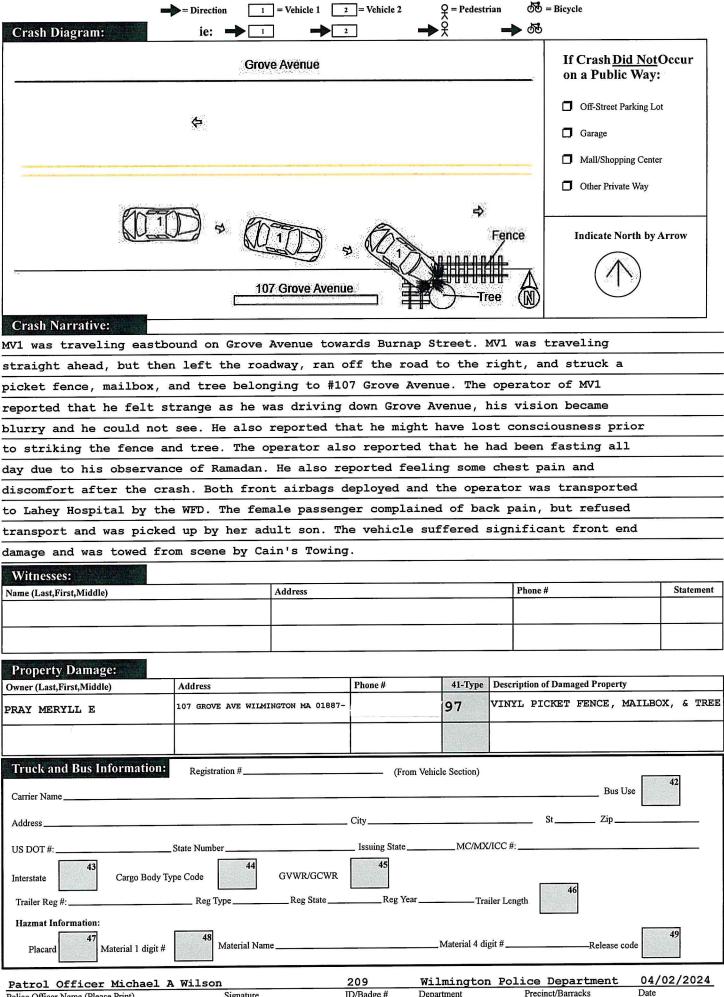
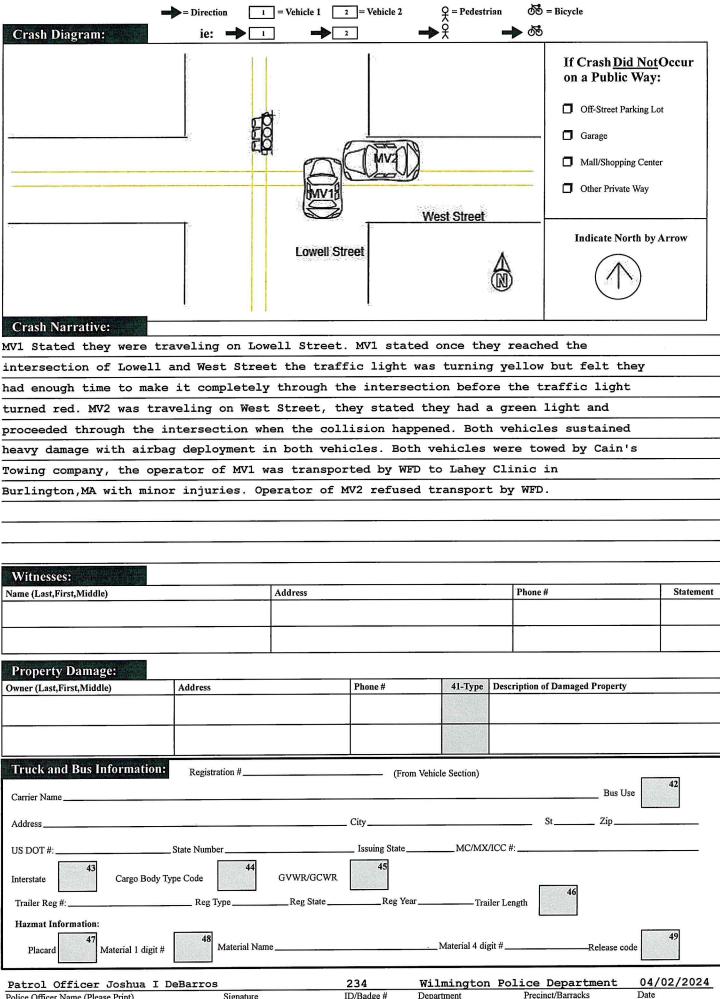
	Police Use Only	Comr	nonwealth	of Massacl	iuset	ts		RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numb Vehic		,  Open	d Limit	25	— Local Police	
	04/02/2024 1719 Wilm	nington	Police 1	Report	1	2	Laut	ide itude		MBTA Police Campus Police Other:	
	AT INTERSECTI	ON:	< LOCA	TION >		NOT	AT IN	TER	SECT	ΓΙΟΝ:	1
		N CD 1 (G)		Route# Direction	107 Address		OVE	AVE	Doody	ay/Street	<b>2</b> 10
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address	#		anie oi	Roadwa	ay/Sueet	-
	Route# Direction Nam	e of Intersecting Roadw	vay/Street	Feet N S		Mil	e Marker	• —	or _	Exit Number	1 11
		Also at Intersection w	rith	Feet N S		Route	<del></del>	Interse	ecting R	oadway/Street	
<sup>2</sup> 2	Route# Direction Nam	e of Intersecting Roadw	vay/Street	Feet N S	E W of	-		La	ndmark		_
3	Please Select One of the Following:	#Occupants Hit/		Crash Repor		2					
	License ?	DOB/Age	Reg	# <u>39XR45</u>		Reg	Туре <b>РС</b>		Re	g State MA	<b>7</b> 12
	Consultation Inches	E <sub>I</sub>	ndorsement	Year <b>2006</b> Her <b>RAHMAN</b> ,					_ Veh	Config. 1	
<sup>4</sup> 1	Operator <u>RAHMAN</u> , <u>MOSTA</u> Last Address <u>26 BURNAP ST</u>	First	Middle	ess 26 BURNA		Fir	st		Mid	Idle	l
	City WILMINGTON State	M3 = 01887		WILMINGTO			Ctata M	<b>Z</b> 7	in 01	.887-3712	
	Insurance Company GOVERNMENT				198	22	Damage				
				cle Action Prior to Cras	5.00	3 23	Test Sta			1 28	1
5	Vehicle Travel Direction: N S W	Responding to Emerg		t Sequence 30 23	1		Type of	Test:		29	
	Citation # (If Issued)				. <sup>24</sup> 17 <sup>25</sup>	Q 25	BAC To			30	<b>30</b> <sup>13</sup>
	Viol. 1: Ch/Sec/Sub ————V			er Contributing Code	26 26	26	Susp. A	,		Susp. Drug: 2 32	30
<sup>6</sup> 1	Viol. 3; Ch/Sec/SubV			er Distracted by			Towed		Ŀ	1 33	1
	Please fill out for operate Name (Last First Middle)	tor and all occupants inv	volved Address	DOB/Age Sex	Seat Sa	fety Airbag stern Status	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	Se	ee Above	X	1 1	1	0 0	9	2	Lahey Clinic	]
	HAGERA KHATOON	26 BURNAP ST	1007	) F	3 1	1	0 0	8	1		1
	HAGERA KHATOON	WILMINGTON, MA 0	1887		-	-		-			┨
					4-4-			ļ			4
											1
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Hit/	Run Moped	Vulnerable U	lser Com	plete the V	ulnerable	User se	ction.		1
-		DOB/Age		#						21	
	Sex Lic. Class Lic. Ro	estrictions Cl Er	ndorsement Own	Year er	Veh Make						
<sup>8</sup> 2	Last	First	Middle	Last		Fir	st		Mid	die	
-	City State	Zin	City				_ State	2	Zip		<b>1</b> 14
	Insurance Company			cle Action Prior to Cras	h	22	Damage	ed Area	Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg		t Sequence 23	23 23	23	Test Sta	itus:	Transport of the last of the l	28	
		Responding to Emerg	——	Harmful Event	24		Type of	Test:		29	
<sup>9</sup> 2	Citation # (If Issued)			No. and Control	25	25	BAC To		MARKET ST	Susp Drug: 32	
	Viol. 1: Ch/Sec/Sub ————V			er Contributing Code	26	26	Susp. A Towed		Websterns	Susp. Drug: 32	
	Viol. 3: Ch/Sec/SubV			er Distracted by		36	37 38	39	40		+
	Please fill out for operations Name (Last First Middle)	tor and all occupants in	Address	DOB/Age Sex	Seat Sa	fety Airbag stem Status	Eject Trap Code Code	Injury	Transp. Code	Medical Facility	1
	Operator/Occupants	Se	ee Above	$\times$	1						
	1850										
				+			-				1
				+		++	_	$\vdash$	$\vdash$		1



