	Po	lice Use Only		Cor	nmonv	wealth	of Mass	ach	use	tts			- RA	IV Do	cument l		
	Date of Crash 10/22/2023	Time of Crash	1	City/Town			iicle Cra	sh		mber iicles	Numl Injur	4 PP	ed Lim	it3	5 State	e Police al Police TA Police	
	10, 12, 2023	24HR	1	iring con		Police	Report		2		0	Lau	tude gitude _			ipus Police (	5
		AT INTER	RSECTI	ON:	<	LOCA	ATION	>			NOT	AT IN	ITEF	RSEC	CTION	<b>₹:</b>	
									277	,	мъ	IN S	, 173				2 10
1	Route# Dire	ection		Name of Roadwa	y/Street		Route# Direc	tion	Addre		1,172			f Road	way/Stre	et	
<sup>1</sup> 1	]			At			Feet	N S	E W	of -				- or			
	Route# Dire	ction	Nam	e of Intersecting Ro	oadway/Street						Mile	Marker			Exi	t Number	2 11
				Also at Intersection	on with				EW		Route#	-	Inter	secting	Roadwa	y/Street	
<sup>2</sup> 1	Route# Dire	ction	Nam	e of Intersecting Ro	padway/Street		Feet	NS	EW	of .							
	Please Select	One 57	4	#G [D			<u>L</u>							andmai	rk	· · · · · ·	-
<sup>3</sup> 97	of the P. Hamil	ing: Vehic	le 14	#Occupants	Hit/Run	Moped	Crash F	leport	1D# Z	د؛	- J	ρТ.	-A(	<i>:</i>			
	License :	[ Second	_ {	, DOB/Ag	<b>.</b>	, Reg	# <u>179NZ6</u>				_ Reg	Гуре <u>Р</u> (	<u> </u>	F	Reg State	MA 21	- 12
	Sex_ <b>F</b> Lic.	Class D	Lic, R	estrictions 1	CDL Endorsemen	Velu Velu	Year <b>2020</b>		Veh Mal	ke <u>N</u>	ISS	AN		Vel	h Config.	1 21	
4	1 '	Lust		RINE ALI	CE Middle	Own	er CARNEY	Last	ITA	ER	INE First	ALI	CE	N	4iddle		
<sup>4</sup> 1		ECHANIC					ess 3 MECH	IAN:	IC :								-
	1			MA Zip 018			MERRIMA	<u> </u>								)-1544	
	1			TUAL PER			cle Action Prior to			- 38 (S)	22	Damag Test St		a Code	6 28	27 27	
· 2		Direction: X		Responding to E	mergency? 2		1 1	0.00 (0.00) 0.000 (0.00)	aga roba	23	23	Туре о			29		
	1	sued)		-				1	24	e I	i nel	BAC T			1 30		13
				iol. 2: Ch/Sec/Sub			er Contributing Co	25,000	1 '	.5	25	Susp. A		$\overline{}$	22	Drug 2 32	1 "
5 1	Viol. 3: Ch/Sec/			riol. 4: Ch/Sec/Sub or and all occupant		Drive	er Distracted by	0		35	16	Towed		cene?	2 33		4
	Name (Last First M		Tor operati	or and an occupant	Address		DOB/Age	Sex	Seat	Safety	Airbog I Status C	ject Trag ode Cod	Injury	Transp.		edical Facility	
	Operate	or			See Above		> <	X	1	١ .	4 0	0	10	1			
,	Please Select C		e 2 <b>1</b>	#Occupants	Non-Motorist	A Type	15 Action	16	ocation		17 Co	ndition	18	   	Hit/Run	<b>Морес</b>	
2	of the Followir	ng:			1011 1720101 151		Paris India	1995		29438				1		I	4
	License #	10	19	DOB/Age 20		_	unknown								leg State	21	-
	Sex Lic. ( Operator un)	L	Lic. Re	strictions	CDL Endorsemen	t	/ear	V	en Mak	.e				Veli	i Config.		
1	Address	Lası	1	First	Middle		er1	ASI			First			М	iddle		-
	f		State	Zip			C55					State		7in			1. 14
						-	le Action Prior to	Crash	Γ	2	2			. —	27	27 27	· [
		irection: N S		Responding to Er			F		 23 2	3	<u> </u>	Test Sta	ıtus:		28		
		ued)			0 ,		Harmful Event	Sa Bayesa Nasaria	24	<u> </u>		Type of			30		
2	Viol. 1: Ch/Sec/S	Sub	ν	iol, 2; Cl/Sec/Sub		Drive	r Contributing Co	de [	2	S	25	BAC To Susp. A				)me 32	
	Viol. 3; Ch/Sec/S	Sub	V	iol. 4; Ch/Sec/Sub		Drive	r Distracted by		26			Towed		L	33	, in a	
	1	•	erator/nen-	motorist and all occ	•	ed			Sent S		Airbag E	37 38 jeet Trap	39 Injury	40 Transp.			
	Name (Last First Mi	or/Non-Mo	torist		Address See Above		DOB/Age	Sex	Pos. S	ystem	Status C	ode Code	Status	Code	Med	tical Facility	-
	Operato		······	1	200 1 100 40				+	$\dashv$	$\dashv$	+	+	-	<u> </u>	<del>, , ,</del>	-
									$\dashv$	_	$\dashv$	-	$\vdash$				_
										-			<b> </b>				_

	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian 📆	≃ Bicycle	
Crash Diagram:	ie: <b>→</b> [	<b>→</b>	2	<b>→</b> 8	<b>→</b> ₩		
				,	43	If Crash <u>Did No</u> on a Public Way	<b>/:</b>
						Off-Street Parking I	_ot
	-					☐ Garage	
						☐ Mall/Shopping Cent	ler
		DOOD		mv 1	mv 2		
	and the state of t					Other Private Way	
						Indicate North by	Arrow
			1				
			277 Ma	ain St	ĺ	$(\leftarrow)$	
:							
Crash Narrative:	•		•				
	ning the northbound	l redlight i	n front of 27	77 Main St	. The v	rehicle in	
front of her stor	pped quickly, as di	d she. Whe	en she stopped	i, the vel	icle (my	2) behind her	
	gage their brakes i						
damage to the lef	t rear bumper on m	nv 1.					
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:					<u> </u>		
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
				2001/88/746/400			
Truck and Bus Infor	mation: Registration #		(From Ve	chicle Section)			
Carrier Name				•		Bus Use	42
4.13			a:				
Address			City		S	t Zip	
·	State Number	1		MC/MX/	CC #:		
Interstate 43 Ca	rgo Body Type Code	GVWR/GCWI	₹ 45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:		-	-			APAGE	
47	al 1 digit # 48 Material N	lame		Material 4 diei	t#	Palagra	49
1 tacard 1 talateri	an i sugur					- Kelease code	

