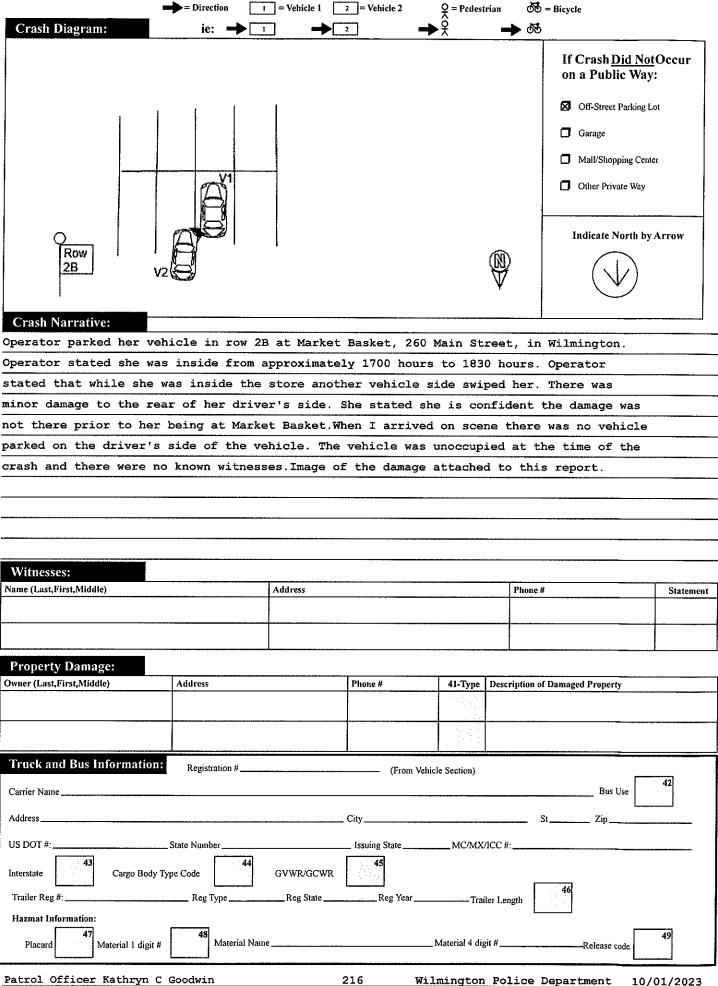
	Police Use Only	Common	wealth	of Massacl	husetts	S	RMV	Document	t Number	7
	Date of Crash Time of Crash 10/01/2023 1822 Wiln	City/Town Monington	otor Veh	icle Crash	Number Vehicles		Speed Limit_	Lo	tate Police ocal Police fBTA Police ampus Police	7
	24HR	aring con	Police :	Report	2	0	Latitude Longitude	Cı	ampus Police	
	AT INTERSECTI	ION:	LOCA	TION >		NOT A	Γ INTERS	ЕСТІО	N:	
					260	MAIN	T CM			2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction	Address #	MALL	Name of Re	oadway/Str	reet	-
¹3	_	At		Feet N S	EWof		_ •	or		
	Route# Direction Nam	ne of Intersecting Roadway/Stree	et			Mile Ma	uker	E	xit Number	
		Also at Intersection with		Feet NS		Route#	Intersect	ting Roadw	/ay/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadway/Stree	et	Feet N S	E W of					_
_	Please Select One	#0 .						lmark		-
3	of the Following:	#Occupants Hit/Run	Moped	Crash Repor	11D# 2 3	-31	8-AC			
	License #	DOB/A	Reg #	1WCS47		Reg Type	PC	Reg Stat		12
	Sex F Lic. Class D 19 19 Lic. R	estrictions 1 20 CDL	Veh Y	Year <u>2017</u>	Veh Make <u>I</u>	EXUS		Veh Confi	g. 1 21	<u> </u>
4	Operator HUTCHISON, JE	AN MARIE First Middle	Own	er <u>HUTCHISO</u> Last	N, JEZ	N MAR	RIE	Middle		
⁴ 1	Address 281 BURLINGTON			ess 281 BURL	INGTO	N AVE			<u> </u>	
	City WILMINGTON State		_	WILMINGTON			te MA Zip			
	Insurance Company FARMERS PF	OPERTY & CASU.	AL Vehic	le Action Prior to Crast			amaged Area Co	ode: 6 27	7 27 27	
5	Vehicle Travel Direction: N E W	Responding to Emergency? 2	Event	Sequence 23	23 23	**	est Status: The of Test:	1 29	4	ļ
	Citation # (If Issued)	_		Harmful Event 2	24	B	AC Test Result:	30	-	L.,
	Viol, 1; Ch/Sec/Sub ———— \	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25 Su	sp. Alcohol: 2		Drug: 2 32	2 13
·1		/iol. 4: Ch/Sec/Sub	Drive	r Distracted by 0	26		wed from scen	<u> </u>		
	Please fill out for operat Name (Last First Middle)	or and all occupants involved		DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbug Eject Status Code	Trap Injury Tr	40 ninsp. Code h	Medical Facility	
	Operator	See Above	;	\times X	1 0	4 0	0 10 1			
										1
	Please Select One State of 1	#Occupants Non-Motoris		15 16		17	. 18	X Hit/Ru	<u>Г</u>	1
1	or the comoving.				Location	Conditi	ion 12	A Hit/Rui	n Moped	
	19 19	DOB/Age	-	unknown		~			21	
	Sex Lic. Class Lic. Re	estrictions CDLEndorseme	ent	еаг	Veh Make			Veh Config	; []	
99		First Middle	Owne	Last		First		Middle		
	Address			SS						14
	CityState_						eZip_ maged Area Co		27 27	
	Insurance Company N. S. F. IV			e Action Prior to Crash	23 23		st Status:	28		İ
	Vehicle Travel Direction: NSEW Citation # (If Issued)	Responding to Emergency?		3equence	24	i	pe of Test:	29		
2	,	* 1.2 CHO 10.1		Harmful Event Contributing Code	25	25	C Test Result:	30		
	Viol. 1: Ch/Sec/Sub V Viol. 3: Ch/Sec/Sub V	iol. 4: Ch/Sec/Sub ————iol. 4: Ch/Sec/Sub ———		Distracted by	26	Sus	sp. Alcohol: wed from scene	- 	Drug 32	
Ļ		motorist and all occupants invol-		Distracted by	34 35	36 37	38 39 4	10		
	Name (Last First Middle)	Address		DOB/Age Sex	1	Airbag Eject Status Code		nop. ode M	ledical Facility	İ
ļ	Operator/Non-Motorist	See Above		$\nearrow X$	1	_				



Wilmington Police Department Department

10/01/2023

Wilmington Police Department Images Associated with 23-318-AC



	Po	lice Use Only		C	ommon	wealth	of Mass	sach	ıus	etts	S		R	MV Do	cument l	Number]
	Date of Crash 10/02/2023	Time of Crash	1	City/Town	Mo	otor Vel	nicle Cra	ash	[Number Vehicle:		ا ا	eed Lin		Loc	te Police al Police	0800	1
	10/02/2023	24HR		nington		Police	Report		2		0	Lai	itude_ ngitude			TA Police npus Police er:		
		AT INTER	SECTI	ON:	<	LOCA	ATION	>			NOT	_			CTION			1
				_														2 10
<u> </u>	Route# Dire		ELL S	Name of Road	way/Street		Route# Dire	ction	Add	lress #			Name o	of Road	way/Stre	et		
1				At				NIC	Te la									
	Route# Dire		URN S Nam	ST e of Intersecting	Roadway/Stree		Feet	NS	EV	of	Mile	 Marke	·	- cr	Exi	t Number		11
	\			Also at Interse			Feet	N S	ΕV	of	Route#		7			io.		2
² 1	Route# Direc	ction	Nam	e of Intersecting	Roadway/Stree	·+	Feet	NS	EV	of	Kouten		inter	secting	Roadwa	y/Street		·
1													I	andma	rk			
3	Picase Select (of the Followi	One Vehic	le 1 <u>.2</u>	#Occupants	Hit/Run	Moped Moped	Crash	Report	t ID#	23	3-31	L 9 -	-A	Ċ				
	License		S1	_ DOB/Age		Reg	# 1VHB92				Reg T	vpe P		F	Reg State	MA		
	Sex M_ Lic.	Class D	19 Lic. Re	estrictions 1	CDL_ Endorseme		Year 2020									2	1	1 ¹²
	Operator RA	NA, SUN	NY MU	JKESH	Endorseme	ent	er THAKUF										_	
⁴ 3	1	BROOKSI			Middle		ess 27 BR	Last			First			λ	Aiddle			
	City BURL	INGTON	State	MA Zip 0	1803-100	D1 City	BURLING	TON	ı			State <u>1</u>	/A	Zip <u>0</u>	1803	-100	1	
	Insurance Comp	any THE CO	<u>OMMER</u>	CE INSU	JRANCE (CO Vehic	ele Action Prior to	o Crash	1	2	22	Dama	ged Are	a Code	6 27	27 4	27	
5	Vehicle Travel D	Pirection; N S	Mw	Responding to	Emergency? 2	Even	Sequence 1	23	23	23	23	Test S			1 28		_	
⁵ 1	Citation # (If Iss	ned)		_		Most	Harmful Event	1	24			Type o		14.	29			
	Viol. 1; Ch/Sec/S	Sub	v	iol. 2: Ch/Sec/S	ub	Drive	r Contributing Co	ode	1	25	25		lest Res Alcohol		1	Drug: 2	32	1 13
6	Viol. 3: Ch/Sec/S	Sub	v	iol. 4: Ch/Sec/S	ub	Drive	r Distracted by	0	26				from s	·	2 33		┦	
⁶ 1	Name (Last First Mi		for operate	or and all occup					34 Seat	35 Safety	36 3 Airbag Ej	sci Tre	թ հոյհոց	40 Transp.				
	Operato				Address See Above		DOB/Age	Sex	Pos.	System 1	Sintus Co	de Cod	le Statu	s Code	Me	dical Facility	-	
	BARKHA THAK			27 BROOKSII				Ľ\ U	3	1	4 0	-	10	1				
				BURLINGTON	MA 01803-100			-	_	├─	4 0	+		 				
										ļ		_		-	ļ			
										<u> </u>				<u> </u>				
⁷ 2	Please Select O of the Followin		22_	#Occupants	Non-Motoris	t A Type	15 Action	16 L	Locati	on	Con	dition	18		Hit/Run	🔲 Мор	ed	
	License #		St	DOB/Agt_		Reg#	2DKF35				Reg Ty	ре <u>Р</u> С	-	R	eg State	MA		
	Sex_ F Lic. C	class D	9 Lic. Re	strictions 1	20 CDL	Veli Y	ear <u>2019</u>	v	/eh M	ake <u>H</u>						1 21		
	Operator HON	IG, SIA	-		Endorsemer		r HONG,	JAE	<u>. Y</u>	UNG						1	_	
1	Address 121	FORSYT	d DR	APT 1		Addre	ss 168 LC)WEI	LL	ST	First AP'I	1 10)	Mi	iddle		_	
	City ABING	TON	State _	MA Zip 02	351-503	1 City_1_	VILMING'	TON			S	tate <u>M</u>	A 2	Zip <u>0</u> 1	1887	-297	5 1	1 14
	Insurance Compa	ny GEICO	GENE	RAL INS	URANCE	C Vehic	e Action Prior to	Crash		1	22	Damag	ed Area	Code:	в ²⁷ 1	27 2 2	7	
	Vehicle Travel Di	rection: NS	Xw	Responding to	Emergency? 2	Event	Sequence 1	23	23	23		rest Sta			1 28		ĺ	
2	Citation # (If Issue	ed)				Most	Hannful Event	1	24			Type of SAC To	: lest: est Resi	nit.	. 30			
	Viol. 1: Ch/Sec/Si	ub	Vi	ol. 2: Ch/Sec/Su	b	Driver	Contributing Co	de	13	25	25			2 31	Susp. D	rug: 3	2	
	Viol, 3: Ch/Sec/St	ub	Vi	ol. 4: Ch/Sec/Su	b	Driver	Distracted by	99	26				from sc		2 33	E	-	
	Plea Name (Last First Mid	se fill out for ope	rator/non-n	notorist and all o	occupants involv	red	DOB/Age	Sex	34 Seat Pos,		36 37 Airbag Ejec Status Cod	38 Trap	39 Injury Status	40 Transp. Code	h4.#	ical Pacifity		
	Operato	r/Non-Mo	torist		See Above			X	1		4 0	0	10	1	on the			
ŀ	CHAE SU LIM			168 LOWELL S				м	3	1	4 0	0	10	1				
f												1					\dashv	
}												+	-		<u> </u>			
L				<u> </u>								_L		1 1			- 1	

