Police Use Only	Common	wealth	of Massa	chus	etts	;		RM	V Decu	iment Nuo	1997年1997年1997年	2
Date of Crash Time of Crash	City/Town Mo	otor Veh	icle Cras	sh [Vumber Jehicles		DP++	d Limit	30	State Pol Local Pol MBTA P	itice 🔀	1
01/14/2024 0402 Wilm 24HR	ington	Police	Report	1		1	Latitu Long:	itude		Campus Other:	Police 🗖	
AT INTERSECTION	ON: <	LOCA	TION >			NOT A	T IN	TER	SECT	ΓΙΟΝ:		1
												2
Route# Direction	Name of Roadway/Street	 	Route# Directi	on Add	iress#	CON				ay/Street		┢
	At											1
			Feet [V S E V	V of	— — Mile M	— • farker	•	or _	Exit Nu	unber	<u> </u>
Route# Direction Name	e of Intersecting Roadway/Stree Also at Intersection with	et	Feet [N S E V	V of						<u> </u>	1
			_	SEV		Route#		Inters	ecting R	loadway/St	reet	
Route# Direction Name	e of Intersecting Roadway/Stree	et		11-1-11	.j 01			1.0	ndmark			-
Please Select One Nation 11	#Occupants Hit/Run	Гп			24	_16	_ 7\		nanark			1
of the Following:	#Occupants Hit/Run	Moped	Crash Re	port 1D#	<u> </u>	-16						_
License #	_ DOB/At	Reg	3051TS			Reg Ty	pe <u>PC</u>	:	Re	g State M		
Sex <u>M</u> Lic. Class D Lic. Re	estrictions 20 CDL	Veh	Year <u>2009</u>	Veh N	⁄lake <u>F</u>	ORD			Veh	Config. 1	21 L	Ľ
Operator ROBINSON, AIDE			er MULREN	N . N	ARY	PAT	RIC	IA	Mid			
Address 101 WASHINGTON			ess 101 WA	st SHIN	GTO	y ST			Mid	ldle		ı
City WOBURN State	MA Zip 01801-46	56 City.	WOBURN			S	tate M	A _ 2	նթ 01	801-	4656	
Insurance Company THE HANOVE	-		ele Action Prior to (Crash	1				-	s ²⁷ 1 ²		
Vehicle Travel Direction: N S W	Responding to Emergency?		t Sequence 22			23	Test Sta	tus:		3 28		
				etics extra for a fact			Type of	Test:		2 ⁹		
Citation # (If Issued) 390391AC			L	Section Section	25	2.0	BAC Te		,	5 ³⁰		_
	iol, 2; Ch/Sec/Sub 90		er Contributing Cod		2		Susp. Al	,	-	Susp. Dru	g 99 ³²	22
Viol. 3: Ch/Sec/Sub 90 13B/A		18 Drive	er Distracted by	1 ²⁶			lowed f		<u> </u>	1 33		
Please fill out for operate Name (Last First Middle)	or and all occupants involved		DOB/Age	34 Seal Sex Pos.		36 37 Airbag Ejec Status Cod	t Trap c Code	39 Injury Status	40 Transp. Code	Medics	l Facility	
Operator	See Above	e		X 1	0	1 0	0	8	1			1
					+		-					1
		······································			-			-			··········	-
								<u> </u>				1
Please Select One Vehicle 2	#Occupants Non-Motori	ist A Type	15 Action	16 Locat	ion S	17 Cond	ition	18	Пв	lit/Run	Moped	1
of the Following:						True (a majaa	4
	DOB/Age	Reg	<u> </u>			Reg Tyl	e		Re	g State	21	
SexLic. Class 19 19 Lic. Re	strictions CDL	Veh Y	(ear	Veh M	1ake		······································		Veh (Config.		
Operator	First Middle		er	st		First			Mid	klie		
Address		Addr	ess									L
City State_	Zîp	City_				Si	ate	z	ip			1
Insurance Company		Vehic	le Action Prior to C	rash	7/3/13 2/3/13	22 [Damage	d Area	Code:	27 2	7 27	
Vehicle Travel Direction: NSEW	Responding to Emergency?_	Even	Sequence 2	23	23	23 ⁷	est Stat	lus:	L	28		
Citation # (If Issued)	_	Most	Harmful Event	24			ype of		.	29 30		
Viol. 1: Cl/Sec/Sub ————————V	ial 2: Ch/Saa/Sub	Drive	t r Contributing Cod	. 000	25	25	BAC Te	1	ilt: 31	2/12/	g 32	
			r Distracted by	26			lusp. Al owed fi	ı		Susp. Druj	g	
Viol. 3: Ch/Sec/SubV			T Distracted by	34	35	36 37	38	39	40			-
Please fill out for operator/non- Name (Last First Middle)	motorist and all occupants invo	uvea	DOB/Age	Sex Pos.		Airbag Ejec	Trap	Injury	Transp. Code	Medical	Facility	
Operator/Non-Motorist	See Above			X 1								
-			 	_	+-			1				1
							-	<u> </u>				1
							<u> </u>	<u> </u>			·····	
L			• <u> </u>									_

	= Direction 1	= Vehicle 1	= Vehicle 2	Q = Ped	estrian ᢐ	= Bicycle	
Crash Diagram:	ie: → 📑] →□	2	▶ }	→ №		
Concord Street, Wilmi	ington: MA					If Crash <u>Did Not</u> on a Public Way	
- Concord Officer, vviiini	Ington, IMA					— 0000 - 10 11 1	
						Off-Street Parking L	.01
						☐ Garage	
	E	P2 A				Mall/Shopping Cent	er
⇒ 11						Other Private Way	
	VZ)32	1/2				Indicate North by	Arrow
	31 Concord St		Cheyenne Drive			\bigcirc	
Crash Narrative:							
Reference arrest num	The second secon		AND THE PERSON NAMED IN COLUMN				
crashed into VZ pole		#20	# D				
Negligent Operation,		*****					
laceration on his he							
a medical refusal. V		1077	end damage	and wa	s not in	iriveable	
condition. Venicle w	as towed to A&S I	lowing.					
			ŭ.				
Witnesses:							
Name (Last,First,Middle)	L	Address			Phone s	,	Statement
						1,000000	
Property Damage:		1					
Owner (Last, First, Middle)	Address		Phone #	41-Ty	ne Description o	f Damaged Property	
VERIZON	28 DIANA LN DRA	ACUT MA 01826		4	UTILIT	Y POLE VZ 32	2 1/2
							30 Maria 20
		-					
Truck and Bus Informat	ion: Registration #		(From Veh	icle Section)	1000	42
Carrier Name						Bus Use	42
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/N	/X/ICC #:		
43	44		45				
46.425.214	Body Type Code	GVWR/GCWR			To the state of th	46	
	Reg Type	Reg State	Reg Year		Frailer Length		
Hazmat Information:	48					ros	49
Placard Material 1 d	igit # Material Nam	ne	A	_Material 4	digit #	Release code	
Patrol Officer James	R Hill		225 Wi	lminat	on Police	Department 01/	/14/2024
Police Officer Name (Please Print)	Signature			artment		ct/Barracks Date	14/2024

