	Police Use Only	Commonwealth of Massachusetts RMV Document Number										
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Ni Ve		lumber njured	Speed Latitud	Limit	35	State Police Local Police MBTA Police Campus Police	
	09/01/2024 <b>1431 Wil</b> 24HR	mington	Police 1	Report	2	0		Longiti			Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		N	OT A	rni 1	ERS	ECT	rion:	101
				38 S	58:	1 N	MAIN	: इन	,			2 10
ī	Route# Direction	Name of Roadway/Str	eet	Route# Directio			·WILL			oadwa	ny/Street	
<sup>1</sup> 1		At		Feet N	S E W	of —				or		
	Route# Direction No	une of Intersecting Roadw	ay/Street				Mile Ma	rker			Exit Number	4 11
		Also at Intersection w	îth		S E W	Ro	oute#		ntersec	ting R	oadway/Street	F
<sup>2</sup> 1	Route# Direction Na	nne of Intersecting Roadw	ray/Street	Feet N	SEW	of T	RITC	ON C	AR	WA	SH	
<u>T</u>	N 64 40 5					~ -	0.5			dmark	······································	1
3	of the Following:	#Occupants Hit/	Run 🔲 Moped	Crash Rep	ort ID#	24-	25	2-1	AC			
	License # S		=	8FEL20							2.1	1 <sup>12</sup>
	Sex M Lic. Class D 19 Lic.		DL Veh '	Year <u>2020</u>	Veh Ma	ake <b>TO</b>	COTA			_ Veh (	Config. 1	
	Operator MORENO, HELEN		Middle	er MORENO ,	1		First	is		Mid	ldle	
41	Address 287 PINE GROV	E DR	Addr	ess 287 PII	NE GR	OVE						
	City <b>BROCKTON</b> Sta	te <b>MA</b> Zip 02301	-1122 City	BROCKTON		20					301-1122	
	Insurance Company SAFECO II	NSURANCE CO	MPANY Vehic	cle Action Prior to C	<del></del>	1 22	3 T.	amaged est Stati		Code: g	8 27 27 27	
5	Vehicle Travel Direction: N E W	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23	23 23	1	pe of T		12	29	
	Citation # (If Issued)		Most	Harmful Event	L 24		В	AC Tes		lt:	30	13
	Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	2			ısp. Alc			Susp. Drug: 2 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			er Distracted by		26		wed fr			2 33	
Т	Please fill out for ope Name (Last First Middle)	rator and all occupants inv	olved Address	DOB/Age	Sex Pos.	35 3 Safety Airl System Sta	nag Eject	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	Se	e Above		X 1	1 4	0	0	10	1		
												1
											,	1
	Di C.I C.		<u></u>			ll				<u> </u>		1
<sup>7</sup> 1	of the Following: Vehicle 21	#Occupants Hit/	Run Moped	Vulnerabl	e User C	omplete ti	ie Vulne	rable U	ser sec	tion.		_
		DOB/Age	Reg	#unknown			Reg Typ	e	·	Re	g State 21	
	Sex Lic. Class 19 19 Lic.	Restrictions Cl	OL Veh '	Year	Veh M	ake <b>TO</b>	YOTA			_ Veh	Config. 2	
<sup>8</sup> 1	Operator unknown	First	Middle	er	at .		First			Mid	Idle	
1	Address			ess								14
	City Sta						Sta	ite ainaged				
	Insurance Company			cle Action Prior to C	rash 23	9 <sup>22</sup> 23 23	<b>.</b>	amagec est Stati		coue.	28	
	Vehicle Travel Direction: N E W		, ,	t Sequence 1		23 20	1	ype of T	Test:		29	
<sup>9</sup> 2	Citation # (If Issued)			Harmful Event	<u> </u>	25	25 B	AC Tes	t Resul	—	30	
	Viol. 1: Ch/Sec/Sub			er Contributing Code	26	26		usp. Alc			Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub		er Distracted by	34	35 3	6 37	owed fr	39	40		4
	Please fill out for ope Name (Last First Middle)	тают ана ан оссирания им	/OIVe0 Address	DOB/Age	Sex Pos.	Safety Air System Sta	bag Eject	Trap	Injury	Transp. Code	Medical Facility	4
	Operator/Occupants	So	ee Above		X 1							
•												1

	= Direction	Vehicle 1	2 = Vehicle 2	오 = Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: 🛶	<u> </u>	2	<b>→</b> 옷	<b>→</b> №	
Constitution of the consti					If Crash <u>Di</u> on a Public	
7					Off-Street Pa	rking Lot
					☐ Garage	
			*		☐ Mall/Shoppir	ng Center
					Other Private	Way
					Indicate No.	eth by Arrow
					Indicate No	rth by Arrow
Crash Narrative:						
l traveling RT38S ne	ear 581 Main	Street. V2 (d	orange Toyota	Rav4 Unk re	g/opr) passed V1	on
eft to access left t	turn lane or	while V1 was	entering lef	t lane at la	ne opening and si	.de
wiped V1 on right fi	cont end. No	injuries obse	erved or repo	rted. V2 lef	t scene w/o makin	ıg
dentification to V1	OPR or polic	e post collis	son. No furth	er informati	on/witness availa	ble
or V2. V1 damaged al	long left fro	nt fender and	d wheel (dent	s, scuff dam	age). V1 OPR	
irected to insurance	∍.					
Witnesses						
Witnesses: ame (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
wner (Last,First,Middle)	Address		Phone #	41-Type De	scription of Damaged Property	
Truck and Bus Information	Registration #		(From	Vehicle Section)		42
Carrier Name					Bus U	se
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	#:	
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCW	'R 45			
Trailer Reg #:	Reg Type	Reg State_	Reg Year	Trailer I	ength 46	
Hazmat Information:	48					49
Placard Material 1 dig	git # Mater	al Name		Material 4 digit #	Release co	de
atrol Officer Richa	rd DiPerri		173	Wilmington P	olice Department	09/01/2024
lice Officer Name (Please Print)	Sign	iture	ID/Badge #	Department	Precinct/Barracks	Date

