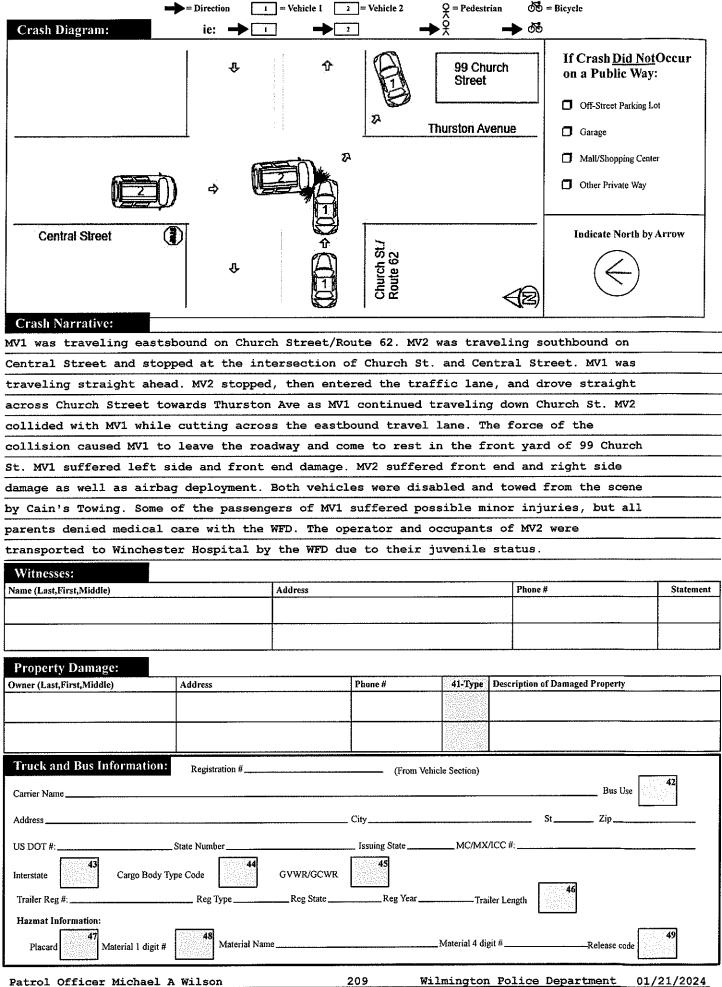
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Department

Page: 1

NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 24-25-AC 1

Entered: 01/21/2024 @ 2322 Entry ID: 209
Modified: 01/21/2024 @ 2326 Modified ID: 209
Approved: 01/23/2024 @ 0821 Approval ID: 135

The operator of MV1 later reported that one of the male occupants of MV2 exited their vehicle after the collision, approached her driver's side door and began acting aggressively towards her. She stated that he began pulling on her damaged driver's side door and yelling, "What are you stupid, don't you know how to stop!" However, Ms. Herberchuk stated that she was unable to exit her driver's side door, due to the damage of the crash, but that the other male passenger eventually pulled the aggressive male away from her vehicle and her vehicle. She was unable to identify which of the two males was yelling at her, but confirmed that there was no physical contact or assault.

Respectfully Submitted,

Patrolman Michael A. Wilson #209











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Crash Diagram:	ie: → 🗀	· -	2	≥ }	→ ₩	
260 Main S	t .		1		If Crash Did on a Public V Off-Street Parki Garage Mall/Shopping Other Private W Indicate North	Vay: ng Lot Center
Crash Narrative:						
MV1 was travelling no	rthbound in the	parking lo	t of Market H	Basket, 26	0 Main St. MV2 was	
travelling eastbound,	as MV2 was cro	ssing over	the intersect	tion, it o	collided into MV1.	
Moderate damage and o	perator of MV1	had minor i	njury to the	back.		
	A					
Witnesses:	<u> </u>					
Name (Last,First,Middle)		Address			Phone #	Statement
			······································			
Property Damage:	TA31		Torra d	The Seattles Control of		
Owner (Last, First, Middle)	Address		Phone #	41-Type D	escription of Damaged Property	
Truck and Bus Information	Registration #		(From Veh	icle Section)		
Carrier Name			(FIGHT VC)	ioic section)	Bus Use	42
Address			City		St Zip	
	State Number		Issuing State	MC/MX/IC	C #;	
Interstate 43 Cargo Body	/ Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:	•				- <u>民的基价</u>	
Placard Material I digit	# 48 Material Nar	ne		_Material 4 digit i	#Release code	49
Patrol Officer Brian '	Fararos		206 Wi	Iminaton	Police Department (11 /22 /2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only	Com	monwealt	h of Mass	achu	setts		(\$1972) \$74587	RMV	Docum	ent Number	2
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2	Route# Direction Nam	ne of Intersecting Road	dway/Street	Feet	NSE	w of						_
² 1	Route# Direction Tolan	ie of intersecting from							Land	lmark		4
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a	Operator ROCHE MORISSET	First	Middle	Owner ALPHO	1.ast		First			Middle	e	
⁴ 1	Address 765 BROADWAY			Address 57 WI		ST						
	City EVERETT State	MA Zip 0214	19-4024	City MELROS I	<u> </u>					_	176-3920	
	Insurance Company THE STAND	ARD FIRE I	NSURAN	Vehicle Action Prior	to Crash	2	2.000	Damage		Code: 5	27 27 27	
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	00% <u></u>	TRICK ROY	Endorsement	Owner ST PI					Y			
⁸ 1	Last	First	Middle	Address 3 GOF	Last		First			Middl	to	
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	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -		Driver Distracted by	0 2	6		Towed f	rom sce	ne? 2	33	
	Please fill out for operator/no	п-motorist and all осс			1 1:	34 35 eat Safety		ect Trap	39 Injury	40 Transp		7
	Name (Last First Middle)	,	Address	DOB/Age	Sex 1	os. Syster	Stellas Co	do Code	1 1	Code 1	Medical Facility	1
	Operator/Non-Motoris	ī	See Above		44	2 *	1	 	1	- -		-
					1							1
		1		1	1 1	1	1 1	I				

Crash Diagram:	ie:	_	2 = Vehicle 2	♀ Pedestria ▶ ♀	an Ø5 = Bio Ø5	ycle	
	2				→ 1	If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Cente	ıt
						Other Private Way	
442 Main Street				*	₹ ®	Indicate North by A	Arrow
Crash Narrative:	Motor Vehicle 2	were drivin	g north on M	ain Stree	t with tra	ffic stopped	
in front of them. Mot	or Vehicle 2 st	ated he rea	r ended Moto	r Vehicle	1 while t	ney were	
stopped/slowing in tr							
Operator of Motor Veh	icle 1 was trans	sported to	Lahey Hospit	al and he	r vehicle	was towed by	
Cain's Towing.							
							······································
	·····						
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage: Owner (Last,First,Middle)	Addunga		Phone #	41-Type I	Description of Dan	anged December	
Owner (Last, First, Middle)	Address		r none #	- Ax-xype X	Description of Dan	laged Froperty	
Truck and Bus Information	Registration #		(From Ve	hicle Section)			······································
Carrier Name						Bus Use	42
			_ Cîty		64	7:-	
Address			•			-	
	State Number		Issuing State	MC/MX/I	CC #:		
Interstate Cargo Boo Trailer Reg #:	iy Type Code	GVWR/GCWR	45 Reg Year	Traile	r Lenoth	46 8	
Hazmat Information:				Manc		î.	
Placard Material 1 dig	it # Material Nan	ne		_Material 4 digit	#	Release code	49
Patrol Officer Joshua	T DoBarros		234 57	Iminata	Police De-	artment 01/	22/2024

Police Officer Name (Please Print)

