Route# Direction Route# Direction	City/Town Wilmington SECTION: Name of Roadway/S At Name of Intersecting Road Also at Intersection Name of Intersecting Road	Poli < L	ice F	icle Cras Report FOUN Route# Direct Feet	> ion		5		red L	atitud ongitu	ude		State Police Local Police MBTA Police Campus Police Other:	0800
Route# Direction Route# Direction Route# Direction Please Select One of the Following: License #.	Name of Roadway/S At Name of Intersecting Road Also at Intersection	Street dway/Street		Route# Direct	ion		5					SECT	ΓΙΟN:	\exists
Route# Direction Route# Direction Please Select One of the Following: License #.	At Name of Intersecting Road Also at Intersection	dway/Street			ion		_	SA	LEN	4 S	ידי			2
Route# Direction Please Select One of the Following: License #.	Name of Intersecting Road Also at Intersection			Feet						Nan		Roadwa	ay/Street	
Route# Direction Please Select One of the Following: License #.	Also at Intersection		_		N S	E W	of -	— – Міl	 e Marl	- • кег		or _	Exit Number	-
Please Select One of the Following: License #,	Name of Intersecting Road			Feet				Route	- -	I	ntersec	cting R	oadway/Street	
of the Following: Venicle License #.	1	dway/Street		Feet [11 5 1	<u> </u>	oi -				Lan	dmark		\equiv
10 10	16#Occupants Hi	it/Run M	loped	Crash Ro	eport l	D# 2	24	-1	43	3-7	AC			
	DOB/Age DOB/Age Lic. Restrictions 1	CDL Endorsement		3896SA ear 2020									21	
Operator SAHD, CHRI Address 80 STONEHII	STINA M	Middle		r <u>SAHD</u> , 0	ast			Fir	st			Mid	dle	-
City EAST LONGMEADO Insurance Company THE HA	W State MA Zip 0102		City_ E	EAST LON	IGM	EAD	OW 10	22	Dar	naged	Area (_	.028-136 5 27 27 2 28	7
Vehicle Travel Direction: N S Citation # (If Issued)			Most I	Sequence 1 2 Harmful Event Contributing Coo	1	24	23	23	Тур ВА		est: t Resul	9	30	23
Viol. 1: Ch/Sec/Sub ————————————————————————————————————	Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	3		- 1		26	20	CALE BY		p. Alc ved fro	ohol: om sce	31 ne?	Susp. Drug: 2 3	32
Please fill out i Name (Last First Middle)	for operator and all occupants i	involved Address		DOB/Age	Sex		35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator	80 STONEHILL RI	See Above		>	X	1	1	4	0 (0	99 :		Winchester Hospital	4
ERIC HEIDELMARK	EAST LONGMEADOW					-	1	-	-			1		_
			76:	05/16/2	-		1	-		-		1		-
Please Select One of the Following:	#Occupants Hi	it/Run M	loped	☐ Vulneral	ole Use	er Co	omplet	e the V	/ulnera	ble Us	ser sec	tion.		٦
License #	St DOB/Age		Reg#	3896SA				_ Reg	Туре			Re	g State21	
Sex Lic. Class 19 19	Lic. Restrictions	CDL Endorsement		earr		eh Mal	ke					_ Veh	Config.	0000kg
Operator	First	Middle		ss	ast			Fir	st			Mid	ldle	_
City Insurance Company Vehicle Travel Direction: N S			Vehicle Event	Bequence	Crash	23		22	Dar Tes			. г	27 27 2 28 29	27
Viol. 3: Ch/Sec/Sub ————————————————————————————————————	Viol. 2: Ch/Sec/Sub		Driver	Harmful Event Contributing Coo	de [25	25 6	Sus	p. Alc	t Resul cohol:	31	30 Susp. Drug: 3	32
	for operator and all occupants i			DOB/Age	Sex		35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator/Occupar	ıts	See Above			X	1		w						
					'	4	3	4	0	0	10	1		
								-	\rightarrow	-	\dashv	_		

