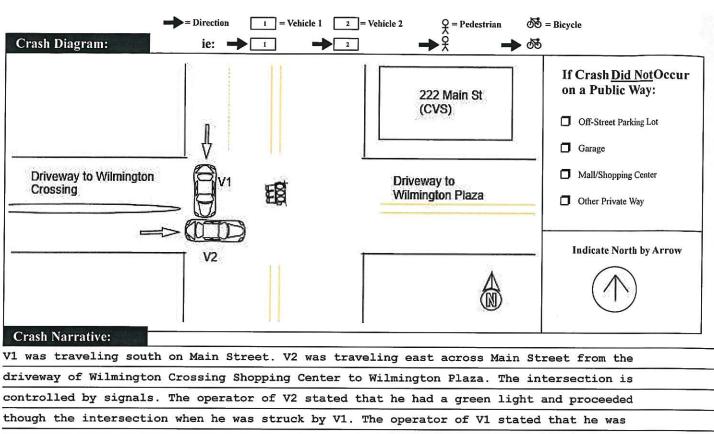
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	-	ued) 37899					t Hannful Event	1	24	20102	3	BACT	est Res	ult:	30		131
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⁶ 3	Viol. 3: Ch/Sec/S	Sub	Vi	iol. 4: Ch/Sec/	Sub	Driv	er Distracted by	0	26			Towed	from so	cene?	33		
3	Name (Last First M.	Please fill out t	for operato	or and all occup	pants involved		DOB/Age	Sex		35 Safety System	36 Airbag E Status C	i7 38 ect Trap xle Cod	39 Injury e Status		Martin	al Facility	1
	Operato				See Above	e	DOIS/Age	Ż		99	4 0	0	10	1	Medic	an racinty	1
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2		·#·		DOD(A ==		<u></u>	# <u>875ZR4</u>	(Sept. 1997)		Notice	В Т	/ре <u>РС</u>	Addia del ■	<u> </u>	Cu M	(A	┨
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² 2	Citation # (If Issu	red)				Mos	Harmful Event	1	24			BAC To	est Resi	ult:	30		
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	Plea Name (Last First Mic	ase fill out for oper	rator/non-n	notorist and al	l occupants invo	lved	DOB/Age	Sex	34 Sent Pos.	35 Safety System	36 3 Airbag Ej Status Co	7 38 evt Trap de Code	J9 Injury Status	40 Transp. Code	Madia	il Facility	
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V1 was traveling south on Main Street. V2 was traveling east across Main Street from the driveway of Wilmington Crossing Shopping Center to Wilmington Plaza. The intersection is controlled by signals. The operator of V2 stated that he had a green light and proceeded though the intersection when he was struck by V1. The operator of V1 stated that he was traveling south on Main Street and attempted to stop at the intersection but the vehicle began to slide through the intersection due to the snowy conditions. V1 then struck V2. V1 sustained moderate front end and front left damage. V2 sustained moderate left side damage. No parties complained of injury. The registration of V1 was revoked due to insurance cancellation. V1 was towed from the scene due to the registration status.

Witnesses:							
Name (Last,First,Middle)	-	Address			I	Phone #	Statement
			-				
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descrip	ption of Damaged Property	
			+				
	-4						
Truck and Bus Information:	Registration #		(From Vo	hiala Saation)			
Carrier Name			(From ve	mole Section)		Bus Use	42
230			200				
Address			_ City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:_		
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Тгаі	ler Lengt	46 th	
Hazmat Information:						()-E-1()-P()-P()-T()	
Placard 47 Material 1 digit #	48 Material Name			Material 4 dig	git #	Release code	49

