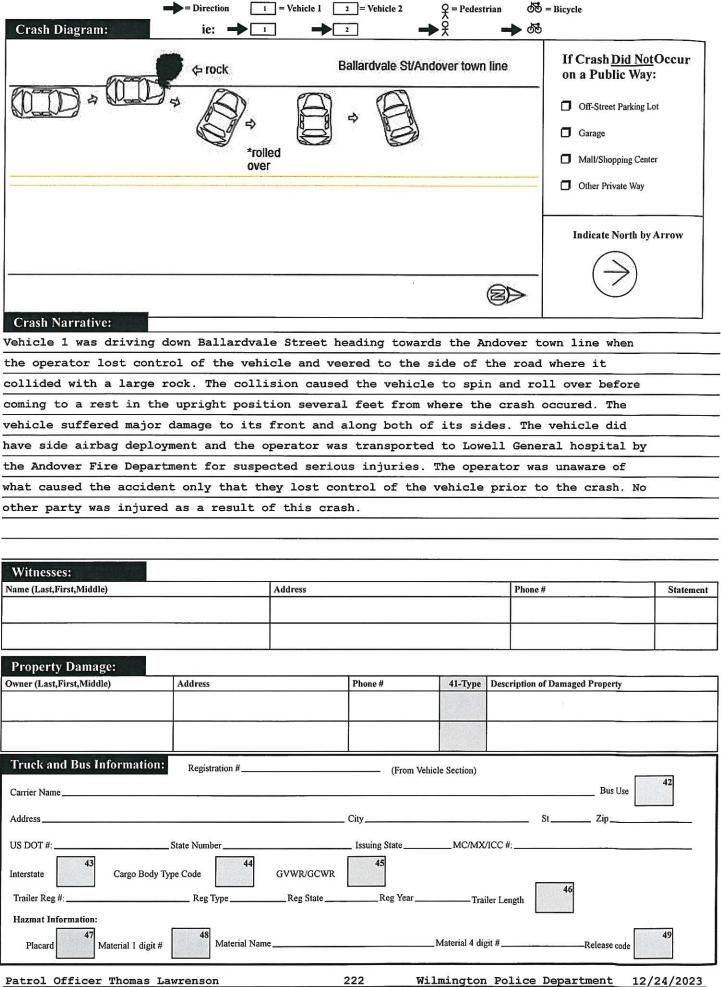
Police Use Only Commonwealth of Massachusetts RMV Document Number																				
	Date of Crash 12/24/2023	Time of Crash	1	City/Town ington	M			cle Cra	sh		lumber chicles		mber ured	Local Police MBTA Police					0800	
	11, 11, 1010	24HR	71	<u>-</u>		Police	e R	leport		2		0		Long			Car	mpus Police her:	ă	
		AT INTER	SECTIO	ON:	<	LOC	CAT	ION	>			NO	T A	r in	TER	SEC	TIO	N:		
	Route# Dire			X AVE Name of Road	dway/Street		_	Route# Direc	tion	Δđđ	ress#			Ni	ame of	Dondy	vay/Stre	n et		2 10
¹ 1	Routes Direct	ction		A										Ne	aine Oi	Noadv	way/Suc			
	Route# Direc	HIGH		a C Internación	- B d.u /6-		_ -	Feet	NS	EW	of	M	ile Ma	o arker		or _	Ex	it Number	-	<u> </u>
	Route# Direc	CHOII		Also at Inters	g Roadway/Stre ection with	et		Feet	N S	E W	of									2 11
² 1	Route# Direc	ction	Name	of Intersecting	g Roadway/Stre	et	- -	Feet	N S	EW	of	Rout	e#					ay/Street		
	Please Select (One NZt	. 4	·o [I _{r=1}								_		ndmar	k			
³ 97	of the Followi		e 1 <u>4</u>	Occupants [Hit/Run	Морес	1	Crash F	Report	ID#	23	- 4	4	6 -	AC	<u>; </u>				
	License #		_ 	DOB/Age	20	Re	eg#_	4DRG61				Re	д Турс	PC) ,	R	eg State	• <u>MA</u>	<u>_</u>	12
	Sex F Lic.	- 1151 00 00 00 00 00 00	36	strictions	CDL Endorsen	nent		ar <u>2013</u>								Veh	1 Config			
⁴ 3	1 "	ORGE, MA	P	RIDGE'I	Middle			GEORGE	Lası			F)(-F iral	T		М	iiddle		-	
	ļ	ANDOVE		475 a. O	1021-14			: <u>353 AN</u>		VEIL	<u>K</u>	<u>) </u>		3.0	n .	n:	1001	1_1 / /	_	
		ERICA any THE ST						ILLERI				22					102 5 27	1-144 27	27	
	Vehicle Travel D	-			to Emergency?			Action Prior to	23	23	23	23		st Stat			28 1			
⁵ 2		ued)	<u> </u>	Kesponeing (to Emergency:			· (±-000	1	24	35% 8	WEE 25	Ту	pe of	Test:		29		l	
	`	Sub		nt 2: Ch/Ser/	Sub			Contributing Co	1,290,00	1	25	25	1		st Resi		1 30	D	32	1 13