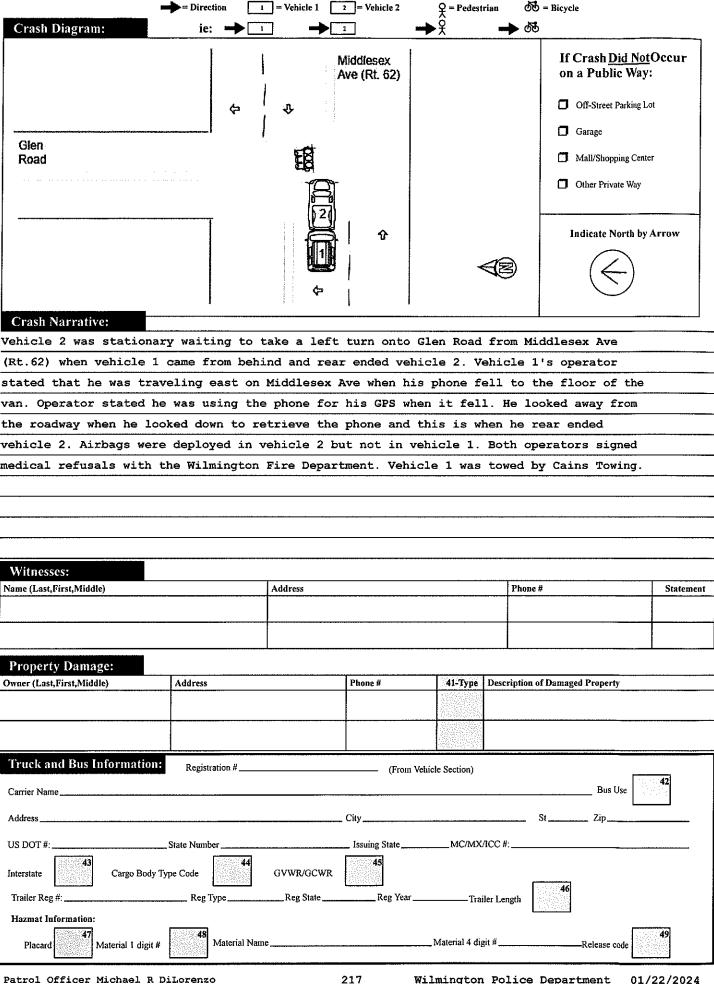
Signature

ID/Badge #

Precinct/Barracks Department

Date

	Police Use Only	Comn	nonwealth	of Massach	usetts	3	RA	IV Docu	ment Number	Š.
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it35	- Local Police	7
	01/22/2024 1430 Wil	mington	Police	Report	2	0	Latitude Longitude.		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A	T INTE	RSECT		1
		· · · · · · · · · · · · · · · · · · ·								2 10
	MIDDLES									2 "
¹ 1	Route# Direction	Name of Roadway/Stre	et	Route# Direction	Address #		Name o	f Roadwa	ay/Street	-
<u></u>	GLEN RD			Feet N S	E W of		•	- ог		
		me of Intersecting Roadwa	ny/Street			Mile M	arker		Exit Number	2 11
		Also at Intersection with	th	Feet N S	E W of	Route#	Inter	secting R	oadway/Street	
2	Route# Direction Na	me of Intersecting Roadwa	w/Straat	Feet N S	E W of	routo	211(01	Jeeting 1	Old Tray of State of	
² 1	Rotte# Direction Na	me of intersecting Roadwa	ly/Sireet				L	andınark		1
2	Please Select One of the Following:	_#Occupants Hit/R	un Moped	Crash Report	ID# 24	-28	-AC			
J										-
	1010	OB/Age	-	# <u>V55934</u>				Re	g State MA	1 12
	Sex M Lic. Class D Lic.	Restrictions 1 CD	forcement	Year 2019	Veh Make 🕻	HEVRO	LET	Veh	Config. 1	
	Operator RODRIGUEZ ZELA	YA, JONATHAN	JAEL Own	er ENTERPRIS	SE FM	TRUS!	<u> </u>	Mid	Lilla	
⁴ 3	Address 38 EDEN ST A			ess 600 CORP	ORATE	PARK	DR	iviid	nuc	
	City CHELSEA Stat	e MA Zip 02150	-3086 City	SAINT LOUI	s	St	ate MO	Zip 63	105-4204	
	Insurance Company STARR IND	EMNITY AND	LIABI Vehic	ele Action Prior to Crash	1				1 27 8 27 2 27	
	Vehicle Travel Direction: N S W	Responding to Emerge		t Sequence 23	23 23	23 T	est Status:	,	28	
⁵ 1			•		24	T	ype of Test:		29	
	Citation # (If Issued)			Harmful Event 1		25	AC Test Res		L 30	13
	Viol, 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub ——	Drive	er Contributing Code	20 25	25 S	usp. Alcohol	2 31	Susp. Drug: 2 32	1 "
·1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	er Distracted by	26	T	owed from s	cene?	L 33	
1	1	ator and all occupants invo		DODA	34 35 Seat Safety	36 37 Airbog Eject	38 39 Trap Injury	10 Тгадзр	LA P. AP. T.	Ĭ
	Nome (Last First Middle) Operator		Above	DOB/Age Sex	Pos. System	Status Code	Code Statu	Code 1	Medical Facility	
	Operator	Sec	Auove		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10 120			1
							 			1
				15 16		17	18			1
3	Please Select One of the Following:	#Occupants Non-N	Motorist A Type	Action	Location	Condi	tion	 H	lit/Run Moped	ŀ
	License #St	JOB/Agt		2HYW89	-	Reg Typ	PC	Re	g State MA	1
	Sex M Lic. Class D 19 19 Lic. I	testrictions I 20 CD		Year 2015	Veh Make G				Config. 2	
	Operator BISHOP, JARED	End	orsement	er RICHARDSO			יאי א	, 611 (Soming.	
1	Last	First	Middle	es 7 LAWREN	,	First	<u> </u>	Mide	die	
	Address 7 LAWRENCE ST	201007							005 1005	14
	City WILMINGTON State	•		WILMINGTON	10000			· _	887-1905	
	Insurance Company PROGRESSI	<u> ZE DIRECT II</u>	YSURA Vehic	le Action Prior to Crash		<u> </u>	amaged Are	a Code: 4	27 27 27	
	Vehicle Travel Direction: NSWW	Responding to Emerge	ncy? 2 Event	Sequence 1 23	23 23	- 11 i	est Status: ope of Test:	1	29	
	Citation # (If Issued)		Most	Harmful Event 1	24	_	AC Test Res	11lt: -	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	ısp. Alcohol		Susp. Drug. 2 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	26		wed from s	-	33	
	Please fill out for operator/not			<u> </u>	34 35 Seri Securi	36 37	38 39	40		1
	Name (Last First Middle)		ddress	DOB/Age Sex	Scat Sofety Pos. System	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	
	Operator/Non-Motorist	See	Above	\times X	1 1	4 0	0 10	1		
								+		
						 				



01/22/2024

	Police Use Only	Com	monwealt	h o	of Massa	ıch	use	etts			RN	AV Do	cument N	经收益帐 化氯化二甲基甲烷	ė.
	Date of Crash Time of Crash 01/24/2024 0058 Wili	City/Town mington	Motor V	eh i	icle Cras	sh		mber hicles	Nunt	۳۰ ا د.	eed Lim	it3	Local	Police Description Police Police Description Police]
	24HR	iling con	Polic	e F	Report		1		0	- 1	titude ngitude			pus Police	
	AT INTERSECT	ION:	< r	CAT	TION >	>			NOT	AT I	NTEI	RSEC	CTION	•	<u> </u>
									WO	arro	N S	r			2 10
1	Route# Direction	Name of Roadway/Si	treet		Route# Direct	ion	Addre	ess#	110.	JO1(Name o	f Road	way/Stree	i .	
<u>'1</u>	_	At		ı.	Feet	N S	EW	of			• –	– or			
	Route# Direction Nar	ne of Intersecting Road	<u> </u>						Mile	Marke	er		Exit	Number	1 11
		Also at Intersection v	vith		Feet [Route#		Inter	secting	Roadway	/Street	
² 4	Route# Direction Nam	ne of Intersecting Road	way/Street		Feet	NS	EW	of							
	Please Select One Viver 11	#Oscupants v			T			<u> </u>				andmai	rk		1
3	of the Following:	#Occupants Hit	.]		Crash Re										_
	License # S	DOB/Age			5TGP29								Reg State	MA 21	12
	Sex E Lic. Class D 99 Lic. F		indorsement		ear <u>2016</u>			ke J	<u>qəə</u>			Vel	h Config.		
⁴ 1	Operator LIU, YICHUN	First	Middle		LIU, Y	ast			First			M	1iddle		Í
1	Address 168 LOWELL ST	APT 9			ss 168 LO			ST		T 9			100-	0055	
	City WILMINGTON State				VILMING		Г	ngayar.	22			-	1887	-29 7 5	
	Insurance Company ARBELLA M				e Action Prior to (23	23	23		ageu Are Status:	a Coue	1 28		
⁵ 2	Vehicle Travel Direction: NSE	Responding to Emer	• •		Sequence 22		960 100	3 5 48		Туре	of Test:		29		
	Citation # (If Issued)	-			,	22	11	25	25		Test Res		1 30		22 ¹³
	Viol. 1: Ch/Sec/Sub		_		Contributing Coo	0	26 26				Alcohol		2.2	Orug. 2 32	22
⁶ 2	Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 4: Ch/Sec/Sub — tor and all occupants in		Jivei	Distracted by	U .	34	35	36	37 :	38 39	40			1
	Name (Last First Middle)		Address		DOB/Age	Sex	Seat Pos.	Safety System	Status C	ode C	rap Injury ode Statu	s Code	Med	fical Facility	1
	Operator	S	ee Above			X	1	0	4 0	0	10	1	ļ		-
										_					
7 .	Please Select One of the Following:	#Occupants Non	ı-Motorist A Type	36.93	15 Action	16 I	ocatio	1	17 Co	ndition	18		Hit/Run	Moped	1
1		DOB/Age	т	2004				3 (8.5	Pog 7	· · · ·	4343,14][leg State_		1
	19 19	20			ear									21	
	Operator		ndorsement		r		V 1 1 1 2 11	NV				, , ,	r Conng.		
³ 1	Last Address	First			Le SS	hal			First			М	liddle		
	CityState	Zip		City						State_		Zip			4 14
	Insurance Company		\	/ehicle	e Action Prior to C	Crash	Γ		22	Dama	iged Are	a Code:	27	27 27	
	Vehicle Travel Direction: NSEW	Responding to Emer	gency? E	Event S	Sequence 2	3	23	23	23		Status:		28		
····	Citation # (If Issued)	-	N	Иost Н	Harmful Event	4070 45/6	24				of Test: Test Res	aslt:	30		
2	Viol, 1: Ch/Sec/Sub	viol. 2: Ch/Sec/Sub		Driver	Contributing Cod	le		25	25		Alcohol		Susp. D	orug 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		Driver	Distracted by		26			Towe	d from s	cene?	33	·	
	Please fill out for operator/non	-motorist and all occup	ants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	Airbag E	ject Ti	8 39 ap lajury ode Status	Transp.	Med	ical Facility	
	Operator/Non-Motorist	S	ee Above			Ż	1	,							1
							\vdash			\top	+	1	 		1
										\dashv	_	+-			
						,		_		+		+	 - -		
		1			1		1						l		1

