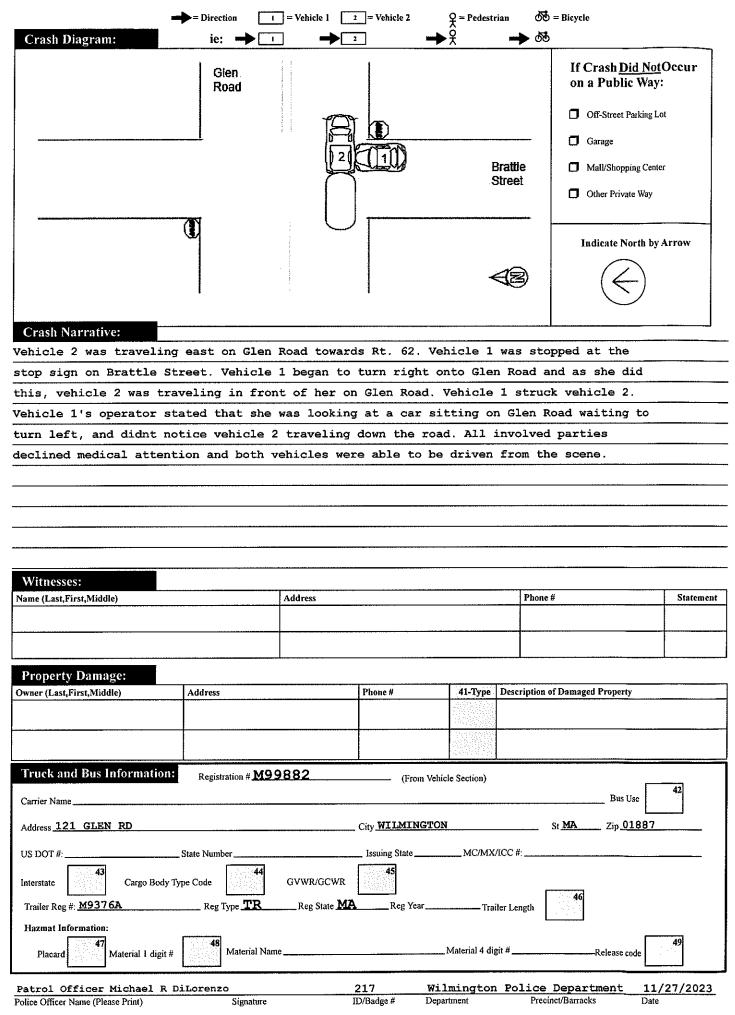
	Police Use Only	Comme	onwealth (of Massach	usetts		RM	/ Docum	ent Number	
	Date of Crash Time of Crash 11/26/2023 1109 Wi:	City/Town Number 1	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	35	State Police Local Police MBTA Police Campus Police	
	24HR	Intrig con	Police 1	Report	1	0	Lantide		Campus Police D	<u>i </u>
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	r inter	SECTI	ON:	
	Route# Direction	Name of Roadway/Street		Route# Direction	280 Address #	LOWE	LL ST	Roadway	/Street	2 10
4		At			T= T= T					7
	Route# Direction N	Jame of Intersecting Roadway/	/Street	Feet N S		Mile Ma		or	Exit Number	1 11
2.	Route# Direction N	Also at Intersection with	Street	Feet NS		Route#	Interse	cting Roa	adway/Street	
² 1		laine of intersecting Roadway.	Street		•		Lar	ıdmark		_
³99	Please Select One of the Following: Vehicle 11	#Occupants Hit/Run	<u> </u>	Crash Repor						4
	License 19	⊃B/A	_	EDY167					21	1 12
	Sex F Lic. Class D 19 Lic	Restrictions 1 CDL Endor	rsement	Year <u>2016</u> er MUNOZ PA					<u></u>	
⁴ 1	Last	First M APT 10	liddle	ess 20 HIGH		First		Middle		
	City LYNN St			LYNN		Sta	te MA Z	in 01 9	002-3900	
	Insurance Company PLYMOUTH			le Action Prior to Cras	n 1	_	amaged Area	·		`
	Vehicle Travel Direction: NXEW	_		t Sequence 10 23	23 23		est Status:	1	28	
⁵ 2		-		1000	(10 10 (10 kg 10 kg	Ty	pe of Test:		29	
	Citation # (If Issued)			L	1 25	26	AC Test Resu	1 1	30	1013
	Viol. 1: Cli/Sec/Sub			r Contributing Code	26		isp. Alcohol:		Susp. Drug: 2 32	10
5 1	Viol, 3; Ch/Sec/Sub			r Distracted by			wed from sco	ene? 2		_
	Please fill out for op Name (Last First Middle)	erator and all occupants involv	red Iress	DOH/Age Sex	34 35 Sent Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	See A	bove	\searrow	1 1	4 0	0 10	1		
										-
٠										
⁷ 1	Please Select One of the Following:	#Occupants Non-Mo	otorist A Type	15 Action 16	Location	17 Condi	tion 18	☐ Hit	/Run Moped	
		DOB/Age	Reg #	<u> </u>		_ Reg Type	÷	Reg :	State 21	-
	Sex Lic. Class 19 19 Lic Operator		rsement	er	Velı Make			_ Veh Co		
1	Last Address	First Mi	iddle Addre	Last CSS		First		Middle		
	CitySt	ate Zip				Sta	iteZ	io		1 14
	Insurance Company			ele Action Prior to Crasl	, Jan	_	amaged Area	• —	27 27 27	`
		-		23	23 23	23 To	est Status:		28	
	Vehicle Travel Direction: NSEW	-	•	Sequence	24		pe of Test:		29	
2	Citation # (If Issued)			Hamnful Event	25	25 B.	AC Test Resu	lt:	30	
	Viol. 1; Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	_الــــــــــــــــــــــــــــــــــــ	St	isp. Alcohol:		Susp. Drug: 32	
	Viol. 3; Ch/Sec/Sub	Viol, 4: Cl/Sec/Sub	Drive	r Distracted by	26		wed from see		33	╛
	Please fill out for operator/i	non-motorist and all occupants		DOB/Age Sex	34 35 Seat Sofety Pos. System	36 37 Airbag Ejeet Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motori				1					7
										7
									<u> </u>	-

	→	= Direction 1	= Vehicle 1	2 = Vehicle 2	웃 = Pedestria	ın ⊙ 55 =	Bicycle	
Crash Diagram:		ie: 👈 🗓] → [2	≯ 発	→ ‱		
		Burger 280 Low					If Crash Did No on a Public Way	y:
_				**************************************			☐ Garage	
	Sidewalk		·				☐ Mall/Shopping Cen ☐ Other Private Way	iter
	ondones a ser		Rock (II) MV 1				
		######################################	******************************	a 44.444.444.444.444.444.augus arina a ainin	*	1 3	Indicate North by	y Arrow
Crash Narrative								
MV 1 was travel								
		ne rock as "						
hit the rock he	ead on caus:	ing damage t	o the fron	t end of her	vehicle	as well a	as scraping	
the undercarria	age of her v	vehicle.						

