	Police Use Only		C	Commony	wealth	of Mass	acl	lus	etts	S			RM	V Doc	ument l	Number			
	Date of Crash Time of Cra	F	City/Town	Mo	tor Vel	iicle Cra	ash	N V	lumber			•	l Limi	3(Loc	te Police al Police	0000	1	
	02/19/2024 0832	HR WILT	ingtor	·	Police	Report		2	CINCIC	o	100	Latitu Longi				TA Police npus Police	8		
		ERSECTI	ON:	<		TION	>			NO.	ΓΑ7			SEC	TION				
			·															2	10
								8		JE	WE	L I						Ľ	
¹ 1	Route# Direction		Name of Roa	adway/Street At		Route# Dire	ction	Add	ress#			Na	ame of	Roadv	vay/Stre	et			
	_		•	•		Feet	NS	EW	of			_ •	. —	ог_					
	Route# Direction	Nam	e of Intersecti	ng Roadway/Street					·	Mi	le Ma	rker			Exi	t Number		4	11
			Also at Inter	section with			N S		_	Route	#		Inters	ecting I	Roadwa	v/Street	-	Ŀ	╝
² 1	Route# Direction	Name	e of Intersecti	ng Roadway/Street		Feet	N S	EW	of							•			
1	Rome. Discount	- I viii iv	or intersecti	ag redadway/Bareer									La	ındmarl	k				
3	Please Select One of the Following:	hicle 1 <u>1</u>	#Occupants	Hit/Run	Moped	Crash :	Report	t ID#	24	-6	0-	-A	C						
³ 97			~~~													3/3	\dashv		
	License	S 19l	DOB/A·	20		# <u>C451</u>				_					-	4444864	1	1	12
	Sex M Lic. Class D		estrictions 1	CDL Endorsemen	ıt	Year 2022								Veh	Config	L			
	Operator BARNES,	ZACHAF	RY CHA	RLES Middle	Own	er BARNES	Lasi	ZAC	HAI	RY C	HA	RL	ES	Mi	iddle				
⁴ 1	Address 39 PARK S				Addr	ess 39 PA	RK	ST											
	City NORTH READ	ING State	MA Zip C	1864-280	9 City	NORTH R	EAL	IN	G		_ Stat	ie M Z	<u> </u>	Zip 0 :	1864	1-280	9		
	Insurance Company GEIC	O GENE	RAL IN	SURANCE	C Vehic	le Action Prior to	o Crash	n	1	22	Da	mage	đ Area	Code:	7 27	27	27		
	Vehicle Travel Direction:	(SEW	Responding	to Emergency? 2	Even	t Sequence	23	23	23	23	Te	st Stat	us:		1 28				
⁵ 2	_			to Emergency:		. Dequeine	See 586	24			Ty	pe of 1	Test:		29				
	Citation # (If Issued)					Harmful Event	1		25	25			st Resi		30 1		_ }		13
	Viol. 1: Ch/Sec/Sub ———					r Contributing C	9269950	97						2 31		Dnig 2	32	1	
6 1	Viol. 3: Ch/Sec/Sub	V	iol. 4: Ch/Sec	/Sub	Drive	r Distracted by	0	26			To	wed fr	rom sc	ene?	2 ³³				
т_	Please fill Name (Last First Middle)	out for operate	or and all occu	pants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		edical Facility			
	Operator -		T	See Above		DODINGE	Ÿ	1	1		Code D	0		1	N/A	edicat Facinity			
	Орегинг	****		500110010			\leftarrow	╀-	ļ	 									
							_	ļ	L	ļļ									
	Please Select One Val	. 4	<u>''</u>	<u>.</u>		15	16		183	17		526	18	 		<u></u>			
1	of the Following:	nicle 2.1/	#Occupants	Non-Motorist	A Type	Action		Locatio	n e	C	onditi	on		LI.	Hit/Run	Mor	oed		
	License #	S	OOB/Age		Reg #	AL6867	0			Reg	Туре	PC		Re	eg State	AZ			
	Sex M Lic. Class	19 Lic. Res	strictions 1	20 CDL		ear 2014		Veh Ma	ake G	MC				Veh	Config.	1 2			
	Operator MOSHER,	; SCOTTY	MARL	Endorsement		r <u>U-HAUI</u>	, co	0	F A	RIZ	ON	A			ŭ		ן כ		
1	Address 56 S SHOR	F	řírst	Middle		ess 2727 1	Last			Fire	4		PT	3 S	ddle				
	· · · · · · · · · · · · · · · · · · ·	State_	N# 7:- ∩	3079		PHOENIX									004		_ .	1 1	14
			3144 Zip ⊻	3013	•				25000	22						27 2	<u> </u>	_	
	Insurance Company UHAU					le Action Prior to	ra al mest		3			inageo		Code	1 8	2	3		
	Vehicle Travel Direction:	SEW	Responding	to Emergency? 2	Event	Sequence 1	23	23	23	23		e of T		ľ	29				
2	Citation # (If Issued)		=		Most	Harmful Event	1	24					t Resu	dt:	30				
_	Viol. 1: Ch/Sec/Sub	Vi	ol. 2: Ch/Sec/	Sub	Drive	r Contributing Co	ode	19	25	25	Sus	p. Alc	ohol:	2 31	Susp. 1	Drug: 2 3	2		
	Viol. 3: Ch/Sec/Sub	Vi	ol. 4: Ch/Sec/	Sub	Drive	r Distracted by	0	26					om sce		2 33	-	-		
	Please fill out for	operator/non-r	notorist and a	ll occupants involve	ed			34 Seal	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Trensp.	<u>—</u> _		_		
	Name (Last First Middle)	7	<u> </u>	Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Мо	dical Facility			
	Operator/Non-N	<i>1otorist</i>		See Above			$oldsymbol{X}$	1	1	4 ()	0	10	1					
			-											-					
į						f					- 1	- 1							

