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	1	ued)					Harmful Event			25	- 25	1		st Resi		30		13
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³ 1	i .	LOWELL		·iist	ivilodie	Addr	ess	Lasi				irst			M1	odie		
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Simards 279 Mai Pedestrian Crossing outside of cross walk & in blind spot for V1 Witness V1 Stop Lir Santander Ba 260 Main St.	Red light Crosswall	Main St. Main St. ight North Bour	ington	(8		If Crash Did on a Public V Off-Street Park Garage Mall/Shopping Other Private V Indicate Nort	Way: ing Lot Center
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See Supplem, ental Narr	ative.						
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Witnesses:							
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Property Damage:							
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Truck and Bus Information	Registration #		(From	Vehicle Section)			
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Address		_	City		St	Zip	
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Interstate Cargo Body	Type Code	GVWR/GCWR	43				
Trailer Reg #:	Reg Time	Ren Stata	Rea Voor	gn. 11	I o1-	46	
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Patrol Officer Richard	DiPerri	<u>,</u>	173	Wilmington	Police D	epartment	12/19/2023
Police Officer Name (Please Print)	Signature			Department			Date

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

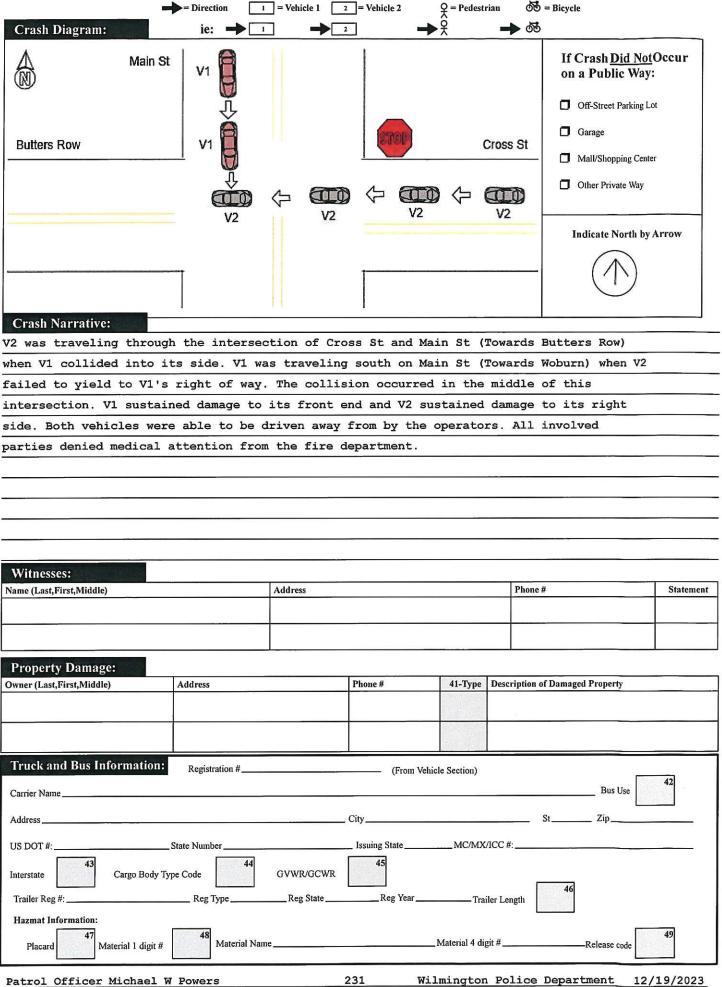
Ref: 23-435-AC

Entered: 12/20/2023 @ 1217 Entry ID: 173 Modified: 12/20/2023 @ 1230 Modified ID: 173 Approved: 12/26/2023 @ 0751 Approval ID: 196

V1 (Charlton) and W1 (Carew) were stopped in their respective traffic lanes for red light heading NB on Main Street. According to independent Witness 1 (Carew), Pedestrian (Frederickson) attempted to cross street (outside of working crosswalk) approximately 10 feet from crosswalk. His path was at an angle not favorable to be observed by V1 (approaching from angled back left of view). Witness 1 (Carew) noticed pedestrian in her peripheral view just before he crossed her vehicle as light turned green. V1 opr(Charlton)stated she proceeded with green light did not see pedestrian who suddenly appeared and collison occured knocking pedestrian over. Crosswalk is intentionally painted at angle to allow unobstructed view (when in proper use). Additionally proper use of working crosswalk would allow for persons using the crosswalk to proceed with walk prompt which would halt traffic in all directions with countdown delay before initiating light cycle. The angle pedestrian (Frederickson) used to cross Main Street was outside of crosswalk into blind spot(s) of obstructed views. Pedestrian Fredrickson confirmed he crossed street at angle outside of crosswalk (as reported by W1) before being struck. This combination of decisions on behalf of pedestrian were probable factor(s)in crash. Pedestrian treated on scene by WFD/Action Medics for cut over eye, and transported for evaluation.

Respectfully,
Officer Rich DiPerri-173

	Police Use Only	Common	wealth	of Massa	icht	ısett	S			RM	V Docu	ıment Numbei		
	1 ,	City/Town Mo	tor Veh	icle Cras	sh	Numb Vehicl		mber ured	•	Limit	40	State Police Local Police MBTA Police	0000	
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<u> </u>	Route# Direction MAIN ST Name	of Intersecting Roadway/Street		reet [uləlr	2 100 01		ile Ma	rker		OF _	Exit Numb	er	11
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3	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash R	eport I	D# 2 .	3-4	13	6	AC	:			
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		trictions 1 20 CDL	_	Year 2019								_	21	1 12
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⁶ 1		ol. 4: Ch/Sec/Sub and all occupants involved	Dive	Distracted by		34 3:	36	37	38	39	40	2 33		ļ
	Name (Last First Middle)	Address		DOB/Age		Seat Safe Pos. Syst	ety Airbag em Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Faci	lity	ĺ
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	Sex E Lic. Class D Lic. Res	trictions B CDL Endorsemen	nt			h Make					_ Veli	Config. 1		
³ ₂	Operator ZHANG, QING LUC	rst Middle		er ZHANG ,	1EB		F	ust			Mid	idle		
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Wilmington Police Department Images Associated with 23-436-AC





	Police Use Only	Comi	nonwealth (of Massac	husett	S	RM	V Docur	ment Number	
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	12/20/2023 0626 Wilr	mington	Police :	Report	1	0	Latitude Longitude _		Campus Police	វ
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	Route# Direction Nam	ne of Intersecting Roady		[]	ا العامل	Mile M	arker		Exit Number	1 11
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² 1	Route# Direction Nam	ne of Intersecting Roady	vay/Street	Feet N	S E W of	<u></u>				_
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3	Please Select One of the Following: Vehicle 11	_#Occupants Hit/	Run Moped	Crash Repo	ort ID# 2 3	3-43	7-A(3		
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	19 19	20	_	Year 2019					21	1 12
	Operator CORDIMA, ALES	E. E.	ndorsement	er CORDIMA				1011 (501m16: []	
41	Last	First	Middle	es 12 HIGH		First		Midd	lle	-
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	City TEWKSBURY State	-	_	TEWKSBURY	[ate MA amaged Area		876-1718 27 27 27	1
	Insurance Company THE COMMER			ele Action Prior to Cra			est Status;	Code. 8	28	
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emerg	gency? 2 Even	Sequence 97 23	23 23	13	ype of Test:	1	29	
2	Citation # (If Issued)		Most	Harmful Event 9		B	AC Test Res	ult: 1	30	12
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 S	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	Т	owed from s	ene? 2	33	
4	Please fill out for opera	tor and all occupants in		DONU.	34 35 Seat Safet	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.	per structure at the	7
	Name (Last First Middle) Operator	9,	Address ee Above	DOB/Age S	Pos. Syste	n Status Code	Code Status	Code 1	Medical Facility	1
	Орегию	3			\ <u>^</u>			+		-
			····			<u> </u>				
										_
7	Please Select One Vehicle 2	#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	П н	it/Run Mope	,
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	Sex Lic. Class Lic. R	estrictions Cl	DL Veh \	ear	_ Veh Make_			Veh C	Config.	İ
3_	Operator	First	Middle Own	PrLast		First		Midd	lle	-
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	City State	Zip	City_				ate			- 4
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2	Citation # (If Issued)	_	Most	Hamful Event	24		AC Test Res	ult:	30	
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	Viol, 3: Ch/Sec/SubV	/iol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	26	т	owed from so	ene?	33	
	Please fill out for operator/non	-motorist and all occupa	ants involved		34 35 Sent Safet		38 39 Trap Injury	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age Se	/		Code Status	Code	Medical Facility	_
	Operator/Non-Motorist	Se	e Above		1			+-+		_
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Witnesses						***	
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Property Damage:							•
wner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
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							· Valued ·
Fruck and Bus Informatio	n. b						
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Carrier Name						Bus Use	
Address			City		St	Zip	
IS DOT!	State Number		Tanaina State	MCAGY	ICC #.		
JS DOT #:	State Number		ssuing State	MC/MX/	ICC #:		
	ly Type Code	GVWR/GCWR	43		·		
Trailer Reg #:	Reg Type	Reg State	Reg Year		er I enoth	46	
Hazmat Information:				IIal	.c. Longin		
Hazmat Information:	48			Avidence An Est American			49
Placard Material 1 digi	t # Material Name			Material 4 dig	it #	Release code	
	-						
Patrol Officer Zachary olice Officer Name (Please Print)	A Leighton Signature			ilmington		epartment 12, /Barracks Date	/20/202

