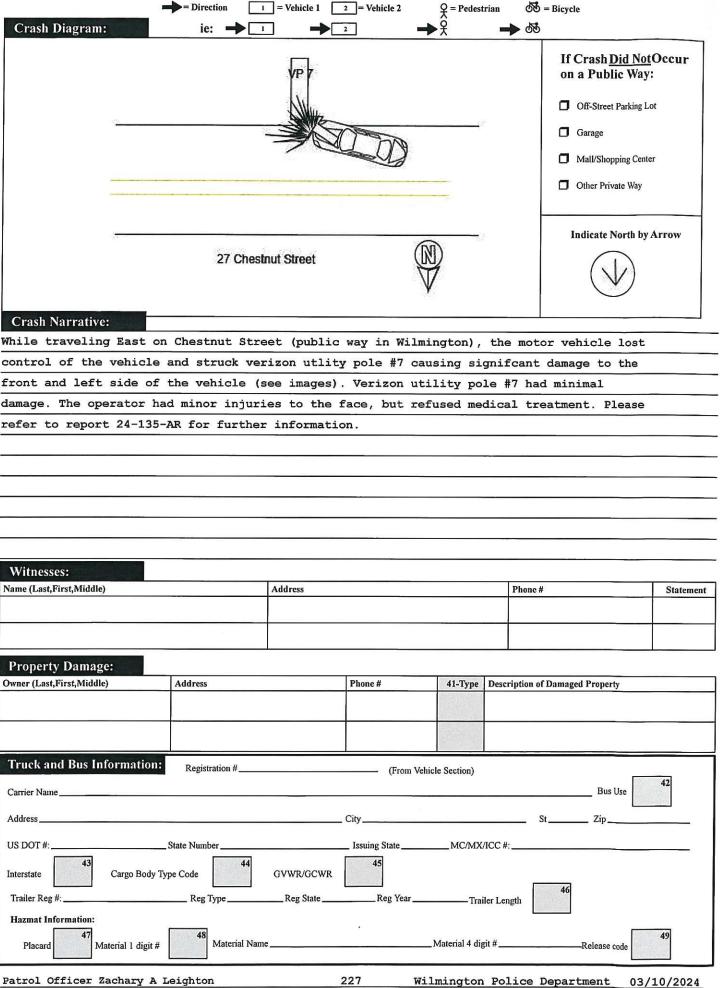
	Police Use Only	Cor	nmonwealth	of Massacl	ıusetts	RMV Docu	ment Number	
	Date of Crash Time of Cras 03/10/2024 0025	City/Town Wilmington	Motor Veh	iicle Crash	Number Number Vehicles Injured	opeed Balan	State Police Local Police MBTA Police	1
	24Н		Police	Report	1 1	Latitude Longitude	Campus Police Other:	
	AT INTE	RSECTION:	< LOCA	TION >	NOT A	T INTERSECT	rion:	
					27 CHE	STNUT ST		2 10
¹ 6	Route# Direction	Name of Roadwa	y/Street	Route# Direction	Address #	Name of Roadwa	ıy/Street	.
6	_	At		Feet N S	X w of — —	• or _		
	Route# Direction	Name of Intersecting Ro			Mile M	larker	Exit Number	1 11
		Also at Intersection	on with	Feet N S	Route#	Intersecting Re	oadway/Street	
² 3	Route# Direction	Name of Intersecting Ro	oadway/Street	Feet N S	E W of			
	Please Select One	cle 11 #Occupants			24 01	Landmark		1
3	of the Following:	cie 11 "Occupants			1D# 24 -81			
	License ;	DOB/Ag	7		Reg Tyl		21	1 12
	Sex F Lic. Class D	Lic. Restrictions 1	Endorsement		Veh Make KIA	Veh (Config. 1	
⁴ 1	Operator STACK, HE		Middle	er STACK . H	First	Mido	ile	
1	Address 11 DORCHE			ess 11 DORCH				
	City WILMINGTON	•	•	WILMINGTON		ate MA Zip 01 Damaged Area Code:		
	Insurance Company SAFET			ele Action Prior to Crasl	and applications.	est Status:	. ** 7 ** 6 ** . 28	
⁵ 2				t Sequence 23		ype of Test:	29	
	Citation # (If Issued) 4973.			Harmful Event 22	20028 28	AC Test Result:	30	13
	Viol. 1: Ch/Sec/Sub 90			r Contributing Code	r s	 		23 ¹³
⁶ 2		4A Viol. 4: Ch/Sec/Sub		r Distracted by 0	34 35 36 37	owed from scene? 1	33	ļ
	Name (Last First Middle)	it for operator and all occupants	Address	DOB/Age Sex	Seat Safety Airbug Eject Pos. System Status Code	Trap Injury Transp.	Medical Facility	
	Operator		See Above	$\times x$	1 0 1 0	0 8 1		
	:							
,	Please Select One Vehic	le 2 #Occupants	Von-Motorist A Type	15 16	17 6-1	18		Ì
1	of the Following:	ie z			Location Condi			
	License #	St DOB/Age			Reg Тур		21	
	Sex Lic. Class	Lic. Restrictions	CDL Veh Y		Velı Make	Veh C	Config.	
1	Operator	First	Middle Owne	r	First	Middl	le	
	Address			·SS				14
	City	•			22	amaged Area Code:	27 27 27	4
	Insurance Company		1121	le Action Prior to Crash		est Status:	28	
	Vehicle Travel Direction:			ocquence	200 200 000 ASSA 50	pe of Test:	29	
2	Citation # (If Issued)			Harmful Event	25 25 B	AC Test Result:	30	
	Viol. 1: Ch/Sec/Sub			Contributing Code Distracted by	Si	<u> </u>	Susp. Drug: 32	
		Viol. 4: Ch/Sec/Sub -		Distracted by	34 35 36 37	owed from scene?		
	Name (Last First Middle)		Address	DOB/Age Sex	Seat Safety Airbag Eject Pos. System Status Code	Trap Injury Transp.	Medical Facility	
	Operator/Non-Mo	otorist	See Above	\times X	1			
Į					<u> </u>			