Police Use	Only	Com	monwealth	of Massacl	husett	S	R	MV Doc	ument Number	
1 1	of Crash	City/Town	Motor Vel	icle Crash	Number Vehicle		Speed Lin	nit <u>35</u>	State Police Local Police MBTA Police Campus Police	
09/02/2024 173	24HR	mington	Police	Report	2	0	Latitude_ Longitude		Campus Police Other:	
AT I	NTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSEC	TION:	1
				]   			····			2 1
Route# Direction		Name of Roadway/S	traat	Route# Direction	337 Address #		N ST	of Roady	vay/Street	.
Route# Direction	,	At At	ucci	- Koute# Direction	Address #		Name	Os Roady	vay/Succi	-
				Feet N	S E W of		• _	- or _	Exit Number	
Route# Direction	Nar	me of Intersecting Road		[5.1]	الماما	Mile M	larker		Exit Number	3 1
		Also at Intersection v	with	Feet N		Route#	Inte	rsecting l	Roadway/Street	
Route# Direction	Nai	ne of Intersecting Road	way/Street	Feet N	E W of					
								Landmar	k	┨
Please Select One of the Following:	Vehicle 1.1	_#Occupants	/Run   Moped	Crash Repo	rt ID# <b>2</b> 4	-25	3-A	C		
License #	St	OB/Age	Pag	# <u>4YYJ65</u>	<del>.</del> .	Reg Tyr	e PC	R	eg State MA	1_
Sex M Lic. Class D		20	_	Year <b>2015</b>		-			21	1
_			Endorsement						Connig.	-
Operator WICKSO	•	First	Middle	er WICKSON ,		First	CHAEL	М	iddle	
Address 14 KNE	ELAND RI	<u>)                                    </u>	Add	ress 14 KNEE	LAND R					
City <b>TEWKSBUR</b>	Y State	e <b>MA</b> Zip <b>0187</b>	<b>6-3315</b> City	TEWKSBURY					1876-3315	
Insurance Company PI	ROGRESSI	VE DIRECT	INSURA Vehi	cle Action Prior to Cras	sh <b>1</b>	22 I	Damaged Ar	ea Code:		
Vehicle Travel Direction	NXEW	Responding to Emer	rgency? 2 Ever	t Sequence 23	23 23		lest Status:		1 28	
Citation # (If Issued)			Mos	t Harmful Event 1	24		Type of Test		30	
Viol. 1; Ch/Sec/Sub				er Contributing Code	1 25	25	BAC Test R			1
				er Distracted by	_ <del></del> _	`	Susp. Alcoho Towed from	~	33 July 2 33	<u> </u>
Viol. 3: Ch/Sec/Sub				er Distracted by	34 35	36 37	38 3°		2	4
Plea Name (Last First Middle)	se mi out for open	ator and all occupants in	Address	DOB/Age Ser	Seat Safety	Airbag Ejec	t Trap Inju e Code Sta	ny Transp.	Medical Facility	
Operator		s	See Above	><	1 1	4 0	0 10	1		
										1
							-			1
		_								-
Please Select One of the Following:	Vehicle 2.1	#Occupants Hit.	/Run Moped	☐ Vulnerable U	Jser Compl	ete the Vuln	erable User	section.		
				- AEDM16			DC.		See MA	1
License #	Si	OOB/Ag	_	# 4FAM16					21	
Sex <b>F</b> Lic. Class D	Lic. F	Restrictions 1 C	indorsement	Year <b>2010</b>					Config.	
Operator KEMPST		XANDRA LIA First	Middle	er KEMPSTER	•	KANDRA First	A LIA	NA M	iddle	
Address 132 HO	LT RD		Add	ess 132 HOLT	RD					1
City ANDOVER	State	MA Zip 0181	0-5006 City	ANDOVER	pre	St	ate <b>MA</b>	Zip <b>0</b>	1810-5006	1 '
Insurance Company AF	RBELLA M	UTUAL INSU	JRANCE Vehi	cle Action Prior to Cras	h <b>4</b>	<b>22</b>	Damaged Ar	ea Code:		
Vehicle Travel Direction:	NSXW	Responding to Emer	rgency? 2 Ever	t Sequence 23	23 23		est Status:		1 28	
Citation # (If Issued)		_	Mos	Harmful Event 1	24		ype of Test		30	
Viol, 1; Ch/Sec/Sub		Viol 2: Ch/Sec/Sub	Driv	er Contributing Code	4 25	25	BAC Test Re Susp. Alcoho			
				er Distracted by		77	owed from		33 July 133	
Viol. 3: Ch/Sec/Sub ——		Viol. 4: Ch/Sec/Sub — ator and all occupants in			34 35	36 37	38 39	10		1
Plea: Name (Last First Middle)	e un out tot obets	nos ano an occupants in	Address	DOB/Age Sex	Seat Safety	Airbag Ejec	Trap Inju	uy Transp.	Medical Facility	_
Operator/Oc	cupants	s	lee Above	><	1 1	1 0	0 10	1		
										1
	**************************************							+		-
					<del>        -   -   -   -                  </del>			_		_
•										