	<u> </u>							
Witnesses:								
Name (Last, First, Middle))		Address			Phone #		Statement
Property Damag	e:							
Owner (Last,First,Middle	e) A	ddress		Phone #	41-Type	Description of I	Damaged Property	
Truck and Bus In	formation:	Registration#		(From Ve	ehicle Section)	· —		
Carrier Name							Bus Use	42
Address				City		St	Zip	
US DOT #:	Stat	e Number		Issuing State	MC/MX/I	OC #:		
43		44	a.ma	45				
Interstate	Cargo Body Type (GVWR/GCWR	정상보			46	
Trailer Reg #:		_ Reg Type	Reg State	Reg Year_	Traile	r Length		
Hazmat Information:	_					•		
Placard 47	aterial 1 digit#	48 Material Name	ē		Material 4 digit	#	Release code	49
	<u> </u>	• .		011	· 1_1	Deli S		/25/5555
Patrol Officer Police Officer Name (Please		Ley Signature			ilmington epartment		epartment 11 Barracks Date	./26/2023 e

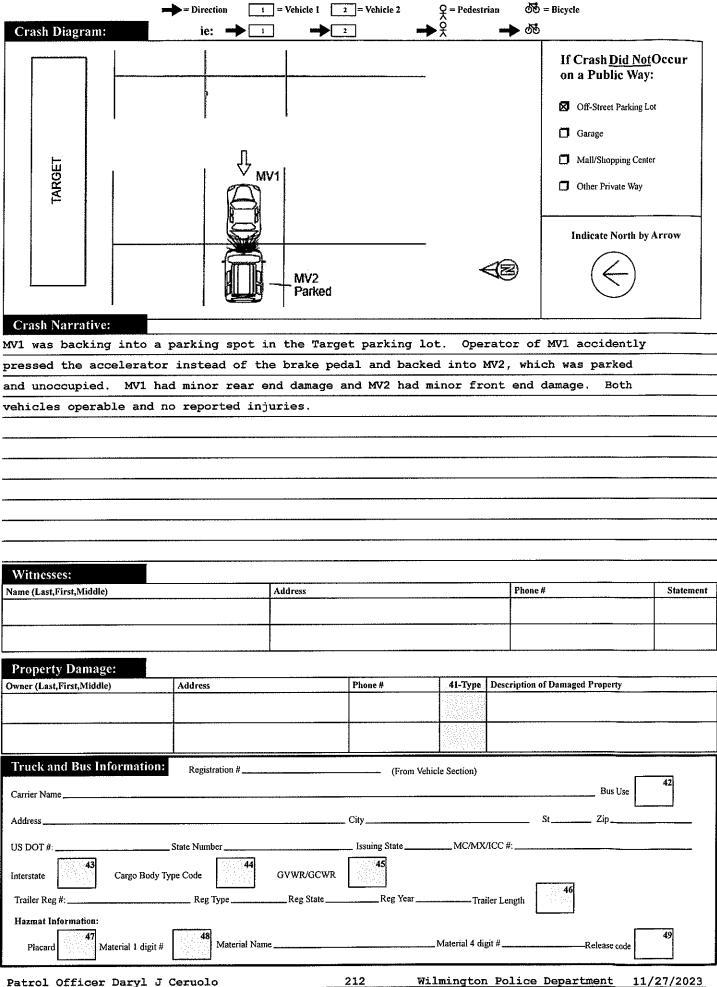
CDP1 11-24-00

	Police Use Only		Com	monwe	ealth (of Massa	ıch	use	etts	}			RM	V Docu	ment Number		
Date of	I		City/Town	Moto	r Veh	icle Cras	sh		umber hicles				Limit	25	State Police Local Police MBTA Police	0000	
11/27/	²⁰²³ 1032 24HR	MITH	ington	\mathbf{P}	olice :	Report		2		0	ľ	Latitud Longit			Campus Police	_ 🗖 📗	
	AT INTER	SECTIO	ON:	<	LOCA	TION >	>			NOT	AT	'IN'	TER:	SECT	TION:		
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Route#	Direction GLE1		Name of Roadway/St	reet		Route# Directi	ion	Δdd	ess#		•	Na	me of	Poadw	ay/Street	F	
1	Direction		At	rect								140	1110 01	NOAUW	ayroutet		
	BRA	TLE	ST			Feet	N S	E W	of		— — е Маг	- •	_	or _	Exit Number	L	
Route#	Direction		e of Intersecting Roads					- lu	} _	IVIII	e Mai	кет			EXII Nullioei	— <u> </u>	3 11
			Also at Intersection v	vith		Feet [•	Route	#		Interse	cting R	toadway/Street	╌┠	
1 Route#	Direction	Name	of Intersecting Roady	vay/Street		Feet [NS	EW	of								
				I		1								ndmark			
	Select One Vehicl	e 11	#Occupants Hit	Run	Moped	Crash Ro	eport	ID#	23	-4	00) —.	AC	;			
License			DOB/Age		Reg #	253DF4				Reg	Type	PC		Re	g State MA	一	
	Lic. Class D	[9] [14] Pa	20	DL		Year 2008									- 1	21 1	L 12
1			E E	ndorsement										veir	Connig.	┙┢	
	or TAYLOR, C]	First	Middle		er TAYLOR	nsi			Fin	st			Mid	fdle		
	11 GREATNE					ess 11 GRE			<u>. N. l</u>	7 <u>K</u>					005 555	_	
	ILMINGTON					WILMINGT	CON		1000	22				-	887-213	I	
Insuranc	e Company SAFET	Y INS	SURANCE CO	MPANY	. Vehic	ele Action Prior to	Crash		1	22				Code:	2 ²⁷ 8 ²⁷ 1		
Vehicle 7	Travel Direction: S	EW	Responding to Emer	gency? 2	. Even	t Sequence 1 2	23	23	23	23		st Stati		1	29		
1 Citation	# (If Issued)		_		Most	Harmful Event	1	24				oe of T	t Resu	ıle:	30		
Viol. I: (Ch/Sec/Sub	V:	iol. 2: Ch/Sec/Sub —		Drive	r Contributing Cod	le	4	25	25				2 31	Susp. Drug 2	32 1	13
Viol 3: 0	Ch/Sec/Sub	Vi	iol. 4: Ch/Sec/Sub —		Drive	r Distracted by	5	26					om sce		2 33	┙┝	
1			or and all occupants in					34 Seal	35 Safety	36	37 Eject	38 Trap	39 Injury	40 Transp.			
	ast First Middle)			Address		DOB/Age	Sex	Pos.	System	Airbag Status	Code	Code	Status	Code	Medical Facility		
Op	erator		S	ee Above		\geq	\underline{X}	1	1	4 (2	0	10	1			
								<u> </u>									
	Select One Vehicle	22 #	Occupants Non	-Motorist A	Туре	15 Action	16 L	Locatio	n	17 C	onditi	on	18	H	lit/Run 🔲 Mo	ped	
License #		 Sı	OOB/Age.		ee f	M99882				Reg	Type	CI		Re	g State MA		
	Lic Class A M	9	20	DL T	-	_{(ear} 2017	١,	/eli M:	ske F	_						21	
	r CRAIG THO		E ₁	ndorsement		r WILMING								_ ,,,,,,	County.	_	
_ I `	Last	r	inst III	Middle		ess 121 GL	ast			Firs				Mid	kile		
Address.	121 GLEN R		0100	7							_	347		. 01	907 254		14
- ,		State <u>I</u>	MA Zip 0188	<u>/</u>	City_	WILMINGT	<u>'ON</u>	ı		22				Code:	.887-354	27	
Insurance	Company MIIA				. Vehic	le Action Prior to C	VI 13.7	1	<u> </u>			mageo t Stati		Code:	28	<u> </u>	
Vehicle T	ravel Direction: NS	\mathbf{X} w	Responding to Emerg	gency? <u>2</u>	Event	Sequence 1 2	3	23	23	23		e of T]	29		
Citation #	(If Issued)		-		Most	Harmful Event	1	24					t Resu	lt: -	30		
	Ch/Sec/Sub	Vi	iol. 2: Ch/Sec/Sub		Drive	r Contributing Cod	le [1	25	25	Sus	p. Alc	ohol:	2 31	Susp. Drug. 2	32	
Viol. 3: C	Ch/Sec/Sub	Vi	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26			Tov	ved fro	om sce		2 33		
	Please fill out for ope	rator/non-r	notorist and all occupa	ants involved				34 Sent	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		_	
	ast First Middle)			Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical Facility		
Op	erator/Non-Mo	torist	<u> </u>	ee Above			Δ	1	1	4 0	<u>'</u>	0	10	1	·· ····		
ZACHER	Y FRONTAIN		121 GLEN RD WILMINGTON, MA 0	1887		·	м	3	1	4 0	,	0	10	1			
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CDP1 11-24-00

