide Code	39 Injury Status	40 Transp. Code	Medica	al Facility		
	Operator/Non-Motorist		: Above		1	1	4 0	0	10	1				
					4	4	4 0	-	10	1				
		_ !		+			-		+		<u> </u>			
1			(MI - 0 - 1) - 1 - 1 - 1	F	6	4	4 0	0	10	1				

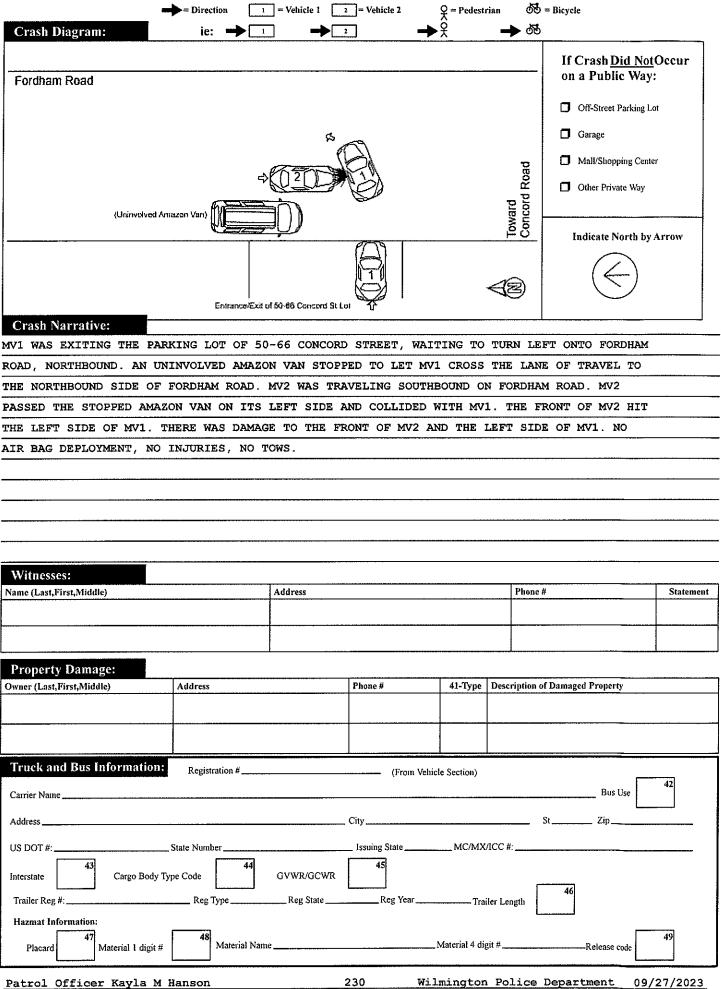
		= Direc	tion I	= Vehicle 1	2 = Vehicle 2	Q = Pedest		= Bicycle	
Crash Diagrai	n:	ie:	-	→ □	2	<u>▶</u> 윉	→ ॐ		
	### Street ### S								
				and			\$	Off-Street F	arking Lot
								Garage	
								☐ Mall/Shopp	ing Center
			_\					Other Priva	te Way
							-	Indicate No	orth by Arrow
				Eames	\	(<i>≥</i>		2
				Street		`		$\overline{\mathbf{C}}$)
Crash Narrati	ve:			1	\				
Vehicle 1 was	stationar	y wait	ing to t	ake a left	turn onto E	ames Str	eet from	Main Stree	t.
Vehicle 2 was	traveling	south	(behind	vehicle 1	on Main St	reet. Ve	hicle 2 d	didnt have	time
to stop so th	e operator	swerv	ed to th	e right st	ill contacti	ng the r	ear right	side of	
									Both
				n ercher v	enicle, and		reo were	zepozeca.	
venicles were	driven in		scene.						
								····	
Witnesses									
	die)			Address			Phone #		Statemen
<u>_</u>		Т			To. "	T 44 m	I	1 12	<u> </u>
Owner (Last, First, Mid	idle)	Address			Phone #	41-1ype	Description of	Damaged Property	<u>'</u>
Truck and Bus	Information:	Regist	ration #		(From Ve	hicle Section)			
Carrier Name								Bus (lse 42
Address					_ City			StZip	
US DOT #:		State Numb			Issuing State	MC/MX	/ICC #:		
Interstate 43	Cargo Body Ty	pe Code	44	GVWR/GCWR	45		_	46	
		Reg 7	Гуре	Reg State	Reg Year	Тга	iler Length		
Hazmat Information 47 Placard	: Material 1 digit #	48	Material Name	e		_Material 4 di	git #	Release o	49
a ravatu			-						
Patrol Officer		iLorenz						Department	09/27/2023
Police Officer Name (Ple	ease Print)		Signature		ID/Badge # De	partment	Precin	ct/Barracks	Date