	Pol	lice Use Only		Co	mmonv	wealth	of Mass	ach	use	etts			RM	V Doc	ument Number	
	Date of Crash	Time of Crash		ity/Town	Mo	tor Veh	icle Cra	ash		ımber hicles	Num Injur		d Limi	4(	Local Police	1
	04/02/2024	2127 W	7ilmi	ngton		Police	Report		2	incies	1	Lau	ude gitude _	-	MBTA Police Campus Police Other:	
		AT INTERSI	ECTIO	N:		TO STATE OF THE PARTY.	TION	>			TON			SEC	TION:	7
		THE ATTENDE						20 加京学				Victoria Parison				2 10
									31		LO	WELI				_
<sup>1</sup> <b>4</b>	Route# Dire	ection	N	lame of Road At			Route# Dire	ction	Addr	ess#		1	lame of	Roady	way/Street	-
4				Ai			Feet	NS	EW	of			• —	or .		
	Route# Dire	ection	Name o	of Intersecting	Roadway/Street					·	Mil	Marker			Exit Number	9 11
			А	Also at Interse	ction with		Feet	N S	EW	of	Route		EST Inters		Roadway/Street	
2	D		N	£ I-ttin o	Roadway/Street		Feet	N S	EW	of						
<sup>2</sup> 3	Route# Dire	ection	Name o	or intersecting	Roadway/Sileel						-		L	andmar	k	1
12	Please Select	One Vehicle	1 <b>1</b> _#0	Occupants	Hit/Run	Moped	Crash	Report	ID#	24	-1	02-	-A(	3		
3	of the Follow	ing: —	-												1/2	4
	License #	19 19	. 5	DOB/Ag、_	20		# <u>3KYR38</u>								2.1	<b>1</b> 12
	Sex M Lic.	Class D 19	Lic. Rest	rictions	CDL Endorsemen	nt	Year <u>2020</u>								n Config.	
	Operator MA	HONEY, JZ	AMES Firs	JOSEP	H IV	Owr	er <u>MAHONI</u>	EY,	JA	MES	JO Firs	SEPE	II	I	liddle	
<sup>4</sup> 3		SHANPAULY				Add	ress 6 SHA	NPA	ULY	DI						
	City <b>BILL</b>	ERICA	State M	<b>A</b> Zip 01	1821-647	2 City	BILLERI	CA				State N	[A_	Zip <b>0</b>	1821-6472	
	Insurance Com	pany THE COM	<b>IMERC</b>	E INSU	JRANCE C	CO Vehi	cle Action Prior t	o Crash	. [	1	22	Damag	ed Area	Code:	1 27 2 27 27	
,		Direction: XSI			o Emergency? 2		nt Sequence	23	23	23	23	Test St	atus:		1 28	
<sup>5</sup> 1				responding it	o Emergency:		t Harmful Event	1	24			Type o	f Test:		0 29	
	l	sued)							19	25	25		est Res	ACTION AND	30	13
		/Sub		er Contributing C	and the last	26	ne se	6		Alcohol		Susp. Drug: 2 32	1			
<sup>6</sup> 2	Viol. 3: Ch/Sec.	/Sub	Driv	er Distracted by	0		A.A.			from so		1 33	_			
2	Name (Last First )	Please fill out fo	r operator	and all occup	ants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 38 Eject Tra Code Cod	Injury	40 Transp. Code	Medical Facility	
	Operat				See Above			X	1	1	3 (	0	8	2	Lahey Clinic	7
	Operat				100001 0000 W G C			4	-			_	+			1
								_					-			4
	Please Select	One 574	<b>1</b> µc	Occupants	<b></b>	Г.,	1				1 . 32	111.	TT			1
<sup>7</sup> 2	of the Follow		2#€	Decupants [_	Hit/Run	Moped	Vulner	able Us	ser C	ompie	te the v	ulnerable	User se	еспоп.		1
L	License #_		St	DOB/Age		. Reg	# <u>411Z30</u>				Reg	Туре <u>Р</u>	<u> </u>	R	eg State MA	
	Sex M Lic.	Class 99 19	Lic. Resti	rictions	20 CDL	Veh	Year <u>2018</u>		Veh Ma	ake <b>E</b>	ORD			Veh	n Config. 21	
		RTINEZ-LO	VATO,	ROBER	Endorsement ETO CARLO	nt <mark>OS</mark> Owr	er ROSA,	INC	GRI	D I	UCE	RO				
<sup>8</sup> 2		Last SOUTH ST	Firs	st	Middle		ress 488 S	Last			Firs	T 2		М	liddle	
	City <b>LYNN</b>				1905-243		BOSTON					State M	IA :	Zip O	2128-2220	<b>1</b> 14
		pany THE STA					cle Action Prior t	o Crock		1	22				1 27 27 27	
								23	23	23	23	Test St			1 28	
	Vehicle Travel			Responding to	o Emergency? 2		nt Sequence 1		24			Туре о	f Test:		o <sup>29</sup>	
<sup>9</sup> 2	Citation # (If Is	sued) <b>T33788</b>	49			Mos	t Harmful Event	1		0 2	2.5	BAC T	est Res	ult:	30	
	Viol. 1: Ch/Sec.	/Sub 90 1	.0Vio	l. 2: Ch/Sec/S	Sub	Driv	er Contributing C	Code	Day to Street	25	25	Susp. A	Alcohol	2 31		
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —					Driv	er Distracted by	0	26	2	6	Towed	from se	ene?	1 33	
		Please fill out fo	r operator	and all occup			DOD."		34 Seat	35 Safety	36 Airbag	37 38 Eject Tra Code Coo	p Injury	40 Transp.	Medical Facility	7
	Name (Last First I		40		Address Co. Above		DOB/Age	Sex	Pos.	System 1		Code Cox	e Status	Code	ivietical racinty	1
	Operat	or/Occupani	is'		See Above			$\checkmark $	1	_	<u> </u>		1.0	-		-
																_
																1
				I				1	1	l .	1 1	1	1	1	1	

