	Pol	lice Use Only		(Comn	ionv	wealth	of Mass	acl	ıus	etts	S			RM	IV Doc	ument	Number	
	Date of Crash 11/13/2023	Time of Crash	Wilw	City/Town		Mo	tor Vel	iicle Cra	ash	N	lumber ehicles		mber jured			t3	ᆜᅜ	ite Police cal Police STA Police	800
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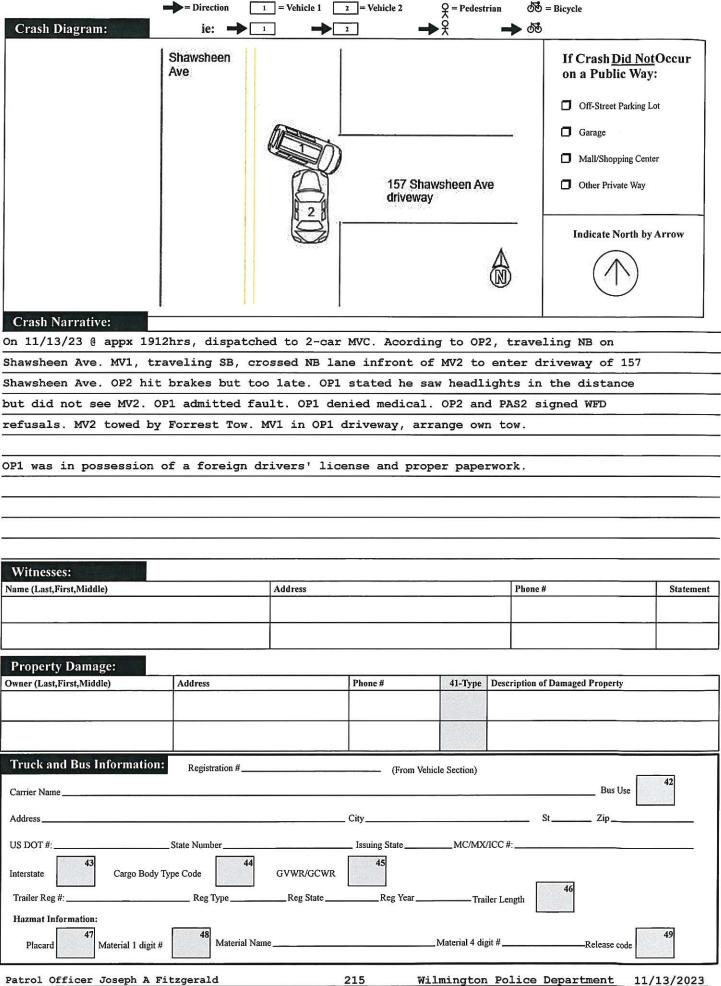
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Crash Diagram:	ie: → 1] →□	2	→ રે	→ №	
÷-	GMC Sien	a <u> </u>	hurch Street	Trailer	If Crash Did on a Public V Off-Street Parl Garage Mall/Shopping Other Private V	Way: king Lot
					Indicate North	th by Arrow
Crash Narrative:						
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Witnesses:		Address			Phone #	Statement
Name (Last,First,Middle)		Address			rnone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	-
Truck and Bus Information	On: Registration #		(From	Vehicle Section)	-	<u> </u>
Carrier Name					Bus Use	42
Address			City		St Zip	
\$2.77						
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Trailer Reg #:	Reg Type	Reg State	Reg Year	———— Trailer L	ength 46	
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47	48			16. 21. 10.		49
Placard Material 1 dig	git # Material Nam	e		Material 4 digit #	Release code	
Patrol Officer Jonatha	n I Moralas		224	Wilminster D	oligo Domont	11/12/222
Patrol Officer Jonathai Police Officer Name (Please Print)	Signature			Wilmington Pe	Precinct/Barracks	11/13/2023 Date

Wilmington Police Department Images Associated with 23-376-AC

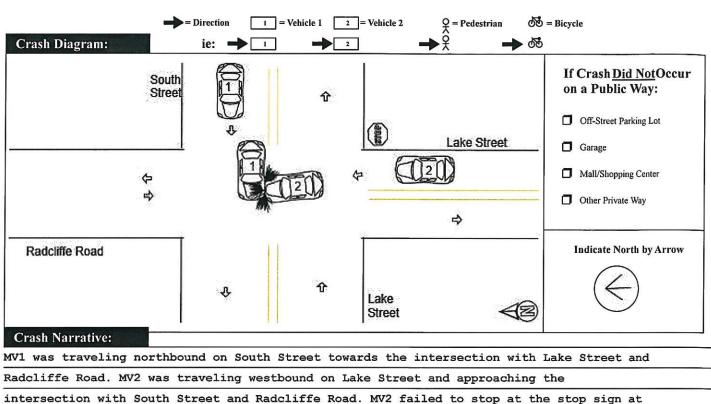




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3	Please Select (of the Followi		11	#Occupants H	it/Run	Moped	Crash I	Report	t ID#	23	-3	37	7-	AC	3			
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	City BILLE	RICA	_ State <u>1</u>	MA Zip 0182	1-3233	City_	BILLERI(CA									-3233	- 1
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	Pol	lice Use Only	Comi	monwealth	of Massac	huse	tts		Ri	MV Doc	cument Namb	-	
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² 1	Route# Dire	ction N	ame of Intersecting Roady	vay/Sireet					I	andmar	k		1
3	Please Select 0 of the Followi	One Vehicle 11	#Occupants Hit/	Run Moped	Crash Repo	ort ID# 2	23-3	378	-A	C			
	License #		∂/Age	Reg :	# 1HBF15		R	eg Type	PC	R	leg State MA		<u> </u>
	Sex F Lic.	Class D Lie		DLVeh	Year 2010						· .	21	1 12
	Operator AR	AUJO, KYLE		ndorsement Own	er ARAUJO ,	KYLE			.				
⁴ 2		FLORENCE A			ess 92 FLOR	ENCE		First		М	fiddle		1
	City TEWK	SBURY St	ate MA Zip 01876	5-4416 City	TEWKSBURY	<u> </u>		State	MA	Zip 0	1876-4	416	
	Insurance Comp	oany THE COMME	ERCE INSURAL	ICE CO Vehic	cle Action Prior to Cra	ash [22 L	Dar	naged Are	ea Code:	7 27 8 27	1 27	
5	Vehicle Travel I	Direction: NSE	Responding to Emer	gency? 2 Even	t Sequence 23	23	23 23		Status:		1 28 29		
⁵ 1	Citation # (If Iss	sued)		Most	Harmful Event 1	24			e of Test; C Test Re		30		L
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⁶ 1	Viol. 3: Ch/Sec/	Sub	_ Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	9 ²⁶		Tov	ed from :	scene?	1 33		
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⁷ 2	Please Select C of the Followin		#Occupants Non-	-Motorist A Type	Action	Location	1 40 50 1 40 60	Condition	n		Hit/Run	Moped	
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	City BILLE		te MA Zip 01821	_	BILLERICA	F.	22			-	1821-5 8 27 27 27		
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	Operato	or/Non-Motoris	St Se	e Above	\rightarrow	1	1	0 (10	1			