	Viol. 3; Ch/Sec/S				Sub	_		-	0	26	ongo, go	(1997) N. 1997			conor: rom sc	2 31 ene?	2 33	Drug: 2		
⁶ 1		Please fill out						-		34 Scal	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	<u> </u>		\dashv	
•	Name (Last First M Operate				Address See Abov		-	DOB/Age	Sex	Pos.	System 1	Status	Code 0	Code 0	Status 10	Code	M	ledical Facility		
	Орегии	<u> </u>			366 A00V		_		\triangle	1	-	*			10	_				
į																		•		
							_			<u> </u>					ļ				_	
				<u> </u>					<u> </u>											
⁷ 2	Please Select O of the Followin		2 2 _#	Occupants	Non-Motori	ist A Type	. 1	Action	16	Locatio	מכ	17	Condit	ion	18	u.	Hit/Run	Mol	ped	
	Licens		-			Re	g# _1	L313CG				Reg	з Туре	PC		R	eg State			
	Sex F Lic. C	Class D 19	Lic. Res	trictions 1	CDL		h Year	r <u>2015</u>	'	Veh M	ake <u>J</u>	eer	<u> </u>			Veh	Config.	1 2		
⁸ 1	Operator GA	LANTE C	HELS	IE MAR			vner _	GALANT	E,	CH	ELS	IE Fi	MA	RII	<u> </u>	Mi	ddle		_	
1	Address 200	PRESIDE	NTIAI	WAY	APT 25	31 Ad	dress	200 PR	ES	IDE	NT.	IAL			AE		2531		-	14
	City WOBUR				1801-00		y W C	OBURN			33.51 A.Two	22						-008		1
	Insurance Compa	any GOVERN	· · · · · · · · · · · · · · · · · · ·					Action Prior to			4	22		imageo st Stat		Code:	1 ²⁷	27 2	27]	
	Vehicle Travel Di	<u></u>	XW	Responding to	o Emergency?			equence 1	SS SSS	23	23	23		pe of I			29			
2	Citation # (If Issu	•							1		25	25			t Resu		1 30	···	_	
		Sub						Contributing Cod	15.15.555	20	<u> </u>		Su		L	2 31		Drug: 2	32	
ļ	Viol. 3: Ch/Sec/S	subase fill out for oper		d. 4: Ch/Sec/S		<u> </u>	iver D	istracted by	5	34	35	36	37	38	om se	40	1 33	···	4	
	Name (Last First Mi	ddle)		I	Address			DOB/Age	Sex	Sent Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Me	edical Facility		
	Operato	r/Non-Moi	torist		See Above	9	_	> <	X	1	1	4	0	0	10	1				
L				1		,				6	1	4	0	0	10	1				
																	-			