		= Direction	1 = Vehicle 1 2	= Vehicle 2	웃 = Pedestr	ian 🕉	= Bicycle	
Crash D	liagram;	ie: → □	ī → 2		→Ĥ	→ ‱		
					ď	-61	If Crash <u>Did I</u> on a Public W	
			CALACTERIST TO WORK THE COMMENT OF THE PROPERTY OF THE PROPERT	4410c24400040000000000000000000000000000	ğ		Off-Street Parki	ng Lot
					(_ \	☐ Garage	
							Mall/Shopping	Center
							Other Private W	ay
			Dis	7			Indicate North	ı by Arrow
		230 Lowell	Street		Pole 42		\bigcirc	
	arrative:							
		e crash into util ng West on Lowell						
		nd crashed into a						
		causing property						
								
		<u> </u>						
Witness	es:							
Name (Last,F	First,Middle)		Address			Phone	#	Statement
Property	y Damage:							
	First,Middle)	Address		Phone #	41-Type	Description o	f Damaged Property	
READING	LIGHT	230 LOWELL ST WII	MINGTON MA 01887		4	GUY WIRE I	FOR READING LIGHT	UTILITY POLE
Truck an	ıd Bus Informa	tion: Registration #		(From	n Vehicle Section)			
Carrier Name	e						Bus Use	42
Address				City			StZip	
US DOT #:_		State Number		Issuing State	MC/MX	TCC #:		
Interstate	43 Cargo	Body Type Code	GVWR/GCWR	45				
Trailer Reg	#:	Reg Type	Reg State	Reg Yea	rTrai	ler Length	46	
Hazmat Int	formation:	Tukana wa				 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	49
Placard	Material 1					·······	Release code	
Patrol O	fficer Zacha	ry A Leighton		227	Wilmington	Police	Department	01/24/2024

Police Officer Name (Please Print)

Signature

ID/Badge#

Department Precinct/Barracks

Date









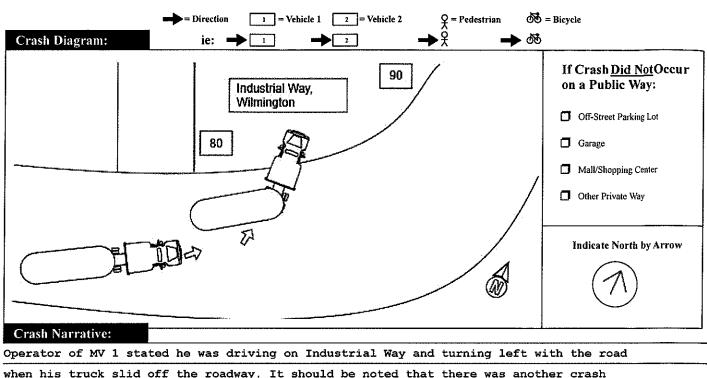








	Police Use Only	Com	monwealth	of Massac	husetts		RM	V Decu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limit	40	MBTA Police]
	01/24/2024 0149 Wil i 24HR	mington	Police	Report	1	0	Lamude Longitude _		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	INTER	SECT	rion:	1
					80	TNDI	STRIA	T. W.	ΆΥ	2 10
<u>г</u>	Route# Direction	Name of Roadway/S	reet	Route# Direction	Address #		Name of			
¹ 4		At		Feet N	S E W of			or	<u>,</u>	
	Route# Direction Na	me of Intersecting Road	way/Street			Mile Ma	rker		Exit Number	1 11
		Also at Intersection v	víth		S E W of	Route#	Inters	ecting R	oadway/Street	
² 4	Route# Direction Nam	me of Intersecting Road	way/Street	Feet N	S E W of					_
4	Please Select One					20		ındmark		1
3	of the Following: Vehicle 11	#Occupants Hit			et 1D# 24					4
	License ; S	DOB/Age		# <u>3026974</u>					6.1	7 12
	Sex M Lic. Class A Lic. 19		indorsement	Year 2021					Config. 10	
4	Operator MONTEIRO, GER	First	Middle	ner FEDEX GF		PACKAG First	E SYS	TEM Mid	INC	
⁴ 1	Address 874 LONSDALE A			ress 1000 FE					100	
	City CENTRAL FALLS Stat	ie RI Zip 0286		MOON TOWN	31333X		ite PA	_	8 27 1 27 2 27	
	Insurance Company			cle Action Prior to Cra		9940	est Status:	1 Code.	8 1 2 1 28	
5	Vehicle Travel Direction: NSWW	Responding to Eme		nt Sequence 41 23	2768 7828 8	T	ype of Test:		29	
	Citation # (If Issued)	_			7 24 7 25	70000	AC Test Res		1 30	27 ¹³
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	<u> </u>	usp. Alcohol: owed from se		Susp. Drug. 2 32	
⁶ 3	Viol. 3: Ch/Sec/Sub	Viol. 4: Cli/Sec/Sub — rator and all occupants in		er Distracted by	34 35	16 37	38 39	40	2 33	_
L	Name (Last First Middle)	ator and an occupants it	Address	DOB/Age Se	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	4
	Operator	- 5	See Above		1 1	4 0	0 10	1		4
7	Please Select One Vehicle 2	#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Cond	tion 18		Hit/Run 🔲 Moped	7
⁷ 1	of the rollowing:			4333	22.	ere Tree	e	<u> </u>	L	1
	19 19	DOB/Age	-	# Year					21	
		Restrictions C	Endorsement	ner	_ ven make			1011	Cosaig.	
⁸ 2	Operator	First	Middle	Last		First		Mic	ddle	
	CityStat	te Zip				St	ate	Zip		4 14
	Insurance Company			icle Action Prior to Cra	ısh	22	amaged Are	a Code:	27 27 27	
	Vehicle Travel Direction: NSEW			nt Sequence 23	23 23		est Status:		28	
<u> </u>	Citation # (If Issued)		Mos	t Harmful Event	24		ype of Test: AC Test Res	mlt.	30	
⁹ 2	Viol. I: Ch/Sec/Sub		Driv	er Contributing Code	25	25	usp. Alcohol			
	Viol. 3: Cli/Sec/Sub			er Distracted by	26	Т	owed from s	cene?	33	
	Please fill out for operator/no		pants involved	DOH/Age Se	34 35 Sent Safety ex Pos. System	36 37 Airbag Eject	38 39 Trop Injury Code Status	40 Transp.	Medical Facility	7
	Name (Last First Middle) Operator/Non-Motoris	ot s	Address See Above	I.O.I.Mgc S	1	COGC	Some States	· con	and the state of t	1
	Operator/14011-120toris	•		+	\ <u>_</u>	 	+			1
						 	+	-		-
										-



Operator of MV 1 stated he was driving on Industrial Way and turning left with the road when his truck slid off the roadway. It should be noted that there was another crash around this time on Lowell Street related to the road conditions. Operator of MV 1 was out of the truck attempting to remove it from the embankment prior to my arrival. The bumper of the truck was broken and metal pieces behind it appeared to be bent. Operator of MV 1 successfully removed the truck from the embankment and returned to FedEx at 45 Industrial Way. The front bumper of the truck broke off while it was being removed from the embankment. The dirt at the bottom of the driveway at 80 Industrial Way was disturbed by the crash, however no significant property damage was done.