MV1 was traveling northbound on South Street towards the intersection with Lake Street and Radcliffe Road. MV2 was traveling westbound on Lake Street and approaching the intersection with South Street and Radcliffe Road. MV2 failed to stop at the stop sign at the end of Lake Street, failed to yield the right of way, and continued straight ahead across the intersection. MV1 was traveling straight ahead and was struck on the front left and left side by MV2 as it was moving through the intersection (See Attached Video). The force of the collision spun MV2 around and it came to rest in the center of the intersection. Both vehicles were inoperable after the crash, and were towed from the scene by Forrest Towing. MV1 suffered front left and left side damage, while MV2 suffered front end damage. The operator of MV1 suffered a minor injury to the head. Both operators were evaluated and signed medical refusals with the WFD.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
					i i		
					a la companya di managana di m		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damage	d Property	
Truck and Bus Information:	Registration #		(From Vol	icle Section)			
			(FIOII VEI	ncie section)			42
Carrier Name						Bus Use	
A 11			C'		6.	7:-	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
43	44		45				
Interstate Cargo Body Typ		GVWR/GCWR	40				
T 1 D #	D	D 0	D V		46		
Trailer Reg #:	Reg Type	Reg State	Keg Year	———Trai	ler Length		
Hazmat Information:							
47	48 Material Name			Material A dia	git #	D.1	49
Placard Material 1 digit #	Material Name	i		TATALCHAL 4 OIF	51L #	-Kelease code	A CAN

Patrol Officer Michael A Wilson

209

Wilmington Police Department

11/13/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

Wilmington Police Department Images Associated with 23-378-AC





Wilmington Police Department Images Associated with 23-378-AC



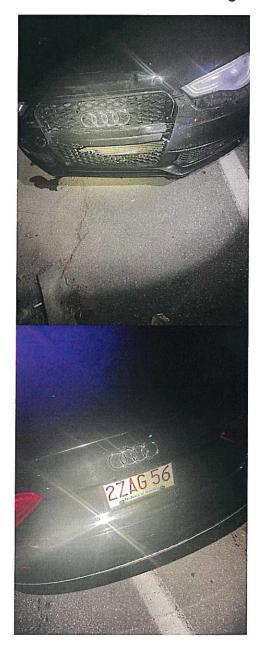
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	Operator HENDEE , SUSAN		ndorsementOwn	er HENDEE ,	SUSA	N MA	RGAR	ET				
⁴ 1	Address 53 RIVER ST A		Middle	ess 53 RIVE		1	irst 102		М	liddle		
	City BILLERICA State	MA Zip 01821		BILLERICA			State	MA	Zip 0	1821-	-1870	
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	Viol, 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	26		-	ed from so		33	~LJ	
	Please fill out for operator/nor	n-motorist and all occupa		Dogue	Seat S	35 36 afety Airbag	Eject 1	38 39 inap Injury	40 Transp		1 5575	ĺ
	Name (Last First Middle) Operator/Non-Motorist	Se	e Above	DOB/Age Se	Pos. Sy	ystem Status	Code C	ode Status	Code	Medica	ll Facility	
	operatorition industrial				+-	-	\vdash	-				1
							$\vdash \vdash$			<u> </u>		
					_							

	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestri:		le	
Crash Diagram:	ie: 👈	1 ->	2	<u>→ X</u>	<u>→ ∞</u>		
						Crash <u>Did Not</u> Occ a Public Way:	ur
					-	Off-Street Parking Lot	
Manr	ning St	0.			0	Garage	
		<u> </u> 311	awsheen Ave			Mall/Shopping Center	
						Other Private Way	
MV 1	Infrared Infrared-wife the	***************************************				, 	
(in in	77					Indicate North by Arro	ew .
290 Shawsheen Ave	4				<u></u>		
250 Sildwsheen Ave				((A)		
Garda Nama di							
Crash Narrative: MV 1 was travelling e	eastbound on Sh	awsheen Ave	when a dee	er attempted	to cross th	ne road.	
The operator of MV 1	·					, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
	<u></u>						
Witnesses: Name (Last,First,Middle)		Address			Phone #	8	tatement
rame (Last, Frist, mode)		Address			1 Hone #	31	iatement
					<u></u>		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Damag	ged Property	
··········							
Truck and Bus Informatio	II: Registration #		(Fron	n Vehicle Section)			
Carrier Name						Bus Use 42	
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/IG	CC #:		
Interstate Cargo Bod	ly Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Yea	rTraile	r Length		
Hazmat Information;	(L. 15.7 (A. 6.1 (A. 6.		
Placard Material I digit	t # Material N	ame		Material 4 digit	#	Release code	-·····
Patrol Officer Shame	A Folev		211	Wilmington	Police Depar	rtment 11/14/	2023

	Police Use Only	Comm	onwealth (of Massac	husetts	5	RN	AV Doci	ument Number	4-45 5-65
	Date of Crash Time of Crash 11/14/2023 1732 Wilz	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Lim Latitude	it 30	State Police Local Police MBTA Police	
	24HR	aring com	Police 1	Report	2	0	Longitude_		Campus Police C	<u> </u>
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r intei	RSEC	TION:	
					300	T.OWF	ELL S	יי		2 10
1 .	Route# Direction	Name of Roadway/Stree	et	Route# Direction	Address #				vay/Street	
4	_	At		Feet N	S E W of		_ • _	– ог _		_
	Route# Direction Nan	ne of Intersecting Roadwa		[]		Mile M	arker		Exit Number	2 11
		Also at Intersection with	h		S E W of	Route#	Inter	secting F	Roadway/Street	·
² 1	Route# Direction Nan	ne of Intersecting Roadwa	y/Street	Feet N	S E W of					_
	Please Select One	#Occupants Hit/R	un Moped	Gk n	rt ID# 23	-30		.andmarl	<u> </u>	-
3	of the Following:	Hill								_
	License St	DOB/Age		2ZAG56					21	1 12
			orsement	rear 2016				Veh	Config. 1	
4 1	Operator MELLEN, JACOB		Middle	er MELLEN,		First		Mi	iddle	-
<u></u>	Address 185 HILL STREE			ess 185 HILI				01	1076 0424	-
	City TEWKSBURY State Insurance Company LIBERTY M			TEWKSBURY	1467/4				1876-2434	. 1
	Vehicle Travel Direction: N S X W	Responding to Emerge:		le Action Prior to Crass Sequence 23	sh [1 23 23	J2800	est Status:		1 28	'
5	Citation # (If Issued)	Responding to Emerge.	•	Harmful Event 1	24	1964 T	ype of Test:		99 ²⁹	
	Viol, 1: Ch/Sec/Sub	Wiel 7: Ch/See/Suh		r Contributing Code	19 ²⁵	105	AC Test Re		1 30 32	1 13
	Viol. 3: Ch/Sec/Sub ————			r Distracted by	26		isp. Alcohol owed from s	$\overline{}$	Susp. Drug: 2 32	
1		tor and all occupants invo			34 35 Seat Sufety	36 37 Airbag Eject	38 39	40	<u> </u>	-
	Name (Last First Middle)		ddress	DOB/Age Sex	Pos. System	Status Code	Code Statu	s Code	Medical Facility	4
	Operator		Above		1 99	4 0	0 10	1		-
						 	<u> </u>	-		_
									 .	
					<u> </u>	<u> </u>	<u> </u>	<u> </u>		_
⁷ 1	Please Select One of the Following:	#Occupants Non-M	Iotorist A Type	15 Action 16	Location	17 Condi	ion 18	l 🗖 1	Hit/Run 🔲 Moped	d
	License #S1	_ DOB/Ag	, Reg#	RS74ZV		Reg Type	PC	Re	eg State MA	
	Sex M Lic. Class D 19 Lic. R	éstrictions 99 CDI	Veh Y	ear 2004	Veh Make T			Veh	Config. 21	
	Operator PUCCI, DOMINIC	C PHILIP	Owne	PUCCI, E	LIZABE	TH AN	N	14	ddfe	_
2	Address 235 HIGH ST	rust (ess 235 HIGH	ST	PHAL		Mit	sale	_
	City READING State	MA Zip 01867-	-2435 City.	READING					L8 <u>67-2435</u>	1 14
	Insurance Company USAA CASUA	LTY INSURAN	ICE C Vehic	le Action Prior to Cras	h 1	A 54	amaged Are	a Code:	5 27 27 27 - 28	
	Vehicle Travel Direction: NSXW	Responding to Emerger	ncy? 2 Event	Sequence 23	23 23	. [3]	est Status:		1 20 99 ²⁹	
2	Citation # (If Issued)	_	Most	Harmful Event 1	24	В.	AC Test Res	ŀ	1 30	
	Viol. 1: Ch/Sec/Sub\	/iol. 2; Ch/Sec/Sub	Drive	r Contributing Code	9 25 8	25 St	sp. Alcohol	2 31		
		Viol. 4: Ch/Sec/Sub ———		Distracted by	26 34 35		wed from s	cene?	2 33	╛
	Please fill out for operator/non Name (Last First Middle)	•	s involved	DOB/Age Sex	Seat Safety	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp.	Medical Facility	
	Operator/Non-Motorist	See .	Above	$>\!\!<\!$	1 99	4 0	0 10	1	·····	
										7