	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestr	- 📆 neir	Bicycle				
Crash Diagram:	ie: →	→ □	2	₽Ŝ	→ ॐ					
						If Crash Did No on a Public Way	y:			
High St						Gornan	i			
	- 	:				☐ Garage				
		THE THE				Mall/Shopping Cen	ter			
		(I)	MV 2	***************************************		Other Private Way				
	FIF	MV1	VIA.T÷							
	لحال	y				Indicate North by	Arrow			
	<u> </u>	•.	j:			Andrease North St				
	Middlesex Ave									
Crash Narrative:										
MV 1 was at the light	attempting to t	take a left	turn eastbo	und onto	Middlese	Ave. MV 2				
was behind MV 1 also a	ttempting to ta	ake a left	turn onto Mi	ddlesex ?	Ave. The	light turned				
green and MV 1 began t	o make their wa	ay through	the intersec	tion and	take the	turn. MV 2				
began to follow suit t	hrough the inte	ersection.	There was a	n oncomin	ng vehicle	from the				
other side of the inte	rsection that N	W 1 yielde	d to. While	this was	happenin	ng the				
operator of MV 2 state	d that she look	ed down at	a picture a	nd contir	nued to mo	ve forward				
assuming that MV 1 was	continuing to	take the l	eft turn. M	V 2 was τ	nable to	stop in time				
and rear ended MV 1.										
Witnesses:										
Name (Last,First,Middle)		Address			Phone #		Statement			
					<u> </u>					
Property Damage:			1							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of I	Damaged Property				
Truck and Bus Information	Registration #		(From Vo	hicle Section)						
Carrier Name			(110111VC	mere section)		Bus Use	42			
Address			. City		St	7.in				
43	State Number44		Issuing State	MC/MX/	ICC #;		.			
Interstate Cargo Body	建筑建筑	GVWR/GCWR				46	1			
	Reg Type	Reg State	Reg Year	Trail	ler Length					
Hazmat Information:	48					<u> </u>	49			
Placard Material 1 digit to	Material Nam			Material 4 dig	it #	Release code				
Patrol Officer Shane A	Foley		211 W:	ilminatos	Police D	epartment 12	/24/2022			