Wilmington Police Department Images Associated with 23-313-AC





	Polic	e Use Only	ommonwealth of Massachusetts RMV Document Number										
	Date of Crash	Time of Crash	City/Town	Motor V	ehicle Cras	sh	Number Vehicles		Speed Lin	it30	State Police Local Police MBTA Police	0800	
	09/27/2023	0959 Wil:	mington	Polic	e Report		2	0	Latitude Longitude		Campus Police Other:	_	
		AT INTERSECT	ION:	< L0	CATION	>		NOT A	r inte	RSEC	ΓΙΟΝ:		
						_						2	10
	Route# Direct	ion	Name of Roadway/S	treet	Route# Direct	ion A	ddress #	FORE	HAM 1		ay/Street		
¹ 1			At				11						
	Route# Direct	ia. Na	ne of Intersecting Road	lurar /Ct-oot	Feet [N S E	W of	Mile Ma	— • — arker	– or <u> </u>	Exit Number		11
	Koute# Direct	ion nai	Also at Intersection		Feet [N S E	w of					3	
					Feet	N S E	w of	Route#	Inter	secting R	Loadway/Street		
² 1	Route# Directi	ion Nar	ne of Intersecting Road	way/Street					I	andmark			
3	Please Select O	ie 🛛 Vehicle 1 1	#Occupants Hit	r/Run Mop	ed Crash R	eport ID	# 2 3	-31	4 – A				
J	of the Following										- 3/3		
	License	19 19	ЮВ/Age		Reg # 2VSZ74						2	1	12
	Sex M Lic. Cl			Endorsement	Veh Year <u>2022</u>					Veh	Config.	┙┝╌	
⁴ 1	1	BAPTISTE .	First	Middle	•	asi		First		Mid	idle	-	
Τ		TRIMOUNT A			Address 104 TR		UNT,			^^	AE4 001	<u>-</u>	
	1	AM State	•		City WALTHAM				ite MA amaged Arc	-	2451-304 , 27 27	27	
		ny GEICO GENI			Vehicle Action Prior to		23		amaged Are est Status:	a Code:	28		
5	Vehicle Travel Dir	rection: NSWW	Responding to Eme	rgency? 2 E	vent sequence 1	23	<u>Ļ</u>	4.3	ype of Test:	ľ	29		
	Citation # (If Issue	ed)	_	4	Aost Harmful Event	1 2			AC Test Re	sult:	30	_	13
	Viol. 1: Ch/Sec/St	ıb	Viol. 2: Ch/Sec/Sub —		Oriver Contributing Coo			25 S	isp. Alcoho	2 31	Susp. Drug:2	32 1	13
6 1	Viol, 3; Ch/Sec/Su	ıb			Driver Distracted by	0 2			owed from s		2 33		
<u></u>	Name (Last First Mid-	Please fill out for opera	ntor and all occupants in	1VOlved Address	DOB/Age	S	34 35 lent Safety los. System	36 37 Airbag Eject Status Code	38 39 Trup Injui Code State	y Transp.	Medical Facility		
	Operato	r		See Above	\sim	X 1	1 99	4 0	0 10	1			
										1			
										1 1			
								<u> </u>		<u> </u>		_	
⁷ 9	Please Select On of the Following		#Occupants No	n-Motorist A Type	15 Action	Loc	ation	17 Condi	tion 1	H	fit/Run 🔲 Moj	ped	
	License 7	3	DOB/Age	R	eg # <u>5285187</u>			Reg Typo	PC	Re	g State NH		
	Sex M Lic. Cl	ass D Lic. R			/eh Year <u>2003</u>	Veh	Make T	OYOTA		Veh	Config. 1	1	
	Operator JAM	ES, HARRIS		Indorsement C	wner JAMES ,	HAR	RISC	N JEF	FREY				
³1	Address 32 K	LESSLER FAR	First M DR APT	Middle 487	ddress 32 KES	slef	R FA	RM DR	APT	мід 487			
	City NASHU	A State	NH Zip 0306	<u>3</u> c	ity NASHUA			Sta	te NH	Zíp <u>03</u>	063	1	14
	Insurance Compan	y GIECO INS			ehicle Action Prior to 0	Crash	1	22 D	amaged Are	a Code:	1 ²⁷ 27	27	
	Vehicle Travel Dir	ection: N X E W	Responding to Emer	rgency? 2 E	vent Sequence 1 2	3 23	23	23	st Status:		1 28		
,	Citation # (If Issue	:d)		N	Nost Harmful Event	1 24	4	-	pe of Test:		30		
[°] 2	Viol. 1: Ch/Sec/Su	b	Viol. 2: Ch/Sec/Sub	<u></u>	ı Priver Contributing Cod	e 1	25	25	AC Test Re: isp. Alcohol			32	
	Viol. 3: Ch/Sec/Su		Viol. 4: Ch/Sec/Sub —	_	river Distracted by	0 20	6		wed from s	$\overline{}$	2 33	-	
	Pleas	e fill out for operator/nor					34 35 eat Safety	36 37 Airbag Eject	38 39 Trap Injur			\dashv	
	Name (Last First Midd			Address	DOB/Age		os. System	Status Code	Code State	s Code	Medical Facility	\dashv	
	Operatoi	r/Non-Motorist	S	ee Above		Α',	99	4 0	0 10	1			
												_	