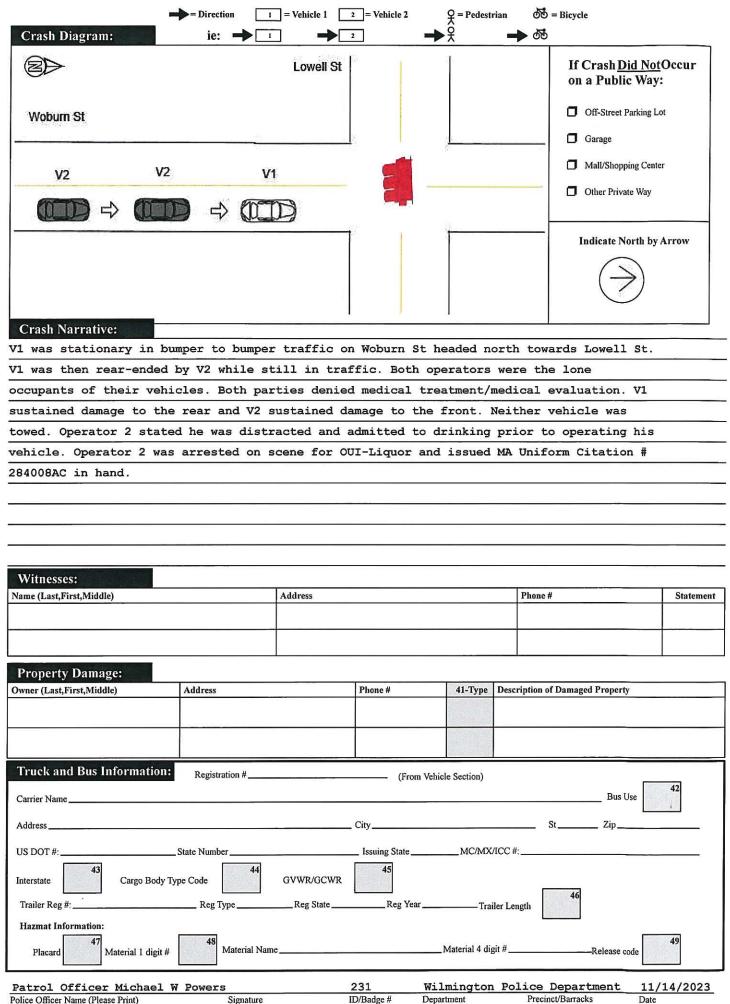
West Bound Side	ie: 👈 1	→ 1	→ }	→ 65	
Bound					
	V2 (CD) (V1		300 Lowell Street	If Crash Did Non a Public Was Off-Street Parking Garage Mall/Shopping Composition Off-Street Was Indicate North	ay: g Lot
East Bound Side		Manufacture and the second of the description of the second of the secon	(y Allow
Crash Narrative:					
On Tuesday November 17	, 2023 at approximate	ely 5:30pm I, Of	ficer Forte	es reported to a	
report of a two car mo	tor vehicle crash in	the area of 300	Lowell St	eet. Upon arrival I	
observed two vehicles	with the operators st	anding outside	their vehic	cles. Both operators	
declined medical atten	tion and stated no in	njuries. Op1 sta	ted he was	stopped at a red	
ight as the first veh	icle and did not see	the light turn	green right	away but when he di	1
ne continued straight	and at this time the	vehicle behind	him passed	him over the double	
solid yellow line then	stopped abruptly inf	ront of him cau	sing him to	rear end him. Op2	
stated he did go aroun	d V1 then stopped due	to traffic the	n his vehic	ele was hit in the	
ear by V2. Informatio	n was exchanged and b	ooth vehicles we	re driveabl	.e.	
Witnesses:					
Name (Last,First,Middle)	Address			Phone #	Statement
				<u> </u>	
	Address	Phone #	41-Type I	Description of Damaged Property	
Property Damage:					
	.		\$45,000 \$45,000 \$65,000		
	Registration #	(From	Vehicle Section)		
Owner (Last,First,Middle)	Registration #	(From	Vehicle Section)	Bus Use	42
Owner (Last,First,Middle) Truck and Bus Information	Registration #				42
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address		City		St Zip	42
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address	State Number44	City Issuing State		St Zip	42
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate 43 Cargo Body	State Number Type Code GVWR/	City Issuing State	MC/MX/IC	St Zip	42
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate Cargo Body Trailer Reg #: Hazmat Information: 47	State Number Type Code	CityIssuing State	MC/MX/IC	St Zip CC #: Length 46	49
Owner (Last, First, Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate Cargo Body Trailer Reg #:	State Number Type Code	City Issuing State	MC/MX/IC	St Zip CC #: Length 46	