Sergeant Matthew D Stavro

180

Wilmington Police Department

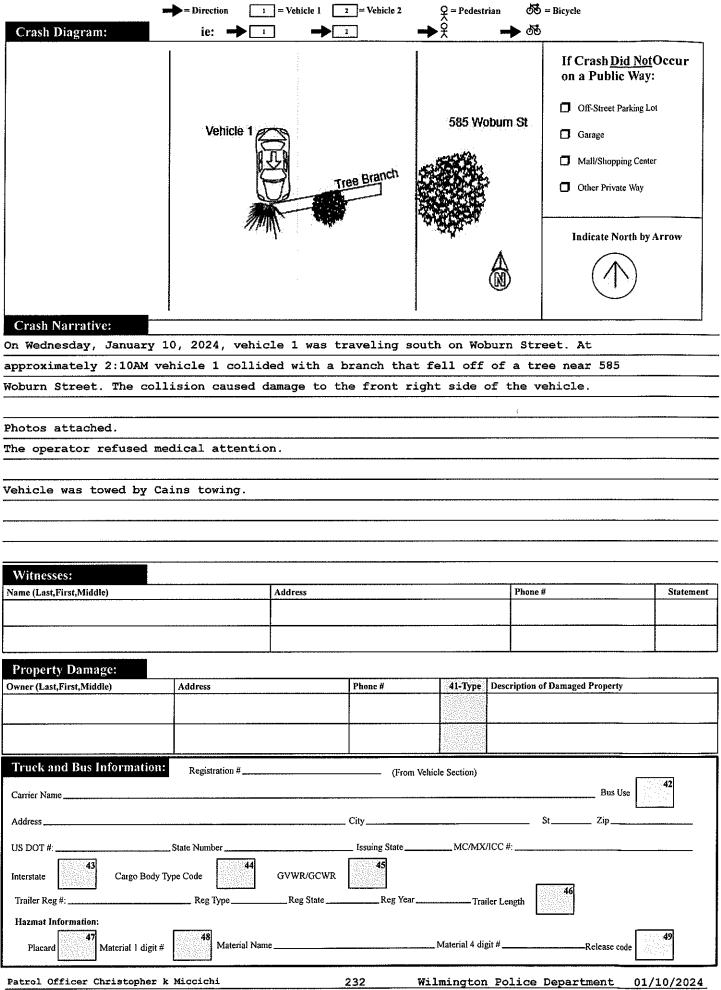
01/08/2024

Department

Wilmington Police Department Motor Vehicle Crash Report 24-09-AC

As of January 19, 2024, Wilmington Police Department Report, 24-09-AC, is pending completion. The report will be posted to the department's website once complete, or you may make a request to the department's Public Records Email at publicrecords@wpd.org

Police Use Only	Comm	onwealth (of Massach	usetts	}	Ri	dV Docu	ıment Number	
Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number			it30	State Police Local Police	
24HR	ington	Police 3	Report	1	0			Campus Police	1
AT INTERSECTI	ON:	< LOCA	TION >		NOT A	T INTE	RSEC		7
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	At								
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					Route#	Inter	secting R	.oadway/Street	
Route# Direction Nam	e of Intersecting Roadway	Street				<u>-</u>	andmark		-
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			ss 284 LAWR	ENCE S	ST A	PT 1			
City LAWRENCE State	MA Zip 01841-	1119 City	LAWRENCE						
Insurance Company THE COMMER	CE INSURANC	E CO Vehic	e Action Prior to Crash	1	4705		a Code:		
Vehicle Travel Direction: N E W	Responding to Emergence	y? 2 Event	Sequence 21 23	23 23				P0000	
Citation # (If Issued) 382224AC	_	Most	Harmful Event 21	24		•		2004 (m.). 2004 (m.).	
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Viol. 3: Ch/Sec/Sub 90 34J v	iol. 4: Ch/Sec/Sub	Drive	Distracted by	26			-	33	
· ·	or and all occupants involv	ed	<u> </u>	34 35 Seat Safety	36 37 Airbag Ficet	38 39 Trap Injur	40 Tranyn		1
			DOB/Age Sex	Pos. System	Status Code		Code	Medical Facility	-
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	AT INTERSECTI Route# Direction Route# Direction Nam Please Select One of the Following: License # Sex M Lic. Class D Lic. R Operator DOMINGUEZ PICHARDO Last Address 284 LAWRENCE State Insurance Company THE COMMER Vehicle Travel Direction: NXE W Citation # (If Issued) 382224AC Viol. 1: Ch/Sec/Sub 90 9 Viol. 3: Ch/Sec/Sub 90 9 Viol. 3: Ch/Sec/Sub 90 9 Viol. 3: Ch/Sec/Sub 90 9 Viol. 4: Ch/Sec/Sub 90 9 Viol. 5: Ch/Sec/Sub 90 9 Viol. 6: Ch/Sec/Sub 90 9 Viol. 7: Ch/Sec/Sub 90 9 Viol. 8: Ch/Sec/Sub 90 9 Viol. 90 34J V Please fill out for operator Please Select One of the Following: Vehicle 2 License # St 19 19	AT INTERSECTION: Route# Direction Name of Intersecting Roadway/Street At Route# Direction Name of Intersecting Roadway/Street At Route# Direction Name of Intersecting Roadway/ Also at Intersection with Route# Direction Name of Intersecting Roadway/ Also at Intersection with Route# Direction Name of Intersecting Roadway/ Also at Intersection with Route# Direction Name of Intersecting Roadway/ Also at Intersection with Route# Direction Name of Intersecting Roadway/ Also at Intersection with Intersection with Address Select One Dominguez Pichardo, Oliver John Maddress 284 Lawrence St APT 1 City Lawrence St APT 1 City Lawrence State MA Zip 01841— Insurance Company THE COMMERCE INSURANC: Vehicle Travel Direction: NXEW Responding to Emergence Citation # (If Issued) 382224AC Viol. 1: Ch/Sec/Sub 90 9 Viol. 2: Ch/Sec/Sub Please fill out for operator and all occupants involved Name (Last First Middle) Address See A Please Select One Operator See A Please Select One Operator See A Please Select One Operator See A License # St DOB/Age Sex Lic. Class DOB/Age License # St DOB/Age	Police Police Police Police AT INTERSECTION: COCA	Please Select One of the Following: Address 284 Lawrence State Ma Zip 01841-1119 Insurance Company THE COMMERCE INSURANCE Code C	Police Report Police Repor	Police Report The poli	Police Report Vehicle Injured Latitude Longitude Longi	Police Report Police Repor	OJ-10/2024 O225 Wilmington Police Report 1