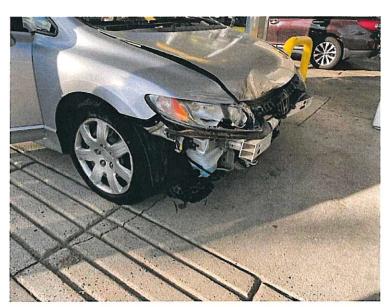
,	= Direction 1	= Vehicle 1	2 = Vehicle 2	Q = Pedestrian	=	Bicycle	
Crash Diagram:	ie: 👈 🔟	] →□	2	₽Ř	<b>→</b> ‱		
	340 Main Street F AL Prime Energy	arking Lot				If Crash <u>Did No</u> on a Public Way	
				Rt. 38 Wilmin	<u>iaton</u>	Off-Street Parking I	Lot
						☐ Garage	
	V1					☐ Mall/Shopping Cen	ter
						☐ Other Private Way	
					_		
	, N2 V2			MEXANTAL	-	Indicate North by	Arrow
	337 Mair EJ's Pizz	n Street Parkin za	g Lot	<	<b>3</b> ≥		3
Crash Narrative:							
V1 was traveling south	oound on Main S	treet towar	rds Woburn.	V2 was tak	ing a le	ft turn out	
of the EJ's parking lot	, 337 Main Str	eet. V1 and	d V2 crashed	l in the vi	cinity o	of 337 Main	
Street. Opr1 stated he	was traveling	straight i	n the left o	of the two	travel 1	anes and Opr2	
took a left out of the	parking lot an	d hit him.	Opr2 stated	l she was t	aking a	left out of	
the parking lot and Opi	hit her. Op2	stated the	right lane	of traffic	let her	out but Op1	
was speeding. No injuri	es observed or	reported :	in either op	erator. V1	had mir	or/moderate	
passenger side damage.	V2 had front a	irbag deplo	oyment and h	eavy front	end dar	nage. Opr2	
declined medical attent	ion after her	front airba	ag was deplo	yed. Opr2	stated t	there was	
damage to her trunk pri	or to the acci	dent. V2 wa	as towed by	Forrest To	wing.		
Witnesses: Name (Last,First,Middle)	**************************************	Address			Phone #		Statement
Traine (Dasty Histyridate)	10.50	ruuress			1		
					_		
Property Damage:		111111111111111111111111111111111111111					
Owner (Last,First,Middle)	Address		Phone #	41-Type Do	escription of I	Damaged Property	
Truck and Bus Information:	Registration #		— (From V	ehicle Section)			42
Carrier Name						Bus Use	
Address		DEFENDANCE OF THE PROPERTY OF	City		St.	Zip	
	_State Number			MC/MX/ICO	C #:		
Interstate 43 Cargo Body 7	ype Code 44	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Trailer	Length	46	
Hazmat Information:				110.00		SM 69	
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 digit #	!	Release code	49
Data 1 0661 7 11 5	Coodui-		216	(i 1 m i = = + - = -	nalies 5		/02/2024
Patrol Officer Kathryn C Police Officer Name (Please Print)	GOOGWIN Signature			<u>ilmington E</u> epartment		Barracks Date	/02/2024