Wilmington Police Department Images Associated with 24-16-AC



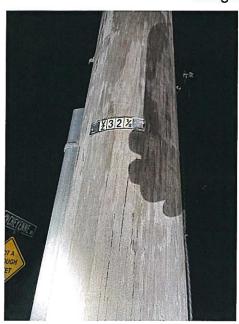


Wilmington Police Department Images Associated with 24-16-AC





Wilmington Police Department Images Associated with 24-16-AC



The street street state of the factories	Use Only		Com	monw	ealth	of Massa	chu	setts	5	\$ 9/3 \$198	RM	IV Doc	ument Nu	医结节 人名英格	
! !	ime of Crash 057 W	City 7ilmin	Town Gton			icle Cras	h	Number Vehicles			d Limi	t2!	5 State P Local I MBTA	Police 🔯	П
	24HR		9 0011	P	olice :	Report	:	Ļ	1	- 1	gitude			ıs Police	
A	T INTERSE	ECTION:		<	LOCA	TION >			NOT	AT IN	TER	SEC	TION:		
							•	37	CITE	CENT		~ m			2
Route# Direction	n	Nan	ne of Roadway/S	treet		Route# Direction		idress#	CHE	STN			vay/Street		-
			At			Feet N	i e e								
Route# Direction		Name of I	ntersecting Road	way/Street		Peet [1	اعادا	<u>•••</u>] 01	Mile	 Marker	<u> </u>	· or _	Exit N	Vumber	上
			at Intersection			Feet [N	SE	w of							7
						Feet N	SE	w of	Route#		Inters	ecting I	Roadway/S	Rreet	
Route# Direction	1	Name of I	ntersecting Road	way/Street							L	ındmarl	k		-
Please Select One of the Following:	Vehicle 1	1 #Occ	opants Hit	/Run	Moped	Crash Re	port ID#	24	-17	7 – 7	\C				7
															┨
License i			OOB/Age			<u>w998</u>						R	eg State <u>N</u>	1A 21	- -
Sex M Lic. Clas		Lic. Restrict		CDL Endorsement		rear <u>2011</u>					T	Veh	Config.	1	F
Operator WARD	ısl	THOM First	AS	Middle		er WARD , D	;t		IOMAS First			Mi	iddle		-
Address 15 F						ess <u>15 FIT</u>	Z TE	R						·	-
City WILMIN	GTON	State MA	_ Zip <u>0188</u>	7-3707	City_	WILMINGT	ON					-		-3707	.
Insurance Company	SAFETY	INSUR	ANCE CO	MPANY	_ Veliic	le Action Prior to C	rash	1	1855			Code:	1 27 3	27 27	
Vehicle Travel Direc	tion: XSE	Res	ponding to Emer	rgency? 2	_ Event	Sequence 21	23	23		Test Sta			1 28 29		
Citation # (If Issued)	,				Most	Harmful Event	21 ²⁴			Type of BAC Te		ult.	1 30		L
Viol. 1: Ch/Sec/Sub		Viol. 2	: Ch/Sec/Sub		Drive	r Contributing Code	1	25	ာင	Susp. A				rug 2 32	2
Viol. 3: Ch/Sec/Sub		Viol. 4	: Ch/Sec/Sub —		Drive	r Distracted by) 26			Towed:			1 33		ŀ
]	Please fill out for	operator and	l all occupants in	volved			34 Sea		36 3' Airbag Eje	38 ct Trap	39 Injury	40 Transp.			7
Name (Last First Middle)				Address		DOB/Age	Sex Pos	, System	Status Co	le Code	Status	Code	Medie	eal Facility	\dashv
Operator			s	See Above			$X \mid 1$	1	4 0	0	8	1			4
										<u> </u>					
															7
Please Select One	Division a	#Occ	upants Nor		T	15 1	6,	一	17	<u></u> [18	<u> </u>		٦.,	┪
of the Following:	Vehicle 2_		Non	n-Motorist A	Туре	Action	Local	ion	Cone	lition		<u> </u>	Hit/Run	Moped	_
License #		St D			. Reg#				Reg Ty	pe		Re	eg State	21	
Sex Lic. Class	s 19 19 I	Lic. Restricti		DL	. Veh Y	ear	Veh 1	Make				Veh	Config.	21	
Operator	d.	First		Middle	Owne	rLas			First			Mir	Me		
Address					. Addre	·SS									L
City		State	Zip		City_				s	tate	Z	ip			1
Insurance Company_					Vehic	e Action Prior to Ci	rash		22	Damage	d Area	Code:	27	27 27	
Vehicle Travel Direct	tion: NSE	W Res	ponding to Emer	gency?	. Event	Sequence 23	23	23	***	Test Sta			28		
Citation # (If Issued).					Most 1	Harmful Event	24			Type of			29 30		
Viol. I: Ch/Sec/Sub -		Viol 2:	Ch/Sec/Sub		Drive	∟ Contributing Code ·		25	25	3AC Te Susp. Al	ſ	lt: 31		32	
Viol. 3: Ch/Sec/Sub -						Distracted by	26			Fowed f	L		33 33	" ⁶ —	
	fill out for operato						34	35 SoCotto	36 37	38	39	40			4
Name (Last First Middle)	•		-	Address		DOB/Age	Sex Pos.		Airbag Ejes Status Cod		Injury Status	Transp. Code	Medica	al Facility	-
Operator/l	Von-Motor	rist	So	ee Above			1								
													_		
							1								1
							+			+-					4

	= Direction 1	= Vehicle 1	2 = Vehicle 2	ट्र = Pedestria	an QQ =	Bicycle	
Crash Diagram:	ie: 👈 🗔	→ [2	→ X	→ ₩		
	Tree	Oim	ст/янгостотомской мостановамальный населения			If Crash <u>Did No</u> on a Public Wa	
	_	and "		NOON		Off-Street Parking	Lot
		1 1	,		\(\begin{array}{c} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	_	
			~	VAB VI		☐ Garage	
		ďΛ	(TPP)			Mall/Shopping Cer	nter
		A (Jan Jan	·· · · · · · · · · · · · · · · · · ·		Other Private Way	
	MIL		INKNOWN MV				
→ (DID)	Unknown M	Ň				Indicate North b	y Arrow
Unknown MV							
			C	hestnut Street 🔻			
							
Crash Narrative:	د د دوس			*	1		
MV 1 was driving nort							
when an unknown vehic			-				
attempted to avoid a l							
strike a tree causing protecting his head w		* * * * * * * * * * * * * * * * * * * *					
elbow already showed :							
1 stated he believed							
similar to a Toyota Co					specific	s or the	
vehicle/operator who a	almost struck hi	m. Cains to	owed the M	ΙV.			
							
Witnesses:		1					
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:					······································		
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of I	Damaged Property	
Truck and Bus Information	Registration #	· · · · · · · · · · · · · · · · · · ·	(Fran	n Vehicle Section)			
Carrier Name	registration #		(Pro	n venicle Section)		Bus Use	42
Address			City		St	Zip	
US DOT#:	State Number		Issuing State_	MC/MX/IO	CC #:		
Interstate Cargo Body	y Type Code	GVWR/GCWR	45				
(Alaxi Gravita	CONTROL TO		Design N	_		46	
•	Reg Type	Reg State	Reg Yea	rTraile	r Length		
Hazmat Information:	48					ļ	49
Placard Material 1 digit	# Material Nam	e		Material 4 digit	#	Release code	
Patrol Officer Joshua I	DeBarros		234	Wilmington	Police De	epartment 01	/15/2024
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/	Barracks Date	3