Wilmington Police Department Images Associated with 24-10-AC

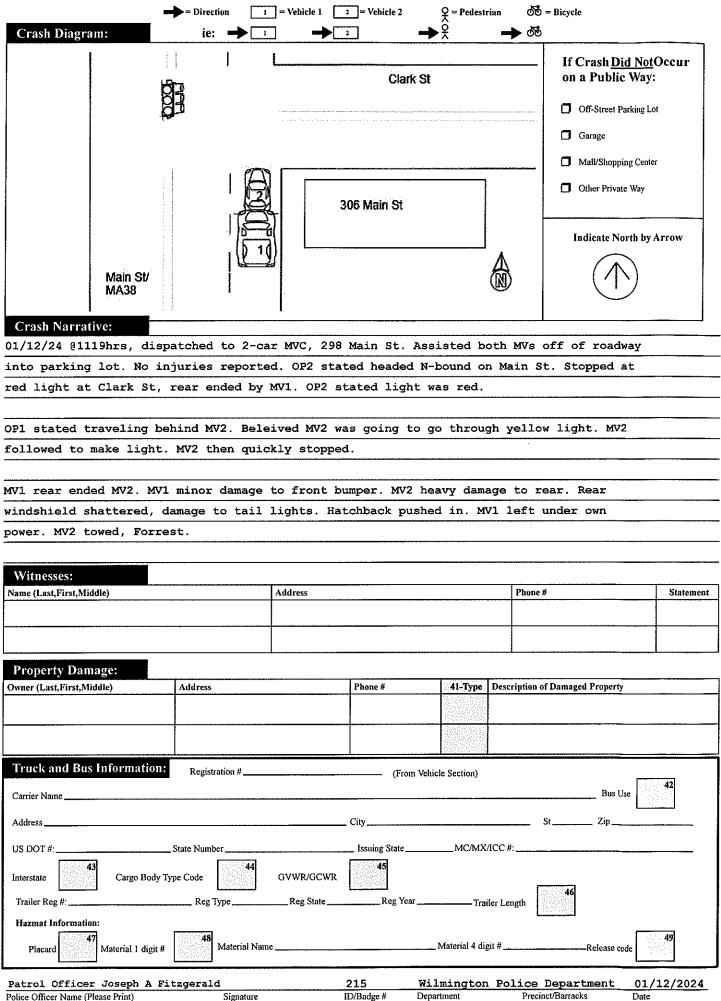




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8 .	Operator SA	NOUINTI Last	N, BR	ANDA V	Middle	Own	r SANQUI	NT I Last	N,	YR	MA Fin	<u>L</u>			Mi	ddie		-
⁸ 1	Address <u>513</u>	AMES H				Addre	ess 24 JAN	ŒS	RD)					<u> </u>		<u> </u>	- 14
	City TEWK	SBURY	State <u>1</u>	<u>//A</u> Zip 018	76-1163	City .	METHUEN		f						-		7708	- 1
	Insurance Comp	any PLYMOU	JTH RO	OCK ASSU	RANCE C	. Vehic	le Action Prior to	Crash		2	22				Code:	1 27 28	27 27	
	Vehicle Travel E	Direction: N	EW	Responding to En	nergency? 2	. Event	Sequence 1	23	23	23	23		t Statu e of T			29		
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Crash Diagram:	ie: 🖚	¬ →□	2	₽Ŷ	→ ॐ		
						If Crash <u>Did Not</u> on a Public Way	
						Off-Street Parking Lo	ot
		:2	93 off ram	n:		☐ Garage	
	⊕ .			F		Mall/Shopping Cente	г
			2			Other Private Way	
lowell st	vi di Si	112				Indicate North by	Arrow
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Crash Narrative:							
vl stated she had stop	pped at the end	of the off	ramp, was a	tempting	to pull	on lowell	
street into traffic, v		oy v2. v2	stated that	she thoug	ht v1 had	gone, did	
not look and rear ende	ed v1.						
MILAN II 1 1							
				**			
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
D (D							
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
					· · · ·	<u> </u>	
Truck and Bus Information	Registration #		(From Ve	hicle Section)			
Carrier Name						Bus Use	42
Address			_ City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate Cargo Body	y Type Code	GVWR/GCWR			1383	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length		
Hazmat Information: 47 Placard Material 1 digit	# 48 Material Nat	ne		Material 4 digi	it #	Release code	49
[September]							<u> </u>
Patrol Officer Brian D Police Officer Name (Please Print)	Thornton Signature			ilmington partment	Police De		10/2024

	Pol	lice Use Only		(Commoi	nwealt	th o	f Mass	ach	use	etts		1		RM'	V Doca	ument Nu	Age Nation for the	
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1	Route# Dire	ection		Name of Ro	oadway/Street			Route# Direc	tion	Addr	ess#			Nai	ne of	Roadw	ay/Street		