= Direction	on [] = Vehicle	1 2 = Vehicle 2	♀ Pedestria	n \delta = Bicycle	
Crash Diagram: ie:	→ □ •	2	→Ŷ	→ 55	
					rash <u>Did Not</u> Occur Public Way:
				□ 0£	f-Street Parking Lot
				☐ Ga	ırage
				Пм	all/Shopping Center
MY		MV:1.			
					her Private Way
				Ind	icate North by Arrow
		Jt.	ewel Drive	(1)	
Crash Narrative:		•		,	
MV 2 was travelling on Jewel D	. The operat	tor of the veh	icle said th	nat he put on	his
right directional and he attemp	ted to make a	a right hand t	urn into the	parking lot.	MV 1
was travelling on Jewel Dr beh	ind MV 2. The	e operator of	MV 1 said MV	7 2 was travel	.ling
straight and began to favor the	e left side of	f the road ind	licating that	they were go	ing to
take a left hand turn. He stat	ed that MV 2	did not use h	is direction	al. MV 1 sai	d that
he attempted to go around, to t	he right of N	MV 2 but that	MV 2 swerved	l his vehicle	to the
right and side swiped him. MV	1 said that i	it appeared th	at MV 2 thou	ight he was go	ing to
miss his turn and made a last m	inute attempt	t to swerve to	the right t	o make it. T	'he
collision caused font end damag	ge to MV 2 and	d left side da	mage to MV 1	•	
					
Witnesses: Name (Last,First,Middle)	Address			Phone #	Statement
Name (Last, Pirst, Middle)	Address			rnone #	Statement
Property Damage:					
Owner (Last,First,Middle) Address		Phone #	41-Type D	escription of Damaged	Property
Truck and Bus Information: Registrati	on #	(Fron	1 Vehicle Section)		42
Carrier Name					_ Bus Use
Address		City		St	. Zip
US DOT #:State Number					
220		Issuing State	MC/MX/IC	C #:	
Interstate Cargo Body Type Code	44 GVWR/GO	CWR 45			
Interstate Cargo Body Type Code Trailer Reg #: Reg Typ	44 GVWR/GO	CWR 45			
Trailer Reg #: Reg Typ Hazmat Information:	GVWR/GC	CWR 45	Trailer	Length 46	
Interstate Cargo Body Type Code Trailer Reg #: Reg Typ Hazmat Information: 47 48	GVWR/GC	CWR 45 LiteReg Year	Trailer	Length 46	

	Pol	ice Use Only			<u>Comn</u>	ionv	vealtl	1 (of Mass	sacl	ıus	etts	S			RN	IV Doc	22/196	at Number		0.200.00	
	Date of Crash 02/19/2024	Time of Crash	1	City/Town	_	Mo	tor Ve	eh	icle Cr	ash	1	lumber ehicle:		mber ured	Spee	d Limi	t <u>3</u>	5	State Police Local Police MBTA Police	0800]	
	02/13/2021	24HR	PT	iring co			Police	e I	Report		2		1			uae itude _			Campus Police Other:	_ 5		
		AT INTERS	SECTI	ON:		<	LOG	CA	TION	>			NO	ΤA	T IN	TEF	RSEC	CTIC	ON:			
								ļ								_					2	10
	Route# Direc	ction		Name of Ro	oadway/Stre	et		-	Route# Dire	ection	27 Add	lress #		11A	1 S N		Road	way/S	treet			_
1					At		······································			la de	1-1-	ī .										
	Route# Direc	etion	Name	e of Intersect	tina Roadwa	v/Street		_[Feet	NS	EW	of of	M	ile M	arker		or .	F	Exit Number		<u> </u>	11
	- Diece		14,0114		rsection wit			-[Feet	N S	EV	of									3	**
									Feet	NS	EW	of	Rout	e#		Inters	ecting	Road	way/Street			_
² 1	Route# Direc	ction	Name	of Intersect	ting Roadwa	y/Street										L	andmar	rk				
3	Please Select C		. 1	#Occupants	Hit/R	un	Морес	d	Crash	Repor	t ID#	24	-6	1	-A	C					1	
J		·			J														1.63		-	
	Licenso	19 1	9)B/Ag	20				9DA537										18/4/18/03	21	1	12
	Lic. C	Class D	Lic, Re	strictions 1		L_ lorsemen	ıt		ear <u>2021</u>										- L		 	L
⁴ 1	Operator.	:Ast		Chai	-	Middle			TVEHICI	Last			F	irst			M	INC fiddle	3 TRUS	ST		
т_	Address								ss <u>9401</u>			S	AVE									
	Cit		Sta	Zip				ty I	BLOOMIN	(GTC	ON.	1.000 (3.000)	্ত্ৰনা						31-000			
		any ARBELL		OTECT:	ION II	NSUR	A Ve	hick	e Action Prior t	ter Euro		6	22		amage est Sta		a Code:		7 27 8	<u>*</u> 1		
5		rirection: NX	•	•	g to Emerge	ncy? 2	Ev	ent :	Sequence 1	23	23	23	23		pe of			2	2			
	1	aed) <u>457998</u>					M	ost I	Harmful Event	1	24			В.	-	st Res	ult:	3	0			-
	Viol, 1; Ch/Sec/S	Sub <u>89</u>	9V	iol. 2: Ch/Se	c/Sub 90		10A Dr	iver	Contributing C	ode	19	25	25	Sı	ısp. Al	icohol:	₂ 31	Sus	ip. Drug 2	32	1 '	13
⁶ 1	Viol, 3; Ch/Sec/S	Gub	Vi	iol. 4: Ch/Se	c/Sub		Dr	iver	Distracted by	99	26			To	owed f	rom so	ene?	1 3	3			
Т	Name (Last First Mi	Please fill out f	for operate	or and all occ	•	lved ddress			DOB/Age	Sex	34 Sent Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	-	Medical Facility			
	Operato					Above				X	1	99	4	0	0	10	1	1				
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										-	-	-	<u> </u>		_			-				
										<u> </u>		<u> </u>			<u>L_</u>	<u> </u>	ļ				1	
⁷ 3	Please Select O of the Followin		22 #	∮Occupants	Non-M	lotorist .	А Туре		15 Action	16	Locati	оп	17	Condit	ion	18		Hit/R	un 🔲 Mo	ped		
_	License :			DOB/A;			Re	e # .	MF86L				Res	7 Type	DC		R	eg Sta	te MA			
	Sex M Lic. C	lass p 19 19	Lic, Res	strictions	20 CDI			_	ar 2016	,	Veh M	ake						Confi		1		
		NE, MAT	1	360	End	orsement	1		WILMIN										D	ا ك		
1	-	Last DELAIDE	F	irat	1	Middle			s 121 G	Last			Fi					iddle	•			
	City WILMI	NGTON	State 1	MA Zip	01887-	2677	Z Cit	y . W	ILMING	TON	ī			Sta	te M Z	A 2	ip O	188	7		1	4
	Insurance Compa	ny MIIA						-	Action Prior to			1	22				Code:	1.70.00		27		┙
	Vehicle Travel Di	rection: NX	E W	Responding	g to Emerger	ncy?_2_	Ev	ent S	Sequence 4	23	23	23	23	Те	st Stat	us:		1 28	8			
	Citation # (If Issu	ed)					Mo	st H	larmful Event	1	24	1909AC3 3474	2000	•	pe of			29 3(4			
2	Viol. 1: Ch/Sec/Si	ub	Vis	ol. 2: Ch/Sec	:/Sub		Dri	iver :	Contributing C	ode	1	25	25			st Rest	iit: 2 31	\$5000 pt		32		
	Viol. 3: Ch/Sec/St			ol. 4: Ch/Sec				ver:	Distracted by	0	26	v	, economical (IIII)			om sc		2 33	2.00[2			
	Plea	se fill out for oper				s involve	ed			T	J4 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		· <u>·</u>	\dashv		
	Name (Last First Mid		forted			idress			DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code		Medical Facility			
		r/Non-Mot	orisi	1 ADELAID		Above					1	99		0	0	10	1					
	KRISTOFER ST	rokes			ON, MA 018	87-1605	•		<u> </u>	М	3	99	4	0	0	9	1					
								-														