# Wilmington Police Department Images Associated with 24-253-AC







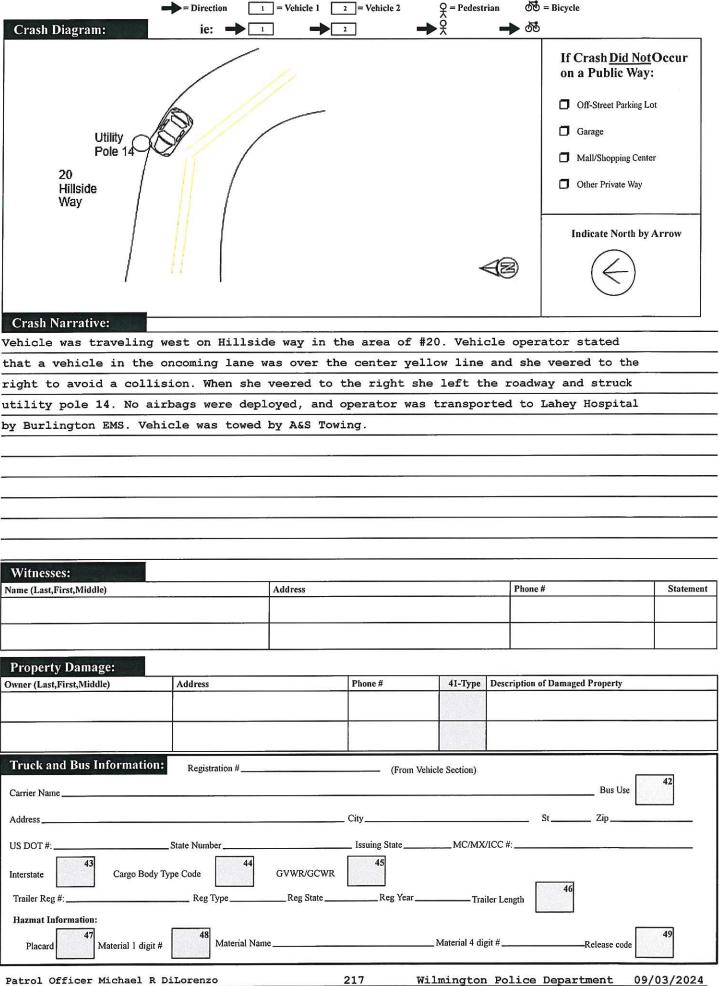




	Police Use Only Commonwealth of Massachusetts RMV Document Number													
	Date of Crash			y/Town	Motor Ve	hicle Cras	sh	Number Vehicles		Speed	l Limit	35 42.53	State Police Local Police MBTA Police Campus Police	
	09/03/2024	0942 W	ATTWTI	ngton	Police	Report		1	0	Latitu	ituđe	071.1	37 Campus Police Other:	
		AT INTERSI	ECTION	٧:	< LOC	ATION :	>		NOT				TION:	1
														<b>2</b> 10
	Route# Dire	west west	ST Na	me of Roadway/Str	eet	Route# Direct	ion A	Address #		Na	ame of	Roadw	vay/Street	
<sup>1</sup> 1				At										1
				L WAY		Feet	NSE	W of		— • Marker	,	ОТ _	Exit Number	- 11
	Route# Dire	ection		Intersecting Roadw so at Intersection w		Feet	N S E	w of						1 "
						Feet	N S E	w of	Route#		Interse	ecting I	Roadway/Street	
<sup>2</sup> 1	Route# Dire	ction	Name of	Intersecting Roadw	ay/Street						La	ndmarl	k	-
	Please Sclect	One Vehicle	1 <b>1</b> #0	ccupants Hit/I	Run Mopec	Crash R	eport II	)# <b>2</b> 4	-25	4 –	AC	4		7
3	of the Followi	mg.				L							- 1/3	-
	License #			DB/Age_ 20		g# <u>R54122</u>				-			31	7 12
	Sex M Lic.	<u> </u>	Lic. Restri	En	dorsement	1 Year <u>2008</u>				.06 11	.s cec	- Veli	Config.	
i		UCE . CHR.	First	HER LEE	Middle		ast		First			Mi	iddle	
<sup>1</sup> 2	ì	ARDELL ST				dress 23 UNS		TH S						
	1	LL				y LOWELL							1850-1911	
	·	pany PROTECT		INSURANCE		nicle Action Prior to		3		Damage Test Sta		Code:	10 27 1 27 27	
1		Direction: NS	<del></del>	esponding to Emerg	епсу? <u>2</u> Ev	ent Sequence 40			23	Type of			29	1
<u> </u>		sued) <b>873086</b> .				st Harmful Event		24		BAC Te	st Resu	ılt;	30	13
	Viol. 1: Ch/Sec/	/Sub	Viol.	2: Ch/Sec/Sub	Dr	ver Contributing Coo		.2 25		Susp. Al	icohol:	2 31		24 <sup>13</sup>
, 1	Viol. 3; Ch/Sec/	/Sub				ver Distracted by	<u> </u>		26	Towed f			2 33	
Τ	Name (Last First N		r operator a	nd all occupants inv	olved Address	DOB/Age	- 1	34 35 Seat Safety Pos. System		ct Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate			Se	e Above		X	1 99	4 0	0	10	1		
	-													_
										<u> </u>	├			_
														4
3	Please Select C of the Followin		#Oc	cupants Hit/F	Run 🔲 Moped	U Vulnerab	le User	Comple	ete the Vul	nerable (	Jser se	ction.		
	License #		St	DOB/Age	Re	z#			Reg T	ре		R	eg State	7
	Sex Lic. (	Class 19 19	Lic. Restric	ctions 20 CE		ı Year	Vel	ı Make				Veh	Config. 21	
	Operator	<u> </u>			dorsement Ov	ner							-	
1	Address	Last	First		Middle Ad	dress	Izl		First			Mi	ddie	
	City		_State	Zip	Cil	у			:	State	z			1 14
	Insurance Comp	any			Ve	nicle Action Prior to (	Crash		22	Damage	d Area	Code:	27 27 27	
	Vehicle Travel D	Direction: N S E	E W R	esponding to Emerg	ency? Ev	ent Sequence 2	3 23	3 23	23	Test Stat			28	
	Citation # (If Iss	sued)			М	st Hannful Event	2	14		Type of BAC Te		.1e.	30	E
2	Viol. 1: Ch/Sec/	Sub	Viol.	2: Ch/Sec/Sub ——	Dr.	ا ver Contributing Cod	le	25	25	Susp. Al	Г			
		Sub				ver Distracted by	2	:6	26	Towed f	ı		33	
		Please fill out for		nd all occupants inv	olved		1 :	34 35 Seat Safety		et Trap	39 Injury	40 Transp.		
	Name (Last First M				Address	DOB/Age			Status Co	de Code	Status	Code	Medical Facility	1
	Operate	or/Occupant	3	Se	e Above		4	-		-		<del>                                     </del>		-
		·····					_				ļ			