	Pol	lice Use Only		Con	nmonv	wealth	of Mass	acl	lus	etts	Š			RN	IV Do	cument	经最后的 化二十二十二十二十二	
	Date of Crash 01/15/2024	Time of Crash	Wilm	City/Town			icle Cra	ish	N V	lumber ehicle:		mber ured	1 '	d Limi ude	t_2	Loc	te Police al Police STA Police	<u>8</u>
	01,13,2024	24HR	***	iriig con		Police	Report		2		0			uae itude _			mpus Police (<u> </u>
		AT INTERS	SECTI	ON:	<	LOCA	TION	>			NO	ΤA	ΓIN	TEF	RSEC	CTION	N:	
									10	2	C.	ፐ ሮነ	1 R	D				2 10
1	Route# Direc	ction		Name of Roadway	/Street		Route# Direc	ction		ress #	. <u> </u>	11151			f Road	way/Stre	et	
¹ 1	_			At			Feet	NS	EW	of	_			•	- ог			
	Route# Direc	ction	Name	e of Intersecting Ro	adway/Street						M	ile M	arker			Ex	it Number	8 11
				Also at Intersection	n with			NS		_	Rout	e#		Inters	ecting	Roadwa	ny/Street	-
² 1	Route# Direc	ction	Name	e of Intersecting Ro	adway/Street		Feet	N S	EW	of								
	Dlava Salaat (_			andma	rk	·····	_
3	Please Select C of the Followin		11	#Occupants]	Hit/Run	Moped	Crash I	Repor	t ID#	24	-]	8	-A	7C				
	License #		. S	DOB/Age		Reg	# <u>3TJD34</u>				Re	д Тур	e PC	<u> </u>	F	Reg State		- <u>12</u>
	Sex M Lic. (Class D 19 1	Lic. Re	estrictions I	CDL	Veh '	Year <u>2002</u>		Veh N	iake <u>I</u>	IONI	DA.			Ve	h Config	1 21	1
			ANI	ONIO JOS	SEPH Middle		er SMOLIN	ISK	Υ,	RU:		LL irsi	E		<u> </u>	Aiddle		_
⁴ 1	Address 20	BIGGAR A				Addr	ess <u>20 BI</u>	GGA	R Z	AVE		401			N			-
	City WILM	INGTON	State .	MA Zip 018	87-400	1 City	WILMING	10T	I						-		7-4001	-
	Insurance Comp	any THE CO	MMER	CE INSUR	ANCE C	O Vehic	ele Action Prior to	Crasl	1	1	22				a Code	1 27	27 27	
	Vehicle Travel D	Direction: NX	EW	Responding to E	nergency? 2	Even	t Sequence 1	23	23	23	23		est Sta			1 28 29		
	Citation # (If Iss	ued)		_		Most	Harmful Event	1	24			-	ype of AC Te	iest: est Res	ult:	, 30		
	Viol. 1: Ch/Sec/S	Sub	V	iol. 2; Ch/Sec/Sub		Drive	r Contributing Co	ode	19	25	25			cohol:		Susp.	Drug 2 32	1 13
	Viol. 3: Ch/Sec/S	Sub ———	v	iol. 4; Ch/Sec/Sub		Drive	r Distracted by	0	26					from so		2 33		' <u> </u>
1	Name (Last First M		or operate	or and all occupants	involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status			ledical Facility	7
	Operato				See Above		DOM/Age	Ž	1	99	4	0	0	10	1	М	ledical Facility	
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								 	-	 	-		 			-		_
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										<u>_</u>			┖		<u> </u>			
1	Please Select O of the Followin		22	#Occupants N	lon-Motorist	A Type	15 Action	16	Locati	on	17	Condi	ion	18		Hit/Run	Mope	d
	License # 1		_ :	_DOB/Age_		_ Reg #	REENY2				Re	д Турс	PC		R	leg State	NH	_
	Sex M Lic. C	Class D 19 15	Lic. Re	strictions B 20	CDL		ear 2014		Veh M	ake E	'ORI)			Vel	n Config.	1 21	
	Operator MES	SSIERI,	WILĻ	IAM GEOF	Endorsemen RGE Middle		MESSIE	RI	, W	ILI			EO	RGE				_
1	Address 205	S MAIN	ST		Middle	Addre	ss <u>205</u> S	MA	IN	ST	19	rsi			М	fiddle		
	City LACON	IIA	State_	NH Zip 032	46	City_	LACONIA					Sta	te N I	H 2	ip Q	3246	i	_ 1 14
	Insurance Compa	any AMICA				Vehic	le Action Prior to	Crash		1	22	Da	атаде	d Area	Code:	5 27	27 27	
	Vehicle Travel Di	irection: NX	E W	Responding to En	nergency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28 29		
2	Citation # (If Issu	ied)				Most	Harmful Event	1	24				pe of AC Tes	iest: st Rest	ılt:	, 30		
2	Viol. 1; Ch/Sec/S	iub	Vi	iol. 2: Ch/Sec/Sub -		Drive	r Contributing Co	ode	1	25	25			cohol:		Susp.	Drug: 2 32	
	Viol. 3; Ch/Sec/S	iub ———	Vi	ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26			То	wed fi	rom sc	ene?	2 33		
	Plea Name (Last First Mic	•	ator/non-r	motorist and all occ	upants involv	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Trunsp. Code	Ŋ.	dical Facility	7
		or/Non-Mot	orist		See Above			X	1	99	4	0	0	10	1	1975		7
	DORENE MESS			80 GROVE AVE WILMINGTON, MA	01887-3791	_ 	/ 	/- ->	3	99	4	0	0	10	1			-
						-							<u> </u>	 	 			
									<u> </u>							ļ <u>.</u>		-

	= Direction 1	= Vehicle 1	2 = Vehicle 2	오 = Pedestri	an ੴ ≕	Bicycle	
Crash Diagram:	ie: → 🗔	→ □	2	₽Ŷ	→ №		
	Glen Rd					If Crash Did No on a Public Way	γ:
<u> </u>						☐ Garage	
\$ CO	2	4 PM		¢	.	Mall/Shopping Cen	ter
		298		Glen	Rd	Other Private Way	
				c	> [Indicate North by	Arrow
		-	1.1771-1711	(\bigcirc	
Crash Narrative:							
MV1 WAS TRAVELING BEH							
SLOW DOWN AND STOP FOR							
TO THE SAME STOP. MV1							
SIDE HEADLIGHT. MV2 S	JSTAINED DAMAGE	TO THE REA	R BUMPER. NO	AIRBAGS	DEPLOYED	, NO INJURIES	
REPORTED, NO TOWS.		······································				,	
	<u> </u>						
Witnesses:	<u>.</u> .	T			Dt	,,	1 544
Name (Last, First, Middle)		Address			Phone #		Statement
		·					
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of l	Damaged Property	
Truck and Bus Information	Registration #		(From Vel	nicle Section)			42
Carrier Name						Bus Use	
Address	<u> </u>		_ City	······································	St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Interstate Cargo Body	Type Code 44	GVWR/GCWR	45		77.	***46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length		
Hazmat Information: 47 Placard Material 1 digit	# 48 Material Nam	e	· · · · · · · · · · · · · · · · · · ·	_Material 4 digit	#	Release code	49
	ger Seed Say Say					<u>L.</u>	
Patrol Officer Kayla b Police Officer Name (Please Print)	4 Hanson Signature			Imington partment		epartment 01. Barracks Date	/15/2024