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedest	rian 📆 = 1	Bicycle	
Crash Diagram:	ie: 👈 🗔	□ →□	2	→ X	→ №		
		bucks Majn St)				If Crash <u>Did Not</u> on a Public Way	
	2/2/	/-				Off-Street Parking Lo	ot
						☐ Garage	
5			Announcing of the last			☐ Mall/Shopping Center	r
			5	62	- ,,	Other Private Way	
			4	×1×(00)			
		vel-	Mair	n St 🖈		Indicate North by	Arrow
					2>	(\rightarrow)	
Crash Narrative:							
MV2 (AMBU/A2) WAS TRAVE							
LOT AND ENTERING THE FA	the second second			services and a	West-order Proposition	5	
SIDE OF MV 2 (AMBU). THE							
AS A RESULT OF THE COLL				77.			
MV1 TOWED FROM THE SCEN					ANALYSIS CONTROL OF THE PROPERTY OF THE PROPER	WENT TO THE	
HOSPITAL TO BE EVALUATE	D AFTER RETURN	NING TO THE	PUBLIC SAFE	TY BUILD:	ING.		-
	-14						
Witnesses: Name (Last, First, Middle)		Address			Phone #		Statement
traine (Last,Frist,Friddie)		Address			r none #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
Truck and Bus Information:	Registration #		— (From Ve	ehicle Section)			
Carrier Name	700-300-30					Bus Use	42
Address			City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
Interstate Cargo Body Ty	rpe Code	GVWR/GCWR	45				,
Trailer Reg #:	Reg Type	Reg State	Reg Year	——Trai	er Length	46	
Hazmat Information:	[
Placard Material 1 digit #	Material Nam	e	· · · · · · · · · · · · · · · · · · ·	Material 4 dig	it #	Release code	49
Patrol Officer Kayla M	Hanson		230 W	ilmington	Police De	partment 02/	19/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

