	Pol	lice Use Only		Com	monw	ealth e	of Mass	ach	us	etts	3			RM	V Doc	cument Number	
	Date of Crash 06/24/2024	Time of Crash		City/Town .ngton	Mot	or Veh	icle Cra	ısh		lumber ehicles		mber ured	٠.	Limit	3.	5 State Police Local Police MBTA Police	8
	00,11,2024	24HR		ing con	I	Police 1	Report		1		0		Latitu Longi			Campus Police Other:	ä
		AT INTERSE	ECTIO	N:	<	LOCA	TION	>			NO	T A	ſ IN	TER	SEC	CTION:	
									87		N.	TCH	OT.	s s	יקו		2
1_	Route# Dire	ction	Ŋ	lame of Roadway/S	itreet		Route# Direc	ction		ress#						way/Street	
1				At			Feet	N S	EW	of	_				ог.		_
	Route# Dire	ction		of Intersecting Road			<u></u>	ماء	In lea	7	M	ile Ma	ırker			Exit Number	2 11
			F	Also at Intersection	with			N S		-	Rout	e#		Inters	ecting	Roadway/Street	-
² 1	Route# Dire	ction	Name o	of Intersecting Road	lway/Street		Feet	11/3	E	Jot					ndmar	el e	
	Please Select (. 1 #0	Occupants His	*/Pun [Moped	Crash l	Danari	in#	21	_1	Ω	<u> </u>	***************************************		IK.	\dashv
3	of the Followi	ng:															4
	License #_	19 19	St.]	DOB/Age 20		_	<u>v92344</u>									21	1 12 12
	Sex M Lic.	E	Lic. Rest	I	CDL Endorsement		rear <u>2020</u>							3 CE	L Vel	h Config. 8	J
⁴ 1	•	IAS, RICE Last ANDOVER	Fin	S	Middle		er <u>AMAZON</u> ess 410 TI	Last			F	irst	C		М	diddle	-
		ENCE		7 7 To 0184	3-2212		SEATTLE		<u>. I. I.</u>	·	V Jūi	Cin	4. TAT7	Δ -	7: Q	8109-521	_
		any OLD REP				•	le Action Prior to		,	10	22				Code:		7
	•	Direction: NSE		Responding to Eme			Sequence 31		23	23	23		st Stat			1 28	-
⁵ 2		ued)					h	31	24	L		•	pe of			o 29	
	Viol. 1: Ch/Sec/	Sub	Viol	l. 2: Ch/Sec/Sub		Drive	r Contributing Co		6	25	25	1		st Resu cohol:		 1	2 23 ¹³
	Viol. 3: Cli/Sec/	Sub	Viol	I. 4: Ch/Sec/Sub		Drive	r Distracted by	0	26	2	6			rom sc	4	2 33	
⁶ 1			operator	and all occupants in					34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Ілішу	40 Trunsp.		7
	Operate			5	Address See Above	•••••	DOB/Age	Sex	Pos.	System	Status 4	Code	Code	Status 10	Code 1	Medical Facility	=
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	Blass Calast C				1_		<u> </u>		<u></u>	L						<u></u>	\dashv
⁷ 1	Please Select C of the Followir	1 R Vehicle 7	#C	Occupants Hit	/Run	Moped	Vulnera	ble Us	ser C	Comple	te the	Vulner	able L	Jser se	ction.		
	License #		St	DOB/Age		Reg #					Re	з Туре			R	leg State	_
	Sex Lic. 0	Class 19 19	Lic. Restr	ictions 20 C	CDL Endorsement		ear		Velı M	ake					Veh		
§ ₁	Operator	Last	Firs	1	Middle	Owne	۲	Last			Fi	nst			Mi	liddle	-
_	Address						SS					-					- 14
	-	any		-		•	le Action Prior to				22			Z d Area	Code:	27 27 27	
l	•	rirection: NSE		Responding to Emer		_		23	23	23	23		st Stat			28	1
		ued)		topponding to 2mon	. 59 - 1 - 2 - 1		Harmful Event	<u> </u>	24			•	pe of			30	
2	,	Sub		. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de		25	25		sp. Ale	t Resu	ilt: 31	<u></u>	a
		Sub					Distracted by		26	2	6		•	om se		33 July 33	J
ŀ			operator a	and all occupants in			Ī	Ī.,	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		
ŀ	Operato	or/Occupants	5	S	Address See Above		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical Facility	-
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	= Direction I	= Vehicle I	= Vehicle 2	웃 = Pedest	rian 🕳 = Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □	□ →	Š	→ 65	
		8	7 Nichols Street		If Crash Did Not on a Public Way Off-Street Parking Lot Garage Mall/Shopping Cente	pt
					Indicate North by	Arrow
Crash Narrative:						
While driving on West or	n Nichols Stre	et, the ope	rator of moto	r vehi	cle one attempted to	
complete a u-turn in the	middle of 87	Nichols St	reet. The ope	erator	stated that his back up	
camera didn't notify tha	at he was too	close to th	e mailbox and	ended	up striking the mail	
box of 87 Nichols Street	t (see images)	. There was	no damage to	the v	ehicle. No air bag	
deployment or injuries.						
	 					