	Police Use Only	Common	wealth	of Massa	chus	etts			RMV	/ Docu	ment Number	
я		City/Town Mo		icle Cras	$\mathbf{h} = \begin{bmatrix} \mathbf{h} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles	Number Injured	Speed Latitud	20	25	State Police Local Police MBTA Police Campus Police	
	24HR	ing con	OF SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	Report	2		0	Longit		-	Campus Police Other:	
	AT INTERSECTIO	ON:	LOCA	TION >			NOT A	T INT	TER!	SECT	ΓΙΟN:	10
					19	5	SALI	em s	ST.			2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction		ress#				Roadwa	ay/Street	
¹ 1		At		Feet N	SEW	of			_	or _		
	Route# Direction Name	of Intersecting Roadway/Street	t				Mile M	arker			Exit Number	2 11
		Also at Intersection with		·	SEW		Route#		Interse	cting R	oadway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Street		Feet N	SEW	of				Ü	THE STATE OF THE S	
1										ıdmark		1
3	Please Select One of the Following: Vehicle 2 1 #	Occupants Hit/Run	Moped Moped	Crash Re	port ID#	24	-14	3-	AC	i i		l
	License #	DOB/Age	Reg	#2HGR38			Reg Typ	e PC		Re		12
	Sex F Lic. Class D 19 Lic. Res	etrictions 1 20 CDL	Veh	Year 2021	Veh N	lake <u>H</u>	ONDA			_ Veh	Config. 21	1
	Operator GILMARTIN, NAN	Endorseme CY J irst Middle	nt Own	er GILMAR I	IN,	NAN	CY J					Ì
⁴ 1	Address 19 MCDONALD RD	irst Middle	Addı	ess 19 MCD	SNALI	RI	First			Mid	Idle	
	City WILMINGTON State 1	<u>/A</u> Zip 01887-383	City	WILMINGT	ON		St	ate MZ	1 Zi	iр 01	887-3836	
	Insurance Company LIBERTY MU	TUAL INSURANC	CE Vehi	cle Action Prior to C	Crash	2	22 I	amageo	d Area	Code:	- Augusta Charles Charles	
	Vehicle Travel Direction: N S E	Responding to Emergency? 2	Even	t Sequence 1	3 23	23	23	est Stati			28	
⁵ 2	Citation # (If Issued)		Mos	Harmful Event	1 24			ype of T SAC Tes		16.	30	
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub ———	Drive	er Contributing Cod	e 1	25	25	usp. Ald				1 13
	Viol. 3: Ch/Sec/Sub ———— Vio			er Distracted by	0 26	2	6 T	owed fr	om sce	ene?	2 33	
⁶ 1		r and all occupants involved		T	34 Seat		36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.	Code St. Co. of Post	1
	Name (Last First Middle)	Address See Above		DOB/Age	Sex Pos.	System 1	Status Code	_	Status 10	Code 1	Medical Facility	
	Operator	See Above			\ <u>'</u>	-	-			-		
								-				-
												1
⁷ 1	Please Select One Vehicle 4#	Occupants Hit/Run	Moped Moped	Uulnerabl	le User	Comple	te the Vulne	erable U	ser sec	ction.		
1	of the Following:	_ DOB/Age	Pag	#	-		Peg Tyg	10		Re	ea State	1
	19 19	20	-	Year							21	İ
	Mind that was the	Endorseme	ent	er	, , , , ,	iake	*:			_ ,	comig.	l
⁸ 1		irst Middle	<u>_</u> .	ess	st		First			Mic	ldle	
	Address State _	7in		C33			S1	ate	7.	in		1 14
	Insurance Company	Zip		cle Action Prior to C		_	_	Damageo			27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergency?		t Sequence 23		23	23	est Stat	us:		28	
	Citation # (If Issued)	responding to Emergency.		Harmful Event	24			ype of T			29	
⁹ 2	Viol. 1: Ch/Sec/Sub — Vi	-1 2. Ch/S/Sub		er Contributing Cod	e	25	25	BAC Tes Susp. Ald			Susp. Drug: 32	
				er Distracted by	26	2	7	owed fr	L		33	
	Viol. 3: Ch/Sec/SubVio	r and all occupants involved	2.11		34 Seat	35 Safety	36 37	38	39 Injury	40 Transp.	HA ESSESSO.	†
	Name (Last First Middle)	Address	<u>.</u>	DOB/Age	Sex Pos.		Airbag Ejec Status Cod	Trap Code	Status	Code	Medical Facility	-
1	Operator/Occupants	See Above			X^1							-
						A						