Wilmington Police Department Images Associated with 24-61-AC





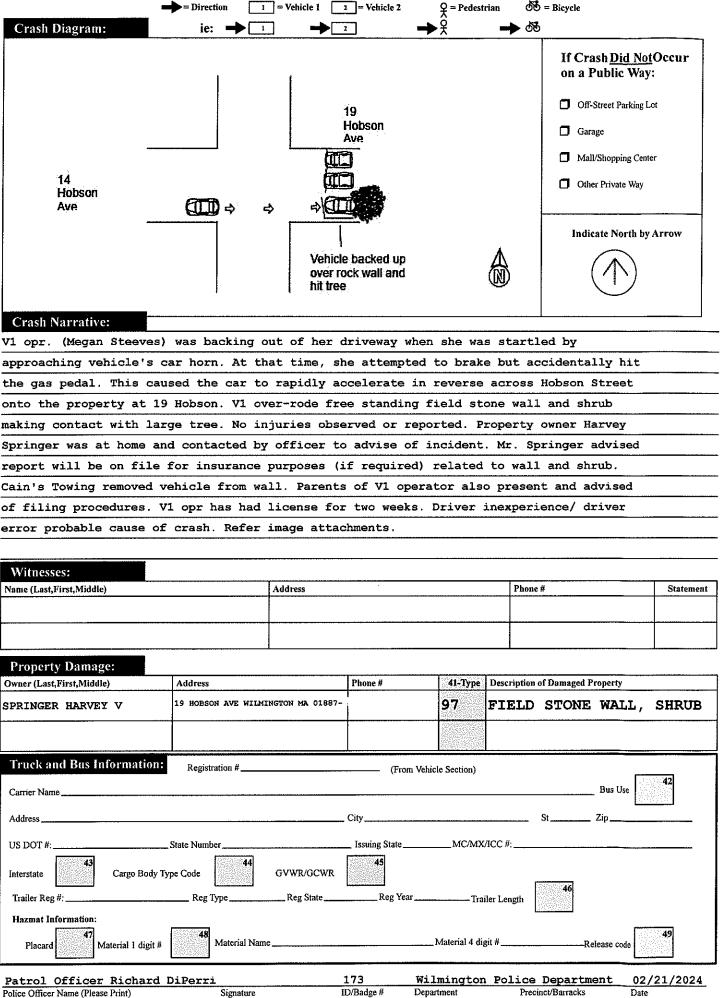


	Pal	lice Use Only		Con			of Mass		nus	etts	3			RM	V Doc	ument N			
	Date of Crash 02/20/2024	Time of Crash		City/Town ington			icle Cra	ash		lumber ehicles		nber ired	Speed Latitu	l Limit	30	Local	Police Police A Police	0800	
		24HR					Report		2		0		Longi	tude_		Other	r:		
		AT INTERS	SECTIO	ON:	<	LOCA	TION	>			NO'	ΓΑΊ	'IN'	TER	SEC	TION	•	_	10
		<u>193</u> N	BR31	RAMP															2 "
¹ 4	Route# Dire	etion		Name of Roadway	/Street		Route# Dire	ction	Add	ress#			Na	ıme of	Roadw	vay/Stree	t	_	
4	_	ROUT	E 12	9 HWY			Feet	NS	EW	of			 •	. —	or _		NT 1	_	
	Route# Dire	ction	Name	of Intersecting Roa Also at Intersection				NS	l E lw	٦_,	Mi	le Ma	гкег			EXI	Number	\dashv	2 11
				Also at intersection	ı willi			NS		_	Route	#		Inters	ecting I	Roadway	/Street	-	
² 1	Route# Direc	ction	Name	of Intersecting Roa	dway/Street		reet	1.10	121,,,] 01				I.a	ndmarl	k		_	
•	Please Select C		11 /	Occupants H	lit/Run	Moped	Crash	Renort	t ID#	24	-6	· 2 -	<u>-</u> Δ						
3	of the Followi	ng:															-	_	
	License	. 19 1	.s 9	OB/Age			# <u>59DEGO</u>									eg State_	21	T	1 12
	Sex F Lic.	- made one designation	86	strictions 1 DUARDA E	CDL Endorsement	t	Year <u>2019</u> er HERTZ					KŲ.	11211	<u> </u>	Veh	Config.	<u> </u>	╵├	
⁴ 5	1	Last	F	E APT 30	Middle		es PO BO	Last			Fi	Laj			Mi	iddle		_	
				MA Zip 0180			OKLAHOM					Stat	o OF	₹ 2	is 7 3	3134	-4130	_	
	Insurance Comp		State	2.ф		_	ele Action Prior to			2	22				Code:			- I	
	Vehicle Travel D	_	EX	Responding to Em	ergency? 2		t Sequence	23	23	23	23	Te	st Stat	us:		1 28	-	۱ ٔ	
⁵ 2	Citation # (If Iss	sued)			- ,	Most	Harmful Event	1	24	SEP1868 1/16	SUPPRINCE	•	pe of 1			29 30		-	
	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub =		Drive	r Contributing C	ode	1	25	25			st Resu cohol:	ilt: 2 31	200 C	Orug: 2 3.	2	1 13
	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26					om sc	_	2 33		ਘ	
⁶ 1			or operato	r and all occupants				T_	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			┪	
	Operate				Address See Above		DOB/Age	Sex	Pos.	System 1	П	Code O	Code	Status 10	Code 1	Med	lical Facility	\neg	
	o p a a a a							4	1									_	
		<u></u>	·				i		ļ	<u> </u>								-	
								 	<u> </u>	ļ								_	
i				<u> </u>		Reco		<u> </u>	<u> </u>		- I		Total Control	- 40				_	
6	Please Select C of the Followin		2 1 #	Occupants N	on-Motorist /	A Type	Action	16 1	Locatio	ЭП	17 C	Conditi	on	18	<u> </u>	Hit/Run	Мор	ed	
	License #		_ St	_ DOB/Ag		Reg #	2YBN29				Reg	Туре	PC		Re	eg State 🕽		_	
	Sex M Lic. C	Class D 19 19	Lic. Res		CDLEndorsement		fear 2017		Veh M	ake <u>N</u>	ISS	AN			_ Veh	Config.	1 21		
3 _	Operator LO V	WELL, ST	EVEN		Middle		r LOWELL	Last	STE	VEN	PA Fit				Mic	ddle		-	
1	Address 495	WOBURN					ess <u>495 W</u> C	OBU	RN	ST								- -	14
	City WILMI	NGTON	State <u>1</u>	IA Zip 0188	17-2503	City 1	WILMING	TON		San engli	20						-2503	-, I	<u>. ']</u>
	Insurance Compa	any PLYMOU'	TH RO	OCK ASSUR	RANCE (C Vehic	le Action Prior to		1	T	22		maged at Stati		Code:	1 ²⁷	27 2		
	Vehicle Travel D	LL	EX	Responding to Em	ergency? 2		Sequence 1		23 24	23	23		oe of T		Ì	29			
2	Citation # (If Issu	•					Harmful Event	1	24	25 💷	25			t Resu		30		_	
	Viol. 1: Ch/Sec/S	Sub		ol. 2: Ch/Sec/Sub =			r Contributing Co	1988	19 26	²⁵ 5	<u></u>				2 31	100.00	rug: 2 32	3	
	Viol. 3: Ch/Sec/S			ol. 4: Ch/Sec/Sub — notorist and all occu	mants involve		r Distracted by	0	34	35	36	37	38	om 500 39	40	1 33		4	
	Name (Last First Mi	iddle)		I CONTRACTOR AND OCCU	Address		DOB/Age	Sex	Scal Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	cal Facility	_	
	Operato	or/Non-Mot	orist		See Above	******	\geq	X	1	0	4	0	0	10	1				
Ī																			