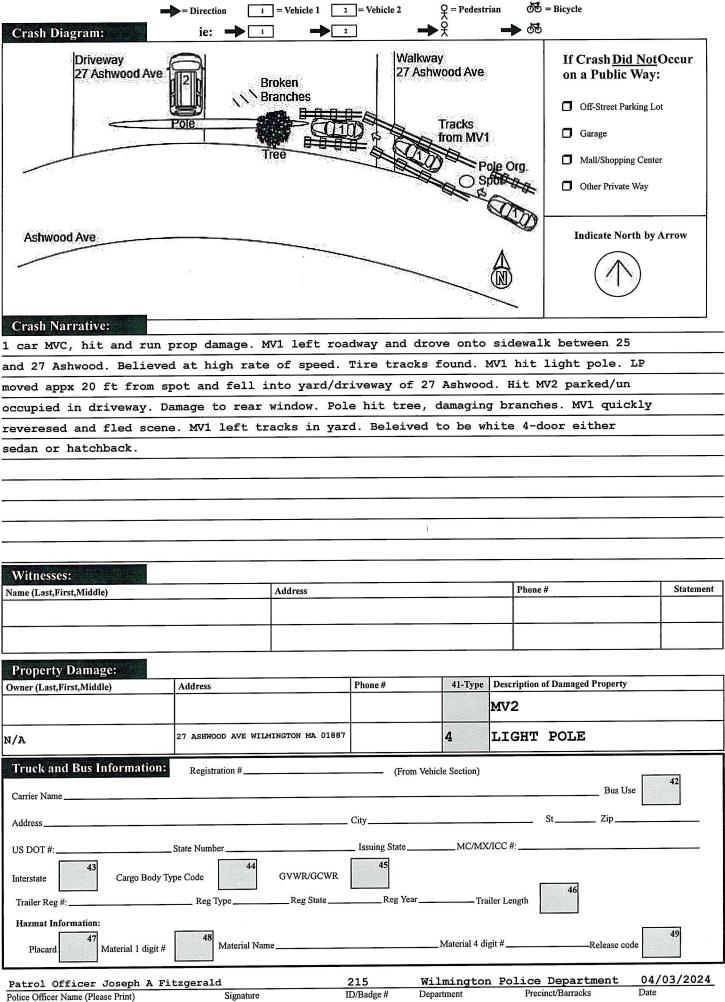


#### Wilmington Police Department Images Associated with 24-102-AC





	Police Use Only Co	mmonwealth of	t Massachi	isetts	RMV Do	ocument Number	
	Date of Crash         Time of Crash         City/Town           04/02/2024         2336         Wilmington	Motor Vehice R		Vehicles In	jured Latitude	State Police Local Police MBTA Police Campus Police	
	24HR	THE REPORT OF THE PERSON OF TH		2 0	Longitude	Other:	
	AT INTERSECTION:	< LOCAT	ION >	NU		10	
	Route# Direction Name of Roady	vay/Street F		27 Address #	SHWOOD AVE	L	2
<b>1</b> 4	At		Fall a la				
	Route# Direction Name of Intersecting		Feet NS I	N	— — • — or file Marker	Exit Number	<b>1</b> 11
	Also at Intersec	ction with	Feet NSI	Rou	te# Intersecting	g Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direction Name of Intersecting	Roadway/Street	Feet NSI	E [W] of	Landma	ark	
3	Please Select One of the Following: Vehicle 1 #Occupants	Hit/Run Moped	Crash Report I	D# <b>24</b> – 3	103-AC		
	License # St DOB/Age _		unknown	R	eg Type		<b>1</b> 12
	Sex Lic. Class 19 19 Lic. Restrictions Operator unknown	Endorsement	arVe	eh Make	V	eh Config.	
<sup>4</sup> 1	Last First	Middle	Last	-	First	Middle	
	Address				State Zip		
	CityStateZip			1 22	Damaged Area Cod	DOWN AND DESCRIPTION OF	
	Insurance Company		Action Prior to Crash	23 23 23	Test Status:	1 28	
5			equence 40		Type of Test:	29	
	Citation # (If Issued)		armful Event 23		BAC Test Result:	30	23 <sup>13</sup>
	Viol. 1: Ch/Sec/Sub ————————Viol. 2: Ch/Sec/Su		Description	99 <sup>25</sup> 26	Susp. Alcohol: 99	1	23
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub	- tage -	Distracted by 99		Towed from scene?	-	
1	Please fill out for operator and all occupa	ants involved Address	DOB/Age Sex	34 35 36 Seat Safety Airbay Pos. System Status		sp.	
	Operator	See Above	X	1			
	operate.						
					<del>                                     </del>		
<sup>7</sup> 1	Please Select One of the Following: Vehicle 20 #Occupants	Hit/Run Moped		596	Vulnerable User section		
	License # St DOB/Age _		2SJL34	R	eg Type <b>PC</b>	Reg State MA	
	Sex Lic. Class 19 19 Lic. Restrictions Operator Driverless M.V.  Last First	Endorsement	ar <u>2018</u> vo BARIL, HE		SUBISHI v	eh Config. 1	
<sup>8</sup> 1		Middle	27 ASHWOO		First	Middle	
	Address State Zip		ILMINGTON		State MA Zip C	01887-4403	<b>1</b> 14
	Insurance Company GOVERNMENT EMPLOY		Action Prior to Crash	11 22	Damaged Area Cod		
				23 23 23	Test Status:	2 28	
	<u> </u>		100000000000000000000000000000000000000	24	Type of Test:	29	
<sup>9</sup> 2	Citation # (If Issued)			25	BAC Test Result:	30	İ
_	Viol. 1: Ch/Sec/Sub ————Viol. 2: Ch/Sec/S		[grassiana	1 25 26 26 26	Susp. Alcohol: 2	22	
	Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/S		Distracted by 0	34 35 36	Towed from scene?	2	
	Please fill out for operator and all occup.  Name (Last First Middle)	ants involved Address	DOB/Age Sex	Scat Safety Airba Pos. System Statu	g Eject Trap Injury Trans	sp.	
	Operator/Occupants	See Above	$>\!\!<\!$	1			
				, I			



Signature

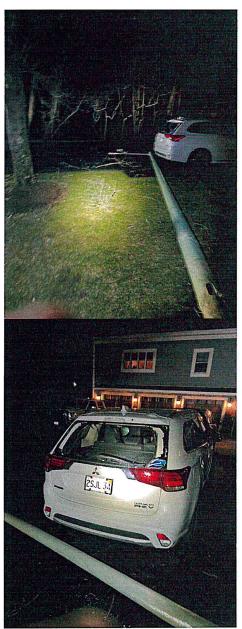
# Wilmington Police Department Images Associated with 24-103-AC