Wilmington Police Department Images Associated with 23-437-AC





	Police Use Only	Comi	nonwealth	of Massach	usetts		RN	IV Doc	cument Number	
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3	of the Following: Vehicle 11	#Occupants Hit/	Run Moped	Crash Report	ID# 23	-43	8-A(<u> </u>		
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			DL Veh Y	Year 2018	Veh Make $f F$	ORD		Vel	ı Config. 1	-
4	Operator DEANGELIS , DA	WN MARIE First	Middle	er DEANGELIS	•	N MAF	RIE	М	liddle	-
⁴ 1	Address 110 JOHN ST			ess 110 JOHN						-
	City TEWKSBURY State		•	TEWKSBURY		_			1876-3817	
	Insurance Company THE HANOVE	<u>ER INSURANC</u>	CE COM Vehic	le Action Prior to Crash	<u> _</u>	┙	amaged Are	a Code:	6 27 27 27 28	·
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⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub tor and all occupants inv		r Distracted by 0	34 35	To 36 37	owed from s	cene?	2 33	_
	Prease Till Out for Opera Name (Last First Middle)	tor and all occupants inv	Address	DOB/Age Sex	Seat Safety Pos, System	Airbag Eject Status Code	Trap Injury Code Status	Transp.	Medical Facility	_
	Operator	Se	e Above	$\times x$	1 1	4 0	0 10	1		
7	Please Select One Vehicle 2.1	#Occupants Non-	Motorist A Type	15 Action 16 L	Location	17 Condit	18		Hit/Run Moped	,
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	<u>5 </u>	En	dorsement	ear 2012 \				Veh	Config.	
³ ₁	Operator ADEYINKA, BENG Last Address 110 APACHE WAY	JAMIN O	Middle	er ADEYINKA, Ess 110 APACI		First	<u> </u>	Mi	iddle	١ .
		MA Zip 01876		rewksbury	UE WAI		. MZ	zi () 1	1876-4618	14
	Insurance Company AMICA MUTU	•	•	le Action Prior to Crash	2		unaged Area			· -
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	Citation # (If Issued)	reoponding to Differ	•	Harmful Event 1	24	-	pe of Test:		29	
2	Viol. 1: Ch/Sec/Sub ————V			<u> </u>	1 25	25	AC Test Res		Susp Drug 2 32	
		/iol. 4: Ch/Sec/Sub	-	Distracted by	26		sp. Alcohol: wed from so	<u> </u>	Susp. Drug: 2 32	
	Please fill out for operator/non		nts involved	- <u> </u>	34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		7
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
}	Operator/Non-Motorist	Se	e Above		A L	-				_
}								-		_
										_

	Pol	lice Use Only		(Comm	ionv	vealth	of Ma	issac	hus	ett	5		11 S	RM	V Doc	ument l	lumber	
	Date of Crash 12/20/2023	Time of Crash	Wilr	City/Town ningto	n		tor Vel			1 1	Number Vehicle:	1	mber ured	Spee	d Limi ude +0	42.70	, , ,	Police Police TA Police pus Police	
		24HR	71			-	Police		rt	3	}	2		Long	itude	-071.	429 Cam Othe		
		AT INTER	SECT	ION:		<	LOC	ATION	>			NO	T A	ΓIN	TER	SEC	TION	l:	4_
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_	Route# Direc	ction		Name of Ro	oadway/Stree	et		Route#	Direction		dress#	. <u> </u>				Roady	way/Stree	e 4	
					At				Feet N	SEV	v of			 ,		or .			
	Route# Direc	ction	Naıı	ne of Intersect	ing Roadway	y/Street						M	lile Ma	ırker			Exit	Number	
				Also at Inte	rsection with	h			Feet N		_	Rout	te#		Inters	ecting	Roadway	//Street	F
	Route# Direc	ction	Nan	ne of Intersect	ing Roadway	y/Street			Feet N	SEV	V] of								_
	Please Select (One 🔽	. 2	#Oasunanta							22		12	<u> </u>		ndmar	'k		┪
	of the Followi	ng: Vehicle	e 3 <u>∠</u>	_#Occupants	Hit/Ru	un i	Moped	C	rash Repo	rt ID#	23	, — <u>4</u>	13	8 -	AC	<i>-</i>			_
	License	10	a	DOB/A _L	20		Reg	# 2 PKM	97			Re	ед Турс	PC		R	teg State	MA 21	1
	Sex F Lic. (<u> </u>		Lestrictions 1	CDI Ende	orsement	t	Year <u>200</u>					ACN	I		Vel	n Config.	1	<u> </u>
		LLEN, KI		First	}	Middle		er MELI	Last			F	inst			M	fiddle		
		HILL S						ress <u>185</u>			TRE	ET							
Ī	-	SBURY		_			-	TEWKS				22						27 27	
	•	any SAFETY						cle Action P	rior to Cra		23	23		amage est Sta		Code	1 28	2 ⁷ 8 ²⁷	
7		Direction: N	X	Respondin	g to Emerger	ncy?_2_		t Sequence	1 43	23	23	23		pe of			29		
\dashv		ued)						t Hannful Ev	<u> </u>		25	25	1		st Resi		1 30		_
		Sub						er Contributi	_	13 26		31111	J Su		lcohol:		Susp.	Drug 2 32	1
_	Viol. 3: Ch/Sec/S	Sub Please fill out					Driv	er Distracted	by 7	34	35	36	7 Tc	38	rom sc	ene?	1 33		_
	Name (Last First Mi		TOT OPERA	To and an occ	•	ddress		DOB/A	ige So	Seat	Safety System	Airbag	Eject Code	Trup Code	Injury	Transp. Code		dical Facility	
L	Operato	or		_	See A	Above		\geq	$\leq >$	1	0	1	0	0	9	2	Winches Hospita	1	
L	÷			_1				,		3	0	1	0	0	8	2	Winches Hospita		
Ī							`												
_	Please Select O		4	#Occupants	Non-M	lotorist /	A Type	15 Action	16	Locati	ion	17	Condit	ion	18		Hit/Run	Moped	1
_	of the Followin	ıg: —																	┨
- 1	License #	19 1	9	DOB/Ag	20			#										21	
	Sex Lic. C	Jlass	Lic. Re	estrictions		rsement		Year		. Veh IV	lake					Veh	Config.		
	Operator Address	Last		First	Ň	Aiddle		er ess	Last			F	irst			М	idâle		
-1			State	7in			_	css					Stat	Р	Z	'in			1
1		any		_				le Action Pr		sh		22			d Area	. —	27	27 27	
	Vehicle Travel Di				to Emergen			t Sequence	23	23	23	23	Te	st Stat	us:		28		
		ued)		_ , ,		,		Harmful Ev	ent	24				pe of			29 30		
,	Viol. 1: Ch/Sec/S	Sub	v	iol. 2; Ch/Sec	:/Sub		Drive	er Contributi	∟∟ ng Code	T	25	25			st Resu cohol:	ilt: 31		32	
,	Viol. 3: Ch/Sec/S	iub	ν	iol, 4: Ch/Sec	:/Sub		Drive	r Distracted	by	26			•	•	rom sc	.,	33	71"5	
-		ase fill out for ope	rator/non-	motorist and	•		ed		<u> </u>	34 Seat	35 Safety	36 Airtag	37 Eject	38 Trap	39 Injury	40 Transp.		······································	1
F	Operato	or/Non-Moi	torist	T		dress Above		DOB/A	ge Ser	Pos.	System	Status	Code	Code	Status	Code	Mod	lical Facility	
-	Operaio	·1/1 \ <i>UIL</i> *1/1 <i>U</i> [w ist	<u> </u>	acc F	10040		+	\checkmark	+									_
-				-				<u> </u>							_				-
					 										ļ				_