Wilmington Police Department Images Associated with 24-18-AC





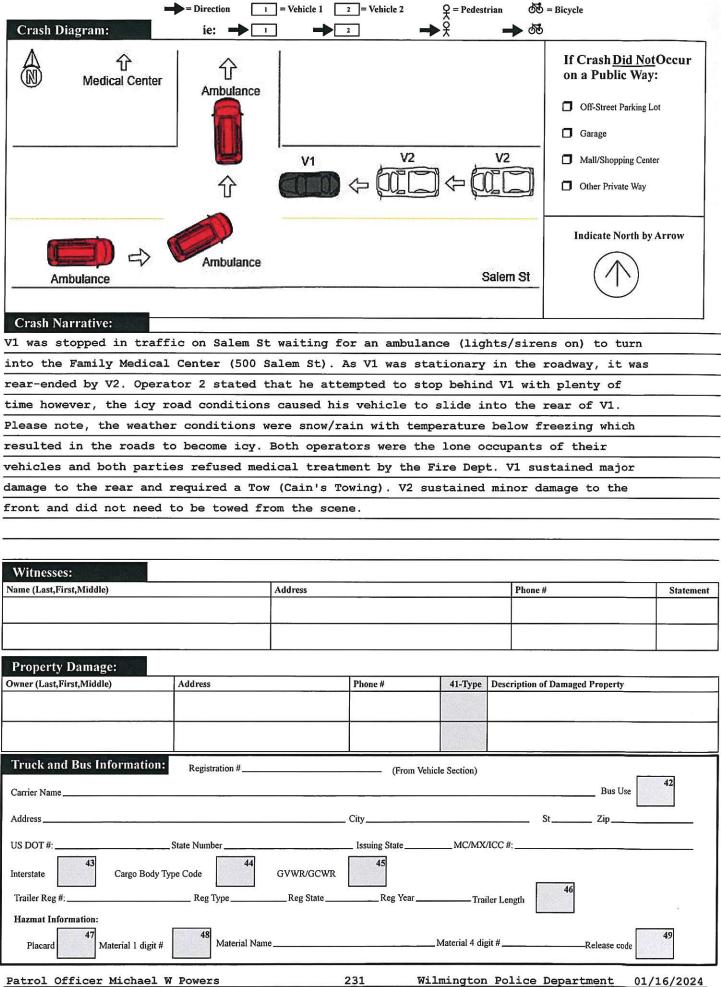
ime of Crash 145 Wilm		Police Use Only Commonwealth of Massachusetts RMV Document Number											
T42 MTTW	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Lim	_{it} 35	Local Police	7				
24HR	ington	Police 1	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:					
T INTERSECTION	ON:	< LOCA	TION >		NOT A	T INTE	RSECT		1				
									2 10				
<u> </u>	Name of Roadway/Str	eet	38 N	30A	MAII		f Roady	av/Street	.F				
	At								1				
·			Feet N S	E W of	— — Mile M	arker	– oı [–]	Exit Number	L.,				
ı Name			Feet NS	EW of					4 11				
					Route#	lnter	secting R	.oadway/Street					
ı Name	of Intersecting Roadw	ay/Street		<u>. </u>			andmark		-				
XI Vahisla 11	#Occupants Trace	Our Monor	Crosh Banan	. ID# 2 /	1_10		andinan		1				
Venicle 1 4	HIUF								1				
St.	_ DOB/Agr	Reg a	#LV88508		Reg Typ	e <u>RV</u>	Re		12				
s Lic. Re	strictions 1 CI	DL Veh	Year 2014	Veh Make 💆	TOYOT	.	Veh	Config. 1					
ER, GRIGOR			er BALCHENK	OV, M	IKHAI] First		Mid	ldle	Ĭ				
DARTMOUT ST	<u> </u>	3 Addr	ess 44 CAVEN	DISH									
KET State	RI zip 02860	City_	SALEM	<u> </u>			_						
PILGRIM IN	SURANCE CO	MPANY Vehic	le Action Prior to Cras	1 6	900000 1900000		a Code:						
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)	-	Most	Harmful Event 1	24		•	sult:	30					
v	iol. 2: Ch/Sec/Sub	Drive	er Contributing Code	4 25 1	25			Susp. Drug 2 32	1 13				
v	iol. 4: Ch/Sec/Sub ——	Drive	r Distracted by 99	26				2 33	 				
-	-		Trong Co.			Trap Injur	40 Tronsp.	he at the No.	1				
	T		DOB/Age Sex	4	4 0	1	1	Medical Facility	1				
	-			1									
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Vehicle 2.1	Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	□ н	lit/Run Moped					
S ⁻	DOB/Age	Den f	5RBR20		Reg Typ	. PC	Da.	g State MA	1				
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tic Da	microna Later CD		/ear 2016	Veh Make 🏗	ORD		Veh 4	Config 11	İ				
P 2133 3.2.2.2		lorsement	/ear 2016				Veh (Config. 1					
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S, DAVID P	irst	Middle Own	er <u>WOODS, Di</u> Last ess 3 PINERI	AVID I	First		Mid	dle	1 14				
S, DAVID P SI F SIERIDGE RD GTON State 1	MA Zip 01887	Own Addre -1434 City	er WOODS, Di Ess 3 PINERI WILMINGTON	AVID I	First D Sta	ate <u>MA</u>	_{Мід} Zip 01	887-1434	1 14				
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S, DAVID P st at p st	MA Zip 01887	Owner	er WOODS , Direct Last Last Sequence Last Last Last Last Last Last Last Last	AVID I	First D Str 222 D To 23	ate MA amaged Are	_{Мід} Zip 01	887-1434 3 27 27 27 1 28 29	1 14				
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r s s s s s s s s s s s s s s s s s s s	Name Name Vehicle 11 St. St. SS D 19 19 Lic. Re AER, GRIGOR ANTHOUT ST EKET State PILGRIM IN Ction: SE W V Please fill out for operator	Name of Intersecting Roadw Also at Intersecting Roadw Name of Intersecting Roadw Name of Intersecting Roadw Vehicle 1#OccupantsHit/F StDOB/Agt	Name of Intersecting Roadway/Street Also at Intersection with Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street	Name of Roadway/Street At At At At At At At At At	Name of Roadway/Street At Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Name of Intersecting	Name of Roadway/Street At At At At At At At At At	Name of Roadway/Street At At At At At At At At At	Name of Roadway/Street At At Feet NSEW of Mile Marker Feet NSEW of Mile Marker Also at Intersecting Roadway/Street Feet NSEW of Mile Marker Feet NSEW of Mile Marker Feet NSEW of Mile Marker Route# Intersecting Roadway/Street Landmark Crash Report ID# 24-19-AC Reg # LV88508 Reg Type RV Reg Veh Year 2014 Veh Make TOYOTA Veh Ware 2014 Veh Make TOYOTA Veh Ware 2014 Veh Make TOYOTA Veh Make TOYOTA PLEAR, GRIGORIY DARTMOUT ST APT B213 Address 44 CAVENDISH CIR KET State RI Zip 02860 City SALEM State MA Zip 01 PILGRIM INSURANCE COMPANY Vehicle Action Prior to Crash Feet NSEW Responding to Emergency? 2 Event Sequence DAMAGREE DAMAGREE Type of Test: Susp. Alcohol: Address	Name of Roadway/Street At At At At At At At At At				

	= Direction	<u>ا</u>	= Vehicle I	2 = Vehicle 2	⊋ = Pedestr	rian ⊙ 50 =	Bicycle	
Crash Diagram:	ie:	→ <u></u>] → [2	÷€	→ №		
		Ma	în St.				If Crash <u>Did No</u> on a Public Way	
							on a rabbe via	'`
							Off-Street Parking	Lot
							☐ Garage	
							☐ Mall/Shopping Cen	ter
	2						Other Private Way	
		₹ \ }					Indicate North by	Arrow
	1	_}}_						
M.		30A N	lain St.			2 >		
Crash Narrative:								
MV1 was pulled off to								
Main St. As MV2 was pa						vel lane o	of Main St.	
colliding into MV2. Mi	nor damag	e, and	no appare	ent injuri	es.			
Witnesses:	,						<u> </u>	
Name (Last,First,Middle)			Address			Phone #		Statement
Dungarta Damaga								
Property Damage: Owner (Last, First, Middle)	Address		<u> </u>	Phone #	41-Type	Description of I	Damaged Property	
Truck and Bus Information	Registratio	on#		(Fro	n Vehicle Section)			·
Carrier Name					· · · · · · · · · · · · · · · · · · ·		Bus Use	42
Address				_ City		St	Zip	
US DOT #:	State Number_			Issuing State	MC/MX	ICC#:		
43	18	44		45				
Interstate Cargo Body	11		GVWR/GCWR	######################################		144	~ 46	
Trailer Reg #:	Reg Тур		Reg State	Reg Ye	ar Trai	ler Length		
Hazmat Information:	48					_		49
Placard Material 1 digit	# Ma	terial Nam	e		Material 4 die	rit #	Release code	49
Datus Officer Brian M				206	Wilmington	nalias n		/15/2024