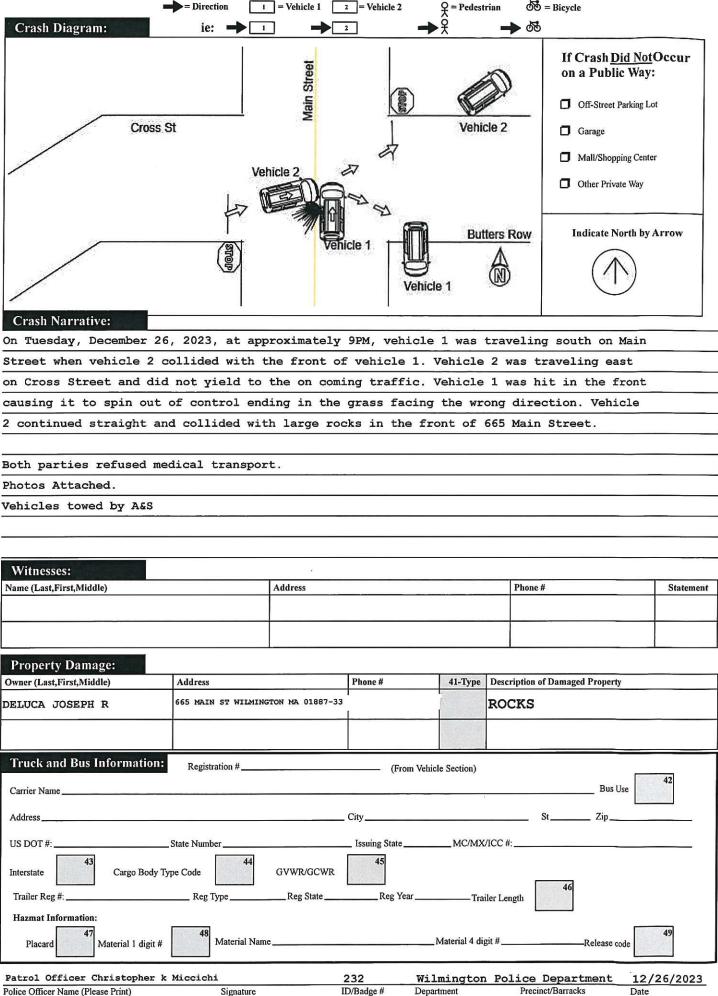
Department

	Police Use Only Commonwealth of Massachu												SERVICE LA	(3)	RMV1	Docu	ment Num		
	Date of Crash 12/24/2023	Time of Crash 2127	t .	City/Town		Iotoi	r Veh	icle C	lumber ehicles		, `	peed L							
	12/24/2023	24HR	MITI	iriig con		Po	lice l	Repor	t	1		1	ľ	atitude ongitud			MBTA Po Campus P Other:		
		AT INTER	SECTI	ON:		<	LOCA	TION	>			NO	ГΑТ	INT	ERSI	ECT	ΓΙΟΝ:		<u> </u>
												D7	T # 7	\RD\	73. T	TC7 1	em		2 10
1	Route# Dire	ction		Name of Road	dway/Street			Route# D	irection	Add	ress#		.11111				ay/Street		
¹ 5				A	t			F	eet N S	EW	of					nr			
	Route# Direc	ction	Name	e of Intersecting	g Roadway/St	reet		· · · · · · · · · · · · · · · · · · ·				Mi	le Marl	сег		-	Exit Nu	nber	11
				Also at Inters	ection with				eet NS		_	Route	 #	In	tersecti	ing Ro	oadway/Str	et	<u> </u>
² 3	Route# Direc	ction	Name	e of Intersecting	g Roadway/St	reet		F	eet NS	EW	of								
	Please Select (One 5-24					I						4 -		Land	mark			ł
3	of the Followi		e 1 <u> </u>	#Occupants	Hit/Run		Moped	Cra	sh Repor	t ID#	23	<u>-4</u>	47	-P	7C				
	License #	and of the same	§	DOB/Age	(Reg#	968NS	8			Reg	Type_	PC		_ Reį	g State M	21	12
	Sex M Lic.	Class D 19 1	Lic, Re	estrictions	CDL Endorse	ement	Veh Y	ear <u>2010</u>		Veh M	lake <u>V</u>	OLV	<u>'O</u>		····	Veh (Config. 1	21	
À	1	MIG, DE		ERMAN First	Midd	le	Owne	r ROMI	G, D	EAN	SH	ERM Fir	AN st			Midd	dle		
⁴ 1		RIVER S						ss 78 R		S	<u> </u>								
		/ER		-			City	ANDOVE	ER		19000000	221				_	810-5		
	Insurance Comp.	any ARBELI		TUAL I	NSURA	NCE		le Action Pric			1000	22		naged A Status:		ode: 1	1 27 3 2° 28	7 2/	
5	Vehicle Travel D	Direction: S	EW	Responding t	o Emergency	7	Event	Sequence	35 43		23	23		e of Tes		1	L 29		
	Citation # (If Iss	ued)		-			Most	Harmful Ever	at 43		्रमा <i>ः</i>	to carl		C Test F			30 L		12
	Viol, 1; Ch/Sec/S	Sub	Vi	iol, 2; Ch/Sec/S	Sub		_ Driver	r Contributing	LASSO	19	25	25	Sus	. Alcol	ıol: 2	31	Susp. Drug	2 32	30 ¹³
⁶ 2	Viol. 3: Ch/Sec/S	Sub					_ Drive	Distracted b	у 99	26	1 52			ed fron		? <u>1</u>	33		
	Name (Last First M	Please fill out	for operato	or and all occup	Oants involved Addres			DOB/Age	Sex	Seat Pos.	35 Safety System	36 Airbeg Status	37 Eject Code		jury Tra	nsp. ode	Medical F		
	Operato	or			See Abo	ove		\geq	$\langle X$	1	1	2	0 (7	2		Lowell Gen nospital	eral	
																	···		
	Please Select O	One Vehicle	a #	Occupants	Non-Moto		T	15	16			17			18		it/Run	154 .	Ì
1	of the Followin	ig: Venicie	· 4	-Occupants	Non-ivioto	rist A	Туре	Action		Locatio	on _		onditio	Territoria.		_ I4)	nt/Run	Mopea	
	License #	19 1	_	DOB/Age_	20		Reg#					Reg	Type_			_ Reg	g State	21	
	Sex Lic. C	Class	Lic. Res	strictions	CDL Endorse	ment	Veh Yo	еаг		Veh M	ake				 '	Veh C	Config.		
2	Operator	[.asl	F	irst	Middl	.	Owne	r	Lust			Fin	il			Midd	fle		
	Address							ss					_						14
	•			-			-					22	_	aged A		_	27 27		1
	•	any						e Action Prio	r to Crasi:	23	23	<u> </u>		Status:		-	28	لثنا	
	Vehicle Travel Di		EW	Responding to	o Emergency?			Sequence		24):26]	Туре	of Tes	t:	\$. 3.	29		
2	,	.ed)						Harmful Even Contributing		(508)	25	25		Test R		21	30		
		Sub					_	Distracted b	T 35333	26	56 K		•	. Alcoh ed from		_	Susp. Drug	32	
		ase fill out for ope					_ Dilvei	Distracted 0	, <u>1888</u>	34	35	36	37	38 3	39 4	10			
	Name (Last First Mi	ddle)			Address			DOB/Age	Sex	Seat Pos.	Safety System				jury Tran ntus Co		Medical F	acility	
	Operato	r/Non-Mo	torist		See Abo	ve			\checkmark	1			\bot	_	_	_			
İ																			