Property Damage: where (Last, First, Middle) Address Phone # 41-Type December 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ØØ = Bicycle
STOPPED STOPPE	→ 85
Shicle #1 was stopped in Traffic. Vehicle #2 Was Stopped in traffic shicle #3 had glare and did not Stop in time. Vheicle #3 Drove introduction with the state of	If Crash Did NotOccur on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way
hicle #1 was stopped in Traffic. Vehicle #2 Was Stopped in traffic hicle #3 had glare and did not Stop in time. Vheicle #3 Drove into hicle #2 and pushed it into the rear end of Vehicle #1. Witnesses: me (Last,First,Middle) Address Phone # 41-Type Do not be a first,Middle Address Phone # 41-Type Do not be a first,Middle Phone # 41-T	Indicate North by Arrow
chicle # 3 had glare and did not Stop in time. Vheicle #3 Drove introduction with the state of t	
hicle #2 and pushed it into the rear end of Vehicle #1. Vitnesses: me (Last,First,Middle) Address Property Damage: vner (Last,First,Middle) Address Phone # 41-Type Damage: vner (Last,First,Middle) Registration # (From Vehicle Section) arrier Name	
Witnesses: Ime (Last,First,Middle) Property Damage: wher (Last,First,Middle) Address Phone # 41-Type De Fruck and Bus Information: Registration # (From Vehicle Section) Farrier Name	the rear end of
Property Damage: vner (Last, First, Middle) Address Phone # 41-Type De ruck and Bus Information: Registration #	
ruck and Bus Information: Registration #	
ruck and Bus Information: Registration #	
Property Damage: vner (Last, First, Middle) Address Phone # 41-Type De ruck and Bus Information: Registration #	
Property Damage: vner (Last, First, Middle) Address Phone # 41-Type De ruck and Bus Information: Registration #	
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Property Damage: wher (Last, First, Middle) Address Phone # 41-Type Description: Pruck and Bus Information: Registration #	Phone # Statemen
wner (Last, First, Middle) Address Phone # 41-Type Description: Registration # (From Vehicle Section)	
vner (Last, First, Middle) Address Phone # 41-Type Description: Registration #	
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wner (Last, First, Middle) Address Phone # 41-Type Description: Registration # (From Vehicle Section)	
Truck and Bus Information: Registration #	scription of Damaged Property
arrier Name	
Carrier Name	
Carrier Name	
Carrier Name	
	42
ddress City	Bus Use
	St Zip
IS DOT #: Issuing State MC/MX/ICC	× 4.
	σ.
aterstate Cargo Body Type Code GVWR/GCWR	
	anoth 46
	-engui
Hazmat Information: 47 48	49
Placard Material 1 digit # Material NameMaterial 4 digit #	Release code
	1 1

Police Officer Name (Please Print)

Signature

	Police Use Only	Commo	onwealth o	of Massa	chus	setts	}		R	MV Doc	ument Number	
	I I	City/Town	Motor Veh	icle Cras	h [Number Vehicles			peed Lin	it <u>2</u> !	— Local Police	
	12/20/2023 1819 Wilm:	ington	Police 1	Report	2		0	-	atitude _ ongitude		MBTA Police Campus Police Other:	
	AT INTERSECTION)N·	< LOCA				NO				TION:	1
												10
					<u>3</u>		GI	EN				2 ``
1 .	Route# Direction	Name of Roadway/Street		Route# Direction	on Ad	dress #			Name	of Roadv	vay/Street	
4		At		Feet N	SE	W of				ог		
	Route# Direction Name	of Intersecting Roadway/S	Street			·	Mi	le Mark	er		Exit Number	3 11
		Also at Intersection with		Feet N	SE	V of	Route				E ST	3
				Feet N	SE	V of	Konte	; **	me	secung	Roadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/S	Street						3	andınar	k	-
	Please Select One Vehicle 12 #	Occupants Hit/Run	Moped	Crash Re	nort ID#	23	_4	30	- A			
3	of the Following:											4
	License	B/Ag·	Reg #	3KSZ27			Reg	Type _	PC	R	eg State MA 21	12
	Sex F Lie. Class D 19 19 Lie. Res	strictions 99 CDL_	Veh Y	ear 2012	Veli l	Make 🚨	eer	<u> </u>		Vel	Config. 1	1
	Operator FOGG, ALLISON			FOGG, A	LLI	SON						
⁴ 2	Address 24 LINDA RD	irst Mi		ess 24 LIN I	si DAR	D	Fi	rsi		М	iddle	
	City WILMINGTON State 1	ма _{7 ів} 01887-1	1442 Gtv 1	WILMINGT	ON			State	MA	Zin 0 :	1887-1442	
	Insurance Company THE STANDAL			le Action Prior to C		4	22				7 27 6 27 27	
				-		23	23		Status:		1 28	
5 2	Vehicle Travel Direction: N K E W	Responding to Emergenc	Event	Sequence 1		25		Тур	e of Test:		29	
	Citation # (If Issued)	•	Most	Hammful Event	1 24			BAG	C Test Re	sult:	1 30	
	Viol. 1: Ch/Sec/Sub — Vi	ol, 2: Ch/Sec/Sub ———	Drive	r Contributing Code	9	, 25	25	Sus	. Alcoho	l: 2 31	Susp. Drug: 2 32	1 [3]
	Viol. 3: Ch/Sec/Sub ———— Vi	ol. 4: Ch/Sec/Sub ———	Drive	r Distracted by	0 ²⁶			Tow	ed from	scene?	1 33	
1	Please fill out for operato	r and all occupants involve			34 Sez		36 Airbag	37 Eject	38 39 Trap Inju	гу Тгапэр.		-
	Name (Lost First Middle)	Addr		DOB/Age	Sex Pos	. System	Status	Code	Code Stat	as Code	Medical Facility	-
	Operator	See Al	bove		X 1	1	4	0 0	10	1		
	KEEGAN GRAY	11 CARTER LN WILMINGTON, MA 0188	7-2642	<u> </u>	4 6	99	4	0 0	10	1		
												1
										-		1
i		<u> </u>								<u> </u>		4
⁷ 1	Please Select One of the Following:	Occupants Non-Mo	torist A Type	Action	Loca	tion	17	Conditio	n I	ו 🗖 🖹	Hit/Run 🔲 Moped	
_	License	DOB/A	Par #	5SN791			Ren	Туре	PC	R.	eg State MA	1
	10 10	20	_	ear 2013	3711	1					Config. 1	
	<u> </u>		sement	***************************************							Conng, L	
³ ₁	Last Fi		ddle	r SURETTE	st		Fir	st	LIA		ddle	
т	Address 8 SHADY LANE DR			ss 8 SHADY		NE I	<u>DR</u>					14
	City WILMINGTON State 1	/A Zip 01887-1	L 910 City I	WILMINGT	ON					_	1887-1910	1
	Insurance Company GEICO GENER	RAL INSURANC	CE C Vehic	le Action Prior to C	rash	2	22		aged Are	a Code:		
	Vehicle Travel Direction: N S W	Responding to Emergency	y? 2 Event	Sequence 23	23	23	23		Status:		28	
,	Citation # (If Issued)		Most	Harmful Event	l ²⁴				of Test:]a.	30	
′2	Viol. 1: Ch/Sec/Sub —————Viol	al. 2: Ch/Sec/Sub	Drive	ـــ Contributing Code r	, 1	25	25		C Test Re		<u></u>	
				Distracted by	26	!_			ed from:	· <u> 4</u>	33 July 2 33	
	Viol. 3: Ch/Sec/SubViol. Please fill out for operator/non-n	ol. 4: Ch/Sec/Sub		Distracted by	34	35	36	37	38 39	40	<u> </u>	-
	Please IIII out for operator/non-ii Name (Last First Middle)	Adda		DOB/Age	Sex Pos	t Safety	Airbeg Status	Eject	Trup Inju Code Stat		Medical Facility	
	Operator/Non-Motorist	See Al	bove		\times 1	99	4	0 0	10	1		
	ANGELYN CIAMPA	20 DORCHESTER ST WILMINGTON, MA 01887	7~2207	(F	99	99	4	0 0	10	1		
				1				-	+	+		1
								-				-
							1					