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

Wilmington Police Department
Department Precinct/Barracks

10/22/2023

Date of Crash 10/23/2023	Time of Crash	<u> </u>	monwealth	UI IVIASSACII	iuseiis	<u> </u>	, Ku	MV Doc	ument Number	
] .,,,	0744 Wil	City/Town mington	1	hicle Crash	Number Vehicles		Speed Lim	it_3(	O State Police Local Police MBTA Police	
	24HR	many con	Police	Report	2	o	Latitude Longitude		Campus Police Other:	<u> </u>
	AT INTERSECT	ΓΙΟΝ:	< LOC	ATION >		NOT A	T INTE	RSEC	TION:	
					104	7 T D 1	) T C U	3 F)		2
Route# Direc	tion	Name of Roadway/S	Street	Route# Direction	Address #	WILL IN	Name o		vay/Street	
į		At		Feet N S	E W of		• -	or		
Route# Direc	tion Na	ame of Intersecting Road	dway/Street			Mile M	arker	· -	Exit Number	
		Also at Intersection	with	Feet NS		Route#	Inter	secting I	Roadway/Street	-
Route# Direc	tion Na	ame of Intersecting Road	dway/Street	Feet N S	E W of					
			<u> </u>	<u> </u>				andmarl	k	
Please Select O of the Followin		#Occupants	t/Run Moped	Crash Report	1D# <b>23</b>	-35	2-A	C		ļ
License :		DOB/Ag.	Reg	# <u>574PR3</u>		Reg Typ	e PC	R	eg State <b>MA</b>	
Sex <b>F</b> Lic. (	Class D Lic.		CDLVeh	Year 2013	Veh Make <u>T</u>	OYOTA	1	Veh	Config. 1	
Operator BAI	KER, LINDA		Endorsement Ow	er BAYMUS,	IVA				1	_
Address 7 P	AUL ST	First	Middle	ress 162 HILL		RD First		Mi	iddle	_ [
City BURLI	NGTON Stat	te <b>MA</b> Zip <b>0180</b>	3-2533 City	WATERTOWN		Sta	ate <b>MA</b>	Zip <b>0</b> 2	2472-147	7
Insurance Compa	ny <b>QUINCY MU</b>	TUAL FIRE	INSURA Veh	cle Action Prior to Crash	1	_	amaged Are			- I
Vehicle Travel D	rection: SEW	Responding to Eme	ergency? 2 Eve	nt Sequence 23	23 23	23 T	est Status:		1 28	
Citation # (If Issu	ed)		Mos	t Harmful Event 1	24		ype of Test:		29	
Viol, 1: Ch/Sec/S	ub	- Viol. 2; Ch/Sec/Sub	Driv	er Contributing Code	1 25	25	AC Test Resusse. Alcohol		1 11	12 1
	ub			er Distracted by	26		owed from s		2 33	- - -
		rator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trup Injur	40 Transp.		_
Name (Last First Mic			Address	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	_
Operato	<u>r                                      </u>		See Above		1 1	4 0		1		
				1 1						
							<u> </u>			
Please Select Or		_#Occupants No	n-Motorist A Type	15 Action 16 I	Location	17 Condi	tion 18		Hit/Run Mop	ed
of the Following			<u> </u>	Action	Location	Condi	tion			ed
of the Following	19 19	)B/Ag	Reg	Action I		Condi	tion	L   I   Re	eg State MA	
of the Following License : Sex Lic. C	19 19	B/Ag Restrictions 1 20 C	Reg	# 4ZYC48 Year 2008	Velı Make <b>A</b>	Condi Reg Type	e PC	Re Veli	eg State <b>MA</b>	
of the Following License : Sea Lic. C Operato	19 19	B/Ag Restrictions 1 20 C	Reg  CDL Veh  Sindorsement  Middle  Own	# 42YC48  Year 2008  The BRANLEY And Last	Velı Make <b>A</b> KENNE	Condi Reg Type	e PC	Re	eg State MA	
of the Following License : Sex Lic. C Operate Addre:	lass D 19 19 Lic. F	B/Ag Restrictions 1 C	Reg  CDL Veh  Findorsement  Middle  Add	# 4ZYC48 Year 2008 Ver BRANLEY, Last ress 55 SWAIN	Veli Make A KENNE	Condi Reg Type CURA TH RI First	PC	Re	eg State MA Config. 1	
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of the Following License : Sea Lic. C Operate Addre: City, Insurance Company Vehicle Travel Dis	lass D 19 19 Lic. F	B/Ag Restrictions 1 C	Reg  CDL Veh  Indorsement  Middle Add  City  Vehi  rgency? 2 Ever	# 4ZYC48  Year 2008  Year 55 SWAIN  WILMINGTON  Cle Action Prior to Crash  t Sequence 1 23	Veli Make A KENNE RD	Condi  Reg Typ  CURA  TH RI  First  Sta  22  D  23	e PC CHARL tte MA amaged Are	Re Veh	eg State MA Config. 1 21  ddie  L887-2860 1 27 3 27 2 1 28 29	0 2
of the Following License : Sex Lic. Co Operate Addre: City, Insurance Company Vehicle Travel Dia Citation # (If Issue	lass D 19 19 Lic. F  Last State  State  Pection: SEW	B/Ag  Restrictions 1 20 C	Reg CDL Veh Godorsement  Middle Add City Vehi rgency? 2 Ever	# 4ZYC48  Year 2008  Year 2008  Year 55 SWAIN  WILMINGTON  Cle Action Prior to Crash  It Sequence 1 23  Hannful Event 1	Veli Make A KENNE RD  10 23 23 24	Condi Reg Type CURA TH RI First  Sta  22 D To Type Sta  Type Sta  Type Sta  Sta  Sta  Sta  Sta  Sta  Sta  Sta	e PC  CHARL  atte MA  amaged Areast Status:  vpe of Test:  AC Test Res	Re Veh  Mia  Zip 01  a Code:	eg State MA Config. 1 21  ddie  L887-2860  1 27 3 27 2  1 28 29 1 30	0 2
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	= Direction	= Vehicle 1 2 = Vehicle 2	Q = Pedestrian	ණී = Bicycle	
Crash Diagram:	ie: 👈 🗔	2	→ ¾ →	· 92	
	Driveway	# [2]		If Crash Did Noon a Public Was Off-Street Parking Garage Mall/Shopping Ce	y: Lot
			¢	Indicate North b	y Arrow
			43		
Crash Narrative:					
MV 1 was driving straid			The second of th	ut of the driveway	
when he struck the from	nt/passenger s	ide of MV 2. No injur	ies. No tow.		
				<b>1</b> 44	
	. ,4000				
				3	
	18 SSM - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Witnesses:					
Name (Last,First,Middle)		Address	P	hone #	Statement
Property Damage:					
Owner (Last,First,Middle)	Address	Phone #	41-Type Descrip	tion of Damaged Property	
				10000000	
	8				
Truck and Bus Information:	Registration #	(From	Vehicle Section)	-	
Carrier Name				Bus Use	42
Address		City		St Zip	
US DOT #:					
Interstate 43 Cargo Body 7	44	GVWR/GCWR 45			
Trailer Reg #:	Reg Type	Reg StateReg Year	Trailer Lengt	h 46	
Hazmat Information:  47 Placard Material 1 digit #	48 Material Nan	ne	Material 4 digit #	Release code	49
	7.5.10.4.5.2.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7			200.0	