Police Officer Name (Please Print)

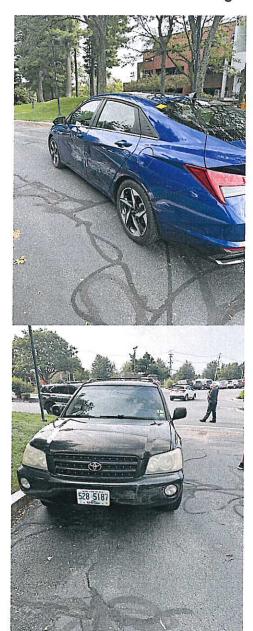
Signature

ID/Badge #

Department Precinct/Barracks

Date

Wilmington Police Department Images Associated with 23-314-AC





	Police Use Only	mmonwealth of Massachusetts RMV Document Number									
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Num Vehic		1 Jahra.	d Limit_	35	State Police Local Police MBTA Police Campus Police	
	09/27/2023 1551 Wils	mington	Police	Report	2	0	Lann	ide itude		Campus Police [រី
	AT INTERSECT	ION:	< LOCA	ATION >		NOT	AT IN	TERS	ECTI	ION:	
											2 10
	Route# Direction	Name of Roadway/St	treet	Route# Direction	98 Address		JRCH Na	ST ame of R	Roadway/	/Street	_}
1		At									1
	Route# Direction Nam	ne of Intersecting Roady	way/Streat	Feet [N]	S E W of		—— Marker		or	Exit Number	111
	Rones Direction Nan	Also at Intersection v		Feet N	S E W of						2 ''
				Feet N	S E W of	Route#		Intersec	ting Roa	idway/Street	
² 1	Route# Direction Nan	ne of Intersecting Roads	way/Street					Land	dmark		_
?	Please Select One of the Following:	#Occupants Hit	/Run Moped	Crash Repo	rt ID# 2	3-31	<u> </u>	AC			
	of the ronowing.						-			a 1/2	\dashv
	LicenseSiSiSiSi	20		# 1TMZ41						21	1 12
	<u> </u>	Restrictions 1 C	indorsement	Year <u>2002</u>					_ Veh Co	ontig. L	
⁴ 1	Operator SHEA, BRENNA	MARIE First	Middle	ier SHEA, DE		First			Middle	:	-
<u>+</u>	Address 53 ROCCO DR	NO 0150		ress 53 ROCCO					015	04 1272	-
	City BLACKSTONE State	•	_	BLACKSTON		22		d Area C		27 27 27 27	: I
	Insurance Company LIBERTY M			cle Action Prior to Cra	sh 1.		Test Sta		1	28	
5	Vehicle Travel Direction: NSE	Responding to Emer		it sequence 1	24		Type of		-	29	
	Citation # (If Issued)	_		t Hannful Event 1		25		st Result		30	_ 13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2; Ch/Sec/Sub		er Contributing Code	99 25			lcohol: 2		Susp. Drug. 2 32	1
⁵ 1	Viol. 3: Ch/Sec/Sub			er Distracted by 99		5 36 3	Towed f	rom scer	ne? 1	33	_
<u></u>	Please fill out for opera Name (Lust First Middle)	for and all occupants in	VOIVEd Address	DOB/Age Ser	Seat Su	fety Airbog Ej	ect Trap de Code	Injury I Status	fransp. Code	Medical Facility	
	Operator	S	ee Above	\rightarrow	1 99	1 0	0	10 1	1		
							-				
							<u> </u>				-
			<u> </u>	15 16		17		18			-
1	of the Following: Vehicle 21	#Occupants Non	-Motorist A Type	Action	Location	Cor	dition		Hit/	/Run Mope	1
	License #	OB/Ag	Reg	EV85AE		Reg T	ре <u>РС</u>		Reg S	State MA	-]
	Sex M Lic. Class D 19 Lic. R		DL Veh	Year <u>2020</u>	, Veh Make	NISSA	N		Veli Co	onfig. 1 21	
·····	Operator MCCAFFERY, SEA	AN M		er MCCAFFER	Y, SE	AN M			Middle		-
1	Address 2122 AVALON DR			ess 2122 AV	TON				(Midd)		
	City WILMINGTON State	MA Zip 01887	7-1158 City	WILMINGTO	N		State MZ	AZip		87-1158	_ 1 14
	Insurance Company GOVERNMENT	' EMPLOYEES	S INSU Vehi	cle Action Prior to Cras	sh <u>1</u>	22		d Area C	<u> </u>	27 4 27 27	
	Vehicle Travel Direction: NSEX	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	Test Stat Type of		1	28	1
,	Citation # (If Issued)		Most	Harmful Event 1	24			st Result:	\vdash	30	
2	Viol. 1: Ch/Sec/SubV	/iol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 ²⁵	25		coliol: 2	<u> -</u>	usp. Drug: 2 32	
	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26		Towed fi	rom scen	ie? 2	33	
Ì	Please fill out for operator/non	-motorist and all occupa	ants involved	DOB/Age Sex	34 3 Seat Saf Pos. Sys	ety Airbag Ej	ct Tenp	Injury To	40 ransp. Code	Medical Facility	
Ì	Operator/Non-Motorist	Se	ee Above	X	1 99		0	10 1		······································	
ŀ	*			 	++	- -			+		-
ŀ					+						
					++		<u> </u>				