Wilmington Police Department Images Associated with 23-380-AC

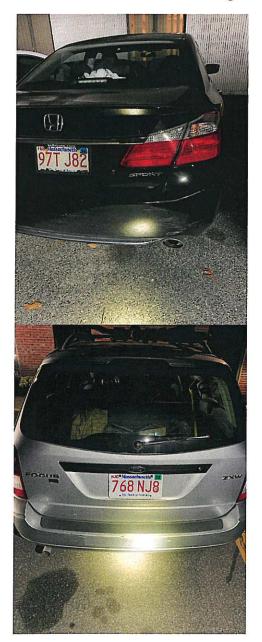


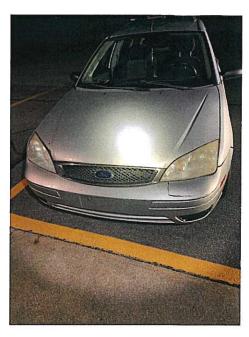


	Police Use Only	Commo	nwealth	of Massa	chuse	etts		R	MV Doc	ument Nu	देख का भिन्ने में जो	
	Date of Crash Time of Crash 11/14/2023 1717 Wilm	City/Town Nington		icle Cras	h N		lumber Injured	Speed Lis	nit <u>2</u> (O State P Local I MBTA	olice 🔀	
	24HR			Report	2	0		Longitude	·	Campu Other:	s Police	_
	AT INTERSECTION	ON:	< LOCA	TION >		N	OT A	INTE	RSEC	TION:		<u> </u>
	LOWELL S	T										2 10
¹ 4	Route# Direction	Name of Roadway/Street		Route# Direction	n Addr	ess#		Name	of Roady	way/Street		
4	WOBURN S	At T		Feet N	SEW			•	- or .			
		of Intersecting Roadway/S	treet	F	المامات		Mile Ma	rker		Exit N	lumber	2 11
		Also at Intersection with		_	SEW	Ro	oute#	Inte	rsecting	Roadway/S	Street	
² 1	Route# Direction Name	of Intersecting Roadway/S	treet	Feet N	SEW	of						
	Please Select One Value 1	#Occupants Hit/Run	Moped	Crash Rep		22-	20.	•	Landmar			1
3	of the Following:	Hit/Run									-	1
	License # St _	DOB/Age		97TJ82							1A 21	12
	Sex_E'_ Lic. Class D Lic. Re	strictions 1 CDL_ Endors	ement	Year 2014					Vel	Config.	1 55	
⁴ 3	Operator LUMBRA, KAYLA		dle	er LUMBRA , Las	st.		First		М	liddlo		
3		APT D		ess 102 WHZ	ARF S	T A						
	City SALEM State			SALEM		22					27 27	
	Insurance Company QUINCY MUT			cle Action Prior to C	Torrigation	23 23		amaged Ar st Status:	ea Code:	28		
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emergency		t Sequence 1 23	23		1	pe of Test	:	29		
	Citation # (If Issued)	-		Harmful Event		25	25	AC Test R		1 30		13
	Viol. 1: Ch/Sec/Sub ————V			er Contributing Code	· [-	<u> </u>	Su	sp. Alcoh		4.000	nug 2 32	
⁶ 1	Viol. 3: Ch/Sec/SubV	iol, 4: Ch/Sec/Sub or and all occupants involved		er Distracted by	34	35 36		wed from		2 33		
	Name (Last First Middle)	Addre		DOB/Age	Sex Pos.	Safety Airb System Stat	ag Eject	Trap Inje Code Sta	ary Transp.	Medic	al Facility	
	Operator	See Ab	ove	>>	X 1	1 4	0	0 10	1			
												1
,	Please Select One	Occupants Non-Mot	orist A Type	15 Action 1	6 Locatio	17	Condit	ion	8	Hit/Run	Moned	1
2	of the Following:					N. S.	<u> </u>				*	ļ
	License # St St 19	DOB/A _L	•	768NJ8				PC		eg State <u>M</u>	1A 21	
	S conference	strictions 1 CDL_ Endorse	ement	rear <u>2005</u>				ED CE		Config.	1	
³ 2	Operator FRANCIS, SCOTT Last Address 9 VERDUN RD	irst Mide	lle .	er SPRACKL Last ess 5 FENWA	ι		First	ERSE	M	iddle		
		MA Zip 01887-3		WILMINGT!			Stat	e MA	Zip 0 :	1887-	3180	1 14
	Insurance Company SAFETY INS	•	-	le Action Prior to Ci	ſ	1 22				1 27 8		
	Vehicle Travel Direction: X S E W	Responding to Emergency		Sequence 23	23	23 23	Те	st Status:		2 28		
	Citation # (If Issued) 284008AC-CN			Harmful Event 1	24	este I especia		pe of Test		2 29		
2	Viol. 1: Ch/Sec/Sub 90 24 Vi			LI r Contributing Code	97	25	25	AC Test Re sp. Alcoho		1 30 Susp. Dr	32	
		ol. 4: Ch/Sec/Sub			99 26		_	wed from	<u> </u>	2 33 2	-6 Z	
	Please fill out for operator/non-i	notorist and all occupants in			34 Seat	35 36 Safety Airb	ag Eject	38 3: Trap Inju	Transp.	 _		
	Name (Last First Middle) On and tor Non Motorist	Addre	•	DOB/Age	Sex Pos.	System State O 4	us Code	Trap Inju Code Sur 0 10	us Code	Medica	al Facility	
	Operator/Non-Motorist	See Ab	····		\ \ \		+	- 120	1			
			·····			 	-					
												



Wilmington Police Department Images Associated with 23-381-AC





Date of Crash 11/16/2023 Time of Crash 24HR City/Town Wilmington Police Report Speed Limit Digital Police Report Speed Limit Latitude Longitude Crash Number Vehicles 2 NOT AT INTERSE	cument Number
24HR Police Report 2 0 Longitude	5 State Police Local Police MBTA Police
AT INTERSECTION: < LOCATION > NOT AT INTERSE	Campus Police Other:
	CTION:
290 WATEL CO	
Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street Route# Direction Address # Name of Roadway/Street Route# Direction Address # Name of Roadway/Street	way/Street
AtFeet NSEW of	
Route# Direction Name of Intersecting Roadway/Street Mile Marker	Exit Number
Also at Intersection with Feet NSEW of	
	Roadway/Street
Route# Direction Name of Intersecting Roadway/Street	rk
Please Select One of the Following: Vehicle 12 #Occupants	
of the Polloking.	
License # S DOB/Ag* Reg # 2123DB Reg Type PC	55.51
Sex # Lic. Class Lic. Restrictions 99 CDL Veh Year 2014 Veh Make Jeep \ Endorsement	h Config.
Operator TOOMEY, ANN C Last First Middle Owner TOOMEY, ANN C Last First	fiddle
Address 46 TEMPLE ST Address 46 TEMPLE ST	
City READING State MA Zip 01867-2830 City READING State MA Zip 0	
	27 27 27 27
Vehicle Travel Direction: NXEW Responding to Emergency? 2 Event Sequence 2 23 23 23 23 Test Status: Type of Test:	29 99
Citation # (If Issued) Most Hamful Event 1 BAC Test Result:	30
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code 19 25 Susp. Alcohol: 2	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 Towed from scene?	2 33
Please fill out for operator and all occupants involved 34 35 36 37 38 39 40 Seat Safety Airbag Ejeet Trap Injury Tran	
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Operator See Above 1 99 4 0 0 10 1	Medical Facility
140 HOWARD ST	
JANE WHITE READING, MA 01867-3341 06/21/1948 F 3 99 4 0 0 10 1	
	[
Please Select One Vehicle 2 1 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18	Hit/Run Moped
Or the Pollowing: Takker Lakes Section 1	
License # St DOB/Age Reg #_ unknown Reg Type Reg Type	21
Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make	Config.
Operator UNKNOWN Owner	liddle
Address Address	
City State Zip City State Zip	27 27 27
Insurance Company Vehicle Action Prior to Crash Damaged Area Coc	27 27 27 27
T 4 Oct.	29
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 Test Status:	30
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 Test Status: Type of Test: Most Harmful Event PAC Test Result:	——————————————————————————————————————
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: Citation # (If Issued) Most Harmful Event BAC Test Result:	Susp. Drug: 32
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: Type of Test: Most Harmful Event 24 BAC Test Result: Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Susp. Alcohol:	Susp. Drug 32
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 23 Test Status: Citation # (If Issued) Most Harmful Event 24 BAC Test Result: Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Viol. 3: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved 34 Safety Airbag Eject Trap Injury Trans.	33
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: Type of Test: Most Harmful Event Driver Contributing Code Driver Contributing Code Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by DoB/Age Sex Safety Airbag Eject Trap Lujury Trans. Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Address DOB/Age Sex System Status Code Code Status Code St	
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: Type of Test: Host Harmful Event Sequence 24 BAC Test Result: Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Viol. 3: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved 34 Safety Airbug Eject Trap Injury Trans.	33
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: Type of Test: Most Harmful Event Driver Contributing Code Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Responding to Emergency? Event Sequence 23 23 23 23 23 23 Test Status: Type of Test: BAC Test Result: Susp. Alcohol: Towed from scene? Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Safety Airbag Safety Airbag Status Code Code Status Code	33
Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 23 23 23 23 Test Status: Type of Test: Most Harmful Event	33