= Direc	ction 1 = Vehicle 1	2 = Vehicle 2	Q = Pedestrian	♂ = Bicycle	
Crash Diagram: ie	: → 1 →	2	→ ♀ -	→ №	
				If Crash <u>Did No</u> on a Public Way	
195 Salem Street				Off-Street Parking	Lot
				☐ Garage	
				☐ Mall/Shopping Cen	ter
				☐ Other Private Way	
	v2 ⇒ (177) ==	v1			
	A GUE	M &	1.	Indicate North by	y Arrow
Crash Narrative:					
			7	***	
The Driver of V1 had an unkno	wn medical issue	and temporar	ily passed o	ut. She attempted	
to put her car into park, but					
then slowly backed up and str		***		p in the road, so	
she stopped. V1 slowly roll	ed backward. V2	beeped, but	v1 still str	uck the front of her	
car.					
The driver of v1 will be subj	ect of an immedia	te medical t	hreat form,	to be sent to	
registry.					
					X
Witnesses: Name (Last,First,Middle)	Address			Phone #	Statement
Name (Lasty, Itstyradae)					
Property Damage:			11.5	1	
Owner (Last, First, Middle) Address		Phone #	41-Type Desc	cription of Damaged Property	
Truck and Bus Information: Regis	stration #	(From	Vehicle Section)		
Carrier Name				Bus Use	42
Address		City		St Zip	
US DOT #:State Num	iber	Issuing State	MC/MX/ICC	#:	
Interstate 43 Cargo Body Type Code	GVWR/GCWF	45			
Trailer Reg #: Reg	TypeReg State	Reg Year	Trailer Le	ength 46	
Hazmat Information: 47 48	il .				49
Placard Material 1 digit #	Material Name		Material 4 digit #_	Release code	
Patrol Officer Brian D Thornto	on Signature		Wilmington Po	Date Department 05 Precinct/Barracks Date	5/12/2024 e
r oute Oniest Timie (Tiense Timit)	~-0		O AMERICAN STREET		

	Police Use Only	Comn	nonwealt	h of	f Massa	ich	use	etts				RMV	V Docu	iment Number		
		ity/Town	Motor V	ehic	cle Cra	sh		ımber hicles	Num	, ~	•	Limit,	35	— Local Police		
		ngton	Polic	e R	eport		2	meies	Inju	1	atitud Longit			MBTA Police Campus Police Other:		
	24HR AT INTERSECTIO	N•	No. of the last of	CAT		>	=				Ť		SEC	TION:	7	
	AT INTERSECTIO	14.	LO						1101	711	1111			110111	2 10	0
	MAIN ST														2	
1		lame of Roadway/Stre	eet	F	Route# Direct	ion	Addr	ess#			Naı	ne of	Roadw	ray/Street		
¹ 1		At			Feet	N S	E W	of					or			
	Route# Direction LAKE ST Name of	of Intersecting Roadw	av/Street	—L	Feet	., =	2[]	OI .		le Marl			or _	Exit Number	11	1
	NAME OF TAXABLE PARTY O	Also at Intersection wi			Feet	N S	E W	of			1				2	
	9				Feet	N S	E W	of	Route	#]	Interse	cting F	Roadway/Street		
² 2	Route# Direction Name of	of Intersecting Roadw	ay/Street		-							Lar	ndmark	(-	
	Please Select One Vehicle 11 #0	Occupants T vr.	Run Mop		Crash R		m# 1	2 /	_1	11					1	
³ 3	of the Following:	Hit/F	Cun Mop	ea	Crasn R	eport	ID# 4	<u> </u>		44	<u> </u>	ac —			4	
	License #	OB/Ag	1	Reg#_	4END77				Reg	Туре	PC		Re		12	2
	Se: Lic. Class D Lic. Rest	rictions B 20 CI		Veh Yea	ar <u>2015</u>		Veh Ma	ake G	MC				_ Veh	Config. 21	1	
	Operator	En	dorsement	Owner	THOMPS	ON,	. B	RIA	N K	EN	NET	'H				
41	Last				70 SQU	ast			Fir	st			Mi	ddle		
	Address				EWKSBU			-,		Ct-t	. MZ	7	:_ 0 1	L876-2646		
	City Star	Zij					-		22				Code:			
	Insurance Company THE COMMERC	E INSURAN	CE CO	Vehicle	Action Prior to	2/2 Mona	Total Control	1	053		t Stati		Code.	28		
5	Vehicle Travel Direction: N K E W	Responding to Emerg	ency? 2 I	Event S	equence 1	23	23	23	23		e of T			29		
	Citation # (If Issued)		1	Most H	armful Event	1	24					t Resu	lt:	1 30	L.	=
	Viol. 1: Ch/Sec/Sub ————Vio	1. 2: Ch/Sec/Sub	I	Driver (Contributing Co	de	5	25	25	Sus	p. Alc	ohol:	2 31	Susp. Drug: 2 32	1 13	3
	Viol. 3: Ch/Sec/Sub ———Vio	1. 4: Ch/Sec/Sub ——	I	Driver I	Distracted by	99	26	2	6			om sce		1 33	-	L
⁶ 2	Please fill out for operator						34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		1	
	Name (Last First Middle)		Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical Facility	-	
	Operator	Se	e Above		\times	X	1	1	4	0	0	10	1		1	
							12								7	
															1	
4															4	
⁷ 3	Please Select One of the Following:	Occupants Hit/F	Run 🔲 Mop	ed	Uulneral	ble Us	er C	omple	te the V	/ulnera	ıble U	ser sec	ction.			
3	The second of the second secon	DODA		Dag # 5	x80592				Reg	Time	CO		D	eg State MA	1	
	License # . S	DOB/Age		_										21	-	
	2		dorsement		ar 2020						A NTD		10 (6000)	Config. 2		
81	Operator SALDARRIAGA, J. Last Fir	JAN CAMIL	Middle		I	ast			Fir		AND	1111	Mi	ddle		
1	riddi oss	APT 3		Address	1023 E	'AS	T S	T					200		14	4
	City EAST BOSTON State M	IA Zip 02128	<u>-1907</u>	City <u>T</u>	EWKSBUI	RY		ALC READY A	resear l					L876-1458	1	
	Insurance Company TRAVELERS C	ASUALTY I	NSURA	Vehicle	Action Prior to	Crash		2	22				Code:	- Angeled College to Proceedings of the North College		
	Vehicle Travel Direction: N E W	Responding to Emerg	ency? 2	Event S	equence 1	23	23	23	23		t Stati			28		
	Citation # (If Issued)		1	Most H	armful Event	1	24				oe of T		14	30		
⁹ 2	Viol. 1: Ch/Sec/Sub — Vio	1 2. Cl./C/Ch	9	Driver (Contributing Co	de	1	25	25			t Resu		- 1000		
	Programmer Court Account Control Section 2 (2012)					0	26	2	6			om sc	2	22		
	Viol. 3: Ch/Sec/Sub — Vio			Dilver I	Distracted by	U	34	35	36	37	.38	39	40	2 33	-	
	Please fill out for operator Name (Last First Middle)	and all occupants inv	Olved Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	4	
	Operator/Occupants	Se	e Above		> <	X	1	1	4	0	0	8	1			
	KEVIN CONTRERAS	11 WAVERLY ST EVERETT, MA 0214	9-2170			M	3	1	4	0	0	10	1	#XV		
						-		_		-						
							ļ								-	
							1									