Name (Last,First,Middle)		Address			Pho	one#		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descripti	on of Damage	d Property	
DICENSO PROPERTIES	80 INDUSTRIAL WAY W	VILMINGTON MA 0	ı 	97	LANDS	CAPING	(DISTURBE	D DIRT)
Truck and Bus Information: Carrier Name	Registration#		(27511)	hicle Section)			Bus Use	42
Address			_ City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:			
Interstate 43 Cargo Body Ty	pe Code	GVWR/GCWR	45			16		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Length	40		
Hazmat Information:								
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 di	git #		-Release code	49

Patrol Officer James R Hill

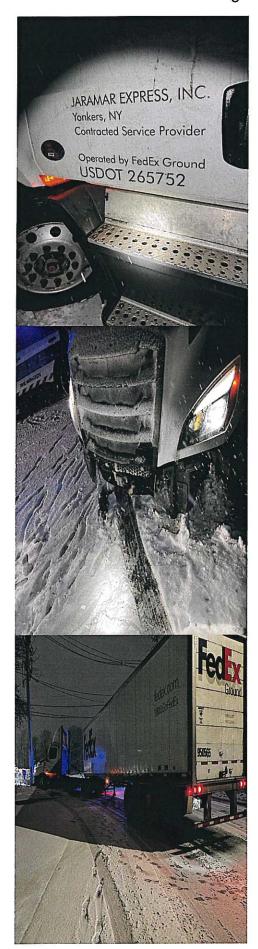
225

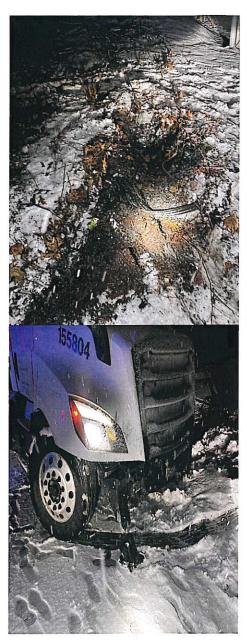
Wilmington Police Department

01/24/2024

Department

Witnesses:





Poli	ice Use Only	C	ommonv	vealth (of Massa	chus	etts			RM	V Docu	ment Number	
Date of Crash 01/24/2024	Time of Crash 0615 Wi	City/Town	1		icle Cras	sh N	umber ehicles	Numbe Injure		d Limit	50	MBTA Police	
2,21,2321	24HR				Report	1		0	l l	itude_		Campus Police Other:	<u> </u>
	AT INTERSEC	CTION:	<	LOCA	TION >	>		NOT.	AT IN	TER	SEC	TION:	+
								ROU	JTE :	125	HW	Y	2
Route# Direc	ction	Name of Road			Route# Directi	on Add	ress #					ay/Street	_
		A	t.		Feet	NSEW	of ·		•		ог _		_
Route# Direc	ction	Name of Intersecting	g Roadway/Street		r	ula la la		Mile	Marker			Exit Number	-
		Also at Inters	ection with			N S E W	_	Route#		Interse	ecting R	Loadway/Street	·
Route# Direc	ction	Name of Intersecting	g Roadway/Street		Feet [N S E W	of .		<u> </u>	I a	ndmark		_
Please Select C	One National 1	L #Occupants	-			eport ID#	2/	_ 2 -			шинак		
of the Followi		*Occupants	Hit/Kun	Moped									4
License :	S	DOB/Age	20	_	<u> 5142845</u>							21	- 1
Sex F Lic.	-	Lic. Restrictions	CDL_ Endorsemen	t	Year 2022						Veh	Config. 1	<u> </u>
-	DDIS, BLY	First	Middle		er LADDIS	lan		N JO	OHN		Mi	ddle	-
	SHERWOOD				ess 302 VA					••		0000000	-
City NORTI	H ANDOVER	State MA Zip 0	1845- <u>325</u>	·	CENTER E		236,532	D				32253377 2 27 27 27	-
Insurance Comp					cle Action Prior to (23		Test Sta		Code:	2 28	'
Vehicle Travel D	Direction: N S E	Responding	to Emergency? 2		t Sequence 5	3 23	23	23	Type of			29	
	sued)				'	5 24	ael	25	BAC Te			30	, <u> </u>
Viol. I: Ch/Sec/	Sub	Viol. 2: Ch/Sec/	Sub		er Contributing Cod	2000	25		Susp. A			Susp. Drug 32	5
Viol. 3: Ch/Sec/	Sub			Drive	er Distracted by	0 46	35	36	Towed 1	from sc	ene?	1 33	_
Name (Läst First M		operator and all occu	pants involved Address		DOIMAge	Sex Pos.	Safety System	Airbog E	ject Trep ode Code	Injury	Transp.	Medical Facility	_
Operate	or		See Above		><	X1	1	4 0	0	10	1		
													7
Please Select (One There	#Occupants	7		15	16		17	ndition	18	Га ,	Hit/Run Mope	_
of the Followi		#Occupants	Non-Motorist	i i	Action	Locati	76	NAME:			<u> </u>		4
License #	S	tDOB/Age	20	_	4							21	-
SexLic. (Class L	ic. Restrictions	CDL Endorsemen	t	Year	Veh M	lake				Veh	Config.	
Operator	Last	First	Middle		_	ពុទ្ធវ		First			Mi	ddla	-
Address					ess								- -
-						<u> </u>	325	22	State Damage		· .	27 27 27	- -
•	pany				cle Action Prior to (Crash	23		Test Sta			28	1
	Direction: NSE	_	to Emergency?		t Settuence	24	90.6	E.A.	Type of	Test:		29	
,	sued)				Harmful Event	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	25	2.5	BAC Te			30	,
Viol. 1: Ch/Sec/	Sub				er Contributing Coc	1e			Susp. A			Susp. Drug: 32	j
Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/			er Distracted by	34	35	36	Towed 1	39	40	<u> </u>	4
	C11 C-		II againments in a le						jeci Tmp				
	ease fill out for operato	n/non-motorist and a	ll occupants involv Address	ea	DOB/Age	Seat Pos.	Safety System		ode Code			Medical Facility	_
Ple Name (Last First M	-				DOB/Age							Medical Facility	
Ple Name (Last First M	Aiddle)		Address	ed	DOB/Age	Sex Pos.						Medical Facility	
Ple Name (Last First M	Aiddle)		Address	ed	DOB/Age	Sex Pos.						Medical Facility	

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Patrol Officer Dillon H	allidav		205 Wi	lmington Po	olice Department 01	/24/2024
Police Officer Name (Please Print)	Signature			artment	Precinct/Barracks Date	

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_	Jacquith Rd	Shawsheen Ave			If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	
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Crash Narrati	ive:					
Vehicle 1 was	s traveling west	on Shawsheen Ave a	and then stop	ped and waited	to take a left	
turn onto Jac	equith Rd. Vehicl	e 2 was traveling	west on Shaw	sheen Ave behi	nd vehicle 1.	
Vehicle 2's	operator told me	she saw vehicle 1	slowing down	and then stop	ping and began to	
break. Vehic	le 2's operator s	tated that she be	lieves her br	eaks malfuncti	oned and locked	
up on her, ca	ausing the vehicl	e to slide on the	wet pavement	. Vehicle 2 sl	id into the rear	
of vehicle 1	. Both operators	signed medical ref	fusals with t	he Wilmington	Fire Department.	
Vehicle 1 was	s towed by Forres	t Towing, and Vehi	icle 2 was to	wed by A&S Tow	ing.	
Witnesses:						
Name (Last, First, Mid	dle)	Address		Pho	one#	Statement
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Property Dam	age:					
Owner (Last, First, Mi	ddle) Address		Phone #	41-Type Descripti	on of Damaged Property	
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			O'			
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US DOT #:	State Num	ber	Issuing State	MC/MX/ICC #:		
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Placard	7 48 Material 1 digit #	Material Name		Material 4 digit #	Release code	49
	200 - 2					

Patrol Officer Michael R DiLorenzo
Police Officer Name (Please Print)