1					At			Feet	NS	EW	of			- •	_	or			
	Route# Dire	CLAF	RK ST Name	of Intersect	ing Roadway/Str	eet	— <u> </u>		L.L.		01	Mil	e Mari	ker		0	Exit N	Number	2 11
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1						···										ndmarl	ζ		
3	Please Select of the Followi		e 1 <u>1</u> #	Occupants	Hit/Run	Mol	ped	Crash I	Report	ID#	24	-1	2-	A	C				
	License r	<u>.</u>	St	DOB/A	<u> </u>		Reg#	V97607				Reg	Туре	СО		R	eg State 🎗	1A	- 12
	Sex MLic.	Class D	19	strictions	20 CDL_		Veh Ye	ear 2016		Veh M	ake O	ther-	-not	1i:	stec	l Veh	Config.	2 21	1 12
		ULET, Z	AKERY	DAVI	Endorse:		Owner	MARTEL		CLD	ING			IN	IC_				_
⁴ 3	1	7 RIVER	F	irst	Middle		Addres	ss <u>500 W</u> C	Last OBU	RN	ST	Fir	st			Mi	ddle		_
	City METH	UEN	State 1	17A Zip	01844		City 📘	EWKSBU	RY				_ State	MA	z	ip 0]	.876-	-3443	_
	Insurance Comp	oany SAFET	Y INS	URANC	E COMPA	MĀ	Vehicle	e Action Prior to	Crash		1	22	Dar	naged	І Агеа	Code:	1 27	27 27	
	Vehicle Travel E	Direction: S	EW	Respondin	g to Emergency?	2	Event :	Sequence 1	23	23	23	23	Tes	t Stati	us:		1 28		
⁵ 1	Citation # (If Iss	sued)					Most I		1	24				e of T			29 30		
	Viol. 1: Ch/Sec/	'Sub	Vio	ol. 2: Ch/Se	c/Sub		Driver	Contributing Co	ode	97	25	25			t Resu		685637	nug 2 32	1 13
_	Viol. 3: Ch/Sec/	'Sub	Vio	ol. 4: Ch/Se	c/Sub		Driver	Distracted by	0	26					om sc		33 1	2	
⁶ 1		Please fill out	for operator	r and all oc	cupants involved				T	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			7
	Name (Last First M				Address		·	DOB/Age	Sex	Pos.	System 1	Status	Code	Code	Status 10	Code	Medic	col Facility	\dashv
	Operate	<i>or</i>			See Abo	ve				1	_	**			10	_			-
⁷ 3	Please Select C		2 1 #	Occupants	Non-Meter	rist A Typ	e	15 Action	16]	Locatio	ın	17 C	onditio	on .	18	نوا	Hit/Run [Морес	3
3	License #.	<u> </u>		DOB/Ag			Pac#	346FD2	CELLON.		1561	Pag	Туре	PC		D.	eg State N		\dashv
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		ease fill out for ope						1		34 Seat	35 Safety	36 Aîrbag	37	38 Trap	39 Injury	40 Transp.			\dashv
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	Operate	or/Non-Mo	torist	<u> </u>	See Abo	ve			X	1	1	4) (0	10	1	·		
		*****					. .						$ \bot $				· 		