	Direction	1 = Vehicle	1	Q = Pedesi	rian 📆 =	Bicycle	
Crash Diagram:	ie: 🛶	<u> </u>	2	→Ŷ	→ ॐ		
226 Lowell Street Lowell Street, Wilmington, MA					Sun	If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cen Other Private Way	y: Lot
			Woburn Street, Wilmington, MA			Indicate North by	Arrow
Crash Narrative:							
MV 1 stated that they	were waiting a	t a red	traffic signa	l on Lowel	1 Street	when they were	
rear-ended by MV 2. N	NV 2 stated that	they we	ere approachin	g the inte	rsection (of Lowell	
Street and Woburn Str	eet when they w	ere blin	ided by the sui	n. MV 2 st	ated that	they could	
not see and rear-ende	d MV 1. No inju	ries wer	e reported. Bo	oth vehicle	es were o	erational	
following the crash.	MV 1 elected to	drive t	he vehicle to	Hyundai i	n Wilmigto	on (for	
repair) a short dista	nce from the sc	ene in l	ieu of tow.				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
							<u></u>
Property Damage: Owner (Last, First, Middle)			I BL. III	41.57	~		
Owner (Last, Past, Midule)	Address		Phone #	41-Type	Description of 1	amaged Property	····
	İ						
Truck and Bus Informatio	Registration #		(From	Vehicle Section)			
Carrier Name						Bus Use	42
Address			City		St.	Zip	
US DOT #:	State Number		Iccuing State	MCMAY	1CC #-		
43	y Type Code	GVWR/GC	45	MCNEA	<u> </u>		
Trailer Reg #:	Reg Type	Reg Stat	eReg Year	Trai	ler Length	46	
Hazmat Information:					, L		
Płacard 47 Material I digi	t# 48 Material Nar	ne		Material 4 dig	it #	Release code	49
			· · · · · · · · · · · · · · · · · · ·				

Police Officer Name (Please Print)

ID/Badge #

Department

10/02/2023

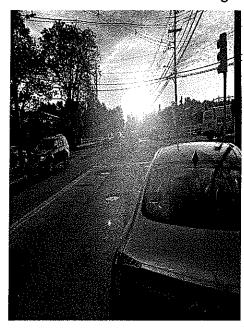
Date

Wilmington Police Department Images Associated with 23-319-AC





Wilmington Police Department Images Associated with 23-319-AC



	Pol	lice Use Only		Com	monwe	alth	of Massa	ichi	ısett	S		RM	V Docu	ment Number		
	Date of Crash 10/02/2023	Time of Crash	Wilm	City/Town	Motor	r Veh	icle Cra	sh	Numbe		" lobe	ed Limit	_ 25	State Police Local Police MBTA Police		
	10/02/2023	24HR		ing con	Po	lice	Report		2	0	Lau	tude gitude _		Campus Police	_ H	
		AT INTER	SECTI	ON:	<	LOCA	TION :	>		NOT	AT IN	TER	SECT	ΓΙΟΝ:		 -
		T.OW	ELL S	ithi											Į.	2 ¹⁰
1	Route# Dire	ction		Name of Roadway/St	reet		Route# Direct	ion	Address #		1	lame of	Roadwa	ay/Street		
11	[WOR	י זכנו	At			Feet	N S I	E W of			•	• ог		Ì	
	Route# Dire		JRN S Name	of Intersecting Roads	way/Street					Mile	Marker			Exit Number		2 11
				Also at Intersection v	vith		Feet [Route#		Inters	ecting R	oadway/Street	- [
² 1	Route# Direc	ction	Name	of Intersecting Roady	way/Street		Feet	N S E	W of				.,	-		
-	Please Select (One 5Zi	. 1	#0							~~		ındmark ••		\dashv	
3	of the Followi		e 1 <u> </u>	#Occupants Hit/	Run 🔲	Moped	Crash Re	eport I	D# 2 :	<u>3–3:</u>	20-	-A(;			
	License i		St	DOB/Age		Reg #	# 4DTY71			Reg 1	Гуре <u>Р</u> С	<u>-</u>	Re		_	12
	Sex M Lic.	Class D	Lic. Re	F	DL	Veh Y	Year <u>2009</u>	Ve	h Make <u>]</u>	IOND	<u> </u>		Veli (Config. 2	<u>'</u>	
4	Operator GN	ERRE, T	YLER	ANTONIO First	Middle	Own	er GNERRE	, <u>L</u> (OUIS	First			Mide	dle		
⁴3		SARAH S				Addr	ess <u>15 SAR</u>	AH	ST							
	-			MA Zip 01803		City	BURLINGT	NO					_	803-124	I	
	Insurance Comp			OPERTY & C	CASUAL	Vehic	le Action Prior to (10	_	Damag Test St		Code:	5 27 27 2 . 28	7	
⁵ 1	Vehicle Travel D	Direction: N S	Xw	Responding to Emer	gency? 2	Event	Sequence 1	3 2	1 1	23	Type of		1	29		
	Citation # (If Iss	aled)		-		Most	Hamfid Event	<u> </u>	24			est Resi	alt:	30	<u> </u>	12
				iol. 2: Ch/Sec/Sub			r Contributing Cod			25	Susp. A	dcohol:	2 31	Susp. Drug: 2 3	2 1	L 13
⁶ 1	Viol, 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub —		Drive	r Distracted by	0 '	26	1	Towed			2 33	$oldsymbol{oldsymbol{oldsymbol{\square}}}$	
_	Name (Last First M		for operate	or and all occupants in	Address Address		DOB/Age		34 35 Seat Safety Pos. Syster	Airbag E	37 38 ject Trap ode Code		40 Transp. Code	Medical Facility		
	Operate	or		Se	ee Above		><	X	1 1	4 0	0	10	1			
														.,,,,		