01/15/2024 Date

Department

	Pol	lice Use Only		Cor	nmonv	vealth	of Mass	sach	luse	etts	3	58	RI	MV Do	cument Numb		
	Date of Crash 01/16/2024	Time of Crash	P .	City/Town ington	Mot	tor Vel	iicle Cr	ash		umber hicles		P	peed Lin	it3	5 State Police Local Polic MBTA Poli	e (S]
	01/10/2024	24HR	94 T TIL	Ing con		Police	Report		2		0	L	autude _ ongitude		Campus Po	lice	
		AT INTER	SECTIO	ON:	<	LOC	TION	>			NO.	ГΑТ	INTE	RSEC	CTION:		
										_							2 10
	Route# Dire	ction		Name of Roadwa	y/Street		Route# Dir	ection	50 Addr	ess#	SF	LEN	1 ST Name o	f Road	way/Street		
¹ 4				At			_	N/o	l m lave								1
	Route# Direc	ction	Name	of Intersecting Ro	nadway/Street		Fee	t NS	EW	of	Mi	le Mark	er –	— oғ	Exit Num	iber	11
	- Courter - Direct	CHOR	148110	Also at Intersection			Fee	t NS	EW	of							2 "
_							Fee	t NS	EW	of	Route	#	Inter	secting	Roadway/Stre	et	
² 5	Route# Direc	ction	Name	of Intersecting Ro	oadway/Street								I	andma	rk		
3	Please Select (e 1 1 #	#Occupants	Hit/Run	Moped	Crash	Report	ID#	24	-2	0-	AC				1
	of the Followi	u#			. 1												-
	License #	19 1	_ Sı 19	OB/Age 20	 J		# 1HYZ75					-			100	21	1 12
	Sex F Lic.	Class D	Lic. Res	strictions B	CDL Endorsement	t	Year <u>2016</u>					AN		Ve	lı Config. 1	11/1/11	
⁴ 1	1	RDNER , I	F	. L	Middle		er GARDN	Last			L Fig	at		N	Aiddle		
1	1	DIANE D					ess 31 DI		DR	.							
		BURY				-	TEWKSBU	URY		linios italias					1876-2		
	Insurance Comp	any THE CO	MMER(CE INSUR	ANCE C	O Vehi	ele Action Prior	to Crasi	1	2	22			a Code	5 27 6 27 28	4 27	
5 _	Vehicle Travel D	Direction: NS	EX	Responding to E	mergency? 2	Even	t Sequence 1	23	23	23	23		Status: of Test:		29		
⁵ 2	Citation # (If Iss	ued)				Most	Harmful Event	1	24			- •	C Test Re	sult:	, 30		
	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub		Drive	er Contributing (Code	1	25	25		. Alcoho		Susp. Drug.	2 32	1 13
<u></u>	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub		Drive	er Distracted by	0	26			Tow	ed from s	cene?	1 33		
4			for operato	r and all occupants					34 Sent	35 Safety	36 Airbag	Eject '	38 39 Trap Injur	y Transp			
	Operate				Address See Above		DOB/Age	Sex	Pos,	System 1	· · · · · · · · · · · · · · · · · · ·	Code C	Code Statu	s Code	Medical Fa	cility	
	Орегии				3cc Above			$+\!$	1	-	-	-		╬			
												_					
,	Please Select O		21 #	Occupants N	Non-Motorist A	A Type	15 Action	16	Locatio	n S	17 C	ondition	18		Hit/Run	Moned	1
1	of the Followin	ıg:				3)3	A081	eg (84.5)		HW.	7,574		Assessed to the second				
	License	19 1		_ DOB/Age			498140						2C		leg State NH	21	
	Sex M Lic. C	- 1	J	trictions B	CDL Endorsement		/ear <u>2015</u>								Config. 1		Í
2	=	OWN, GOR	Fi	rst	Middle		r DAGLE	Last			AL Fin		STRU		ION COF	<u> </u>	
		WENDOVE			_		ess 6 DAN		LE	RD							. 14
	City BEDFO			VH Zip 031	10	_ City_	PLAISTO)W		4.27.					3865000	}	4
	Insurance Compa	my BOSTON	-ALL	IANT		Vehic	le Action Prior t			ь .	22		aged Are Status:	a Code:	1 27 27 28	27	
	Vehicle Travel D	irection: N S	E	Responding to En	nergency? 2	Event	Sequence 2	23	350 300	23	23		of Test:		29		
2	Citation # (If Issu	ned)				Most	Harmful Event	2	24				Test Res	ult:	1 30		
	Viol. 1: Ch/Sec/S	iub	Vic	ol. 2: Ch/Sec/Sub -		Drive	r Contributing C	Code	1	25	25	Susp	. Alcohol	2 31	Susp. Drug:	2 32	
	Viol. 3: Ch/Sec/S	lub	Vic	ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26			Towe	ed from s	cene?	2 33		
	Plea Name (Last First Mi	ase fill out for ope	rator/non-m	otorist and all occ	cupants involve	d	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject 1	38 39 Imp Injury Iode Statu		Medical Fac	rifity	
		or/Non-Mo	torist		See Above			Ÿ	1 - 1		4 (1	Wiedless Pac	1)	
	~ P = 1 = 10			 				4)	\vdash				-				
							-	-	-			_					
														<u> </u>			



Department

Wilmington Police Department Images Associated with 24-20-AC





Police Use Only	Common	ıwealth (of Massa	chuse	etts		RI	AV Doc	ument Number	
Date of Crash Time of Crash 01/17/2024 1337 Wilm	City/Town Maington		icle Cras	h Nu Vel		siurad L	Speed Lim Latitude	it_3(O State Police Local Police MBTA Police	0800
24HR		Police 1		2	0	- i	Longitude		Campus Police Other:	
AT INTERSECTION	ON: <	LOCA	TION >		NO	TA TC	INTE	RSEC	TION:	
				357	7 N	TDD.	LESE	Z AU	71F.	2
Route# Direction	Name of Roadway/Street		Route# Directio						vay/Street	
	At		Feet N	SEW	of —		- •	ог _		
Route# Direction Name	e of Intersecting Roadway/Stre	eet			ì	Mile Mar	ker		Exit Number	
	Also at Intersection with			SEW	Ro	ute#	Inter	secting l	Roadway/Street	— F
Route# Direction Name	e of Intersecting Roadway/Stre	eet	Feet N	SEW	of				-	
Discourse and the second		<u> </u>						andmar	k	
of the Following: Vehicle 11	#Occupants Hit/Run	Moped	Crash Rep	ort ID# 2	24-	21-	-AC			
License #	DOB/Age	Reg#	3390DI		R	ед Туре	PC	R		
Sex F Lic. Class D 19 19 Lic. Re	estrictions 20 CDL	Veh Y	_{'ear} <u>2023</u>	Veh Ma	ke FOF	D		Veh	Config. 1	21 1
Operator GISH, ANN M	First Middle	Owne	r GISH, A	NN M		First			iddle	
Address 8 RAILROAD AVE	ran value		ess 8 RAILF	COAD :	AVE	First		M	udie	
City WILMINGTON State	MA Zip 01887-23	10 City	WILMINGT	ON		State	MA_	Zip <u>0</u>	1887-23	10
Insurance Company SAFETY INS	SURANCE COMPA	NY Vehic	le Action Prior to Cr	ash	2 22	Dai	maged Are	a Code:		27
Vehicle Travel Direction: NSEX	Responding to Emergency?	2 Event	Sequence 23	23	23 23		t Status:		28	
Citation # (If Issued)		Most	Harmful Event 1	. 24			e of Test: C Test Re	sult.	30	
Viol. 1; Ch/Sec/Sub ———V	iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1	25 2	E	p. Alcohol		Susp. Drug. ₂	32 1
Viol. 3; Ch/Sec/Sub ———V	iol. 4: Ch/Sec/Sub	Drive	Distracted by	26			ved from s		2 33	<u></u> ⊢
	or and all occupants involved		Sont		35 36 Safety Airba	g Eject	38 39 Trap Injur	y Transp.		
Name (Last First Middle) Operator	Address See Above	/e	DOB/Age		System Statu		Code Statu 0 10	s Code	Medical Facility	y
	 			7-	_	1				
				_						
						+				
Please Select One of the Following:	#Occupants Non-Motori	ist A Type	15 Action 1	Location	1 17	Conditio	n 18	D	Hit/Run 🔲 Me	oped
License S	DOB/A;	Reg#	3ESK87		R	eg Type_	PC	Re	eg State MA	
Sex M Lic. Class D 19 19 Lic. Re	strictions I 20 CDL		ear <u>2000</u>	Veh Mal	ke <u>TOY</u>	OTA		Veh	Config. 1	21
Operator BERUBE, JASON	TYLER		BERUBE,	STEV						
Address 300R SALEM ST	Pirst Middle	Addre	ss 300R SA	LEM S		First		Mis	ddle	
City WILMINGTON State I	MA Zip 01887	City_	VILMINGTO	ON		State	MA .	Zip 01	<u> 1887-110</u>	28 1
Insurance Company USAA CASUA	LTY INSURANCE	C Vehicl	e Action Prior to Cr	ash 2	22	Dan	naged Are	a Code:	1 27 8 27 2	27
Vehicle Travel Direction: NSE	Responding to Emergency?	2 Event	Sequence 23	23	23 23		Status:		1 28	
Citation # (If Issued)	•	Most 1	Hannful Event 1	24			e of Test: C Test Res	ulte	29 - 30	
Viol, 1: Ch/Sec/Sub ————Vi	ol. 2: Ch/Sec/Sub	Driver	Contributing Code	19 ²	5 2	5	p. Alcohol		<u> </u>	32
Viol. 3; Ch/Sec/Sub ————Vi	ol. 4: Ch/Sec/Sub	Driver	Distracted by	26			ed from s		2 33	
Please fill out for operator/non-r	•	olved			35 36 Safety Airba	37 Eject	38 39 Trap Injury	40 Transp.		7
Name (Last First Middle) Operator/Non-Motorist	Address See Above	•	DOB/Age S		System Status 1 4		Code Status 10	Code 1	Medical Facility	·
Operator/gron-motorist	Sec Adove	<u> </u>		11	- -	[+		
				-						
						\prod				