		······································				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · ·			
				,		
Witnesses: Name (Last, First, Middle)		Address			Phone #	Statement
Titalio (2004)2 Titalio (2004)		11247635				
			· · · · · · · · · · · · · · · · · · ·			
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
SILVA JASON MATTHEW	87 NICHOLS ST WILMI	NGTON MA 01887-		4	MAILXBOX	
Truck and Bus Information:	Parietration #		(From Vehicl			
Carrier Name			——— (From Venici	e Section)	Bus Use	42
			City		St Zip	
	State Number			MC/MX	ЛСС #:	
Interstate Cargo Body Ty		GVWR/GCWR	45		<u> </u>	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	
Hazmat Information:						
Placard Material 1 digit #	Material Name	· · · · · · · · · · · · · · · · · · ·	P	Material 4 di	git #Release code	49
Patrol Officer Zacharv A I	eighton	2	227 Wil:	minaton	Police Department 06/	24/2024

Wilmington Police Department Images Associated with 24-184-AC



	Pol	lice Use Only		Co	mmonwea	alth (of Mass	ach	ius	etts	;			RM	V Doc	ument Nun		
	Date of Crash 06/25/2024	Time of Crash		City/Town ington			icle Cra	sh		umber ehicles		nber ured	Speed	d Limit	30	O State Po Local Po MBTA F	olice 🔯	
	00,20,2021	24HR	**********				Report		2		0			itude_		Campus Other:	Police 🖸	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	T AT	' IN	TER	SEC	TION:		ļ
	Route# Dire	ction		Name of Roadw	ay/Street		62 E Route# Direc	tion	18 Add	7	<u>M</u> .	IDD			A\ Roady	/E vay/Street		2 10
1		•		At				NIC	l e hu	1 .								1
	Route# Direc	ction	Name	of Intersecting I	Roadway/Street		Feet	[14] 9	E	ot		ile Ma			or .	Exit No	ımber	11
				Also at Intersec			Fcet	NS	EW	of	Rout	o#		Intere	ecting	Roadway/Si	reet	2
² 1	Route# Direc	ction	Name	of Intersecting F	Roadway/Street		Feet	NS	EW	of				FU		RAL H		
3	Please Select (of the Followi		e 1 <u>2</u>	Occupants	Hit/Run	Moped	Crash I	Report	ID#	24	-1	.8!	5-	AC	;]
	License #.	3	St .	DOB/Age (Reg #	3WPX97		·····		Re	д Туре	PC	<u>; </u>	R	leg State M	A 21	12
	Sex F Lic.	Class D 19		strictions 1 '	CDLEndorsement		_{Year} 2019 er <u>VICTOR</u>				_				Vel	Config.	L "	
¹ 3	1 '	ORING R	F	îrst	Middle		ess 4 LOR	Last				irst			М	liddle		į
				MA Zip 01	844-7710		METHUEN					Sta	te M Z	A _ 2	Zip_ O	1844-	7710	
	•			•	INSURAN	Vehic	le Action Prior to	Crash	1	2	22				Code		27 27	
	Vehicle Travel D	Direction: N 5	Xw	Responding to	Emergency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28		
1	Citation # (If Iss	ued)				Most	Harmful Event	1	24			-	pe of	Test: st Resi	alt:	30		
	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2; Ch/Sec/Su	b	Drive	r Contributing Co	de	1	25	25	1		cohol:		Susp. Drı	ıg: 2 32	1 13
<u></u>	Viol. 3; Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Su	b	Drive	r Distracted by	0	26	2	6	То	wed f	rom sc	ene?	2 33		
1	Name (Last First M		for operator	r and all occupar	nts involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medica	Facility	
	Operate				See Above		X	X	1	1	4	o	0	10	1			
	ELIZABETH V	/ICTOR		4 LORING RD METHUEN, MA	01844-7710			F	3	1	4	0	0	10	1			
3	Please Select C of the Followin	One Vehicle	e 2 1 #	Occupants	Hit/Run 🔲 1	Moped	Vulnera	ble Us	er C	Comple	te the	Vulner	able (Jser se	ction.			
	License #.		St.	_ DOB/Age		Reg#	P25332				Re	д Туре	CO		R	eg State M		
	Sex. M Lic. (Class D	Lic. Res	trictions 1	CDL	Veh Y	ear 2020	····· '	Veh M	ake G	MC				Veh	Config. 2	21	
	1	ELLETTE Last	Fi	irst	OND Middle		MAROIS	Last			Fi	rst			M	iddle		
1		PHILLI					ess <u>115 BI</u>		KST	'ОИ	<u>R</u>							_ 14
	City BARRE			-	005-9434	•	WORCEST				22				ip 0 : Code:		1491	1
	_				NSURANCE		le Action Prior to		23	23	23		image st Stat		Code:	1 28		
	Vehicle Travel D	II	<u> </u>	Responding to I	Emergency? 2		Sequence 1	<u> </u>	24			Ту	pe of	Test:		29		
2	Citation # (If Issu	,		1.0.01.0.10.10.1	,		Harmful Event r Contributing Co			²⁵ 5	25			st Resu		30	22	
		Sub					r Distracted by	0	26		6	Su.		cohol: rom sc	2 31	Susp. Dru	g 2 32	
	vioi. 5: Cn/Sec/S	Sub ————————————————————————————————————		and all occupan				<u> </u>	34	35 Safan	36 Airbea	37 Eject	38 Trop	39	40 Tronsp.			!
	Name (Last First Mi	iddle)		T	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Code	Code	Injury Status	Code	Medical	Facility	
	Operato	or/Occupai	nts		See Above			X	1	1	4	0	0	10	1			
												-						