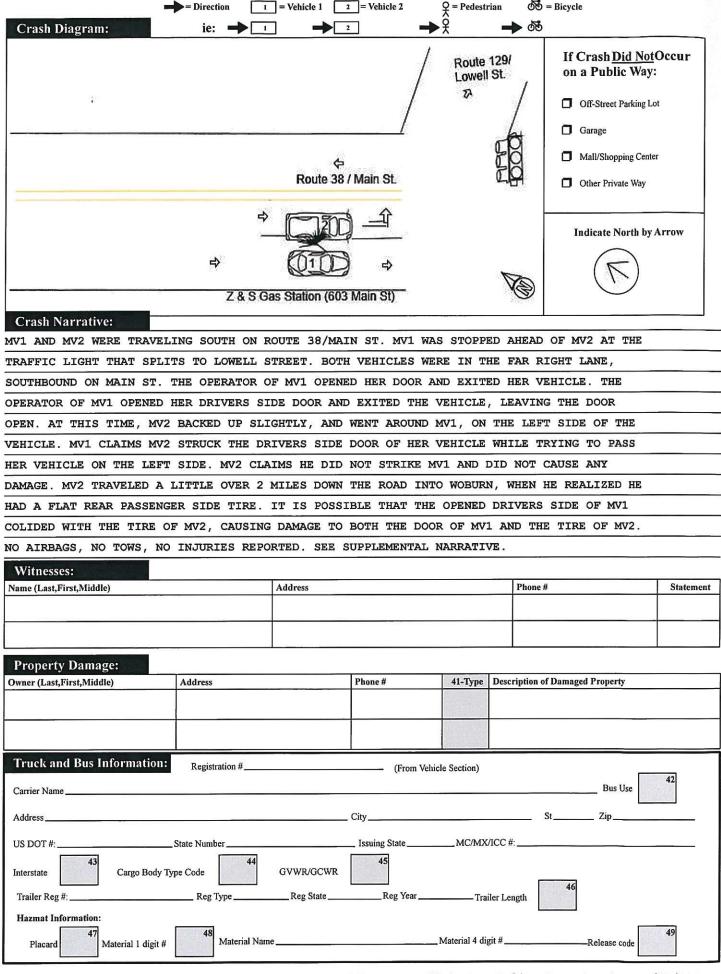
Wilmington Police Department
Department Precinct/Barracks

01/24/2024





	Po	lice Use Only	Com	monweal	th o	f Massa	ch	use	tts		4000		RMV		ment Number	DATE NAME.		
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Patrol Officer Kayla M Hanson

230

Wilmington Police Department

01/25/2024

Department

INCIDENT DESCRIPTION

Page:

Ref: 24-33-AC

The following is a brief summary of facts.

On Tuesday, January 23, 2024, I, Officer Hanson, was working my assigned 8:00 AM to 4:00 PM shift as the station officer at the Wilmington Police Department. At approximately 1:10 PM, Jean Ciampa, a resident of Wilmington walked into the Police Station to report a hit and run accident that happened earlier in the day.

Jean reported that around 9:00/9:15 AM this morning, she was traveling South on Route 38 in Wilmington, stopped at the traffic lights at the intersection with Route 62. Jean was traveling in the far-right lane, and another vehicle (Jean described as a black SUV) was also traveling South and in the lane to her left. Both lanes of travel allow vehicles to continue straight on Route 38, however the lanes merge shortly after the intersection, in front of 442 Main Street. Jean reported that the SUV to her left tried to cut into her lane at the merge, but she did not allow the vehicle to merge in front of her. Jean believed this upset the other driver because the other driver and his female passenger proceeded to give her the middle finger. At the next set of traffic lights, where Route 129 splits to Lowell Street, and Route 38 continues straight as Main Street, Jean was stopped at the traffic light, heading southbound on Route 38/Main St, with this SUV traveling behind her. Jean opened her car door, and exited the vehicle while it was stopped at the light, to try to get the registration plate of the SUV. The SUV, in an attempt to pass Jeans stopped vehicle, drove around the driver's side of Jean's vehicle, striking her drivers side door as it passed. The vehicle continued driving South on Main Street. Jean followed the vehicle's direction into Woburn, although a couple vehicles were now between her and the SUV. She came across the vehicle in Woburn, which had pulled into a lot just after Mountain Street in Woburn. The operator was outside of the vehicle, circling the vehicle, appearing to Jean to be searching for damage. She did not have any engagement with the operator of the SUV but did obtain a plate she believes to be "WDLFEN".

A CJIS query of the registration given does not come back to any registered vehicle, however, a partial plate search returns the registration "WOLFEN" which comes back to a GMC Yukon belonging to a male party out of Billerica.

Jeans driver side door of her vehicle was damaged as a result of the incident (see attached photos).

Respectfully Submitted,

Officer Kayla Hanson #230 Wilmington Police Department

INCIDENT DESCRIPTION

Page:

Ref: 24-33-AC

On Thursday, January 25, 2024, I, Officer Hanson, reached out to the registered owner of MA REG "WOLFEN", Walter Sullivan, via telephone, in regards to the road rage incident that happened on Tuesday.

I asked Mr. Sullivan if he was involved in a hit and run accident in Wilmington on Tuesday. Mr. Sullivan stated that there was no accident, but that there was a road rage incident with an elderly female driving a gray sedan. Mr. Sullivan described the same merging incident, where he ended up behind the gray sedan, who he believes was unhappy about him being too close to her because she "brake tested" him after the merge in front of 442 Main St, almost causing him to collide with the rear of her vehicle. He continued to describe the incident at the Route 129/Route 38 split, stating that the female party got out of her car while at the traffic light, and was standing beside her car when he had to slightly back his vehicle up in order to drive around her vehicle at the traffic light. Mr. Sullivan described the female party as an elderly, white, shorter female who was possibly in her 70's. Mr. Sullivan said there was no contact with this female's car, and claims he would have heard any collision. Mr. Sullivan continued driving into Woburn when he realized there was an issue with his rear right (passenger side) tire. He pulled over into a lot of an elementary school to check on the tire, which seemed to have a slit in it from a sharp object, and was now flat. He then had to call for a tow and had Hogan Tire replace his tire. Mr. Sullivan said that the female party drove by him while he was in the lot of the elementary school examining the tire, and shouted "That's what you get" to him. Mr. Sullivan suggested that the female could have had a knife or box cutter of some sort in her hand and got his tired while he drove by. I asked if he saw anything in the female's hands, and Mr. Sullivan said he believes she had a cell phone, but could not see what else. Mr. Sullivan reported there is no other damage to his SUV, and because he did not feel or hear any collision, he does not believe his vehicle had any contact with the silver sedan. Mr. Sullivan said there was a passenger in the silver sedan, but was unable to provide a description. When asked why he did not call the police after the incident, Mr. Sullivan reported he was late to his mother's eye surgery appointment at Lahey Clinic, and did not obtain any information from the gray sedan's vehicle.

Mr. Sullivan came to the Wilmington Police Station after we spoke, at around 2:45 PM. There were no obvious signs of damage on his vehicle.

Based on the damage to the bottom of the Nissan's side door, and the damage to rear passenger tire of the SUV, it is possible that the tire of the SUV and collided with the door of the Nissan sedan in passing, causing the damage on both vehicles.

Respectfully Submitted,

Officer Kayla Hanson #230 Wilmington Police Department

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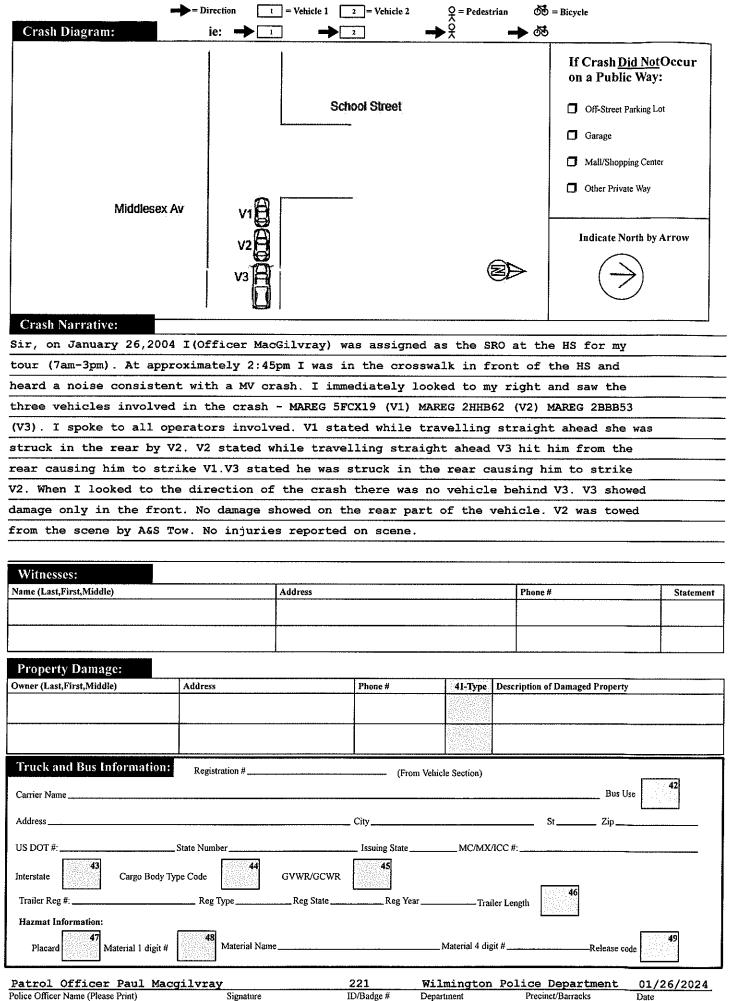
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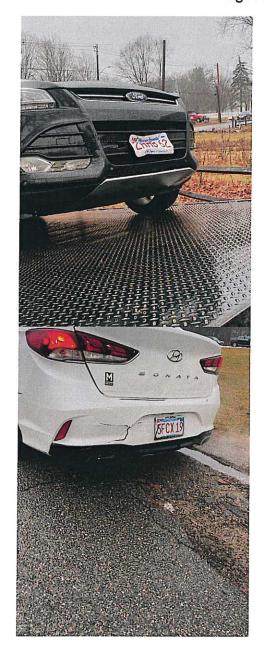
Respectfully Submitted,