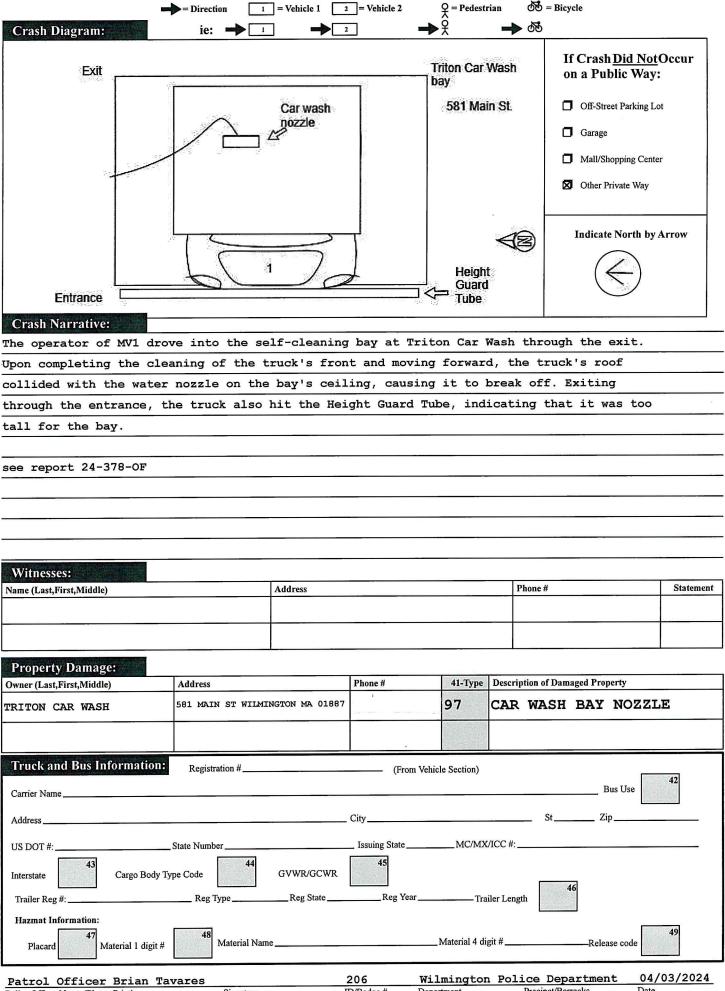


#### Wilmington Police Department Images Associated with 24-103-AC

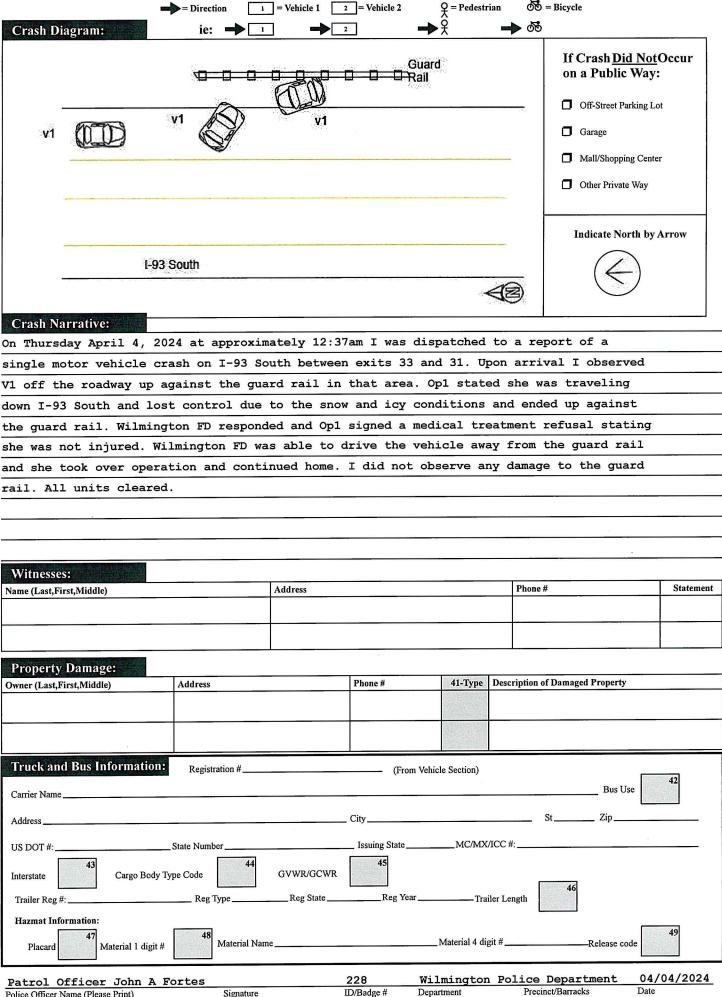




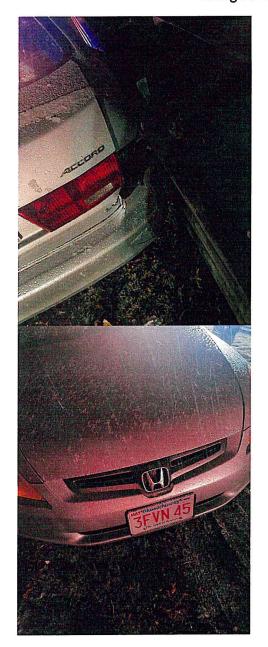
	Police Use Only	Comm	onwealth	of Massac	husett	S	R	MV Doc	cument Number	2400000
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Crash	Number Vehicle		Speed Lin	nit	State Police Local Police MBTA Police Campus Police	1
	04/02/2024 1529 Wilm	ington	Police ?	Report	1	o	Latitude _ Longitude		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA	TION >		NOT A				1
										2 10
	Route# Direction	Name of Roadway/Stre	ot .	Route# Direction	581 Address #	MAIN		of Dond	way/Street	.F—I
<sup>1</sup> 1	Koute# Direction	At	<u>Ci</u>			•	Name	or Road	way/Silect	-
_				Feet N	S E W of	— — — Mile M	• _	— or .	Exit Number	
	Route# Direction Name	e of Intersecting Roadwa Also at Intersection wit		Foot N	S E W of	WHIC IVE	arker .		2/m Pumber	1 11
		Also at linersection wit	п		S E W of	Route#	Inte	rsecting	Roadway/Street	$\vdash$
<sup>2</sup> 1	Route# Direction Name	e of Intersecting Roadwa	y/Street	reet [11]	3 E 144 OF	7		1	1-	-
	Please Select One	#O.co		Т		1 10		Landmar	TK.	1
3	of the Following: Vehicle 11	#Occupants Hit/R	un Moped	Crash Repo	rt ID# <b>2 4</b>	F-TO	4 -A	L_		
	License #S	DOB/Age	_ Reg	# <u>W56187</u>		Reg Typ	CO	R		12
	Sex M Lic. Class D 19 Lic. Re	estrictions B CD	L Veh	Year <b>2021</b>	Veh Make _	CHEVRO	LET	Vel	h Config. 6	
	Operator COLLADO PERALT	EDISON 3	J Own	er S&D TRAN	SIT L	LC First		ν.	Middle	
<sup>4</sup> 1	Address 355 BROADWAY S			ess 73 BOUV	E AVE	Flist		IV.	ndde	
	City <b>LAWRENCE</b> State	MA Zip 01841	City	BROCKTON		Sta	ite <b>MA</b>	Zip <b>0</b>	2301	
	Insurance Company ACE AMERIC	AN INSURAN	CE CO Vehic	ele Action Prior to Cra	sh 10	<b>22</b> D	amaged Ar	ea Code	99 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emerge	ncy? 2 Even	Sequence 36 23	23 23		est Status:		1 28	