Direct Crash   Dire
AT INTERSECTION:    Control   Contro
Rosted   Direction   Name of Footbeary/Stocet   Rosted   Direction   Address at Mile Malater   Feet   Name of Footbeary/Stocet   Rosted   Direction   Address at Mile Malater   Feet   Name of Footbeary/Stocet   Rosted   Direction   Name of Enterecting Roadway/Stocet   Peet   Name of Enterecting Roadway/Stocet   Rosted   Direction   Name of Enterecting Roadway/Stocet   Peet   Name of Enterecting Roadway/Stocet   Rosted   Direction   D
Routed   Direction   Name of Roarbeay/Street   Roaded   Direction   Address   Allowers   Name of Roarbeay/Street   Name
Routed Direction Name of RondersyStreet  At A
Feet   N   S   E   W   or   Milito Marker   or   East Number
Routed   Direction   Name of Interesceting Roudwoy/Street   Allow at Interescent with   Feet   N S E W   of   Landmark
Rousef   Direction   Name of Intersecting Roadways/Street   Feet   N   S   W   of   Roadways/Street
Pears Select Own   Pears Following   We which I 1
Please Solvet One of the Following   Please So
License S DOB/Age Sex M Lic Class D D D Lic Restrictions D CODA/Age Sex M Lic Class D D D Lic Restrictions D CODA/Age Sex M Lic Class D D D Lic Restrictions D CODA/Address 2.17 LOVERING AVE Sex M Lic Class D D Lic Restrictions D CodA/Address 2.17 LOVERING AVE Sex M Lic Class D D Lic Restrictions D CodA/Address 2.17 LOVERING AVE Sex M Lic Class D CodA/Address 2.17 LOVERING AVE Sex M Lic Class D CodA/Address 2.17 LOVERING AVE Sex M Lic Class D CodA/Address 2.17 LOVERING AVE Sex M Lic Class D CodA/Address 2.17 LOVERING AVE Sex M Lic Class D CodA/Address 2.17 Lovering Ave Make Make Make M Lic Class D D Liver Distracted by D CodA/Address 2.17 Lovering Ave D License A Sex M Lic Class D CodA/Address D CodA/Ad
Sex M   Lie. Class   19   19   Lie. Restrictions   1   20
Sex M   Lie. Class   19   19   Lie. Restrictions   1   20
Operator MARVIN. MICHAEL V  Months  Address 217 LOVERING AVE  City BUFFALO  State NY Zip 14216  Insurance Company GARRISON PROP & CAS INS  Vehicle Travel Direction.  Vehicle Travel Direction.  Viol. 1: CluSec/Sub  Viol. 4: CluSec/Sub  Driver Contributing Code  Non-Motoriet A  Operator  Please fill out for operator and all occupants involved  Address 48 BRISTOL RD  City FREEPORT  State ME  Vehicle 2.1 "Country Insurance Company  Address 48 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 48 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 46 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 41 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 45 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 45 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 46 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 47 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 48 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 48 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 48 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 48 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 48 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 49 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 49 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 49 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 49 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior to Creath  Prior  Address 49 BRISTOL RD  City FREEPORT  State ME  Vehicle Action Prior  Vehicle Action Prior  Vehicle Action Prior  Vehicle Action Prior
Address 217 LOVERING AVE  City BUFFALO State NY Zip 14216 Dissurance Company GARRISON PROP & CAS INS  Vehicle Travel Direction:  SEW Responding to Emergency? 2  Citation # (If Issued)  Please fill out for operator and all occupants involved Address 2 Towel from secret? 2  Sex M. Lie. Class & SI DOBAge City FREEPORT State ME Zip 04032  City FREEPORT State ME Zi
Insurance Company GARRISON PROP & CAS INS  Vehicle Travel Direction: Is Is Iw Responding to Emergency? 2  Event Sequence 3  Event Sequence 2  Event Sequence 2  Event Sequence 3  Event Sequence 2  Event Sequence 2  Event Sequence 2  Event Sequence 3  Event Sequence 2  Event Sequence 2  Event Sequence 2  Event Sequence 3  Event Sequence 2  Event Sequence 3  Event Sequence 2  Event Sequence 2  Event Sequence 3  Event Sequence 3  Event Sequence 3  Event Sequence 4  Event Sequence
Insurance Company GARRISON PROP & CAS INS  Vehicle Travel Direction:   S   E   W   Responding to Emergency? 2   Event Sequence   23   23   23   23   23   23   23   2
Vehicle Travel Direction: SEW Responding to Emergency? 2 Event Sequence 23 23 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25
Citation # (if Issued)
Viol. 1: Chr/Sec/Sub
Viol. 3: Cls/Sec/Sub
Please fill out for operator and all occupants involved Address  Operator  See Above  DOB/Age See No. 1 0 4 0 0 1 1 1  Please Select One of the Following:  License £ Si DOB/Age License £ Si DOB/Age License £ Si DOB/Age  Reg # 2907ZT Reg Type PC Reg State ME Veh Config 1 19 19 Lice. Restrictions 1 20 CDL Endorsement Dorrer FRANCIS, ARRON THOMAS Address 48 BRISTOL RD  City FREEPORT State ME Zip 04032 City FREEPORT State ME Zip 04032 City FREEPORT State ME Zip 04032 City FREEPORT Citation # (If Issued) Work Harmful Event 1 24 Most Harmful Event 1 26 Susp. Alcohol 2 31 Susp. Drug 2 32 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Contributing Code  Please fill out for operator/non-motorist and all occupants involved Address DOB/Age See No. 1 0 0 1 0 1  Address 48 BRISTOL RD  City FREEPORT State ME Zip 04032 Test Status: Type of Test Result: 30 Driver Contributing Code 1 9 25 Susp. Alcohol 2 31 Susp. Drug 2 32 Viol. 3: Ch/Sec/Sub Driver Contributing Code  Please fill out for operator/non-motorist and all occupants involved Address DOB/Age See M. 1 0 0 0 1 0 1  1 0 4 0 0 0 0 10  1 0 4 0 0 0 0 10  1 0 4 0 0 0 0 10  1 0 4 0 0 0 0 10  1 0 4 0
Please Select One   See Above   See Above   See No.   Space   Space   South   Code   South   Code   Maked Facility
Please Select Onc of the Following: Vehicle 21_#Occupants Non-Motorist A Type
License & SI DOB/Age Reg # 2907ZT Reg Type PC Reg State ME  Sex M Lic. Class C 19 19 Lie. Restrictions 1 20 CDL Endorsement Operator FRANCIS , AARON THOMAS Address 48 BRISTOL RD  City FREEPORT State ME Zip 04032 City FREEPORT State ME Zip 04032 City FREEPORT State ME Zip 04032 Insurance Company OLD REPUBLIC  Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Type of Test: 29  Whost Harmful Event 1 24 BAC Test Result: 1 30  Word TRANCIS COMPANY  First Middle  Address 46 BRISTOL RD  City FREEPORT State ME Zip 04032 Test Status: 1 28  Type of Test: 29  Most Harmful Event 1 24 BAC Test Result: 1 30  Word Trancis Company OLD Republic Code Driver Contributing Code 1 9 25 Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 26 Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address DOB/Age Sex Post System Status Code Code Status Code Medical Facility
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License & SI DOB/Age Reg # 2907ZT Reg Type PC Reg State ME  Sex M Lic. Class C 19 19 Lie. Restrictions 1 20 CDL Endorsement Operator FRANCIS , AARON THOMAS Address 48 BRISTOL RD  City FREEPORT State ME Zip 04032 City FREEPORT State ME Zip 04032 City FREEPORT State ME Zip 04032  Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27  Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23  Viol 1: Ch/Sec/Sub Viol 2: Ch/Sec/Sub Driver Contributing Code 19 25 Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol 3: Ch/Sec/Sub Viol 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address DOB/Age Sex Post States Code Code Status Code Code Medical Facility  Most Harmful Event Code Code Status Code Code Medical Facility
License 4. SI DOB/Age Reg # 2907ZT Reg Type PC Reg State ME  Sex M Lic Class C 19 19 Lic. Restrictions 1 20 CDL Endorsement  Operator FRANCIS AARON THOMAS  Address 48 BRISTOL RD  City FREEPORT State ME Zip 04032 City FREEPORT State ME Zip 04032 Test State ME Zip 04032 T
Sex M Lic. Class C 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator FRANCIS , AARON THOMAS Address 48 BRISTOL RD  City FREEPORT State ME Zip 04032 Insurance Company OLD REPUBLIC Vehicle Travel Direction: N S E Responding to Emergency? 2 Citation # (If Issued)  Veh Year 2023 Veh Make FORD Veh Config. 1 21  Owner TRANE TECHNOLOGIES COMPANY  Address 46 BRISTOL RD  City FREEPORT State ME Zip 04032 Insurance Company OLD REPUBLIC Vehicle Action Prior to Crash 1 22  Vehicle Action Prior to Crash 1 22  Test Status: 1 28  Type of Test: 29  Most Harmful Event 1 24  Wost Harmful Event 1 24  Driver Contributing Code 19 25  Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Nume (Last First Middle)  Nume (Last First Middle)  Address 46 BRISTOL RD  City FREEPORT State ME Zip 04032  Test Status: 1 28  Type of Test: 29  BAC Test Result: 1 30  Susp. Drug 2 32  Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Nume (Last First Middle)  Address System Status Code Status Code Medical Facility
Operator FRANCIS , AARON THOMAS  Address 48 BRISTOL RD  City FREEPORT State ME Zip 04032  Insurance Company OLD REPUBLIC  Vehicle Travel Direction: N S E Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address 46 BRISTOL RD  Owner TRANE TECHNOLOGIES COMPANY  First Middle  Address 46 BRISTOL RD  State ME Zip 04032  1 1  Vehicle Action Prior to Crash  1 22  Event Sequence 1 23 23 23 23 23  Test Status: 1 28  Type of Test: 29  BAC Test Result: 1 30  BAC Test Result: 1 30  Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address 46 BRISTOL RD  Owner TRANE TECHNOLOGIES COMPANY  First Middle  Address 46 BRISTOL RD  Address 46 BRISTOL RD  State ME Zip 04032  1 28  Type of Test: 29  BAC Test Result: 1 30  Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub Sofety Aiabeg Eject Tap Injusy Transp. Seat Sofety Aiabeg Eject Tap Injusy Transp. Injusy Transp. Seat Sofety Aiabeg Eject Tap Injusy Transp. Seat Sofety Aiabeg Eject Tap Injusy Transp. Seat Sofety Aiabeg Eject Tap Injusy Transp. Medical Facility
Address 48 BRISTOL RD  City FREEPORT State ME Zip 04032 Insurance Company OLD REPUBLIC  Vehicle Travel Direction: N S E Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Address 46 BRISTOL RD  Address 46 BRISTOL RD  Address 46 BRISTOL RD  City FREEPORT  State ME Zip 04032  Test Status: 1 28  Type of Test: 29  BAC Test Result: 1 30  Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address 46 BRISTOL RD  Address 46 BRISTOL RD  1 1 22 Damaged Area Code: 2 27 27 27 27 27  Test Status: 1 28  Type of Test: 29  BAC Test Result: 1 30  Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Address 46 BRISTOL RD  Address 46 BRISTOL RD  Address 46 BRISTOL RD  Last ME Zip 04032  Test Status: 1 28  Type of Test: 29  BAC Test Result: 1 30  Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub Airbug System Status Safety Airbug System Status Code Code Code Code Code Code Code Code
Address 46 BRISTOL RD  City FREEPORT State ME Zip 04032 City FREEPORT State ME Zip 04032 1  Insurance Company OLD REPUBLIC Vehicle Action Prior to Crash
Insurance Company OLD REPUBLIC  Vehicle Action Prior to Crash  I 22  Event Sequence  I 23 23 23 23 23 23 23 23 23 23 23 23 23
Vehicle Travel Direction: NSE Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: Type of Test: 29  Most Harmful Event 1 24  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 9 25 25 Susp. Alcohol: 2 31 Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System System Status Table Tower Code Status Transp. In the scene Type of Test: 29  BAC Test Result: 1 30  Susp. Alcohol: 2 31 Susp. Drug 2 32  Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Pos. System Status Code Status Code Medical Facility
Citation # (If Issued)  Wiol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  Driver Contributing Code  19 25  Susp. Alcohol: 2 31  Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub  Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle)  Name (Last First Middle)  Name (Last First Middle)  Type of Test: 29  BAC Test Result: 1 30  Susp. Alcohol: 2 31  Susp. Drug 2 32  Towed from scene? 2 33  Please fill out for operator/non-motorist and all occupants involved Address  DOB/Age  Sex  Dob/Age  Sex  Dob/Age  Sex  Dob/Age  Sex  Dob/Age  Sex  Dob/Age  Sex  Dob/Age  Name (Last First Middle)  Most Harmful Event  Type of Test: 29  BAC Test Result: 1 30  Susp. Drug 2 32  Viol. 3: Ch/Sec/Sub  Towed from scene? 2 33
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code Driver Contributing Code Driver Contributing Code Driver Contributing Code Driver Distracted by Driver Drive
Viol. 3: Ch/Sec/Sub
Viol. 4: Ch/Sec/Sub
Name (Last First Middle)  Name (Last First Middle)  Address  DOB/Age  Sext  Safety Airbag  Sext  Safety Airbag  System Startus Code Code Code Status Code Medical Facility
On any top (Man Matariat )
Operator/Non-Motorist         See Above         1         0         4         0         0         10         1