	Po	lice Use Only		(Commo	nwe	alth :	of Mas	sacł	lus	etts				RM	V Doci	ument Num		
	Date of Crash	I I		City/Town	N	Ioto	r Veh	icle Cr	ash		umber ehicles		- 1 L	Speed 1			5 State Poli Local Pol MBTA Pol	lice 🔀]
	11/27/2023	1620 T	MIII	ingto	n	Po	olice [Report		2		0	1	Latitud Longitu			Campus 1	Police	
		AT INTERS	ECTIO	N:		<	LOCA	TION	>			TON	`AT	INT	ER	SEC	TION:		1
																			2 10
	Route# Dire	ection		Name of Ro	adway/Street			Route# Dir	rection	21 Add	O ress #	BA	LL	ARD Nan			ST /ay/Street		F
¹ 3	Trouter Blie	COLON			At												ayronov.		1
								Fee	ı N S	EW	of		 e Mar			or _	Exit Nu	mber	
	Route# Dire	ection			ing Roadway/S	Street		r _{aa}	t N S	I E W] of	21.22	2 20101						8 11
			•	Aiso at inte	rsection with				t NS		_	Route	y -	li	nterse	cting I	Roadway/St	reet	
² 1	Route# Dire	ection	Name	of Intersecti	ing Roadway/S	Street		ree	i injo	Elv	J or								
	Please Select	One 57		_			<u></u>									ndmari	ζ		1
3	of the Follow		12_#	Occupants	Hit/Run		Moped	Crasi	ı Repor	t ID#	23	4	רט	L 4	AC	;			
	License #		· ·	DOB/Ag			Reg	# 3DVP38	3			Reg	Туре	PC		R	eg State M		12
	Sex F Lic.	Class D 19	Lic. Res	trictions 1	20 CDL_		. Veh '	Year 2018		Veh M	lake <u>K</u>	IA				Veh	Config. 1	21	1
	Operator PA	SHO-MELENI	DEZ,	JAYLI	V ELIZA	sement BETH	Own	er PASHO	, J	ADA	E								
1		Last MEMORIAI				idie		ess 30 SI	Last			Firs		24	117		ddle		
		VER				2005		ANDOVE									1810-	2477	İ
	1	pany PLYMOU'					•	cle Action Prior		```	10	22						27 27	
	1	Direction: NS			g to Emergency			t Sequence		23	23	23		t Statu			1 28		
5				Kespondini	g to Emergency	y: 2				24	\$146 A	55, 63 5	Тур	oe of To	est:		29		
	1	sued)						Harmful Event			25	25		.C Test			30		13
	Viol. 1: Ch/Sec/	/Sub	Vic	ol. 2: Ch/Sec	c/Sub ———			er Contributing		97 26				sp. Alco	·		Susp. Dru	g 2 32	2
1	Viol. 3: Ch/Sec/	/Sub					Drive	er Distracted by	0					wed fro			2 33]
	Name (Last First N	Please fill out fo diddle)	or operator	and all occ	upants involve Adda			DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Ejeet Code		39 Injury Status	40 Tronsp. Code	Medical	Facility	
	Operat	or			See Al	oove		\searrow		1	1	4 ()	0	10	1			1
	CARL SQUATE			30 CLINT	ON ST MA 01844			02/19/19	99 M	3	1	4 (,	0	10	1			1
	CHILL DOGGE			ME INCEN,	MA 01844				-	-	[·		1
										<u> </u>	<u> </u>								1
,	Please Select (20 #0	Occupants	Non-Mot	torist A	Type	15 Action	16	Locatio	on	17 C	onditio	on	18		Hit/Run	Moped	
1	of the Followi	mit:						701 770	<u> </u>							L			1
	License #	19 19	_ St 	DOB/Age	e		_	# 781JZ(eg State M	21	
	Sex Lic.	Class	J	trictions	CDL_ Endors	sement		(ear <u>2023</u>								_ Veh	Config. 1	·	
	Operator Dr	iverless	M.V	rsit.	Mid	fülle		er STRAU	Last			GW Firs	EN			Mi	ddle		
1	Address				*******		Addr	ess 6 BAS	BER	RY	LN							A	_ 14
	City		State	Zip_			City.	ANDOVE	R							- 1	1810-		1
	Insurance Comp	oany NORFOL	K & I	DEDHA	M MUTU	AL_	Vehic	le Action Prior	to Crasi	ì	11	22		naged		Code:		27	
	Vehicle Travel I	Direction: NS	E W	Responding	g to Emergency	y?	Even	t Sequence 1	23	23	23	23		t Statu			28		
ļ	Citation # (If Iss	sued)					Most	Harmful Event	1	24			• •	e of Te C Test		lt·	30		
2	Viol. 1: Ch/Sec/	Sub	——Vio	ol. 2: Ch/Sec	:/Sub		Drive	r Contributing	Code		25	25		p. Alco	Г	31	Susp. Dru	g: 32	
	Viol, 3: Ch/Sec/				:/Sub			r Distracted by		26				ved fro	L	ne?	2 33	- []	
		ease fill out for opera								34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
	Name (Lost First M			Ι	Addn			DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical	Facility	-
	Operate	or/Non-Mot	orist		See Al	oove			V	1	ļ								_
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				1				[-	i			[1