	Pol	ice Use Only	Com	monwealth	of Massac	husett	S		RMV Do	cument Number	
	Date of Crash 01/13/2024	Time of Crash 1138 W:	City/Town ilmington	Motor Vel	nicle Crast	Number Vehicle		Speed Latitud		O State Police Local Police MBTA Police Campus Police	3
	01/13/2024	24HR		Police	Report	2	o Î	Longite		Campus Police Other:	i
		AT INTERSE	CTION:	< LOC	ATION >		NOT A	T INT	ERSEC	CTION:	
						0.50					2 10
	Route# Direc	etion	Name of Roadway/S	Street	Route# Direction	260 Address		N ST Nan	ne of Road	way/Street	╌├╌╌┙
¹ 1			At		[51]	वाजीच्य					
	Route# Direc	ation	Name of Intersecting Road	Lymy/Straat	Feet N	S E W of	Mile N	arker	or	Exit Number	
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	ļ				Feet N	S E W of	Route#	I	ntersecting	Roadway/Street	
² 3	Route# Direc	etion	Name of Intersecting Road	iway/Street					Landma	rk	_
3	Please Select C of the Followin		1#Occupants H	t/Run Moped	Crash Repo	ort ID# 2 4	1-13	-A(
J		<u> </u>		1							-
	License #		20	•	# 3765YD					Reg State MA 21	1 12
	Sex F Lic. (204-0-94	Endorsement	Year 2022				Ve	h Config. 1	
⁴ 1	1	Last	ISSA JEAN	Middle	ner MULLEN,		SA JE First	AN	N	Aiddle	-
<u>.</u>		HIGH ST	0100	_	ress 22 HIGH					4000 4400	-
	1		State MA Zip 0188		WILMINGTO					1887-1402	. 1
			NDARD FIRE I		cle Action Prior to Cra		Nacional Company	Jamageo Fest Statu	Area Code	7 28	
5	Vehicle Travel D	Pirection: XSE	W Responding to Eme		it Sequence 1 23	23 23	AV. 50 A C	Type of To		99 29	
	Citation # (If Iss	ued)		Mos	t Harmful Event 1	24		BAC Test	Result:	1 30	13
	Viol. 1: Ch/Sec/S	Sub	Viol. 2; Ch/Sec/Sub -	Driv	er Contributing Code	1 25	25	Susp. Alce	ohol: 2 3		2 13
	Viol. 3: Ch/Sec/S	Sub	— Viol. 4: Ch/Sec/Sub —	Driv	er Distracted by	26	,	fowed fro	om scene?	2 33	
2	Name (Last First M		operator and all occupants i	nvolved Address	DOB/Age Se	34 35 Seat Safe x Pos. Syste	y Airbag Ejeo	38 t Trap e Code	39 40 Injury Transp Status Code	Medical Facility	
	Operato			See Above		1 99	4 0	0	10 1		
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71	Please Select O of the Followin		1 #Occupants No	n-Motorist A Type	Action 16	Location	17 Conc	ition	18	Hit/Run Mopeo	1
	License #_	3	St , DOB/Ag	Reg	RW20HV		Reg Ty	e PC	R	teg State MA	_
	Sex_ F Lic. C	lass D 19 19 L	ic. Restrictions 1 20	CDL Velu	Year 2014	Veh Make	KIA		Vel	n Config. 1 21	
	ľ	JSA, MARG		Endorsement Own	er SOUSA, I	UIS A					_
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	City NORTH	READING	State MA Zip 0186	4-2068 City.	NORTH REA	DING	S	ate MA	Zip_ O	1864-2068	_ 1 14