= Direction	1 = Vehicle 1	2 = Vehicle 2	Q = Pedestria	n Q20=	Bicycle	
Crash Diagram: ie: =	▶ □ →	2	₽Ŝ	→ ॐ		
	-				If Crash <u>Did Not</u> on a Public Way:	
THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH					Off-Street Parking Lo	st
Glen Rd					☐ Garage	
					☐ Mall/Shopping Cente	r
					Other Private Way	
	- 0				_	
	Lawrence St			3 >	Indicate North by	Arrow
Crash Narrative:					, , ,	
V#1 was attempting to take a left	t hand turn o	nto Lawrence S	treet from	m Glen R	oad. V#2 was	
stopped at the stop sign on Lawre	ence Street. '	V#1 collided w	ith the f	ront lef	t side of V#2.	
V#1 sustained left side and rear	damage. V#2	sustained from	t left da	mage. Bo	th operators	
and passengers from V#1 and V#2 :	sustained no :	injuries from	the crash	. V#1 and	i V#2 were	
both inoperable from the crash an	nd towed by A	&S Towing.				
				· · · · · · · · · · · · · · · · · · ·		
						
Witnesses:	Address			Phone #		Statement
Name (Last, First, Middle)	Audress			Thole #		Statement
						
Property Damage:						
Owner (Last,First,Middle) Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information: Registration	#	(From Ve	chicle Section)			
Carrier Name					Bus Use	42
Address		City		St	Zip	
US DOT #:State Number		Issuing State	MC/MX/I	CC #:		
Interstate Cargo Body Type Code	44 GVWR/GCW	'R 45				
Trailer Reg #: Reg Type _	Reg State _	Reg Year	Traile	r Length	46	
Hazmat Information:						
Placard Material 1 digit # Mate	rial Name		Material 4 digit	#	Release rode	49
			_		Tresease code	

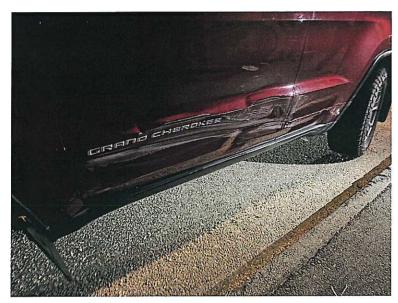
12/20/2023 Date

Department

Wilmington Police Department Images Associated with 23-439-AC









	Police Use Only	Comm	onwealth -	of Massa	chus	etts		Van S	RMV	Docui	ment Numb		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [N	lumber ehicles	Number Injured		Limit_	35	Local Police MBTA Police	· 🖾	
	12/21/2023 1610 Wili	nington	Police 1	Report	2		0	Latitud Longit			Campus Po	lice	
	AT INTERSECT	ON:	< LOCA	TION >	,		NOT A	TINI	rers	SECT	TION:		1
													2 10
	Route# Direction	Name of Roadway/Stree	1	Route# Directi	On Add	lress #	MAI			Roadwa	ny/Street		├──
4		At									<u> </u>		1
L				Feet [N S E W	of	— — Mile M	arker		or	Exit Num	ber	<u></u>
	Route# Direction Nan	ne of Intersecting Roadway Also at Intersection with		Feet 1	N S E W	of							2 11
					N S E W	_	Route#		Intersec	cting Ro	oadway/Stre	et	
² 1	Route# Direction Nam	ne of Intersecting Roadway	/Street	1000	.1-1-1-				Lan	dmark			
	Please Select One Nation 12	#Occupants Hit/Ru	_ Dv	Creat Da	nest ID#	23	-44	Λ_					1
3	of the Following:	посецьями Нижи											
L	Licenst	B/A _£	Reg	296T40			Reg Tyj	e PC		Reg	g State MA	21	1 12
	Sex F Lic. Class D Lic. R	estrictions B 20 CDL	Veh '	Year 2022	Veh M	Iake <u>H</u>	ONDA		•	_ Veh (Config. 1	21	
G .	Operator MULRONEY , DOR	EEN ROSE		er MULRONE		ORE	EN RO	OSE		Midd	dle		
⁴ 3	Address 101 MILL ST A			ess 101 M I		r <i>F</i>		04					
	City DRACUT State	MA Zip 01826-	3271 City	DRACUT			_			,	826-3		
	Insurance Company PLYMOUTH I	ROCK ASSURAN	ICE C Vehic	cle Action Prior to (Crash	2)amaged		Code: 5		27	
5	Vehicle Travel Direction: NXEW	Responding to Emergen	cy? 2 Even	t Sequence 2	3 23	23	*3	est Statu		1	28		
⁵ 2	Citation # (If Issued)	_	Most	Hannful Event	1 24			ype of T IAC Tes		<u>,</u>	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Cod	e 1	25	25	usp. Alc			Susp. Drug:	32	1 13
	- Viol. 3: Ch/Sec/Sub	viol. 4: Ch/Sec/Sub	Drive	r Distracted by	O 26			owed fro			33		
⁶ 1		tor and all occupants involved			34 Seat	35 Safety	36 17 Airbag Ejec	38 Trap	39 Injury	40 Transp.			
	Name (Last First Middle)		dress	DOB/Age	Sex Pos.	System 1	Status Code	Code	Status	Code 1	Medical Fa	eiliny	
	Operator	11 EDGEWOOD RD	Above		X 1	+					 		
	ROBERT LEFAVE	TEWKSBURY, MA 0187	6-2162	1	м 3	1	4 0	0	10	1			
~	Please Select One Vehicle 21	#Occupants Non-M	otorist A. Type	15 Action	16 Locati		17 Cond	ition	18	Пи	it/Run	Monad	
⁷ 4	of the Following:	1001-34			Locati			<u> </u>]	— ···		морси	
	Licens 19 19	Age		4JVM87			Reg Тур			Reg	State <u>MA</u>	21	
	S 2. Class D Lic. R	estrictions 1 CDL	rsement	ear <u>2014</u>			_			_ Veh C	Config. 1		
⁸ 1	Operatic Last	M	liddle	er GABAREE	st		EDWAI	RD_		Midd	fle		
	Addres			ess <u>165 MA</u>		r			· · · · · · · · · · · · · · · · · · ·				14
	City		City_	WILMINGT	ОИ		— ,				887-2		1
	Insurance Company SAFETY IN	SURANCE COM	PANY Vehic	le Action Prior to C		<u> </u>	ᆜ, "	amaged est Statu		Code: 2	27 27 28	27	
	Vehicle Travel Direction: NXEW	Responding to Emergen	cy? 2 Event	Sequence 1 23		23	43	ype of T		1	29		
⁹ 2	Citation # (If Issued)	<u></u>	Most	Harmful Event	1 24			AC Test		t:	30		
	Viol. 1: Ch/Sec/Sub	iol. 2: Ch/Sec/Sub ———	Drive	r Contributing Code		25	25 S	usp. Alc	ohol: 2	31	Susp. Drug:	2 32	
	Viol. 3: Clt/Sec/Sub —	iol. 4: Ch/Sec/Sub ———	Drive	r Distracted by	0 26		Т	owed fro	om scer	ne? 2	33		
	Please fill out for operator/non	•	involved	DO9/Age	34 Seat Sex Pos.		36 37 Airbag Eject Status Code	38 Trap Code		40 Imasp. Code	Medical Fa	eilin	
	Operator/Non-Motorist	See A		120 Annage	1	1	4 0		10 3		ATEUCH PS		
	operation that the test			+	<u> </u>	+		+		\dashv			
					_								
													