Officer Kayla Hanson #230 Wilmington Police Department

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⁶ 2				and all occupants in				- 5511	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
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⁷ 3	Please Select C of the Followir		1 #0	Occupants No.	n-Motorist A	Type	15 Action	16	Locatio	on	17	Condit	ion	18		Hit/Run	Moped	
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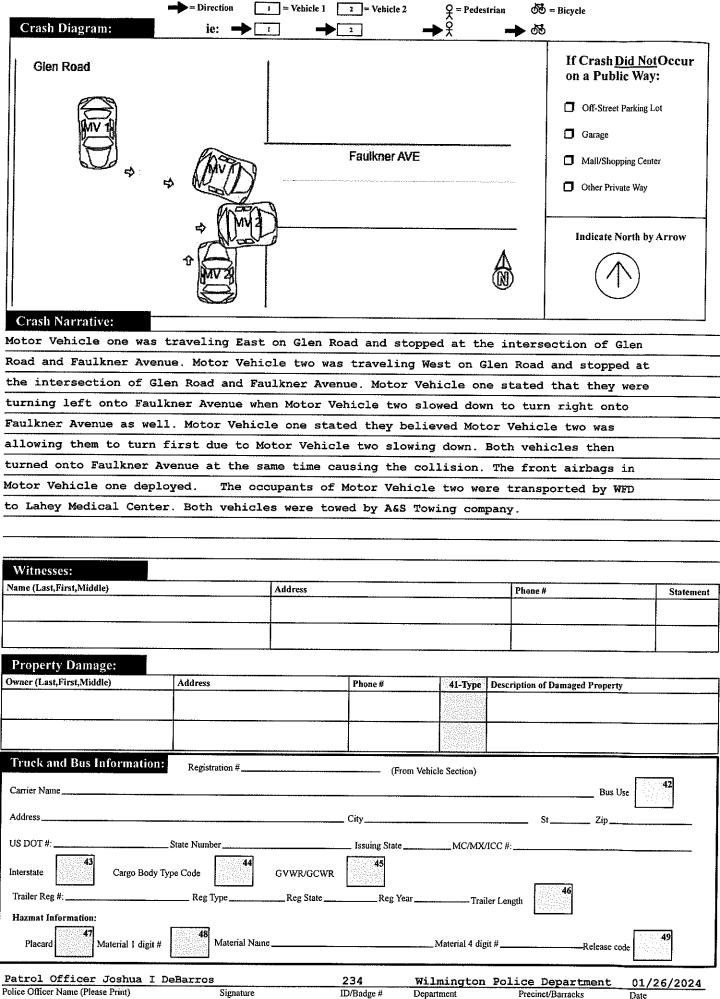
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2			for operate	or and all occ	upants involved					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		······································	
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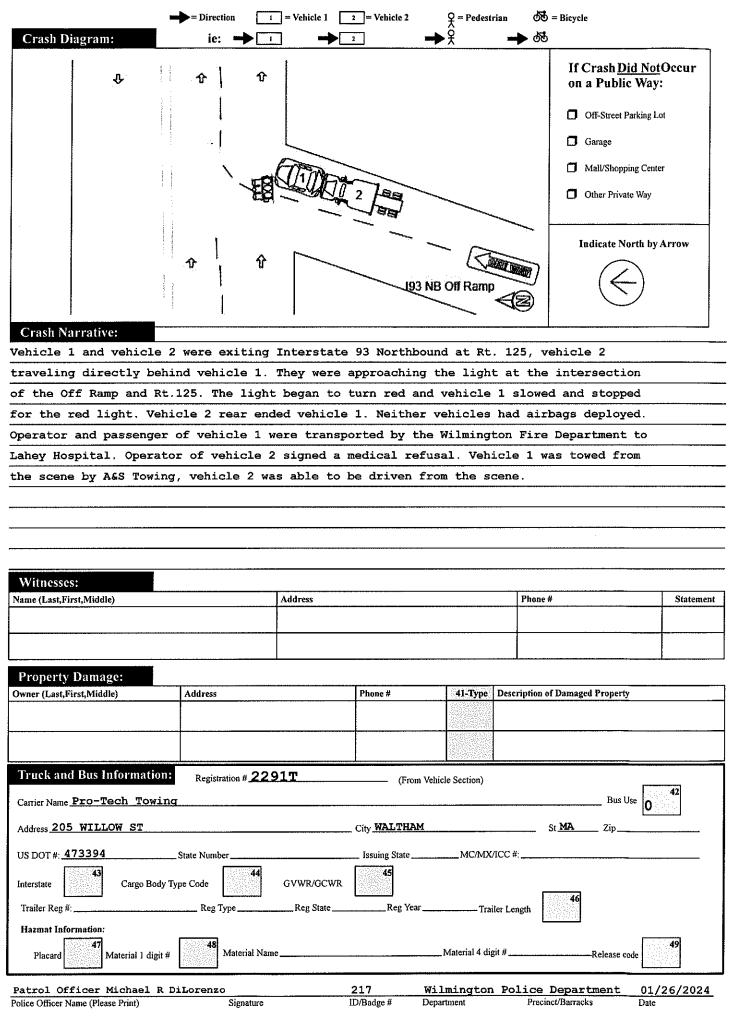




	Pol	lice Use Only		Cor	nmonwe	ealth (of Mass	acl	ıus	etts	8			RM	V Doc	ument Number	Ā
	Date of Crash 01/26/2024	Time of Crash 1657		City/Town	1		icle Cra	ash		lumber ehicles		nber ured	Speed	d Limi	20	State Police Local Police MBTA Police Campus Police	
		24HR			P		Report		2		1		l	itude _		Campus Police Other:	_
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¹ 6	Route# Direc			Name of Roadwa	y/Street		Route# Dire	ction	Add	ress#			Na	ame of	Roadw	/ay/Street	
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² 3	Route# Direc	ction	Name	e of Intersecting Re	oadway/Street		Feet	NS	<u> E M</u>	of of					, ,		_
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3	of the Followi		le 1 <u>.4-</u>	"Occupants	Hit/Run	Moped											4
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1	Address			··· · · · · · · · · · · · · · · · · ·			ess <u>139 G</u>										
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⁶ 2	Viol. 3: Ch/Sec/S			riol. 4: Ch/Sec/Sub or and all occupant		Drive	r Distracted by	0	34	35	36	37	38	rom so	40 40	1 3	
	Name (Last First M		Tor operate	or and an occupant	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	-
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⁸ 1	-	Cast WHIDDY	1	First	Middle		ss 12 AL	Last			Fia	italialiste. Isl	##.X		Mic	Idie	
	City CONWA			SC Zip 295	26		WILMING			** * 1 .		Stat	. М7	A 2	in 01	.887-2939	2 14
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⁹ 2	•	-	Vi	iol, 2; Ch/Sec/Sub			r Contributing C	ode	1	25	25			t Rest	olt: 2 31	Susp. Drug 2 32	
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	Police Use Only	Com	monwealth (of Massac	husett	5	RM	IV Document Number	A 2015年1月1日	
	Date of Crash Time of Crash 01/26/2024 1834	City/Town Wilmington	Motor Veh	icle Crasl	Number Vehicle		Speed Limi	t 30 State Police Local Police MBTA Police		
	24H	1	Police 1	Report	2	2	Lannade Longitude_	Campus Polic	<u>. 5</u>	
	AT INTE	RSECTION:	< LOCA	TION >		NOT A	T INTER	SECTION:		_
	ROI	TE 125 HWY							2 10	٥
¹ 5	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #		Name of	Roadway/Street		_
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	Route# Direction	Name of Intersecting Road			a le lui	Mile M	arker	Exit Numbe	2 11	l
		Also at Intersection	with		S E W of	Route#	Inters	ecting Roadway/Street		ز
² 3	Route# Direction	Name of Intersecting Road	way/Street	reet [N]	3 E W OF		1.	andmark		
3	Please Select One Vehi	cle 12 #Occupants Hi	t/Run Moped	Crash Reno	rt ID# 24	-36		aronet k		
3	of the Pollowing:			<u> </u>						
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⁴ 3	Address 216 FORES	First	Middle	Last Ess 216 FOR		First		Middle		
		ER State MA Zip 0184		NORTH AND			ate MA 2	zip <u>01845-32</u>	08	
	Insurance Company SAFE ?	Y INSURANCE CO	OMPANY Vehic	le Action Prior to Cra	sh 2	22 D	amaged Area	Code: 5 27 27	27	
5	Vehicle Travel Direction:	S E W Responding to Eme	rgency? 2 Event	Sequence 23	23 23		est Status:	28		
⁵ 1	Citation # (If Issued)		Most	Hannful Event 1	24	•	ype of Test: AC Test Res			_
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⁶ 2	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26	Te	owed from so			
2	Please fill O Name (Last First Middle)	ut for operator and all occupants in	ivolved Address	DOB/Age Se	34 35 Seal Safety N Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code Medical Facili	ity	
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	KEELY MARTYN	216 FOREST ST NORTH ANDOVER,	MA 01845-3208	F	3 1	4 0	0 8	2 Lahey Clinic		
7_	Please Select One Vehic	cle 21_#Occupants No	n-Motorist A Type	15 Action 16	Location	17 Condi	18	Hit/Run M	loped	
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		AN, YEFRY BYRON I	ndorsement	PRO TECH						
⁸ 2	Address 38 GORDON	First	Middle	ss <u>205 WILJ</u>		Füst		Middle		
	City FRAMINGHAM	State MA Zip 0170 2	2-7317 City 1	VALTHAM		Sta	te MA 2	ip 02453-83	32 1 ¹⁴	
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⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24	В.	AC Test Resu	ılt: 1 30		
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ļ		Viol. 4: Ch/Sec/Sub		Distracted by 0	34 35	To 36 37	wed from sc	ene? 2 33		
	Please fill out for o	perator/non-motorist and all occup	Address	DOB/Age Sex	Seat Sufety	Airbag Eject	Trap injury Code Status	Transp. Code Medical Facilit	ty	
	Operator/Non-M	otorist s	ee Above	$\nearrow\nearrow$	1 1	4 0	0 10	1		