5	Citation # (If Issued) 548165AC	<u></u>		Harmful Event 3	6 24	-	pe of Test:		0 29 30	
	Viol. 1: Ch/Sec/Sub 90 26A v		Drive	r Contributing Code	19 25 3	25	AC Test Re usp. Alcoho		Susp. Drug: 2 32	30 <sup>13</sup>
	Viol. 3: Ch/Sec/Sub — V			r Distracted by	PARTITURE DESCRIPTION	26	owed from		2 33	
<sup>6</sup> 1	Please fill out for operat				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Inju	40 ry Transp.		1
	Name (Last First Middle)	A	Address	DOB/Age Se	Pos. System	n Status Code		us Code	Medical Facility	
	Operator	See	Above		1 99	4 0	0 10	1		-
				j						
	Please Select One Vehicle 2	#Occupants Hit/Ri	Пи	Vulnerable 1	Inch Compl	ata tha Wilea	rable Hase	acetion.		1
<sup>7</sup> 1	of the Following:	Hit/Ri	un Moped	Vulnerable	oser Compi	ete ine vuine	rable Oser	section.		4
		DOB/Age	Reg #	<u> </u>		Reg Typ		R	leg State	
	Sex Lic. Class 19 19 Lic. Re	estrictions CDI	orcoment	/ear	Veh Make_			Vel		ļ
<sup>8</sup> <b>4</b>	Operator	First	Middle Own	erLost		First		М	liddle	
4	Address	V=	Addr	ess						_ 14
	City State_	Zip	City_	***	en-compa	007212	te	-	27 27 27	1
	Insurance Company		Vehic	le Action Prior to Cra	18/04/18/2		amaged Are	ea Code:	27 27 27	İ
	Vehicle Travel Direction: NSEW	Responding to Emerge	ncy? Even	Sequence 23	23 23	23	est Status:  /pe of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)	_	Most	Harmful Event	24	В	AC Test Re		30	
2	Viol. 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25 St	ısp. Alcoho	l: 31	Susp. Drug: 32	
	Viol, 3: Ch/Sec/Sub ———V	iol. 4: Ch/Sec/Sub ——	Drive	r Distracted by	26	26 To	wed from	scene?	33	
		or and all occupants invo		DOB/Age Se	34 35 Seat Safety Pos. System		38 39 Trap Inju Code State	ry Transp.	Medical Facility	
	Name (Last First Middle)  Operator/Occupants		Above	DOB/Age Se	1 System	Junus Code	Code Side	Code	and a county	1
	орегиюностриния	500			+-	+	++-			1
								+-		-
										4