	= Direction 1	= Vehicle 1 2]= Vehicle 2	♀ = Pedestr	ian 🕳 =	Bicycle	
Crash Diagram:	ie: → 📑	→ [2] -	▶ĝ	→ 55		
Glen Road	Avenue V1 (Victor) V2 (Oulette)	Wildwood S	Street esex Avenue uneral Home	₹		If Crash Did on a Public Off-Street Par Garage Mall/Shopping Other Private	Way: king Lot g Center Way
	, ,	√ ∤					
Crash Narrative:							
V1 (Victor) stopped							<u></u>
Light change V1 star						············	
Wildwood Street. V2							
saw V1 proceed with							nd
did not notice it st			······································				
reported. V1 damaged following to close a					mper. vz	opr. Ouriet	
Tollowing to close a	and inactemental pr	ODADIE TACK	I III CLASII,	•			
				 			
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
D							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of l	Damaged Property	
						· <u></u>	
Truck and Bus Informat	ion: Registration #		(From Velu	icle Section)			
Carrier Name			(From von			Bus Use	42
Address		(ity		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/	TCC #:		
43 Canan B	Ladu Timo Codo	GVWR/GCWR	45				
	lody Type Code	L				46	
	Reg Type	Reg State	Keg Year	Trai	ler Length		
Hazmat Information: 47	48	e		Material 4 J	nit #	5 .	49
Placard Material 1 d	iigit # Materiai Nam	c		_iviateriai 4 dig	ju #		
Patrol Officer Richa	ard DiPerri					epartment	06/25/2024
Police Officer Name (Please Print)	Signature	ID	Badge # Dep	artment	Precinct	/Barracks	Date