	= Direction 1	= Vehicle 1	2 = Vehicle	2 \qquad \text{Pedest}	rian 📆	= Bicycle	
Crash Diagram:	ie: 👈 🗔	→ [2	→ 8	→ %		
		1 :				If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Cent Other Private Way	: ot
Dunkin Donuts 357 Middlesex Ave		And the second s		(≥>	Indicate North by	Arrow
Crash Narrative:							
Vehicle 1 was stoppe	d in traffic as a	vehicle i	n front	of her was s	topped w	aiting to take	
a left turn. Vehicle	2 was traveling	on Middles	еж Ave a	ınd rear ende	d vehicle	e 1. Vehicle 1	
sustained center rea	r damage, and veh	nicle 2 sus	tained a	all front dam	age. Botl	operators	
declined injuries an	d no airbags depl	oyed. Both	vehicle	es were able	to be dr	iven from the	
scene.						***	
							,
Witnesses:					· ·		
Name (Last, First, Middle)		Address			Phone #		Statement
		1					
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of	Damaged Property	
Truck and Bus Informati	On: Paristration #	<u></u>		640 A 000 000 000 000 000 000 000 000 000			
Carrier Name	Registration #		(From Vehicle Section)		Bus Use	42
			City				
Address						St Zip	
US DOT #:	State Number		······································	teMC/MX	/ICC #;		
Interstate 43 Cargo Bo	ody Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg	YearTrai	ler Length	46	
Hazmat Information:					, L	- 1986 1984 B	
Placard 47 Material I di	git # 48 Material Nam	e		Material 4 dig	git #	Release code	49
	R DiLorenzo		217			Department 01/	

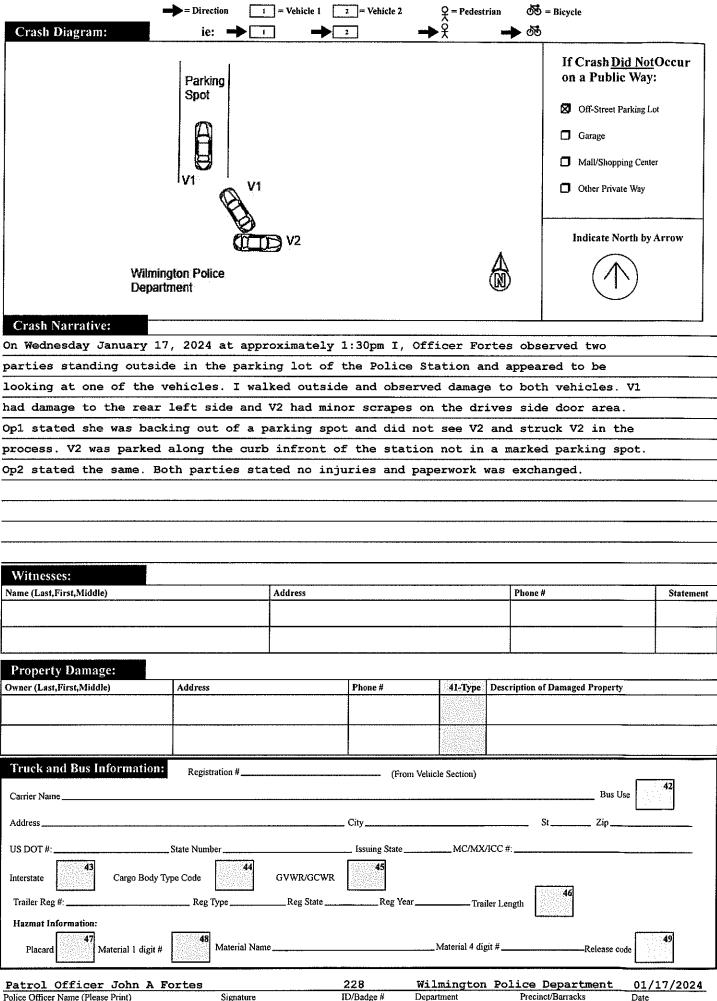
Department

Wilmington Police Department Images Associated with 24-21-AC





	Pol	lice Use Only	Com	monweal	ith (of Massa	ichi	isett	S		RM	V Doc	ument Numb	er	
	Date of Crash 01/17/2024	Time of Crash 1351 Wil	City/Town Lmington	Motor `	Veh	icle Cra	sh	Numbe Vehicle			d Limi	1	O State Police Local Police MBTA Poli	. 8	1
	01/17/2024	24HR	LIKEING COM	Poli	ce I	Report		2	o	Lau	rude gitude _		Campus Po Other:	lice D	
		AT INTERSEC	TION:	< L	OCA'	TION :	>		NOT	AT IN	TER	SEC	TION:		
									71.0	et a t	ישרו	сm			2
1	Route# Dire	ction	Name of Roadway/S	Street		Route# Direct	ion 7	Address #		ELAI			vay/Street		
1			At			Feet [N S E	w of			•	· or			
	Route# Dire	ction N	ame of Intersecting Road	Jway/Street	 ₋				Mile	Marker		- Oi -	Exit Num	ber	10 ¹
			Also at Intersection	with		_	N S E	_	Route		Inters	ecting	Roadway/Stree		L
1	Route# Direc	ction N	ame of Intersecting Road	iway/Street		Feet	N S E	w of							
	Diama Calass			···		1			_	_		ındmar	k		ł
3	Please Select (of the Followi		#Occupants Hi	t/Run Mo	oped	Crash R	eport II	» 2 4	1-2	2 <i>-1</i>	7C				
	License	_ St	DOB/Age		Reg#	271BTO			Reg	Гуре РС	-	R	eg State MA		
	Sex F Lic.	Class D 19 Lic	. Restrictions	CDL Endorsement	Veh Ye	ear <u>2008</u>	Ve	h Make 👤	CHEV	ROLE	T	Vel	Config. 1	21	1
	Operator WI	NDHAM, JOAI		Middle	Owne	r WINDHA	м, .	JOAN	M First				iiddle		
1	Address 219	SALEM RD			Addre	ss 219 SA	LEM	RD	rus:			M	TOTAL CO.		
	City BILLE	ERICA Sta	nte MA Zip 0182	1-1429	City_	BILLERIC	CA						1821-1	429	
	Insurance Comp	any ARBELLA I	MUTUAL INS	URANCE	Vehicle	e Action Prior to	Crash	10	22	Damag		Code:	<u> </u>	27	
	Vehicle Travel D	Direction: X S E W	Responding to Eme	ergency? 2	Event	Sequence 2	23	23	23	Test Sta			1 28 29		
	Citation # (If Iss	ued)			Most I	Hannful Event	2	4		Type of BAC To			99 ²⁹		
	Viol. 1: Ch/Sec/S	Sub	-Viol. 2: Ch/Sec/Sub		Driver	Contributing Cod	ie 1	9 ²⁵	25	Susp. A			Susp. Drug	2 32	2
	Viol. 3: Ch/Sec/S	Sub	_ Viol. 4: Ch/Sec/Sub		Driver	Distracted by	0 2	6		Towed			2 33	=I	-
7	he a second	•	rator and all occupants is		•	2004		34 35 Seat Safety	Airbag J	37 38 jeet Trap	39 Injury	40 Transp.			
	Name (Last First M Operate			Address See Above		DOB/Age		Pos. Syster	Status C	ode Code	Status 10	Code 1	Medical Fa	ality	
								_			<u> </u>	<u> </u>			
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1	Please Select O of the Followin		#Occupants	n-Motorist A Ty	ре	15 Action	16 Loc	ation	17 Co	ndition	18		Hit/Run	Moped	
_	License #_	St	OOB/Age		Reg#_	20354			Reg	уре РС)	R	eg State MA		
	Sex M Lic. C	10 10	20	CDL			Vel	Make C	HEVI				Config. 97	21	
	Operator NO		<u> </u>	Endorsement		US POST									
1	Address 49	Last	First	Middle		s 462 WA	est		First			Mi	ddle		
	City ARLIN		te MA Zip 0247	4		OBURN				State M	A 2	ip 0 2	1801		1 14
	Insurance Compa	any	-		Vehicle	Action Prior to C	Crash	11	22	Damage		- 1		27	· · · · · · · · · · · · · · · · · · ·
	Vehicle Travel Di	irection: X S E W	Responding to Emer	rgency? 2	Event S	Sequence 1 2	3 23	23	23	Test Sta	tus:		1 28		
	Citation # (If Issu	ied)			Most H	Iarmful Event	1 2	4		Type of			99 ²⁹		
2	Viol. 1: Ch/Sec/S	iub	- Viol, 2: Ch/Sec/Sub		Driver	Contributing Cod	e 1	25	25	BAC Te Susp. A			1 .	32	
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub		Driver	Distracted by	0 2	6		Towed i			2 33	ا اـــــــــــــــــــــــــــــــــــ	
		ase fill out for operator/no		oants involved			l s	34 35 eat Safety		37 38 ject Trap	39 Injury	40 Transp.	<u> </u>		
-	Name (Last First Mic		.	Address		DOB/Age	Sex P	as. System	Status C	ode Code	Status	Code	Medical Fac	ility	
-	Operato	r/Non-Motoris	S	Gee Above			4	99	4 0	0	10	1			
										\perp					



Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 24-22-AC





	Pol	lice Use Only	200 (A) 200 (A)	Commonwealth of Massachusetts RMV Docume							6年8年8年6月	en waa arkadu					
	Date of Crash 01/18/2024	Time of Crash		City/Town Lngton			icle Cra	sh	Numb Vehicl		المحسن	Speed Latitud		40	— Local :	olice Police Police	80
	01/10/2024	24HR	11.111.	ington]	Police :	Report		2	0	- 1	Longit				s Police	ă
		AT INTERS	ECTIO	N:	<	LOCA	TION :	>		NO	TAT	rni 1	ΓER	SECT	ΓΙΟN:		
									280	T.	OWE	т.т.	S ሞ				2
	Route# Dire	ection		Name of Roadway	y/Street		Route# Direct		Address		<u> </u>			Roadw	ay/Street		
1]			At			Feet	N S I	E W of	_				or _			
	Route# Dire	ection	Name	of Intersecting Ro	oadway/Street					M	ile Ma	rker			Exit 1	Number	
				Also at Intersection	on with				EW of	Rou	te#		Interse	cting R	oadway/	Street	- F
1	Route# Dire	ection	Name	of Intersecting Ro	oadway/Street		Feet _	N S I	E W of								
	Please Select (000 57												ndmark			-
	of the Followi		11#	Occupants	Hit/Run	Moped	Crash R	eport I	D# Z	4-2	23-	-A	<u>C</u>				
	License #_		St.	DOB/Age 1		Reg	<u>4731044</u>			Re	eg Type	PC		Re	g State 📘	VH 21	_ -
	Sex M Lic.	Class D 19 19	Lic. Res	trictions 1 20	CDL	Veh	Year 2014	v	eh Make	TOY	OTA			_ Veh	Config.]
	Operator AZ	IZIMAZRE	AH,	ARASH	Middle		er AZIZIM	AZR ast	EAH,	AR	ASH	•		Mid	ldie		-
1		GILBERT				Addr	ess 10 GIL	BEF	T DI	R 29	PT	108	8				-
	City MERR	IMACK	_ State 1	1H Zip 030	542808	City_	MERRIMAC	CK	نىنى ما					_		2808	-, I
	Insurance Comp	oany GIECO				Vehic	le Action Prior to	Crash	2	22				Code:	5 ²⁷ . 28	27 2	7
	Vehicle Travel I	Direction: NS	E X	Responding to E	mergency? 2	Even	t Sequence 1	3 2	3 23	23		st Stati pe of T		ŀ	29		
	Citation # (If Iss	sued)				Most	Harmful Event	1	24		_ ВА	AC Tes		ılt:	, 30		
	Viol. 1; Ch/Sec/	'Sub	Vio	ol. 2: Ch/Sec/Sub		Drive	er Contributing Coo		L ²⁵	25	Su	sp. Alc	ohol:	2 31	Susp. D	rug 2 3	2 1
	Viol. 3; Ch/Sec/	/Sub	Vie	ol. 4: Ch/Sec/Sub		Drive	er Distracted by	0	26			wed fr	om sc	ene?	1 33 1		
2	Nome (Last First M		r operator	and all occupant	s involved Address		DOB/Age	Sex	34 3: Seai Safi Pos. Syst	iy Airbag		38 Trup Code	19 Injury Status	40 Trunsp. Code	Medi	cal Facility	
	Operate				See Above			X	1 1	4			10	1			
						 				1						····	_
					,			+	-	 							
										-	<u> </u>						_
						F	2021	<u> </u>	_		<u></u>						_
1	Please Select C of the Followin		2 1 _#	Occupants	Non-Motorist 2	A Type	15 Action	16 Lo	ocation	17	Conditi	ion	18	H	lit/Run	Мор	ed
	License #		, S 1	OB/Ag		Reg	1AHN54		-	Re	g Type	PC		Re	g State 1	1A	
	Sex M Lic.	Class D 19	Lic. Res	trictions 1 20	CDr		/ear 2021	Ve	h Make.	CHE	VRO:	LET		Veh	Config.	1 ²¹	
	Operator CL	OUTMAN,	[YLO]	R C	Endorsement		r ACAR LI	EAS	ING								_
L	Address 13	ANDOVER	RD h	rst	Middle	Addr	ess 4001 E	MBA	RCAI		DF	₹		Mid	dle		_
	City BEVE	City BEVERLY State MA Zip 01915-1647						City ARLINGTON State TX Zip 76014-0000									
	Insurance Comp	any ATLANT I	C SE	PECIALTY	INSUR	A Vehic	le Action Prior to	Crash	1	22	Da	maged	l Area	Code:	L 27	27 2	7
	Vehicle Travel D	Direction: NS I	\mathbf{X}	Responding to Er	nergency? 2	Even	Sequence 1 2	3 2	3 23	23		st Statu			3 28 29		
	Citation # (If Iss	sued) 397568.	AC_			Most	Hannful Event	1	24			pe of T AC Test		10.	. 30		
2	Viol. 1: Ch/Sec/S	Sub 90 1	3B_Vic	ol. 2: Ch/Sec/Sub		Drive	r Contributing Cod	le [20 ²⁵	2:	3		-	2 31	Susp. D	ng 2 3	2
	Viol, 3: Ch/Sec/S	Sub	Vic	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	1	26			wed fro	-		33	-	-
		ease fill out for opera	tor/non-m	otorist and all oc	•	ed			34 35 Seat Safe	ty Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			7
	Name (Last First M	^{siddle)} or/Non-Moto	orist		Address See Above		DOB/Age	Sex	Pos. Syst	m Status			Siatus 10	Code 1	Medic	al Facility	_
	Operate	>++1 +O10=1FXOE(,, egt					'\	-	+	$\vdash \vdash$		_				\dashv
											-						\dashv
												<u> </u>					