	= Direction	1 = Vehicle 1 2	= Vehicle 2	Pedes	trian 🐠 = Bicycle	
Crash Diagram:	ie: →□		<b>□</b>	<u>₹</u>	→ 55	
West	Street				If Crash I	<u>Did Not</u> Occur ic Way:
					☐ Off-Street	Parking Lot
					☐ Garage	2 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					_ •	
		a ⇔	· ~ /	V1	☐ Mall/Shop	
		<b>↑</b> √			Other Priv	vate Way
		B	Guar	drail	Indicate l	North by Arrow
	Indust	rial Way				
Crash Narrative:	`		74			
was turning right	on to West Stree	et from Indu	strial Way.	The ope	erator of V1 stated	that
e was unfamiliar wit	h driving this	type of truc	k and overst	eered t	he turn causing th	9
hicle to drive off	of the right sid	de of the ro	adway and up	on to	the guardrail. V1	
stained front end a	nd possible und	ercarriage d	lamage. The v	ehicle	was removed from t	he
ardrail by a tow tr	uck and drove a	way under it	's own power	. The d	river was uninjure	d.
Witnesses:						
nme (Last,First,Middle)		Address			Phone #	Statement
Property Damage:				·		
wner (Last,First,Middle)	Address		Phone #	41-Type		rty
OWN OF WILMINGTON	121 GLEN RD WILM	INGTON MA 01887		3	GUARDRAIL	
Truck and Bus Informatio	n: Registration#		——— (From Vehi	cle Section)		
Carrier Name					Bus	: Use   42
ddress			City		StZip_	
JS DOT#:	State Number		Issuing State	MC/M	K/ICC #:	
nterstate 43 Cargo Bod	y Type Code	GVWR/GCWR	45			
Trailer Reg #:			Reg Year	Tr:	ailer Length	
Hazmat Information:						
Placard Material 1 digi	t # Material Nam	ne		_Material 4 d	igit #Release	code 49
ergeant Matthew D St	avro		180 Wi	lmingto	n Police Department	09/03/2024
lice Officer Name (Please Print)	Signature			artment	Precinct/Barracks	Date

	Police Use Only  Commonwealth of Massa  Date of Crash   Time of Crash   City/Down   Matter Vehicle Crash						etts			RM	V Doc	ument Number	
	Date of Crash 09/03/2024	Time of Crash 1208 Wil	City/Town Lmington	Motor Vel	icle Cras	sh \[ \frac{1}{\cdot}	lumber /ehicles	Number Injured	DP444	d Limit	25	State Police Local Police MBTA Police Campus Police	
	09/03/2024	24HR	ining con	Police	Report	1		1	Launt	itude		Campus Police	
		AT INTERSECT	rion:	< LOCA	TION >	>		NOT A	T IN	TER	SEC	TION:	]
							···						2 10
	Route# Dire	ction	Name of Roadway/S	treet	Route# Direct	ion Add	ress#	HIL				vay/Street	
<sup>1</sup> 1			At				_						-
					Feet	NSEV	of	Mile N	( Iarker	•	or _	Exit Number	11
	Route# Direc	ction N	ame of Intersecting Road  Also at Intersection v		Feet	N S E V	of						<b> 1</b> ''
					I	NSEV	_	Route#		Inters	ecting l	Roadway/Street	
<sup>2</sup> 1	Route# Direc	ction N	ame of Intersecting Road	way/Street			J **			1.a	ndmarl	k	-
	Please Select (	One XI Vahisla 1 1	#Occupants Hit	/Run Moped	Crosh P	eport ID#	21	-25	<b>5</b> _				1
3	of the Followi	ng: Venicle 12		_									4
L	License	S	DB/Age		# <u>1VWM93</u>							21	<b>3</b> 12
	Sex <b>F</b> Lic.	Class D 19 Lic	Restrictions <b>B</b>	DL Veh	Year <b>2021</b>	Veh N	lake <u>T</u>	OYOT	<u> </u>		Veh	n Config. 1	
4	Operator IS	LAM, SHAHII	D <b>A</b> First	Own	er PV HOLI	DING	COR	P First			M	iddle	
<sup>4</sup> 1	Address <b>183</b>	5 MIDDLESE		C Addi	ess 375 MC			HWY					
	City_ <b>LOWE1</b>	LL Sta	nte <b>MA</b> Zip <b>0185</b>	1-1126 City	E BOSTON	<b>1</b>						2128-1177	
	Insurance Comp	any HARTFORD	FIRE INSUR	ANCE C Velui	cle Action Prior to		1		Damage		Code:		
5	Vehicle Travel D	Direction: NSE	Responding to Eme	rgency? 2 Even	t Sequence 22	23 23	23	***	Test Sta Type of			28 29	
_	Citation # (If Iss	ued)		Mos	Harmful Event	22 <sup>24</sup>			BAC Te		alt:	30	
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Coo	ie <b>9</b>	25	25	Susp. Al			Susp. Drug: 2 32	<b>22</b> <sup>13</sup>
	Viol. 3: Ch/Sec/5	Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	O <sup>26</sup>	2		Towed f	from sc	ene?	1 33	
<sup>6</sup> 1		•	erator and all occupants in		DOD!	34 Scat	35 Safety	36 31 Airbag Eje	et Trap	39 Injury	10 Trunsp.	M. Ford St. of Free	1
	Operate			Address See Above	DOB/Age	Sex Pos.	System 1	Status Cor	0	Status	Code 2	Medical Facility  Lahey HOSPITAL	1
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	Operato	or/Occupants	S	ee Above	> <	X 1							1
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Department