	Pol	lice Use Only	Com	monwealth	of Massa	chus	etts			RM	V Doc	ument Number	
	Date of Crash 06/27/2024	Time of Crash	City/Town lmington	Motor Vel	nicle Cras	sh 🖟	lumber /ehicles	Numbe Injure	. -	d Limit ude		O State Police Local Police MBTA Police	3
	00,21,2024	24HR	zmzng con	Police	Report	1		0	1	ude itude_		Campus Police Other:	i
	ļ	AT INTERSEC	TION:	< LOCA	TION >	>		NOT.	AT IN	TER	SEC	CTION:	
						19	14	CHE	STN	ייוד	ĊТ		2 10
1_	Route# Dire	ction	Name of Roadway/S	ireet	Route# Directi		lress #					way/Street	_
1			At		Feet	NSEV	of			• —	or .		_
	Route# Dire	ction N	Name of Intersecting Road					Mile	Marker			Exit Number	1 11
			Also at Intersection v	vith	Feet 1		_	Route#	<u> </u>	Inters	ecting	Roadway/Street	
² 1	Route# Dire	ction N	Name of Intersecting Road	way/Street	Feet [Y S E V	of						_
	Please Select (One Vivatian 1	#Occupants Hit	/Run Moped	Crash Re		21	10	7_		ındmar •	К	-
3	of the Followi												4
	License #	10 10	DOB/Age		# <u>5304569</u>							21	- 3 12
	Sex F Lic.		c. Restrictions 1 C	ndorsement	Year <u>2020</u>						Vel	Config. 1	F
⁴ 1		OKE, DOROT		Middle	er <u>COOKE</u> ,	ISI		First			М	liddle	-
Т		HAMPSHIRE			ess <u>30 HAM</u>						^:	2020	-
			ate <u>NH</u> Zip <u>0303</u>	•	DERRY			_				$\begin{bmatrix} 3038 \\ 2 & 27 \\ 3 & 27 \end{bmatrix}$ 27	-
	·	pany			cle Action Prior to C	3 23	23	23	Test Sta		COUL.	2 28	
5		ued) 737207AC	_		t Sequence 35	35 ²⁴			Type of	Test:		2 29	
			Viol. 2: Ch/Sec/Sub <u>9(</u>		er Contributing Cod		25	25	BAC Te			1 30	30 ¹³
			— Viol. 2: Ch/Sec/Sub — — Viol. 4: Ch/Sec/Sub —			0 26		l 6]	Susp. A Towed:			Susp. Drug 2 32	30
⁶ 1	VIOL 3. CH/Sec/.		erator and all occupants in			34	35 Safety	36 3 Airbag Ej	7 38	39	40	<u> </u>	4
	Name (Last First M			Address	DOB/Age	Sex Pos.	System	Status Co	de Code		Transp. Code	Medical Facility	_
	Operate	or 	S	ee Above		X^1	99	4 0	0	10	1		_
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Ţ													
⁷ 1	Please Select C of the Followir		#Occupants Hit/	Run Moped	☐ Vulnerabl	le User (Comple	e the Vul	nerable l	User se	ction.		
	License #	St	DOB/Age	Reg #				_ Reg Ty	те		R	eg State	
	Sex Lic. (19 19	. Restrictions C		/ear	Veh M	lake				Veh	Config. 21	
	Operator	[]	First E	ndorsement Own	er			First				iddle	
8	Address		First		ess	st		First			Mi	iddle	
	City	Sta	ate Zip	City					State	Z	ip		. 14
ŀ	Insurance Compa	any		Vehic	le Action Prior to C	Crash			Damage		Code:		
	Vehicle Travel D	irection: NSEW	Responding to Emer	gency? Even	Sequence 23	<u> </u>	23	-3	Test Sta Type of			28	
2	Citation # (If Issu	ied)		Most	Harmful Event	24			BAC Te		ılt:	30	
	Viol. 1: Ch/Sec/S	Gub	_ Viol, 2; Ch/Sec/Sub	Drive	r Contributing Code		25		Susp. Al	lcohot:	31	Susp. Drug. 32	
L	Viol. 3: Ch/Sec/S		Viol. 4; Ch/Sec/Sub		r Distracted by	26	2	<u> </u>	Towed f			33	_]
	Name (Last First Mi	-	erator and all occupants in	/olved Address	DOB/Age	Sex Pos.	35 Safety System	36 3 Airbag Eje Status Co	ct Trap	39 Injury Status	40 Transp. Code	Medical Pacility	
	Operato	or/Occupants	Se	ee Above		1				L			
Ī													7
ŀ													
ŀ												<u> </u>	1

-	= Direction		= Vehicle 1	= Vehicle 2	웃 = Pedest	rian (ಶಿಕ = Bicycle	
Crash Diagram:	ie: •	→ □	→ □		→Ŷ	-	56	
		Ches		\	94 hestnut treet		If Crash Did Noton a Public Way Off-Street Parking L Garage Mall/Shopping Cent Other Private Way Indicate North by	ot
Crash Narrative:								
Vehicle was traveling no	orth on (Chestn	ut Street w	hen it lef	t the roa	dway t	o the right side	
striking the rocks in the								
Operator reported no in								
axel was snapped and the								
axer was snapped and the	, cire wa	as Den	t Dackwalus	. venicle	was cowed	Бу го	riest lowing.	
	<u></u>							
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	······································					
						· · · ·		
Witnesses:			·					
Name (Last, First, Middle)			Address				ene#	Statement
ROONEY RANEE M			419 CHESTNUT	ST WILMINGTO	N MA 01887-	3317		
			<u> </u>					L
Property Damage:	Address			Phone #	41 Tune	Doggarineid	on of Damaged Property	· · · · · · · · · · · · · · · · · · ·
Owner (Last, First, Middle)	Address	1m am 1371	MINGTON MA 0188	rnone #		 	<u> </u>	
BERNARDO HENRY P	194 CHESINO)1 31 WIL	WINGTON PAR 0188		97	MULC	H BED/ROCK WAI	. <u>†</u>
Truck and Bus Information:						<u> </u>		
Truck and bus information.	Registration	on#		(From	Vehicle Section)			42
Carrier Name	<u></u>						Bus Use	
Address				City			StZip	
US DOT #:	Stata Numbar			Iomina Stata	NGC/MC	acc #		
US DOT #	State Millioet _	44		issuing state	IVIC/IVIX	/ICC #		
Interstate Cargo Body Typ	oe Code		GVWR/GCWR					
Trailer Reg #:	Reg Type	·	Reg State	Reg Year	Trai	iler Lengtlı	46	
Hazmat Information:						-	L	
Placard 47 Material I digit #	48 Ma	terial Name	<u> </u>		Material 4 dig	git #	Release code	49
Patrol Officer Michael R Di	Lorenzo			217	Wilmington	Polic	e Department 06/	27/2024