Department

	Poli	ice Use Only	U 100 150	Com	onwealth of Massachusetts RMV Document Number													
	Date of Crash 12/26/2023	Time of Crash		City/Town			icle Cr			lumber ehicles		nber ured	Speed	l Limit	3	Loc	e Police al Police TA Police npus Police	
	12, 23, 2323	24HR	*************		I	Police 1	Report		2		0		1	itude			npus Police	
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO	T A	L IN,	TER	SEC	TION	٧:	
									66	E	M	n TN	r s:	TI				2 10
1	Route# Direc	etion		Name of Roadway/	Street		Route# Dir	rection		ress #		211			Roady	way/Stre	et	<u> </u>
¹ 4	_			At			Fee	t NS	E W	of					Or			
	Route# Direct	tion	Name	of Intersecting Roa	dway/Street						M	ile Ma	ırker			Exi	t Number	9 11
				Also at Intersection	with			t NS		-	Rout	 e#		Inters	ecting	Roadwa	y/Street	
² 1	Route# Direc	tion	Name	of Intersecting Roa	dway/Street		Fee	t NS	EW	of								
<u>.</u>	Diama Salast C														ndmar	k		-
3	Please Select C of the Followir		1 1	#Occupants H	it/Run	Moped	Crast	1 Report	t ID#	23	-4	4	9 –	AC	3			
	License		- S	OB/Agu		Reg #	<u> </u>				Re	д Туре	PC		R	teg State		12
	Sex F Lic. C	Class D 19 1	Lic, Re	strictions 20	CDL	Veh Y	rear <u>2017</u>		Veh M	ake 工	ODO	E.			Vel	n Config.	. 1	
4	Operator WII	KLE, KE	RI L		Middle	_ Own	er WINKL	E _]	BRY	AN	PA!	[RI	CK			liddle		
⁴ 2	Address 36	ASHBURT	IA NO	/E		Addr	ess 36 AS	HBU	RTC	N.					,,,,	ndun		
	City WOBUR	<u>N</u>	State]	MA Zip 0180	1-1357	City_	WOBURN								•		-1357	
	Insurance Compa	any PLYMOU	TH R	OCK ASSUE	RANCE C	Vehic	le Action Prior	to Crasi	1	1	22				Code:	1 27 E	B 27 27	
⁵ 1	Vehicle Travel Di	irection; N	EW	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23		st Stat			29		
1	Citation # (If Issu	ıed)		-		Most	Harmful Event	1	24			ВА	AC Tes		ılt:	30		
	Viol. 1: Ch/Sec/S	Sub	Vi	iol. 2: Ch/Sec/Sub =		Drive	r Contributing	Code	1	25	25	Su	sp. Ale	cohol:	2 31		Drug 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/S	ub	Vi	iol. 4: Ch/Sec/Sub =	 	Drive	r Distracted by	0	26			То	wed fr	om sc	ene?	1 33		
т_	Nome (Last First Mic		or operato	or and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Sofety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	edical Facility	
	Operato)r			See Above		><	X	1	1	4		2	10	1			
																		-
									<u> </u>									1
	N					558	15	16	<u> </u>		17		Á	18		<u> </u>	<u> </u>	1
⁷ 2	Please Select Or of the Followin		21#	Occupants No	on-Motorist A	Туре	Action	100	Locatio	n	ď	Conditi	ion	10		Hit/Run	Moped	
	License			DOB/Ags		Reg#	2YEZ14	<u> </u>			Reg	у Туре	PC		R	eg State]
	Sex F Lic. C	lass D 19 19	Lic. Res	strictions 20	CDLEndorsement	Veh Y	ear 2010		Veh Ma	ake D	ODG	E			Veh	Config.	1 21	
R	Operator SPR	OUSE, C	HRYS	TAL L	Middle	_ Owne	r SPROU	SE,	CH	RYS	TAI				Mi	iddle		Ĭ
1	Address 42 I	BUTTERSE	ROW			_ Addre	ss 42 BU	TTE:	RSR	WO								14
	City WILMI	NGTON	State <u>1</u>	MA Zip 0188	7-3341	City 1	WILMING	GTON	<u> </u>						-			1 14
	Insurance Compa	ny FOREMO	ST PE	ROPERTY A	ND CAS	Vehic	e Action Prior			1	22				Code:		.0 27 27	
	Vehicle Travel Dis	rection: NS	Χw	Responding to Eme	ergency? 2	_ Event	Sequence 1	23 10	23	23	23		st Stati pe of T			1 28 29		
2	Citation # (If Issue	ed)				Most 1	Harmful Event	1	24				C Tes		it:	1 30		
	Viol. 1: Ch/Sec/St	ub	Vie	ol. 2: Ch/Sec/Sub -		Driver	Contributing C	Code	19	²⁵ 4	25	Sus	sp. Alc	ohol:	2 31	Susp. I	Drug 2 32	
	Viol. 3: Ch/Sec/Su			ol. 4: Clı/Sec/Sub		·····	Distracted by	99	26			Tov	wed fr	om sc		1 33]
	Plea Name (Last First Mid	•	ator/non-n	notorist and all occu	pants involved Address		DOB/Age	Sex	34 Seat Pos.	35 Søfety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Мо	dical Facility	
		r/Non-Mot	torist		See Above			X	1	1	4		2	10	1			
	_																	1
	,,							+-										
							-	-	 									
				1			1	i				- 1						