Department

Wilmington Police Department Images Associated with 24-81-AC





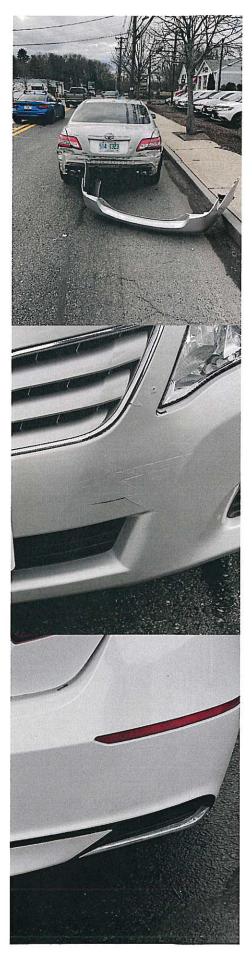
	Po	lice Use Only		Cor	nmonw	ealth (of Mass	ach	us	etts	<u> </u>			RM	V Doci	ument N			
	Date of Crash 03/10/2024	1 1		City/Town .ngton			icle Cra	ish		umber chicles		and I	Speed Latitud	Limit	35	Local	Police Police A Police		
	03/10/2024	24HR		.119 COII	P		Report		3		0		ongit.				ous Police [
		AT INTERSI	ECTIO	N:	<	LOCA	TION	>			NO	ГАТ	INT	ER	SEC	TION	:	_	10
									<u>58</u>	0	M2	AIN	ST	•				2	2 10
¹ 1	Route# Dire	ection	Ŋ	Name of Roadwa	y/Street		Route# Direc	ction		ess#			Nar	me of	Roadw	vay/Street	t		
<u> </u>				А			Feet	N S	E W	of			- •	_	or _	F4	Number	- L	
	Route# Dire	ection		of Intersecting Ro			East	N S	E W	ا~د	M	le Marl	ker			EXII	Number	— 2	2 11
			•	Also at intersection	on willi			N S			Route	#	I	nterse	cting I	Roadway	/Street	⁻ -	
² 1	Route# Dire	ction	Name o	of Intersecting Ro	oadway/Street		1661			, o ₁				La	ndmarl	k	<u> </u>	-	
7	Please Select	One Vehicle	2 #0	Occupants	Hit/Run	Moped	Crash I	Report	ID#	24	8	2-	·A	C					
³ 2	of the Followi	mg:				Dani	3HG795								n	an Centa	<u></u>	_	<u></u>
	License # Sex F Lic.	2540 25540	St,	DOB/Age	CDL		Year 2022										21	_ 1	12
		YNE, JAC			Endorsement		er COYNE,								_ +011	Comig.	-233753.44	_	
⁴ 1		OAK ST	Fir	sl	Middle		ess 129 O	l.ast			F	ıst			Mi	iddle		_	
	j	ING	State M	IA Zip 018	367	. City_	READING					State	MA	Z	ip O	1867	-3710	2	
	Insurance Comp	oany THE COM	MERC	E INSUR	ANCE CO	_ Vehic	le Action Prior to	Crash		2	22	Daı	naged	l Area	Code:	5 27	27 27]	
-	Vehicle Travel I	Direction: N S E	X	Responding to E	mergency? 2	_ Even	t Sequence 1	23	23	23	23		t Statu			1 28 29			
J	Citation # (If Iss	sued)				Most	Harmful Event	1	24				e of T C Test	est: t Resu	ilt:	30			
	Viol. 1; Ch/Sec/	Sub	Vio	l. 2: Ch/Sec/Sub		Drive	r Contributing Co	ode	1	25	25	Sus	p. Alc	ohol:	2 ³¹	Susp. I	Orug: 2 32	1	- 13
⁶ 1	Viol, 3; Cli/Sec/	Sub ————	—— Vio	l. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26					om sc		2 33			
1	Name (Last First M	Please fill out for	operator	and all occupant	s involved		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Trensp. Code	Med	lical Facility		
	Operate	or			See Above		\supset	X	1	1	4	0 (0	10	1				
	TYLER CUNNI	INGHAM		18 NORMANDY F LYNN, MA 0190				м	3	1	4	0)	10	1		-		
		· · · · · · · · · · · · · · · · · · ·																	
7	Please Select (1 #0	Occupants T	Non-Motorist A	Туре	15 Action	16	ocatio	, <u>j</u>	17	Conditio		18		Hit/Run	Море	d	
⁷ 1	of the Followi	uks -			YOU-MOTORIST A	288	246	68, 60 6	Jocani		2000		50%	94 %				_	
	License #_	19 19		_ DOB/Age			5141323			. 171		Type_	PC			eg State	NH 21	-	
	Sex F Lic. (ONNELL, J		rictions 1	CDL Endorsement	_	/ear <u>2010</u> er <u>SCROXT</u>	\ 'ON'					·· ····		_ Veh	Config.	—		
81	· -	Last CORNFIELI	Fire	s SOSAN	Middle		ss 50 COI	Last			Fi	rst			Mi	ddle		_	
		RSWORTH		H Zip 033	386		SOMERSW					State	NH	Z	ip 0 3	3878		_ _ 1	14
		any ARBELLA				*-	le Action Prior to			2	22					1 ²⁷ 5			
	Vehicle Travel D	Direction: NSE		Responding to E	mergency? 2	_ Event	Sequence 1	23	23	23	23		Statu			1 28			
9	Citation # (If Iss	ued)				Most	Harmful Event	1	24				e of To C Test	est: : Resu	1t-	30			
2	Viol. 1: Ch/Sec/S	Sub	Viol	I. 2: Cls/Sec/Sub		Drive	r Contributing Co	ode	1	25	25				2 31	Susp. D	orug. 2 32	1	
	Viol. 3: Ch/Sec/S	Sub	Viol	l. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26			Tow	red fro	om sce	ene?	1 33		_	
	Ple Name (Last First M	ease fill out for operat	or/non-m	otorist and all oc	cupants involved		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Med	lical Facility		
	1 m	or/Non-Moto	rist		See Above		\sim	X	1	1	4	0 (,	10	1				
													寸						
																<u> </u>	 	\dashv	
													\dashv					\neg	

	Pol	lice Use Only	(Commony	vealth	of Massa	ach	use	tts			RM	V Doçı	ument Nur		
	Date of Crash 03/10/2024	Time of Crash	City/Town Wilmingto	m		icle Cra	sh			Number Injured	Speed Latitu	l Limit	35	State Po Local Po MBTA	olice 🔯	1
	03/10/2024	24HR	it that is co	**	Police	Report		3)	1	itude		Campus Other:	Police	
		AT INTERS	ECTION:	<	LOCA	TION	>		N	ОТА	T IN	TER	SEC'	TION:		
								580	ı	MAI	v S'	T'				2 10
1_	Route# Dire	ction	Name of Re	oadway/Street		Route# Direc		Addre					Roadw	/ay/Street		_
1	1			At		Feet	N S	E W	of		(,	or _			
	Route# Dire	ction		ting Roadway/Street		1	N S	r W		Mile N	arker			Exit N	umber	2 11
			Also at Inte	ersection with			N S		R	oute#	***************************************	Interse	ecting F	Roadway/S	treet	
² 1	Route# Dire	ction	Name of Intersect	ting Roadway/Street		Feet	1119	<u> </u>	— —			I.a	ndmark			-
	Please Select (One N Vehicle	32 #Occupants	Hit/Run	Moped	Crash R	lenort 1	ID# 2	Δ-	82	<u>-</u> Δ	·		-		1
³ 2	of the Followi	ng:												. M	/A	-
	License #	Class D 19 19	Si DB/A	2.0	_	# <u>3LR522</u> _{Year} <u>2009</u>								Г	21	1 12
			Lic, Restrictions 2	CDL Endorsemen	nt	er ESPINO							ven	Comig.		
⁴ 1		TO, ALEX SALEM ST	First	Middle			Last			First	• •		Mi	ddle		
	l		State MA Zip	01843		LAWRENC				Si	ate M	2	ip 01	L843-	1723	
	Ī		INSURANC			ele Action Prior to		1	27	1	Damage		•		27 27	
	Vehicle Travel D	Direction: NS	E Respondin	ng to Emergency? 2	Even	t Sequence	23 3	23 7	23 2	Ĩl .	est Star			1 28		
5	Citation # (If Iss	sued)			Mosi	Harmful Event	1	24			ype of SAC Te		ılı.	29 _ 30		
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Se	ec/Sub	Drive	er Contributing Co	de	19 ²	5	25	usp. Al			Susp. Dr	ug 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/	Sub	Viol, 4; Ch/Sc	c/Sub	Drive	er Distracted by	0	26		7	owed f	rom sc	ene?	1 33		
1	Name (Last First M		r operator and all oc	cupants involved		DOB/Age	Sex		Safety Ai	i6 j7 bag Ejec itus Cod	38 Trap Code	39 Injury Status	40 Transp. Code	Medica	d Facility	
	Operate			See Above		> <	X	1 1		0	0	10	1			
	MAKAYLLA OF	RTEGA		BERLAND RD MA 01850		08/08/2005	F	3 1	i 1	0	o	10	1			1
																1
											T					1
	Please Select C)ne Valdala	4 #Occupants			15 ,	16		1	7 Cond		18	<u>.</u>	Hit/Run	Moped	1
⁷ 1	of the Followin		4	Non-Motorist	- Table	Action	2007	ocation	190000	<u> </u>	Ä				Wiopea	
	License #	19 19	St DOB/Ag	20		#								Ī	21	
	Sex Lic. (Class	Lic. Restrictions	CDL Endorsemen	it	Year	— V	eh Mak	e				Veh	Config.		
81	Operator	Lost	First	Middle			ast			First			Mic	ddle		
	Address		_ State Zip _			ess				St	ate	7	in			1 14
	·		_ 5tate 2ip _			le Action Prior to	Crash	1000	22		amage		ſ	27	27 27	
	•	Direction: N S I		g to Emergency?		t Sequence	23 2	23 2	3 2:] T	est Stat	us:		28		
0		ued)			Most	Harmful Event		24			ype of		.14.	30		
⁹ 2	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Se	c/Sub	Drive	er Contributing Co	de	2	5	25	usp. Al		31		ug: 32	
	Viol. 3: Cli/Sec/S	Sub	Viol. 4: Ch/Se	c/Sub	Drive	r Distracted by		26		r	owed fi	rom sc	ene?	33		
	Ple Name (Last First Mi	•	tor/non-motorist and	all occupants involv	red	DOB/Age	Sex		Safety Ait	6 37 bag Eject tus Cock		39 Injury Status	40 Transp. Code	Medica	d Facility	
		or/Non-Mote	orist	See Above			X	1		-]
		****								\dashv				<u> </u>		
								+	1	+			 			
								+	\dashv	-				<u></u>		