Patrol Officer Daryl J Ceruolo

Department

	Police Use Only	Comi	nonwealth	of Massach	usetts		RM	V Docum	nent Number	E.
	1 " 1	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	30	State Police Local Police MBTA Police Campus Police	7
	11/27/2023 1712 Wilm	ington	Police	Report	2	0	Latitude Longitude _		MBTA Police Campus Police	
	AT INTERSECTION	ON:		TION >	_!	NOT AT	INTER	SECT		7
		***								2 10
	LOWELL S	T Name of Roadway/Str		Route# Direction	Address #		Name of	Dandaga	/Ctwoat	.
¹ 4	Route# Direction	At	leet	Konte# Direction	Address #		Name of	Roadway	y/Silect	
	WOBURN			Feet NS	EW of	— — - Mile Ma		or	Exit Number	
	Route# Direction Name	of Intersecting Roady		Feet NS	e w e	IVIII E IVIZ	ii Kei		LAR (Validot)	2 11
		Also at Intersection w	ath			Route#	Inters	ecting Ro	adway/Street	
² 1	Route# Direction Name	of Intersecting Roady	vay/Street	Feet NS	E W of					-
	Please Select One Vivolitate 11		ļ			4.04		ndmark		1
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report l	ID# 23	-40	2-A(_
	License _:	DOB/AŁ	Reg	# 5ZG541	,	Reg Тур	PC	Reg		12
	Sex M Lic. Class D Lic. Re			Year 2015 v	eh Make <u>H</u>	ONDA		Veh C	Config. 21	
	Operator NICOLI, CHAD J		ndorsement Own	er NICOLI, C	HAD J	AMES				
⁴ 3	Address 180 NEWBURY ST	First	Middle	ess 180 NEWBU		First	r 5304	Middl	le	
	City DANVERS State J			DANVERS					923-5246	
	Insurance Company THE STANDA	•		cle Action Prior to Crash	2		amaged Area			
	Vehicle Travel Direction: X S E W	Responding to Emerg			23 23	23 Te	est Status:	1	28	
⁵ 1				Harmful Event 1	24	Ty	pe of Test:		29	
	Citation # (If Issued)			er Contributing Code	1 25	3.5	AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub ————————Vi				<u></u> 26		ısp. Alcohol:		Susp. Drug 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub — Vi			er Distracted by	34 35	36 37	wed from so	ene/ 2		4
	Name (Last First Middle)	er and an occupants my	Address	DOB/Age Sex	Sent Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator	Se	ee Above	\times X	1 1	4 0	0 10	1		
					-					1
										1
						19	10	<u> </u>		4
⁷ 2	Please Select One of the Following:	Occupants Non	-Motorist A Type	15 Action 16 L	ocation	17 Condit	ion 18	Hi	t/Run Moped	
	License # NHL13922006 St NH	_ DOB/Age 01/0	1/1954 Reg	SUPRBEE		Reg Type	PC	Reg	State NH	7
	10 10	20		Year 2007 v	eh Make D	ODGE		Velı C	Config. 21	
	Operator GOBBI RONALD	Et	Own	er GOBBI, RO	NALD	R				
81	Address 47 ADAMS POND F	irst	Middle	ess 47 ADAMS		First		Middl	le	
	City DERRY State 1			DERRY			te NH 2	zip 03 1	0385014	1 14
	Insurance Company			ele Action Prior to Crash	2		amaged Area	_		
	Vehicle Travel Direction: SEW	Responding to Emerg			23 23	23 Te	st Status:	1	28	
	Citation # (If Issued)	responding to Energ	•	· 	24		pe of Test:		29	
2	, ,				5 ²⁵	25	AC Test Res		30	
	Viol. 1: Ch/Sec/Sub ———Vi				26		isp. Alcohol: owed from so		Susp. Drug: 2 32	
		ol. 4: Cli/Sec/Sub		er Distracted by 99	34 35	36 37	38 39	ene? 2		-
	Please fill out for operator/non-i	notorist and all occupa	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	Se	ee Above	\times	1 1	4 0	0 10	1	·	
									-	
							 			1

= Direction	1 = Vehicle 1 2	= Vehicle 2	웃 = Pedestria	n 🕳 = Bicycle	
Crash Diagram: ie: →	1 2	□ →	ĝ	→ №	
					h <u>Did Not</u> Occur ıblic Way:
•	n Ö			☐ Off-St	reet Parking Lot
				☐ Garag	e
				☐ Mall/S	Shopping Center
	Vehicle 1	Lov	vell St	Other	Private Way
- 20				Indica	te North by Arrow
Wobum	Vehicle 2		Ó		\bigcirc
Crash Narrative:					
On Monday, November 27, 2023 at app	roximately 5:	00PM, vehicle	1 was s	stopped at the	traffic
light at the intersection of Woburn					2
collided with the rear of vehicle 1	causeing dam	age to both v	rehicles.		
Both parties were offered medical a	ttention and	declined.			
Both vehicles were driveable and wer	re driven fro	m the scene.			
BOTH VEHICLES WELE GIIVEADIC SHE WEL	Le dilven ilo				
Witnesses:	11111				
Name (Last,First,Middle)	Address			Phone #	Statement
Property Damage:				•	
Owner (Last,First,Middle) Address		Phone #	41-Type I	Description of Damaged Pr	perty
					į
Truck and Bus Information: Registration#		(From Vehic	le Section)		
Carrier Name					Bus Use 42
Address		City		St 2	Cip
US DOT #:State Number		Issuing State	MC/MX/IC	CC #:	
Interstate Cargo Body Type Code 44	GVWR/GCWR	45			
Trailer Reg #: Reg Type	Reg State	Reg Year	Traile	r Length	
Hazmat Information: 47 Placard Material 1 digit # Material N	lame		Material 4 digit	#Rel	49 ease code
ARTHUR ARTHUR					
Patrol Officer Christopher k Miccichi Police Officer Name (Please Print) Signature		· · · · · · · · · · · · · · · · · · ·	mington tment	Police Departme	nt 11/27/2023 Date