	= Direction 1	= Vehicle 1	2 = Vehicle 2	욧 = Pedestrian	♂ = Bicycle	
Crash Diagram:	ie: 👈 🔟	_ → [2	→ ♀	→ №	4
<u>196</u>	Route 129			<u> </u>	If Crash <u>D</u> on a Publi	id NotOccur c Way:
					Off-Street 1	Parking Lot
	1	MV1			☐ Garage	
	2	CA DO			☐ Mall/Shopp	oing Center
	7	ON 35	V		☐ Other Priva	
MV.	2 Day Marin	A Ramp		V (a)	Indicate N	orth by Arrow
Crash Narrative:						
MV1 and MV2 were both	traveling on th	ne I93 Nort	h off ramp	(exit 31) at	tempting to merg	е
onto R129. At the to	p of the off ram	np MV2 rear	ended by M	V1. MV1 had	damage on the r	ear
and MV2 had heavy fro	nt end damage.	No injurie	s reported	and MV2 was	towed by Cains	
Towing.						
				,		
distribution of the second second						
Witnesses:		T moreon			() () () () () () () () () ()	
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:		'				
Owner (Last, First, Middle)	Address		Phone #	41-Type Des	scription of Damaged Property	у
			3.0			
Truck and Bus Informatio	n: Registration #		(From V	ehicle Section)		
Carrier Name					Bus U	Jse 42
Address			City		St Zip	
US DOT #:				MC/MX/ICC	#:	
Interstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer I	ength 46	
Hazmat Information:				Haller L	ong at	
Placard 47 Material 1 digit	48 Material Nam	e		Material 4 digit #	Release c	0de 49
			010 -			00/00/00
Patrol Officer Daryl Police Officer Name (Please Print)	J Ceruolo Signature			ilmington Pe	Precinct/Barracks	02/20/2024 Date

Date of Crash	series accessive areas accuration	165030	<u>n</u> monwealth		usetts			MV Docu	ment Number	
02/21/2024	Time of Crash	City/Town ilmington		hicle Crash	Number Vehicles	Number Injured	Speed Lin	nit <u>30</u>	State Police Local Police MBTA Police	0000
	24HR		Police	Report	1	0	Lantude Longitude		Campus Police Other:	
	AT INTERSE	CTION:	< LOC	CATION >		NOT A	T INTE	RSEC1	rion:	_
					14A	HOR	ON A	(7E		-
Route# Direc	ction	Name of Roadway	y/Street	Route# Direction	Address #	1100.		of Roadwa	ay/Street	
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Route# Direc	ction	Name of Intersecting Ro	adway/Street	Feet NS	E W of					
		<u> </u>						andmark		
Please Select C of the Followin		1#Occupants	Hit/Run Moped	Crash Report	1D# 24	-63	-AC			
License #		B/Ag	Re	g#4LFZ47		Reg Typ	e PC	Re _l	g State MA	
Se: ic. (Class D 19 L	Lic. Restrictions	CDLVe	h Year <u>2009</u> .	Veh Make T	OYOTA	1	Veh (Config. 1 2	1 7
Opera			Endorsement Ov		TAMMY					_
Address	Appendix.			dress 14A HOBS	ON AVE	First		Mide	dle	1
Cì	_;	Stat i	Cit	y WILMINGTON		St	ate <u>MA</u>	Zip 01	887-206	11
Insurance Comp	any PLYMOUTE	H ROCK ASSU	RANCE C Ve	hicle Action Prior to Crash	10	22	amaged Are	a Code:	LO 27 5 27 2	27
Vehicle Travel D	Direction: N S	W Responding to En	nergency? 2 Ev	ent Sequence 35 21	23 23		est Status:	1	28	
Citation # (If Iss	ued)	<u> </u>		ost Harmful Event 1	24	,	ype of Test: AC Test Re	ta.	30	
Viol. 1: Ch/Sec/5	Sub	Viol. 2: Ch/Sec/Sub -	Dr	iver Contributing Code	97 ²⁵	- A.E	asp. Alcoho	1.	Susp. Drug: 2	32 3
Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub -	Dr	ver Distracted by	26		owed from s		33	-
		operator and all occupants			34 35 Seat Safety	36 37 Airbag Eject	18 39 Trap Injur Code State	y Transp.		
Name (Last First Mi			Address See Above	DOB/Ago Sex		Status Code 4 0	Code State 0 10	s Code	Medical Facility	
Орегин	<i></i>		See Above		1	1 0	0 10			
		-								

Please Select O		#Occupants N	Ion-Motorist A Type	15 Action 16 L	ocation	17 Condi	ion 18	н	it/Run 🔲 Moj	ped
of the Followin	igi Venicie 2_			Action		Condi	ion	H		ped
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CDP1 11-24-00