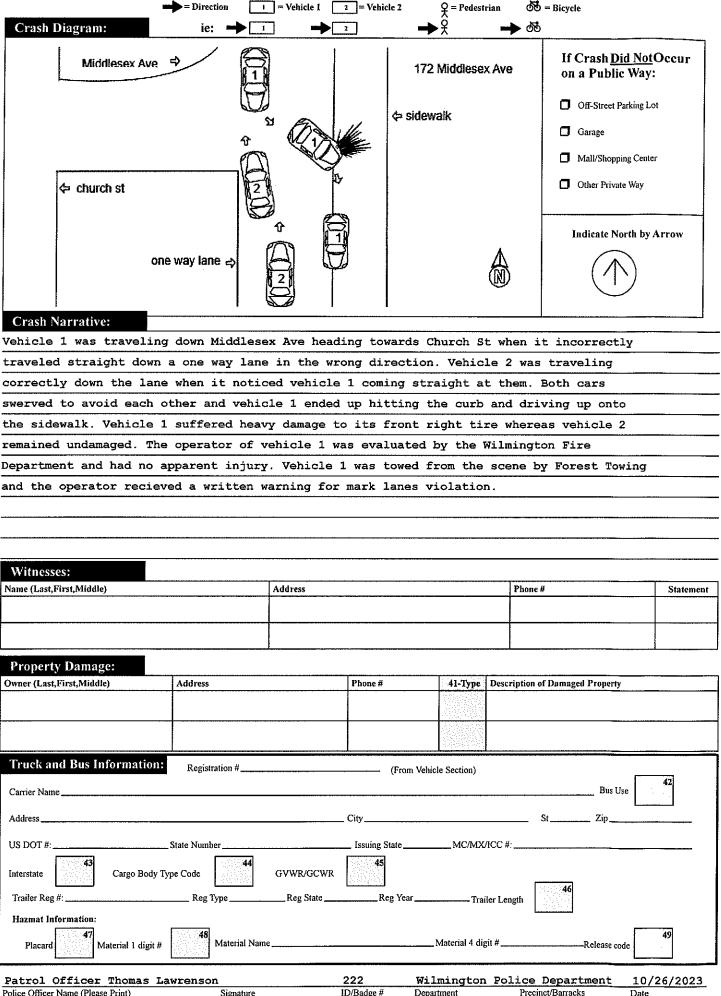
	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 📆	≖ Bicycle	
Crash Diagram:	ie: → 🗔	<b>→</b> [	2	₩Ŷ	<b>→</b> ॐ		
						If Crash <u>Di</u> on a Public	
						Off-Street Pa	rking Lot
				ထ္		☐ Garage	
Vei	nicle 1	l Nation d		Ballardvale St		Mall/Shoppin	g Center
		Vehicle 2		tvale		Other Private	Way
				8		_	
23/20-02-94/30-300-20-02-42-43-44-44-44-44-44-44-44-44-44-44-44-44-						Indicate No	th by Arrow
							\
	196 Ballardvale				Δ	( 1	.)
					(M)	$\dot{}$	/
Crash Narrative:							
On Tuesday, October 2	4, 2023, Vehicle	e 1 was was	s backing ou	t of a par	rking spo	t at 196	
Ballardvale street wh	en it collided v	vith the fi	ront of Vehi	cle 2. Vel	nicle 2 w	as travelin	g
down the lane between	the building ar	nd parking	spots at th	e time of	the coll	ision.	
Both parties stated t	hey did not want	medical a	attention.				
						·····	
Photos of the vehicle	s involved attac	ched.				······································	
Witnesses:		1			- In- "		
Name (Last, First, Middle)		Address		<del> </del>	Phone #		Statement
·							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
						· ,,,,	
Truck and Bus Informatio	Decision #			13,770,7750			
	Registration #		(From V	ehicle Section)		D II	42
Carrier Name						Bus Use	
Address			City		S	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45				
Trailer Reg #;	Reg Type	Reg State	Reg Year	———Trail	er Length	46	
Hazmat Information:	~ —	<u> </u>		- 1,411			
47 Placard Material I digi	48 Material Nam	e		Material 4 die	it #	Release	49
racard viacettal 1 digi				,	-		
Patrol Officer Christopher				Milmington			10/24/2023
Police Officer Name (Please Print)	Signature		ID/Badge # D	epartment	Precinc	t/Barracks	Date