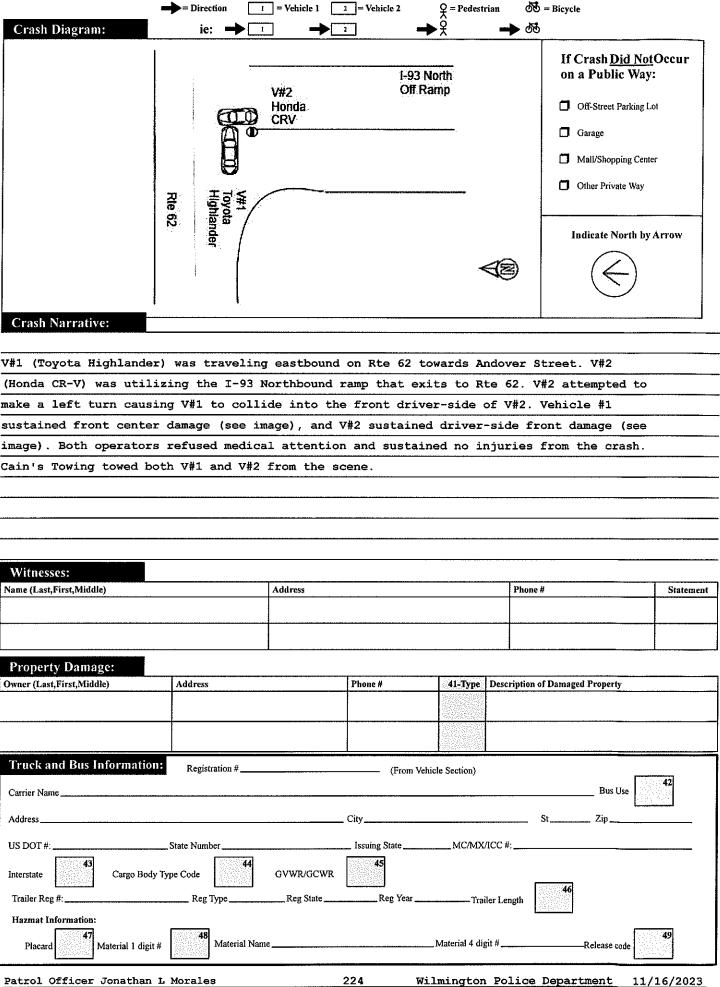
→	= Direction	= Vehicle 1	= Vehicle 2	र्व ≃ Pedestrian	රම් = Bicycle	
Crash Diagram:	ie: 🕕 🛚 i	→ □		▶ ĝ '	→ ₩	
		· p. risk partitions.				Did NotOccur blic Way:
					Off-Stre	eet Parking Lot
					Garage	
South	•		,	North	☐ Mall/Sk	copping Center
Bound	one Principal and make which control has been a finished by the control one of the contro	ما رسام ، چار پر مان رسال مان رسال مان در چار چار چار چار چار چار در رسال در دارد در دارد در دارد دارد در دارد		Bound	_	
					☐ Other P	rivate Way
Wilmington Plaza Main Street		v1 3 V2	1000 1000		Indicate	e North by Arrow
Crash Narrative:	1		I ·			
On November 16, 2023 at a	pproximately	3:00pm I,	Officer For	tes respond	ded to WIlmingt	on
Plaza for a report of a m						
rehicle. Opl stated she w	as attemptin	g to exit t	he plaza and	i take a le	eft onto Main S	treet
so she could go home when	her vehicle	was struck	by a gray	car. I did	not see any ve	hicles
natching the description.	I asked her	for more i	nformation :	regarding 1	the crash and t	he
ther vehicle involved and	d she was un	able to rec	all any par	ticulars. (Op1 stated she	was
ot injured in the crash.	I spoke to	the employe	es at Santar	nder Bank a	and they stated	they
lid not see the crash or l	nave no came:	ras facing	that direct:	ion. The ve	ehicle was driv	able
and no injuries were repo	rted.					
- III Aliin - III						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:				11 S 111 1 S 11 1 1 1 1 1 1 1 1 1 1 1 1		
<u> </u>	ddress		Phone #	41-Type De	scription of Damaged Prop	erty
		zakm roz rr				
Truck and Bus Information:	Registration #			N. 1/2 N.		
Carrier Name	Registration #		(From Ver	icle Section)	В	us Use 42
			Cit.		C+ 7i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			•			
US DOT #:Stat	e Number		Issuing State	MC/MX/ICC	C#;	
Interstate Cargo Body Type C	Code	GVWR/GCWR				
Trailer Reg #:	_ Reg Type	Reg State	Reg Year	Trailer I	Length 46	
Hazmat Information:					<u> </u>	
Placard 47 Material 1 digit #	48 Material Name	3		_Material 4 digit #	Relea	se code
The second secon						
Patrol Officer John A For Police Officer Name (Please Print)	tes Signature			lmington P	olice Departmen Precinct/Barracks	t 11/16/2023 Date

Wilmington Police Department Images Associated with 23-382-AC





	Pol	lice Use Only	Con	ımonwealth	monwealth of Massachusetts						RMV Document Number					
	Date of Crash 11/16/2023	Time of Crash 1519 Wi	City/Town	Motor Ve	hicle Cras	$sh \begin{bmatrix} N \\ Vector \end{bmatrix}$	umber hicles	Number Injured	Speed Li Latitude		5 State Police Local Police MBTA Police	e 🔯				
	11/10/1023	24HR		Police	Report	2	ŀ	0 0	Longitud		Campus Pol	lice 🗖				
		AT INTERSEC	CTION:	< LOC	ATION >	·	1	NOT A	r inti	ERSEC	TION:					
						34		DOM	'E 62	2 237673			2 10			
1	Route# Direc	ction	Name of Roadway	Street	Route# Direction		ress #	KOUI			way/Street					
¹ 1			At		Feet N	NSEW	of -		_ • .	or						
	Route# Direc	ction	Name of Intersecting Roa	dway/Street	-			Mile M	arker	OI .	Exit Nun	ber	3 11			
			Also at Intersection	ı witlı	1 =	N S E W	. 1	Route#	Int	ersecting	Roadway/Stree	et	<u> </u>			
² 1	Route# Direc	ction	Name of Intersecting Roa	dway/Street	Feet	SEW	of									
т_			-	-	<u> </u>					Landmar	k					
3	Please Select C of the Followi		L_#Occupants H	it/Run Moped	Crash Re	port ID#	23-	-38	3 – A	C						
············	License		. 202	le	g#47KL89			Reg Typ	e PC	R	teg State MA		12			
	Se Lic. (Class D 19 L	ic. Restrictions 97	CDL Ve	h Year 2013	Veh M	ake <u>TC</u>	YOTA		Vel	n Config.	21	1			
	Operator.	1-01		Torsement Ov	vner POWERS	GAR	Y TH	IOMAS	<u> </u>							
⁴ 2	Addret		First		dress 37 ALB	ANY S	T	First		м	fiddle		•			
	City		State 1	Cit	y WILMINGT	ON	. <u></u>	Sta	te MA	Zip 0	1887-2	261				
	Insurance Comp.	any PLYMOUTH	ROCK ASSU	RANCE C Ve	hicle Action Prior to C	Crash	1 ²	2 D	amaged A	rea Code:	1 27 27	27				
	Vehicle Travel D	Direction: NSX	W Responding to Em	ergency? 2 Ev	ent Sequence 2	3 23	23	ី	est Status:		1 28					
⁵ 2	Citation # (If Iss	nued)		Мо	st Harmful Event	1 24	•		pe of Tes AC Test R		29 _ 30					
	Viol, 1; Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub _	Dri	ver Contributing Cod	e 1	25	25	ısp. Alcoh		<u> </u>	, 32	1 ¹³			
6	Viol. 3; Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub _	Dri	ver Distracted by	0 ²⁶			wed from		1 33	<u> </u>				
⁶ 1			perator and all occupants			34 Seat	Safety A	36 37 úrbag Eject	Trop In	39 40 jury Tronsp.						
	Name (Last First M Operate			Address See Above	DOB/Age	Sex Pos.	System S	tatus Code	Code St	otus Code	Medical Fa	cility				
	орогия					- -										
								-								
											<u> </u>					
⁷ 6	Please Select C of the Followin		#Occupants	on-Motorist A Type	15 Action	16 Locatio	n a	17 Condit	ion	18	Hit/Run	Moped				
-	License #	S1	DOB/Age	Re	# 159A	2.5		Reg Type	PC	' 	eg State MA					
	Sex F Lic. C	Class p 19 19 Li	ic. Restrictions 1 20	CDL Vel	Year 2017	Veh Ma					Config. 1	21				
		DEIROS, AN	IA PAULA	Endorsement Ow	ner MEDEIRC	S, A	NA E	AULA								
1	Address 30 1	Lasi WINTERBERI	RY LN	Middle Ad	dress 30 WIN	" Perbe	RRY	First LN		Mi	iddle					
	City TEWKS	BURY S	State MA Zip 0187	76-4275 Cit	TEWKSBUR	Y		Sta	te MA	Zíp O :	1876-4	275	1 14			
	Insurance Compa	any GEICO GE	NERAL INSUE	RANCE C Vel	icle Action Prior to C	Crash	4 22	D	amaged A	rea Code:	7 27 27	27				
	Vehicle Travel D	irection: SEV	N Responding to Em	ergency? 2 Eve	ent Sequence 1 23	23	23 2	"	st Status:		1 28					
) .	Citation # (If Issu	ued)		Мо	st Harmful Event	1 24			pe of Test AC Test R		29					
2	Viol, 1: Ch/Sec/S	Sub	Viol, 2: Ch/Sec/Sub _	Dri	ver Contributing Code	e 4	25	.25	sp. Alcoh		Susp. Drug	2 32				
	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Dri	ver Distracted by	O ²⁶			wed from	<u> </u>	1 33					
		•	/non-motorist and all occu	-		34 Sent	Safety A	36 37 irbag Eject	Trap Inj	9 40 ury Transp						
	Name (Last First Mi	or/Non-Motor	ist	Address See Above	DOB/Age	Sex Pas.	System Si		Code Su		Medical Fac	estity				
	operato		***		+	<u> </u>			 							