# Wilmington Police Department Images Associated with 24-255-AC







# Wilmington Police Department Images Associated with 24-255-AC



	Pol	lice Use Only		Com	monv	vealth (	alth of Massachusetts						RMV Document Number				
	Date of Crash	Time of Crash	City/I		Mot	tor Veh	icle Cra	ısh		umber Hiicles				l Limit	3!	5 State Police Local Police MBTA Police	0 8 0 0
	09/03/2024	1743 W	Jilming	ton	]	Police 1	Report		2		0		Latitu Longi			Campus Police	8
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			Also	at Intersection	widi			N S			Rout	e#		Interse	ecting l	Roadway/Street	_
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0	Operator SC	ALESE, TI	MOTHY		Middle		P J DI	ONN	1E	COM			INC	3	. 41	idalle	_
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	Insurance Comp	any THE TRA	VELERS	INDEM	NITY (	C Vehic	le Action Prior to	Crash		1	22	Da	mage	d Area	Code:	5 27 27 27	
	Vehicle Travel D	oirection: NSE	Resp	onding to Emer	rgency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28	
	Citation # (If Iss	ued)				Most	Harmful Event	1	24			-	pe of T		1.	0 29	
<sup>9</sup> 2	Viol 1: Cb/Sec/S	Sub	Viol. 2: 0	Th/Sec/Sub		Drive	Contributing Co	de	1	25	25			st Resu cobol·	ut: 2 31	1	
	Viol. 3: Cli/Sec/S		Viol. 2: 0				Distracted by	0	26	2	6			om so		33 33	J
	.101. J. CIPOCO	Please fill out for			volved		1	<u> </u>	34 Seat	35 Safety	36 Airbag	37 Eject	38	39 Injury	40 Transp.		
	Name (Last First M	iddle)	· .	· · · · · · · · · · · · · · · · · · ·	Address		DOB/Age	Sex	Pos.	System	Status	Code	Trap Code	Status	Code	Medical Facility	
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# Wilmington Police Department Images Associated with 24-256-AC





	Police	Use Only		Comi	nonwealth	of Mass:	ach	use	etts				RM	V Doci	ument Number	
	1 1	Time of Crash		City/Town	<b>Motor Vel</b>	iicle Cra	sh		ımber hicles	Nuo lnju		•	Limit	25	Local Police	
	09/03/2024 1	.802 1	Wilm	ington	Police	Report		1	incica	0	ľ	Latitud Longit			MBTA Police Campus Police Other:	1
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		PILL	ING	RD												
<sup>1</sup> 1	Route# Direction	on		Name of Roadway/Str	reet	Route# Direc	tion	Addr	ess#			Na	me of	Roadw	/ay/Street	-
T				Al		Feet	N S	E W	of			_ •		or _		
	Route# Direction	on	Name	e of Intersecting Roadw	vay/Street					Mi	le Mai	rker			Exit Number	1 11
				Also at Intersection w	ith	Feet	N S	E W	of	Route	-#		Interse	ecting I	Roadway/Street	
2	Route# Direction		Name	of Intersecting Roady	/av/Street	Feet	N S	E W	of							
<sup>2</sup> 1	Routes Direction	J11	Manic	or intersecting readw	vay/Succi								La	ndmarl	k	
3	Please Select On of the Following	e X Vehicle	11	#Occupants Hit/	Run Moped	Crash I	Report	ID#	24	-2	57	<b>7</b> –.	$\mathbf{AC}$	•		
,		•				777 0.000						~~			1/3	-
	License	19 19	<u>'</u> s'	3/Age	_	# <u>W19620</u>									2.1	7 12
	Sex M Lie, Cla	iss D	Lic. Re	strictions C	ndorsement	Year <b>2021</b>								_ Veh	Config. 6	
4	Operator ROL	ANDO, E	LIE	First	Middle Own	ner <u>AMAZON</u>	Last	GI	STI	CS Fi	IN	C		Mi	iddle	-
<sup>4</sup> 1	Address <u>159</u>	PELHAM	ST	APT APT 1	Add	ress 410 TI	ERR	Y N	A	/E						-
	City <b>METHUE</b>	EN	State	MA Zip 0184	<b>4</b> City	SEATTLE									3109-5210	
	Insurance Company	y			Veli	cle Action Prior to	Crash		4	22	Da	mageo	i Area	Code:		
	Vehicle Travel Dire	ection: NX	EW	Responding to Emerg	gency? 2 Ever	nt Sequence 31	23	23	23	23	Tes	st Stat	us:		1 28	
5	Citation # (If Issued	d)		_			31	24		_	-	pe of T			o <sup>29</sup>	
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						er Distracted by	99	26		6			onor:	99 <sup>31</sup>	2 33	