	Insurance Compa	nny THE COM	ÆRCE INSURA	NCE CO Vehic	cle Action Prior to Cra	sh 1	22	Damaged	Area Code	2 27 27 27	
	Vehicle Travel Di	irection: XSE	W Responding to Eme	rgency? 2 Even	t Sequence 2 23	23 23	23	est Statu:	s:	1 28	
)	Citation # (If Issu	ıed)		Mosi	Harmful Event 2	24		ype of Te		99 ²⁹	
2	Viol. 1: Ch/Sec/S	sub	Viol, 2; Ch/Sec/Sub	Drive	er Contributing Code	19 25	24	BAC Test	hol: 2 31	<u> </u>	
	Viol. 3: Ch/Sec/S	ub	Viol, 4: Ch/Sec/Sub	Drive	er Distracted by	9 26			m scene?	2 33	İ
	Plea	ase fill out for operato	r/non-motorist and all occu			34 35 Seat Safet			39 40 Injury Transp.		1
	Name (Last First Mic		wind	Address	DOB/Age Sc		n Status Cod	1	Status Code	Medical Facility	-
	Operato	r/Non-Motoi	ist	See Above	 	1 99	-		-		_
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•	= Direction	ı = Vehicle 1	2 = Vehicle 2	र्र = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 👈 🗀	→	2	→ X	→ №	
					If Crash D on a Public	id NotOccur c Way:
Market Basket					Off-Street F	Parking Lot
Parking Lot 222 Main Street					☐ Garage	
	,				Mall/Shopp	ing Center
	vı	V2.			Other Priva	ie Way
			2	(F	Indicate No.	orth by Arrow
Crash Narrative:						
On Saturday January 13	, 2024 at appı	coximately 1	1:30am I, Of	ficer Fort	es was dispatch t	o a
motor vehicle crash in	the Market Ba	sket parkin	g lot at 222	Main Stre	et. Upon arrival	I
observed Op1 standing h	y her vehicle	(V1), I ob	served a lor	ng scrape a	long the drivers	side
of the vehicle. I also	observed dama	ige to the f	ront passenc	ger side of	the vehicle park	ed
next to V1. I attempted	i to locate Op	2 and did s	o when she e	exited the	store and began	
loading groceries into						
and asked her if the da	-					
new". Op2 was very apol		-		struck V1.	I assisted with	a
paper exchange and both	parties left	in their v	ehicles.	· · · · · · · · · · · · · · · · · · ·		
**/*			· · · · · · · · · · · · · · · · · · ·			
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
(23.0.1, 1.0.1)		1.444.535				Statement
Property Damage:			T	100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SALVE - 100 SA		
Owner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	!
Truck and Bus Information:	Registration #		(From Ve	chicle Section)		
Carrier Name					Bus U	ise 42
Address			City		St Zip	
US DOT#:	_State Number		Issuing State	мс/мхлсс	C #:	<u></u>
Interstate Cargo Body T	122 (142 4) 124	GVWR/GCWR	45		46	
	Reg Туре	Reg State	Reg Year	Trailer I	ength	
Hazmat Information:	48					49
Placard Material 1 digit #	Material Na	e		Material 4 digit #		ode
Patrol Officer John A F	ortes		228 W	ilmington P	olice Department	01/13/2024