Crash Diagram:	ie:	= Vehicle 1 2	= Vehicle 2	오 = Pedestr	ian 🕉 = Bio	ycle	
		<u> </u>				If Crash <u>Did Not</u> on a Public Way:	
Main St R38	MV4 (Uo	anda)					
	MV1 (Ho				(Off-Street Parking Lo	t
	ß	Arm				Garage	
	₹3		MV2 (Jee	⊋ p)	i (Mall/Shopping Cente	г
	7 T		l rec		d	Other Private Way	
		:					
		<u>ಸ</u>	:	298 Main S	St .	Indicate North by	Arrow
		Clark St			_		
					3>	(\rightarrow)	
Crash Narrative:							
MV1 and MV2 were both trav							
turn lane, waiting to safe							
MV1 had rear end damage ar parties involved declined			mage. Both	venicle	s operable	and all	
parcies involved declined	medical acc	encron.					
						######################################	
							,
				,			
Witnesses:		T			lm "		A
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle) Ad	ldress		Phone #	41-Type	Description of Dat	naged Property	
Truck and Bus Information:	Registration #		(From Velo	icle Section)			
Carrier Name			(FIORE FORE			Bus Use	42
Address			City		St	Zip	
US DOT #:State	e Number		Issuing State	MC/MX	/ICC #:		
43	44		45				
Interstate Cargo Body Type C	L	GVWR/GCWR	<u>. 7.</u>			46	
Trailer Reg #:	_ Reg Type	Reg State	Reg Year	———Tra	ler Length		
Hazmat Information: 47	48				7. B	Γ	49
Placard Material 1 digit #	Material Name	e		_Material 4 di	git #	Release code	
Batrol Officer Darul J Con		2	10 104	lminator	Police Don	artment 12/	21/2022

Department

Wilmington Police Department Images Associated with 23-440-AC





	Police Use Only	Commo	nwealth	of Massa	chus	etts			RMV Do	ocument Number]
	1 1	City/Town N	Iotor Veh	icle Cras	h N	umber ehicles	Number Injured	Speed		State Police Local Police		
	12/22/2023 0808 Wilm 24HR	ington	Police :	Report	2		0	Latitud Longiti		MBTA Police Campus Polic Other:	<u>.</u> 5	
	AT INTERSECTION	ON:	< LOCA	OCATION > NOT AT INTERSECTION:								
						_						2 ¹⁰
	Route# Direction	Name of Roadway/Street		Route# Direction	$\frac{17}{\text{Add}}$	ress #	CHUE			dway/Street		
1		At			lalala	1 .						
	Route# Direction Name	of Intersecting Roadway/S	treet	Feet [N	SEW	Jof -	Mile M	arker	or	Exit Numbe	er	11
	Routes Diction Name	Also at Intersection with		Feet N	SEW	of .	-					2
2		G		Feet N	SEW	of	Route#	i	intersecting	g Roadway/Street		
² 1	Route# Direction Name	of Intersecting Roadway/S	treet						Landma	ark		
3	Please Select One of the Following:	#Occupants Hit/Run	Moped M	Crash Re	port ID#	23	-44	1-2	AC			
	Licens	OB/Age	Pag:	158KJ9			Reg Tim	. PC		Pag State MA		
	_ 19 19	strictions 1 20 CDL_	_	Year 2019							21	1 . 12
	Operator WILSON, NICOLE	Endore	ement	er WILSON,				·	Y.	on Conng.		
⁴ 1	Address 4 HATHAWAY RD	irst Mide	die	ess 4 HATH	st		First		,	Middle		
_	City WILMINGTON State	MA Zin 01887-1		WILMINGT			Ç+-	_{te} MA	7in f	1887-14	11	1
	Insurance Company THE STANDA	-	-	le Action Prior to C		2	_		Area Cod		27	1
	Vehicle Travel Direction: NSE	Responding to Emergency		Sequence 23		23		est Statu		1 28		1
5	Citation # (If Issued)	responding to Emergency		Harmful Event	24		J _T	ype of T	est:	29		
	Viol. 1: Ch/Sec/Sub ————Vi	al 3: Ch/Soo/Sub		r Contributing Code		25	25		t Result:	1 30	32	1 13
	Viol. 3: Ch/Sec/Sub ————Vi			r Distracted by		_			ohol: 2 2			
⁵ 1		or and all occupants involved			34	35	36 37	38	39 40			
	Name (Last First Middle)	Addres		DOB/Age	Sex Pos.	System	Airbag Eject Status Code	Code	Injury Trans Status Code	p. Medical Facili	ity	
	Operator	See Ab	ove		$X \mid 1$	1	4 0	0	10 1			
7	Please Select One Vehicle 21	Occupants Non-Mote	orist A Type	15 Action 1	Locatio		17 Condi	ian	18	Hit/Run .	1oned	
1	of the Following:	1,00-1,100	<u></u>		Locatio	<u>"</u>					rohen	
	License 19 19	DOB/A _E	_	V81007			Reg Type			Reg State MA	21	
	Sex M Lic. Class D Lic. Res	trictions L CDL_ Endorse	ement				ISSAN			eh Config. 1		
1	Lost F	ABRIEL SALVA int Midd	le	r ALL CLE	ı		First	INC		Middle		
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	-	<u>4A</u> Zip 01844-4	•	BURLINGTO					Zip_ <u>U</u> Area Code	01803-17 e: 27 27	27	
	Insurance Company SAFETY NAT			le Action Prior to Cr	rash 23	2		est Statu		1 28		İ
		Responding to Emergency		Sequence 1	1 1		- 1	/pe of Te	est:	29		
2	Citation # (If Issued)			Hannful Event 1	<u> </u>	25	25 B.	AC Test	Result:	1 30		
	Viol. 1: Ch/Sec/Sub — Viol.		r Contributing Code			St	isp. Alco	- No. Z	Susp. Drug. 2	32		
	Viol. 3: Ch/Sec/SubVio		r Distracted by	9 20	35	36 32	wed fro	om scene?	2 33		I	
	Please fill out for operator/non-n Name (Last First Middle)	notorist and all occupants in		DOB/Age	Sex Pos.	Safety .	Airbag Eject Status Code	Trap	Injury Transp Status Code	р.	ity	
	Operator/Non-Motorist	See Abo	ove		1	1	4 0	0 :	10 1			
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		1		1 i	1		I	1 !	ŀ		1	

	= Direction	= Vehicle 1 2	= Vehicle 2	Q = Pedestr	ian 🚳	= Bicycle	
Crash Diagram:	ie: 👈		_] →	· ĝ	→ №		
Church Street						If Crash <u>Did Not</u> on a Public Way	:
			***			☐ Garage	
		N	1iddlesex			■ Mall/Shopping Cent	er
			ve				-
	<i>(</i> (5)					Other Private Way	
173 Church Street Abundant Life School				(5	3 >	Indicate North by	Arrow
Crash Narrative:							
Vehicle 1 was slowin	ing in traffic w	hen vehicle 2	rear ended	vehicle	1. Veh	icle 2's	
operator stated that	he looked down	for a second	and thats w	hen he z	ear ende	ed vehicle 1.	
Both operators decli	ned medical atte	ntion and no	air bags we	re deplo	yed. Bot	ch vehicles	
were driven from the	scene.						
		and the second of the second o					
				·······			
						·	
With							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
					<u> </u>		
Property Damage:		1	DI	41 Thurs	D	S D	
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Informati	On: Registration #		(From Vehic	cle Section)			
Carrier Name			(From voin	ore section;		Bus Use	42
Address			*itv		s	St Zip	
			•				
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:	· · · · · ·	
Interstate Cargo Bo	dy Type Code	GVWR/GCWR			۲	42	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:					_		
Placard Material 1 di	git # Material Na	ne		Material 4 dig	it #	Release code	49
Patrol Officer Michael	R DiLorenzo	2	17 Wil	Lmington	Police :	Department 12	/22/2023
Police Officer Name (Please Print)	Signature			rtment		ct/Barracks Date	