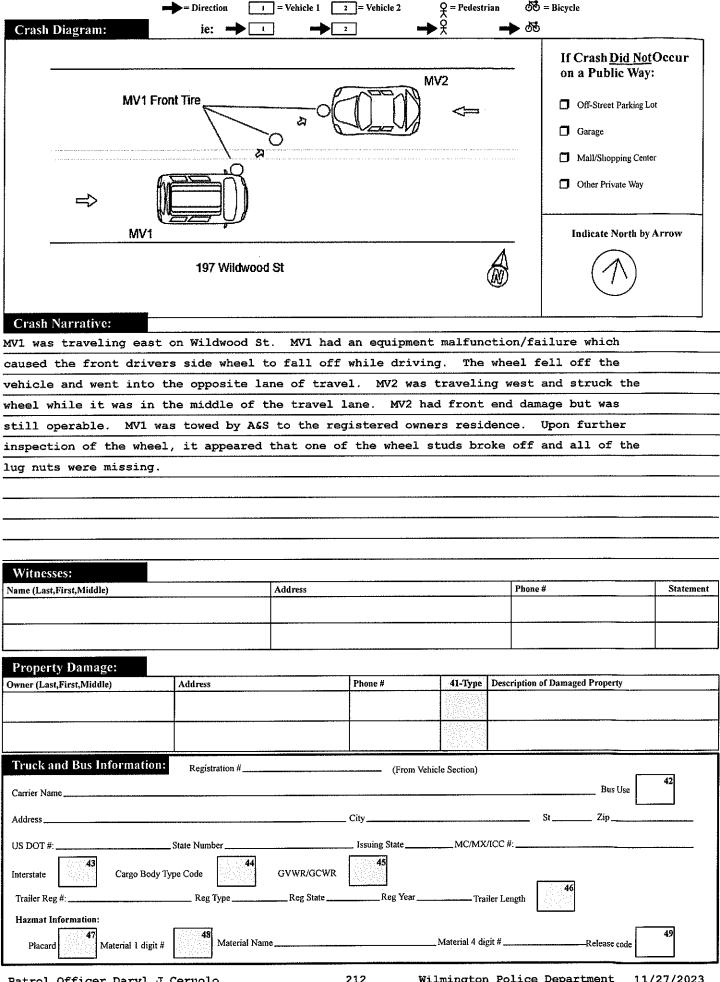
Wilmington Police Department Images Associated with 23-402-AC





	Police Use Or	ıly	Com	monwealt	h of	Massa	ach	use	tts		300	RM	V Doc	ument Nu	5.7	
	Date of Crash Time of	ı ı	City/Town	Motor V	ehicl	e Cra	sh		mber hicles	Numb Injure	. 10000	d Limi	3(Local	Police Police Police Police Police	
	11/27/2023 1727	24HR	ington	Polic	e Re	port		2		0	Lam	ude gitude _			us Police	
	AT IN	TERSECTIO	ON:	< L(CATIO	N	>	<u> </u>		NOT	AT IN	TER	SEC	TION:		1
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Patrol Officer Daryl J Ceruolo

212

Wilmington Police Department

11/27/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

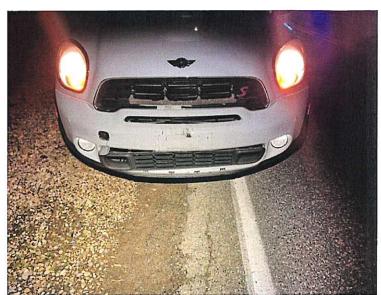
Precinct/Barracks Department

Wilmington Police Department Images Associated with 23-403-AC









CONCORD ST Route# Direction Name of Roadway/Street At Please Select One of the Following: CONCORD ST Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number Mile Marker Exit Number Feet NSEW of Route# Intersecting Roadway/Street Landmark Please Select One of the Following: Please Select One of the Following: Route# Direction Name of Intersecting Roadway/Street Please Select One of the Following: Route# Direction Name of Intersecting Roadway/Street Route# Direction Address # Name of Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Landmark Please Select One of the Following: Route# Direction Name of Intersecting Roadway/Street Route# Direction Address # Name of Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Landmark Please Select One of the Following: Route# Direction Address # Name of Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Landmark Please Select One of the Following: Route# Direction Address # Name of Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Route# Direction Address # Name of Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Route# Direction Address # Name of Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Route# Direction Address # Name of Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Route# Direction Address # Name of Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Route# Direction Address # Name of Roadway/Street Route# Direction Address # Name of Roadway/Street Feet NSEW of Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Address # Route# Direction Ad		Pol	lice Use Only		Com	monw	vealth -	of Mass	ach	use	etts		200	RA	IV Doc	ument N		X X
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Operator/Non-Motorist See Above			•	ator/non-n	iotorist and all occup	-		DOB/Age	Sex	Seat	Safety	Airbog :	iject Tr		Transp.	Me	dical Facility	_
		Operate	or/Non-Mot	orist		See Above		><	X	1	99	4 0	0	10	1			
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	= Direction	1 = Vehicle 1 2 = Vehicle 2	오 = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 👈	1 2	→ ऱ	→ Ø	
On ramp to 93 N		Concord Rd		If Crash Did Noon a Public Wall Off-Street Parking Garage Mall/Shopping Ce Other Private Way	y: Lot
		D 2	E	Indicate North b	y Arrow
Crash Narrative:	***************************************				
		AD, TOWARD N.READING,			
		E THE ON RAMP TO 93N.			
		ICANT DAMAGE TO ITS LE			
TO ITS FRONT END. NO	AIR BAGS DEPLOY	ED, NO INJURIES REPORT	ED, NO TOWS	•	
			···		
Witnesses:					·····
Name (Last,First,Middle)		Address		Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address	Phone #	41-Type De	escription of Damaged Property	
Owner (Bastiritationale)	74601633				
Truck and Bus Information	Registration #	(From	Vehicle Section)		
Carrier Name				Bus Use	42
Address		City		St Zip	
US DOT#:	State Number	Issuing State	MC/MX/IC	C#:	
43	3,3,00 :44	45			
	dy Type Code	GVWR/GCWR		46	
-	Reg Type	Reg StateReg Year	Trailer	Length	
Hazmat Information: 47 Placard Material 1 dig	48		M	Г	
L	git # Material Na	me	Material 4 digit 8	Release code	49