	Pol	lice Use Only	Com	monwealth	of Massa	chus	etts	S			RM	V Doc	ument Number	
	Date of Crash 06/27/2024	Time of Crash 1912 W	City/Town ilmington	Motor Veh	icle Cras	h [Number Vehicles		nber ured	Speed Latitu	Limit	30	State Police Local Police MBTA Police Campus Police	
	00,27,2024	24HR		Police	Report	2	2	o Î		Lantu Longi			Campus Police	i_
		AT INTERSE	CTION:	< LOCA	TION >			NO	ТАТ	'IN	TER	SEC	TION:	
						4 (s	CI	INN	TNO	2HA	M S	्राम	2 10
ī	Route# Dire	ction	Name of Roadway/S	freet	Route# Directio		dress#						vay/Street	
1	1		At	i	Feet N	SE	V of			_ •		or _		_
	Route# Direc	ction	Name of Intersecting Road			1 1		М	ile Ma	rker			Exit Number	4 11
			Also at Intersection v	vith	Feet N		_	Rout	e#		Interse	ecting	Roadway/Street	┢╜
² 1	Route# Direc	ction	Name of Intersecting Road	way/Street	Fcet N	SE	<u>V</u>] of					4		_[
	Please Sclect (One N Valida (1 #Occupants Hit	/Run Moped	Crash Rep	ID#	2/	_1	00			ndmar •	K	┪
3	of the Followi	ng: Ventete L	HIL	<u></u>				-						_
	License #	19 19	St DOB/Ag		# 6TK812							R	eg State <u>MA</u>	3 12
	Sex.M Lic.	EI	Lic. Restrictions C	Indorsement	Year <u>2020</u>					<u>LET</u>	<u> </u>	Vel	Coufig. 1	
⁴ 1	1	TCHELL, B	First	Middle	er MITCHEL	t .			J irst			M	iddle	-
T		ILCHER DR			ess 3 PILCH		υK			100			1007 4000	•
	•		State MA Zip 0188' SIVE CASUALT	_	WILMINGT		1	22				Cip <u>U</u> . Code:	1887-4008 27 27 27 27	
	Vehicle Travel D				t Sequence 23		23	23		st Stat			1 28	
5		ned)	· · ·		Harmful Event 2				Ту	pe of	Test:		29	
	,	•	Viol. 2: Ch/Sec/Sub		er Contributing Code		25	25	1		st Resi		Susp Drug 2 32	2 13
			Viol. 4: Ch/Sec/Sub		r Distracted by	26		26			cohol: com sc	4	Susp. Drug: 2 32	
⁶ 1	VIOI. 3. CII/3ec/.		operator and all occupants in			34 Sea	35 Safety	36 Airling	37 Eject	38 Tiap	39 Injury	40 Transp.		-
	Name (Last First M			Address	DOB/Age :	Sex Pos	System	Status	Code	Code	Status	Code	Medical Facility	
	Operate	or	S	ee Above		X 1	1	4	0	0	10	1		_
							ļ							
													MILE STREET	
														_
⁷ 1	Please Select O)#Occupants Hit/	Run 🔲 Moped	☐ Vulnerable	User	Comple	ete the '	Vulner	able U	lser se	ction.		
_	License #	S	t DOB/Age	Reg #	183XX8			Rep	y Type	PC		R	eg State MA	1
	Sex Lic. C	19 19	ic. Restrictions 20 C	DL Veli \	ear 2022			-					21	
	Operator Dr	iverless l		ndorsement Owne	MATHER,	MEI	ISS			N_			ıldle	
°1	Address		rifst		ess 6 LINCO	LN	ST	Fi	rst			Mi	ddle	
	City		State Zip	City 1	WILMINGTO	NC		<u></u>					L887-2548	1 14
	Insurance Compa	any LIBERTY	MUTUAL INSU	RANCE Vehic	le Action Prior to Cr	ash	11	22				Code:	6 27 27 27	
	Vehicle Travel D	irection: N S E	Responding to Emer	gency? 2 Event	Sequence 23		23	23		st Statu pe of T			1 ²⁸ 29	
, 2	Citation # (If Issu	.ed)		Most	Harmful Event 1	. 24			ВА		t Resu	lt:	1 30	
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		25	25	Sus	sp. Alc	oliol:	2 31		İ
	Viol. 3: Ch/Sec/S				r Distracted by			26			0111 SC	Į	2 33	J
	Name (Last First Mi		perator and all occupants in	volved Address	DOB/Age S	34 Seat Sex Pos.		36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operato	or/Occupants	Se	ee Above	\triangleright	1	0	4	0	0	10	1		