Department

Wilmington Police Department Images Associated with 24-13-AC

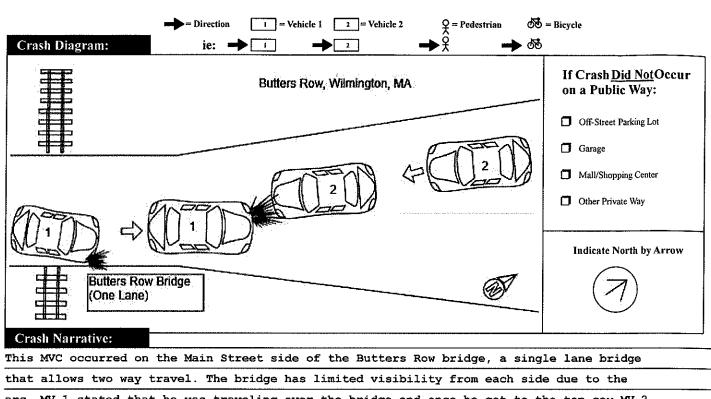




	Pol	lice Use Only		(Comn	nonv	vealth	of Mass	ach	us	etts				RM	V Doc	ument N		
	Date of Crash 01/13/2024	Time of Crash 1341		City/Town ingto				nicle Cra	ish		umber ehicles			Speed Latitu	Limit	1(Local	Police I Police A Police Dus Police I	
	01/13/2024	24HR	MTTIII	ing co.]	Police	Report		2		0		Lantu				pus Police	
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											_								2 10
	Route# Dire	ction		Name of Ro	adway/Stre	et		Route# Dire	ction	21 Add	O ress #	<u>B</u> 7	<u> </u>		DVA une of		ST vay/Stree	t	.
¹ 1					At				N/o	I so I so	1 _	•							
	Route# Direc	ction	Name	of Intersecti	ing Roadwa	su/Street	<u> </u>	Feet	NS	EW	of	Mi	le Ma	rker	,	or .	Exit	Number	11
	reducir Direct	Citon		Also at Inter				Feet	N S	E W	of								7
2								Feet	N S	EW	of	Route	: #		interso	ecting	Roadway	/Street	
² 1	Route# Direc	ction	Name	of Intersecti	ing Koadwa	ay/Street									La	ndmar	k		<u> </u>
3	Please Select C of the Followi		11	#Occupants	Hit/R	tun	Moped	Crash l	Report	ID#	24	-1	4	-A	.C				
		n.P.		200/4			D	#_ 1XFY56				D.,	т	PC			C4-4-	MΔ	<u> </u>
	License #	19 19 Class D	St.	OOB/Ag	20		_	# 176130 Year 2007									-	21	7 12
				strictions 1	CD Enc	dorsemen	t					<u> </u>	<u> </u>			ver	i Conng.		
⁴ 1	T.	YLE, ELI	I	inst	200	Middle		er <u>BOYLE</u>	Last				rst	20	ο	М	iddle		
		LOWELL				_165		ress <u>101 Le</u>									1064	-1656	
		H READING						NORTH R			2012739912	22					6 27	-1656 27 27	
		Dany ALLSTA						cle Action Prior to		23	1.0 23	23		st Stat		0000.	28		
⁵ 1		Direction: N S		Responding	g to Emerge	ency? 2		t Sequence 1	030000	24			Ту	pe of	Test:		29		ŀ
	1	sued)						t Harmful Event	1	37724	25	25			st Resi		30		- 13
		Sub ———						er Contributing C	C	19 26			Su		cohol:			Drug 32	1
<u></u>	Viol. 3: Ch/Sec/	Sub					Driv	er Distracted by	99		1 00	I 42 1			rom sc	ene? 40	2 33]
	Name (Last First M	Please fill out f	or operato	or and all occ	-	olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	Injury	Transp. Code	Me	dical Facility	
	Operate	or			See	e Above		\rightarrow	X	1	1	4	0	0	10	1			
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	Please Select C of the Followi		2 3	Occupants /	Non-l	Motorist .	A Type	15 Action	16	Location	on	17	Condit	ion	18		Hit/Run	Moped	
	License #		St	OB/Ag	e		Reg	# <u>3GPJ28</u>				_ Reg	Туре	PC		R	eg State	MA.	
	Sex M Lic. (19 19 Class D		strictions 1	20 CD			Year 2023		Veli M	ake					Vel	Config.	1 21	
	Operator <u>CA</u>	LLAHAN,	RYAN	PATR		iorsement		er CALLAF	IAN	R	YAN	PZ	TR	ICE	3				
1	Address <u>5</u> M	URRAY HI	LLC	IR.		Middle	Addı	ess 5 MUR	RAY	HI	LL	CI	R.			м	iddle		
	City WILMI	INGTON	State 1	MA Zip	01887	!	City	WILMING	TOL	<u> </u>			_ Sta	te M Z	A 2	ip <u>0</u>	1.887		1 14
	Insurance Comp	any THE CO	MMER	CE INS	URAN	CE C	O_ Vehi	cle Action Prior to	Crash	ι	10	22	Da	mage	d Area	Code:	4 27	27 27	
	Vehicle Travel D	Direction: N S	EX	Responding	g to Emerge	ency? 2	Even	t Sequence	23	23	23	23		st Stat			28		
)	Citation # (If Iss	ued)					Mos	Harmful Event	1	24			•	pe of 1	Test: st Resu	.14.	29 30		
2	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec	c/Sub ——		Drive	er Contributing C	ode	19	25	25			cohol:	31	######################################)nie 32	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec				er Distracted by	99	26				•	rom se	ene?	2 33		
		ease fill out for oper	rator/non-1	notorist and	all occupar	ıts involv	ed		T	34 Scat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			i
	Name (Last First M		1003-1	T		Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Med	lical Facility	
	Operate	or/Non-Moi	orist		See	Above			\triangle	1	1	4	0	0	10	1			
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	·			<u></u>						6	1	4	0	0	10	1			