	Direction	= Vehicle I 2	= Vehicle 2	Pedestrian	ı o <u>o</u> g-	Bicycle	
Crash Diagram:	ie: → 🗔	→ 2] →	Ŷ	→ №		
		Church St.			(Z)	If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Cente Other Private Way Indicate North by	ot er
Crash Narrative:		******					
Both MV 1 and MV 2 we	re traveling we	st on Church	Street. MV	1 stated	she wa	s sitting in	
traffic on Church Str	eet and pressed	down on the	gas pedal wh	nen she s	aw MV 2	move forawrd.	
MV 1 then stated that	she tried to p	ress the brak	e pedal but	could no	t quick	enough and	
rear ended MV 2 causi	ng paint damage	to the rear	of MV 2. Bo	th front	airbag	s in MV 1 were	
deployed due to the c	rash. MV 1 and	MV 2 were bo	th offered m	medical t	reatmen	t and refused.	
MV 1 was towed from t	he scene.						
Witnesses:							
Name (Last,First,Middle)		Address		***************************************	Phone #		Statement
			•				
Property Damage:	1	-	DI	41.00		Y 1 N	
Owner (Last, First, Middle)	Address		Phone #	41-Type De	escription of	Damaged Property	
Truck and Bus Information	Registration #		(From Vehic	le Section)			42
Carrier Name					<u>. </u>	Bus Use	
Address			City		S1	Zip	·
US DOT #:	State Number	** *******	Issuing State	MC/MX/IC	C#:		
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length	46	
Hazmat Information:							
Placard 47 Material 1 digit	# 48 Material Nau	ne	1	Material 4 digit #	ŧ	Release code	49
Patrol Officer Alec S	Masicallo		20, 127÷1-	minatos F	Police P	enartment 09/	27/2022

Police Officer Name (Please Print)

Signature

ID/Badge#

Precinct/Barracks Department

Date

	Police Use Only	Comr	nonwealth	of Massacl	ıusetts	3	RM	IV Documen		
	Date of Crash Time of Crash 09/28/2023 1058 W:	City/Town ilmington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	ا ا ر	itate Police	
	24HR	TIMING CON	Police	Report	2	0	Latitude Longitude _	l c	Campus Police Dither:	
	AT INTERSE	CTION:	< LOCA	TION >		NOT A	r inter	SECTIO	N:	
					329	MAIN	rem			2 10
1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #	TATAL		Roadway/St	treet	_
1		At		Feet N S	E W of			or		
	Route# Direction	Name of Intersecting Roadw	ay/Street			Mile Ma	ırker	E	Exit Number	2 11
		Also at Intersection w	ith	Feet N S		Route#	Inters	ecting Roady	way/Street	
² 1	Route# Direction	Name of Intersecting Roadw	ay/Street	Feet N S	E W of					_
	Please Select One	0 150 JD						ındmark		-