Wilmington Police Department Images Associated with 23-441-AC

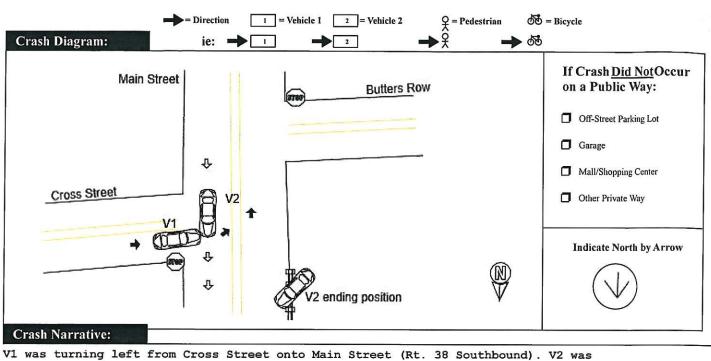




	Police Use Only	Comn	nonwealth	of Massach	usetts		RM	V Docum	nent Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	25	State Police Local Police MBTA Police	П
	12/22/2023 2150 Wiln	nington	Police :	Report	2	0	Latitude Longitude _		MBTA Police Campus Police Other:	!
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14	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name of	Roadway	/Street	-
4		A		Feet N S	E W of		_ • _	or		_
	Route# Direction Name	e of Intersecting Roadwa	ny/Street			Mile Ma	ırker		Exit Number	4 11
		Also at Intersection wit	th	Feet N S	E W of	Route#	Interes	antina Da	adway/Street	1
2	Route# Direction Nam	- CI		Feet NS	E W of	redute#	nacis	coing No	auwayioncei	
² 1	Route# Direction Nam	e of Intersecting Roadwa	iy/Street				La	ındmark		-
· · · · ·	Please Select One Vehicle 10	#Occupants Hit/R	un Moped	Crash Report	ID# 23	-44	2 – AC	7		7
,	or the Ponowing:							-	·	_
		DOB/Age	Reg #	# 6VN741		Reg Type	PC	Reg	State MA 21	12
	Sex Lic. Class 19 19 Lic. R		L Veh Y	Year <u>2018</u> \	Veh Make <u>N</u>	ISSAN		Veh Co	onfig. 1	Ľ
	Operator Driverless M. V	7		er LAGUNILLA	, PET	ER FR	ANCIS			.
1	Address	First		ess 7 REVERE	AVE	First		Middle	e	
	CityState	Zín	City [°]	WILMINGTON	•	Sta	te MA 7	in 018	387-6217	
	Insurance Company PLYMOUTH R			le Action Prior to Crash		_		-	27 7 27 27	Ī
				· · · · · · · · · · · · · · · · · · ·	23 23		st Status:	,	28	
2			ency? <u>4</u> Event	Sequence 1 23			pe of Test:	-	29	
	Citation # (If Issued)	-	Most	Harmful Event 1	24		AC Test Rest	ılt: 1	30	
	Viol, 1; Ch/Sec/Sub — V	/iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	Su	sp. Alcohol:	2 31 5	Susp. Drug 2 32	2 13
	Viol. 3: Ch/Sec/Sub — V	/iol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	To	wed from sc	ene? 2	33	
1	_ ·	or and all occupants invo			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	-
	Operator	See	Above		1				·	_
										1
										-
						73		<u> </u>		4
1	of the Following: Vehicle 21	#Occupants Non-N	Motorist A Type	15 Action 16 L	ocation	Condit	ion 18	⊠ Hit	/Run Moped	
•	License #St	DOB/Age	Pag #	unknown		Dog Togo	l	Page	State	1
	19 19	20							21	
i	Laurena Januaria	estrictions CDI End	L Veh Y orsement	ear V	eh Make			Veh Co	onlig.	
1	Operator unknown	First	Middle Owne	Last		First		Middle		
<u></u>	Address		Addre	PSS						14
	City State_	Zip	City_			Stat	e Z	ip		1
	Insurance Company		Vehicl	le Action Prior to Crash	2	22 Da	maged Area	Code:	27 27 27	
	Vehicle Travel Direction: X S E W	Responding to Emerger	ncy? Event	Sequence 23	23 23	~	st Status:		28	
	Citation # (If Issued)	_	Most :	Harmful Event	24	-	pe of Test:		30	
2	Viol. 1: Ch/Sec/Sub — V	ial 2: Ch/Pag/Sub	Drive	Contributing Code	25	25	C Test Resu	21		
				26		sp. Alcohol: wed from sce		usp. Drug: 32		
ļ	Viol. 3: Ch/Sec/SubV			Distracted by	34 35	36 37	38 39	Jo L		.]
	Please fill out for operator/non- Name (Last First Middle)	•	ts involved ddress	DOB/Age Sex		Airbag Eject	Trap injury Code Status	Transp. Code	Medical Facility	
	Operator/Non-Motorist	See	Above	\rightarrow	1					
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	Address		Phone #	e# S		
Address		Phone #	41-Type	Description of	Damaged Property	
Address		Phone #	41-Type	Description of	Damaged Property	
		Phone #	41-Type	Description of	Damaged Property	
			41-Type	Description of		42
Registration #		(From Veh	icle Section)		Bus Use	42
		(From Veh	icle Section)		Bus Use	42
Registration #		(From Veh	icle Section)	Si	Bus Use	42
Registration #		(From Veh	icle Section)	Si	Bus Use	42
Registration #	GVWR/GCWR	(From Veh	icle Section) MC/MX/l	Si	Bus Use	42
Registration # State Number Type Code Reg Type	GVWR/GCWRReg State	CityIssuing State	icle Section) MC/MX/I	SiCC #:	Bus Use Zip	42
Registration # State Number Type Code Reg Type	GVWR/GCWRReg State	(From Veh	icle Section) MC/MX/I	SiCC #:	Bus Use Zip	
	unilla. Laguni m and 10:00 pm ight and drive	I, Officer Tavares, respondentials. Lagunilla's Blue In and 10:00 pm by an unknowight and driver's side. No couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the couldn't capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the incompany of the capture the capt	I, Officer Tavares, responded to a hit unilla. Lagunilla's Blue Nissan Pathfin and 10:00 pm by an unknown northbour eight and driver's side. No information couldn't capture the incident. No oth	I, Officer Tavares, responded to a hit-and-rununilla. Lagunilla's Blue Nissan Pathfinder, pam and 10:00 pm by an unknown northbound vehicle ight and driver's side. No information was left couldn't capture the incident. No other camer	I, Officer Tavares, responded to a hit-and-run at 91 G. unilla. Lagunilla's Blue Nissan Pathfinder, parked on m and 10:00 pm by an unknown northbound vehicle. The chight and driver's side. No information was left, and side couldn't capture the incident. No other cameras were	Sidewalk Off-Street Parking Log Garage Mall/Shopping Center Other Private Way Indicate North by Indicate Nort