Wilmington Police Department Images Associated with 23-449-AC



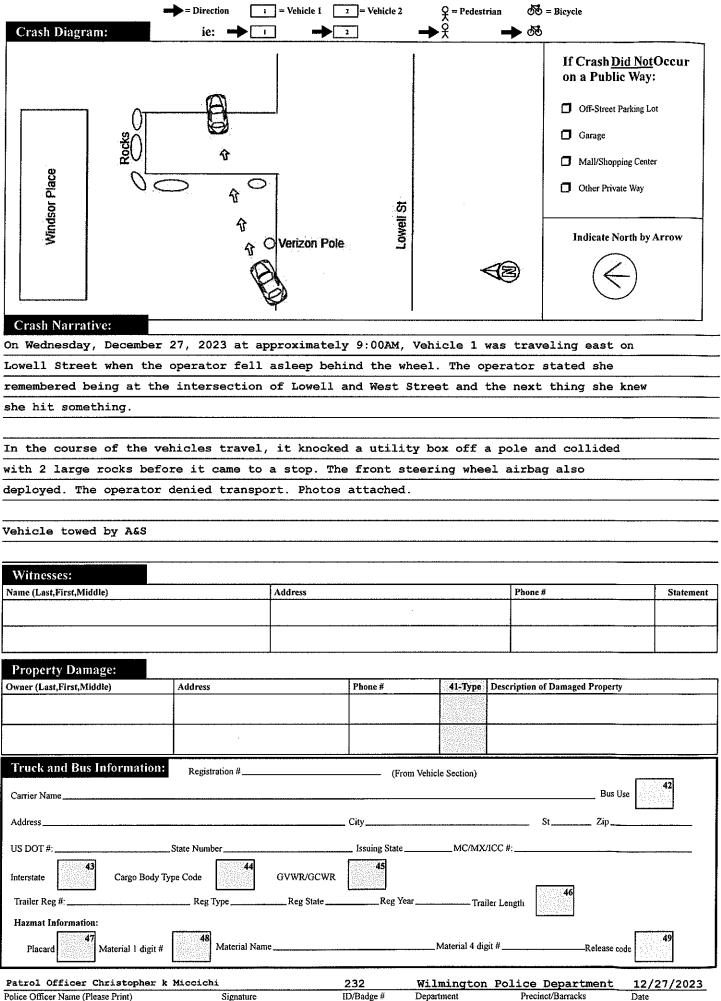


Wilmington Police Department Images Associated with 23-449-AC





	Po	lice Use Only			<u>Com</u> mon	nwealth of Massachusetts RMV Document Number											
	Date of Crash 12/27/2023	otor Vel	hicle Cr	ash		lumber ehicles		a l ^{or}	ed Lim	it4	O State Police Local Police MBTA Police	0800					
	12,21,2023	0942 24HR	** 1. 1.10	ningtor	•	Police	Report	a.	1		1	- 1	itude ngitude		Campus Police Other:	_ 6	
		AT INTERS	SECTI	ON:	<	LOC	ATION	>			NOT	AT I	NTEI	RSE	CTION:		
									32	n	T.OI	aret.	ն <u>Տ</u> ւ	p.			2 10
¹ 1	Route# Dire	ection		Name of Roa			Route# Dire	ction		ress#	<u> </u>				lway/Street		
1				A	At		Feet	NS	EW	of			• –	– or			
	Route# Dire	ection	Name		ng Roadway/Stre	et					Mile	Marke	7		Exit Number	r	1 11
				Also at Inter	section with			N S		_	Route#	-	Inter	secting	Roadway/Street		
² 1	Route# Dire	ection	Name	e of Intersection	ng Roadway/Stree	et	Feet	NS]E W	of							
	Please Select	One 🔽	. 1	#Occupants				_						andma	rk		
³ 2	of the Followi		1.2	"Occupants	Hit/Kun	Moped	Crash	Repor	t ID#	23	-4!	ου.	-A(
	License #	10 1	ลี	DOB/Age	20		# 1KVX94								Reg State MA	21	7 12
	Sex F Lic.			estrictions 1	CDL Endorsem	ent	Year 2019			ake <u>H</u>	YUNI	AI		Ve	h Config. 1		,
⁴ 3		Last	VIKT	CORTIA First	D Middle		ner BABURI	Lası	•	MIT	RIY First			N	vliddle		
3	Address 9 2				1000 05		ress 9 2ND									_	
		FIELD				-	WAKEFIE			14878	22				1880-25		
	1	pany THE HA					cle Action Prior t			23		Test S		a Code	1 28		
5 1	Vehicle Travel I		سح	Responding	to Emergency? 2			23 10				Туре	of Test:		29	ŀ	ı
	·	sued)		-			t Harmful Event er Contributing C	10	3(3)35	25	25		Test Res		1 30		10 ¹³
		Sub					er Contributing C	0	26				Alcohol I from s		Susp. Drug. 2	32	10
⁵ 1	Viol. 3: Ch/Sec/	Please fill out f			/Sub	DIIV	el Distracted by	<u> </u>	34	35	36	7 38	39	40	3 300,00		
	Name (Last First M			<u> </u>	Address		DOB/Age	Sex	Sest Pos.	Safety System	Surtus C	eet Tre ade Co	de Statu	Code		y	
	Operate	or			See Above			X	1	0	1 0	0	9	1			
		======================================												<u> </u>			
2	Please Select C of the Followin		2	≠Occupants	Non-Motoris	st A Type	15 Action	16	Locatio	on a	17 Co:	dition	18		Hit/Run 🔲 M	oped	
	License #		St	DOB/Age		Reg	#	1975-1976		10408	Reg T	vne	en gen a	R	Cen State		
	SexLic. (19 19	1	strictions	20 CDL		Year								13.74	21	
	Operator			5,000.00	Endorseme	ent	er										
1	Address	l,ast	F	First .	Middle		ess	Last			First			М	fiddle		
	City		State	Zip		City						State		Zip	·	[1 14
	Insurance Compa	any			•	Vehi	cle Action Prior to	Crash			22	Damag	ed Area	Code:	Labore Artist Fig.	27	
	Vehicle Travel D	rection: NS	E W	Responding	to Emergency?_	Even	t Sequence	23	23	23	23	Test St			28		
2	Citation # (If Iss	ued)				Most	Harmful Event		24			Type o BAC T	est Res	ult:	30		
2	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/	Sub	Drive	er Contributing C	ode		25	25		Alcohol:	121100	Susp. Drug:	32	
	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/	Drive	er Distracted by		26			Towed	from so	епе?	33			
	Ple Name (Last First Mi	ase fill out for operations	ator/non-n	notorist and al	ll occupants invol Address	lved	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 3 Airbag Ej Status Co	ct Tra	p Injury		Medical Facility	,	
	Operato	or/Non-Mot	orist		See Above			X	1								
				†								+					
				<u> </u>			 					_	-				
			· · · · · · · · · · · · · · · · · · ·	-		-		+				+					
				1				1				- [1	1	I	l l	