### Wilmington Police Department Images Associated with 23-353-AC





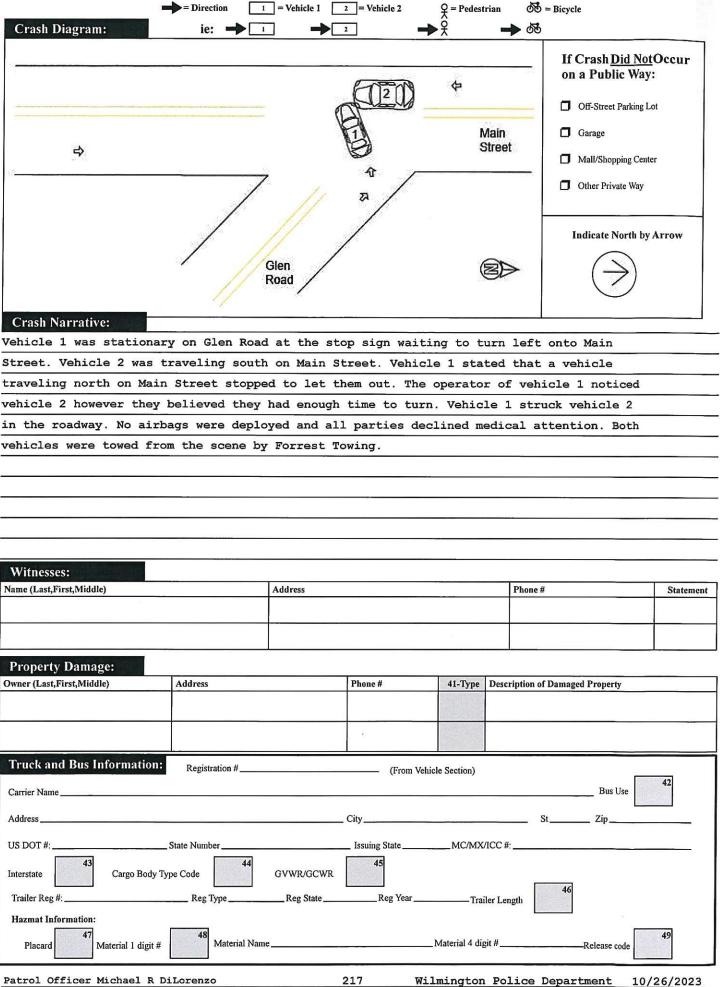
	Po	lice Use Only		Con	ımonw	ealth	of Mass	acl	ıus	etts	S			RM	IV Do	cument	Number		1
	Date of Crash 10/26/2023	Time of Crash	wil	City/Town	Mote	or Veh	icle Cra	ash		Vumber /ehicle:		mber jured	1'	d Limi	t_2	<u></u>   L∞	te Police	0080	
	10/20/2023	24HR	MITH	ungton	P	Police	Report		2		้	, •	Latin Long	ude situde _			BTA Police mpus Police ner:	- 법	
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	Route# Dire	ection		Name of Roadway	/Street		Route# Dire	ection	17 Add	lress#	<u> </u>	HUF	KCH N	S'I ame o	Road	way/Stre	et		
1				At			Frant	N S	ΕW	V] ~e				_					
	Route# Dire	ection	Name	e of Intersecting Roa	idway/Street		rect	III S	12 "	- <u>-</u> 1 01	M	lile Ma	arker	•	- OF	Ex	it Number		
				Also at Intersection	n with		Feet	N S	EW	of	Rout	to#		Inter	actino	Doglar	y/Street	_	1 —
2	Route# Dire	ction	Name	e of Intersecting Roa	idway/Street		Feet	N S	EW	of	ROU	LCIT		mers	secting	Roauwa	ty/oncct		
2 				or marsearing real										L	andina	rk			
	Please Select of the Followi	One Vehicle	<u>. 1</u>	#Occupants H	lit/Run	Moped	Crash	Repor	t ID#	23	3-3	35	4	A	3				
	License #		_ St	OB/Age		Regi	3RHR69				Re	e Type	e PC	;	F	Reg State	MA		
	Sex M Lic.	Class D	9 Lic. Re	estrictions 20	CDL		Year 2019									_		21	7
		NITI, LA			Endorsement		er KINIT										·	<u> </u>	
L,	7 '	BOSTON 1		APT 3215	Middle		ess 71 BO	Last			F	irst	321	.5	N	Aiddle			
				MA zip 0186			NORTH E								7in <b>O</b>	1862	2-106	55	
	1			SURANCE C			le Action Prior t			1	22					8 27		27	
		Direction: N S		Responding to Em				23	23	23	23	Te	st Sta	tus:		1 28		_	
		sued) <b>24857</b>					Harmful Event	20		23454 <u>3</u>	1941	Ту	pe of	Test:		29			
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				iol. 4: Ch/Sec/Sub =			r Distracted by	0	26		osy totajs			rom so	2 31	Susp. 1 33	Drug: 2	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
Ĺ	Viol. 5. Chace			or and all occupants					34	35	36	37	38	39	40				
	Name (Lost First M		•	1	Address		DOB/Age	Sex	Seat Pos.	Safety System		Code	Trap Code	Injury Status	Transp. Code	M	edical Facility		
	Operate	or 			See Above			X	1	1	4	0	0	10	1	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·													<u> </u>				
	Please Select C		2 <b>1</b> /	#Occupants No	on-Motorist A	Type	15 Action	16	Locatio	<u>,                                    </u>	17	Condit	ion	18	┢	Hit/Run	Мо		
Į.	of the Followin	ng:			M-MOIOISI A				Locain							tii/Kui	1410	peu	
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	Sex_ <b>F</b> _ Lic. (	Class D	Lic. Res	strictions	CDL Endorsement		ear								Velt	Config.	1	╜╽	
	l '	LLIS, LA	URIE	B Tirst	Middle		r GILLIS	Last		RIE	: B	irst			M	iddle		-1	
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	City WILMI	NGTON	State <u>I</u>	MA Zip 0188	7-2619	. City !	WILMING	TON			22						27 27	. <u>9</u> 27] -	
	Insurance Compa						le Action Prior to			<u> </u>			unaged st Stat		Code:	28		<u>ב</u> "	
	Vehicle Travel D	irection: NS	EX	Responding to Eme	ergency? 2	_ Event	Sequence	23	23		23		pe of			29			
<del></del>	Citation # (If Issu	ued)	,	•		Most	Hannful Event	M	24	25	25		AC Tes	st Resu	ılt:	30		أ	
	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub -		Drive	Contributing Co	ode	26	25	25	Su	sp. Ale	cohol:	31		Drug.	32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub —			Distracted by		26	T 24				om sc		33			
	Ple: Name (Last First Mi	•	ator/non-r	notorist and all occu	pants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility		
	Operato	or/Non-Mot	orist		See Above		> <	X	1										
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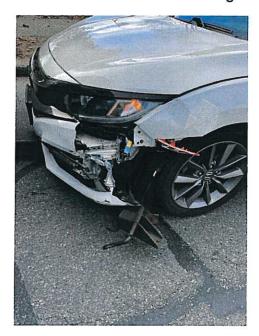
Date of Crash   Time of Crash   1151   241R   241
AT INTERSECTION:    Route#   Direction   Name of Roadway/Street   Route#   Direction   Name of Intersecting Roadway/Street   Also at Intersecting Roadway/Street   Feet   N S   E   W   of   Route#   Intersecting Roadway/Street   Landmark
Route# Direction Name of Roadway/Street  At  Feet NSEW of Mile Marker Exit Number  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Please Select One of the Following: Vehicle 13 #Occupants   Hit/Run   Moped   Crash Report ID# 23 - 355 - AC  License St. 10B/Age Reg # 5190273 Reg Type PC Reg State NH  Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21  Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21  Owner JEFFERS, ROSE E Last First MAME  Address 54 MAIN ST APT 208  City GREENVILLE State NH Zip 03048  Insurance Company MT. WASHINGTON ASSURANCE Vehicle Travel Direction: NEW Responding to Emergency? 2 Event Sequence 23 23 23 23 23 23 23 Type of Test: 29  Wool 1: Ch/Sec/Sub Viol 4: Ch/Sec/Sub Driver Contributing Code 1 25 Susp. Alcoholt: 31 Susp. Drug. 32  Viol 3: Ch/Sec/Sub Viol 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33 Vehicle Alcoholt: 31 Susp. Drug. 32  Viol 3: Ch/Sec/Sub Viol 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33 Vehicle Alcoholt: 31 Susp. Drug. 32  Viol 3: Ch/Sec/Sub Viol 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33 Vehicle Alcoholt: 31 Susp. Drug. 32  Viol 3: Ch/Sec/Sub Viol 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33 Vehicle Alcoholt: 31 Susp. Drug. 32  Viol 3: Ch/Sec/Sub Viol 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33 Vehicle Alcoholt: 31 Susp. Drug. 32  Viol 3: Ch/Sec/Sub Viol 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33 Vehicle Alcoholt: 31 Susp. Drug. 32  Viol 3: Ch/Sec/Sub Viol 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33 Vehicle Alcoholt: 31 Susp. Drug. 32 Towed from scene? 2 33 Vehicle Alcoholt: 31 Susp. Drug. 32 Towed from scene? 2 33 Vehicle Alcoholt: 31 Susp. Drug. 32 Towed fr
Route# Direction Name of Roadway/Street  At  Feet NSEW of Mile Marker  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Intersecting Roadway/Street  Landmark  Please Steet One of the Following:  License St. 10BIAge Reg # 5190273 Reg Type PC Reg State NH  Veh Year 2008 Veh Make TOYOTA Veh Config. 1  1  Operator JEFFERS, ROSE E  Land Middle  Address 54 MAIN ST APT 208  City GREENVILLE State NH Zip 03048  Insurance Company MT . WASHINGTON ASSURANCE  Vehicle Travel Direction: NEW Responding to Emergency? 2  Vehicle Travel Direction: NEW Responding to Emergency? 2  Citation # (If! Issued)
Route# Direction Name of Roadway/Street  At  Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Peet NSEW of Mile Marker
Feet   N   S   E   W   of   Mile Marker   Exit Number
Route# Direction Name of Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Also at Intersecting Roadway/Street  Route# Direction Name of Intersecting Roadway/Street  Route# Direction Intersecting Roadway/Street  Reg #5190273 Reg Type PC Reg State NH  Veh Yeh Cash Report ID# 23 - 35 State NH  Please fill out for Roadway/Street  Route# Direction Intersecting Roadway/Street  Roadway/Street  Roadway/Street  Rou
Also at Intersection with  Feet NSEW of  Route# Intersecting Roadway/Street  Route# Direction  Name of Intersecting Roadway/Street    Route# Direction   Name of Intersecting Roadway/Street
Please Select One of the Following:   Vehicle   13    #Occupants   Hit/Run   Moped   Crash Report ID# 23 - 355 - AC
Please Select One of the Following: Vehicle 13 #Occupants
License St. 10B/Age Reg # 5190273 Reg Type PC Reg State NH  Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement  Operator JEFFERS, ROSE E  Last First Middle Address 54 MAIN ST APT 208  City GREENVILLE State NH Zip 03048  City GREENVILLE State NH Zip 03048  Insurance Company MT . WASHINGTON ASSURANCE  Vehicle Action Prior to Crash 1 21 Damaged Area Code: 7 27 27 27  Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 Test Status: 1 28  Citation # (If Issued) Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33  Please fill out for operator and all occupants involved
Sex F Lie. Class 19 19 Lie. Restrictions 20 CDL Endorsement  Operator JEFFERS, ROSE E  Last First Middle  Address 54 MAIN ST APT 208  City GREENVILLE State NH Zip 03048  Insurance Company MT, WASHINGTON ASSURANCE  Vehicle Travel Direction: NXE W Responding to Emergency? 2  Citation # (If Issued)  Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21  Owner JEFFERS, ROSE E  Last First Middle  Address 54 MAIN ST APT 208  City GREENVILLE State NH Zip 03048  Vehicle Action Prior to Crash 1 22  Vehicle Action Prior to Crash 1 22  Vehicle Travel Direction: NXE W Responding to Emergency? 2  Event Sequence 1 23 23 23 23 23  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26  Please fill out for operator and all occupants involved 1 34 35 36 37 38 39 46  Please fill out for operator and all occupants involved 1 34 35 36 37 38 39 46
Sex B
Operator JEFFERS , ROSE E  Last First Middle  Address 54 MAIN ST APT 208  City GREENVILLE State NH Zip 03048  Insurance Company MT , WASHINGTON ASSURANCE  Vehicle Travel Direction: NXEW Responding to Emergency? 2  Citation # (If Issued)
Address 54 MAIN ST APT 208  City GREENVILLE  Insurance Company MT . WASHINGTON ASSURANCE  Vehicle Travel Direction:  NXEW  Responding to Emergency? 2  Citation # (If Issued)  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code  Driver Co
Insurance Company MT. WASHINGTON ASSURANCE  Vehicle Action Prior to Crash  Vehicle Action Prior to Crash  Vehicle Travel Direction:  NXEW Responding to Emergency? 2  Event Sequence 1 23 23 23 23 23  Most Harmful Event 1 24  Viol. 1: Ch/Sec/Sub  Viol. 2: Ch/Sec/Sub  Driver Contributing Code 1 25  Viol. 3: Ch/Sec/Sub  Driver Distracted by 0 26  Please fill out for operator and all occupants involved.
Vehicle Travel Direction: N E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23 23 23 23 23 23 23
Vehicle Travel Direction: N E W Responding to Emergency? 2 Event Sequence 1 23 23 25 25 Type of Test: 29 BAC Test Result: 1 30 Susp. Drug 32 1 1 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug 32 1 1 Please fill out for operator and all occupants involved.
Citation # (If Issued) Most Harmful Event 1 24 BAC Test Result: 1 30  Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 Susp. Alcohol: 31 Susp. Drug: 32  Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33  Please fill out for operator and all occupants involved 34 35 36 37 38 39 40
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code L Susp. Alcohol: 31 Susp. Drug: 32 1  Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by 0 26 Towed from scene? 2 33  Please fill out for operator and all occupants involved 34 35 36 37 38 39 40
Please fill out for operator and all occupants involved
Please fill out for operator and all occupants involved 34 35 36 37 38 39 40
Name (Last First Middle)  Seat Safety Airbag Eject Trap Injury Transp.  Name (Last First Middle)  Address  DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility
Operator See Above 1 1 1 4 0 0 10 1
LEE BACHELDER   56 MAIN ST   M 6 1 4 0 0 10 1
FELIX BROGNA 134 VARNUM ST LOWELL, MA 01850-2149 M 3 1 4 0 0 10 1
Please Select One Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition Moned
of the following:
License # _ St DOB/Ag Reg # <u>3DTD45                                   </u>
Sex F Lic. Class D Lic. Restrictions CDL Veh Year 2017 Veh Make LEXUS Veh Config. 1
Operator ANDREOTTOLA , LORETTA MARIE Owner ANDREOTTOLA , LORETTA MARIE  Last First Middle Last First Middle
Address 489 SUMMER AVE APT 1  Address 489 SUMMER AVE APT 1
City READING State MA Zip 01867-3833 City READING State MA Zip 01867-3833 1
Insurance Company III COMPRES INSURANCE CO venicle Action Prior to Crash I See Status: 128
venicle Travel Direction. Type of Test: 29
BAC Test Result: 1 30
26 27
Please fill out for operator/gon-motorist and all occupants involved 34 35 36 37 38 39 40
Name (Last First Middle)  Address  DOB/Age  Seat  Seat  Seat  Seat  Seat  Seat  Sultus  Sultus
Operator/Non-Motorist See Above 1 99 4 0 0 10 1