·y	Please Select O	ne 🔀 Vehicle	1 ±	Occupants Non	-Motorist A	Tura	15 Action	16		17	ndition	18		it/Run Mop	\neg	
2	of the Followin			1400	-Midiorist A	Type			cation		L				ea	
	License	19 1	S 9]	_ DOB/Ag·						-				State MA 21	-	
- 1	Sex M Lic. C	Class D	Lic. Res	strictions CI	DL dorsement		ear 2012						_ Veli C	Config. 1		
3,	•	IFFORD,	F	DYLAN irsi	Middle		r CLIFFOR	ıst		First	ONA	LD	Midd	lle	-	
		MARION S		vrs ~ ∩1997			ss 37 MAR		ST		. 1/	n _	. 01:	007 2121	_ -	14
- 1	City WILMI			<u>MA</u> Zip 01887 CE INSURAN		•	WILMINGT			22			ip U I o	887-3133 27 27 2	-, I	
ı	Insurance Compa Vehicle Travel Di		Mw Mw	Responding to Emerg			e Action Prior to C	3 23	23	23	Test Sta		1	28	_	
	Citation # (If Issu	<u></u>		Responding to Emerg	gency/		Sequence 1 2. Harmful Event	1 2	<u>L</u>		Type of	Test:		29		
2			3.0	ol. 2: Ch/Sec/Sub			Contributing Code		25	25	BAC Te	-		30	,	
	Viol. 3: Ch/Sec/S			ol. 4; Ch/Sec/Sub		=	, r	0 2	ــالــــــالـــ		Susp. A Towed	Ľ		Susp. Drug. 2 32	ן ני	
ŀ				notorist and all occupa	ints involved			-	34 35	36 3	7 38	39	40		_	
-	Name (Last First Mis	dule)		· · · · · · · · · · · · · · · · · · ·	Address		DOB/Age	Sex L	eat Sufety os. System	Status Co	eet Trap ide Code	Status	Transp. Code	Medical Facility	_	
-	Operato	r/Non-Mo	iorist	Se	e Above				1 1	4 0	0	10	1		_	
L								\perp								
														<u></u>		

= Direction 1 = Vehicle 1 2 = Vehicle 2 Q = Pedestrian 5 = Bicycle	
Crash Diagram: ie: → 1 → 2 → 5 → 55	
Lowell Street MV 2 MV 1 If Crash Did NotO on a Public Way: Garage Mall/Shopping Center Other Private Way Indicate North by An	
Crash Narrative:	
MV 1 was travelling east on Lowell Street/ Rt 129 waiting to turn left onto Woburn Street	
with his directional on. The lights turned red and MV 1 backed up to not be in the middle	
of the intersection and backed into MV 2 who was stopped in traffic behind MV 1. Both	
vehicles in driveable condition and not towed from scene.	
Witnesses:	
Name (Last, First, Middle) Address Phone #	Statement
Property Damage:	
Froperty Damage.	<u>-</u>
Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property	
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Informations	
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section)	12
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	12
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section)	12
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	12
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	12
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	12
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration # (From Vehicle Section) Carrier Name	12
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	12
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	9
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	

Wilmington Police Department Images Associated with 23-320-AC





	Pol	lice Use Only	Con	nmonwealth	of Massach	usetts	;	RM	AV Docu	ment Number	7
	Date of Crash 10/03/2023	Time of Crash W:	City/Town ilmington		hicle Crash	Number Vehicles		Speed Lim Latitude N	it 40	State Police Local Police MBTA Police Campus Police	
	,,	24HR		Police	Report	1	0	Latitude Longitude	W71.09.	Campus Police	i
		AT INTERSE	CTION:	< LOC	ATION >		NOT AT	r intei	RSECT	ΓΙΟΝ:	
						945	MAIN	र एक इ.स.			2 10
11	Route# Dire	ction	Name of Roadway	//Street	Route# Direction	Address #	T.W.1-T.		f Roadwa	ay/Street	_
1	_		At		Feet NS	E W of		_ • _	- or		_
	Route# Direc	etion	Name of Intersecting Ro				Mile Ma	ırker		Exit Number	1 11
			Also at Intersection	n with	Feet N S		Route#	Inter	secting R	oadway/Street	F
² 1	Route# Direc	ction	Name of Intersecting Ro	adway/Street	Feet NS	E W of					_
	Please Select (1 #Occupants I	Hit/Run Moped	Crash Report	2 2	22		andmark		┨
3	of the Followi	ng: ventcie L	T "CCCAPAINS]	L						.,,	_
	License	5 19	S _ DOB/Age 20		# AE52331					21	3 12
	Sex M Lic.	Class eq 1	Lic. Restrictions	CDL Veh Endorsement	Year 2012 \				Veh (Config. 2	
⁴ 1	1	Last	ELL LINDSAY	Middle	ner <u>U-HAUL CC</u>		RIZON First	IA	Mid	dle	
1	j	TOMS RD	005		ress PO BOX 2						
	ì		State VA Zip 231	·							
	_		Company of .		cle Action Prior to Crash	6 23 23		amaged Are st Status:	a Code:[3	28	
5	Vehicle Travel D				1 Dequence 23	24 23	20	pe of Test:	ا ا	29	
	1	ued)			t Harmful Event 23		75	AC Test Res		30	. 13
			Viol. 2: Ch/Sec/Sub -		·	11 ²⁵	Su	sp. Alcohol		Susp. Drug 2 32	23 ¹³
⁶ 1	Viol. 3: Cli/Sec/S		Viol. 4: Ch/Sec/Sub		er Distracted by 0	34 35	To 36 37	wed from s	cene? [1	33	_
	Name (Last First Mi		l	Address	DOB/Age Sex	Seat Safety Pos System	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	1
	Operato	or		See Above	\rightarrow X	1 1	4 0	0 10	1		
											1
											1
7	Please Select O		#Occupants N	on-Motorist A Type	15 Action 16 L	ocation	17 Conditi	18		it/Run Moped	1
⁷ 1	of the Followin	ni:		·· _					<u> </u>		4
	License #	19 19	1 DOB/Age	Reg						2.1	
	Sex Lic. C	Class	ic. Restrictions	Endorsement	YearV	elı Make			Veh C	Config.	ļ
³ ₁	Operator	Last	First	Middle	erLast		Fitst		Midd	lle	
\dashv			State Zip		ess		Stat		7 in		1 14
			State		ele Action Prior to Crash			maged Area		27 27 27	
	Vehicle Travel Di		_			23 23		st Status:		28	
		ned)			L	24		pe of Test:		29	
2	Viol. 1: Ch/Sec/S	ub	Viol. 2: Ch/Sec/Sub -	Drive	er Contributing Code	25	25	C Test Resi sp. Alcohol:		30 Susp. Drug: 32	
			Viol. 4: Ch/Sec/Sub -		<u> </u>			sp. Alcohol: wed from sc	L	33 Susp. Drug: 32	
	Plea	se fill out for operator	/non-motorist and all occ	upants involved			36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
}	Name (Last First Mic	r/Non-Motor	rict	Address See Above	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
}	Орегию	171 1011-1110101	w	DOC DOUTE						<u> </u>	-
}										·	



Wilmington Police Department Images Associated with 23-321-AC





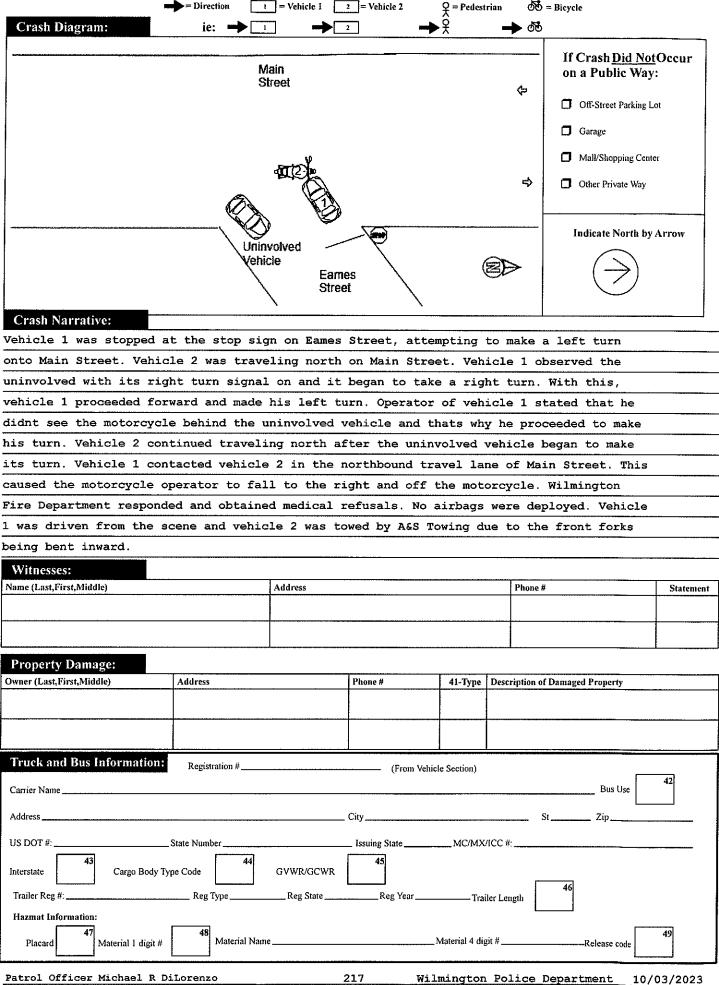
X COMMERCIAL PERSONAL O.	EFFECTIVE DATE EXPIRATION DATE 05/01/23 05/01/24	VEHICLE IDENTIFICATION NUMBER	FLEET	PHONE NUMBER OF AGENCY	317-815-2800			I REVERSE SIDE
COMPANY Vanliner Insurance C		ш	±:	G CARD		ing Blvd #330 5240 I Lines, Inc. adeland Ave B50 #A3 Ils, IN 46219		SEE IMPORTANT NOTICE ON REVERSE SIDE
COMPANY NUMBER 21172	POLICY NUMBER MRV370790409	YEAR MAKE/MOD	fleet flee	NAME OF AGENCY ISSURING	H.J. Spier Co., Inc.	AGENCY ADDRESS 8250 Woodfield X- Indianapolis, IN 46 INSURED CJOYCE Van 2525 N Sh. Indianapol	ı	
	COMPANY Vaniliner Insurance Co.	COMPANY Vaniiner Insurance Co. EFFECTIVE DATE 05/01/23	ANY NUMBER COMPANY 2 Vaniiner Insurance Co. Y NUMBER 370790409 MAKE/MODEL COMPANY X COMMERCIAL EFFECTIVE DATE 05/01/23	ANY NUMBER 2 Vaniiner Insurance Co. Y NUMBER 370790409 MAKEMODEL FLEET FLEET COMMERCIAL X COMMERCIAL STOTYOUTH DATE OS/01/23 VEHICLE IDENTIFICATION N	ANY NUMBER 2 Vaniiner Insurance Co. 370790409 MAKE/MODEL FLEET FLEET FHONE NUMBER OF AGENCY ISSUING CARD PHONE NUMBER OF AGENCY ISSUING CARD	ANY NUMBER 2 Vaniiner Insurance Co. Y NUMBER 370790409 MAKEMODEL fleet fleet FLEET PHONE NUMBER OF AGENCY ISSUING CARD PHONE NUMBER OF A Spier Co., Inc. 317-815-2800	ANY NUMBER 2 Vaniiner Insurance Co. Y NUMBER 370790409 MAKEMODEL fileet fleet FLEET PHONE NUMBER OF A Spier Co., Inc. Spier Co., Inc. Spier Co., Inc. Spier Co., Inc. Spier Co., Inc. Spier Co., Inc. 217-815-2800 317-815-2800 Strangolis, IN 46240 ED Joyce Van Lines, Inc. 2525 N Shadeland Ave B50 #A3 Indianapolis, IN 46219	Insurance Co. EFFECTIVE DATE 05/01/23 VEHICLE IDENTIFICATION N FLEET PHONE NUMBER OF A 317-815-2800 30