<sup>6</sup> 1	Viol. 3: Cli/Sec/Sut			iol. 4: Ch/Sec/Sub		l Distracted by	199	34	35	36	37	38	39	40	2	4
_	Name (Last First Middl		or operate	or and an occupants in	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator	•		Se	ee Above	$\rightarrow$	X	1	99	99	99	99	99	99		
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<sup>7</sup> 1	Please Select One of the Following:		2	#Occupants Hit/	Run 🔲 Moped	☐ Vulnera	ble Us	er C	omple	te the \	Vulnera	able U	ser se	ction.		
1				DODU		ıt				D	т			D.	C	
	License #	19 19		20		#				_ •					21	
	Sex Lic. Cla	ss	Lic. Re	strictions CI	dorsement	Year		eh Ma	ike					Veli	Contig.	
<sup>8</sup> 1	Operator	ast	j	říat	Middle	ier	Last			Fir	rst			Mi	ddle	
	Address				Add	ress								,		14
	City		State_	Zip	City								Z			1
	Insurance Company	/			Vehi	cle Action Prior to	Crash			22		-		Code:	27 27 27 28	
	Vehicle Travel Dire	ction: NS	E W	Responding to Emerg	gency? Ever	t Sequence	23	23	23	23		st Stati			29	
9	Citation # (If Issued	l)		•	Mos	t Harmful Event		24			• •	pe of T C Tes	t Resu	ılt:	30	
<sup>9</sup> 2	Viol. 1: Ch/Sec/Sub	)	Vi	ol. 2: Ch/Sec/Sub	Driv	er Contributing Co	de		25	25		sp. Alc	г	31		
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	Name (Last First Middle	· · ·			Address	DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medical Facility	
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																1
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	= Direction	= Vehicle 1 2	= Vehicle 2	오 = Pedest	rian 👌	) = Bicycle	
Crash Diagram:	ie: 👈 🗔	<b>→</b> □ 2	<b>□</b> →	·Ŷ	<b>→</b> 68		
%P						If Crash <u>Did Not</u> on a Public Way:	
Marcarical national nation						Off-Street Parking Lo	t I
						☐ Garage	
						☐ Mall/Shopping Center	
						Other Private Way	
						Indicate North by	Arrow
Crash Narrative:							
reporting parties, Fr	ank and Wendy D:	insmore, sta	te Amazon tri	ıck att	empted t	o make a U-turn	
in their driveway. Am							
Pilling Rd.							
Reporting parties made	e contact with	the driver,	but he could:	n't spe	ak engli	sh well enough	
co communicate with t	hem, after help:	ing them pro	p up the mail	lbox, a	nd atter	pting to	
contact the manager h	e left the area						
followed up with Am	azon manager, Ja	arlyn Garcia	, who was abl	le to i	dentify	the driver as	
lie Rolando. I spoke	with amazon man	nager Maryso	l Rivera who	state	d she wo	ould call the	
linsmore residence to	morrow 09/05/24	to assist t	hem with fili	ing a c	laim and	l getting	
eimbursed for the da	mage. Update: or	4-12 shift	09/05/24 I v	vas con	tacted h	y amazon and	
they stated they calle	ed the dinsmore	residence t	o initiate cl	Laim.			
Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
DINSMORE WENDY		4 PILLING RD	WILMINGTON MA	01887-	1416		
DINSMORE FRANK BEAN		4 PILLING RD	WILMINGTON MA	01887-	1416		
Property Damage:			T	T	T		
Owner (Last,First,Middle)	Address		Phone #	41-Type		of Damaged Property	
DINSMORE FRANK BEAN	4 PILLING RD WILMI	NGTON MA 01887-1		99	MAILBO	OX .	
Truck and Bus Information  Carrier Name			(From Vehic	le Section)		Bus Use	42
Address			City			St Zip	
US DOT #:			·				
43	y Type Code	GVWR/GCWR	45				
	Reg Type		Reg Year	Tra	iler Length	46	
Hazmat Information:					L		
Placard 47 Material 1 digit	# 48 Material Nan	ne		Material 4 di	git #	Release code	49
Patrol Officer Seth A Mu	cha-Kangas		235 Wil	mington	n Police	Department 09/	03/2024
Police Officer Name (Please Print)	Signature			tment		inct/Barracks Date	