3	of the Following:	2#Occupants Hit/F	Run Moped	Crash Repor	t ID# 23	-31	6-A(<u> </u>		
	Licens	OB/Age	. Reg #	321CW8	····	Reg Type	PC	Reg Sta		12
	Sex F Lic. Class D 19 19 19	Lic. Restrictions 1 CE	OL Veli V	Year <u>2017</u>	Veh Make 1	ATOYO!	·	Veh Conf	fig. 1 21	
Δ	Operator SOUSA, IREN			er SOUSA, I	RENE N	T First		Middle		
41	Address 9 HART PL			ess 9 HART P	<u>'L</u>					
	City WOBURN	•	-	WOBURN					1-2353	
	Insurance Company THE STA		SURAN Vehic	le Action Prior to Cras			amaged Area est Status:	Code: 1 2	7 27 27	
5	Vehicle Travel Direction: S E	W Responding to Emerg	ency? 2 Event	Sequence 1 23	23 23	4.5	pe of Test:	1 2	_	
	Citation # (If Issued)			Harmful Event 1	24		AC Test Res	ult: 1 3	<u> </u>	_ 13
	Viol. 1: Ch/Sec/Sub ————	— Viol. 2: Ch/Sec/Sub ——		r Contributing Code			sp. Alcohol:		p. Drug 2 32	1 "
· 1	Viol. 3: Cl/Sec/Sub			r Distracted by	26	To	wed from so	ene? 2 3	3	ļ
	Please fill out for (Name (Last First Middle)	operator and all occupants inve	Olved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	Airbog Eject	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	Sec	e Above	\times X	1 1	4 0	0 10	1		
	ERME LINDA MOURA	9 HART PL WOBURN, MA 01801		F	3 1	4 0	0 10	1]
										1
										-
	Please Select One Vehicle 2	L #Occupants Non-		15 16	 	17	. 18		T	1
1	of the Following:	Non-	Motorist A Type		Location	Condit	Ĺ	Hit/R		1
	License S	t DOB/Ag-	_	886EV3			PC	Reg Sta	te <u>MA</u>	ĺ
	Sex F Lic. Class D L	ic. Restrictions B CD	forsement	ear <u>2012</u>				Veh Confi		
³1	Operator TULIN, MARII	E REMANJON First	Middle	r TULIN, M		First	ON	Middle		
_	Address 56 ALLEN ST	NB 02421		ss 56 ALLEN	ST		163	. 0040	1 7120	14
	•	State MA Zip 02421		LEXINGTON				Code: 6 27	1-7138	
	Insurance Company LIBERTY			le Action Prior to Crash	23 23		st Status:	1 28		
	Vehicle Travel Direction: XSE	W Responding to Emerge	•	Sequence 1 23 Harmful Event 1	24	Ty	pe of Test:	29	9	
2	Citation # (If Issued)			Harmful Event 1	1 25	25	C Test Resi		J	
	Viol, 1: Ch/Sec/Sub			Distracted by	26		sp. Alcohol: wed from sc		o. Drug:2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	— Viol. 4: Ch/Sec/Sub — r/non-motorist and all occupar		Zionaviou by	34 35	36 37	38 39	40		J
	Nome (Last First Middle)		Address	DOB/Age Sex	Seat Safety Pos System	Airbag Eject Status Code	Trap Injury Code Status	 	Medical Facility	
	Operator/Non-Motor	rst See	Above		1 1	4 0	0 10	1		