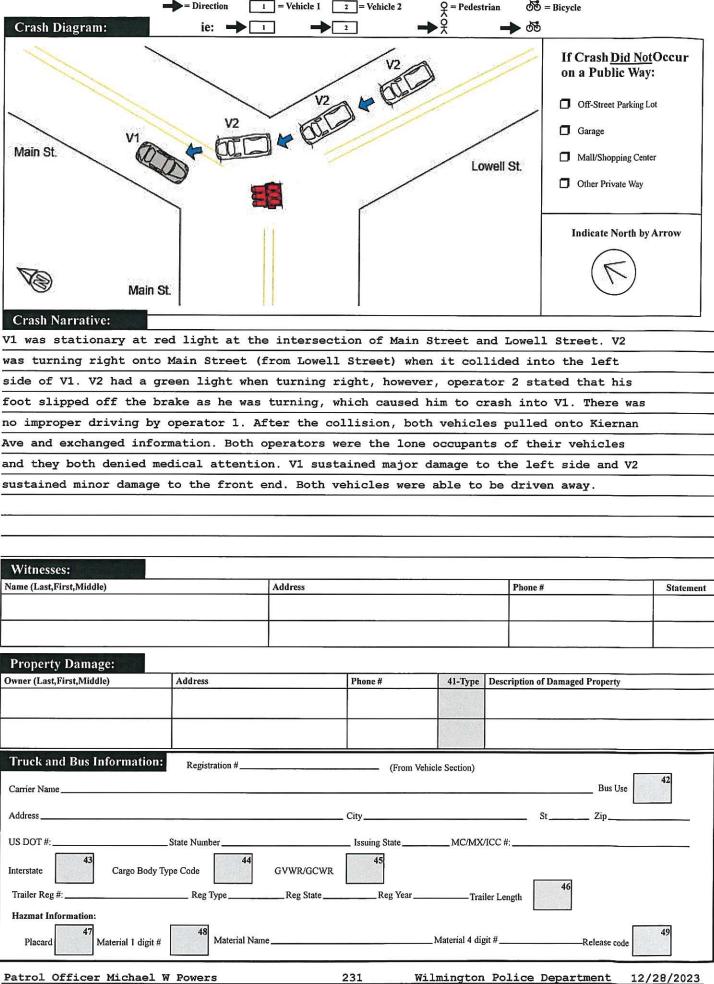


Wilmington Police Department Images Associated with 23-450-AC





	Po	lice Use Only		(Commoi	nwealth	ealth of Massachusetts RMV Document Number											
	Date of Crash 12/28/2023			City/Town ingto	M	lotor Vel	nicle Cr	ash		umber		1 1000	d Limi	t <u>3</u> .	Locas	Police Police Police		
	12,20,2023	24HR	44 7- 7-111	±119 co.	**	Police	Report		2		0	F	ude gitude_			us Police	5	
		AT INTER	SECTIO	ON:	<	LOC	ATION	>			NOT	AT IN	TER	RSEC	TION:			
		MAIN	ı st														2 10	
¹ 1	Route# Dire	ection			padway/Street		Route# Dire	ction	Addı	ess#		1	lame of	f Roady	way/Street		_	
<u> </u>		T.OWF	ELL S		At		Feet	NS	EW	of				or.				
	Route# Dire	ection		of Intersect	ing Roadway/Str	reet		[au] a		1	Mile	Marker			Exit l	Number	3 11	
				Also at Inte	rsection with			N S			Route#	_	Inters	ecting	Roadway/	Street	-	
² 3	Route# Dire	ection	Name	of Intersecti	ing Roadway/Str	eet	Feet	[M2	EW	ot			T -	andmar	-lz		_	
	Please Select		. 11	#Occupants	Hit/Run	Moped	Crash	Danore	ID# (5 3	-45	:1 <u>-</u>			K		7	
3	of the Follow	ing:	·													-	4	
	License !	19 1	9	DOB/Ag	20		# 3EY566				_	-			leg State 1	_ 21	1 12	
	Sex_F_ Lic.			strictions	CDL Endorse	ment	Year 2021							Vel	n Config.	<u>[</u>		
⁴ 3	1	RRILLO, Last KENDALL	F	First	Middle	e	ner <u>PARRI.</u> ress <u>8 KEN</u>	Last	,		First	WKT	<u>Ei</u>	M	fiddle		-	
	City WILM			MZA Zin (01887-22		WILMING			<u>'</u>		State M	Ά -	zin O	1887	-2235	-	
		oany THE CC		-		-	cle Action Prior t		i	2	22	Damag				27 27	,	
	Vehicle Travel I		EW		g to Emergency?		nt Sequence	23	23	23	23	Test St	atus:		1 28		'	
⁵ 2	Citation # (If Iss		<u> </u>		- •	Mos	t Harmful Event	1	24	2000 200	150 y 1 (40 m)	Type of		•	29 30			
	Viol, 1: Ch/Sec/	'Sub	Vi	iol. 2: Ch/Sec	c/Sub ———	Driv	er Contributing C	ode	1	25	25	BAC To Susp. A		2011	1	rug 2 32	1 13	
<u> </u>	Viol. 3: Ch/Sec/	Sub ———	Vi	iol. 4: Ch/Sec	c/Sub	Driv	er Distracted by	0	26			Towed			2 33	<u> </u>	'	
⁶ 2	Name (Last First N		for operato	r and all occ	cupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety	36 Ej Status Ci	7 38 ect Trap	Injury	40 Transp. Code	14.4	cal Facility		
	Operate				See Abov			X	1	1	4 0	0	10	1	Ivious	our roomly		
			 						 				1	ļ				
								-										
	Please Select C	One NA	-	10	<u></u>		15	16	<u> </u>	.60	17 17	 	18	ļ			_	
4	of the Followi		2 <u>1</u> #	Occupants	Non-Motor	rist A Type	Action		Locatio	n 🧾	Cor	dition			Hit/Run	Море	d 	
	License	19 1	ol	⊃B/Ago	· - 20	_	# 4NHF81					ље РС		R	eg State 1	1A 21	-	
	Lic. (Class D	Lic, Res	strictions I	CDL Endorsen	nent	Year <u>2006</u>				ORD				Config,	1		
32	Opera	Last	211	шы	Middle		er THIBEI ess 20 CA	Last			L BF First	UCE	JK		iddle		-	
	Address_		Canan	– Zip			PEABODY		<u> </u>	15		into M	7 7	zin Oʻ	1960-	-4027	- 1 4	
	City Insurance Comp	any THE CO	_ State MMERO	-	URANCE		cle Action Prior to		[3		Damage				27 27	- -	
	Vehicle Travel D		EX		to Emergency?		t Sequence	23	23	23	23	Test Sta	itus:		1 28		'	
)	Citation # (If Iss	ued)				Mos	Harmful Event	1	24			Type of		[4.	30			
2	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec	:/Sub	Driv	er Contributing C	ođe	97	25	25	BAC To Susp. A			1	ug: 32		
	Viol. 3: Ch/Sec/S	Sub	Vic	oł. 4: Clı∕Sec	Drive	er Distracted by	0	26			Towed			2 33	~ <u> ~</u>	']		
	Ple Name (Last First M	ease fill out for oper	rator/non-n	notorist and	all occupants inv	olved	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 3 Airbag Ej Status Co	et Trap	39 Injury Status	40 Transp. Code	k a	al Facility		
		or/Non-Mo	torist		See Abov	ve	DOS/NGC	Ź	1		1 0	0	10	1	Medic	ar racinty		
												+	<u> </u>				_	
												+		-				
								 	<u> </u>			-	 					
				i			I	1				-1]	1	ŀ			