	Police Use Only	Comn	nonwealth	of Massa	chuse	tts	si i	RMV	Docum	ent Number		
	Date of Crash Time of Crash 12/23/2023 1111 Wil:	City/Town mington	Motor Veh	icle Cras	h Nu	mber Nun	wad lope.	ed Limit_	40	State Police Local Police MBTA Police		
	24HR	aring con	Police :	Report	2	1	Lan	tude gitude		Campus Police Other:	<u></u>	
	AT INTERSECT	ION:	< LOCA	TION >		NO	T AT IN	NTERS	SECTI	ON:		
) (7 T) (C)										2	10
	Route# Direction MAIN ST	Name of Roadway/Stre	et	Route# Direction	n Addre	ess#	N	Name of R	Roadway/	/Street		
¹ 1		At										
	Route# Direction CROSS S	T ne of Intersecting Roadwa	(54	Feet N	SEW		ie Marker	• —	01	Exit Number	-	
	Routes Direction Ivan	Also at Intersection wi		Feet N	SEW	of					3	11
					SEW	Route	#	Intersec	ting Roa	idway/Street		
² 1	Route# Direction Na	ne of Intersecting Roadwa	ıy/Street					Lan	dmark			
	Please Select One of the Following: Vehicle 12	_#Occupants	un Moped	Crash Ren	ort ID# 2	23-4	43-					
3	of the Following:											
	Licen - 19 19	20		5VN529						21		12
	ic. Class D Lic. I	testrictions	forsement	Year 2014					_ Veh Co	onfig. 1] [_	
4	Operato:		Own	er <u>HEFFERN.</u> Last			REG	AN	Middle		-	
⁴ 2	Addre		Addre	ess 14 SCHC	OL S	<u>r </u>					-	
	c :		City	WILMINGTO	ON		_ State M	A Zij	_	87-233	<u>0</u>	
	Insurance Company THE HANOVI	ER INSURANC	E COM Vehic	le Action Prior to Cr	ash 4	22	Damag	ed Area C		- 8	7	
<u> </u>	Vehicle Travel Direction: NXEW	Responding to Emerge	ency? 2 Event	Sequence 1 23	23	23 23	Test Sta		1	28		
⁵ 1.	Citation # (If Issued) T3282122		Most	Harmful Event 1	24		Type of	r Test: est Result		30		
	Viol. 1: Ch/Sec/Sub 89 8	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code	4 2	25		dcohol: 2		usp. Drug: 2 3	2 1	13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			from scer		33	┙┣	
⁶ 1	-	tor and all occupants invo			34 Seat	35 36 Safety Airbag	37 38 Eject Trop	Injury 7	40 Fransp.		_	
	Name (Last First Middle) Operator		Above	DOB/Age S	ex Pos. S	System Status	Code Code	Status 10 1	Code	Medical Facility	_	
	Орегию		Audve	\longrightarrow	+					-	_	
	 			-1	j3 1	1 3	0 0	10 1	L			
7	Please Select One Vehicle 21	#Occupants Non-N	Interist A Type	15 Action 10	Location	17 C	ondition	18	Hit/I	Run Mop		
2	of the Following:	1701-1			Locution					IXUA IVIOP	-	
	Lic	OB/A ₁	_	742XJB			Туре РС	<u> </u>	Reg S	tate MA	-	
	Sex F' Lic. Class D Lic, R	estrictions 2 CDI End	orsement	ear 2017					Veli Cor			
	Operator SALLESE, NANCY	<u>Y JEAN</u> First	Middle Owne	r SALLESE	. NAN	CY JE			Middle	_	-	
1	Address 3 TENNESSEE ST			ss 3 TENNE	SSEE	ST					-	14
	City WOBURN State	MA Zip 01801-	-1364 City 1	WOBURN	م			-		01-1364	1 1	
	Insurance Company THE COMMER	CE INSURANC	CE CO Vehicl	e Action Prior to Cra	ısh 1	. 22			_	²⁷ 3 ²⁷ 2 ²⁷		
	Vehicle Travel Direction: X S E W	Responding to Emerge	ncy? 2 Event	Sequence 1 23	23 2	3 23	Test Sta Type of		₽	29		
<u> </u>	Citation # (If Issued)	-	Most I	Harmful Event 1	24			st Result:		30		
2	Viol. 1: Ch/Sec/Sub	/iol. 2: Ch/Sec/Sub	Driver	Contributing Code	1 25	5 25	Susp. A	lcohol: 2	31 Su	isp. Drug: 2 37	1	
	Viol. 3; Ch/Sec/Sub\	Driver	Distracted by	26		Towed f	from scen	e? 1	33	'		
	Please fill out for operator/non-	•		DOM:	Seat S	35 36 afety Airbag	37 38 Eject Trap	Injury Tr	40 			
	Name (Last First Middle) Operator/Non-Motorist		Above	DOB/Age Sc	x Pos. S:		Code Code	Status C	Lahe	Medical Facility By Clinic	-	
	Specialistic indicates		= : =		\ 		- -	+ $+$		· · · · · · · · · · · · · · · · · ·	\dashv	
		 				11					_	



V1 was turning left from Cross Street onto Main Street (Rt. 38 Southbound). V2 was traveling North on Main Street towards Kiernan Ave. V1 pulled out of Cross Street to take the left and the two vehicles collided. I observed V2 ontop of a nearby guardrail.Opr 1 (juvenile) stated she looked both ways and did not see anyone coming. Opr 2 stated she was traveling straight, V1 crashed into her then she rolled 2-3x. Opr 1(juv) had a juvenile passenger in the front seat. Minor injuries suspected in opr 2. Medical attention declined by Op1 (juv) and juv pass.Parents present on scene at time. Opr 2 was able to self extricate herself from the vehicle to lay in the grass. W1 stated she observed a black pick up truck turn left out of Cross Street but she was not sure if the truck was involved. W1 then stated she observed V2 roll three times then come to a stop ontop of the guardrail.W2 stated he observed the accident in his rearview and he observed V2 roll.

Witnesses:								
Name (Last, First, Middle)	Addre	ss			Phone #	Statement		
GIBBONS DANIELLE MARI	A 4202	4202 ARCHSTONE AVE TEWKSBURY MA 01876-1868						
CONLON STEPHEN G	1 FER	1 FERGUSON RD WILMINGTON MA 01887-261						
Property Damage:			100			<u> </u>		
Owner (Last, First, Middle) Address			Phone #	41-Type	Description of Damaged Property			
MASS DOT 519 APPLETON ST ARI		MA 02476			GUARDRAIL			

Truck and Bus Information: Registration#	(Trom Vemele Beetlon)
Carrier Name	Bus Use 42
Address	
US DOT #:State Number	Issuing StateMC/MX/ICC #:
Interstate Cargo Body Type Code GVWR/GCWR	45
Trailer Reg #: Reg State	Reg YearTrailer Length
Hazmat Information:	
Placard Material 1 digit # Material Name	Material 4 digit #Release code

Patrol Officer Kathryn C Goodwin

216

Wilmington Police Department

12/23/2023

Department

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER KATHRYN C GOODWIN

Ref: 23-443-AC

Due to the crash Main Street at Butters Row in Wilmington, there was approximately 10 feet of guardrail damaged in the accident. Damage appeared minor. The guardrail is located parallel to Main Street, Route 38, on the Butters Row side. MA DOT notified to come and inspect.