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestria		le	
Crash Diagram:	ie: 👈 🔟	→ □	2	→ X	<u>→ 86</u>		
						Crash <u>Did Not</u> a Public Way	
	2				-	Off-Street Parking L	ot
						Garage	
		<u> </u>			0	Mall/Shopping Cent	er
						Other Private Way	
		Lai	<u>`</u>			openialization continuos and process of	
	5/2 df	Lal Str	eet			Indicate North by	Arrow
	Main Street (Rt.38)			(N V	\bigcirc	
Crash Narrative:							
Vehicle 2 was travelin			-				
down, as did vehicle 2							
observed vehicle 2 slo							
airbags were deployed.					-		
fluid. Vehcile 2 susta						ene. All	-
parites signed a medio	al refusal with	the Wilmin	ngton Fire I	Department	•		
		· · · · · · · · · · · · · · · · · · ·					-
					1000		
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
	1.						
Property Damage:	Tana s		Dhana #	41 Trime I	Description of Dama	and Property	
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of Dama	ged I Toperty	
					200		
Truck and Bus Information	Registration #		(From V	ehicle Section)		2012	42]
Carrier Name						Bus Use	42
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
Lateratate Cargo Bod	y Type Code	GVWR/GCWR	45				
Interstate Cargo Bod				Teoile	40	5	
-	Keg Type	reg state	Reg real_	Iraile	a renku		
Hazmat Information: 47 Placard Material 1 digit	48 Material Nan	ne		Material 4 digit	t#	Release code	49
Patrol Officer Michael R	DiLorenzo		217	Vilmington	Police Depa	rtment 05	/15/2024
Police Officer Name (Please Print)	Signature			epartment	Precinct/Barr		