=	= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedesti	ian 🚳	= Bicycle	
Crash Diagram:	ie: 👈	_ →□	2	₽Ř	→ №		
			MV2			If Crash Did Not on a Public Ways  Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way  Indicate North by	r
Crash Narrative:			***************************************				
MV1 was traveling SB on	Main st alor	ng with MV2.	The two lan	es the ve	hicles v	ere traveling	
in merged into one lane							
of MV1 causing minor da		580					
that she collided with							
Nodewood-environment (International Company of State (International Company)	3,000 (A)		11111				
						-	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
	-						L
Property Damage: Owner (Last,First,Middle)	T.,,		In. "	41 m	D 100	D 10	
Owner (Last, First, Middle)	Address	***	Phone #	41-Type	Description of	Damaged Property	
T. J. J.D. J.C			1				
Truck and Bus Information:	Registration #		(From Vel	hicle Section)		production of the contract of	42
Carrier Name						Bus Use	42
Address			City		S	t Zip	2002
1				MC/MX/	ICC #;		<del></del>
Interstate 43 Cargo Body Ty	rpe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	er I enoth	46	
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Na	me		Material 4 dig	it #	Release code	49
	ousa		214 Wi		Cont. Spins	Department 10/	

	Polic	ce Use Only			<u>com</u> m	onv	vealth	of N	Iass	ach	ıus	etts	8			RM	V Doc	ument	Number			
	1	Time of Crash		City/Town		Mo	tor Ve	hicle	Cra	ish	N V	lumber ehicles		mber ured		d Limi	3.	Lo	te Police cal Police	00800		
	10/26/2023	1343 1	MITWI	ingto	n.		Police	Rep	ort		2		0 1	uicu	Latite	ide itude_		Ca	BTA Police mpus Police her:	8		
		AT INTERS	ECTIO	N:		<		ATIO		>	Γ'-		NO	T A			SEC	TIO		$\dashv$		
																				一	1	0
		<u>MAIN</u>						.													<u> </u>	╛
<sup>1</sup> 1	Route# Direct	ion			adway/Stree	t .		Route	# Dire	ction	Add	ress#			Na	ame of	Roady	vay/Str	eel	_		
	4	GLEN	מא	•					Feet	N S	EW	of			,		or .					
	Route# Direct		Name (		ng Roadway			<u> </u>				7	M	ile Ma	ırker			Ex	it Number	<b>—</b> [-	3 1	1
			A	Also at Inter	section with	:				NS		_	Rout	e#		Inters	ecting :	Roadwa	ay/Street	- F		
<sup>2</sup> 1	Route# Directs	ion	Name o	of Intersection	ng Roadway	/Street	··	-	Feet	NS	EW	of										
1								<u> </u>								La	ndmar	k				
3	Please Select Or of the Following		12_#	Occupants	Hit/Ru	ın.	Moped Moped		Crash l	Report	t ID#	23	-3	35	6-	AC	•					
	License #		_ St	DOB/Age			Res	# 4A	7V15				p.	a Tuni	PC	!	P	an Stat	. MA	$\dashv$		_
	Sex M Lic. Cl	19 19	5Ī	trictions 1	20 CDL			Year <b>2</b>										_	2000001	1	L 12	2
	1	A	3		Endo	rsemen	t												· L	<b>'</b>		J
<sup>4</sup> 2	Operator RAB				OR GI	/liddle		ner <u>RA</u>		Last			F	irst	IUK	GI	DK.	iddle	<del></del>	-		
	Address 1121							iress 11				(EE	ט מ							-		
	City WILMI							WIL	MING	TON	Ī	3500.050	200						7-1173	- I		
	Insurance Compar	ny THE COI	MMERC	E INS	URANC	E C	O Vel	icle Actic	n Prior to	Crash		4	22				Code:	27 2 28	27 2	1		
<sup>5</sup> <b>1</b>	Vehicle Travel Dir	rection: N S	E X	Responding	to Emerger	cy? 2	Eve	nt Sequer	ıc <del>e</del> 1	23	23	23	23		st Stat pe of			1 29				
1	Citation # (If Issue	ed)					Mo	st Harmfu	l Event	1	24				-	st Resi	ılt:	. 30				
	Viol. 1: Ch/Sec/Su	ıb ————	Vio	I. 2: Ch/Sec	/Sub		Dri	er Contri	buting Co	ode	4	25	25	1			2 31	Susp.	. Drug; 2 32	2 1	L 13	1
	Viol, 3: Ch/Sec/Su	ıb	Vio	l. 4: Ch/Sec	/Sub		Driv	er Distra	cted by	0	26					rom sc		1 33		ן '		J
<sup>6</sup> 1		Please fill out fo	or operator	and all occi	pants invol	ved					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			7		
	Name (Last First Mick					dress			OB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	N.	dedical Facility			
	Operator	<b>"</b>		1121 EVER		Above			<u> </u>	X	1	1	4	0	0	10	1			_		
	alessandra W	IILLAND			N, MA 018	97				F	3	1	4	0	0	10	1					
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	Please Select On	0 574	<u> </u>	<u> </u>				15		16			17	<u> </u>		18	<u> </u>		Т	$\dashv$		
<sup>7</sup> 3	of the Following		2 <u>.L.</u> #C	Decupants	Non-M	otorist .	A Type	A	ction		Location	on	(	Condit	ion			Hit/Rur	п 🔲 Море	ed		
	License #		Į.	DOB/Age			Reg	# <u>4CC</u>	:C14				Re	з Туре	PC		R	eg State		_		
	Sex <b>F</b> Lic. Cla	19 19 ass D	Lic. Restr	rictions 1	20 CDL			Year <b>2</b> (	)19	,	Veh M	ake <b>H</b>	ONI	A			_ Veh	Config	1 21			
	Operator MCP	ARTLIN,	TAYI	OR M		rsement		ner <u>MC</u>	PART	LI	٧,	KEV	IN	СН	ARI	ES						
1	Address 13 S	TAFFORD	LN Firs	st.		(iddle	Add	ress <b>13</b>	STA	Lasi <b>\F'F</b> (	ORE	L	Fi N	rst			Mi	ddle		_		
	City BILLER	RICA	State M	A Zip O	1821-	2022	2 City	BIL	LERI	CA				Stat	te <b>M</b> 7	<b>1</b> z	ip <b>0</b> 1	L821	L-2022	1	14	
	Insurance Compan	VTHE STA	ANDAR	D FIR	E INS	URA	N Veh	icle Action	n Prior to	Crash		1	22					8 27		- I		j
	Vehicle Travel Dire				to Emergen			nt Sequen	68006		23	23	23	Te	st Stat	us:		1 <sup>28</sup>		1		
			<u></u>	responding	to Emergen	·,		t Hannful	- ::	1	24	CASCA DES	805000	Ту	pe of 7	l'est:		29				
2	Citation # (If Issue	•								12.992000	igiste.	25	25			t Resu		1 30		,		
	Viol. 1: Ch/Sec/Sul	ь ———	Viol	. 2: Ch/Sec/	'Sub			er Contril	-	1980.35752	26			Su		cohol:			Drug 2 32			
	Viol. 3: Ch/Sec/Sul			. 4: Ch/Sec/		· ,		er Distrac	ted by	0	34	35	36	10 37	wed fr	om sc	ene'?	1 33		_		
	Pleas Name (Last First Middl	e fill out for opera	ator/non-mo	otorist and a	•	involve Iress	ed	Đ	OB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	М	edical Facility			
	Operator	/Non-Mot	orist		See A	lbove			<	X	1	1	4	0	0	10	1					
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## Wilmington Police Department Images Associated with 23-356-AC