Wilmington Police Department Images Associated with 24-82-AC

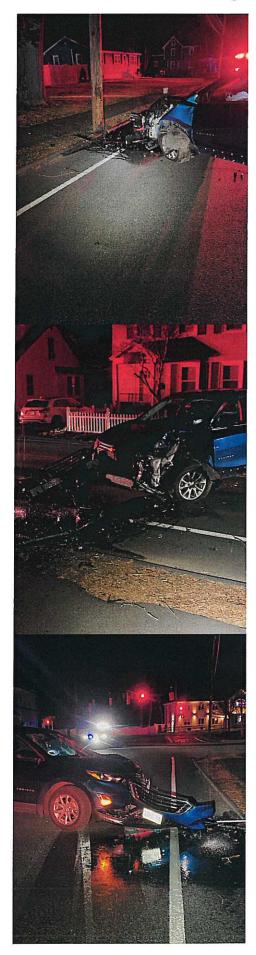




	Poli	ce Use Only			Commo	onw	ealth	of Ma	ssacl	hus	etts	;			RM	V Doc	ument	Number	
	Date of Crash	Time of Crash		City/Town	_ N	Moto	or Vel	icle C	rash	N	lumber ehicles		4	Speed		3(ᅩ	nte Police Cal Police STA Police Campus Poli	1
	03/12/2024	0224 1	WIIM	ingto	n	P	Police	Repor	t	1	*******	1		Latitud Longit			Ca.	BTA Police mpus Police her:	
		AT INTERS	ECTIO	ON:		<		TION	>			NO				SEC	TIO		1
																			2 10
		4		31 CD	1 (0)					11		CI	AR						
¹ 4	Route# Direc	tion			adway/Street At			Route# I	Direction	Add	ress#			Nai	me of	Roady	way/Str	eel	-
	4							F	eet N	EW	of			- •	_	or			l
	Route# Direct	tion	Name		ing Roadway/	Street					7	Mı	le Mar	ker	····		Ex	it Number	1 11
				Also at Inte	rsection with				eet N		_	Route	# .	<u>.</u>	Interse	ecting	Roadwa	ay/Street	
² 1	Route# Direct	tion	Name	e of Intersect	ing Roadway/	Street		F	eet N S	EW	of								
								<u> </u>							La	ndmar	k		
3	Please Select O of the Followin		11	#Occupants	Hit/Rus	י [Moped	Cra	sh Repo	t ID#	24	-8	3-	-A	C				
	License #		_ Sı	_ DOB/Ag	e		Reg	# <u>3DBE4</u>	4			Reg	Tyne	PC		R	leg Stat	e MA	
	Sex_F Lic. C	19 19	7	strictions 1	20		_	Year 202				_					ı Confi _l	21	1 12
	1	RBETT, S	9			sement		er CORB					1142		<u> </u>	VEI.	i Conn	5 <u>[=1:22:21]</u>	
⁴ 1	1	Last	I I I I I I I I I I I I I I I I I I I	First	Мі	iddle			[.48]		- CALLEY	Fir	sl			М	liddle		
+	Address 35 (\CB	01007	1042		ess <u>35</u> G						3.00		. ^	100	7_1042	
	•	NGTON		-			-	WILMI			2000000	22						7-1943	
	Insurance Compa	ny PROGRE:						cle Action Pri			Τ.	388		mageo st Stati		Code:	2 28		
⁵ 2	Vehicle Travel Di				g to Emergeno	y? <u>2</u>	_ Even	t Sequence	23	23	23	23		e of T			, 29		
2	1	ned) <u>501485</u>	AC	_			Mos	Harmful Eve	nt 22	24				C Tes		ılt:	6 30		<u></u>
	Viol. 1: Ch/Sec/S	_{ub} 90 2	24	iol. 2: Ch/Sec	_{c/Sub} 90	2	4 Drive	er Contributin	g Code	10	25	25	Sus	p. Alc	ohol:	31 1	Susp	Drug: 2 32	22 ¹³
6	Viol. 3: Ch/Sec/S	ub <u>90</u>	24I V	iol. 4: Ch/Sec	c/Sub 89	4	A Drive	er Distracted l	by О	26			Tov	ved fro	om sc	ene?	1 33		
⁶ 1		Please fill out fo	or operate	or and all occ						34 Sent	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	_		1
	Operato				Add See A			DOB/Ag	Sex	Pos. 1	System			Code 0	Status 7	Code 2		dedical Facility Clinic	
	Орегию	-				.0070			\checkmark	\ <u>`</u>	 	_	_	_					-
								_		1_									
	Please Select Or	ne Vehicle	·	Occupants	Non-Mo	toriot 4	Type	15 Action	16	Location	, S	17 _C	ondițio		18		Hit/Ru	n Moped	1
1	of the Following	g: Venicle	4		14031-1410	COLISI A	Турс	Action	15910760	Cocati		School S	Ondicio			-	1110/100	Mopeu	4
	License #	19 19		DOB/Age			Reg	<i></i>				Reg	Type_			R	eg State	21	
	Sex Lic. C	lass	Lic. Res	strictions	20 CDL_ Endor	sement	_ Veh`	(ear		Veh M	ake					_ Veh	Config	;. []	
R	Operator	Lust	F	rirst		ddla	Own	er	Lest			Fin	st			M	iddle		
1	Address						Addr	ess											141
	City		State _	Zip			_ City_						_ State	 _	z	ip			1 14
	Insurance Compar	ny					Vehic	le Action Pric	or to Cras	h		22	Dar	naged	Area	Code:	4500000	27 27	
	Vehicle Travel Di	rection: NS	E W	Responding	g to Emergenc	y?	_ Even	t Sequence	23	23	23	23		t Statu			28		
)	Citation # (If Issue	ed)					Most	Harmful Ever	nt	24				e of T C Test		.14.	29 30		
2	Viol. 1: Ch/Sec/Si	ub	Vi	ol. 2: Ch/Sec	:/Sub		Drive	r Contributin	g Code	9/19	25	25		p. Alc	r	31	300,65	Drug: 32	
	Viol. 3: Ch/Sec/Su				/Sub			r Distracted b	у 🗔	26				ved fro	L	ene?	33	Diag.	
		se fill out for opera						1		34	35 SaCoto	36 1 desc	37 Final	38 Tono	39 Initiati	40 Tracer			
:	Name (Lost First Mid	ldie)		1	Addı			DOB/Age	Sex	Seat Pos.	System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	м	fedical Facility	1
	Operato:	r/Non-Mot	orist		See Al	bove		\nearrow	\checkmark	1	ļ								
								L						_			L		
		-																	
								1		T							 		1
1	İ			1				1		ı	1	. 1	- 1	- 1		i	I		1