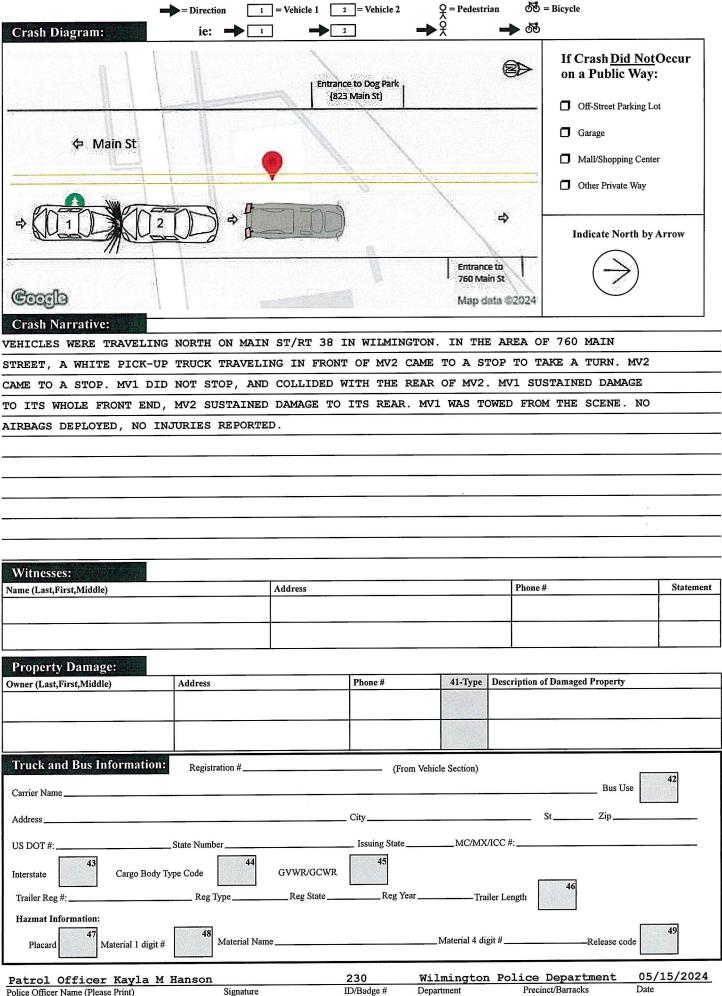
Wilmington Police Department Images Associated with 24-144-AC







Police Use Only	Commonwe	alth of Mass	sachusett	S	RMV	V Document Number	
		r Vehicle Cr	ash Number Vehicle		Speed Limit	40 State Police Local Police MBTA Police	0800
05/15/2024 0756 Wilms	ington Po	olice Report		o	Latitude Longitude	Campus Police Other:	Ğ
AT INTERSECTION	ON:	LOCATION	>	NOT A	INTER:	SECTION:	
							2
Route# Direction	Name of Roadway/Street	Route# Dir	rection Address #	MAIN		Roadway/Street	
	At					-	
	CT	Fee	t N S E W of	Mile Ma	rker	or Exit Number	-dash
	of Intersecting Roadway/Street Also at Intersection with	Fee	t NSEW of				2
		Fee	t NSEW of	Route#	Interse	ecting Roadway/Street	
Route# Direction Name	of Intersecting Roadway/Street				Lar	ndmark	
Please Select One of the Following: Vehicle 1 1 #	Occupants Hit/Run	Moped Crash	Report ID# 2	4-14	5- A C	,	
License	OB/Age	Reg# 6CZC7)	Reg Type	PC	Reg State MA	
19 19	strictions 1 CDL	Veh Year 2002				21	1
	Endorsement						_
Operator PEREIRA DOS REI Last F Address 100 WINN ST	irst Middle	Address 100 V		First		Middle	
City BURLINGTON State 1	√A 7:- 01803-3101	City BURLIN		Sta	nte MA 7	tip 01803-310	_
Insurance Company THE COMMERC		-	Charles		amaged Area	The state of the s	27
		To the second	23 23 23		est Status:	1 28	
Vehicle Travel Direction: SEW	Responding to Emergency? 2	<u> </u>	24		pe of Test:	29	
Citation # (If Issued)		Most Harmful Event		25	AC Test Resu	The state of the s	
Viol. 1: Ch/Sec/Sub — Vi			26	St	ısp. Alcohol:	The state of the s	32 1
Viol. 3: Ch/Sec/Sub — Viol.		Driver Distracted by	34 35	10	owed from sce	ene? 1 33	
Please fill out for operato Name (Last First Middle)	r and all occupants involved Address	DOB/Age	Seat Safe Sex Pos. Syste	ty Airbag Eject	Trap Injury Code Status	Transp. Code Medical Facility	
Operator	See Above	\sim	1 99	4 0	0 10	1	
			7				
							\dashv
							-
Please Select One of the Following: Vehicle 21 #	Occupants Hit/Run	Moped Uulne	rable User Comp	lete the Vulne	rable User sec	ction.	
License	OOB/Age _	Reg# 21572		Reg Type	PC	Reg State MA	
19 19	strictions 20 CDL	Veh Year 2021				21	1
Operator MCNAMARA, ROBE	Endorsement	Owner MCNAM	ARA, ROB	ERT K			_
Address 103 FOLLEN RD	irst Middle	Address 103 E	Last	First		Middle	
City LEXINGTON State 1	MA 7in 02421-5918	City LEXING			te MA 7	Cip 02421-591	8 1
Insurance Company THE COMMERC		•					27
	Responding to Emergency? 2	9	23 23 23	THE STATE OF THE S	est Status:	1 28	_
Vehicle Travel Direction: S E W	Responding to Emergency?	Most Harmful Event	24	Ty	pe of Test:	29	
Citation # (If Issued)			25	25	AC Test Resu	DESCRIPTION	23
Viol. 1; Ch/Sec/Sub ————Vi			20	Si	usp. Alcohol:	33	32
Viol. 3: Ch/Sec/Sub — Vi		Driver Distracted by	0 26 34 35	Net 1	38 39	ene? 2 33	_
Please fill out for operato Name (Last First Middle)	r and all occupants involved Address	DOB/Age	Sex Pos. Syste	ty Airbag Eject		Transp. Code Medical Facility	\Box
Operator/Occupants	See Above	\rightarrow	1 99	4 0	0 10	1	
- Mil.							
							_
				+			