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

Wilmington Police Department Images Associated with 23-404-AC

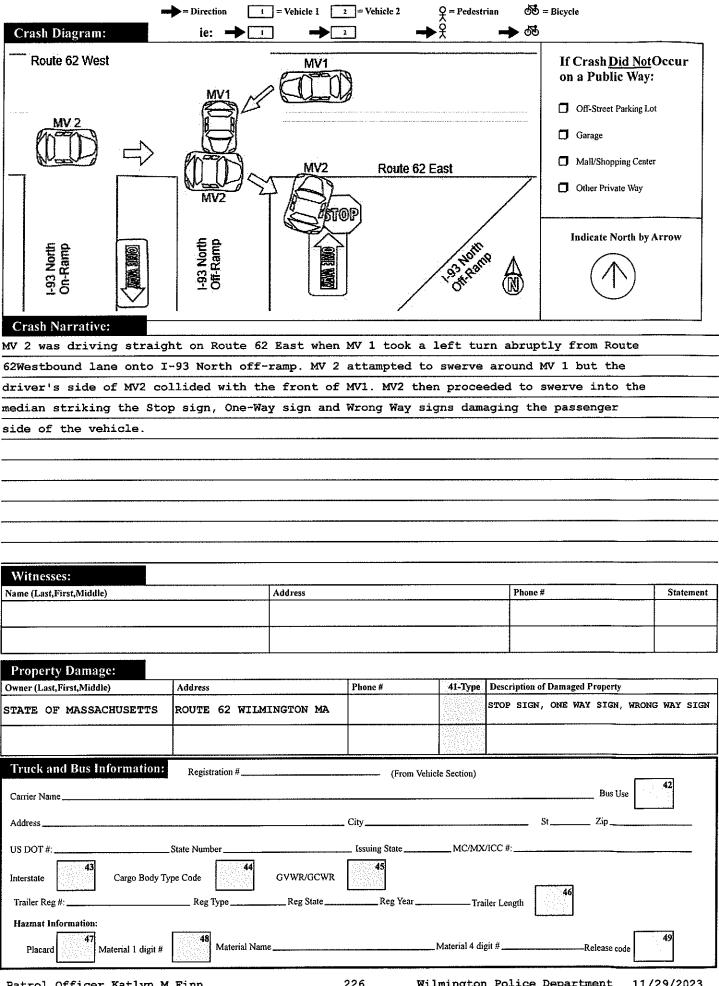




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I I	HR WILLIER CC	The Po	olice R	leport	2		0	Longitud		Campus Police	
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Di S-1 (O E-			<u> </u>	1					Landinar	k	
Please Select One of the Following:	hicle 1.1 #Occupants	S Hit/Run	Moped	Crash Reg	ort ID#	23.	-40	5 – A	7C		
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Viol. 3: Ch/Sec/Sub			Driver I	Distracted by				owed fron		1 33	
Please fill Name (Last First Middle)	out for operator and all oc	ccupants involved		DOB/Age	Sex Pox.	35 Safety System	36 37 Airbag Eject Status Code	Trap Ir	39 40 njury Transp. natus Code	Medical Facili	ity
Operator		See Above			1		1 0		0 1		
		CONTRACTOR OF THE CONTRACTOR O			\top	+-+					
						+					
Please Select One Ve	nicle 2.1 #Occupants	Non-Motorist A	Type	15 Action 1	6 Locatio	on	17 Condi	tion	18	Hit/Run 🔲 M	loped
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Crash Diagram:								
8	ie:	1] → [:	→	· ĝ	→ 55		
							If Crash <u>Did Not</u> on a Public Way:	
						i		
							Off-Street Parking Lo	ot
							☐ Garage	
							■ Mall/Shopping Cente	r
				×			Other Private Way	
			MV2	MV1		2026	Indicate North by	Arrow
335 Main St		***************************************				₹	(\leftarrow)	
Crash Narrative: MV1 was traveling SB on	Main st	and w	as slowing	with traffic	when M	72 struck	the rear of	
MV1. Operator of MV2 st								
unable to stop in time	to avoid	hitti	ng MV1. MV2	had front a	irbag de	ployment	. Both	
operators reported no i	njuries.	Cains	towing was	called and	towed bo	th vehic	les.	
3 6 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5								
		-						
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With the same of the same of								
Witnesses: Name (Last,First,Middle)			Address			Phone #		Statement
						Î	-	
<u> </u>								
Property Damages								
Property Damage: Owner (Last, First, Middle)	Address			Phone #	41-Туре	Description of	Damaged Property	
and the second s	Address			Phone #	41-Туре	Description of	Damaged Property	
and the second s	Address			Phone #	41-Type	Description of	Damaged Property	
and the second s		on #				Description of	Damaged Property	
Owner (Last,First,Middle)		on #				Description of	Damaged Property Bus Use	42
Owner (Last,First,Middle) Truck and Bus Information: Carrier Name	Registratio			——— (From Vehi	cle Section)			42
Owner (Last,First,Middle) Truck and Bus Information: Carrier Name	Registratio			(From Vehic	cle Section)	s	Bus Use	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address	Registratio		GVWR/GCWR	City Issuing State	MC/MX/	S	Bus Use	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #:	Registratio Registratio	44	GVWR/GCWR	CityIssuing State	MC/MX/	S	Bus Use	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Interstate Cargo Body Ty	Registratio State Number _ ype Code Reg Type	44	GVWR/GCWR	City Issuing State 45 Reg Year	MC/MX/	SICC #:	Bus Use Zip	
Truck and Bus Information: Carrier Name Address US DOT #: Interstate Trailer Reg #: Hazmat Information:	Registratio State Number _ ype Code Reg Type	44	GVWR/GCWR	City Issuing State	MC/MX/	SICC #:	Bus Use Zip	

Date of Crash		Com	monwealth	UI MIASSACI	luscus			Y Ducun	nent Number	1700
11/29/2023	Time of Crash 2033 Wil	City/Town mington		hicle Crash	Number Vehicles	Number Injured	Speed Limit	45	State Police Local Police MBTA Police	0800
	24HR		1.	Report	2	1	Longitude_		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	ATION >		NOT A	I INTER	SECT	ION:	_
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Route# Direc	tion Na	ame of Intersecting Road	lway/Street			Mile M	orker		Exit Number	_ <u> </u> 3
		Also at Intersection	with	Feet N S	E W of	Route#	Inters	ecting Ro	nadway/Street	- F
Route# Direc	tion Na	me of Intersecting Road	lway/Street	Feet N S	EW of					
				<u> </u>				ndmark		\exists
Please Select O of the Followin		#Occupants Hi	t/Run Moped	Crash Repor	t ID# 23	-40	6-A(3		
License	S	DOB/Ag	Reg	# 4972023		Reg Тур	PC	Reg	State NH	
Sex.M Lic, (Class D 19 Lic.		CDL Veh	Year 2022					11] 1
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	M Stat	te NH Zíp 0307		PELHAM		Sta	te NH 2	Zip 03	0763588	_
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-	irection: NXEW	Responding to Eme	ergency? 2 Ever	nt Sequence 1 23	23 23	23 T	est Status:	1	28	_
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	ub			er Distracted by	26		isp. Alconoi. iwed from so		33 33] F
VIOI. 3. CII/360/3		rator and all occupants in			34 35 Seat Safety	36 37	38 39	40		-
Name (Last First Mi			Address	DOB/Age Sex	Pos. System	Status Code	Trap Injury Code Status	Code L:	Medical Facility ahey Clinic	
Operato	<u>'r </u>		See Above		1 1	4 0	0 8	2		
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Please Select O		#Occupants No.	n-Motorist A Type	15 Action 16	Location	17 Condi	ion 18	Пн	t/Run Mone	
Please Select O of the Followin		#Occupants No	n-Motorist A Type	Action	Location	Condi	ion	<u> </u>	t/Run Mope	ed
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Patrol Officer Katlyn M Finn