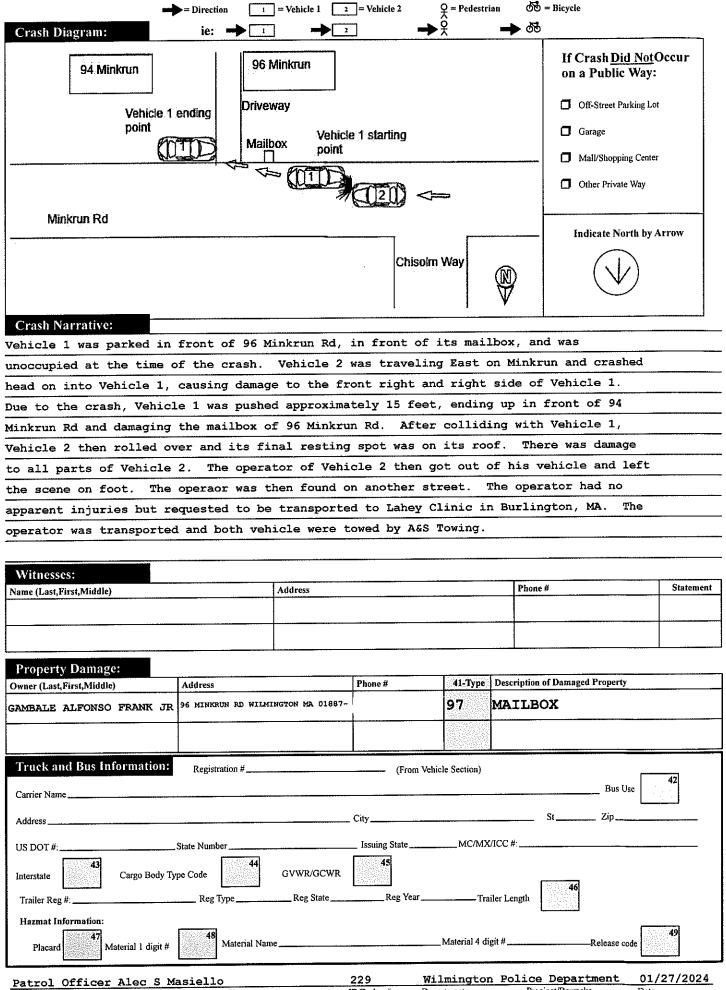


CDP1 11-24-00





Date of Crash Time of Crash City/Town Motor Vehicle Crash Number Number Injured City/Town City/Tow	eed Limit 25 State Police Local Police MBTA Police
	títude MBTA Políce
24HR Police Report 2 0	Campus Police Other:
AT INTERSECTION: < LOCATION > NOT AT	NTERSECTION:
93 MINK	UN RD
Route# Direction Name of Roadway/Street Route# Direction Address # At	Name of Roadway/Street
Feet [N S E W] of	• — or — Exit Number
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W of	6 11
Route#	Intersecting Roadway/Street
2 Route# Direction Name of Intersecting Roadway/Street	Landinark
Please Select One Vehicle 10 #Occupants Hit/Run Moped Crash Report ID# 24-37-	
5 of the Pollowing.	
3319 319	21 11 12
Endorsement DOVIE STEPHEN DOME	- L
4 Address Address 5 LEDGEWOOD RD	Middle
	MA Zip 01887-3409
Insurance Company THE HANOVER INSURANCE COM Vehicle Action Prior to Crash 11 22 Da	aged Area Code: 2 27 3 27 27
Vehicle Travel Direction: NSEW Responding to Emergency? 2 Event Sequence 23 23 23 23	Status: 1 28
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25	Alcohol: 2 31 Susp. Drug 2 32 2 13
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 To	d from scene? 1 33
Please fill out for operator and all occupants involved Please fill out for operator and all occupants involved Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code System Status Code	18 39 40 rap Injury Transp. ode Status Code Medical Facility
Operator See Above 1	
Please Select One Vehicle 21 #Occupants Non-Motorist A Type 15 Action Location 17 Condition	18 Hit/Run Moped
of the Following:	
License #, . \$ DOB/Age Reg # 2FBY76 Reg Type	C Reg State MA 21
Sex M Lic. Class D Lic. Restrictions CDL Veh Year 2021 Veh Make MAZDA	Veh Config. 1
Operator KEBADJIAN, EDWARD A Last First Middle Address 43 POMEWORTH ST APT 44 Address 43 POMEWORTH ST APT 44 Address 43 POMEWORTH ST APT 44	Middle
	44 MA Zip 02180-1279 4
	ged Area Code: 11 27 27 27
- 1000	status: 3 28
Citation # (If Issued) Most Harmful Event 1 24	of Test: 1 29
4 1	Test Result: 6 30 Alcohol: 1 31 Susp. Drug 1 32
	d from scene? 1 33
Please fill out for operator/non-motorist and all occupants involved 34 15 36 37	8 39 40 ap lajury Transp.
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Operator/Non-Motorist See Above 1 1 3 0	de Status Code Medical Facility Lattey Clinic



Police Officer Name (Please Print)