Crash Diagram:	ie:	= Vehicle I	z = venicie z	₹ = Pedest • ♀	rian oo oo	= Bicycle	
Crash Diagram.	329 Ma Street				MANAGEMENT STATE OF S	If Crash <u>Did Not</u> on a Public Way:	
					(=	Off-Street Parking Lo	et .
	_					☐ Garage	
					¢	Mall/Shopping Cente	r
						Other Private Way	
						_ ,	
→ (D <u>T</u> D)(D	2(1)					Indicate North by	A
					 -	Indicate North by	ALTOW
						(\Rightarrow)	
Crash Narrative:							
Vehicle 2 was traveling	north on Main	Street in	the area of	329 Mai	n Street	. The vehicle	
in front of vehicle 2 w	as waiting to	take a left	turn into 3	29 Main	Street,	due to this	
vehicle 2 slowed and ca	me to a stop.	Vehicle 1's	s operator st	ated th	at she o	bserved this	
and began to break, how	ever she state	d that she	pressed the	breaks	as hard	as she could	
but the vehicle didnt s	top in time. V	ehicle 1 re	ear ended veh	icle 2.	No airb	ags were	
deployed and no injurie	s were reporte	d. Both vel	nicles were d	riven f	rom the	scene.	
Witnesses:		T			la.		
Name (Last,First,Middle)		Address			Phone :	!	Statement
Martin at Michigan							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			42
Carrier Name						Bus Use	42
Address			City		<u></u>	St Zip	
US DOT #:	State Number		Jesuina State	MC/MX	/ICC #-		
43	State Number		Issuing State	WIC/IVIA	, "— ", ", ", ", ", ", ", ", ", ", ", ", ",		
Interstate Cargo Body Ty		GVWR/GCWR			r		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Тга	iler Length	46	
Hazmat Information:					L	······································	
Placard Material 1 digit #	48 Material Name	e		Material 4 di	git #	Release code	49
			217 1741				