	= Direction	= Vehicle 1	2 = Vehicle 2	र्ट्र ≃ Pedest	rian 👧	210, 610	
Crash Diagram:	ie: → 🗔	→ [<u>z</u> →	<u>}</u>	→ ₩		
¢ (01)			\$		100	If Crash Did Not on a Public Way Off-Street Parking Lot Garage Mall/Shopping Cente Other Private Way	ot
		48	Cunningham St			Indicate North by	Arrow
Crash Narrative:	,						
Vehicle 1 was traveling	west down Cur	nningham St	reet. Vehicle	2 was p	parked of	f the road	
unoccupied directly acr	oss from 48 Cu	ınningham S	treet. Vehicl	e 1 bec	ame dist	acted seeing	
someone they knew in th	e neighborhood	and did no	ot realise th	ey bega	n to drii	t off the	
road. Vehicle 1 went br	iefly off the	road and s	truck vehicle	2 while	e it was	parked.	
Vehicle 1 suffered dama	ge to its from	nt right and	i vehicle 2 s	uffered	damage t	to the rear	
left side. No one was i	njured in the	crash and	neither vehic	le had	to be tov	ed from the	
scene.							
		······					
Witnesses:		1					I
Name (Last, First, Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehi	cle Section)			42
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		Bus Use	42
			(From Vehic	<u></u>		Bus Use	42
Carrier Name			City			tZip	
Carrier NameAddressUS DOT #:	State Number44		City				
Carrier Name Address US DOT #: Interstate Cargo Body Ty	State Number44	GVWR/GCWR	CityIssuing State	MC/MX/	ICC #:	tZip	
Carrier Name	State Number44	GVWR/GCWR	CityIssuing State	MC/MX/	ICC #:	t Zip	
Carrier Name Address US DOT #: Interstate 43 Cargo Body Ty	State Number	GVWR/GCWR	CityIssuing State	MC/MX/	ICC #:	t Zip	

	Pol	lice Use Only	* * : :	(Commor	rwealth	of Mass	ach	use	etts	;			RM	V Doc	cument	Number	
	Date of Crash 06/28/2024	Time of Crash	57: 3 m	City/Town	M	otor Ve	hicle Cra	ısh		umber hicles			•	Limit	2	Lo Lo	nte Police cal Police BTA Police umpus Police	
	00/28/2024	24HR	NA T TIE	iriig co.		Police	Report		1		1		Latitu Longi			— Ca	impus Police L her:	
		AT INTER	SECTI	ON:		LOC	ATION	>			NO.	Γ ΑΤ	'IN'	TER	SEC	TIO	N:	
									37.	5	BZ	\LL	ARI	OVA	LE	ST		2 10
15	Route# Dire	ection			adway/Street At		Route# Dire	ction	Addr	ess#			Na	me of	Roady	way/Str	eet	
5	_			•	Al		Feet	N S	EW	of			- •		or .			_
	Route# Dire	ection	Name		ng Roadway/Stre	et		N C	le lu		Mi	le Ma	rker			E	cit Number	1 11
				Also at Inter	rsection with			N S			Route	e#		Interse	ecting	Roadw	ay/Street	
² 1	Route# Dire	ection	Name	e of Intersecti	ng Roadway/Stre	eet	Feet	NS	EW	of				Ia	ındınar	-b		-
	Please Select		. 11	#Occupants	Hit/Run	Moped	Crash	Danart	ID#	2 /	_ 1	Ω	<u> </u>					┪
3	of the Followi	ing:			more				-						-			4
	License #	19 1	St	_ DOB/Ag	20		# <u>5HDF54</u>									Reg Stat	21	1 12
	Sex M_ Lic.	Class D	Lic. Re	estrictions 1	CDL Endorsen	nent	Year <u>2015</u>							<u>EN</u>	Vel	h Confi	g. [1	
4 1	1	LISKY, A		First	ES Middle		ner POLISE	Last			Fi	rst			N	liddle		-
	<u>.</u>	3 TECH			21006-20		lress <u>3303</u>		H V	ALI	LE Y					100		-
	ł ·	FORD					WESTFOR				22				-	11 27	6-2954 27 27	-
	-	Dany USAA G					icle Action Prior to		1	23	23		st Stat		Couc	1 28		
5	Vehicle Travel D	L	EW	Responding	g to Emergency?				- 4			Ty	pe of I	Test:		29		
	· '	sued)		-			st Harmful Event ver Contributing Co	21		25 0	9 ²⁵			st Resu		1 30		21 ¹³
		Sub					er Distracted by	99	<u> </u>		6	- Ju		cohoi: om sc	2 31	Susp	. Drug: 2 32	21
1	Viol. 3: Ch/Sec/	Sub Please fill out			upants involved	DII	Per Distracted by	199	34	35	36	37	38	39	40	1		_
	Name (Last First M		- operation	1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Hject Code	Trap Code	Injury Status	Transp. Code		Medical Facility	
	Operate	or			See Abov	re		X	1	1	3	0	0	8	2	Luney	C11111C	_
								<u> </u>										
																		7
,	Please Select C		2 1	#Occupants	Hit/Run	Moped	Vulnera	hle He	er C	omple	te the \	/uiner:	able i i	i Ser se	ction			-
1	of the Followin	ng.						············		····								4
	License #	19 19	9	DOB/Age	20	•	#					•				•	21	
	Sex Lic. (Lic. Re	strictions	CDL Endorsem	ent	Year	— \	/eh Ma	ike					Veh	i Config	ş	
1	Operator Address	l,ast	j.	irst	Middle		ress	Last			Fir	st			М	iddle		
			State	Zin								_ State	e	7	ín			1 14
	•	any		•		-	cle Action Prior to				22				Code:	27	27 27	
	•	Direction: N S			to Emergency?_		nt Sequence	23	23	23	23	Tes	t Statu	us:		28		
1	Citation # (If Issu	ued)				Mos	t Harmful Event		24				e of T		4	29 30		
2	Viol. 1; Ch/Sec/S	Sub	Vi	ol, 2; Ch/Sec	/Sub	Driv	er Contributing Co	de		25	25		C Tes p. Alc	t Resu	31		Drug: 32	
	Viol. 3: Ch/Sec/S	Sub	Vi	ol, 4: Ch/Sec	/Sub	Driv	er Distracted by		26	2	6		•	om sce	ene?	33	21.16.	
		Please fill out f			pants involved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			1
:	Name (Last First Mi	or/Occupan	ıts		Address See Abov	 e	DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	M	ledical Facility	1
	орегин	occupun			55511004	-	+		•									-
																		4
						····												_
												Ì						