	Police Use Only	Com	monwealth	of Massac	chuse	tts		RMV D	Oocument Number	
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Cras	h Nu	mber Num	and open	d Dillit	State Police Local Police MBTA Police Campus Police	
	04/04/2024 0037 Wil	mington	Police	Report	1	nicles   Inju   O	Laut	ude gitude	MBTA Police Campus Police Other:	1
	AT INTERSECT	TION:		ATION >		NO			ECTION:	7
	Route# Direction	Name of Roadway/S		Route# Direction	n Addre		3SB	HWY	adway/Street	2
<sup>1</sup> 5	- Roden Breedon	At				98901 (20)				-
	Route# Direction Na	ame of Intersecting Road		-	S E W	Mi	le Marker	• — o	Exit Number	- 1
2.	Route# Direction Na	Also at Intersection			S E W	Route	#	Intersection	ng Roadway/Street	
<sup>2</sup> <b>4</b>	Route# Direction 146	ane of interseeting Road	way/Street			*		Landn	nark	_
<sup>3</sup> 5	of the Following:	#Occupants Hid				24-1				
	License _ S	DOB/Age		g# 3FVN45					2.1	2
	Sex F Lic. Class D Lic.  Operator CUEVAS, ASHLE	Restrictions 99	Endorsement Ov	n Year <u>2005</u> yner <u>CUEVAS</u> ,		AR T			Veh Config. 1	_
<sup>4</sup> 1	Last	APT 3	Middle	dress 28 BEAC		Fi			Middle	.
_	City <b>LAWRENCE</b> Sta			y LAWRENCE				A Zin	01843-2429	
						22		ed Area Co		
	Insurance Company ALLSTATE			nicle Action Prior to Cr		23 23	Test Sta		1 28	
5	Vehicle Travel Direction: N E W	Responding to Eme	rgency? 2 Ev	ent Sequence 24 23	- 04	23 23	Type of		99 29	
	Citation # (If Issued)		Mo	st Harmful Event 2	24 24		BAC To	est Result:	1 30	<u> </u>
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub -	Dri	ver Contributing Code		25 25	Susp. A	lcohol:	31 Susp. Drug: 2 32	24 <sup>1</sup>
6	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub -	Dri	ver Distracted by	26	26	Towed	from scene	Character 2002	
<sup>6</sup> <b>4</b>		rator and all occupants ir				35 36 Safety Airbag	37 38 Eject Trap Code Code	39 4 Injury Tran	nsp.	7
-	Name (Last First Middle)		Address	DOB/Age S	Sex Pos.	System Status		Status Co		-
	Operator	S	See Above		$\backslash 1$	0 4	0 0	10 1		4
			-							
										1
										4
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Hit		_						4
	License # St St	DOB/Age		3#					21	
	Sex Lic. Class Lic. Operator	Restrictions C E	Endorsement	Year		ke			Weh Config.	
<sup>8</sup> 3	Last Address	r-nst		dress		Fii				
	City Sta	te Zin	Cit	ν			_ State	Zip_		4 1
				nicle Action Prior to Cr	li li	22		ed Area Co		
	Insurance Company			23	1	23 23	Test Sta	itus:	28	
	Vehicle Travel Direction: NSEW	Responding to Eme	· , ——	ent Sequence			Type of	Test:	29	
<sup>9</sup> 2	Citation # (If Issued)		Mo	st Harmful Event	24	اء ا	BAC Te	est Result:	30	
	Viol. 1: Ch/Sec/Sub —	- Viol. 2: Ch/Sec/Sub —	Dri	Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug.						
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Dri	ver Distracted by	26	26	Towed	from scene	? 33	
		rator and all occupants ir		Mar Confession (1)	34 Seat	35 36 Safety Airbag	37 38 Eject Trap	Injury Tran	nsp.	7
	Name (Last First Middle)		Address	DOB/Age S	Sex Pos.	System Status	Code Code	Status Co	ode Medical Facility	-
	Operator/Occupants	S	See Above		$\backslash$					_
				_	$\dashv$			+		