INDIANA INSURANCE	INDIANA INSURANCE IDENTIFICATION CARD
COMPANY NUMBER COMPANY	COMMERCIAL PERSONAL
POLICY NUMBER	EFFECTIVE DATE EXPIRATION DATE
YEAR MAKEMMODEL	VEHICLE IDENTIFICATION NUMBER
NAME OF AGENCY ISSUING CARD	PHONE NUMBER OF AGENCY
AGENCY ADDRESS	
INSURED _F .	
J	
SEE IMPORTANT NOT	SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:	 Name and address of each driver, passenger and witness. Name of Insurance Company and policy number for each vehicle involved. 	© 2006, 2007 ACORD CORPORATION. All rights reserved.
THIS C∠ VEHICL IN CASE OF ACCIDE Soon as possible. Obtai	 Name and addre Name of Insuran vehicle involved. 	ACORD 50 IN (2007/11)

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND	IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information: 1. Name and address of each driver, passenger and witness. 2. Name of Insurance Company and policy number for each vehicle involved.	D IN (2007/11) © 2006, 2007 ACORD CORPORATION. All rights reserved.
	IN CASE O soon as post	ACORD 50 IN (2007/11)

	Police Use Only	vealth	lth of Massachusetts					RMV Document Number					
	i i i	City/Town Motington	tor Veh	icle Cras	sh	Numbe Vehicle		, Jopes	ed Limi	40	State Police Local Police MBTA Police	080	
	24HR	ingcon	Police	Report		2	o	Lau	ude gitude		Campus Police Other:	_ 🚡	
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² 1	Route# Direction Name	of Intersecting Roadway/Street		Feet [N S E	W of							
	Please Select One Viver 12			<u> </u>						indmark			
3	of the Following:	Occupants Hit/Run	Moped	Crash Re	eport ID)# 2 3	-32	<u> </u>	-A(·			
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	<u> </u>	strictions 1 CDL_ Endorsement	Veh \	Year <u>2015</u>	Vel	h Make 👤	TOYOT	<u> </u>		Veh (Config. 1	ן ב	
4 2	Operator KARIUKI, DENIS	irst Middle		er THIONG (asi .		K			Midd	lle		
2	Address 114 MAPLE ST			ess 114 MA	PLE	ST			·····				
	City METHUEN State 1	-	• -	METHUEN						_	844-121	— I	
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⁶ 1	Viol. 3: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub	and all occupants involved	Drive	r Distracted by	<u> </u>	34 35	36 37	Towed 1	from sc	ene? 2	33	_	
	Please fill out for operato Nume (Lust First Middle)	Address		DOB/Age	S	Seat Safety Pos. System	Airbag Eje	et Trap	Injury	Transp. Code	Medical Facility		
	Operator	See Above		><	X:	1 1	4 0	0	10	1			
	ELIZABETH KARIUKI	114 MAPLE ST METHUEN, MA 01844-1219			F 3	1	4 0	o	10	1			
,	Please Select One Vehicle 21 #	Occupants Non-Motorist A	A Type	15 Action	16	ation	17	lition	18		it/Run Mo		
3	of the Following:	T toll-ividuolist P				201011				<u> </u>	LIVAUII LIVIO	pea	
	License #	DB/Age	_	2K9816			Reg Ty			•	State MA 2	1	
	<u>μ. μ</u>	rictions 1 CDL N Endorsement		ear 2001						Veh C	Config. 3	┚┃	
1	Operator MALONE, MICHAE: Last Fi Address 120 LEXINGTON R	at Middle		r <u>MALONE,</u>	st		First	THO	NI	Middl	le	-	
		ra _{Zip} 01821-4301		ss <u>120 LEX</u> BILLERIC		3 I OIA		M7	Δ 7	:_ 01s	821-430	$\begin{bmatrix} - \\ 1 \end{bmatrix}$	14
	Insurance Company THE COMMERC		_	le Action Prior to C		1				Code:		-	
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	Viol. 3: Ch/Sec/Sub ————Viol			Distracted by	- 26	 6		Towed fi		- + -	33 Drug 2		
	Please fill out for operator/non-m	otorist and all occupants involve	d			eat Safety	36 37 Airbag Ejec		39 Injury	40 Transp.		\dashv	
	Name (Last First Middle) Operator/Non-Motorist	Address See Above		DOB/Age		os. System	Status Cod		Status	Code 1	Medical Facility		
	Operation ton-motorist	Jee Audye	<u> </u>		4	-	-	-	-~	-			
								-					
						_							



10/03/2023

Wilmington Police Department Images Associated with 23-322-AC





	Police Use Only	Comr	mmonwealth of Massachusetts RMV Document Number							
	Date of Crash Time of Crash 10/04/2023 1417 Wil:	City/Town mington	Motor Vel	icle Crash	Numbe Vehicle		Speed Limit	L	tate Police	1
	24HR	many con	Police	Report	2	0	Latitude Longitude	c	MBTA Police Campus Police Dther:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTER	SECTIO	N:	1
	Route# Direction ROUTE 1			D						2 10
1	Route# Direction	Name of Roadway/Str At	cer	Route# Direction	Address #		Name of	Roadway/St	.reet	-
	BALLARD			Feet N S	E W of	Mile Ma		or	xit Number	
	Route# Direction Nat	ne of Intersecting Roadw Also at Intersection w		Feet N S	EW of	MILE M	II KCI		All Millioci	2 11
	j	and an interest of the	•••	Feet N S		Route#	Interse	ecting Roady	vay/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadw	ay/Street	1661 [1]	15,77		1 a	ndmark		-
3	Please Select One Vehicle 11	#Occupants Hit/I	Run Moped	Crash Report	t ID# 23	-32	*****		***************************************	1
د	or are ronoung.									4
	License St	DOB/Age		8HS118					21	1 12
	Sex E' Lic. Class D Lic. I	En	dorsement	Year <u>2005</u>				_ Veh Confi	ig. 1	F
⁴ 3	Operator MAIATO, BRIAN	NA MARIE First	Middle	er ESTRELA .		M First		Middle		
<u> </u>	Address 6 OAK ST	NO - 0107/		ess 6 OAK ST				~ ~ ~ ~ ~		
	City TEWKSBURY State	•	G0\45	TEWKSBURY			te MA Z amaged Area		7 27 27	
	Insurance Company LM GENERA			le Action Prior to Crash	23 23		st Status:	1 28		İ
1	Vehicle Travel Direction: N E W	Responding to Emerg	•	Sequence 1	24 23	~	pe of Test:	29	,	
	Citation # (If Issued)			Harmful Event 1			AC Test Resu		J	<u> </u>
	Viol. 1: Ch/Sec/Sub			r Contributing Code	19 ²⁵		sp. Alcohol:		p. Drug: 2 32	1 '
1	Viol. 3: Cli/Sec/Sub			r Distracted by 0	34 35	,	wed from see		<u>'</u>	
	Name (Lust First Middle)	tor and all occupants invo	Address	DOB/Age Sex	Scat Safety Pos. System		38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator	Sec	e Above	\times X	1 99	4 0	0 10	1		
									·	
	Please Select One Vivil 1			15 16		17	18		1_	1
3	of the Following:	#Occupants Non-I	Motorist A Type	Action	Location	Conditi	ion	Hit/Ru	m Moped	
	License #St	DOB/Age	Reg #	3CP177		Reg Type	PC	Reg State		
	Sex M Lic. Class D 19 Lic. R	estrictions B 20 CD End	L Veh Y	ear <u>2016</u> \	Veh Make <u>H</u>	ONDA		_ Veh Config	g. 1 21	
_	Operator RUIZ SANTOS, I	First	Owne Middle	r RUIZ SANT	COS, A	UGUST First	IN	Middle		
1	Address 373 ROGERS ST			ss <u>373 ROGE</u> I	RS ST	FL 1	ST			
	·	MA Zip 01852-		LOWELL					2-2500	1 14
	Insurance Company GEICO GENE	RAL INSURA	NCE C Vehic	e Action Prior to Crash	<u> L</u>	┵	maged Area (Code: 6 27	27 27	
l	Vehicle Travel Direction: N E W	Responding to Emerge	ncy? 2 Event	Sequence 1 23	23 23	~~	et Status; ne of Test;	29		
2	Citation # (If Issued)		Most 1	Harmful Event 1	24	BA	C Test Resul	t: 30		
_	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub	Driver	Contributing Code	1 25	25 Sus	p. Alcohol: 2	31 Susp.	. Drug: 2 32	
L		iol. 4; Ch/Sec/Sub		Distracted by 0	26	. ,	ved from scer			
	Please fill out for operator/non Name (Last First Middle)	•	ts involved	DOB/Age Sex	34 35 Sent Safety Pos. System	36 37 Airbug Eject Status Code		40 Fransp. Code M	Audical Facility	İ
	Operator/Non-Motorist	See	Above	X	1 99	4 0	0 10 1			
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f										
ŀ										
]				