Police Officer Name (Please Print)

Wilmington Police Department Images Associated with 23-451-AC







Police Use Only Commonwealth of Massachusetts RMV Document Number																		
	Date of Crash 12/29/2023	Time of Crash		City/Town ington	Mo1	tor Veh	icle Cra	ish		umber hicles		trad	•	Limit	3(State Po Local Po MBTA	olice 🔀	
	12/29/2023	24HR	M T THE	riig con	-	Police :	Report		1		1	- 1	Latitud Longit			Campus Other:	Police 5	<u>j</u>
		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NO'	ΤΑΊ	'INT	rer	SEC	TION:		
		HARR	RIS S															2 10
¹ 1	Route# Dire	ction		Name of Roadwa	ay/Street		Route# Direc	ction	Addr	ess#			Na	me of	Roadv	vay/Street		-
1	-	CEDA	R ST	A			Feet	N S	E W	of			- •		or _			.
	Route# Dire		Name	of Intersecting R				NI o	I m law	I .	M	ile Mai	rker			Exit N	umber	1 11
				Also at Intersecti	ion with			N S			Route	=#		Interse	ecting l	Roadway/S	treet	
² 3	Route# Direc	ction	Name	of Intersecting R	oadway/Street		Feet	NS	E W	ot				La	ndmarl	k		_
3	Please Select (of the Followi	One Vehicle	11_#	Occupants	Hit/Run	Moped	Crash I	Report	ID#	23	-4	52	2 – 2	AC	•			7
,		ang:										-				W	78	-
	License #	<u> </u>	9	DOB/Ag			FIVNSO									Γ	21	3 12
	Sex F Lic.	MELIO, I		strictions 1	CDL Endorsemen	t	Year 2004						<u> </u>		Ven	Conng.	L	
⁴ 1		Last DUNTON I	P.	irst	Middle		er DAMELI ess 28 DUI	Last			F	ist			М	iddle		
-		INGTON		να ν:_018	387-268		wilming			<u> </u>		Ctat	. MZ	1 7	⁄≔ U.	1887-	2681	
	1	any THE HA					le Action Prior to		1	1	22					1 27 2		
	Vehicle Travel D		EW	Responding to E			Sequence 22		23	23	23		st Stati			1 28		
5		sued)		Responding to E	inergency:			22	24	::::::: <u> </u>	10.000	Ту	pe of T	Test:		29		
		Sub		ol 2: Ch/Sac/Sub			or Contributing Co			25 2	0 ²⁵			t Resu		30	32	22 ¹³
		Sub					•	99			. 			om sc	2 31 ene?	333 33	ag 2 32	
⁶ 2	Vior, 5, Ciraco,			r and all occupan					34 Sest	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			-
	Name (Last First M			1	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medica Lahay Cli	d Facility Lnic	-
	Operate	or ————			See Above			X	1	0	4	0	0	8	2			-
⁷ 1	Please Select C		2#	Occupants 🔲	Non-Motorist .	A Type	15 Action	16 I	Locatio	n	17	Condition	on	18		Hit/Run	Moped]
1	License #		St	_ DOB/Age		Reg f					Rei	Type	1.00		R	eg State		1
	SexLic. (19 19	5	trictions 20	CDL	_	ear									Γ	21	
	Operator		J	1116.4.1	Endorsement		²r											
⁸ 1	Address	Lost	Fi	ısı	Middle	Addre	ess	Last		_	Fi	ler			Mi	ddle		
	City		State	Zip		City_						_ State	e	z	ip			1 14
	Insurance Compa	any				Vehic	le Action Prior to	Crash	[22	Daı	naged	l Area	Code:	27	27 27	
	Vehicle Travel D	pirection: N S	EW	Responding to E	inergency?	Event	Sequence	23	23	23	23		t Stati			28 29		
9 .	Citation # (If Issa	ued)				Most	Hannful Event		24				e of T	est: t Resu	le:	30		
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2; Ch/Sec/Sub	,, , ,, , , , , , , , , , , , , , , , 	Drive	r Contributing Co	ode		25	25		p, Alc	F	31	Susp. Dru	ıg. 32	
	Viol. 3: Ch/Sec/S	Sub	Vic	26 ~ 13									·					
		ase fill out for oper	rator/non-n	otorist and all oc	•	ed	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	37.1	l Facility	1
	Operato	or/Non-Moi	torist		Address See Above		, , , , , , , , , , , , , , , , , , ,	Ŵ	1	sysicin	Junus	- Auc	cue	owig2	CONB	Medical	ravinty	1
	~P > , and								-			\longrightarrow						1
													-					-
																		-