# Wilmington Police Department Motor Vehicle Crash Report 23-357-AC

Requests for Wilmington Police Department Report, 23-357-AC, may be made via the department's Public Records Email at <a href="mailto:publicrecords@wpd.org">publicrecords@wpd.org</a>

	Pol	lice Use Only	C	ommonv	vealth -	of Massa	ach	use	tts				RM	V Docu	ıment Nı	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Date of Crash 10/28/2023	Time of Crash <b>1208 W</b>	City/Town ilmington			icle Cra	sh		mber hicles			Speed Latitud	Limit.	35	Local	Police Police A Police	
	10/25/2023	24HR	T THE LOSS		Police :	Report		2		1	- 1	Longit			Camp Other:	us Police	
		AT INTERSE	CTION:	<	LOCA	TION	>			NO	ГАТ	INT	rer:	SEC	TION:		
								001	•			<b>0</b> 11					<b>2</b> 10
	Route# Dire	etion	Name of Road	dway/Street		Route# Direc	tion	221 Addre		MI	AIN			Roadw	ay/Street		-
1		- Anna	A	t		Feet	NI C	E W									
	Route# Dire	ction	Name of Intersecting	r Roadway/Street		reet	Mal	EW	OI .		le Mar			or _	Exit	Number	11
			Also at Inters	<u> </u>	,	Feet	N S	E W	of	Route				ation D	Roadway/	Ctrant	2
			N. A.	D 1 (C)		Feet	N S	E W	of	Kome	5# <del>1</del>	1	merse	eung r	(Oauway)	Jucci	
1	Route# Dire	ction	Name of Intersecting	g Koadway/Street									La	ndmark			1
3	Please Select ( of the Followi	One Vehicle L	2 #Occupants	Hit/Run	Moped	Crash F	leport	ID# 💈	23	-3	58	3 – 2	AC	•			
	License #		S OOB/Age.		Peg	<u> </u> # <u>5HMZ79</u>				Res	r Tyne	PC		Re	ea State Ì	MA	<del>-</del>
		10 10	Lic. Restrictions 1	20 CDL	_	Year 2023										21	<b>1</b> 12
	1	•	L	Endorsemen	t	er CHOI,								1011	Comig.		
3		OI, HEEWO Last MISHAWUN		Middle 2034		ess <u>290 M</u>	Last			Fi	rst	, th	203		ddle		
		RN				woburn	-2111	AHQ.	<u> </u>						1 8 0 1	-2261	
		any GOVERNM					<u> </u>	Γ.	<b>.</b> (4)	22						27 27	
	•					cle Action Prior to		<u>-</u>	23	23		t Stan			1 28		
1		Direction: SE		to Emergency? 2		t Sequence 1	641 656 - 556	24			Тур	e of T	Γest:		29		
	1	sued)				Harmful Event	1	1990 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25	25	1		t Resu		1 30		_ 13
		'Sub				er Contributing Co	1000	1 26			Sus			2 31	27	Orug 2 32	1
1	Viol. 3: Cls/Sec/	Sub ———			Drive	r Distracted by	0	34 T	35	36	To\ 37	wed fr	om sc	епе?	2 33		
<u>-</u>	Name (Last First M		operator and all occur	pants involved Address		DOB/Age	Sex :	Seat	Safety System	Airbag	Eject Code	Tmp Code	Injury Status	Transp. Code	Med	lical Facility	
	Operate	or		See Above		><	X	1	1	4	0	0	10	1			
	YOUNGAE KIN	м	240 E PAL: ENGLEWOOD				F	3	1	4	0	0	8	1			1
				<del></del>													1
				<del>v=</del>		1.1.	12			1.7			10	<u>                                      </u>			4
2	Please Select ( of the Followi		1_#Occupants	Non-Motorist	А Туре	15 Action	16 L	ocatio	n	17	Conditi	on	18	D	Hit/Run	Moped	
	License #		S )OB/Age		Reg	3XYG13				Reį	у Туре.	PC		Re	eg State	MA	1
	Sex <b>F</b> Lic.	Class D 19 19	Lic. Restrictions 1	20 CDL		Year <b>2016</b>	V	/eh Ma	ke <b>H</b>	YUN	IDA:	Γ		Velı	Config.	1 21	
	Operator <b>MA</b>	TZKE, MAD	ELEINE LO	Endorsemen	t Own	er MATZKE	. <u>M</u>	IADI	CLE			OUI	SE				
1	Address <b>184</b>	TAFT RD	First	Middle	Addr	ess <b>184 T</b>	Last <b>\FT</b>	RD		Fi	rst			Mi	ddle		
	City <b>WILM</b>	INGTON	State MA Zip 0	1887-282	1 City	WILMING	TON				State	<u>M</u> 2	z	ip <b>0</b> 1	<u> 1887</u>	-2821	1 14
	Insurance Comp	any STATE F.	ARM MUTUA	L AUTOMO	B Vehic	le Action Prior to	Crash		2	22	Da	maged	l Area	Code:	1 27 8	27 27	ļ
	Vehicle Travel I	Direction: X S E	W Responding	to Emergency? 2	Even	t Sequence 1	23	23	23	23		t Stati			1 28		
	Citation # (If Iss	sued)			Most	Harmful Event	1	24	<del></del>			oe of T	fest: t Resu	.14.	29 30		
2	Viol 1 Ch/Sec/	Sub	Viol. 2: Ch/Sec/	Sub	Drive	er Contributing Co	ode	19	<sup>25</sup> 5	25			ohol:			orug 2 32	
	Viol. 3: Ch/Sec/		Viol, 4; Ch/Sec/			er Distracted by	99	26			•		om sc		2 33		
		ease fill out for operate			ed			34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	19 Injury	40 Transp.			1
	Name (Last First M			Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Med	lical Facility	
	Operate	or/Non-Moto	rist	See Above			X	1	1	4	0	0	10	1	_		
					-												