	= Direction	= Vehicle 1	2 = Vehicle 2	♀ = Pedest	rian 🕳 =	Bicycle	
Crash Diagram:	ie: 👈 🗔	→ [2	→Ŷ	→ ॐ		
	\$ \$ DE	₽ Ballardval	∳ le St			If Crash Did Not on a Public Way Off-Street Parking L Garage Mail/Shopping Center	: ot
			(-)	Route 125		Other Private Way	
	·············		<>	**************************************		Indicate North by	Arrow
Crash Narrative:							
MV 2 WAS STOPPED AT TH	E RED LIGHT IN	THE SOUTHBO	OUND FAR I	RIGHT LANE	ON BALLAR	DVALE STREET.	
MV 1 WAS STOPPED BEHIN	D MV 2 ON BALL	ARDVALE STR	EET AT THE	RED LIGHT	. MV 1 IN	CHED UP IN THE	
ROADWAY IN ANTICIPATIO	N OF TAKING A	RIGHT TURN	ON RED, BU	T STOPPED	WHEN HE S.	AW ANOTHER	
VEHICLE COMING WEST BO	UND ON ROUTE 1:	25. MV 1 DII	NOT SEE	MV 2 STOP,	AND COLL	IDED WITH THE	
REAR LEFT SIDE OF MV 2	. THERE WAS DAY	MAGE TO THE	FRONT RIG	HT SIDE OF	MV 1 AND	MINOR DAMAGE	
TO THE REAR LEFT SIDE	OF MV 2. NO AII	R BAGS WERE	DEPLOYED,	NO INJURI	ES REPORT	ED, NO TOWS.	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Dyanauty Damagas		<u> </u>			J		
Property Damage: Owner (Lust, First, Middle)	Address		Phone #	41-Type	Description of l	Damaged Property	
				1	2.000.47.10.10.10.10.10.10.10.10.10.10.10.10.10.	- Topony	
Truck and Bus Information	Registration #		/F	. 1/11/2-12 (Carada)			
Carrier Name	registation :		(LLOE	n Vehicle Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State_	MC/MX	/ICC #:		
Interstate Corne Rodu	Syma Code	CVVIIII (CCVVIII	45				
Interstate Cargo Body		GVWR/GCWR				46	
	Reg Type	Reg State	Reg Yea	TTrai	ler Length		
Hazmat Information: 47	48					F	49
Placard Material 1 digit #	Material Nan	ne		Material 4 dig	git #	Release code	49
Police Officer Kayla M Police Officer Name (Please Print)	Hanson Signature		230 D/Badge #	Wilmington Department		epartment 10/ Barracks Date	04/2023

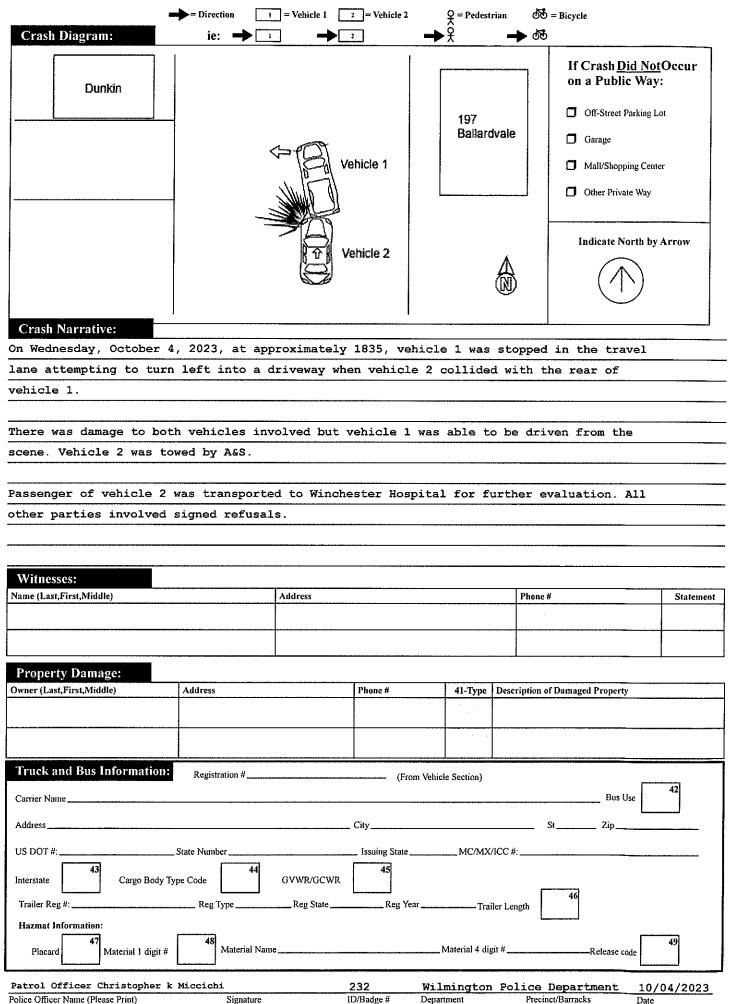
CDP1 11-24-00

Wilmington Police Department Images Associated with 23-323-AC





						monwealth of Massachusetts						RMV Document Number							
	Date of Crash 10/04/2023	Time of Crash		City/Town ingto:	I	Moto	r Veh	icle Cr	ash	N	lumber ehicles		mber ured	Spee	d Limi	t <u>3</u>	O State Police Local Police MBTA Poli	:e 🔯	1
	10,04,2023	24HR	71 <u> </u>	riig co.	<u> </u>	P	olice]	Report		2		0			itude		Campus Po	olice	
		AT INTERS	ECTIO	ON:		<	LOCA	TION	>			NO	T A	T IN	TER	SEC	CTION:		
										1 0	13	B	Δ T.T	. a p	מזרו	T.R	Ç TP		2 10
1 _	Route# Direc	tion			adway/Street			Route# Direction Address # BALLARDVALE ST Name of Roadway/Street										'	
4					At			Feel	NS	EW	of				. —	or .			
	Route# Direc	tion			ing Roadway/	Street			<u></u>	7	7	M	ile M	arker			Exit Nuir	ıber	2 11
				Also at Inter	rsection with				N S		_	Rout	e#		Inters	ecting	Roadway/Stre	et	-
² 1	Route# Direc	tion	Name	of Intersecti	ing Roadway/	Street		Feet	NS	IEIM	of of						1		
	Please Select O		.1 ±	Occupants	Hit/Rur			Crash	D	. 15.0	2 3		2			andmar	rk		1
3	of the Followin	ig: Venicle	<u>. – </u>	Cocupants	HIVKU	<u> </u>	Moped												
	License	19 19	_ s	. DOB/Ag	<u>20</u>			LGMJPM										21	12
	Sex M Lic. C	Class	Lic. Res	strictions	CDL.	rsement		′еаг <u>1997</u>								Vel	n Config.		
⁴ 1	1 `	REIRA, J	F:	A LOU	TIS M	iddle		MOREI	Last			F	<u>LOT</u> ist	JIS		N	1iddle		
Т		DIRLAM C			01076	2250		ess <u>19 DI</u>			CIR								
		BURY		-			-	TEWKSBU				22					1876-3		
		ny PROGRE						le Action Prior	o Crasi	23	23	23		est Sta		Code	28		
5	Vehicle Travel Di	irection: XS		Kesponding	g to Emergeno	cy?_ <u>~</u>		Sequence 1	 	24			T	ype of	Test:		29		
		ub			10.1			Hannful Event r Contributing (_	1	25	25	:	AC Te			1 30		13
		ub						r Distracted by	0	26	ا			usp. Al owed f			Susp. Drug:	2 32	
1	VIOI, 3. CII/3ec/3	Please fill out fo						Distracted by	 	34	35	36	37	38	39	40	2		
	Name (Last First Mic	•			Add			DOB/Age	Sex	Seat Pos.	Safety System	Status	Eject Code	· · · · ·	·	Code	Medical Fa	eility	
	Operato	r			See A	bove			\checkmark	1	1	4	0	0	10	1			
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										<u> </u>	<u> </u>				<u> </u>				
											<u> </u>			<u> </u>					
1	Please Select Or of the Following		2 3 #	Occupants	Non-Mo	torist A	Туре	15 Action	16	Locatio	on 🗌	17	Condit	tion	18		Hit/Run 🔲	Moped	
	License .	\	_ S	_ DOB/Ag-			Reg#	9 <u>YV739</u>				Res	ı Type	PC	<u></u>	R	eg State MA		
	Sex F Lic. C	19 19 19 19	1		20 CDL_		-	ear 2014									Config.	21	
		ES DA S	ILVA	, ELI	KA	sement	Оwne	- ALVES	DA	SI	LVP	E	LI	KA			<u> </u>		
1	Address 18 V	VATER ST	Fii		Ма	ddle	Addre	ss 18 WA	Last TER	SI	:	Fi	nst			м	iddle		
	City WOBUR	N	State <u>N</u>	1A Zip C	01801		City <u>I</u>	OBURN					_ Sta	te M	A 2	շip <u>0</u> :	1801		1 14
	Insurance Compar	ny GEICO (SENEF	RAL IN	SURAN	CE C	Vehicl	e Action Prior t	o Crasl	ı	1	22		-		Code:	 	27	
	Vehicle Travel Di	rection: Xs	E W	Responding	to Emergenc	y? <u>2</u>	Event	Sequence 1	23	23	23	23		st Stat			28		
2	Citation # (If Issue	ed)					Most	Harmful Event	1	24			-	AC Tes		ılı:	1 30		
_	Viol. 1: Ch/Sec/Su	ab	—— Vio	ol. 2: Ch/Sec	/Sub		Driver	Contributing C	ode	5	25	25	Su	sp. Al	cohol:	2 31	Susp. Drug:	2 32	
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————				Driver Distracted by 99 26 Towed from scene? 1 33														
	Plea Name (Last First Mid	•	ator/non-m	notorist and a	all occupants			DOB/Age	Sex	34 Sest Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Fac	sitity	
	Operato.	r/Non-Mot	orist		See Al	bove		$\geq \leq$	X	1	1	4	0	О	10	1			
									ı	6	1	4	0	0	10	2	Winchester Hospital		
ļ										5	1	4	0	0	10	1			