Police Officer Name (Please Print)

Signature

Department

Precinct/Barracks

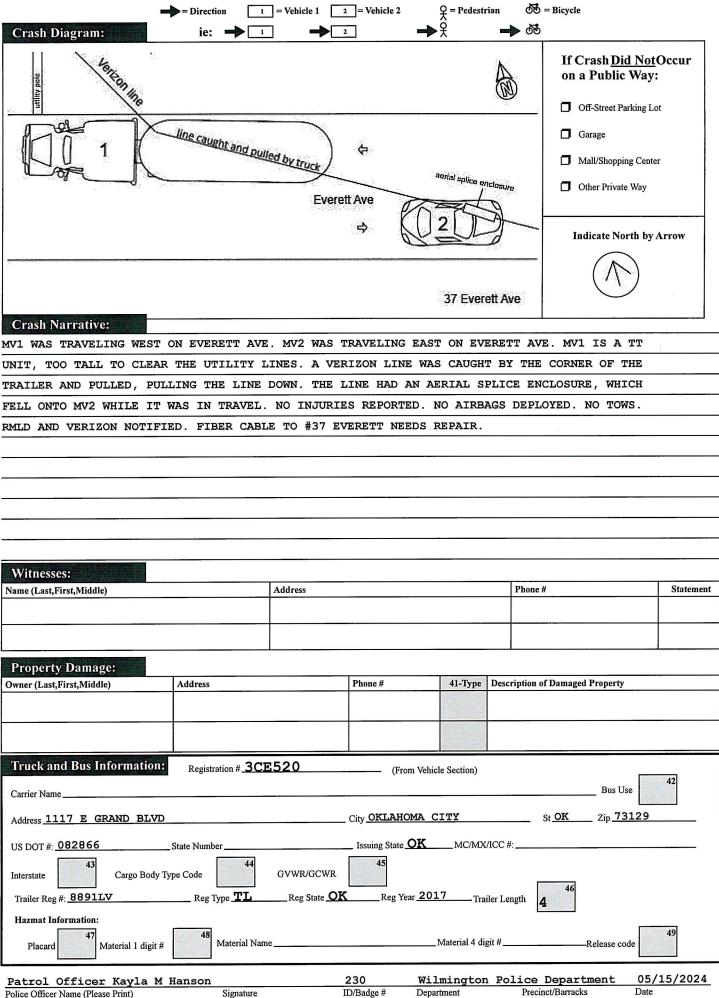
Date

Wilmington Police Department Images Associated with 24-145-AC



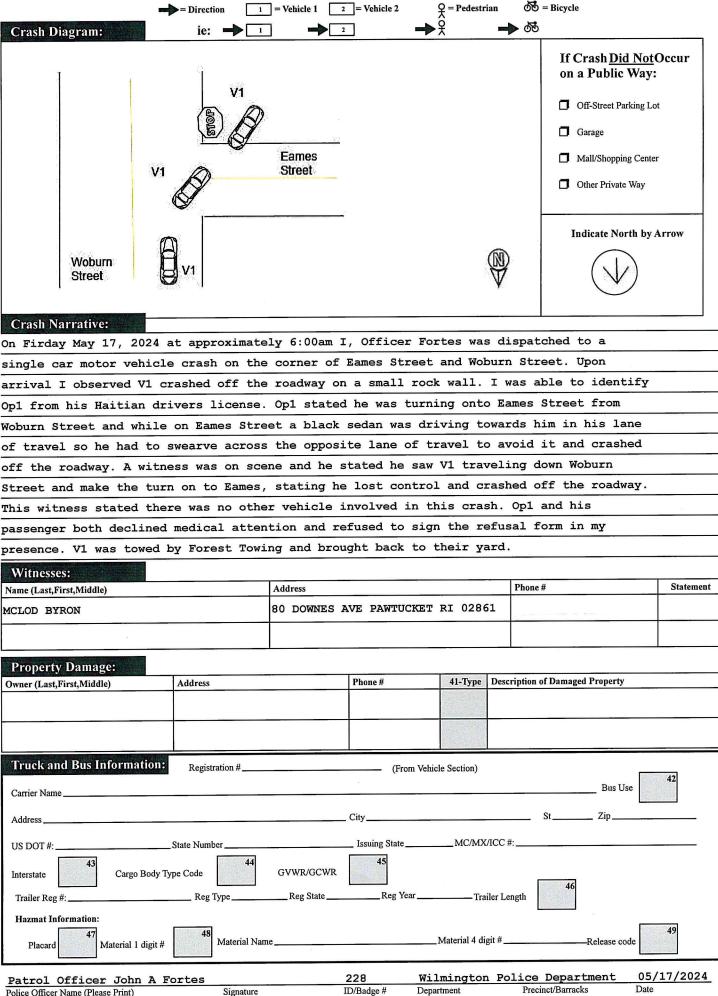


	Police Use Only	Comn	nonwealth	of Massa	chus	etts			RMV	/ Docu	iment Number	
	A STATE OF THE STA	ity/Town	Motor Vel	nicle Cras	sh [Number Vehicles	Numb Injure	d Speed	Limit_	30	— Local Police	
	05/15/2024 1327 Wilmi	ngton	Police	Report	2		0	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECTION	N·	MATERIAL SECTION SECTION SECTIONS	TION >	16 to 1		NOT	AT IN		SEC'		1
	AT INTERSECTION				22.7				-			2 10
					36		EV	ERET"				
¹ 1	Route# Direction N	Jame of Roadway/Str	eet	Route# Directi	on Ad	dress #		Na	me of	Roadw	ray/Street	-
1		At		Feet	NSEV	v of		•	_	or _		2
	Route# Direction Name o	of Intersecting Roadw	ay/Street				Mile	Marker			Exit Number	99 ¹¹
å	A	Also at Intersection wi	ith	Feet L	NSEV	V of	Route#		Interse	ecting R	Roadway/Street	
12		CZ	(0,	Feet [NSEV	v of	Routen				toda//dj/Suoot	Į.
² 2	Route# Direction Name o	of Intersecting Roadw	ay/Street				-		Lar	ndmark	(
10	Please Select One Vehicle 11 #0	Occupants Hit/H	Run Moped	Crash Re	port ID#	24	-1	46-	AC	•	×	
3	of the Following:											
	License # S	20		# 3CE520							ACCUSED A	1 12
	Sex M Lic. Class A Lic. Rest	rictions B CI	dorsement	Year 2018						_ Veh	Config. 8	H
	Operator OCONNOR, MICHAE	CL E	Middle	ner <u>ABF FRI</u>	EIGH!	r sy	STE	M INC	<u> </u>	Mie	ddle	
⁴ 1	Address 161 BLAKE RD		Add	ress PO BOX	100	48						