Wilmington Police Department Images Associated with 24-63-AC



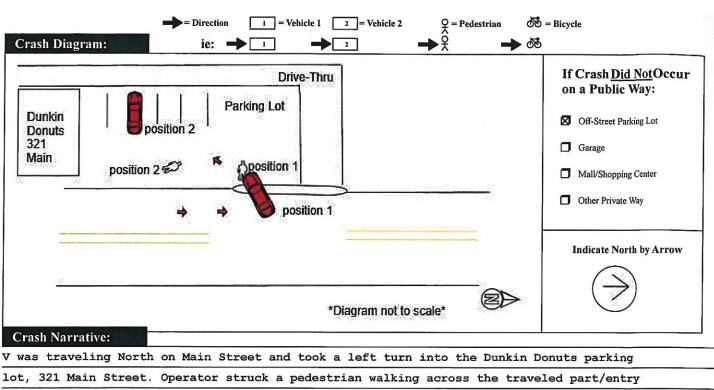








	Pol	ice Use Only		C	ommon	wealth	of Mass	act	ıus	etts	5			RM	(V Doc	cumen	t Number	9 14 15 14		
	Date of Crash 02/22/2024	Time of Crash 1748	Wilm	City/Town	Mo	tor Vel	icle Cra	ash		lumber chicles		mber ured	Speed		t	ے ا	tate Police ocal Police ABTA Police	0800		
	02/22/2024	24HR	17.1.1	iriig con		Police	Report		1		1		Latitu Longi	itude		— c	ampus Police Other:	_ <u>_</u>		
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13				A	t		Foot	N S	EW] _r										
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				Also at Interse	ection with		Feet	NS	EW	of	Route			Inters	ection	Roady	vay/Street	-	<u> </u> _	
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<u>T</u>					·	T	<u> </u>								ndmar	rk				
3	Please Select C of the Followi	one Vehicle	e 1 <u>1</u>	#Occupants	Hit/Run	Moped	Crash l	Report	t ID#	24	-6	55	-A	C						
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	Sex M Lic. (Class D	9 Lic. Re	strictions 1	20 CDL	Veh	Year 2014		Veh M	lake 🗸	eer	<u> </u>			Vel	h Conf	ig. 1	21	1	12
	Operator LA	KŲS, RAI	VIER	J	Endorsemer	•••	er LAKUS ,	R	ANI	ER	J									
⁴ 1.	Address 5 F	RANKLIN	ST	rusi	Middle		ess <u>5 FRA</u>					irst			M	Aiddle				
	City PEPPE	RELL	State]	MA Zip 0:	1463-151	1 City	PEPPERE	LL				Sta	te M	A 2	Zip O	146	3-151	1		
	Insurance Compa	any ALLSTA	TE I	NSURANG	CE COMPA	N Vehic	cle Action Prior to	Crash	1	4	22	D	amage	d Area	Code	0 2	7 27	27		
	Vehicle Travel D	irection: XS	EW	Responding to	o Emergency? 2	Even	t Sequence 3	23	23	23	23		st Stat			1 2	4			
3	Citation # (If Issu	ued) 46547	3AC	-			Harmful Event	3	24				pe of AC Te		alt.	3(4	Ī		
	Viol. 1: Ch/Sec/S	Sub 90	24_Vi	iol. 2; Ch/Sec/S	_{ub} 90	14 Drive	r Contributing Co	ode	10	25	25	1				Sus	p. Drug 2	32	3 ¹	13
<u> </u>	Viol. 3: Ch/Sec/S	Sub 90	17_Vi	iol. 4: Ch/Sec/S	ub	Drive	r Distracted by	5	26				wed fi			2 33		-		_
⁵ 1	N		for operate	or and all occup					34 Seat	35 Safety	36 Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp.					
	Name (Last First Mi Operator			T T	Address See Above		DOB/Age	Sex.	Pos.	System 99			O		Code 1		Medical Facility	_		
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3	Please Select O of the Followin		2#	Occupants	Non-Motorist	A Type	Action 2	16	Locatio	ⁿ 99) ¹⁷	Condit	ion 1	18		Hit/Ru	ın 🔲 Mo	ped		
	License #		S1	DOB/Age,		Reg #					Reg	; Туре	-		R	eg Stat	te			
	Sex F Lic. C	19 1:	Lic. Res	strictions 1	20 CDL	Veh Y	/еаг		Veh M	ake				<i>.</i>	_ Veh	Confi	g. 2	1		
N	Operator BRE	SCIA, R	OBER	T ANDR	Endorsemen		r	Lasi			E/-	rst		••••	1.0	iddle				
99		MARTHA E		PT 6A	ANDGENE	Addre	ess	1.481			ra	rst			INT.	lane				
	City BOSTO	N	State 1	MA Zip 02	2114	City_	·					_ Stat	tc	Z	ip			_	1	4
	Insurance Compa	ny				Vehic	le Action Prior to	Crash			22		-		Code:	200 0000	100 (ACC) 101 (ACC)	27		_
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2	Citation # (If Issu	ed)				Most	Harmful Event		24			-	AC Tes		ılt:	30	1			
	Viol. 1: Ch/Sec/S	ub	Vie	ol. 2: Ch/Sec/S	ub	Drive	r Contributing Co	de		25	25	Su	sp. Ale	ohol:	31	Susp	o, Drug:	32		
	Viol. 3: Ch/Sec/S	ub	Vie	ol. 4: Ch/Sec/S	ub	Drive	Distracted by	91700	26			To	wed fr	om sc	епе?	33				
	Plea Nome (Last First Mid	se fill out for oper	rator/non-n	notorist and all	occupants involv	red	DOB/Age	Sex	34 Seat Pos,	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	,	Medical Facility			
	Operato	r/Non-Mo	torist		See Above		\sim	X	1	10				7	2	Lahey	Clinic			
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V was traveling North on Main Street and took a left turn into the Dunkin Donuts parking

lot, 321 Main Street. Operator struck a pedestrian walking across the traveled part/entry

way to the parking lot. Operator stated he did not see the pedestrian and he pulled into

the parking lot to urgently use the restroom. Pedestrian was relocated by the vehicle

approx 8-10 feet from the original point of impact. Pedestrian sustained serious injuries

due to the crash. Pedestrian transported to Lahey Burlington. Operator recieved a summons

for Neglegent Operation of a MV, Failure to Slow for Pedestrian, and Speed Greater than

Reasonable. Operator remained on scene and cooperated throughout investigation. See 24-86
AR for full report. Ofc. Quiles spoke to the witnesses and took statements. See his

supplemental report attached.

Name (Last,First,Middle)		Address			Phone #		Statement
JOYCE THOMAS CHARLES		10 BURLINGTON A	√E Apt. #2104 WIL	MINGTON MA 0	188		
GUGLIELMETTI NICOLE PEAR	L	3301 POULIO	r pl Wilmingt	ON MA 01	387		
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damage	ed Property	
	\$c					_	
Truck and Bus Information:	Registration #			2 22 3 3		-	
Carrier Name			(From Vehi	cle Section)		Bus Use	42
Address			City		St	Zip	
US DOT #:5	State Number		_ Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Typ	e Code	GVWR/GCWR	45		46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trail	er Length		
Hazmat Information:					and the latest and all and the		
Placard 47 Material 1 digit #	48 Material Name			Material 4 dig	it #	Release code	49