Wilmington Police Department Images Associated with 24-83-AC





Wilmington Police Department Images Associated with 24-83-AC



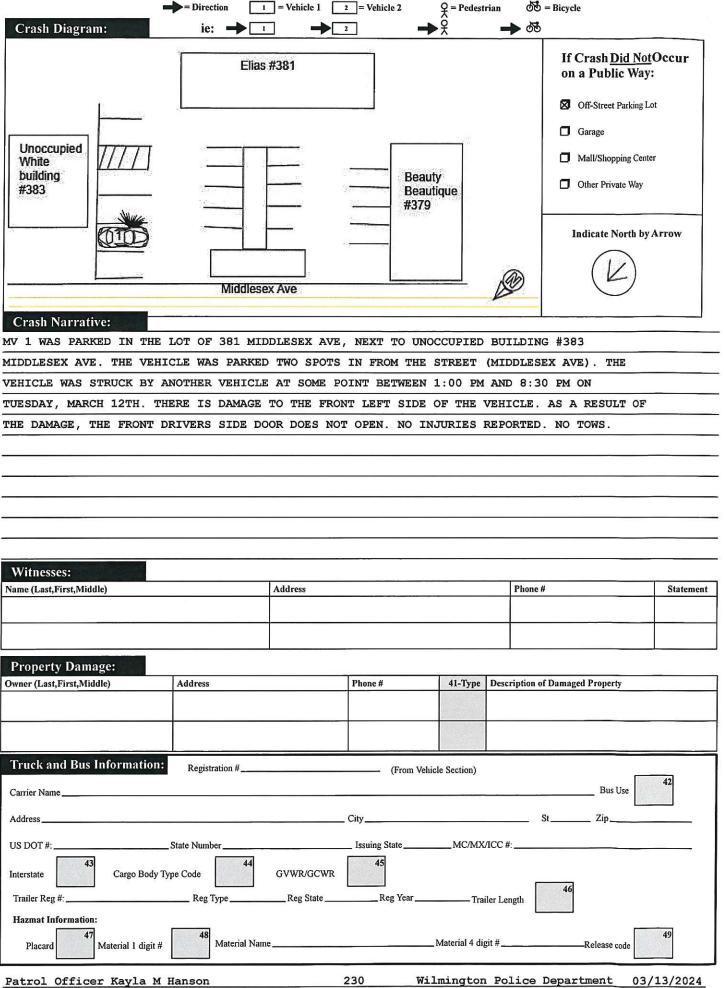


Wilmington Police Department Images Associated with 24-83-AC





Po	lice Use Only		Com	monw	ealth (of Mass	ach	uset	ts			RMV	V Doci	ument N		
Date of Crash 03/13/2024	Time of Crash	Ci Wilmi :	ty/Town naton	1		icle Cra	ısh	Num Vehic	1	umber ijured	Speed Latitu	Limit, de	15	Local MBT	Police	
	24HR			P		Report	*	2	0		Longi			Camp Other	ous Police	
	AT INTER	SECTION	Ϋ́:	<	LOCA	TION	>		N(OT A	r in:	rer:	SEC	TION	;	╀-
								381	M	IIDE	LES	SEX	ΑV	E		2
	ection	Na	ame of Roadway/	Street		Route# Direc		Address						/ay/Stree	t	
9			At			Feet	N S	E W of		 .			or _			
Route# Dire	ction	Name of	Intersecting Roa	dway/Street						Mile Ma	arker			Exit	Number	99
		Al	so at Intersection	with				E W of	Rot	ute#	***************************************	Interse	cting I	Roadway	/Street	
Route# Dire	ction	Name of	Intersecting Roa	dway/Street		Feet	NS	E W of	· 							<u>.</u>
Diores Salast	000 573			l,-	<u> </u>								ndmarl	C		-
Please Select of the Followi	rg: Vehicl	e 1 <u>0</u> #0	ccupants H	it/Run [_	Moped	Crash I	Report 1	ID# 2	4-	85	-A	C				
License #			DOB/Age		_ Reg#	5PP526			R	eg Typ	e <u>PC</u>		R	eg State		
SexLic.	Class 19	[9] Lic. Restri	ctions 20	CDL	_ Veh Y	ear 2024	ν	eh Make	FOR	D			_ Veh	Config.	1 21	<u></u>
	iverles:			Middle	_ Owne	r FITZM	URI	CE,	CAS	SAN First	DR/	3	M	iddle		
Address		, 111			_ Addre	ess 6 HAMI		EAD	AVE	. 11.01			141			
City		State	Zip		City	NORTH B	ILL	ERIC	:A	Sta	ıte M7	z	iр 0	L862	-1110	
Insurance Comp	nany NORFOI	K & DI	EDHAM MU	JTUAL F	_ Vehic	le Action Prior to	Crash	1	1 22				Code:	7 27	27 27	
Vehicle Travel I	Direction: N S	E W R	esponding to Em	ergency?	Event	Sequence 1	23 :	23 23	23		est Stat			28 1 29		
Citation # (If Iss	sued)				Most	Harmful Event	1	24			ype of " AC Tes		dr:	30		
Viol. 1: Ch/Sec/	Sub	Viol.	2: Ch/Sec/Sub =		Drive	r Contributing Co	ode	25	3000	15	usp. Ale	r	Section 4	Susp. I	Orug: 32	1
Viol. 3: Ch/Sec/	Sub	Viol.	4: Cli/Sec/Sub =		Drive	Distracted by	0	26		To	owed fr	om sce	ene?	2 33		
		for operator a	nd all occupants			DOB/Age	0	Seat Sa	5 36 fety Airba	g Eject	38 Trap Code		40 Transp. Code	M	lical Facility	1
Operate				Address See Above		DOB/Age	Sea	Pos. Sy.	stem Statu	0	0	Status 10	1	Med	near Facury	1
									+-	<u> </u>	 					-
																1
									-							4
į										<u> </u>						4
 Please Select C of the Following 		2 1 #00	ccupants No	on-Motorist A	Type	15 Action	16 L	ocation	17	Condi	tion	18	\(\)	Hit/Run	Moped Moped	
License #		St	DOB/Age		Reg#	unknow	a		R	eg Type	2		R	g State_		1
Sex Lic. 0	Class 19 1	9 Lic. Restri	ctions 20	CDL Endorsement	. Veh Y	ear	v	elı Make		·			_ Veh	Config.	21	
Operator un	known	_		Endorsement Middle	Owne	r										
Address	Lasi	First		Middle	Addre	55	Lasi			First			Mi	ddie		
City	···	State	Zip		City_					Sta	te	Zi	ip			1
Insurance Comp	any				Vehic	e Action Prior to	Crash	300 343 343	22	Da	amaged	Area (Code:		27 27	
Vehicle Travel D	Direction: N S	E W R	esponding to Eme	ergency?	Event	Sequence	23	23 23	23		st Stati			28		
Citation # (If Iss	ued)				Most	Harmful Event	100000	24		•	/pe of T AC Tes		14.	29 30		
Viol. 1: Ch/Sec/S	Sub	Viol.	2: Ch/Sec/Sub =		Drive	Contributing Co	ode	25	2	5	isp. Ak		31	Susp. I	orug: 32	
Viol. 3: Ch/Sec/S	Sub	Viol.	4: Ch/Sec/Sub —		Drive	Distracted by		26			wed fr	Ļ	ne?	33	~ <u>[</u>]	
i	ase fill out for ope	rator/non-mol	orist and all occu	•				Seat Sa	5 36 fety Airba	g Eject	36 Trap	39 Injury	40 Transp.			1
Name (Last First M		torict		Address See Above		DOB/Age	Sex	Pos. Sy:	tem Statu	s Code	Code	Status	Code	Med	ical Facility	
Operato	or/Non-Mo	wist		OCC MUUVE			\wedge	*	\dashv	+						-
						<u> </u>				-				···-		



Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

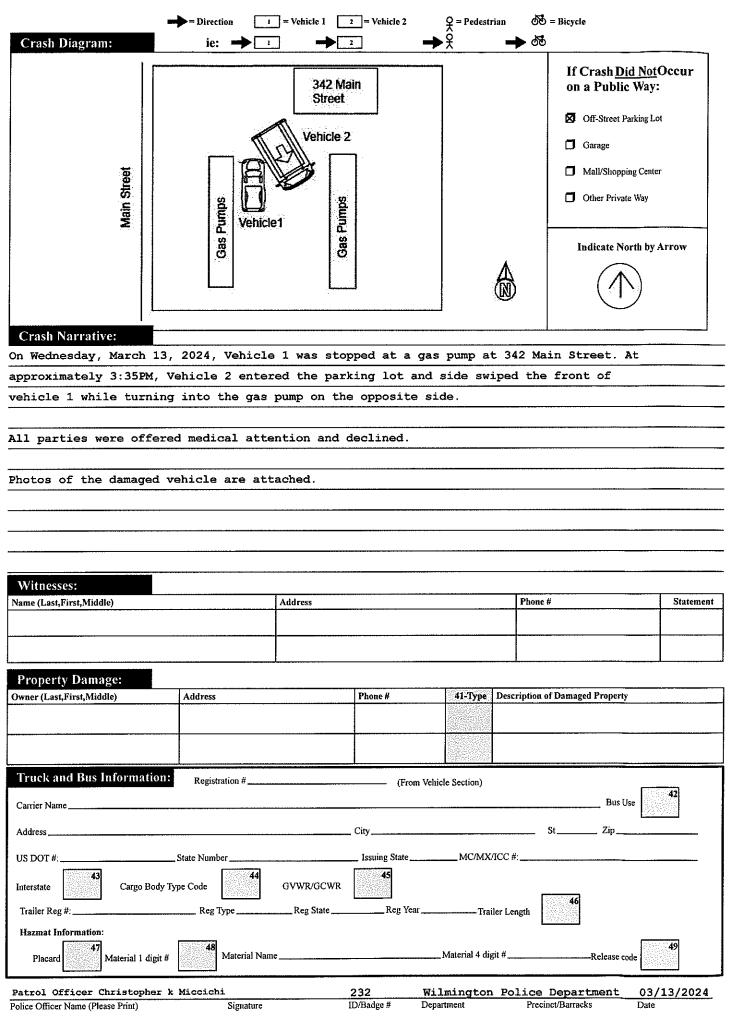
Date

Wilmington Police Department Images Associated with 24-85-AC





	Po	lice Use Only	Com	monwe	alth d	of Massa	ach	use	etts	}	25.00 20.00	RM	AV Do	cument Num	50 (Jan 180 X	
	Date of Crash 03/13/2024	1	City/Town mington			icle Cra	sh		umber hicles			eed Lim	it	5 State Poli Local Pol MBTA Po	ice 🖸	
	03, 23, 2024	24HR	mang con	Po	lice l	Report		2		0		ongitude		Campus l Other:	Police 🗖	_
		AT INTERSECT	TION:	<	LOCA	TION	>			NOT	AT 1	INTE	RSEC	CTION:		
				•				34	2	1.678	IN	em.				2 10
	Route# Dire	ection	Name of Roadway/	Street		Route# Direct	tion	Addr		I'II	7.174		f Road	way/Street		
1			At			Feet	N S	ΕW	of				– or			
	Route# Dire	ection Na	me of Intersecting Roa	dway/Street		1000			, 01	Mil	e Mark	ег		Exit Nu	mber	4 11
			Also at Intersection	with		Feet	N S	E W	of	Route	<u> </u>	Inter	secting	Roadway/Str	reet	**
1	Route# Dire	ection Na	me of Intersecting Roa	dway/Street		Feet	N S	E W	of							
<u> </u>													andma	rk		1
i	Please Select of the Followi		_#Occupants H	it/Run	Moped	Crash R	leport	ID#	24	-8	6-	AC				
	License #	S	DOB/Age.		Reg#	61239				Reg	Туре _	PC	F	Reg State M	Α	12
	Sex M Lic.	Class D 19 Lic.	Restrictions 20	CDL	Velı Y	ear <u>2015</u>	\	Veh M	ake <u>C</u>	HEV	ROL	ET	Ve	h Config.	21	7 12
	Operator EN	OS, PHILIP	JAMES JR	Endorsement	Owne	ENOS,	PHI	LI	P J	ΑMD	S J	R				
1	Address 8 C	AROLYN RD	First	Middle	Addre	ss 8 CARC	Lası OLYI	N R	D.	Fin	sl		V	Aiddle		
	City WILM	INGTON Sta	te MA Zip 018 8	37-1438	City J	WILMING:	TON				_ State	MA_	Zip O	1887-	1438	
	Insurance Comp	nany ARBELLA N	MUTUAL INS	URANCE	Vehic	le Action Prior to	Crash		11	22	Dam	aged Are	a Code	2 27 2	27	
	Vehicle Travel I	Direction: X S E W	Responding to Em	ergency? 2	Event	Sequence 1	23	2.3	23	23	Test	Status:		1 28		
	Citation # (If Iss	sued)			Most	Harmful Event	1	24				of Test:	14.	29		
	Viol. 1: Cli/Sec/	'Sub	- Viol. 2: Ch/Sec/Sub		Drive:	r Contributing Co	de	1	25	25		Test Re		1 144 Syr	32	1 13
		'Sub				Distracted by	0	26		-0.000		d from s		2 33	5 Z	
1			ator and all occupants			[5,445,55	34 Scal	35 Safety	36 Airbag	37 Eject 1	38 39 Irap Injur				1
	Name (Last First M			Address		DOB/Age	Sex	Pos.	System 99	Status	Code C	ode Statu	Code		Facility	
	Operate	or		See Above			\triangle	1	99	4 (0	10	ļ <u>.</u>	ļ		
																_
	Please Select C		#Occupants No	on-Motorist A	Туре	15 Action	16 L	ocatio	ın 📗	17 C	ondition	18		Hit/Run	Moped	
1			ND/A		D#	SB42232	<u> </u>		2000	Doe	Туре 🗜	TT	<u>ال</u> ت	Reg State M Z	Δ	1
	License:	_ St)B/Age 20	CDI	_	ear 2016		/ala N.A.	ъ Т					t Config. 5	21	
	Sex M Lic. (Operator WE)		244,000,000	CDL Endorsement		NRT BU			ike <u>+</u>	110111	a.s		VEI	n Conng,		
1	-	Last CHURCH ST	First	Middle		ss 230 MA	_ast		h	Firs	ı		M	fiddle		
	City WILM		e MA Zip 0188	7-2715		NORTH RE					State	MΆ	7in ()	1864-3	3112	1 14
		any OLD REPUB	· ·		• -	e Action Prior to		ſ		22		aged Are			7 27	<u> </u>
	Vehicle Travel D	_	Responding to Em			Sequence 1		23	23	23		Status:		1 28		
	Citation # (If Iss	K¥	Responding to Em	ergency/ ==			1	24	454 BV	33541	Туре	of Test:		29		İ
1	,	•				Contributing Cod		<u> </u>	25	25		Test Res		1 30	22	
		Sub				-	0	26				Alcohol		Susp. Druj	g 2 32	
	Viol. 3: Ch/Sec/S	Subease fill out for operator/no	Viol. 4: Ch/Sec/Sub — n-motorist and all occu	pants involved	_ Dilvel	Julia do do dy	<u> </u>	34	35	36	37	38 39	40		······································	1
Ì	Name (Last First M	iddle)		Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Code C	rap Injury ode Statu	s Code	Medical	Facility	
	Operate	or/Non-Motoris	t	See Above		\sim	X	1	99	4 (0	10	1	<u> </u>		
														L		•
		,									_		1			



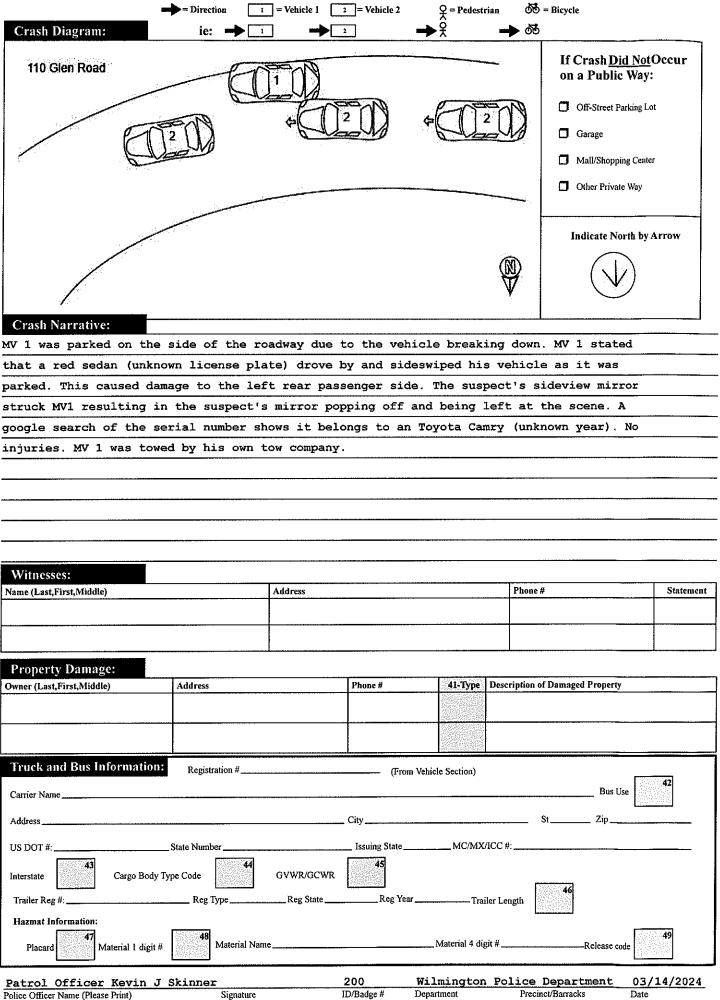
CDPI 11-24-00

Wilmington Police Department Images Associated with 24-86-AC





Poli	ce Use Only		mmonweal	th of Massacl	usetts	<u> </u>	RM	1V Docum	ient Number	
Date of Crash 03/14/2024	Time of Crash 0800 W	City/Town ilmington	Motor V	ehicle Crash	Number Vehicles		Speed Limi	it 25	State Police Local Police MBTA Police Campus Police	3
03/14/2024	24HR	TIMILING CON	Poli	ce Report	2	0	Latitude Longitude _		Campus Police Other:	i
	AT INTERSE	ECTION:	< L(OCATION >		NOT A	r inter	RSECT	ION:	
					110	CT EN	7 DD			2
Route# Direc	tion	Name of Road	way/Street	Route# Direction	Address #	GLEN		f Roadway	//Street	
		At		Feet N S	E W of			- 0"		
Route# Direct	tion	Name of Intersecting	Roadway/Street	- Feet Mo	[2[#] 6I	Mile Mi	ırker	- UI	Exit Number	上
		Also at Interse	ction with	Feet N S	E W of	Route#	Inters	section Ro	adway/Street	4
Route# Direct	tion	Name of Intersecting	Roadway/Street	Fcet N S	E W of	routon	inois	seeming ive	na (rajion v-)	
							L	andmark		4
Please Select O of the Followin		1 #Occupants	Hit/Run Mo	ped Crash Repor	t ID# 24	-87	-AC			Ì
License #		StDOB/Age_	•	Reg # 6EN970		Reg Type	. PC	Reg	State MA	_
Sex Lic. C	lass 19 19	Lic. Restrictions	20 CDL	Veh Year	Veh Make T	OYOTA		Veh C	onfig. 1 21	1
		M.V.	Endorsement	Owner OCONNOR,	KIMBE	RLY	ARIE	··		$\Box \Gamma$
Address				Address 11 RIVER		First		Middl	e	
City		State Zip		City WILMINGTO		Sta	ite MA	Zip_ 01	887-2028	
Insurance Compa				Vehicle Action Prior to Crasl	F3.55				27 6 27 8 27	
Vehicle Travel Di	rection; NSX	W Responding to	Emergency? 2	Event Sequence 2 23	23 23	23 To	est Status:	1	28	
	red)	1		Most Harmful Event 2	24	-	pe of Test:		9 ²⁹ 30	
√iol. 1: Ch/Sec/S	ub	Viol. 2; Ch/Sec/Si	ub	Driver Contributing Code	1 25	25	AC Test Res isp. Alcohol:		Susp. Drug 2 32	1
		Viol. 4: Ch/Sec/Si		Driver Distracted by	26		wed from s		33	F
-		operator and all occupa			34 35 Sent Sufety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		7
Name (Last First Mid			Address	DOB/Age Sex	Pos. System		Trap Injury Code Status		Medical Facility	-
Operato	<u>r</u>		See Above		1					_
								ļ		_
Please Select O		1 #Occupants	Non-Motorist A Typ	e 15 Action 16	Location	17 Condit	ion 18	1111	t/Run 🔲 Moped	
of the Following	5					<u> </u>	DC.	1]		
License # <u>unk</u>	10 10	StDOB/Age_C	20	Reg # UNKNOWN					State MA 21	-
Sex M Lic. Cl		Lic. Restrictions	- Endorsement	Vch Year				Veh C	onfig.	
Address <u>UNKN</u>	OO, UNKN	First	Middle	Owner <u>00000 , UI</u> Last Address UNKNOWN	ANNOWN	First		Middle		-
		State MA Zip 01		Address <u>UNKNOWN</u> City <u>UNKNOWN</u>		Dt-	te MA 2	∩1 s	227	- -
		State Pla Zip VI		•			amaged Area			- -
nsurance Compar Vehicle Travel Dir				Vehicle Action Prior to Crash	23 23		st Status:	1	28	
	ed)		• • • • • • • • • • • • • • • • • • • •	Event Sequence 2 23	24	Ty	pe of Test:	99	29	
,	•				10 25	. 25	AC Test Res		30	
		— Viol. 2: Ch/Sec/Su		Driver Contributing Code Driver Distracted by 99	20	Su	sp. Alcohol:		Susp. Drug: 99 32	
Viol. 3: Ch/Sec/Su		Viol, 4; Ch/Sec/Su or/non-motorist and all of	·v	Driver Distracted by 99	34 35	36 37	38 39	40		4
	-		Address	DOB/Age Sex	Seat Safety	Airbag Eject Status Code	Trap Injury Code Status		Medical Facility	
Name (Last First Mide		1			1 1	, ,	1 1	, ,		_
Name (Last First Mide	r/Non-Motoi	rist	See Above	\rightarrow X	1				-	
Name (Last First Mide		rist			1					
Name (Last First Mide		rist			1					