	City EPPING State N	H Zip 03042	2 City	FORT SMI	TH			State AI	3 _ z	ip <u>72</u>	2917-0048	
	Insurance Company SELF - ABF	FREIGHT S	YSTEM Vehi	cle Action Prior to	Crash	1	22	Damage	d Area	Code:	0 27 27 27	
		Responding to Emerg		nt Sequence 97	3 23	23	23	Test Stat	tus:		1 28	
5	Citation # (If Issued)		-	t Harmful Event				Type of			29	
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⁶ 1	Viol. 3: Ch/Sec/Sub — Vio			er Distracted by	0 20	35		37 38	39 39	40 A	2	ļ
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7	Please Select One Vehicle 21 #0	Occupants Hit/I	Run Moped	Uulnerab	le User	Comple	te the Vi	ılnerable U	Jser sec	ction.		
⁷ 1	of the Following:										2/2	1
	License # Si Si Si Si Si	OOB/Age	-	# <u>8DR815</u>				Гуре <u>РС</u>		Re	eg State MA 21	
	Sex F Lic. Class D Lic. Rest	rictions CI	dorsement		Veh I	Make <u>T</u>	OYO:	<u>ra</u>		_ Veh	Config. 1	
8	Operator MEREDITH, LINDS	SAY E	Middle Own	ner MEREDI	CH,]	LINE	SAY First			Mie	ddle	
⁸ 1	Address 47 ARGILLA RD		Add	ress 47 ARG	ILLA	RD						14
	City ANDOVER State M	IA Zip 01810	-4750 City	ANDOVER								1 "
	Insurance Company NORFOLK & D	EDHAM MUI	'UAL F Vehi	icle Action Prior to	Crash	1	22	Damage		Code:		
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	Please fill out for operator Name (Last First Middle)	and all occupants inv	/olved Address	DOB/Age	Sex Po	t Safety	Airbag :	Eject Trap Code Code	Injury Status	Transp. Code	Medical Facility	1
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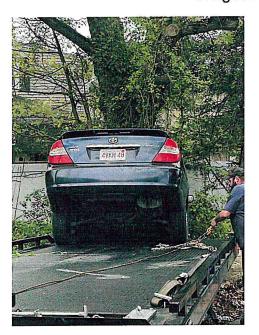