	= Direction	1 = 7	/ehicle 1	2 = Vehicle 2	Q = Pedestr	ian 📆 = Bio	ycle	
Crash Diagram:	ie: 💻	▶ 1	→_	2	₽ÿ	→ №		
-			280) Lowell St	A construction of the cons		If Crash <u>Did Not</u> Con a Public Way:	Occur
						0	Off-Street Parking Lot	
] Garage	
					<u></u>			
Vehicle 1		Mall/Shopping Center Other Private Way						
	*****						Indicate North by A	rrow
		· · · · · · · · · · · · · · · · · · ·		Lowell Street				
Crash Narrative:						l		
On Thursday, January 1	8, 2024, a	t approx	rimately	11:45AM, V	ehicle 1 v	vas traveli	ng west on	
Lowell Street when veh	icle 2 was	traveli	ng behi	nd it. The	operator o	of Vehicle	2 stated	
that he was looking at	the GPS o	n his ce	ell phon	e when he c	ollided w	th the rea	r of Vehicle	
1. The collision cause	d damage t	o the re	ar of V	ehicle 1 an	d the from	nt of Vehic	le 2.	
Both parties refused m	edical tre	atment.	Vehicle	1 was towe	d by Forre	est Towing.		
Photos Attached.								
FROCOS ACCACAGA.								
11.								
Witnesses: Name (Last,First,Middle)	 -	Adi	dress			Phone #		Statement
ttaile (Last, Frist, Widdle)			JI 1233			1 110/12		
Property Damage:								
Owner (Last, First, Middle)	Address			Phone #	41-Type	Description of Dar	naged Property	
Truck and Bus Information	Registration	#		(From)	Vehicle Section)			
Carrier Name				(110111	veinele section)		Bus Use	42
Address				_ City		St	Zip	
US DOT #:	Γ #: State Number Issuing State MC/MX/ICC #:							
Interstate 43 Cargo Body	Type Code	44 G\	/wr/gcwr	45		Taragana a		
Trailer Reg #:	Reg Type		Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:						ges; 68000	2.47	
47								
Placard Material 1 digit	48 Mate	erial Name			Material 4 dig	git #	Release code	49

Wilmington Police Department
Department Precinct/Barracks

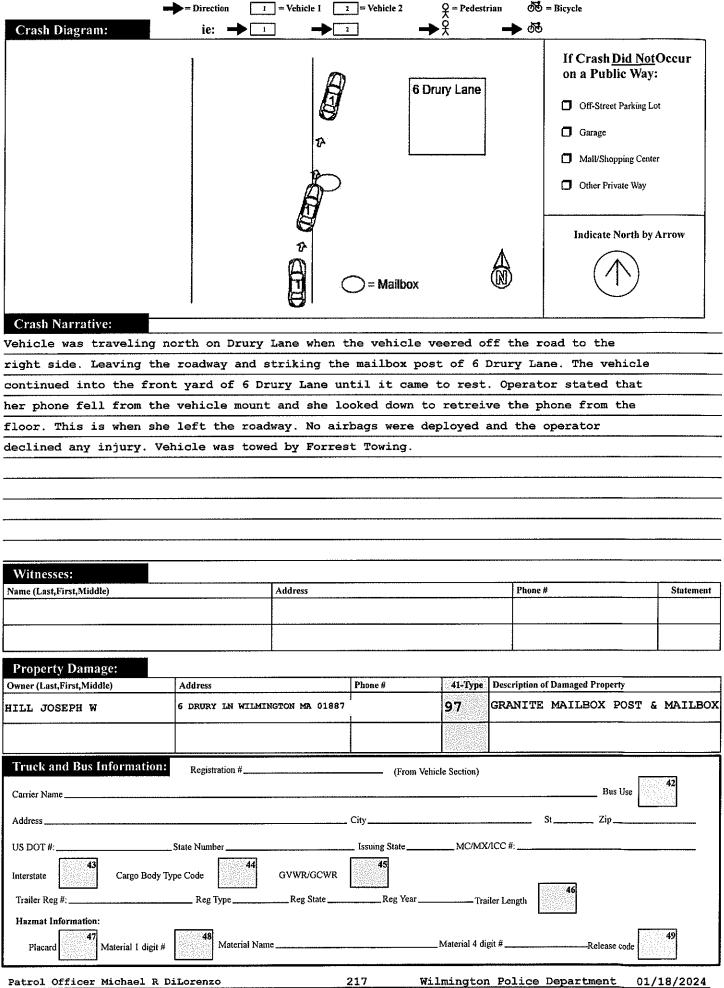
01/18/2024 Date

Wilmington Police Department Images Associated with 24-23-AC





Police Use Only	Com	monwealtl	ı of Massa	chus	etts	,	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RMV	/ Docum	ient Number		
Date of Crash Time of Crash 01/18/2024 1504 Wilm	City/Town	Motor Ve	ehicle Cras	h [Number Vehicles		i lober	Limit_	30	State Police Local Police MBTA Police	0000	
24HR	ing con	Police	e Report	1		0	Latitu Longi			Campus Police Other:	_ 6	
AT INTERSECTION	ON:	< L00	CATION >			NOT	AT IN	TERS	SECT	ION:		
				6		חפת	DV :	T NT				2
Route# Direction	Name of Roadway/S	treet	Route# Direction	on Ad	dress #	DKU	RY N		Roadway	//Street		
	At		Feet [7	SEV	v of				OΓ			
Route# Direction Name	e of Intersecting Road	way/Street	_			Mile l	∕larker			Exit Number		-
	Also at Intersection	with	1 =	i s e v	_	Route#	***************************************	Interse	cting Ro	adway/Street		_
Route# Direction Name	of Intersecting Road	way/Street	Feet [1	i s e v	V of							
Please Select One	[ıdınark			
Please Select One of the Following:	#Occupants Hit	/Run Mope	d Crash Re	port ID#	24	-24	-A	C				
License #	/Age	R	eg # 4EXK18			Reg Ty	pe PC		Reg		21	
Se) Lic. Class D 19 Lic. Re		CDL V	eh Year <u>2009</u>	Veh l	Make <u>H</u>	ONDA			_ Veh C	onfig. 1	<u></u>	<u>.</u>
Operato:	First	Middle	wner SPLAINE La	st		TOPH First	ER	JOHI	Middl Middl	le .		
Address		A	ddress 30R AD	AMS	ST							
Cit	_ Zi		ity WILMINGT	ON	Lozofi Post				_	887-24		
Insurance Company ARBELLA MU	TUAL INST	JRANCE V	chicle Action Prior to C		1		Damage Test Sta		Code: 1	27 27 28	4/	
Vehicle Travel Direction: SEW	Responding to Emer	rgency? 2 E	vent Sequence 31	a terror destacts	23		Type of		1	29		
Citation # (If Issued)	-		ost Harmful Event	31 24			BAC Te	st Resul		30		
Viol. 1: Ch/Sec/Sub ———— V	iol, 2: Ch/Sec/Sub —		river Contributing Cod		25		Susp. Al	_		Susp. Drug:2	32	30
Viol. 3: Ch/Sec/SubV			river Distracted by	5 ²⁶	35	36 3	Towed f	rom sce	ne? 1	33		
Please fill out for operate Name (Last First Middle)	or and all occupants in	Address	DOB/Age	Sex Pos	Safety	Airbog Eje Status Co	et Trap de Code	Injury Status	Transp. Code	Medical Facility	y	
Operator	s	See Above	\sim	X 1	1	4 0	0	10	1			
								:				
Please Select One Vehicle 2	#Occupants No	n-Motorist A Type	15 Action	l6 Locat	ion	17 Con	dition	18	Пн	t/Run M	oned	
of the Following:	.	· · ·		6741 (441) (441)								
	DOB/Age		eg#				•		-		21	
		Indorsement	eh Year	Ven P	Make				_ Ven C	onfig.	┙┃	
	First	Middle	wnerLo	ı		First			Middl	e		
Address State	7in		ty			9	tate	Zi	in	,		1
Insurance Company			chicle Action Prior to C	rash	100000		Damage			27 27	27	
Vehicle Travel Direction: NSEW	Responding to Emer		vent Sequence 23		23	23	Test Stat	tus:		. 28	_	:
Citation # (If Issued)	_		ost Hannful Event	24			Type of			30		ı
Viol. 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub	D:	iver Contributing Code		25	25	BAC Te: Susp. Al			Susp. Drug	32	
Viol. 3: Ch/Sec/Sub		river Distracted by	26	36			Towed from scene? 33					
Please fill out for operator/non-	motorist and all occup			34 Sea		36 37 Airbog Eje	ot Trap		40 Transp.			
Name (Last First Middle) Operator/Non-Motorist	T .	Address See Above	DOB/Age	Sex Post	System	Status Co	le Code	Status	Code	Medical Facility	<u>'</u>	
Operator/Hon-Motorist	-	747 2 300 74	+	<u> </u>	+-		-		_		-	
					-		+					
							-					



Wilmington Police Department Images Associated with 24-24-AC