Wilmington Police Department Images Associated with 23-324-AC





	Pol	lice Use Only		monwealth of Massachusetts RMV Document Number														
	Date of Crash 10/05/2023	Time of Crash 0629	Wilm	City/Town ington	Moto	or Veb	icle Cr	ash	\\V	lumber ehicles		_ °'	ed Lim	it <u>3</u>	Loc	ite Police cal Police STA Police	0000	
		24HR		in ing con	P	olice :	Report		1		0	Lat	itude rgitude		Car	mpus Police	ă	
		AT INTERS	ECTI	ON:	<	LOCA	TION	>	L_		NOT	AT II	NTEI	RSEC	CTIO	N:		
									390 ANDOVER ST							ļ	2 ¹⁰	
12	Route# Dire	ction		Name of Roadway/St	reet Route# Direction Address #										way/Stre	et		
	4			At			Feet	N S	EW	of		- —	•	- or			_	
	Route# Direc	ction	Name	e of Intersecting Road				G. J.	1 = 1	7	Mile	Marker			Ex	it Number		1
				Also at Intersection v	vith			N S		-	Route#		Inter	secting	Roadwa	ıy/Street	-	
² 6	Route# Direc	ction	Name	e of Intersecting Roads	way/Street		1'eet	IN 3	LEIM] 01			ı	andmar				
	Please Select (11	#Occupants Hit	/Run	Moped	Crash	Papar	• ID#	23	-32) 5 -			N.		_	
3	of the Followi			L		···											4	
	License #	10 10	St L	DOB/Age			3BY279									21		1 12
	Sex F Lic. (LSON GL	1	E	DLndorsement		(ear <u>2015</u>					<u>. </u>		Vel	ı Config	. <u>L</u>		
⁴ 1	1 `	Last	i	First	Middle APT 7		er <u>WILSO</u> ess <u>20B</u> W	l,ast			First	ו אם			tiddle		-	
	1			MA Zip 01810		_	ANDOVER		1110	5 # VI						0-3058	-	
				EMPLOYEES			le Action Prior t		١	1	22					8 27 2 27		
	1	Pirection: N		Responding to Emer				23	23	23	23	Test St			1 28	<u> </u>	1	
5	Citation # (If Issu	ued)		-	Most Harmful Event 22 24 Type of Test: 99 29													
	Viol. 1: Ch/Sec/S	Sub	Vi	iol. 2: Ch/Sec/Sub		Drive	r Contributing C	ode	97	2.5	25	BAC T Susp. A			1	Drug 2 32	i - 2	22 ¹³
<u></u>	Viol. 3: Ch/Sec/S	Sub	Vi	iol. 4: Ch/Sec/Sub		Drive	Distracted by	5	26			Towed			1 33	Z Z	┙┣	
1.	Name (Last First Mi		r operato	or and all occupants inv	volved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety	Airbag Ej	7 38 ect Tra	p Injery	40 Transp.			7	
	Operato			Se	ee Above		100av/qe	Ż	1	System 0	Status Co	de Cod	e Status 10	Code 1	M	edical Pacifity	1	
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	Please Select O	ne 🗀		/O		_ [15	16		<u> </u>	17		18			T	\dashv	
1	of the Followin		Z#	Occupants Non-	-Motorist A	Туре	Action		Locatio	n L	Con	dition		-4	Hit/Run	Mope	d	
	License #	19 19	St	DOB/Age		Reg#					Reg Ty	ре		R	eg State	21	-	
	Sex Lic. C	Class	Lic. Res	strictions CI	OL idorsement	Veh Ye	ear	— `	Velı Ma	ske			· · · · ·	Veh	Config.			
2	Operator	Last	Fi	irst	Middle			Last			First			Mi	ddle		-	
	Address		State	Zip			55					tate	-	7in			- -	14
				<i>2.1</i> p		•	e Action Prior to		Γ		==	Damage		·	27	27 27	Ē	
	-	rection: NSE		Responding to Emerg			·		23	23	23	Test Sta	itus:		28			
-	Citation # (If Issue	ed)				Most I	Harmful Event	Ť	24			Type of			29 30			
2	Viol. 1: Ch/Sec/St	ub	Vic	ol. 2: Ch/Sec/Sub ——		Driver	Contributing Co	ode		25	25	BAC Te Susp. A				Drug: 32		
	Viol. 3: Ch/Sec/St	ub	Vic	ol. 4: Ch/Sec/Sub		Driver	Distracted by		26			Towed	from sc	ene?	33	لــــاٽ		
	Plea Name (Last First Mid	-	tot/non-n	notorist and all occupa	nts involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 31 Airbag Eje Status Coe	a Trap	39 Injury Status	40 Transp. Code	Mari	dical Facility		
		r/Non-Moto	rist		e Above			X	1					1	.,,iot		1	
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•	= Direction	1	= Vehicle 1	2 = Vehicle 2	♀ = Pedes	trian	QQ = E	licycle	
Crash Diagram:	ie: 🖚	→ 🗀	→ □	2	→Ŷ	→	92		
	hin Clay dadin a desakse mesde (mili kasusadapila							If Crash <u>Did Not</u> on a Public Way	
								_	
								Off-Street Parking L	ət
								☐ Garage	İ
								Mall/Shopping Center	a
Andover Street						/erizon Pole		Other Private Way	
					V1 [']	m	_		
						耳上		Indicate North by	Arrow
					392				
					Andover Street	√ (Z)		(\leftarrow)	
Crash Narrative:							<u> </u>		
On Thursday October 5,									
crash at 392 Andover St									
vehicle she appeared to									
and refused all medical									
began coughing uncontro								······	
There was extensive dam									
A+S Towing towed the ve								ceing severed	
and the extensive front	ena damai	ge it	aphears s	peed was a	potential	Iacto	or,		
						·			
Witnesses:									
Name (Last, First, Middle)			Address			Pi	hone #		Statement
									
Property Damage:	 			T	····				
Owner (Last, First, Middle)	Address			Phone #	41-Type	<u> </u>		maged Property	
VERIZON	392 ANDOVE	RST	VILMINGTON M			UTII	TTY	POLE	
Truck and Bus Information:	Registration	#		/Fran	n Valsiala Santian)	<u>.1</u>			
Carrier Name				(1101	n veincle Section)			Bus Use	42
Carrel Name									
Address				City			St	Zip	
US DOT #:	State Number			Issuing State	MC/M>	//ICC #:		······	
Interstate Cargo Body T	ype Code	44	GVWR/GCWR	45					
Trailer Reg #:	 Reg Type _		Reg State	Reg Yea	r	iler Length		46	
Hazmat Information:			-	-					
Placard 47 Material 1 digit #	48 Mate	rial Name			Material 4 di	git #		Release code	49
Patrol Officer John A F	ortes			228	Wilmington	Poli	ce De	partment 10/	06/2022