226

Wilmington Police Department

11/29/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date

Wilmington Police Department Images Associated with 23-406-AC



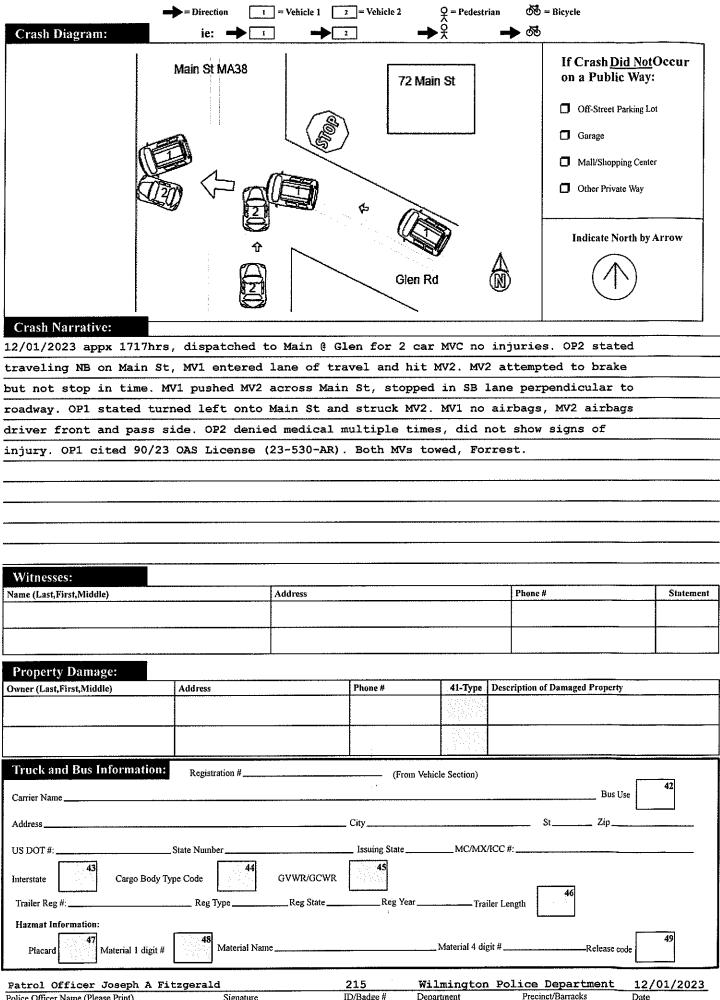








	Poli	ce Use Only	Con	monwea	onwealth of Massachusetts							RMV Document Number					
	Date of Crash Time of Crash City/Town 12/01/2023 1717 Wilmington				Motor Vehicle Crash				Numb Injure	, 5000	, Devote Zimin Local Po			0000			
	12/01/2023	24HR	ming con	Pol	ice l	Report		2	0	Lann	ude gitude		MBTA Police Campus Police Other:	_ㅂ			
		AT INTERSECT	ION:	< 1	JOCA	TION :	>		NOT	AT IN	TER	SECT	ΓΙΟΝ:				
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Wilmington Police Department Images Associated with 23-407-AC











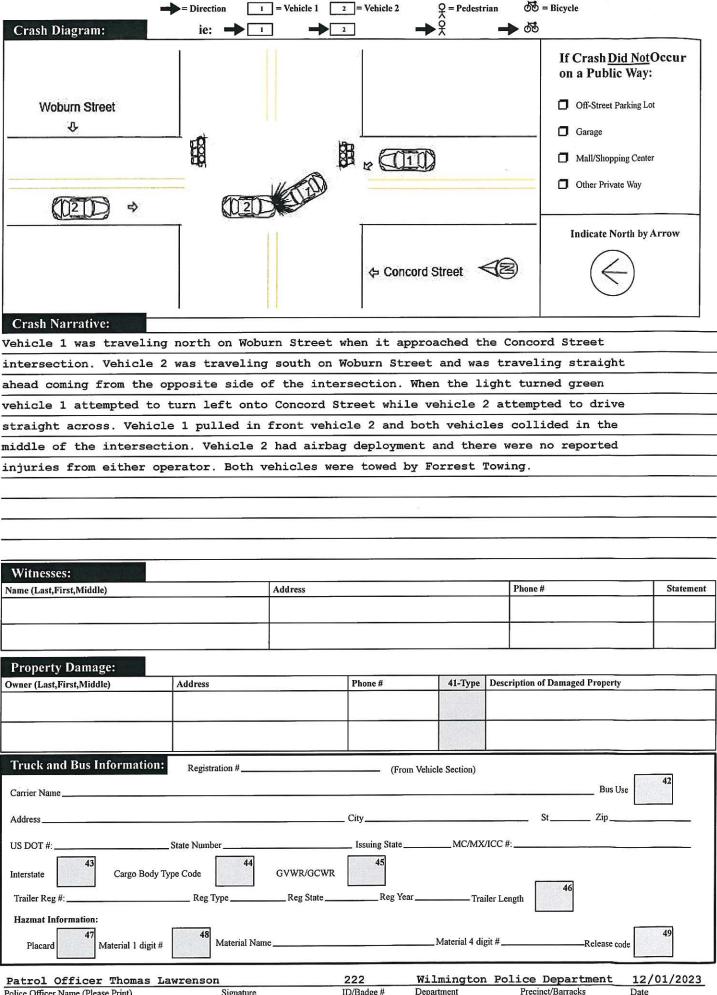


Wilmington Police Department Images Associated with 23-407-AC





	Police Use Only Commonwealth of Massachusetts RMV Document Number											447146						
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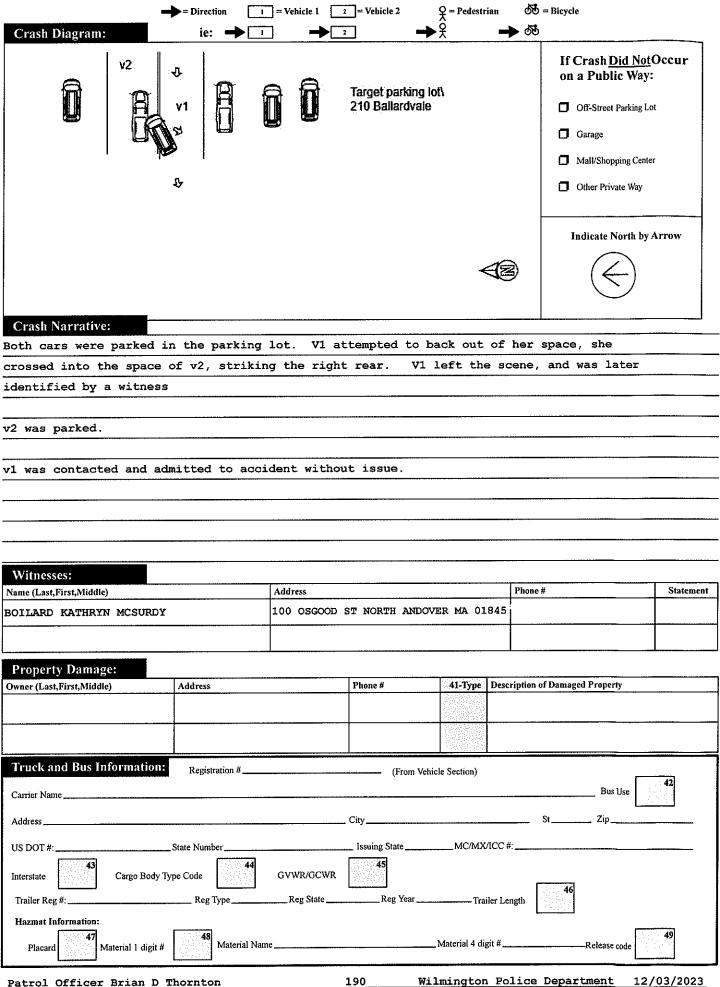