CDP1 11-24-00

Date of Crash 03/16/2024		Com	ımonweal	illi VI	111465	ıcııı	12611	<u>S</u>			KM'	V Docu	ment Nun	
	Time of Crash 0311 Wil	City/Town mington	Motor '			sh	Numbe Vehicle		mber ured	Speed Latitud		25	State Pol Local Po MBTA P	lice
	24HR				eport		1	0		Longit			Campus Other: _	Police 🛅
	AT INTERSECT	ION:	< L	OCATI	ON	>		NO	T A T	INI	ER	SECT	ΓΙΟN:	
							47	T.T	ei o m					
Route# Direc	tion	Name of Roadway/	Street	R	oute# Direc		47 Address#		EST			Roadwa	ay/Street	
		At			ъ.	NSE			•					
Route# Direc	tion N:	ame of Intersecting Roa	idway/Street		Feet	NSE	of or	M	ile Ma	rker		or _	Exit Nu	ımber
		Also at Intersection			Feet	N S E	W of	<u></u>						
				_	Feet	N S E	w of	Rout	e#	į	Interse	cting R	loadway/St	reet
Route# Direc	tion Na	me of Intersecting Roa	dway/Street								Laı	ndmark		
Please Select C of the Followin		#Occupants H	lit/Run	oped	Crash R	eport II	D# 2 4	1-8	38.	-A	C			
	14.		.]											•
License #	St 19	OB/Age	•		20572									21
Sex M Lic. 0	O to a temporary		CDL Endorsement		2007							_ Veh	Config.	
	DONOGHUE, S	First	ERALD Middle			ast		LAN	GE irst	RAI	Φ	Mid	idle	
Address 15 1					15 WES		<u>T</u>							
	NGTON State			•	LMING		36090	22				_	.887-	
	any OHIO SECU		RANCE C		Action Prior to		1	332		unagec st State		Code:	7 ²⁷ 1 28	" 10 " "
	irection: NSWW		ergency? 2	Event Se	quence 30	a Property and		23		pe of T			99 ²⁹	
	ued) 511424AC			Most Hai	mful Event	700000	24		B	AC Tes			30	
Viol. 1: Ch/Sec/S	Sub 89 4	-Viol, 2: Ch/Sec/Sub =		Driver Co	ontributing Co		9 25	21 25	Su	sp. Alc	ohol:	2 31	Susp. Dru	g 2 32
Viol. 3: Ch/Sec/S	iub	- Viol. 4: Ch/Sec/Sub =		Driver D	istracted by	0	26		То	wed fr	om sce	ne?	1 33	
Name (Last First Mi	•	rator and all occupants	involved Address		DOB/Age		34 35 Seat Safet Pos. System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medico	Facility
Operato			See Above		>		1 99	4	0			1		
Please Select O		#Occupants No	on-Motorist A Ty	/pe 1:	5 Action	16 Lo	cation	17	Condit	ion	18	Пн	lit/Run	Moped
of the Followin	g: Venicie 2		on-Motorist A Ty	/pe	Action	Lo	48			4800				Moped
of the Followin	g: Venicie 2St	DOB/Age	· · · · · · · · · · · · · · · · · · ·	/pe	Action	Lo		Re	g Type			Re	g State	Moped 21
of the Followin License # Sex Lic, C	g: Venicie 2St	DOB/Age	on-Motorist A Ty CDL Endorsement	Reg # Veh Year	Action	Lo		Re	g Type			Re	g State	
of the Followin License # Sex Lic. C Operator	g: Venicie 2St	DOB/Age	CDL	Reg# Veh Year Owner	Action	Lo		Re	g Type			Re	g State	
of the Followin License # Sex Lic. C Operator Address	StStStStStSt	DOB/Age 20 Restrictions	CDL	Reg # Velı Year Owner Address _	Action	Lo Vel		Re	g Type			Re Re Neh G	g State	
of the Followin License # Sex Lic. C Operator Address City	StStStStStat	DOB/Age	CDLEndorsement	Reg # Veh Year Owner Address City	Action	Vel		Re	g Type	ee	Zi	Re Re Neh G	g State	
of the Followin License # Sex Lic. C Operator Address City Insurance Compa	StStStStatumy	DOB/Age	CDL	Reg # Velı Year Owner Address City Vehicle A	Action	Vel	h Make	Re	g Type irst Stat	ee	Zī	ReNid	g State	21
of the Followin License # Sex Lic. C Operator Address City Insurance Compa	St St Liest State	DOB/Age Restrictions First e Zip Responding to Eme	CDL	Reg # Veh Year Owner Address City Vehicle A Event Sec	Action I	Vel	h Make	Re	g Type irst Stat Da Te:	te	Zi	ReNid	g State Config	21
of the Followin License # Sex Lic, C Operator Address City Insurance Compa Vehicle Travel Di Citation # (If Issu	StStStStateState	DOB/Age Restrictions First E Zip Responding to Ema	CDL	Reg # Veh Year Owner Address City Vehicle A Event See	Action I	Vel Crash	h Make	Re F	g Type irst Stat Da Te: Ty	re	Zi	Re Re Veh (g State	21
of the Followin License # Sex Lic, C Operator Address City Insurance Compa Vehicle Travel Di Citation # (If Issu	St	DOB/Age Restrictions First E Zip Responding to Eme	CDL	Reg # Veh Year Owner Address City Vehicle A Event Sec Most Har	Action Prior to quence mful Event ontributing Co	Vel Crash 23 2:2 de	h Make	Re	g Type irst Stat Da Te: Ty BA Su	imaged st Statu pe of T AC Test sp. Alc	Zi Area is: est: a Resui ololol:	Re Veh G	g StateConfig	21
of the Followin License # Sex Lic, C Operator Address City Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/Si Viol. 3: Ch/Sec/Si	StStSt	DOB/Age Restrictions First e Zip Responding to Eme	CDL	Reg # Veh Year Owner Address City Vehicle A Event Sec Most Har	Action I	Vel	h Make	Re F 22 23 23 25 25 25	g Type irst Stat Da Te: Ty BA Su	ee	Zi Area is: est: a Resui ololol:	Re. Veh of Mid	g State	21
of the Followin License # Sex Lic, C Operator Address City Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/Si Viol. 3: Ch/Sec/Si	StStSt	DOB/Age Restrictions First e Zip Responding to Eme	CDL	Reg # Veh Year Owner Address City Vehicle A Event Sec Most Har	Action Prior to quence mful Event ontributing Co	Vel	h Make	Re F F 222 23 23 25 36 Airbag 5 16 16 16 16 16 16 16 16 16 16 16 16 16	g Type Stat Da Te: Ty BA Su To	maged Statu C Test	Zi Area is: est: a Resui ololol:	Re Veh G	g State	21
of the Followin License # Sex Lic. C Operator Address City Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/Si Viol. 3: Ch/Sec/Si Plea Name (Last First Mich	StStSt	DOB/Age Restrictions First e Zip Responding to Error Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub on-motorist and all occur	CDL	Reg # Veh Year Owner Address City Vehicle A Event Sec Most Har	Action Prior to quence mful Event contributing Co	Vel	1 Make	Re F F 222 23 23 25 36 Airbag 5 16 16 16 16 16 16 16 16 16 16 16 16 16	g Type Stat Da Te: Ty Su To	maged Statu C Test	Zi Area dest: t Result ohol: Tom sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the scending of t	Re Veh o Mid	g State	21 27 27 g 32
of the Followin License # Sex Lic, C Operator Address City Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/Si Viol. 3: Ch/Sec/Si Plea Name (Last First Mici	StStSt	DOB/Age Restrictions First e Zip Responding to Error Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub on-motorist and all occur	CDL_Endorsement Middle ergency? upants involved Address	Reg # Veh Year Owner Address City Vehicle A Event Sec Most Har	Action Prior to quence mful Event contributing Co	Vel	h Make	Re F F 222 23 23 25 36 Airbag 5 16 16 16 16 16 16 16 16 16 16 16 16 16	g Type Stat Da Te: Ty Su To	maged Statu C Test	Zi Area dest: t Result ohol: Tom sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the scending of t	Re Veh o Mid	g State	21 27 27 g 32
of the Followin License # Sex Lic. C Operator Address City Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/Si Viol. 3: Ch/Sec/Si Plea Name (Last First Mich	StStSt	DOB/Age Restrictions First e Zip Responding to Error Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub on-motorist and all occur	CDL_Endorsement Middle ergency? upants involved Address	Reg # Veh Year Owner Address City Vehicle A Event Sec Most Har	Action Prior to quence mful Event contributing Co	Vel	h Make	Re F F 222 23 23 25 36 Airbag 5 16 16 16 16 16 16 16 16 16 16 16 16 16	g Type Stat Da Te: Ty Su To	maged Statu C Test	Zi Area dest: t Result ohol: Tom sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the sceeding of the scending of t	Re Veh o Mid	g State	21 27 27 g 32