## Wilmington Police Department Images Associated with 24-105-AC





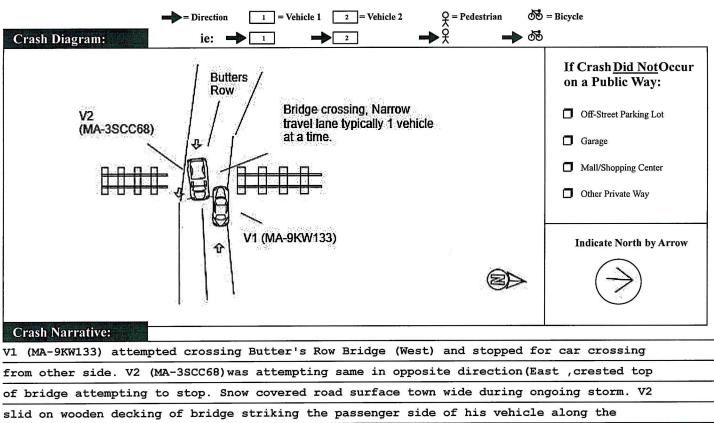
	Pol	lice Use Only		$\mathbf{C}$	ommon	wealth	of Mas	ssach	use	etts			RM	V Docu	ıment Number		
	Date of Crash	Time of Crash	200	y/Town		tor Vel	nicle C	rash		ımber hicles	Numl Injur	_1	d Limit	55	State Police Local Police MBTA Police	080	
	04/04/2024	0056 V	Wilmin	ngton	L,	<b>Police</b>	Repor	t	1	moios	0	Lau	ude gitude _		Campus Police Other:	8	
		AT INTERS	ECTION	٧:	<		TION	>			NOT			SEC	TION:		
	Route# Dire	ection		**	dway/Street			Direction	Addr	ess#		3SB	HWY	•1	vay/Street		<b>2</b> 10
<sup>1</sup> 4				A													
	Route# Dire	ection			g Roadway/Stree	t		eet NS				Marker		or _	Exit Number		1 11
			Al	so at Inters	section with			eet N S			Route	<del>-</del>	Inters	ecting F	Roadway/Street	一上	
<sup>2</sup> 5	Route# Dire	ection	Name of	Intersectin	g Roadway/Stree	t	F6	eet N S	EW	of	*						
5					<u> </u>	T	<u> </u>	-						indmark	ζ	$\dashv$	
3	Please Select of the Follow	ing: Venicle				Moped	Cra:	sh Report							S4-4- <b>NU</b>		
	License # un	10 10	_ St	123.6	20											21 6	6 12
	Sex M Lic.	Class D	Lic. Restri	96,400	CDL Endorseme	ent	Year <u>2012</u>								Config.		
1	Operator MI	SSERVILL.	E, ST	EPHE1	N LOUIS Middle		er MISS	Last		, S	TEP Firs	HEN	LOU	IS Mic	ddle		
<sup>4</sup> 1	Address 52	BELL DR				Add	ress <u>52</u> B	ELL	DR_						400-		
	City <b>SALE</b>	М	_ State NI	<b>H</b> Zip <b>O</b>	3079130	4 City	SALEM								30791304		
	Insurance Comp	pany				Vehi	cle Action Pric	or to Crash	ı	1	22		ed Area	Code:	THE PARTY OF THE PARTY OF THE PARTY.	27	
	Vehicle Travel 1	Direction: N	E W R	esponding	to Emergency? 2	Ever	nt Sequence	24 23	23	23	23	Test St			28	- 1	
<sup>5</sup> 2	Citation # (If Is	sued)				Mos	t Harmful Eve	2004000	24			Type o	f Test: est Res	ole:	30		
	Viol 1: Ch/Sec.	/Sub	Viol.	2: Ch/Sec/	/Sub	Driv	er Contributing	g Code	1	25	25		Alcohol:		1000	32 2	2 <b>4</b> <sup>13</sup>
	Secretary - 1 10x	/Sub					er Distracted b	у 0	26	2	6		from so		2 33	19125	
<sup>6</sup> 4	VIOI. J. CIVSEC	Please fill out fo							34 Seat	35 Safety	36 Airbag	37 38	39	40 Transp.		$\dashv$	
	Name (Last First I				Address	42-04	DOB/Age	Sex	Pos.	System	Status	Eject Tra Code Cod	e Status		Medical Facility	$\dashv$	
	Operat	or			See Above		$\sim$	X	1	0	4 (	0	10	1			
	-											_	+				
<sup>7</sup> 10	Please Select of the Follow	ing: Venicie			Hit/Run	Moped		ierable Us							01.4	$\dashv$	
	License #	19 19	_ St		20		#									21	
	Sex Lic. Operator	Class	Lic. Restri	Kalike	CDLEndorseme	ent	Year ner		Veh Ma	ike	Firs				ddle		
<sup>8</sup> 3	Address		LUST		.sname	Add	ress	0.000			1113					-	- 11
	City		State	Zip		City						State	2	Zip		4	4 14
	Insurance Comp	pany				Vehi	cle Action Pric	or to Crash			22	Damag	ed Area	Code:		27	
	Vehicle Travel 1	Direction: NS	E W R	esponding	to Emergency?	Ever	nt Sequence	23	23	23	23	Test St			28		
	l	sued)				Mos	t Harmful Ever	nt	24			Type o			30		
<sup>9</sup> 2		/Sub		2. 01./5/	/C1-	Driv	er Contributing	g Code		25	25		est Res		MERRI	32	
	1						er Distracted b	0.60	26	2	6	-	from so		33		
	Viol, 3: Ch/Sec.	/SubPlease fill out fo				Dilv	C. Distracted t	-5	34	35	36	37   38	39	40	L. LEWIST	$\dashv$	
	Name (Last First I		or operator a	an occu	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Tra Code Cod	e Status	Transp. Code	Medical Facility		
	Operat	or/Occupan	ts		See Above		$\rightarrow$	X	1						0		
2												$\top$			-		
												+	+			-	
	1																

= Direction 1	= Vehicle 1	= Vehicle 2	A = Pedestria	ın 056∍	= Bicycle	
Crash Diagram: ie:	<b>→</b> □	. →	<b>≥</b> ♀	<b>→</b> ₩		
					If Crash Did No on a Public Way  Off-Street Parking I Garage Mall/Shopping Cent Other Private Way	.ot
93 South Prior to	D Exit 33.			M)	Indicate North by	Arrow
Crash Narrative:						
While traveling South on I-93 prior	to exit 33.	the motor ve	hicle lo	st contr	col of the	
wheels due to the wet and icy conditi						
the motor vehicle hit the guard rail	- 1					
the opposite direction of traffic. No						
motor vehicle's rear driver's side (s						
motor venicle's rear driver's side (s	see Images).	NO INJULIES	or arr	bag depi	.oymenc.	
						,
		- T-				
					p.	
					4	
Witnesses:						
Name (Last,First,Middle)	Address			Phone #	-	Statement
Property Damage:	To the second	1				
Owner (Last,First,Middle) Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information: Registration #						
Registration #		(From Veh	icle Section)		Pur Hee	42
Carrier Name					Bus Use	
Address		City		5	St Zip	
US DOT #:State Number		Issuine State	MC/MX/I	CC #:		
43 State Number 44		45				
Interstate Cargo Body Type Code	GVWR/GCWR			F		
Trailer Reg #: Reg Type	Reg State	Reg Year	Traile	er Length	46	
Hazmat Information:						
40	ne		_Material 4 digi	t #	Release code	49
		227 ***	lminata-	Police :	Department 04	/04/2024
Patrol Officer Zachary A Leighton  Police Officer Name (Please Print) Signature			partment		ct/Barracks Date	