Wilmington Police Department Images Associated with 23-325-AC







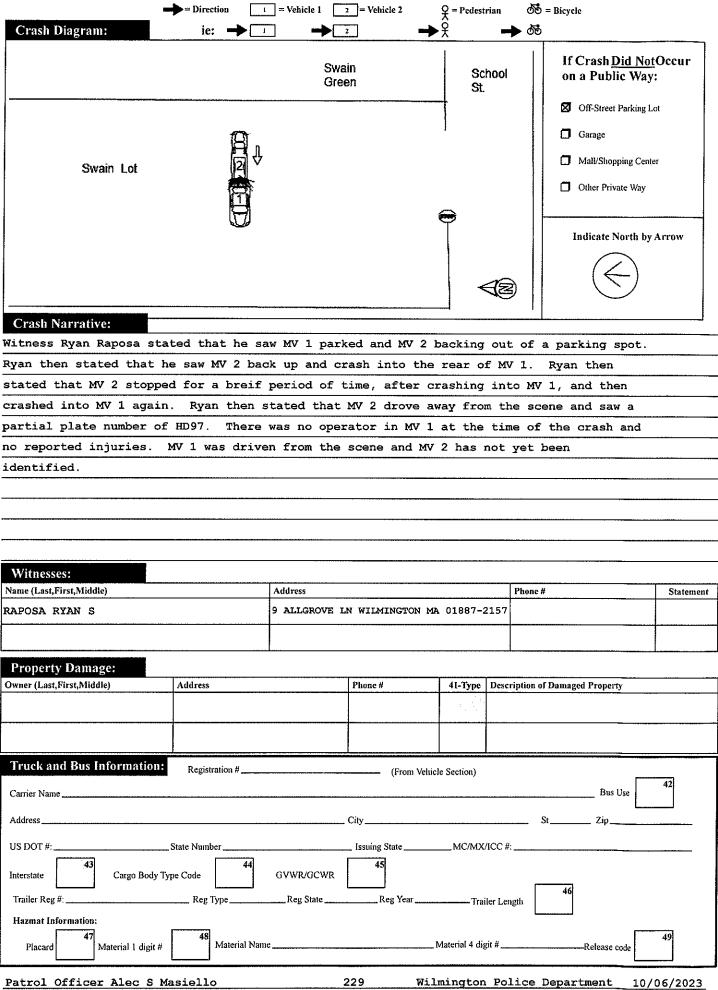




	Police Use Only	Comi	nonwealth		RMV Document Number						
	Date of Crash Time of Crash 10/06/2023 1441 Wiln	City/Town	Motor Veh	icle Crasl	Numi Vehic		.4 5 ,00		Loc	te Police cal Police STA Police mpus Police	П
	24HR	uring con	Police	Report	2	0	Latit	ude titude		mpus Police	i
	AT INTERSECTI	ON:	< LOCA	TION >		NOT	AT IN	TERSE	CTIO	٧:	
										-	2 10
,	Route# Direction	Name of Roadway/Str	reet	Route# Direction	136 Address			EEN A		eet	
¹ 1.	<u> </u>	At		Fact N	S E W of						1
	Route# Direction Nam	e of Intersecting Roadw	/ay/Street	reet [11]	3 2 7 0		Marker	• 0	Ex	it Number	11
		Also at Intersection w	ith	Feet N	S E W of	Route#		Internaction	ng Roadwa	w/Street	3
² 1	Route# Direction Nam	e of Intersecting Roadw	rav/Street	Feet N	S E W of	Kouter		merseem	ig Noauwa	ty/Street	
1	-		-					Landn	nark		_
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	ort ID# 2)	3-3	26-	·AC			
	License _ S	OOB/Ag	Reg	269JY8		Reg 1	ype PC	;	Reg State	MA	1
	Sex F Lic. Class D 19 19 Lic. R	estrictions 1 20 CI	DL Veh	Year 2003		_			_	21	1 12
	Operator LOGUE, DIANA		ndorsement Own	er LOGUE , I							
⁴ 2	Address 30 BISCAYNE DR	First	Middle Addr	ess 30 BISC	AYNE 1	Fjrat DR			Middle		
	City BILLERICA State	MA Zip 01821	-3035 City	BILLERICA	.		State M	A Zip	01821	1-3035	
	Insurance Company AMICA MUTU	AL INSURAN	ICE CO Vehic	ele Action Prior to Cra	ısh 1	22	Damage	d Area Co	de: 8 27	27 27	
	Vehicle Travel Direction: N S X W	Responding to Emerg	gency? 2 Even	Sequence 1 23	23 23	23	Test Sta	itus;	1 28		İ
1	Citation # (If Issued)		Most	Harmful Event 1	24		Type of		30		
	Viol. 1: Ch/Sec/Sub\	/iol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	1 25	25		st Result:	1	Drug 2 32	1 13
٠	Viol. 3: Ch/Sec/Sub\	/iol. 4: Cli/Sec/Sub ——	Drive	r Distracted by	26			from scene's			
1	Please fill out for operat	•			34 3: Seut Suf	ety Airbag E	37 38 jeet Trap	39 40 Injury Tran	ւsր.		1
	Name (Last First Middle) Operator		Address e Above	DOB/Age Se	Y Pos. Syst	em Status C	ode Code	Status Co	de M	ledical Facility	-
	operator .					+++	-				-
				:		+					4
								<u> </u>			_
				<u>L</u>		<u> </u>					_
3	Please Select One of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Coi	ndition	18	Hit/Run	Moped	
	License 7 St	DOB/Agt _	Reg #	3SKG58		Reg T	уре РС		Reg State	MA	1
	Sex F Lic. Class D 19 Lic. Re	estrictions 1 20 CD		ear <u>2005</u>	_ Veh Make_				eh Config.	1 21	
	Operator JOHNSON, EVELY		dorsement Owne	JOHNSON,	EVEL	YN AN	iousi	H			
1	Address 5 CHESTER ST	fust	Middle Addre	ess 5 CHEST	ER ST	First			Middle		
	City TEWKSBURY State	MA Zip 01876	-3909 City	<u> TEWKSBURY</u>			State MZ	A Zip (01876	3909	1 [4
	Insurance Company PLYMOUTH R	OCK ASSURA	NCE C Vehic	le Action Prior to Cra	sh 4	22		d Area Cod	F	27 27	
	Vehicle Travel Direction: SEW	Responding to Emerge	ency? 2 Event	Sequence 23	23 23	23	Test Stat		1 28 29		
2	Citation # (If Issued)	-	Most	Harmful Event 1	24		••	st Result:	, 30		
	Viol. 1: Ch/Sec/Sub ———— V	iol. 2: Ch/Sec/Sub	Drive	Contributing Code	4 25	25	Susp. Al	cohol: 2	31 Susp.	Drug 2 32	
	Viol. 3; Ch/Sec/Sub V	iol. 4: Cli/Sec/Sub	Drive	Distracted by	26		Towed fi	rom scene?	2 33]
	Please fill out for operator/non- Name (Last First Middle)	-	nts involved Address	DOB/Age Se	34 35 Seat Safe x Pos. Syste	ty Airtug Ej	7 38 ect Trup sde Code	39 40 Injury Trans Status Cod	sp.	dical Facility	
Ī	Operator/Non-Motorist	See	e Above		1 1	4 0	0	10 1			
											1
Ì											1
							+				1
		1		1 1	1 1	1 1	1	1 1	1		1

	= Direction	1 = Vehicle 1	2 ≃ Vehicle 2	Q = Pedestrian	₫	Bicycle	
Crash Diagram:	ie: 🛶 🗀	<u> </u>	2	·ĝ	→ ॐ		
Crash Diagram:	ie: → □		2	YOY	→ 85	If Crash Did Noon a Public Was Off-Street Parking Garage Mall/Shopping Cel Other Private Way	y: Lot nter
	_					\bigcirc	
Crash Narrative:							
IV1 was traveling Eas	st on Shawshoon	Ave towards	Main St whom	M7/2 1/2 2	ovitio-	Aldrich Pd	
urning left onto Sha				onto Shaws	sneen A	ve MV1 was	
raveling straight an	a struck the re	ar drivers	side of MV2.				
18							
				••••			
Witnesses:						, 	
Name (Last,First,Middle)		Address			Phone #		Statement
ASSETTA JAMES CHARLES		6 WALKER ST	T WILMINGTON MA	01887-374	9		
							-
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	scription of l	Damaged Property	
				<u> </u>			
Truck and Bus Information	III: Registration #		(From Vehic	le Section)			
Carrier Name			(XIONI VOID			Bus Use	42
Address			City	•••	St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#;		
43	44		45				
	ly Type Code	GVWR/GCWR	1				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer !	enoth	46	
Hazmat Information:	V 25:	<u> </u>		— Hanci L			
Hazmai information:	48						49
Placard Material 1 dig	it # Material Na	ne		Material 4 digit #		Release code	7
<u> </u>							
Patrol Officer Meghan				mington Po	olice D	epartment 10	/06/2023
olice Officer Name (Please Print)	Signature		ID/Badge # Depar	tment	Precinct	Barracks Date	

	Police Use Only	Comn	monwealth of Massachusetts						RN	RMV Document Number						
	Date of Crash 10/06/2023 2114	City/ Wilmin	Town	Moto	r Veh	icle Cra	ısh		iumber eliicles		d ~"	eed Lim	it2.	Local	Police i Police A Police i	800
	24HR	14 1 1111111	gcon	<u> </u>	olice l	Report		2		0	- 1	titude ngitude			us Police	ă
	AT INTER	SECTION:		<	LOCA	TION	>			NOT	AT I	NTEI	RSEC	TION:	:	
								14	2	МТ	.דחת	ESEX	2 73 T	73°		2 10
1 _	Route# Direction	Nam	e of Roadway/Str	eet		Route# Direc	etion	Add	2 ress #					way/Street	i	_
¹ 4			At			Feet	N S	EW	of			• –	- or .			_[
	Route# Direction		ntersecting Roadw						1	Mil	e Marke	r		Exit	Number	7 11
		Also	at Intersection wi	th			N S		_	Route	- -	later	secting	Roadway/	'Street	-
² 1	Route# Direction	ay/Street		Feet	NS	EW	of					1-		_		
	Please Select One Voltage	e 1 <u>1</u> #Occi	upants Hit/F		Moped	Crash I	D	ID2	23	_3	27		andmar	K		-
3	of the Following:	e [HIVE	Con _												4
	License	, ¯ ¯ D	OB/Age	,		3KYR38				_				-	71	- 12
	St Lic. Class D	Lic. Restricti	ions CI	OL dorsement		ear <u>2020</u>								n Config.	1	<u> </u>
4 1	Operator Last	First		warde		MAHONE	Last			Firs		H II	[] M	liddle		-
т_	Addre					ss 6 SHAI								1001		-
	City. Insurance Company THE CO	State	TNCHDAN	CE CO	•	BILLERI				22		ged Are			-6472	, I
						e Action Prior to	Crash 23	23	23	23		Status:	u couc.	1 28		1
5	Citation # (If Issued)		ponding to Emerg	ency? <u>~</u>		Sequence 1 Harmful Event	1	24			Туре	of Test:		29		
	Viol. 1: Ch/Sec/Sub		Ch/Sac/Suh			Contributing Co	<u> </u>	1	25	25		Test Res		1 30	22	2 13
			Ch/Sec/Sub —			Distracted by	0	26	IL			Alcohol d from s		Susp. D	orug 2 32] []
⁶ 1			all occupants inve			1		34 Seat	35 Safety	36 Airlag	37 3	8 39 up lajur	40			-
	Nume (Lost First Middle)			Address Above		DOB/Age	Sex	Pos.	System 10	Status 4	Code Co	Ne Statu	Code	Medi	ical Facility	_
	Operator			AUUVE				-	10			10	-			_
					·····			<u> </u>	-			-				_
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			······································			<u> </u>	<u> </u>		<u> </u>					<u> </u>		
⁷ 1	Please Select One of the Following:	2 1 #Occu	ipants Non-l	Metorist A	Туре	Action	16	Locatio	on	17 Co	ndition	18	⊠ı	Hit/Run	П Морес	d
	License #	\$t D0	OB/Age		. Reg#	unknowr	<u> </u>			Reg	Туре		R	eg State_		_
	Sex Lic. Class19	9 Lic, Restriction	ons 20 CD	Llorsement	. Veh Ye	ear		Veh Ma	ake				Veh	Config.	21	
₹	Operator unknown	First		Middle	Owner	r	Last			First			М	iddle		_
1	Address				Addre	ss				1 113			1411			- 🗀
	City	State	Zip		City	<u></u>						:	- 1			_ 1 14
	Insurance Company				. Vehicle	Action Prior to		<u>_</u>	·	22	Dama Test S	ged Area	Code:	27	27 27	
	Vehicle Travel Direction: N S	E W Resp	oonding to Emerge	ncy?	. Event	Sequence	23	23	23	23		of Test:		29		
2	Citation # (If Issued)					larmful Event		24	25	35	BAC	l'est Res	ult:	30		
	Viol. 1: Ch/Sec/Sub				_	Contributing Co	de	26		25		Alcohol	L	0110p. DI	rug: 32	
	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Distracted by	<u> </u>		35	36	Tower	l from so	ene?	33		_
	Name (Last First Middle)		•	Address		DOB/Age	Sex	Seat Pos.	Safety	Airbag I	iject Tn Tode Co	գր [հոյաստ	Transp.	Modic	al Facility	_
	Operator/Non-Mo	torist	See	Above		><	X	1								
																7
																1