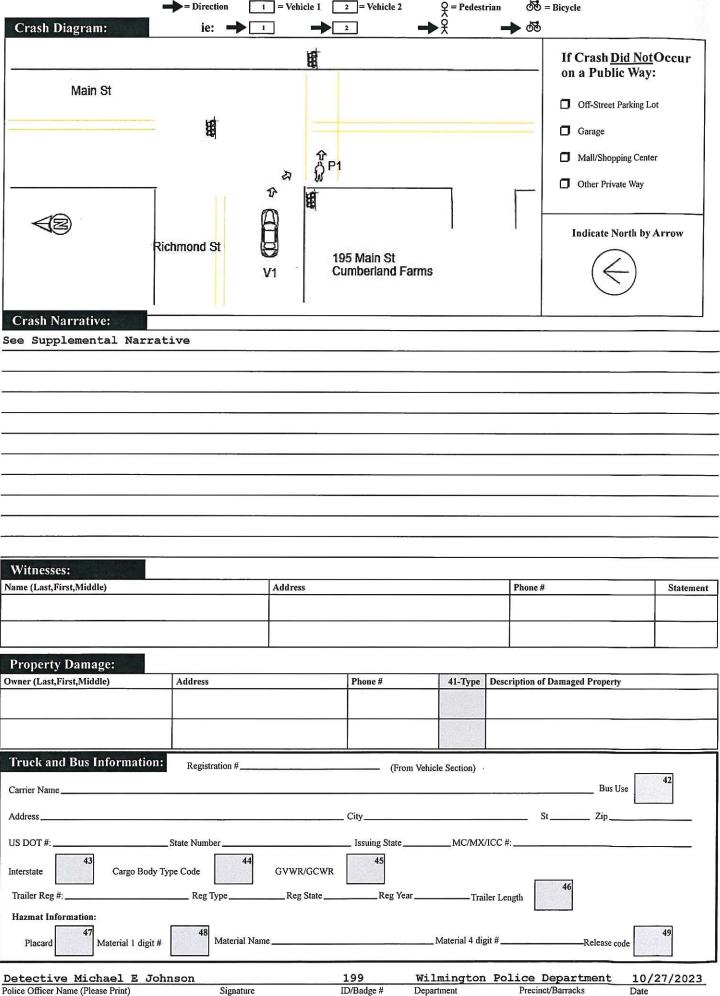
-	= Direction 1	= Vehicle 1	2 = Vehicle 2	A = Pedesti	rian 🚳	= Bicycle	
Crash Diagram:	ie: 👈 🔟	<b>→</b> □	2	₽Ŷ	→ №		
I				1C 222 Ma	VS ain Street	If Crash <u>Did Not</u> on a Public Way:  ☐ Off-Street Parking Lo	:
						1 <del>-</del>	
		"Dy	ehicle 1			■ Mall/Shopping Cente	r
		WITH	.7.	1		Other Private Way	
Starbucks		Main Sifeer	Vehicle 2		<b>A</b>	Indicate North by	Arrow
Crash Narrative:				(F.)			
On Saturday, October 28	, 2023, at app:	roximately	12:10PM, Ve	ehicle 1 v	was stopp	ed in the left	
lane of the north bound	side of Main	Street with	the intent	t to take	a left t	urn when	
Vehicle 2 collided with	it in the reas	r. Vehicle	1 had damag	ge to the	rear of	the vehicle.	
and Vehicle 2 had damag	e to the front	of their v	rehicle.				
	7 234						
All parties were offere	d medical atter	ntion and s	signed refus	sals.			
Photos of the damaged ve	ehicles are att	tached.					
					-		
						3.3	
Witnesses							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
			7		_		
		-					
Property Damage:	L		[=-	1			
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of	Damaged Property	**
	-						
Truck and Bus Information:	Registration #		(From Ve	ehicle Section)	<u> </u>		
Carrier Name			V	,		Bus Use	42
Address			City		s	t Zip	
US DOT #:							
43	44		45	WIC/WIX	тее #	_	
Interstate Cargo Body Ty Trailer Reg #:		GVWR/GCWR  Reg State	Reg Year	Trai	ar Langth	46	
Hazmat Information:				rian	Lei Lengin		
Placard 47 Material 1 digit #	48 Material Name	<u> </u>		Material 4 dig	it #	Release code	49
Patrol Officer Christopher k	Miccichi		232 W	ilmington	Police D	epartment 10/	28/2023

## Wilmington Police Department Images Associated with 23-358-AC





	Pol	lice Use Only	vealth	of Massachusetts							RMV Document Number								
	110/27/2023 1838 Wilmington				otor Vehicle Crash				Number Number Vehicles Injured			Speed Limit			Loc	e Police al Police TA Police	8		
		24HR					Report		1		1		Į.	itude			pus Police er:	ā	
	AT INTERSECTION: <						LOCATION > NOT AT INTERSECTION:												
		MAIN												2 10					
<sup>1</sup> 4	Route# Direc			Name of Roadway	//Street		Route# Direc	ction	Add	ress#			Na	ame of	Roady	vay/Stre	et		
4	_	RICE		Feet NSEW of - or											_				
	Route# Direction Name of Intersecting Roadway/Street							No	Leslan	3 .	M	ile Ma	ırker			Exi	t Number	6 1	
		Also at Intersection with						Feet NSEW of Route# Intersecting Roadway									y/Street	-	
<sup>2</sup> 1	Route# Direction Name of Intersecting Roadway/Street						Landmark												
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<sup>4</sup> 3	Operator DE ALMEIDA LUCAS, PEDRO ALEXANDR VETUHOV  Last First Middle  Address 15 ABBOTT ST Connection Connecti										-								
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<b>1</b>	Citation # (If Iss	ued) T3282	001	_		Most	Harmful Event	3	24			-	pe of		-14.	29			
	Viol. 1: Ch/Sec/S	<sub>Sub</sub> <u>89</u>	<b>11</b>	iol. 2; Ch/Sec/Sub -		Drive	er Contributing Co	ode	4	25	25	7		st Resi cohol:	air: 2 31	1	Drug 2 32	3 <sup>13</sup>	
5	Viol. 3: Ch/Sec/S	Sub —	V	iol. 4: Ch/Sec/Sub -		Drive	er Distracted by	0	26					rom sc	ene?	2 33	- [	<b></b>	
<sup>5</sup> 1	Name (Last First M		for operato	or and all occupants	involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status			sdies! Facility		
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_	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — — — — — — — — — — — — — — — — — — —						Driver Contributing Code  Susp. Alcohol: 31 Susp. Drug: 32  Driver Distracted by  Towed from scene? 33												
	Į.	Please fill out for operator/non-motorist and all occupants involved  Name (Last First Middle)  Address						J34 J5 J36 J7 J8 J9 40 Seat Safety Airbug Eject Trap Injury Transp DOB/Age Sex Pos System Status Code Code Status Code							Transp.	.,	7		
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#### Wilmington Police Department

Page: 1

NARRATIVE FOR DETECTIVE MICHAEL E JOHNSON

Ref: 23-357-AC

Entered: 10/27/2023 @ 2134 Entry ID: 199
Modified: 10/31/2023 @ 1136 Modified ID: 199
Approved: 10/30/2023 @ 1759 Approval ID: 195

On October 27, 2023, I, Detective Johnson, was assigned to uniform patrol in marked cruiser 37, sector 1, for the 4pm-12am shift. At approx. 6:38pm Wilmington police and fire responded to the area of Cumberland Farms, located at 195 Main St., for a car vs pedestrian accident. Dispatch informed responding officers that the juvenile who was struck was alert and ambulatory. The vehicle involved pulled into the parking lot of Cumberland Farms to await police response.

Upon arrival, the juvenile, identified as Conner Marchant, was standing in the grassy area with his mother, Erica Marchant. He had no apparent broken bones or signs of serious trauma. I instructed Connor to sit on the curbing while we awaited Fire and EMS response. I asked Connor if he was injured, to which he showed me a hematoma on the right side of his forehead and mild lacerations. Connor stated that he and his girlfriend, Emily Barry, were at the intersection of Richmond St and Main St, intending to cross to the opposite side. Connor stated he pushed the crosswalk button to give him the right of way and was given the cross signal. He said they were given the cross-signal and proceeded to cross the street. As Connor crossed, he was struck by a vehicle as it turned right off of Richmond St onto Main St. Connor was triaged by WFD and transported to the Lahey Hospital for treatment accompanied by his mother.

Once Connor was taken from the scene, I spoke with the operator of the involved vehicle, Padro De Almeda Lucas. Padro, a Lyft driver, was operating MA REG# 3RHL36, a black 2016 Toyota Camry, with a passenger named Michael Downey. Padro stated that he came to the end of Richmond St, stopped, and was given the green turn arrow. He stated he never saw Connor because he was in dark-colored clothing and only noticed him after striking him with the passenger side of his vehicle. Padro said he was traveling at low speeds and that after striking him, he immediately pulled into the parking lot of Cumberland Farms. While speaking to Padro, I observed no signs of impairment. Michael Downey, seated in the rear of the car, informed me that he never saw the Connor and believed that the loud bang sound was from the car striking debris or the curb. Michael also noted that the intersection was poorly lit. Padro was issued in hand MA Citation T3282001 for failing to yield to a pedestrian in a crosswalk. He was advised on the proper procedures to file an accident report and left the scene in his vehicle. Michael arranged for a new Lyft and left after speaking to officers.

It is worth noting that the intersection of Richmond St and Main St presents a challenge to vehicular traffic and pedestrians due to inadequate lighting and barely visible road markings for the crosswalks and roadway. This report will be forwarded to the Traffic Division in an attempt to seek assistance from MA DOT.

Respectfully submitted,

Det. Michael Johnson #199

Attachments for 23-357-AC	
Description	Type
PA DE ALMEIDA LUCA OPER CRASH RPT	PDF
Attachment#: 23B95815A8884FD3BBD504C8CB8CE136	