11/16/2023

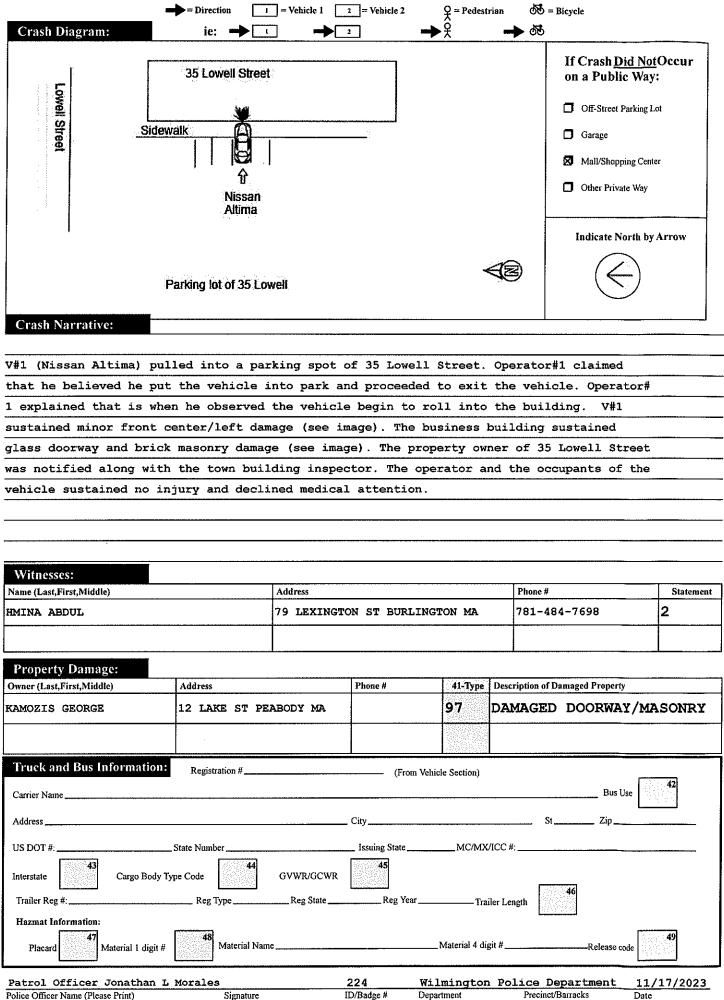
Wilmington Police Department Images Associated with 23-383-AC







	Pel	lice Use Only		Co	mmon	wealth	of Mass	ach	lus	etts	5			RM	V Doc	ument]	Number		
	Date of Crash 11/17/2023	Time of Crash		City/Town ington	Mo	tor Vel	nicle Cra	ash		lumber chicles	1	mber ured	1 '	l Limit		– L∞	e Police al Police TA Police	0800	
	11/17/2023	24HR	AA T TIII.	rng con		Police	Report		1		0		Latitu Longi	itude			npus Police	8	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	TAT	ΓIN	TER	SEC	TION	V:		
									35		.	OME	**	c m					2 10
1	Route# Dire	ction		Name of Roadw	vay/Street		Route# Dire	ction		ress#	<u> </u>	OWE				vay/Stre	et		
11				At			Feet	NS	EW	7] of					. 01				
	Route# Dire	ction	Name	of Intersecting I	Roadway/Stree	t					М	lile Ma	ırker		٠.	Exi	t Number		111
				Also at Intersec	tion with		Feet	N S	EW	of	Rout	te#		Inters	ectine l	Roadwa	v/Street	_ :	
² 1	Route# Direc	ction	Name	of Intersecting I	Roadway/Street	t	Feet	NS	EW	of							,	l	
<u> </u>	D)						<u> </u>								ndmar	k		_	
3	Please Select t of the Followi	ng: Vehicl	e 1 <u>3</u> _#	Occupants	Hit/Run	Moped	Crash I	Report	t ID#	23	-3	38	4 –	AC	-				
	License		S	OB/Ag		Reg	# 2FSD58				Re	д Туре	PC		R	eg State			12
	Sex Lic.	Class D 19	Lic, Res	strictions I	CDL	Veh	Year 2008		Veh M	lake <u>N</u>	IIS:	SAN			Vel	Config	1 2	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	7
	Operat	Last	-	ંલ્કા	Middle	Own	er MOLINA	<u> </u>	DAR	MIN.	I R	inst.				iddle		_	
⁴ 1	Addre	.———				Add	ess 35 AR	LEN	E 7	VE						jouro			
	City.		State	Zip.		City	WILMING	TO1	1		_	Sta	te M	A_ 2	Zip O	1887	<u>/-111</u>	- 1	
	Insurance Comp	any AMICA	MUTUA	AL INSU	RANCE (CO Vehi	cle Action Prior to	o Crash	1	97	22				Code:	1 27 28	27 2	7	
⁵ 2	Vehicle Travel D	Direction: N S	Xw	Responding to	Emergency? 2	Even	t Sequence 35	23	23	23	23		st Stat pe of			29		ŀ	
2	Citation # (If Iss	sued)				Mos	Hannful Event	35	24			. B/	-	st Resi	uit:	1 30		_	
	Viol. 1; Ch/Sec/	Sub	Vie	ol, 2: Ch/Sec/Su	ь	Drive	er Contributing Co	ode	97	25	25	Su	sp. Al	cohol:	2 31		Drug 2	2 9	97 ¹³
⁵ 1	Viol. 3; Ch/Sec/			ol. 4: Ch/Sec/Su		Drive	er Distracted by	0	26					rom sc		2 33			
	Name (Last First M		for operator	r and all occupa	nts involved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	Trap Code	39 Injury Status	40 Transp. Code	М	edical Facility		
	Operate	o r			See Above		\times	X	1	0	4	o	0	10	1				
	JAYDEN PERE	EZ		130 PAULIES TEWKSBURY, N			08/10/2007	7 м	97	0	4	o	0	10	1				
	JACK BOURQU	JE		7232 AVALON WILMINGTON,			04/29/2007	7 м	3	0	4	0	0	10	1				
										 		-							
	Please Select C)ne 🗀	_ 11		1		15	16		ا آ	17		<u>Г</u>	18	<u> </u>			\dashv	
9	of the Followir		2#	Occupants	Non-Motoris	t A Type	Action		Location	on	(Condit	ЮП		"	Hit/Run	∐ Мор	ed	
	License #	10 1	_	_ DOB/Age	20	Reg	#				Re	g Type			R	eg State	21	-	
	SexLic. C	Class	Lic. Res	trictions	CDL Endorsemen		Year	······································	Veh M	ake					Veh	Config.] [
99	Operator	Last	Fi	rst	Middle	Own	er	[.est			F	irst			Mi	ddle			
	Address		***************************************				ess									·····		╌┟	14
											22	Stat			Code:	27	27 2	<u>, </u>	
	1	any					ele Action Prior to	Crash	23	23	23		st Stat		COUC.	28		J	
		irection: NS		Responding to 1	Emergency?		sequence [24	% ₹ £	(A)	Ту	pe of T	Test:		29			
2	·	ued)					Harmful Event or Contributing Co	_ V s s		25	25	3		t Resu		30		<u>,</u>	
		Sub					er Contributing Co	жe	26			_		cohol: om sco	31	Susp. 1	Drug 3	4	
		ase fill out for ope					T Distracted by	1500	34	35	36	37	38	39	40			4	
	Name (Last First Mi	iddle)		1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Tmp Code	Injury Status	Transp. Code	Me	dical Facility	_	
	Operato	or/Non-Mo	torist		See Above		<u>/</u>	X	1	<u> </u>									
								<u> </u>								<u>-</u>			