Wilmington Police Department Images Associated with 23-327-AC





Wilmington Police Department

NARRATIVE FOR PATROL OFFICER ALEC S MASIELLO

Ref: 23-327-AC

Entered: 10/10/2023 @ 1902 Modified: 10/10/2023 @ 1902 Entry ID: 229 Modified ID: 229

Page: 1

I, Officer Alec Masiello, report the following brief summary of facts.

On October 6, 2023, I, Officer Masiello, was working my assigned patrol shift from 4PM to 12AM in Cruiser 38 in Sector three. At approximately 9:15PM, I was dispatched to hit and run call that occurred in the Swain Parking Lot, located at 142 Middlesex Avenue. Dispatch informed me that the caller, identified as James Mahoney IV, told dispatch that his vehicle was struck in the Swain Parking Lot while he was at the Wilmington High School football game. James' vehicle is a blue 2020 Toyota Camry with Massachusetts license plate number 3kyr38, valued at roughly \$20,000.

Prior to arriving on scene, I was informed by dispatch that the suspected vehicle from the crash was a black pickup truck that was believed to be a Chevy or Dodge, and that the caller had given them a partial plate of ZHD97. Dispatch then called out over the radio, Massachusetts license plate 1ZHD97 which is a black Dodge Dakota pickup truck. This vehicle has not been linked to the hit and run.

Upon arriving, I spoke with James about the incident. James stated that he was watching the Wilmington High School football game and that when he returned to his vehicle after the game was over, he noticed damage to the rear bumper of his vehicle. James then told me that a male party approached him and told him that he witnessed the hit and run. After speaking with James, I identified the witness as Ryan Raposa and spoke to him on scene.

Ryan stated that he saw a black pickup truck back out of a parking spot and crash into the rear bumper of James' vehicle. Ryan then stated that the black pickup truck stopped for a brief moment of time and then crashed into James' vehicle a second time. Ryan then stated that the black pickup truck drove away from the crash, turned left onto Middlesex Avenue, and then disappeared. I asked Ryan if he remembered the plate from the black pickup truck and he gave the same partial plate that Dispatch had called out earlier, ZHD97.

There was minor damage done to James' vehicle (see Images) and he was able to drive it from the scene. There were no injuries.

While speaking to James and Ryan, two dark colored pickup trucks were scene in town and investigated. Both vehicles were not linked to the hit run. As of now, the investigation is open and there has not been a vehicle linked to the hit and run.

Respectfully submitted,

Patrolman Alec Masiello

	Police Use Only	Com	nonwealth	of Massacl	ıusetts		RM			
	Date of Crash Time of Crash 10/06/2023 2144 Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	t35	State Police Local Police MBTA Police Campus Police	2
	24HR	ming con	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Cother:	i
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	RSECT	ION:	
	MAIN ST	l								2 10
¹ 4	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name o	f Roadway	//Street	
4	BURLING	At TON AVE		Feet N S	E W of			- or		_
		me of Intersecting Roadw	<u> </u>	[Mile Ma	arker		Exit Number	2 11
		Also at Intersection w	ith	Feet N S		Route#	Inters	ecting Roa	adway/Street	
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	Feet N S	E W of		1.	andmark		_
3	Please Select One of the Following:	#Occupants Hit/I	Run Moped	Crash Report	1D# 23	-32		-		1
-	License _ S	DOB/Age_	Dogs			-			c. M7	
	19 19	20	_	/ear 2020				_	State MA	1 12
	Operator MASTROPIETRO,	En	dorsement	er MASTROPII				ven co	oning. 1	
⁴ 3	Address 20 DENAULT DR	First	Middle	ess 20 DENAU	•	First		Middle	,	*
	City WILMINGTON State	MA Zip 01887		WILMINGTON		Sta	te MA	Zip. 018	387-3408	
	Insurance Company GEICO GEN	•	_	le Action Prior to Crasl	Γ		amaged Area	. —	27 27 27	
	Vehicle Travel Direction: NXEW	Responding to Emerg	ency? 2 Event	Sequence 23	23 23	23 Te	est Status:	1	28	
⁵ 1	Citation # (If Issued)		Most	Harmful Event 1	24	-	pe of Test;	.	29	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	AC Test Res isp. Alcohol:		30 Susp. Drug: 2 32	1 13
	Viol, 3; Ch/Sec/Sub	Viol. 4: Cli/Sec/Sub	Drive	r Distracted by	26		wed from so		33	
·1	Please fill out for opera	ntor and all occupants inv			34 35 Seat Safety	36 37 Aitbag Eject	38 39 Trap Injury	40 Transp.		-
	Nume (Last First Middle) Operator		Address e Above	DOI3/Age Sex	Pos. System.	Airbag Eject Status Code	Code Status		Medical Facility	-
	Орегию		270040		1 22	-		-		-
										_
									,	
2	Please Select One of the Following:	_#Occupants Non-	Motorist A Type	15 Action 16 I	Location	17 Condit	ion 18	⊠ Hic	/Run Moped	:
		DOB/Age	Reg #	unknown		Reg Type		Reg S		.]
	Sex Lic. Class 19 19 Lic. R		L Veh Y	ear	Velı Make			Veh Co	onfig.	
_	Operator unknown	First	Owne	rLast		First		Middle		
1	Address			ss						. 14
	CityState	Zíp	City_				ie 2			1
	Insurance Company		Vehic	e Action Prior to Crash		┙ "	unaged Area st Status:	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerge	ency? Event	Sequence 23	23 23		pe of Test:	-	29	
2	Citation # (If Issued)		Most	Hannful Event	24		AC Test Rest	ılt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		Contributing Code	25	25 Su	sp. Alcohol:		usp. Drug: 32	İ
ļ	Viol. 3: Ch/Sec/Sub			Distracted by	26		wed from sc	-	33	_
	Please fill out for operator/nor Name (Last First Middle)	•	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trup Injury Code Status	40 Tronsp. Coda	Medical Facility	
	Operator/Non-Motorist	See	: Above	><X	1					
ſ										
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→	= Direction 1	= Vehicle 1 2	= Vehicle 2	र्भ = Pedesti	rian 📆 = Bicycle	
Crash Diagram:	ie: 🕕 🔟	2	→	Š	→ №	
Church St		Main St	Burling Ave	gton	If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Cent Other Private Way	.ot
	Main St				Indicate North by	Arrow
Crash Narrative:						
On Friday October 6th, 20	23, at appro	ximately 9:30	OPM vehicle	1 was 1	heading south on Main	
Street when it collided w	ith the rear	of the unkno	own vehicle	2. Whe	en attempting to	
exchange paperwork, vehic	le 1 took of	f. Only desc	cription we	have is	s a black Audi sedan.	
Minor damage to both vehi	cles involve	d.				
Operator of vehicle 1 sta	ted no injur	ies.	***************************************			
	 		· · · · · · · · · · · · · · · · · · ·			
Refer to 23-1258-OF.			· · · · · · · · · · · · · · · · · · ·			

Witnesses:						
Name (Last,First,Middle)	***************************************	Address			Phone #	Statement
		<u> </u>	,	 		
Property Damage:	Address	l n	hone #	41 Time	Description of Damaged Property	
Owner (Last,First,Middle) A	uuress	r	none #	41-Type	Description of Damageo 1 roperty	
				·		
Truck and Bus Information:	Registration #		(From Vehicle	e Section)		
Carrier Name					Bus Use	42
Address		Cit	iy		St Zip	
			•		-	
US DOT #:Sta	te Number	¹		MC/MX/	/(CC #:	
Interstate 43 Cargo Body Type	Code	GVWR/GCWR	45			
Trailer Reg #;	Reg Type	Reg State	Reg Year	Trai	ler Length	
Hazmat Information:					_	
47	48 Material Name	ę	7	Aaterial 4 die	git #Release code	49
Placard Material 1 digit #	Tylateriat tyalli			ui + wig	- Release code	
Patrol Officer Alex S Mac	iollo	22	Q 141-1-	minatos	Police Department 10/	/06/2023

10/06/2023 Date