Signature

229 ID/Badge # Wilmington Police Department

























	Pol	lice Use Only		Con	nmonwe	alth o	of Mass	ach	ius	etts	;			RM'	V Doc	ument Number		
	Date of Crash 01/27/2024	Time of Crash	1	City/Town ington	1		icle Cra	sh		umber ehicles		. 1	Speed Latitud	Limit	35	State Police Local Police MBTA Police	0000	
		24HR			Po		Report		2		0	- 1		ude		Campus Police Other:		
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO?	I AT	'IN'	rer:	SEC	TION:		10
									43	3	MZ	ΙIΝ	Sī					2 ¹⁰
¹ 4	Route# Direc	ction		Name of Roadway	/Street		Route# Direc	ction	Add	ress#					Roadw	vay/Street		
4				At			Feet	NS	EW	of			- •		or _			
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				Also at Intersection	n with			NS		-	Route	#]	Interse	cting I	Roadway/Street	-	
² 1	Route# Direc	ction	Name	of Intersecting Ro	adway/Street		Feet	N S	EW	of								
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³99	of the Followi		16 (**	Foccupants	III/Run	Moped												
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4_	1	Lost	F	CHRISTO	DPHER Middle		PEABOD	Last			Fis	at	ANN	<u> </u>	Mi	iddle		
⁴ 3	İ	BURLING					ess 67 BUI			<u>'ON</u>	AV						<u> </u>	
	i '			MA Zip 018		-	WILMING				22				_	$\frac{1887-390}{1^{27}8^{27}2}$	I	
	1			EMPLOYE			le Action Prior to		23	23	23		niageo st State		Coue.	1 8 2 1 28		
⁵ 2	Vehicle Travel D		SEW	Responding to En	nergency? 2		Sequence 1		24			Тур	e of T	est:		29	1	
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				ol. 2: Ch/Sec/Sub			r Contributing Co	20.00	26		5.469.A			-	2 31	Susp. Drug. 2	32	1
⁶ 1.	Viol, 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub - r and all occupants		Drive:	r Distracted by	0	34	35	36	37	38	0111 SC6	40	1 3		
	Name (Last First M		. Tor operato	T and an occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code		Injury Status	Transp. Code	Medical Facility		
	Operate	or			See Above		\geq	X	1	1	4	<u> </u>	0	10	1			
										L								
7	Please Select C	ne Vehic	e 2 1 #	Occupants N	on-Motorist A	Туре	15 Action	16 I	Locatio	on S	17 C	onditio	on	18		Hit/Run Mo	ped	
⁷ 2	of the Followir	ng:		_		980					25.03							
	License #	19	S: 19	OB/Age		_	<u> </u>				_	Туре.				eg State MA		
	Sex M Lic. (trictions 1	CDL Endorsement		ear <u>2020</u> r ANGEL				HEV				Veli	Config.	╛╽	
¸ 1	Address 12A	Last	Fi	rst	Middle		ss 255 Ti	Last			Fig.	st CO	.V.E		Mi	ddle		
	City WOBUF			1A Zip 018	01		MILTON	****	** *** **			State	. MA	7:	in 02	2186-321	9	1 14
				OTECTION		•	le Action Prior to	Crash		1	22						27	
	Vehicle Travel D	· ——		Responding to En			Sequence 1		23	23	23		t Statu			1 28	-	
	Citation # (If Issu		<u> </u>	1.00pono-15 11	5, ,		Hamiful Event	1	24				e of T			29		
2	Viol. 1: Ch/Sec/S			ol, 2: Ch/Sec/Sub =			Contributing Co	ode	1	25	25			Resul		Susp. Drug	32	
				ol. 4: Ch/Sec/Sub -			Distracted by	0	26	<u> </u>				onor.	_	33 Just 2	_	
				notorist and all occ					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		\dashv	
	Name (Last First Mi		nto-sic4		Address See Above		DOB/Age	Sex	Pos.	System 1	Status	Code	Code	Status	Code	Medical Facility	\dashv	
	Operato	or/Non-Mo	HOFIST		See Above				1	-	* '	'	-	TO	1	<u> </u>		
								ļ										

	= Direction	ı = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	🕳 = Bicycle	
Crash Diagram:	ie:	→ □ →	2	→ Ĥ	> %	
Main St				€2	If Crash <u>Did No</u> on a Public Way Off-Street Parking	y:
		KAA			☐ Mall/Shopping Cen	ter
		UUU				
		666 3			Other Private Way	
	MV 1	MV:	1		Indicate North by	/ Arrow
		Burlingtor	ι Δυα			
		Danngtor	ivie			
Crash Narrative: MV 1 was travellin	a couthbound	on Main Charles	- h			
at Burlington Ave.					he had a green	
light and attempte						
Main St when he ap						
beleived he would					e operator of MV 2	
was unable to make	the turn onto	o Burlinton Ave	e and collide	d into MV 1.		
						-
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Owner (Last,First,Middle)	Address		Phone #	41-Type Descr	iption of Damaged Property	
T11-B16						
Truck and Bus Inform	Registratio	on #	(From \	/ehicle Section)		42
Carrier Name					Bus Use	
Address			City		StZip	
US DOT #:	State Number_		Issuing State	MC/MX/ICC #:		
Interstate 43 Cargo	o Body Type Code	44 GVWR/GCW	45			
Trailer Reg #:	Reg Type	Reg State_	Reg Year_	Trailer Len	gth 46	
Hazmat Information:	Frenchischer					
Placard 47 Material	1 digit # 48 Ma	iterial Name		Material 4 digit #	Release code	49
D-11 066: Ch-	% 5-1		211	7:7_:	i a Barantan baran	/07/000/

Patrol Officer Shane A Foley
Police Officer Name (Please Print)

Wilmington Police Department
Department Precinct/Barracks

01/27/2024 Date

	Po	lice Use Only		Con	nmonwe	alth d	of Mass	ach	ıus	etts	8			RM	V Doc	cument Number	
	Date of Crash 01/27/2024	Time of Crash	1	City/Town			icle Cra	ish		lumber		ا تدمد	Speed		4	O State Police Local Police MBTA Police Campus Police	
	01/21/2021	24HR	117 7 111	ang con	Po	olice l	Report		2		1	- 1	Latitud Longit			Campus Police C	
		AT INTER	SECTION	ON:	<	LOCA	TION	>			NO'	ΓΑΤ	IN1	rer	SEC	CTION:]
									30	n	т.с	WE:	т.т.	СШ)		2 10
1	Route# Dire	ction		Name of Roadway	//Street		Route# Dire	ction		ress #	. 41	/TT 25.				way/Street	_
¹ 4				At			Feet	NS	Xw	of			_ •	_	or		
	Route# Dire	ction	Name	e of Intersecting Ro	adway/Street						Mi	le Mar	ker			Exit Number	2 11
				Also at Intersectio	n with			NS		_	Route	#		Interse	ecting	Roadway/Street	
² 2	Route# Dire	ction	Name	e of Intersecting Ro	adway/Street		Feet	NS	EW	of							_
	Please Select 6	One 574			1_										ndmar	rk	4
³ 3	of the Followi		e 1.1	#Occupants P	Iit/Run	Moped	Crash I	Report	t ID#	24	-3	9-	-A	C			
	License #		_ S	OB/Age		Reg#	413FA7				Reg	Туре	PC		R		12
	Sex_F Lic.	Class D	Lic. Re	strictions 1 20	CDL Endorsement	Veh Y	ear <u>2010</u>		Veh M	lake <u>T</u>	OYO!	TA			Vel	h Config. 21	<u> </u>
4	1	UYEN, HO	1	First	Middle	Owne	r <u>NGUYEN</u>	Last	AOH	T	II Fi				M	liddle	
⁴ 1]	FRANKL					ss 141 F		KLI	N							
_	I			MA Zip 021		City 📘	MELROSE			1,550					•	2176-1833	
	Insurance Comp			E CASUAL	TY INSU	Vehic	e Action Prior to		100.00	1	22		naged t Statu		Code	5 27 4 27 6 27 28	
5	Vehicle Travel D	Direction: N S	Xw	Responding to En	nergency? 2		11 (1	23	23	23	23		e of T			29	
	Citation # (If Iss	sued)	· · · · · · · · · · · · · · · · · · ·	-		Most !	Harmful Event	1	24	ا امد			C Test		ılt:	30	12
	Viol. 1: Ch/Sec/	Sub	Vi	iol. 2; Ch/Sec/Sub -			Contributing C		1	25	25				2 31		1 13
⁶ 2	Viol. 3: Ch/Sec/			iol. 4: Ch/Sec/Sub -		_ Driver	Distracted by	99		1 12	1 1/ 1		ved fro			1 33	
	Name (Last First M		for operato	or and all occupants	Address		DOB/Age	Sex	Soal Pos.	35 Safety System		37 Eject Code	Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate	or			See Above		$\geq \leq$	X	1	1	4	0	0	8	1		
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	Please Select C	ne 🔀 Vehicle	.a1 ±	#Occupants N	lon-Motorist A	Туре	15 Action	16	Locatio	L	17	onditio		18		Hit/Run Moped	1
1	of the Followin	ng: Venicle	4 ==		oun-wiotorist A	4848			LOCARR)11	nere!			N. E.	_	Hit/Run Moped	
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	Sex F Lic. (··)	strictions 1	CDL Endorsement		ear <u>2019</u>				ADI				_ Veh	Config. 1	
2	Operator <u>COI</u>	Last	F	A ROSA	Middle		CORAPI	Last			A R	USI	.		Mi	idule	ŀ
	Address 5 H	IGHCLIFI 'HAM		MA Zip 0218	30-3039		ss <u>5 HIGH</u>		TEE	' TI	S.ES		343		. 01	2100-2020	2 14
				R INSURAN		•	TONEHA		1	4	22				•	$\frac{2180 - 3039}{1^{27}8^{27}2^{27}}$	
	Vehicle Travel D			Responding to Em			Sequence		23	1 23	23		Statu			3 28	
		ned) 4114862	KV	Responding to Em	ergency :		Harmful Event	1	24	10 B PA		Тур	e of Te	est:		2 29	
2				ol. 2: Ch/Sec/Sub =			Contributing Co	1	5	25	25		C Test			5 30	
•	Viol. 1; Ch/Sec/S			oi. 2: Ch/Sec/Sub = ol. 4: Ch/Sec/Sub =			Distracted by	99	- a d	:4/4 (V)	14.754°F		p. Alco red fro		1 31 ne?	Susp. Drug 2 32	
				notorist and all occi]		34 Seat	35 Safety	36 Airbag	37	38	39	40 Transp.		1
	Name (Last First Mi		forles	<u> </u>	Address		DOB/Age	Sex	Роз.	System	Status	Code	Code	Status	Code	Medical Facility	1
	Operato	or/Non-Mo	orist		See Above				1	1	4) :	10	1		-
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