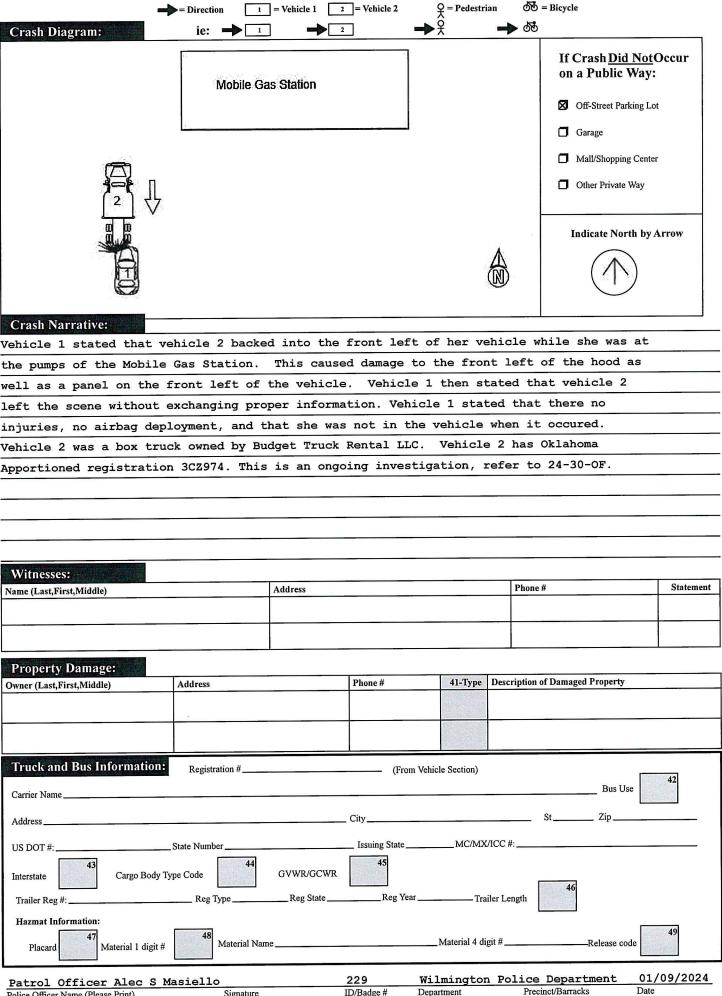
Police Use Only	Com	nonwealth	of Massa	chus	setts			RMV	Docum	nent Number		
Date of Crash Time of Crash 01/09/2024 0745 Wilr	City/Town nington	Motor Vel		h [Number Vehicles	Number Injured	Speed Latitud			State Police Local Police MBTA Police	0800	
24HR	uring con	Police	Report	2	2	0	Longitu			Campus Police Other:		
AT INTERSECT	ON:	< LOCA	TION >			NOT A	T INT	ERS	ECT	ION:		10
Route# Direction	Name of Roadway/St	reet	Route# Direction		16 dress #	LOW			toadwa	y/Street	-	2 10
	At		Feet	SEV	w of	— — Mile M		_	or	Exit Number	_	_ 11
Route# Direction Nar	ne of Intersecting Roads Also at Intersection v		Feet I	NSEV	w of		1					8
	ruso at intersection ,	,	_	NSEV	_	Route#	I	ntersec	ting Ro	oadway/Street		
Route# Direction Nar	ne of Intersecting Roads	way/Street			_			Lan	dmark			
Please Select One of the Following:	_#Occupants	/Run	Crash Re	port ID#	24	-9-	AC					
License # S	_ DOB/Age	Reg	# <u>3NDJ18</u>			Reg Ty	e <u>PC</u>		Reg	State MA		12
Sex F Lic. Class D 19 19 Lic. I			Year 2013	Veh	Make <u>C</u>	HEVR	OLET		_ Veh C	Config. 1	21	7
Operator NOLASCO LOPEZ		Indorsement IAYRA Ow	ner ESTEBAN	N ROI	MERO	, NO	RMA	M				
. Address 80 BAKER ST A	First	Middle Ado	ress 2 BRIM	BLEC	OM_S	First A	PT :	3	Midd	ile		
City LYNN State		2-4308 City	LYNN			S	ate MZ	Zi_Zi	p 01	902-42	07	
Insurance Company GEICO GEN			icle Action Prior to (Crash	11		Damaged				27	
			nt Sequence 2		23	23	Test Stati	us:	1	28		
Vehicle Travel Direction: NSE	Responding to Emer		<u>r</u>	1 24			Type of T	Test:		29		
Citation # (If Issued)				<u>.</u>	25	25	BAC Tes	_	-	30	20	13
Viol. 1: Ch/Sec/Sub ———			er Contributing Cod	26			Susp. Ald			Susp. Drug: 2	32	1
Viol. 3: Ch/Sec/Sub ————————————————————————————————————			er Distracted by	U			Towed fr	om sce	ne? 2	2 33		ļ
Please fill out for oper Name (Last First Middle)	ator and all occupants ir	avolved Address	DOB/Age	Sex Po	at Safety	36 37 Airbag Ejec Status Cod	t Trap		Transp. Code	Medical Facilit	ty	
Operator	S	See Above		X 1	99	4 0	o	10	1			
- Prince												1
		-										
				_	_				-			-
Please Select One of the Following:	_#Occupants No	n-Motorist A Type	15 Action	16 Loca	ation	Cond	lition	18	🛛 н	lit/Run 🔲 M	loped	
	DOB/Age		# 3CZ974							g State OK	21	
Sex Lic. Class 19 19 Lic.		Indorsement	Year 2020						· Veh (Config.		1
Operator unknown	First	Ow	ner BUDGET	TRU	CK F	ENTA First	L LI	rc_	Mide	dle		
Last Address	Pusc		tress 300 CE	NTRE	PO:		DR					_ 14
City Stat	e Zip	Cit	VIRGINIA	A BEZ	ACH	S	tate <u>V</u>	A Zi	ip <u>23</u>		_	1 19
Insurance Company		Vel	icle Action Prior to	Crash		22	Damage	d Area	Code:	27 27	27	
Vehicle Travel Direction: NSEW	Responding to Eme	rgency? Eve	ent Sequence	23 23	23	23	Test Stat		0.00	28		
Civil II (ICI			st Harmful Event	24	4		Type of			30		
)		Dri	ver Contributing Co	de	25	25	BAC Tes Susp. Al	Е	it: 31	Susp. Drug:	32	
Viol. 1: Ch/Sec/Sub			ver Distracted by	26	IL_ 6		Towed fi	L	100000	33		
Viol. 3: Ch/Sec/Sub			Ver Distracted by		34 35	36 3	38	39	40			1
Please fill out for operator/no	on-motorist and all occu	Address	DOB/Age	Se	eat Safety os. System		et Trap de Code	Injury Status	Transp. Code	Medical Facil	ity	-
Operator/Non-Motoris	t	See Above	\times	X^1	1		,				-	
												1
					-	-	+-		\vdash		<u> </u>	1
]



Wilmington Police Department Images Associated with 24-9-AC