### Wilmington Police Department Images Associated with 24-106-AC



	Police Use Only	Commo	onwealth	of Massa	ichus	etts			RM	V Docui	ment Number	
		City/Town	Aotor Veh	icle Cra	$sh \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	lumber ehicles	Number Injured		Limit.	25	State Police Local Police MBTA Police	
	04/04/2024   1108   Wilmi	ington	Police ?	Report	2		0	Latitu			MBTA Police Campus Police Other:	
	AT INTERSECTIO	N:	< LOCA	TION	>		NOT A	r in	rer:	SECT	TION:	7
												<b>2</b> 10
	Route# Direction	Name of Roadway/Street		Route# Direct	ion Add	lress#	BUTT				ny/Street	-
<sup>1</sup> 1	Touten Breeden .	At									,,	_
				Feet	N S E V	of	— — · Mile M		_	or _	Exit Number	
		of Intersecting Roadway/S	Street	Feet	N S E V	of						3 11
	•	and at mersection was		_	N S E V	_	Route#		Interse	cting Re	oadway/Street	
<sup>2</sup> <b>4</b>	Route# Direction Name	of Intersecting Roadway/S	Street		1-1.		BUTT	ERS		W B	RIDGE	-
	Please Select One Vehicle 11 #	Occupants Hit/Run	□ Manad	Creak D	anaut ID#	21	-10	7_				7
<sup>3</sup> 5	of the Following:	Hit/Run	Moped	Crasn R	eport 1D#	<b>4</b>	-10	<i>/</i> –	AC			4
	License #_ St.	DOB/Age	Reg	<u>9KW133</u>		у	_ Reg Typ	e <u>PC</u>	2	Re	g State MA	<b>1</b> 12
	Sex M Lic. Class D 19 19 Lic. Res	trictions 20 CDL_	Veh `	Year <u>2020</u>	Veh N	lake <u>F</u>	ORD			_ Veh (	Config. 1	
	Operator TSANGARAKIS, N.	ICHOLAS		er <b>TSANGA</b>	RAKIS	, N	ICHOI First	AS		Mide	dle	• (
<sup>4</sup> 1	Address 455 MIDDLESEX T			ess 455 MI	DDLE	SEX	TPKE					
	City <b>BILLERICA</b> State <b>M</b>	<u>(A</u> Zip 01821-3	3509 City	BILLERIC	CA		St	ate <b>M7</b>	<b>1</b> _ z	ip <b>01</b>	821-3509	
	Insurance Company <b>GOVERNMENT</b>	EMPLOYEES :	INSU Vehic	cle Action Prior to	Crash	2	<b>22</b> D	amage	d Area	Code: 2	SACILIES & SHOOTH SERVICE STORY	
	Vehicle Travel Direction: N S E	Responding to Emergence	y? 2 Even	t Sequence 1	23 23	23	23	est Stat			28	
5	Citation # (If Issued)		Most	Harmful Event	1 24	Lining		ype of		14.	30	
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub ———	Drive	er Contributing Cod	de <b>1</b>	25	25	AC Tes usp. Ale		50	Susp. Drug: 2 32	<b>1</b> 13
	Viol. 3: Ch/Sec/Sub — Viol.			er Distracted by	0 26	2	7	owed fi		-	22	
<sup>6</sup> 3	Please fill out for operator			1	34 Seat	35 Safety	36 37 Airbag Eject	38 Trap	39 Injury	40 Transp.	•	┩
	Name (Last First Middle)	Addı		DOB/Age	Sex Pos.	System	Status Code	Code	Status	Code	Medical Facility	-
	Operator	See A	bove		$X^1$	1	4 0	0	10	1		_
											Na	_
	Please Select One Vi vahiala 21 #	Occupants Hit/Run	Moped	Vulnarah	ala Usar	Complet	e the Vulne	rable II	ser sec	rtion.		7
<sup>7</sup> 1	of the Following:	- Int/Kun			March Sweetstates					_		-
	License #, 19 19	DOB/A <sub>£-</sub>	-	3SCC68							21	
	Sex M Lic. Class D Lic. Rest	trictions 1 CDL_	sement	Tear <u>2018</u>						_ Veh C	Config.	
<sup>8</sup> 1	Operator KINTU, MUHAMAD		ddle	er <u>NAKAWO</u>	ast		First			Midd	ile	
_		T 1		ess 5 TOTM	AN DI	R P	PT 1			01	001 5406	14
	5 to 10 to 1	IA Zip 01801-0		WOBURN							801-5436 3 27 7 27 97 27	4
	Insurance Company GEICO GENER	RAL INSURANC	CE C Vehic	ele Action Prior to	or Commercial Inc	23		amaged est Stati		Code. 3	28	
	Vehicle Travel Direction: NSWW	Responding to Emergence	y? 2 Even	i sequence 1	23 23	23	23	ype of T			29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	1 24	2.30		AC Tes	t Resu	lt:	30	
	Viol. 1: Ch/Sec/Sub — Viol	ol. 2: Ch/Sec/Sub	Drive	er Contributing Coo	95/95/00	25	_	ısp. Ald	cohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————Viol	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	0 26	2		owed fr			. 33	_
	Please fill out for operator Name (Last First Middle)	and all occupants involve		DOB/Age	34 Seat Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	See A			X 1	1	4 0	o	10	1		
											· · · · · · · · · · · · · · · · · · ·	1
							-					-
							_					
							- 1					



V1 (MA-9KW133) attempted crossing Butter's Row Bridge (West) and stopped for car crossing from other side. V2 (MA-3SCC68) was attempting same in opposite direction (East , crested top of bridge attempting to stop. Snow covered road surface town wide during ongoing storm. V2 slid on wooden decking of bridge striking the passenger side of his vehicle along the railroad tie side rail (minor damage) and into the front left of vehicle one. V2 sustained damage to left and right side with possible broken tie rod or axle. Towed by Forrest Towing. V1 opr stated vehicle was driving to fast coming over bridge and slid into his stopped car indicating he tried to pull as far right as he could to allow V2 to pass. V2 opr believed V1 should have backed down bridge so he could pass by. In any event he acknowledged unsuccessful breaking for ice and snow. V2 driving too fast for snow conditions and failure to stop in time probable cause of crash.

Address

			*					
			•					
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of D	Damaged Property	8	
MASS DOT	BUTTERS ROW WI	LMINGTON MA		1	DAMAAGED	RAILROAD	TIE	SIDEWALL
Truck and Bus Information:	Registration #		(From Vehi	icle Section)				42
Carrier Name		-				Bus U	se	
Address			City		St_	Zip		
US DOT #:S	State Number		Issuing State	MC/MX/	ICC #:			
Interstate 43 Cargo Body Typ		GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Тгаі	ler Length			
Hazmat Information:								
Placard 47 Material 1 digit #	48 Material Name			_Material 4 dig	git #	Release co	ode	49

Patrol Officer Richard DiPerri

173

Wilmington Police Department

Phone #

04/04/2024

Statement

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

Witnesses:

Name (Last, First, Middle)

## Wilmington Police Department Images Associated with 24-107-AC













#### Wilmington Police Department Motor Vehicle Crash Report 24-109-AC

Requests for Wilmington Police Department Report, 24-109-AC, may be made via the department's Public Records Email at <a href="mailto:publicrecords@wpd.org">publicrecords@wpd.org</a>