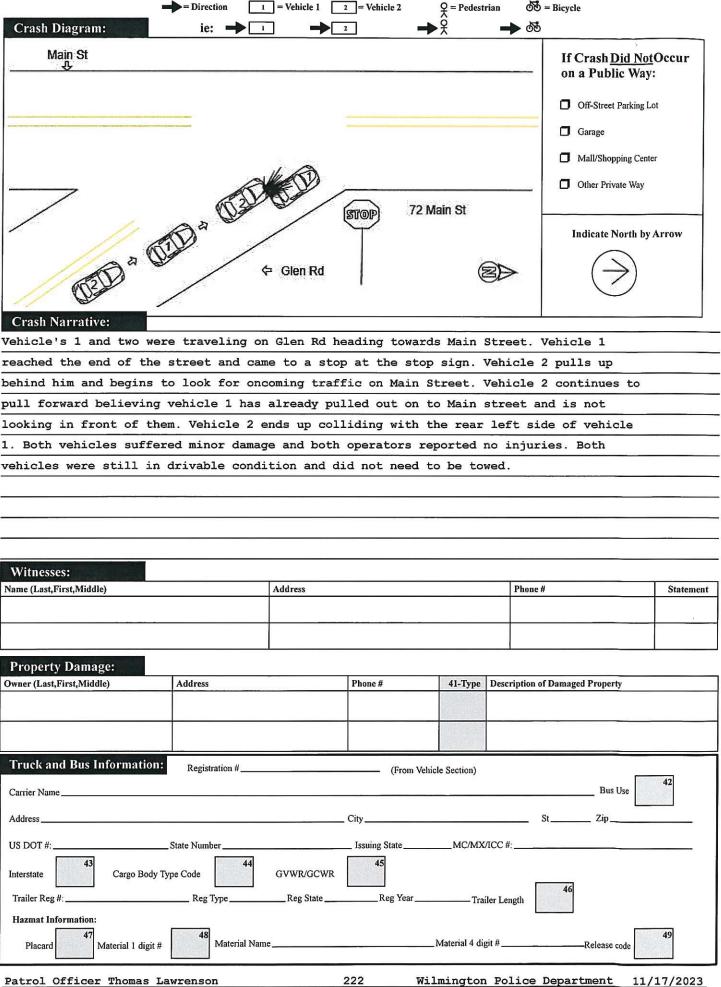
Wilmington Police Department Images Associated with 23-384-AC







Police Use Only	Commonwea	lth of Massach	usetts	RMV Doc	ument Number
I I	ington	Vehicle Crash	Number Number Vehicles Injured	Speed Limit 40 Latitude	O State Police Local Police MBTA Police Campus Police
24HR	Pol	ice Report	2 0	Longitude	Campus Police Other:
AT INTERSECTION	ON: < L	LOCATION >	NOT A	T INTERSEC	TION:
			72 MAIN	i st	
Route# Direction	Name of Roadway/Street	Route# Direction	Address #	Name of Roady	vay/Street
	At	Feet NS	E W of	— • — or .	
Route# Direction Name	of Intersecting Roadway/Street		Mile M	arker	Exit Number
	Also at Intersection with	Feet N S	Route#	Intersecting	Roadway/Street
Route# Direction Name	of Intersecting Roadway/Street	Feet N S	E W of		
Please Select One				Landmar	<u>k</u>
of the Following:	#Occupants Hit/Run M	Ioped Crash Report	ID# 23-38	5-AC	
License #, S:	, DOB/Ag	Reg # 3KVC17	Reg Typ	e PC R	
Sex M Lic. Class D 19 Lic. Re	strictions CDL	Velı Year 2014	eh Make KIA	Vel	Config. 1
Operator SILVA, STEPHEN	EDWIN First Middle	Owner SILVA, ST	EPHEN EDW	IN	liddle
Address 888 MAIN ST		Address 888 MAIN			
City TEWKSBURY State I	MA Zip 01876-1803	City TEWKSBURY			1876-1803
Insurance Company ARBELLA MU	TUAL INSURANCE	Vehicle Action Prior to Crash	→ 2009-0004	amaged Area Code:	
Vehicle Travel Direction:	Responding to Emergency? 2	Event Sequence 23		est Status: ype of Test;	28 29
Citation # (If Issued)	-	Most Harmful Event 1	24	AC Test Result:	30
Viol. 1: Ch/Sec/Sub ———— Vi	iol. 2: Ch/Sec/Sub	Driver Contributing Code	STATE STATE	usp. Alcohol 2 31	Susp. Drug 2 32
Viol. 3: Ch/Sec/Sub —————————Vi	iol, 4: Ch/Sec/Sub	Driver Distracted by	27	owed from scene?	2 33
Please fill out for operato	or and all occupants involved	DOB/Age Sex	34 35 36 37 Seat Safety Airbag Eject Pos. System Status Code	38 39 40 Trap Injury Transp. Code Status Code	Medical Facility
Operator	See Above		1 1 4 0	0 10 1	The Later of the L
•					
		Second Second		10	<u> </u>
of the Following: Vehicle 21 #	Occupants Non-Motorist A T	ype Action 16 L	ocation 17 Condi	tion 18	Hit/Run Moped
License # 2	_ DOB/Age	Reg # 5EDJ99	Reg Тур	e PC R	eg State MA
Sex M Lic, Class D 19 Lic, Res	strictions CDL Endorsement	Veh Year <u>2002</u> v	eh Make DODGE	Veh	Config. 21
Operator MACSWEENEY , JO		Owner MACSWEENE	Y, JOSEPH	R	iddle
Address 109 FOSTER RD	17.000	Address 109 FOSTE		IVI.	ioute
City TEWKSBURY State 1	MA Zip 01876-2834	City TEWKSBURY	Sta	ate MA Zip O	1876-2834
Insurance Company SAFETY INS	URANCE COMPANY	Vehicle Action Prior to Crash	- .200-10-3	amaged Area Code:	
Vehicle Travel Direction:	Responding to Emergency? 2	Event Sequence 1 23		est Status: ype of Test:	1 28 29
Citation # (If Issued)		Most Harmful Event 1	24	AC Test Result:	1 30
Viol. 1: Ch/Sec/Sub ————————————————————————————————————	ol. 2: Ch/Sec/Sub	Driver Contributing Code	19 ²⁵ 25 S	usp. Alcohol 2 31	Susp. Drug 2 32
Viol. 3: Ch/Sec/SubVio	ol. 4: Ch/Sec/Sub	Driver Distracted by	26 To	owed from scene?	1 33
Please fill out for operator/non-n	notorist and all occupants involved	DOB/Age Sex	34 35 36 37 Sent Safety Airbag Eject Pos. System Status Code	38 39 40 Trap Injury Transp. Code Status Code	Medical Facility
Operator/Non-Motorist	See Above	DOBINGS SEX	1 1 4 0	0 10 1	medical ratifity
					-