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	MARIA MANGANO		01887-1486		F 3	1	4	U 0	10	1		4
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MIDA				<u></u>		☐ Mall/S	hopping Center							
			•			Other I	iivaic viuj							
					<u> </u>	Indica	te North by A	arrow						
						(\bigcirc							
Crash Narrative:			1	. 3. 54	4.3		<i>6</i> +1							
Vehicle 1 was traveli roadway due to a poss														
when it saw Vehicle 1														
avoid being hit. Both														
roadway getting stuck														
accident and only the														
					•									
	were towed from the scene by A&S Towing.													
Witnesses:														
Name (Last,First,Middle)		Address			Phone #			Statement						
MCKENZIE LAUREN MICHE	LLE	38 COLUMBIA	A PARK HAVERHI	830										
MCFADYEN JOSEPH M		143 FEDERAL	ST WILMINGTON N	1A 01887-	2511									
Property Damage:														
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Pro	perty							
				A STATE OF THE STA										
Truck and Bus Informatio	n: Registration #		(From Vehi	cle Section)										
Carrier Name							Bus Use	42						
Address			_ City		S	t Z	.ip							
US DOT #:														
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4970870	y Type Code	GVWR/GCWR				46								
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length									
Hazmat Information:	[40						
Placard Material 1 digi	# Material Nam	ne		Material 4 di	git #	Rele	ase code	49						
Patrol Officer Thomas	Lawronson		222 Wi	lminator	Police I	lenartme	nt 12/	U3 /3U33						

Department

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	12/02/2023	1254 24HR	MITIU	ington		Police :	Report		2		o T	Lau	itude		Campus Other:	Police 🗖		
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¹ 1				A													1	
							Feet	NS	EW	of	Mile	Marker	•	or _	Exit N	umber	11	
	Route# Direc	ction		of Intersecting	g Roadway/Street	· · · · · · · · · · · · · · · · · · ·	Feet NSEW of											
					***************************************						Route#		Inters	ecting R	loadway/S	treet		
² 1	Route# Direc	ction		Feet NSEW of Landmark														
	Please Select C	One Navarea	1 #	Occupants] 1134/D	☐ Moped	Crash I	Danart	ID# *	33	_1	1 0 -			·	***	1	
3	of the Followi		le 1-4"	Cocupanis	Hit/Kun													
	License #		St.	OB/Ag		Reg	Reg # 233XV8 Reg Type PC Reg State MA 21											
	Sex F Lic.	Class D	Lic. Res	strictions	CDL	Veh	Year 2011		Veh Ma	ke <u>A</u>	CUR	<u> </u>		Veh	Config.	2		
	Operator YO	UNG, KI	RA SA	BRA	Middle	Own	er YOUNG ,	VF Last	YFO	REF	BO'	VERS		Mic	idie			
⁴ 1		UNCREST			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Addı	ess 4 SUNC	CRE	ST	RD								
	City ANDO	/ER	State 1	MA Zip 0	1810-571	.9 City	City ANDOVER State MA Zip 01810-5719											
	Іпзигансе Сотр	any GOVERI	MENT	EMPLO	YEES INS	SU	cle Action Prior to	Crash		10	22	Damag		Code:		27 27		
_	Vehicle Travel D	Direction: N S	XW	Responding	to Emergency? 2	Even	t Sequence 1	23	23	23	23	Test St			28			
5	Citation # (If Iss	ued)				Mos	: Harmful Event	1	24		_	Type of BAC T		ta.	29 30			
<u> </u>	Viol. 1: Ch/Sec/	Sub	Vio	ol. 2: Ch/Sec/	Sub	Driv	er Contributing Co	ode	19	25	25	Susp. A			10,745.	ug: 32	2 13	
					Sub		er Distracted by	5	26			Towed		<u> </u>	2 33	ٽـــا [°]	<u> </u>	
⁶ 1	1101. 5. 01.000				pants involved				34 Seat	35 Safety	36 Airbag	37 38 Sject Trap	39 Injury	40 Transp.			1	
	Name (Last First M				Address		DOB/Age	Sex	Pos.	System	Sintus	lode Cod	Status	Code	Medic	al Facility	-	
	Operate	or			See Above			X	1	1	5 0	0	10	1			4	
]	
																	1	
	Please Select C)ne 5 71	e 2 0 #	<u> </u>	3		15	16			17	<u> </u>	18	<u>Г</u> .	Y., 75	٦.,	1	
⁷ 1	of the Followin		e 2 <u>U</u> #	Occupants	Non-Motoris	tA Type	Action	1	Locatio	ın	C	ndition	MAN.	L!	lit/Run	Moped	1	
ن. [License #			_ DOB/Age			# <u>8LR227</u>				_				eg State M	ZA 21		
	Sex Lic. (Lic. Res	strictions	CDL	Veh	Year <u>2007</u>	\	Veh Ma	ke H	OND	1		Veh	Config.			
8	Operator Dr	iverles:	s M.V	irst	Middle	Own	er POLANC	O,	LI	SSE	TTE First	Α		Mic	Jdle			
899	Address					Addı	ess 945 R	[VE]	RSI	DE.	DR	AP	1 12	2C	·		_ 14	
	City		State	Zip		City	<u>METHUEN</u>									6726	1 "	
	Insurance Compa	any GOVERI	MENT	EMPLO'	YEES INS	SU Vehi	cle Action Prior to	Crash		11	22	Damag		Code:		27 27		
	Vehicle Travel D	Even	t Sequence 1	2 3	23	23	23	Test Sta			28							
9	Citation # (If Iss	ued)				Mos	Harmful Event	1	24			Type of BAC T		ult:	30			
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Vio	ol, 2; Ch/Sec/	Sub	Drive	er Contributing Co	ode	1	25	25				Susp. Dr	ug: 32		
	Viol. 3: Ch/Sec/S	Sub	Drive	Driver Contributing Code Susp. Alcohol: 31 Susp. Driver Distracted by O 26 Towed from scene? 2 33														
	Ple	ase fill out for op	erator/non-n	notorist and a	il occupants invol	ved		Ī	34 Sent	35 Safety	Airbag I	37 38 ject Trug					1	
	Name (Last First M		240-1-4		Address		DOB/Age	Sex	Pos.	System	Status (ode Cod		Code	Medic	al Facility	1	
	Operate	or/Non-Me	urisi		See Above			ightharpoons	1			_					-	
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Patrol Officer Brian D Thornton

Department

Wilmington Police Department Images Associated with 23-410-AC