	= Direction	1 = Vehicle 1	2 = Vehicle 2	오 = Pedestrian	Ø = Bicycle		
Crash Diagram:	ie: 🖚	→ □	2	▶ ⋛ -	→ №		
					on a	rash <u>Did Not</u> C Public Way:	Occur
	106	est					
		est reet			□	arage	
11 American (1985) - 1 Ame				The state of the s	_ 0 M	fall/Shopping Center	
	į	và	V1		v1 0 °	ther Private Way	
· Manager and Annual An	1,444	Rock Wall		Δ	In	dicate North by A	rrew
	45 West Street	Fen	Street)		
Crash Narrative:							
On Saturday March 16,							
Street for a report of							
standing outside his							
Street and there was							
ground. Op1 stated he							
passed by Op1. I spoke	to the home o	wners of 45	and 47 West	Street and	saw a vide	o the	
nome owner of 45 West	Street had fro	m his camera	a attached to	o his house	. In the vi	deo I saw	
/1 traveling east on V	West Street the	n veer off t	the roadway	into the ma	ilbox at 45	West	
then into a small wood	len fence then	end up on a	rock wall is	nront of 47	West Stree	t. Op1	
as issued Massachuset	ts Uniform Cit	ation 511424	AAC for Mark	ed Lanes Vi	olation. Th	e vehicle	
was towed by Cain's To	wing back to 0	pl's resider	nce.				
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:	· · · · · · · · · · · · · · · · · · ·			Tagen were researched			
Owner (Last,First,Middle)	Address		Phone #	455 ASS (1974)	cription of Damageo		
SARGENT JEAN	45 WEST ST WILMING		1	97	ILBOX AND		
MORRISEY CLAYTON T				97 MA	INDOX AND	SORROUNDIA	NG IAND
Truck and Bus Information Carrier Name	Registration #		(From Vel	hicle Section)		Bus Use	42
			a:		54	7:-	
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Type Code	GVWR/GCWR	45		46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer L	ength		
Hazmat Information: 47 Placard Material 1 digit	# 48 Material Na	ıme		Material 4 digit#_		-Release code	49
[September 2018]							
Patrol Officer John A	Fortes		228 W:	ilmington Po	olice Depart	ment 03/1	L6/2024

Police Officer Name (Please Print)

Signature

ID/Badge#

Department Precinct/Barracks Date

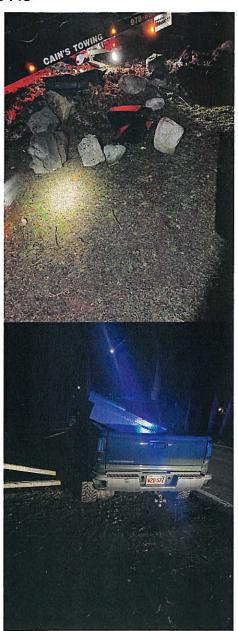
Wilmington Police Department Images Associated with 24-88-AC