	Pol	lice Use Only		Com	monwe	alth (of Massa	ach	us	etts	}	and and]	RMVI)ocun	nent Number	
	Date of Crash 11/17/2023	Time of Crash		City/Town	Moto	r Veh	icle Cra	sh		umber ehicles		"	peed L		35	State Police Local Police MBTA Police	0000
	11/1//2023	24HR	T TIU.	ington	Po	lice l	Report		2		0	1	atitude ongituo			Campus Police Other:	_
		AT INTERSE	CTIC	N:	<	LOCA	TION	>			NO.	ГΑТ	INTI	ERSE	ECT	ION:	
										_							2
	Route# Dire	ction	1	Name of Roadway/	Street		Route# Direct	tion	22 Add	ress #	<u>LC</u>	WEI	Name		adway	y/Street	
11			•	At			I	NI C	l re law	1 .							
	Route# Direc	ction	Name	of Intersecting Roa	dway/Street		Feet	IN 3	EW	ot	Mi	e Marl	er .	<u> </u>	т	Exit Number	
				Also at Intersection			Feet [NS	ΕW	of							_ 3
າ	ļ			C7	100		Feet	N S	EW	of	Route	#	Int	ersectu	ng Ro	adway/Street	
² 1	Route# Direc	ction	Name	of Intersecting Roa	dway/Street									Landn	nark		
3	Please Select (of the Followi		1_#	Occupants H	it/Run	Moped	Crash R	leport	ID#	23	-3	86	-2	VC			
	License #		c	DOB/Ag	ı	Pag #	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Dag	Tuna	PC		Dag	Cross MA	
	Sex F Lic.		J Lie Des	20	CDL		Year 2011									2.5	1 1 12
				<u> </u>	Endorsement		er GUPPY,								ven C	oning. [=	J
⁴ 1	4	PPY, SALL ARVER RD	Fi	rst	Middle		es 6 CARV	(,nst			Fi	af			Middle	le	
	ı	INGHAM	C-4- N	/a ~: 0170	1-4432		FRAMING			<u> </u>		C+-4	ма	77:	<u>Λ1</u>	701-443	_
		any USAA CA		-							22			zip .rea Co	_		27
	1	_			_		cle Action Prior to	Crash 23	23	23	23		Status		1	28	-
⁵ 2	Vehicle Travel D			Responding to Em	ergency/_Z		Todacae II	000 0,000 New Auto	24	455 S	1000	Тур	e of Tes	it;	-	29	
	· `	sued)					Harmful Event	<u>1</u>	(0:5) (0:5)	25	25		C Test F		1	30	13
		Sub					r Contributing Co	1000000	26		X.8375.			10l 2		Susp. Drug 2	32 1
6 1	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub =		_ Drive	r Distracted by	0	34	35	36	JOW 37		1 scene	7 <u>1</u>	33	
	Nume (Last First M		operator	and all occupants	Address		DOB/Age	Sex	Scal Pos.	Safety System	Airbag Status	Eject	Trap In	jury Trai	nsp.	Medical Facility	
	Operate	or			See Above		\sim	X	1	1	4	0 0	1	0 1			
													\top		1		
												-	+	+	+	*	
	D. C			<u> </u>		24.0	15 .	16	<u> </u>		17			18 _			
	Please Select C of the Followir		1#0	Occupants No	n-Motorist A	Туре	Action	I	Locatio	on 📗	î' c	ondítio	n	<u> </u>	Hit	t/Run Moj	ped
	License #	5	S ,	_ DOB/Age		Reg#	1BWW48				Reg	Type_	PC		Reg	State MA	_
	Sex_ F Lic. (Class D 19 19	Lic. Rest		CDL	Veh Y	/ear 2007	\	Veh Ma	ake H	OND	A		\	Veh Co	onfig. 1 2	1
	Operator <u>CA</u> I	RNEY, ERI	N PZ		Endorsement	Owne	r CARNEY	, E	RI	N P	ATR	ICI	Α				
1	Address 37	HAVERHILL	ST	rst	Middle	Addre	ess 37 HAV	ERI	HIL	LS	ST Fin	il			Middle	e	
	City METHU	JEN	State <u>M</u>	IA Zip 0184	4-4203	City 1	METHUEN					_ State	MA	_ Zip _	018	344-420	3 1 14
	Insurance Compa	any PROGRESS	SIVE	DIRECT	INSURA	Vehic	le Action Prior to	Crash		4	22	Dam	aged A	rea Co	de: 1	27 8 27 2	27
	Vehicle Travel D	rirection: SE	w	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23		Status:		1	28	
)	Citation # (If Issu	ued)				Most	Harmful Event	1	24				of Tes Test R			30	
2	Viol. 1; Ch/Sec/S	Sub	Vio	ıl. 2: Ch/Sec/Sub —		_ Drive	r Contributing Cod	de	4	25	25			ol. 2	31 S	لـــ	32
	Viol, 3; Ch/Sec/S	Sub	Vio	l. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	26					scene		33	-
		ase fill out for operate	or/non-m	otorist and all occu	•				34 Seat	35 Safety	36 Airbag	Eject 1	Frap In	39 40 jury Tran	nsp.		
	Name (Last First Mi	or/Non-Motol	riet		Address See Above		DOB/Age	Sex	Pos.	System 1		Code C		otus Co	de	Medical Facility	_
	Орегию	71/1 <i>*UII*</i> 17XU <i>IUI</i>	ist	'	Dec Voole			\triangle	-	_	-	-	- - '	- -	+		
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;									<u> </u>				\perp	\bot			
				! !													

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	an 🚳	= Bicycle	
Crash Diagram:	ie: 🕕 🔟] →□	2	▶ ♀	→ 55		
211 Lowell Street						If Crash <u>Did No</u> oп a Public Way	
Sileet	04	Honda Acco	rd			Off-Street Parking I	Lot
:				-0		☐ Garage	
) <⇒ Je	ep Wrangler	-		☐ Mall/Shopping Cen	ter
	mas com					Other Private Way	
Lowe	ll Street				ŀ	Indicate North by	Arrow
				— ∢	€		
Crash Narrative:			2				
V#1 was traveling eas	tbound on Lowell	Street. V	‡2 was attem	pting to	take a 1	eft turn out	
of 211 Lowell Street,	resulting in V	1 colliding	g with V#2.	V#1 susta	ined fro	ont center	
damage, and V#2 susta	ined center from	nt and left	front damag	e. Both o	perators	declined	
medical attention and	sustained no in	ijuries from	n the crash.	V#1 and	V#2 were	both towed by	
Cains Towing due to b	eing inoperable.						
							4
						6	
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
28 - 1000							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
- 12 Paris							
Truck and Bus Informatio	n: Registration #	0	(From Ve	hicle Section)			
Carrier Name						Bus Use	42
Address			. City		\$	tZip	(A) H-10-40-1
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
43	y Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	er Length	46	
Hazmat Information:							
Placard 47 Material 1 digi	t # 48 Material Nam	e		_Material 4 digi	t#	Release code	49
V 2 1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	T Moralog		224 14.		D-14		/17/2022

Wilmington Police Department Images Associated with 23-386-AC