Patrol Officer Kathryn C Goodwin

216

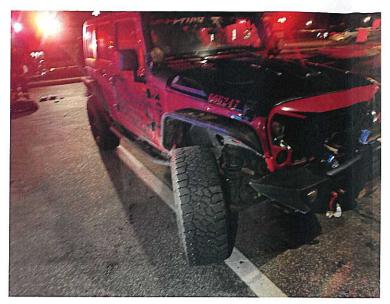
Wilmington Police Department

02/22/2024

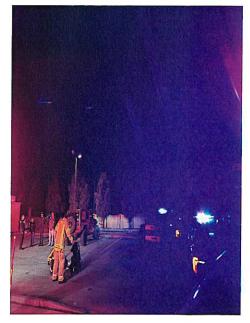
Witnesses

Wilmington Police Department Images Associated with 24-65-AC





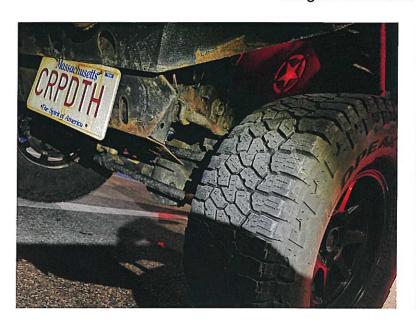








Wilmington Police Department Images Associated with 24-65-AC





	Pol	ice Use Only		Co	mmonv	wealth	of Mass	acl	ıus	etts	5			RM	(V Doc	ument N		
	Date of Crash 02/21/2024	Time of Crash	Wilm	City/Town	Mo	tor Veh	iicle Cra	ash	[]	lumber ehicle:		mber ured	Ι.	d Limi	t1	Local	Police Police A Police aus Police	
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1				At			Feet	NS	EW	of					• ог			
	Route# Direc	etion	Name	e of Intersecting R	toadway/Street						M	ile Ma	arker			Exit l	Number	1011
				Also at Intersect	ion with			NS		_	Rout	e#	_	Inters	ecting	Roadway/	/Street	
² 1	Route# Direc	tion	Name	e of Intersecting R	oadway/Street		Feet	NS	EW	of		<u>,</u>						_
	Please Select ()ne 57	4	" <u> </u>											ındmar	k		
3	of the Followin		e 1. 1.	#Occupants	Hit/Run	Moped	Crash l	Repor	t ID#	24	<u> </u>	96	-A	.C				
	License #		St Tal	DOB/Age	ল	Reg	# <u>435604</u>	3			Re	д Турс	PC	!	R	leg State		- 12
	Sex M Lic. (Class D 19 1	Lic. Re	strictions	CDL	Veh	Year 2015		Veh N	fake <u>N</u>	ŒRC	EDF	<u> </u>	BEN.	Z Vel	ı Config.	1 21	7
1	Operator <u>CO</u>	HEN, RIC	HARD	B First	Middle		er <u>COHEN</u> ,	R.	ICH	ARI) <u>B</u>	ïrst			M	liddle		-
⁴ 1	Address 142	E SURR	Y RD		•	Addr	ess 142 E	SU	RR	R								
	City KEENE			NH Zip 03		City	KEENE			Fire Garcons						3431		.
	Insurance Compa	any GREAT	NORT	HERN IN	s co	Vehic	le Action Prior to			10			amage est Stat		Code	6 ²⁷	27 27	
5	Vehicle Travel D	rirection: N S	Xw	Responding to I	Emergency? 2	Even	t Sequence 1	23	23	23	23		pe of			29		
	Citation # (If Issi	ued)		-			Harmful Event	1	24	ora al loc	Perlipata d	B	AC Te		ult:	30		127
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6 1	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub		Drive	r Distracted by	99		1	T -:		wed fi			2 33		
	Name (Last First Mi		for operato	or and all occupan	ts involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	ical Facility	_
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	City CAMBR			MA Zip 021		-	CAMBRID			40/58n	22						-6885 27 27	
	Insurance Compa				_		le Action Prior to	Crash 23	23	23 23	23		st Stat		Couc.	28 1		-
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		ub					r Contributing Co	0	26				sp. Ale wed fr	,	2 31	32	nig 2 32	
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	Name (Last First Mic	idie)			Address	<u></u>	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medic	oal Facility	4
	Operato	r/Non-Moi	torist		See Above			X	1	99	4	0	0	10	1			_
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Crash Diagram:	ie: 🖚 🗔	2	-→ Ĥ	→ ॐ		
	*	200 Research	Drive		If Crash Did Not Con a Public Way: Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way Indicate North by A	
Crash Narrative:						
MV2 WAS TRAVELING SOUTH	IN THE PARKI	NG LOT OF 200	RESEARCH DRIVE, A	BOUT TO PUL	L INTO A	
PARKING SPOT ON ITS LEF	T. MV1 WAS PAI	RKED FACING WE	ST, WHEN IT BEGAN	TO BACK OU	T OF A	
PARKING SPOT. MV1 BACKE	D INTO AND ST	RUCK THE PASSE	NGER SIDE OF MV2.	THERE WAS	REPORTED	
DAMAGE TO THE DRIVERS S	IDE TAIL LIGHT	'/REAR LEFT FE	ENDER OF MV1, WHIC	H WAS NOT O	N SCENE WHEN	
POLICE ARRIVED. THERE W	AS DAMAGE TO	THE PASSENGER	SIDE DOORS AND RI	MS OF MV2.	NO INJURIES	
REPORTED, NO AIRBAG DEP	LOYMENT, NO TO	ows.				
S						
Witnesses:						
Name (Last,First,Middle)		Address		Phone #		Statement
Property Damage:		<u> </u>				
Tropicity Dannage.						
Owner (Last,First,Middle)	Address	Pi	none # 41-Type	Description of Dat	naged Property	
	Address	Pi	none # 41-Type	Description of Dat	naged Property	
	Address	Pi	none # 41-Type	Description of Dar	naged Property	
	Address Registration #	Pi	hone # 41-Type (From Vehicle Section)	Description of Dat	naged Property	247
Owner (Last,First,Middle)		Pi		Description of Dar	maged Property Bus Use	42
Owner (Last, First, Middle) Truck and Bus Information:	Registration#	Pi	(From Vehicle Section)		Bus Use	42
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name	Registration #	Cit	(From Vehicle Section)	St	Bus Use	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address	Registration # State Number	Cit	— (From Vehicle Section)	St	Bus Use Zip	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: 43	Registration # State Number 44 rpe Code	City GVWR/GCWR	(From Vehicle Section) yssuing StateMC/M2	St	Bus Use	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Interstate Cargo Body Ty Trailer Reg #: Hazmat Information:	Registration # State Number 44 rpe Code	City GVWR/GCWR	(From Vehicle Section) yMC/M2 45	St	Bus Use Zip	
Owner (Last, First, Middle) Truck and Bus Information: Carrier Name Address US DOT #: Interstate Cargo Body Ty Trailer Reg #:	Registration # State Number /pe Code Reg Type	CitIs	(From Vehicle Section) yMC/M2 45	StSt	Bus Use Zip	