= Dire	ction 1 = Vehicle 1	2 = Vehicle 2	Q ≃ Pedestria	ın ooo = Bic	ycle	
Crash Diagram: ie	: → □ → □	<u> </u>	Ŷ	→ ‱		
Vehicle 1	Vehicle 1		Ver	anicle 1	on a Public Way Off-Street Parking I Garage Mall/Shopping Cen	y: Lot
Veh	icle 1				Other Private Way	
	V				Indicate North by	y Arrow
	Ballardvale St	***************************************	(2	≫	\bigcirc	
Crash Narrative:						
On Friday, June 28, 2024, Veh	icle 1 was traveli	ng south on B	allardval	le Street	when it	,
appears to have gone off road						
collided with a tree by 375 E						
The operator was transported	to Lahey Hospital	for further t	reatment	•		0 1 <u>0</u>
The vehicle was towed by Forn	est Towing.					
Incident report 24-768-OF als	o completed.					
-						
Witnesses:						
Name (Last,First,Middle)	Address			Phone #		Statement
Property Damage:						
Owner (Last,First,Middle) Address		Phone #	41-Type I	Description of Dan	aged Property	
Truck and Bus Information: Regis	ration #	(From Vehic	ele Section)			401
Carrier Name					Bus Use	42
Address		_ City		St	Zip	
		-				
US DOT #: State Num	ber	Issuing State	MC/MX/R	JC #:		
Interstate Cargo Body Type Code	GVWR/GCWR				_	
Trailer Reg #: Reg	TypeReg State	Reg Year	Traile	r Length	46	
Hazmat Information:					_	
47 48	Material Name		Material 4 digit	#	Release code	49
Placard Material 1 digit #						
Patrol Officer Christopher k Miccicl	ıi.	232 Wil	mington	Police Dep	artment 06	/28/2024
Police Officer Name (Please Print)	Signature		rtment	Precinct/Bar		