Wilmington Police Department Images Associated with 23-316-AC





	Police Use Only	monwealth	nonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash 09/29/2023 0815 Wil	City/Town .mington	Motor Vel	icle Crash	Number Vehicles		Speed Limi	t <u>35</u>	State Police Local Police MBTA Police Campus Police	
	24HR	.mr.iig con	Police	Report	2	0	Latitude Longitude _		Campus Police	i
	AT INTERSECT	TION:	< LOCA	TION >		NOT A	T INTER	SECT	ION:	7
										2 10
	Route# Direction	Name of Roadway/S	treet	Route# Direction	555 Address #	MAIN	V ST Name of	f Roadway	v/Street	╂─┘
¹ 1		At								1
				Feet XS	E W of	Mile Ma	— • — arker	- or	Exit Number	·
	Route# Direction No.	Also at Intersection	· · · · · · · · · · · · · · · · · · ·	Feet N S	EW of					8 11
				Feet N S		Route#	Inters	ecting Ro	oadway/Street	
² 2	Route# Direction Na	une of Intersecting Road	way/Street	1000 [11]	1-1-101		1.	andmark		-
	Please Select One Vision 11	#Occupants Hit	/Run Moped	Crash Repor	. ID# 2 2	_21'				
3	of the Following:	Hit						-		_
	License .	OOB/Agr	Reg	# <u>W43813</u>		Reg Type	e <u>CO</u>	Reg	State MA 21	- 12
	Sex M Lic. Class D 19 Lic.	Restrictions 1 20	CDL Veh	Year 2021	Velı Make <u>E</u>	'ORD		Veh C	onfig. 1	
	Operator GONZALEZ, VIC	TOR ALEXAN	NDER Own	er AMERICAN	FLORE	ST SU	JPPLY	INC	le .	-
⁴ 1	Address 86 GILMAN ST		Addr	ess 1 PROGRE	SS WA				<u> </u>	
	City SOMERVILLE Sta	te MA Zip 0214	5-3938 City	WILMINGTOR	1	Sta	ite <u>MA</u> :	Zip 018	887-4611	.
	Insurance Company FEDERAL I	NSURANCE C	OMPANY Vehic	cle Action Prior to Crasl	h 1	22 D	amaged Area	ı Code: 8	\rightarrow	
-	Vehicle Travel Direction: SEW	Responding to Emer	rgency? 2 Even	t Sequence 1 23	23 23	4.5	est Status:	1	28	
⁵ 2	Citation # (If Issued)		Most	Harmful Event 1	24	_	ype of Test:	. F	30	
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25	AC Test Res usp. Alcohol:	_	Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26		owed from so		33	F
⁶ 1		ator and all occupants in			34 35 Seat Safety	36 37 Airbug Eject	38 39 Trap Injury	40 Transp.		┥
	Name (Lost First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	
	Operator	S	lee Above		1 99	4 0	0 10	1		_
										1
	Please Select One	#Occupants Nor		15 16		17	. 18			7
1	of the Following:	Nor	n-Motorist A Type	Action	Location	Condit	ion		t/Run Moped	_
	License # St	DOB/Agt	Reg	95AK54		Reg Type	PC	Reg	State MA 21	
	Sex M Lic. Class B 19 19 Lic.	Restrictions 1 20 C	DL Veh Y	/ear 2014	Veh Make H	ONDA		Veli Co		
R	Operator MARSI, JOHN J			er MARSI, JO	OHN JO	SEPH		Middle	e	
1	Address 1 WING RD		Addr	ess 1 WING R	D					L
	City WILMINGTON Stat	e MA Zip 0188	7-2530 City	WILMINGTON	T			-	387-2530	1 14
	Insurance Company USAA GENE	RAL INDEMN	ITY CO Vehic	le Action Prior to Crash	4		amaged Area	. Code: 6		
	Vehicle Travel Direction:	Responding to Emer	gency? 2 Even	Sequence 23	23 23	23	st Status:	1_	28	
)_	Citation # (If Issued)	_	Most	Harmful Event 1	24	•	pe of Test: AC Test Resi	ult:	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Cl/Sec/Sub —	Drive	r Contributing Code	4 25	25	sp. Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26		wed from so		33	
	Please fill out for operator/no	n-motorist and all occup			34 35 Sent Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		†
	Name (Last First Middle)	4	Address	DOB/Age Sex	Pos System	Status Code	Code Status	Code	Medical Facility	-
	Operator/Non-Motoris	S	ee Above		1 99	4 0	0 10	1		4
								:		
]



Wilmington Police Department Images Associated with 23-317-AC