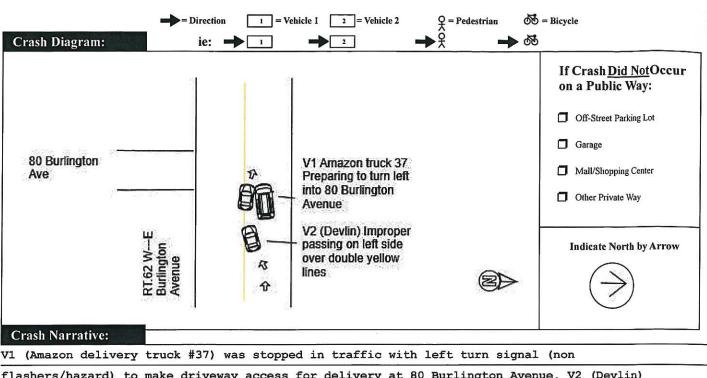


Wilmington Police Department Images Associated with 24-88-AC





AT INTERSECTION: Content Conten		Document Number	RMV Doc				etts	us			ımonwealth (Con	1	ice Use Only	Pol
AT INTERSECTION: AT INTERSECTION: COCATION Name of Readway/Steet Routed Direction Name of Readway/Steet Routed Direction Name of Intersecting Readway/Steet Als at Intersection with Als at Intersection with Routed Direction Name of Intersecting Readway/Steet Als at Intersecting Readway/Steet Als at Intersecting Readway/Steet Als at Intersecting Readway/Steet Als at Intersecting Readway/Steet Feet NSEW of Mile Market or East Number Feet NSEW of Required Intersecting Readway/Steet Feet NSEW of Required Intersection Intersecting Readway/Steet Feet NSEW of Required Intersection Intersecting Readway/Steet Feet NSEW of Required Intersection Intersecting Readway/Steet Feet NSEW of Required Intersection Intersecting Readway/Steet Feet NSEW of Required Intersection Intersecting Readway/Steet Feet NSEW of Required Intersection Intersecting Readway/Steet Feet NSEW of Required Intersection Intersecting Readway/Steet Feet NSEW of Required Intersection	0800	30 State Police Local Police MBTA Police		•					sh			-	1	1	
Rouge Direction Name of Roadway/Street At Summer Direction Name of Roadway/Street At Summer Direction Name of Intersecting Roadway/Street At an Intersecting Roadway/Street At an Intersecting Roadway/Street At an Intersecting Roadway/Street The Roadway/Street At an Intersecting Roadway/Street At an Intersecting Roadway/Street The Roadway/Street The Roadway/Street Roadway/Street Free NSEW of Roadway/Street Roadwa	<u>ā</u>	Campus Police C				0		2		Report	Police 1	1119 COII		1	03, 20, 2024
Router Direction Name of Indexection		ECTION:	rersec	'IN	TAT	NO'			> _	TION	< LOCA	ON:	ERSECTIO	AT INTER	
Router Direction Name of Intersecting Roadway/Street Router Direction Name of Intersecting Roadway/Street	2	1 2000	י זאראודי	TATA	TOT	DI		90		62 17					
Foot NS E W of Mile Marker O Bolt Number					OKL		ess#		tion		/Street	Name of Roadway		ction	Route# Direc
Routed Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Routed Direction Name of Intersecting Roadway/Street Routed Direction Name of Intersecting Roadway/Street Routed Direction Name of Intersecting Roadway/Street Routed Direction Name of Intersecting Roadway/Street Routed Direction Name of Intersecting Roadway/Street Routed Direction Name of Intersecting Roadway/Street Roadway/		Or	Or				of	ΕW	NS	Feet		At			
Routed Direction Name of Intersecting Roadway/Street Inter	4	Exit Number		rker	ile Ma	Mi					dway/Street	of Intersecting Ro	Name		Route# Direc
Piece Name of Intersecting Roadways/Street Landmark		ting Roadway/Street	Intersecting		e#	Route	of	E W	N S	Feet	with	Also at Intersection			
Pierce Select Onc		-	<i>y</i>				of	EW	N S	Feet	dway/Street	of Intersecting Roa	Name		Route# Direc
License # S DOBAge Reg # YB5596 Reg Type CO Reg State MA	_	imark				_						<u> </u>			
Sex M Lic Class 19 9 Jis Restrictions 1 20 20 20 20 20 20 20			.C	-A	39.	-8	24	ID#	eport	Crash R	lit/Run Moped	#Occupants F	ehicle 1 <u>1</u>		
Veh Year 2021 Veh Make Veh Config 6		Reg State MA	n e	CO	g Type	Reg				V85596	Reg #	DOB/Age	s		License #
Operator ROSSI. NICHOLAS FRANCIS Modeles 2 GRANT ST APT 1 City HAVERHILL State MA Zip 01830-4106 Insurance Company OLD REPUBLIC INSURANCE CO Vehicle Travel Direction: NIS EX Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Contributing Code Please fill out for operator and all occupants involved Address 410 TERRY N AVE State WA Zip 98109-5216 North Address 410 TERRY N AVE North Address 410 TERRY N AVE State WA Zip 98109-5216 City SEATTLE State WA Zip 98109-5216 Vehicle Action Pior to Crash 2 2 2 Damaged Area Code 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1	Veh Config. 6 21	Vel				ake	Veh M		ear 2021	CDL Veh Y	strictions 1 20	19 Liç. Re	Class D	Sex M Lic. 0
Address 2 GRANT ST APT 1 City HAVERHILL State MA Zip 01830-4106 Insurance Company OLD REPUBLIC INSURANCE CO Vehicle Travel Direction: NS E N Responding to Emergency? 2 Citation # (if issued)				C	IN	CS	STI	GI	LC	AMAZON	S Own	S FRANCI			
Insurance Company OLD REPUBLIC INSURANCE CO Vehicle Travel Direction: NSEX Responding to Emergency? 2 Event Sequence 2 Event Sequence 2 Event Sequence 2 Test Status: Type of Test: Status: BAC Test Result: B		Middle	M		irst		A۱	Y N	RR	ss 410 TE	Middle	irst	F	Lasi	-
Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 23 23 23 23 23 23 23 2	0	98109-5210	1_ Zip_ 9	te W Z	Sta					SEATTLE	30-4106 City	MA Zip 018:	State]	RHILL	City HAVE
Event Sequence 1	27	ode: 8 27 27 27	d Area Code	unageo	Da	22	2		Crash	le Action Prior to	ANCE CO Vehic	IC INSUR	REPUBL:	any OLD R	Insurance Comp
Most Harmful Event 1 24 Susp. Alcohol: 2 31 Susp. Drug 2 35 Susp. Drug 2 35 Susp. Drug 2 35 Susp. Drug 2 35 Susp. Drug 2 35 Susp. Drug 2 35 Susp. Drug 2 35 Susp. Drug 2 35 Susp. Drug 2 35 Susp. Drug 2 35 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcohol: 2 34 Susp. Drug 2 35 Susp. Alcoho		<u> </u>				23	23	23	23	Sequence 1	ergency? 2 Event	Responding to En	N S E	rection: N	Vehicle Travel D
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 Susp. Alcohol: 2 31 Susp. Drug 2 3: Susp. Alcohol: 2 31 Susp. Drug 2		777745		-	-			24	1	Harmful Event	Most			ued)	Citation # (If Iss
Viol. 3; Ch/Sec/Sub Viol. 4; Ch/Sec/Sub Driver Distracted by O 26 Towed from scene? 2 33 Please fill out for operator and all occupants involved Address DOBJAge See Bre System States Code Code Code States Code Code States Code Code Code States Code Code Code States Code Code Code States Code Code Code States Code Code Code States Code Code Code States Code Code Code Code States Code Code Code Code States Code Code Code Code States Code Code Code Code Code Code Code Code	32 1	* 3600000			1	25	25	1	de	Contributing Co	Drive	ol. 2: Ch/Sec/Sub -	Vì	Sub	Viol. 1: Ch/Sec/S
Please fill out for operator and all occupants involved Name (Last First Middle) Address DOBI/Age Sex DOBI/Age Sex DOBI/Age Sex DOBI/Age Sex DOBI/Age Sex DOBI/Age Sex DOBI/Age Sex DOBI/Age Sex DOBI/Age Sex DOBI/Age Sex DOBI/Age Sex DOBI/Age Sex DOBI/Age Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moporator Moporator Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 15 Action 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 15 Action 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 15 Action 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 15 Action 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 16 Code 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 16 Code 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 16 Code 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 16 Code 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 16 Code 17 Condition 18 Hit/Run Moporator Non-Motorist A Type 16 Code 17 Condition 18 Hit/Run Moporator Mopora	-	30.44	نسستنسا					26	0	Distracted by	Drive	ol. 4: Ch/Sec/Sub -	Vi	Sub	Viol. 3; Ch/Sec/S
Please Select Onc of the Following: Vehicle 22_#Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moportion Make M		ransp.	Injury Transp.	Trap	Eject	Airbog	Safety								
Please Select Onc of the Following: Vehicle 22 HOccupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moporitie Following: Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moporities Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moporities Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moporities Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moporities Motorist A Type Text Motorist A Type Text Type	-	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f		Code	Status		T .	Sex	DOB/Age		1			
Type Action Location Condition Middle Action Location Condition Middle Reg # 11629 Reg Type PC Reg State MA Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Company Paul Thomas Address 5 APPLETREE LN City WILMINGTON State MA Zip 01887-3916 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 1 23 23 23 23	\dashv	·				-	-	-			See Addre			,,	Орегин
Action Location Condition More Hit/Run Mope Action Location Condition Hit/Run Mope Action Location Condition Mope Action Location Condition Mope Action Location Condition Mope Action Location Condition Mope Action Mope Action Condition Mope Action Mope Action Condition Mope Action Make Mope Action Make Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mop Action Mope Action M			-						<u> </u>						
Action Location Condition More Hit/Run Mope Action Location Condition Hit/Run Mope Action Location Condition Mope Action Location Condition Mope Action Location Condition Mope Action Location Condition Mope Action Mope Action Condition Mope Action Mope Action Condition Mope Action Make Mope Action Make Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mope Action Mop Action Mope Action M															
Condition Condit															
License #St	ped	Hit/Run Moped	18	ion	Condit	17 C	n 💮	ocatio	16 1	15 Action	on-Motorist A Type	Occupants	hicle 2 2 _#		
Sex M Lic, Class D 19 19 Lic, Restrictions B 20 CDL Endorsement Operator DEVLIN, PAUL THOMAS Address 5 APPLETREE LN City WILMINGTON State MA Zip 01887-3916 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: NSE Responding to Emergency? 2 Citation # (If Issued)	_	Reg State MA	R	PC	y Tyne	Reo	2202		25017	11629	Reg #	IOR/An	St.	·	
Operator DEVLIN, PAUL THOMAS Address 5 APPLETREE LN City WILMINGTON State MA Zip 01887-3916 City WILMINGTON State MA Zip 01887-3916 City WILMINGTON State MA Zip 01887-3916 City WILMINGTON State MA Zip 01887 Vehicle Action Prior to Crash 9 22 Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23 25 Citation # (If Issued)	1	21					ke H	/eh M:	1		*	20	19	19	
Address 5 APPLETREE LN Address 5 APPLETREE LN City WILMINGTON State MA Zip 01887-3916 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E Responding to Emergency? 2 Citation # (If Issued) Driver Contributing Code Proventing Co	ا د		, , ,								Endorsement	7,000,000,000	P02676/014		
City WILMINGTON State MA Zip 01887-3916 City WILMINGTON State MA Zip 01887 Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash Veh		Middle	М		irst	Pir			.ast	Į.	Middle	itst	Fi	Last	-
Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S E Responding to Emergency? 2 Event Sequence 1 23 23 23 23 23 23 23 23 23 23 23 23 23	_ 1	01887	Zip O	e MA	Stat							MA Zin 0188			
Vehicle Travel Direction: NSE Responding to Emergency? Event Sequence 123 23 23 23 23 23 23 23 23 23 23 23 23 2	27	2.00				22	9	1				- -			
Citation # (If Issued) Most Hamful Event	_	1 28	us:	st Statu	Te	23				2,050	_				-
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 97 25 9 25 Viol. 3: Ch/Sec/Sub Driver Distracted by Driver Driver Distracted by Driver Distracted by Driver Distracted by Driver Distracted by Driver Dri		5335 33 5		•		1250	PROAB 1950	24	1	• •		Troponomy to an		td	
Viol. 3: Ch/Sec/Sub	32					25	²⁵ 9	97	. (5)			al 2: Ch/San/Sub		·	•
Please fill out for operator/non-motorist and all occupants involved 34 35 36 37 38 39 40	3					vellet per			2085	- 1					
Seat Sates, Lynnag Clert 1 min 1 mins, 1 mins.		40	39 40	38	37										
	_	Code Medical Facility	Status Code	Code	Code	Status	System	Pos.	Sex	DOB/Age	Address	T	•	ddle)	Name (Last First Mi
Operator/Non-Motorist See Above 1 1 1 4 3 0 10 1			10 1	0	3	4	1	1	X			E approximation and	Motorist	r/Non-M	Operato
MATTHEW DEVLIN 5 APPLETREE LN M 3 1 4 0 0 10 1			10 1	0	0	4	1	3	М					LIN	ATTHEW DEV



V1 (Amazon delivery truck #37) was stopped in traffic with left turn signal (non flashers/hazard) to make driveway access for delivery at 80 Burlington Avenue. V2 (Devlin) approached from behind in single lane traffic. V2 opr stated his belief that he thought the Amazon truck was stopping on the right to make a delivery. He then explained he passed the truck on the left by entering the oncoming travel lane of the narrow roadway. In doing so V2 clipped the front bumper of V1. Said collison then pulled the metal truck bumper forward causing significant bumper damage to the left front end of V1. V2 damaged along the right side and had mirror knocked off. No injuries observed or reported. V2 Improper passing (on left over double yellow lines) of single travel lane, and mis-judging proximity of both vehicles probable cause of crash. No injuries observed or reported.

Witnesses:								
Name (Last,First,Middle)		Address			P	hone #		Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	41-Type	Descrip	tion of Damage	ed Property	
Truck and Bus Information:							Bus Use	42
Address			City			St	Zip	
US DOT #:S	State Number		Issuing State	MC/MX	/ICC #: _			
Interstate 43 Cargo Body Typ	pe Code 44	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	————Trai	ler Lengt	h		
Hazmat Information:								19
Placard 47 Material 1 digit #	48 Material Name			Material 4 dig	git #		—Release code	49

Patrol Officer Richard DiPerri

173

Wilmington Police Department

03/16/2024

Department