Wilmington Police Department Images Associated with 24-189-AC





Wilmington Police Department Images Associated with 24-189-AC



	Police Use Only	Comm	onwealth	of Massa	chus	etts	3		RM	V Doc	ument Number	
	Date of Crash Time of Crash 06/28/2024 1629 Wilr	City/Town]	Motor Veh		sh [Number Vehicles		Speed	d Limit	20	State Police Local Police MBTA Police	0800
	24HR			Report	1	•	0	Long			Campus Police Other:	<u> </u>
	AT INTERSECT	ION:	< LOCA	TION >			NOT A	TIN	TER	SEC	TION:	
					6	7	CHE	STN	UT	ST		2 10
¹ 1	Route# Direction	Name of Roadway/Street	t	Route# Direction		dress #	****				vay/Street	
		At		Feet N	N S E V	v of		(or _		_
	Route# Direction Nan	ne of Intersecting Roadway	-	n . [s	SEV	77 .	Mile N	larker			Exit Number	1 11
		Also at Intersection with			SEV	_	Route#		Interse	ecting l	Roadway/Street	-
² 1	Route# Direction Nam	ne of Intersecting Roadway.	/Street		12121.	.) oı			La	ndmarl	k	
3	Please Select One Vehicle 11	#Occupants Hit/Ru	n Moped	Crash Re	port ID#	24	-19	0-				7
3	or the Following.										n 1/7	4
	License # S 19 19 Li- R	DOB/Age		# <u>3ZLT75</u> Year <u>2016</u>							71	1 12
	St Lic. Class D Lic. R	Restrictions 1 CDL Endo	ersement	er TAYLOR,						ven	Conng.	
⁴ 1	Addres:	First M	Aiddle	ess 3 KNOW	st		Pirst			М	iddle	_
	City State	Zip_		BILLERIC			S	tate MZ	A 2	in O	1821-441	_
	Insurance Company QUINCY MU	- •-		le Action Prior to C		1		Damage				- I
	Vehicle Travel Direction: SEW	Responding to Emergen		Sequence 22	3 23	23	23	Test Stat	tus:		1 28	
5	Citation # (If Issued) 739802AC	<u></u>	Most		22 24			Type of			29 30	
	Viol. 1: Ch/Sec/Sub 89 4A	Viol. 2: Ch/Sec/Sub 90	18 Drive	r Contributing Code	. 19	25	25	BAC Te Susp. Al				2 22 13
6	Viol. 3; Ch/Sec/Sub ————	Viol. 4: Cli/Sec/Sub	Drive	r Distracted by	4 26	2	7	Towed f	,		2 33	-
⁶ 1	Please fill out for opera	tor and all occupants involv	ved	DOB/Age	Sex Pos.		36 37 Airbag Ejec Status Cod	38 Trap	39 Injury Status	40 Transp. Code	Medical Facility	7
	Operator		Above		X 1	1	1 0	0	10	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		1				+						-
											. <u></u>	
	Please Select One			<u> </u>					1			
⁷ 1	of the Following:	#Occupants Hit/Rur	a Moped	Vulnerabl	e User	Comple	te the Vuln	erable (Jser se	ction.		
	License # St	DOB/Age	Reg #				Reg Ty	ie		R	eg State	-
	Sex Lic. Class Lic. R	estrictions CDL.	rsement	ear	-	/lake				Velı		
81		First M		erLas	ц		First			Mis	Jdle	-
	Address	7		?SS			S	- 4 -	~			1 14 14 14 14 14 14 14 14 14 14 14 14 14
	City State Insurance Company	·		le Action Prìor to C				are)amaged			27 27 27	- I - I
	Vehicle Travel Direction: N S E W			Sequence 23		23	23	est Stat	us:	Ì	28	,
	Citation # (If Issued)		•	Harmful Event	24			ype of			30	
2	Viol. 1: Ch/Sec/Sub		Drive	∟ r Contributing Code	; [25	25	IAC Tes usp. Ali	ſ	lt: 31	Susp. Drug: 32	,
	Viol. 3: Ch/Sec/Sub — V			r Distracted by	26	2	7	owed fr	L		33	,
	•	tor and all occupants involv		DOB/*-	34 Scat	35 Safety	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp. Code	M.E. CO. TO.	7
	Name (Last First Middle) Operator/Occupants	See A	bove	DOB/Age	Sex Pos.	System	Status Code	Code	Status	Code	Medical Facility	-
	£							+				-
					-	-						_
												-
		1		1			ŀ	1	1			1

	= Direction	1 = Vehicle 1 2	= Vehicle 2	⊋ = Pedestr	ian 📆 = B	icycle	
Crash Diagram:	ie: → 🗔		□ →	, ĝ	→ %		
67 Chestnut St		V1	Apple Trea	e Lane		If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cent Other Private Way Indicate North by	ot er
Crash Narrative:							
Operator was traveling	north on Chest	tnut Street	towards Burl	ington A	we Opera	tor stated he	
was traveling approx 3					·······		
his GPS because he was							
Chestnut Street, on the							
medical refusal with t							
juvenile operator. Dam						· · · · · · · · · · · · · · · · · · ·	
left front, and windsh					····		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:	1433		Di		D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	I.B.	
Owner (Last, First, Middle)	Address 28 DIANA IN DRA	ACTIM MA A1026	Phone #	1 (1)	Description of Da		/0
VERIZON	28 DIANA EN DRA	ACUT MA VI626			VERIZON	POLE 16 1/	Z
VERIZON	28 DIANA LN DRA	ACUT MA 01826			VERIZON	POLE 16 1/	′2
Truck and Bus Information:	Registration #		(From Vehic	le Section)		[42
Carrier Name						Bus Use	
Address			City		St	Zip	
US DOT #:	_State Number		_ Issuing State	MC/MX/I	CC #:		
Interstate 43 Cargo Body 1	Type Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:			- —				
Placard 47 Material I digit #	48 Material Nan	ne		Material 4 digi	t#	Release code	49

06/28/2024

Wilmington Police Department Images Associated with 24-190-AC





Wilmington Police Department Images Associated with 24-190-AC