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

02/24/20 Date

Wilmington Police Department Images Associated with 24-66-AC













	Pol	lice Use Only		Con	nmonwe	alth (of Mass	ach	us	etts	5	97/2008		RM	V Docui	ment Number		200
	Date of Crash 02/24/2024	Time of Crash	Wiln	City/Town			icle Cra	ish		lumber ehicles		-ad `	peed l atitud		10	State Police Local Police MBTA Police]
		24HR			Po	olice]	Report		2		0		ongitu			Campus Police	_ 6	
		AT INTER	SECTI	ON:	<	LOCA	TION	>			NOT	AT	INT	ERS	SECT	TION:		
	1								22	2	ма	IN	СT	ı				2
1.	Route# Direc	ction		Name of Roadway	//Street		Route# Direc	ction		ress#	. 1715	7.14			Roadwa	y/Street		┢
11]			At			Feet	NS	EW	of			- •		or			
	Route# Direc	ction	Nam	e of Intersecting Ro	adway/Street					. ···	Mìl	e Mari	cer		· _	Exit Number		1
				Also at Intersection	n with		Feet	NS	EW	of	Route	<u> </u>	Îr	nterse	cting Re	oadway/Street		<u> </u>
² 1	Route# Direc	ction	Nam	e of Intersecting Ro	adway/Street		Feet	NS	EW	of			-					
														Lan	ndmark			
³ 97	Please Select C of the Followin		e 1 <u>1</u>	#Occupants 1	lit/Run	Moped	Crash F	Report	ID#	24	-6	7-	A	~				
	License		<u></u>	DB/Age		Reg #	1MER85				Reg	Туре_	PC		Reg	g State MA		1:
	Sex_F Lic. (Class D	Lic. Re	estrictions 1 20	CDL	Veh Y	rear 2011	,	Veh M	lake <u>F</u>	IYUN	DAI			_ Veh C	Config. 1	21	7 '
	Operator HO	RAK, KA	_ PHLEE	en M	Endorsement	Own	er HORAK,	K	ATH	LEE	EN M		·					
⁴ 1	1	LEXINGT		First	Middle		ess 24 LEX	Last			Firs				Midd	ile	_	
	City WILM	INGTON	State	MA Zip 018	87-1341	City_	WILMING	TON	T			State	MA	Zi	р 01	887-13	41	
	Insurance Comp	any PREFER	RRED	MUTUAL I	NSURANC	Vehic	le Action Prior to	Crash	ı	14	22	Dan	naged A	Area (Code: 1	27 27	27	
	Vehicle Travel D	irection: XS	EW	Responding to En	nergency? 2	Event	Sequence 2	23	23	23	23	Test	Status	5:	1	28		ľ
2	Citation # (If Iss	ued)				Most	Harmful Event	1	24	anessar ver	Signer		of Te			29		
	Viol. 1: Ch/Sec/S	Sub	v	iol, 2: Ch/Sec/Sub		Drive	r Contributing Co	ode	19	25	25		C Test o. Alco	-		30 Susp. Drug: 2	32	2
	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub			r Distracted by	99			20000000000		ed from	_	120	33 33		
1				or and all occupants			1	T-CET-S	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap 1	39 Injury	40 Transp.			
	Name (Last First Mi				Address		DOB/Age	Sex	Pos.	System	Status	Code	Code S	Status	Code	Medical Facility	,	
	Operato	or			See Above			X	1	1	4 (1	10	1			
	Please Select O		21	#Occupants N	on-Motorist A	Type	15 Action	16	ocatio	n	17 C	nditio	n	18	□н	t/Run Me	hore	
99	of the Followin	ıg:				150	1544	\$174E					26(45)				opeu	
	License	19 1	9	OB/Age		_	3DBX99					Гуре 💄			_		21	
	Sex F Lic. C	- control control		strictions 1	CDL Endorsement		ear 2018				nfi		<u>Y</u>		_ Veh C	Config. 1		
1	Operator FAF	Last	I	ARTE first	Middle		r FAHEY	Last			ARI.				Middl	le		
_	Address 11 (0100			ss 11 GAF		r R	D							_	_ 14
	City BILLE			MA Zip 0182		_	BILLERI(22					821-211 27 ₆ 27 ₄	27	1
	,	_		CE INSUR		Vehicl	e Action Prior to				3363		ageo <i>F</i> Status:		Jode: 5	28 28		
	Vehicle Travel Di	KV	EW	Responding to Em	ergency? 2		Sequence 2		23	23	23		of Tes			29		
2	Citation # (If Issu	ed)		-		Most I	Harmful Event	2	24	ael .	- 0 <i>e</i>	BAC	Test I	Result	t: 1	30		
	Viol. 1: Ch/Sec/S	ub ————	Vi	iol. 2: Ch/Sec/Sub =	<u> </u>	_ Driver	Contributing Co	de		25	25		. Alcol			Susp. Drug: 2	32	
ļ	Viol. 3; Ch/Sec/S			ol. 4: Ch/Sec/Sub =		Driver	Distracted by	0	26				d fron		-	33		
	Plea Name (Last First Mid	•	rator/non-i	motorist and all occi	upants involved Address		DOB/Age	Sex	34 Seat Post	35 Safety System	Airbag I	ject T	'rap la		40 Fransp. Code	Medical Facility		
Ī	Operato	r/Non-Mo	torist		See Above			X	1	1	4 0	0	1	0 1	1	·		
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