		= Vehicle 1	ರ್ಶ = Bicycle	
Crash Diagram:	ie: 📥 🗆	→ 2 → 9	→ 🕉	
	Target parking lo	ot. 210 ballardvale	If Crash Did NotOccu on a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by Arrow	
!		. ! 		
Crash Narrative:				
v1 and v2 were both p			ts both cars backing	
out of a spot and col				
V1 stated that she ch	necked behind her	, backed out and then was struck	·	
v2 stated he backed o	out, put his car	in drive, and then was struck.		
				······································
Witnesses:				
Witnesses: Name (Last,First,Middle)		Address	Phone # Sta	tement
		Address	Phone # Sta	tement
		Address	Phone # Sta	tement
		Address	Phone # Sta	tement
			Phone # Sta	tement
Name (Last,First,Middle)	Address		Phone # Sta	tement
Name (Last,First,Middle) Property Damage:	Address			tement
Name (Last,First,Middle) Property Damage:	Address			tement
Name (Last,First,Middle) Property Damage:	Address			tement
Name (Last,First,Middle) Property Damage:		Phone # 41-Type Des		tement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information	Pagistration #	Phone # 41-Type Des	scription of Damaged Property	tement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle)	Pagistration #	Phone # 41-Type Des		tement
Name (Last,First,Middle) Property Damage: Owner (Last,First,Middle) Truck and Bus Information	Pll: Registration #	Phone # 41-Type Des	Scription of Damaged Property Bus Use	tement
Property Damage: Owner (Last,First,Middle) Truck and Bus Informatio Carrier Name Address	Pagistration #	Phone # 41-Type Des	Bus Use St Zip	tement
Property Damage: Owner (Last,First,Middle) Truck and Bus Informatio Carrier Name Address	Registration #	Phone # 41-Type Des (From Vehicle Section) City	Bus Use St Zip	tement
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #:	Pagistration #	Phone # 41-Type Des	Bus Use St Zip	tement
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate Cargo Boo	State Number dy Type Code	Phone # 41-Type Des (From Vehicle Section) City	Bus Use St Zip	tement
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate Trailer Reg #:	State Number dy Type Code	Phone # 41-Type Des (From Vehicle Section) City	Bus Use St Zip	tement
Property Damage: Owner (Last,First,Middle) Truck and Bus Information Carrier Name Address US DOT #: Interstate Trailer Reg #: Hazmat Information: 47	State Number State Type Code Reg Type	Phone # 41-Type Des	Bus Use St Zip	tement
Property Damage: Owner (Last, First, Middle) Truck and Bus Informatio Carrier Name Address US DOT #: Interstate Cargo Boo Trailer Reg #: Hazmat Information:	State Number State Type Code Reg Type	Phone # 41-Type Des (From Vehicle Section) City	Bus Use St Zip	tement
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	Pol	ice Use Only		(Common				us	etts	3			RM	V Doc	ument }		
	Date of Crash 01/13/2024	Time of Crash		City/Town ingto	Mo	tor Veh	icle Cra	ısh		umber		nber ured	Speec Latitu	Limit		Loca	Police Di Police SE IA Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Police Di Pol	
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This MVC occurred on the Main Street side of the Butters Row bridge, a single lane bridge that allows two way travel. The bridge has limited visibility from each side due to the arc. MV 1 stated that he was traveling over the bridge and once he got to the top saw MV 2 approaching. He said he pressed his brake but his car continued to slide on ice. He then swerved to the right, striking the guard rail to try to avoid MV 2. He stated he continued to slide, striking MV 2. MV 2 said he was approaching the bridge and didn't see MV 1 coming over the bridge. MV 2 said he stopped when he saw MV 1, but then MV 1 slid into the front of his car. The roadway on the bridge is wooden and was slippery at the time of the crash, however ice was not found. All involved stated no injuries. Both vehicles were in driveable condition.

Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type De	escription of Damage	ed Property	
Truck and Bus Information:	Registration #		(From Velu	cle Section)			42
Carrier Name						Bus Use	
Address	, , , ,		City		St	Zip	
US DOT #:S	State Number		Issuing State	MC/MX/ICO	C #:		
Interstate 43 Cargo Body Typ	pe Code 44	GVWR/GCWR	45		[
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46		
Hazmat Information:					***************************************		
Placard 47 Material 1 digit #	48 Material Name			Material 4 digit #	!	-Release code	49

Patrol Officer James R Hill

225

Wilmington Police Department

01/13/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 24-15-AC