Respectfully submitted,

Officer Kathryn Goodwin, Badge #216 Wilmington Police Department

Wilmington Police Department Images Associated with 23-443-AC













Wilmington Police Department Images Associated with 23-443-AC









	Police Use Only	Cor	nmonwealth	of Massach	usetts	R	MV Document Number			
	Date of Crash Time of Crash 12/23/2023 1648	City/Town Wilmington	Motor Ve	hicle Crash		innber Speed Lin	Local office 10	: T		
	24HR	maamang con	Police	Report	1 0	Latitude Longitude	Campus Police Other:			
	AT INTER	SECTION:	< LOC	ATION >	NO	T AT INTE	RSECTION:	<u></u>		
					<u>157</u> <u>B</u>	URLINGT	ON AVE	2 10		
¹ 4	Route# Direction	Name of Roadwa	y/Street	Route# Direction	Address #		of Roadway/Street			
4		At		Feet NS		•	- or			
	Route# Direction	Name of Intersecting R		· [via		file Marker	Exit Number	1 11		
		on with	Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of							
² 1	Route# Direction	Name of Intersecting R	oadway/Street	Peet IV S		1	Landmark	-		
	Please Select One	11 #Occupants	Hit/Run Moped	Crash Ranget	ID# 23-4			1		
3	of the Tonowing.	<u> </u>						-		
	License ;	B/Age,	ā	# 3TXR38			21	3 ¹²		
	Sex M Lic, Class D	Lic. Restrictions 99	Endorsement	Year 2008 1			Veh Config. 1			
41	Operator NICHOLS, E Lost Address 1 JACKSON I	BJORN A First RD RGMT	Middle	ner <u>NICHOLS ,</u> tress <u>1 JACKSO</u>	1	First	Middle			
	City BURLINGTON			BURLINGTON			Zip 01803-1013			
	Insurance Company MAIN S	_	•	icle Action Prior to Crash	22		ea Code: 4 27 27 27]		
			_	nt Sequence 40 23 35		Test Status:	1 28			
5	Citation # (If Issued)			st Harmful Event 35		Type of Test:				
	Viol, 1; Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Driv	L	21 ²⁵ 2:	BAC Test Re Susp. Alcoho		30 ¹³		
<i>.</i>	Viol. 3; Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub	Driv	er Distracted by	26	Towed from s				
1	l .	for operator and all occupant		7004	34 35 36 Seat Safety Airbag	37 38 39 Eject Trap Injus	ry Transp.	1		
	Name (Last First Middle) Operator		Address See Above	DOB/Age Sex	Pos. System Status 1 1 4	Code Code Sun		1		
	-							1		
								-		
								1		
	Please Select One	<u> </u>		15 16	17	11	8 I.S. I.S.	1		
1	of the Following:	2#Occupants	Non-Motorist A Type	Action	ocation	Condition	Hit/Run Moped			
	License #	St DOB/Age	1	#	Re	g Туре	Reg State			
	Sex Lic. Class	Lic. Restrictions	CDL Veh Endorsement	Year \	elı Make					
2	Operator	First	Middle	nerLast	F	Piret .	Middle			
	Address	7.		ress		0		1 14		
	Insurance Company	·		cle Action Prior to Crash	22	State Damaged Are				
	Vehicle Travel Direction: N S				23 23 23	Test Status:	28			
	Citation # (If Issued)	· -	• • ——	t Harmful Event	24	Type of Test:				
2	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25 25	BAC Test Res				
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	Driver Distracted by Susp. Alcohol: 31 Susp. Drug 32 Towed from scene? 33						
	•	ator/non-motorist and all oc	•	5000	34 35 36 Seat Safety Airbag	37 38 39 Eject Trap Injury	y Transp.	1		
	Operator/Non-Mot	torist	Address See Above	DOB/Age Sex	Pos. System Status	Code Code Statu	es Code Medical Facility	1		
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	= Direction	1 = Vehicle 1	z = Vehicle 2	Q = Pedest	rian 📆	= Bicycle		
Crash Diagram:	ie: 🖚		2	<u>₽ĝ</u>	→ ₩			
short rock wall						If Crash <u>Did N</u>		
	D & C	7170				on a Public Wa	y:	
Sidewalk				<u> </u>		Off-Street Parking	Lot	
En W				K P	7700	☐ Garage		
Call III						■ Mall/Shopping Ce	nter	
						Other Private Way	[
					ŀ			
			Area of 153 Br	Indicate North by Arrow				
						\bigcirc		
Crash Narrative:				· ·	L			
2/23/23 @ appx 1648h	ırs, dispatched	to 157 Burls	ington Ave/M	A62 for	report of	single car		
VC. OP1 stated fell								
nd struck rockwall.								
equested resident 15								
amage passenger side								
esident 153 Burlingt				if need	ed. Atten	pted to		
ontact resident @ 15	5 Burlington Av	e, no answer	:					
Witnesses: Name (Last, First, Middle)		Address			Phone #			
EPPUCCI RACHEL HELEN		+	ON AVE WILMIN	GTON MA 0:			Statement	
						·		
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property		
HEA MARK S	153 BURLINGTON AVE	WILMINGTON MA C			ROCK W	ALL		
Truck and Bus Informatio	n: Registration #		(From Ve	hicle Section)				
Carrier Name			(From Vo.	mere Section)		Bus Use	42	
Address			City		S	t Zip		
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:			
Interstate 43 Cargo Bod	ly Type Code	GVWR/GCWR	45					
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46		
Hazmat Information:								
Placard Material I digi	t # 48 Material Nan	me		Material 4 dig	nit #	Release code	49	
atrol Officer Joseph A	Fitzgerald		215 Wi	lmington	Police 1	Department 12	/23/2023	
olice Officer Name (Please Print)	Signature			partment		t/Barracks Dat		

Wilmington Police Department Images Associated with 23-444-AC



	Police Use Only Commonwealth of Massachusetts RMV Document Number											
	Date of Crash 12/23/2023 1158 Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limit_		State Police Local Police MBTA Police			
	24HR		Police	Report	2	0	Latitude Longitude		Campus Police Other:	ă		
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTERS	SECTI	ON:			
	62 W CHURCH	ST								2 10		
¹ 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name of R	Roadway/	Street			
	CLARK S			Feet N	S E W of		- •	or		_		
		ne of Intersecting Roady		_ [51]		Mile M	arker		Exit Number	3 11		
	Also at Intersection with				Feet NSEW of Route# Intersecting Roadway/Street							
² 1	Route# Direction Na	ne of Intersecting Roadw	/ay/Street	reet [13]	9 E M 01		Ian	dmark				
	Please Select One X Vehicle 11	#Occupants Hit/	Run Moped	Crash Repo	** ID# 2 3	_11	5-AC					
3	or are ronowing.	<u>_</u>	1							_		
	License , 19 19	OB/Age		4XBK79					71	1 12		
	Sex. F Lic. Class D Lic. 1 Operator CLARKE, BRIDI	E ₁	dorsement	CIADEE			<u> </u>	_ Veh Cor	nfig. 🔼			
⁴ 2	Address 103 SALISBURY	First	Middle	er <u>CLARKE ,</u> Lust ess 103 SALI		First		Middle		-		
	City HOLDEN State			HOLDEN	POOKI		MA 7:	015	20-141	-		
	Insurance Company GREEN MOU	-	•	le Action Prior to Cras	h 1		amaged Area C		27 ₈ 27 ₀ 2'	-, I		
	Vehicle Travel Direction: NSE	Responding to Emerg		Sequence 1 23	23 23		est Status:		28	- ¹		
⁵ 1	Citation # (If Issued)		· -	Harmful Event 1	24	-	pe of Test:	J	29			
	Viol. 1: Ch/Sec/Sub			r Contributing Code	1 25	25	AC Test Result		30 sp. Drug: 2 32	1 13		
<i>r</i>	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	Distracted by	26		wed from scen		33	ا ا		
⁶ 1		tor and all occupants inv			34 35 Seat Safety	36 37 Airbug Eject		40 Transp.		7		
	Name (Last First Middle) Operator		Address e Above	DOB/Age Sex				Code	Medical Facility	-		
	opo.wo.		*****		\					_		
										_		
								-		4		
										_		
⁷ 3	of the Following: Vehicle 21	#Occupants Non-	Motorist A Type	Action 16	Location	17 Condit	ion 18	Hit/R	tun 🔲 Mope	ed		
	License:	DOB/Ag	. Reg#	7RN866		Reg Type	PC	Reg St		_]		
	Sex F Lic. Class D 19 19 Lic. R	estrictions B 20 CD	L Veh Y	ear 2015	Veh Make S	UBARU		Veh Cont	fig. 1 21			
3_	Operator MELO, KAYLA Lt			r MELO, KA	YLA LO	GAN First		Middle		_		
2	Address 42 MOUNT PLEAS			ss 42 MOUNT	PLEAS	SANT S	T			14		
	•	MA Zip 01801		<u>VOBURN</u>			_		1-4343	2		
	Insurance Company GOVERNMENT			e Action Prior to Crasl	1 4		maged Area Co st Status:	_	27 27 27 8]		
	Vehicle Travel Direction: NSWW	Responding to Emerge		Sequence 1 23	23 23		pe of Test:	1	19			
2	Citation # (If Issued)	-		larmful Event 1	24	25	C Test Result:		<u> </u>			
	Viol. I: Cli/Sec/Sub ————V			Contributing Code	18 25 4		sp. Alcohol: 2	_	sp. Drug: 2 32	1		
ŀ	Viol. 3: Ch/Sec/Sub	/iol. 4; Ch/Sec/Sub		Distracted by 0	34 35	To:	wed from scene	e? 1 3	2	_		
-	Name (Last First Middle)	•	Address	DOB/Age Sex	Seat Safety	Airbug Eject Status Code	Trap Injury Tr	ansp. Ode	Medical Facility	_		
	Operator/Non-Motorist	See	Above	$\times X$	1 1	3 0	0 10 1		···.			
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	· ·								***			
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