Form No. 10364 CRA-65 08/23

D . CO 1 E CO 1	City/Town	7 T / L	X7-1-	icle Cra	ch I	lumber	Nun	her C					AG
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		adway/Street				_	Mi	le Mar	ker			Exit Number	1 11
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Wilmington Police Department Images Associated with 24-147-AC





	Police Use Only	Com	monwealth	of Massa	chus	etts			RMV	⁷ Docui	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Cras	$\mathbf{sh} \begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	umber ehicles	Number Injured	Speed		25	State Police Local Police MBTA Police Campus Police	
	05/17/2024 1423 Wil	mington	Police	Report	2	cincies	0	Latitud			Campus Police Other:	
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				<u> </u>	96		MAIN			~ 1	10.	Д.
¹ 1	Route# Direction	Name of Roadway/S	Street	Route# Directi	ion Add	ress #		Na	me of I	Roadwa	ny/Street	-
1		At		Feet	N S E W	of ·			_	or _		
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<u></u>	- W	CI to the Desire	1/Stanot	Feet	N S E W	of					,	
² 1	Route# Direction Na	me of Intersecting Road	iway/Street			•			Lar	ndmark		1
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3	of the Following:											
	License #, St	DOB/Age		# J84255							g State MA 21	1 12
	Sex M Lic. Class D 19 19 Lic.	Restrictions	Endorsement	1 Year <u>2017</u>							Config. 2	
	Operator PIPER, ETHAN	JOSEPH First	Ov	ner TECH M	ECHAN	ICA	L SYS	STEN	1S	INC Mid	dle	
⁴ 3	Address 21 2ND AVE A	PT 1		dress 420 WE	ST S	r						
	City LEOMINSTER State	te MA Zip 0145	3-4786 Cit	y WEST BRI	DGEW	ATE	R St	ate M	1 _ z	iр <u>02</u>	379-1015	
	Insurance Company ARBELLA P			nicle Action Prior to	Crash	4	22	amage	d Агеа	Code:	2 27 27 27	
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⁵ 1				L	1 24			ype of	Test:		29	
	Citation # (If Issued)				DES.	25	25	AC Tes	-		1 30	13
	Viol. 1: Ch/Sec/Sub			ver Contributing Cod	20	2	S	usp. Al			Susp. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _	Dri	ver Distracted by	U _{mar} le la		2	owed fi			2 33	
1	Please fill out for oper	rator and all occupants i	involved Address	DOB/Age	Sex Pos.	35 Safety System	36 37 Airbag Eject Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator		See Above		X_1	1	4 0	o	10	1		1
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	Please Select One Vivahiala 2.1											1
⁷ 3	of the Following: Vehicle 21	#Occupants Hi	t/Run Moped	Vulnerat	ole User	Comple	te the Vuln	erable C	Jser sec	ction.		
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	Sex M Lic. Class D 19 19 Lic.			Year 2020	Veh N	lake <u>C</u>	HEVRO	LEI	<u> </u>	_ Veh	Config. 21	
	Operator MORRISON, CHA		Endorsement Ov	ner MORRIS	ON, C	HAR	LES Z	A				
⁸ 2	Address 5 CHAMPION ST	First	Middle Ad	dress 5 CHAM	ast IPION	ST	First			Mid	ldle	
		te MA Zip 0187	31 V	y TEWKSBUE			St	ate MZ	A 7	ip 01	876-3901	1 14
				hicle Action Prior to		9		Damage		_		
	Insurance Company USAA GENE				23 23	23		est Stat			1 28	
	Vehicle Travel Direction: S E W	Responding to Em	ergency? 2 Ev	ent Sequence 1	24		21/4/41	ype of	Test:		29	
⁹ 2	Citation # (If Issued)		Me	ost Harmful Event	1 24	o ell		BAC Te	st Resu	ılt:	1 30	
	Viol. 1: Ch/Sec/Sub —	Viol. 2: Ch/Sec/Sub _	Dr	iver Contributing Co	towns	25	_	Susp. Al	cohol:	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub -	Dr	iver Distracted by	0 26	2	6	Towed f	rom sc	ene?	2 33	
	Please fill out for ope	rator and all occupants		200	34 Seat		36 37 Airbag Ejec	38 t Trap	39 Injury	40 Transp.	Medical Facility	
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