### Wilmington Police Department Images Associated with 24-257-AC



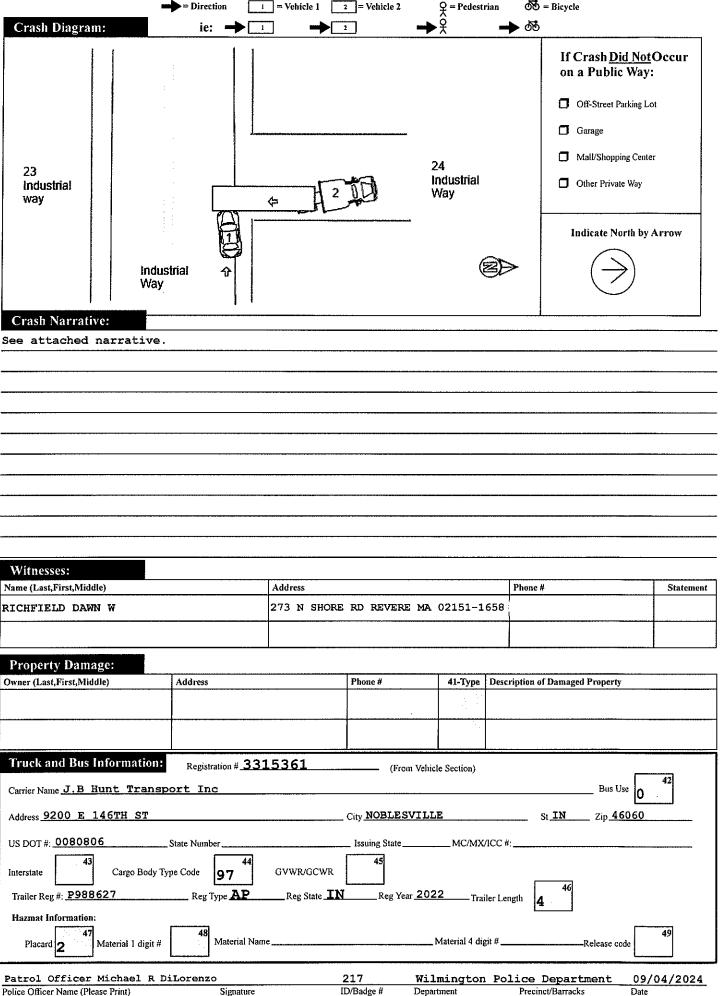


# Wilmington Police Department Images Associated with 24-257-AC





	Pol	lice Use Only		City/Town Motor Vehicle Crash Number Speed Limit 40 State Police Local Police													
	Date of Crash 09/04/2024	Time of Crash		City/Town ington	Moto	r Veh	icle Cra	ısh		umber hicles		mber ured			4	O State Police Local Police MBTA Police	 
	09/04/2024	24HR	A T TIU	Ington	P	olice I	Report		2		2		Latitu Longi			Campus Police	ă
		AT INTERS	ECTIO	ON:	<	LOCA	TION	>			NO	<b>T</b> A T	l IN	TER	SEC	CTION:	
																	2 10
	Route# Dire	ction		Name of Roadway/St	reet		Route# Direc	ction	24 Add	ress #	<u>I</u> ]	NDU			L V Roady	VAY way/Street	$ \mid$ $\mid$ $\mid$
1				At		i			1 1	ì							_
L	Route# Dire		31	of Intersecting Roady	/544		Feet	NS	EW	of		ile Ma	• rker		or .	Exit Number	
	Koute# Dire	cuon		Also at Intersection w			Feet	N S	E W	of							3 ''
							Feet	N S	E W	of	Rout	e#		Inters	ecting	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direc	ction	Name	of Intersecting Roady	vay/Street					•				La	ındmar	'k	-[
3	Please Select (		12 #	∜Occupants ☐ Hit/	Run	Moped	Crash I	Report	ID#	24	-2	251	R –	AC	•		
3	of the Followi	uite														./2	
	License :		_ Sı	OB/Age			5CVT44									21	1 12
	Sex <b>F</b> Lic.		Lic. Res		DL ndorsement		ear <u>2013</u>					)A			Vel	n Config. 1	
<sup>4</sup> 1		UISSAINT			Middle			Last			F	irst				fiddle	-
1				APT 241	•		ss <u>240 M.</u>		AWU	M I	RD_						-
				MA Zip 01801		-	WOBURN				22				-	1801-2018	, I
				TUAL INSU	RANCE	. Vehici	le Action Prior to			1	22		unage st Stat		Code:	27 9 27 27	
5		Direction: N S		Responding to Emer	gency? <u>2</u>	. Event	Sequence 1	23	23	23	23		pe of			29	
		ued) <u>877621</u>					Harinful Event	1	24			В	-	st Resi	ult:	1 30	131
	Viol. 1; Ch/Sec/S	Sub <b>89 4</b>	AVi	ol. 2: Ch/Sec/Sub		Driver	Contributing Co	ode	9	25	25	Su	sp. Al	cohol:	2 31	Susp. Drug: 2 32	<b>1</b> 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub		Driver	Distracted by	99	26	2	6	То	wed f	rom sc	ene?	1 33	
1	Name (Last First M		r operato	r and all occupants in	volved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate			Se	e Above			X	1	1	4	0	2	8	2	Lahey HOSPITAL	
	BLANDINE SE	PAPHIN		40 SOUTH AVE BURLINGTON, MA 0	1803-4904		,	F	3	1	4	0	2	8	2	Lahey HOSPITAL	
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	D						<u> </u>		<u> </u>								-
<sup>7</sup> 9	Please Select C of the Followir		2 <b>1</b> _#	Occupants Hit/	Run 🔲	Moped	Vulnera Vulnera	ble Us	er C	omple	te the	Vulner	able L	Jser se	ction.		
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	Sex <b>M</b> Lic. C	19 19 Class <b>A</b>	Lic. Res		OL	Veh Yo	ear <u>2023</u>		Veli Ma	ake I	nte	rna	tic	nal	L Veh	Config. 10 21	
ę.	Operator WAI	RE, RASAZ	N E		Middle	Owner	r <mark>JBHU</mark>	NT	TR	ANS		RT irst	INC	=		iddle	_
81	Address 114	1 9TH ST	rı			Addres	ss 9200 E	<b>E</b> 1	46T	H S					IVI:	mm/C	_
	City MC KE	ES ROCKS	_ State _	PA Zip 1513	5	City <u>1</u>	OBLESV	ILL	E			Stat	e_ <b>I</b> l	<b>I</b> z	ip <b>4</b>	6060	_ 1 14
ĺ	Insurance Compa	any				Vehicle	e Action Prior to	Crash		10	22				Code:		
	Vehicle Travel D	irection: N E	E W	Responding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 <sup>28</sup>	
9_	Citation # (If Issi	ned)				Most I	Harmful Event	1	24			-	pe of 1 vC Tes	l'est: st Resu	ılt:	0 25 1 30	
2	Viol. 1: Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub	····	_ Driver	Contributing Co	de	99	25	25	1			2 31	1	1
	Viol. 3; Ch/Sec/S	Sub	Vic	ol. 4: Ch/Sec/Sub			Distracted by	0	26	2	6			om sc		2 33	<b>'</b>
Ì	Name of the Physics of		operator	and all occupants inv	olved Address		PO3/4	Sex	34 Seal	35 Safety	36 Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Marking Posters	7
ŀ	Name (Last First Mi	or/Occupant	S	Se	e Above		DOB/Age	Ž	Pos.	System 1	Status 4		0	10	1	Medical Facility	_
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}																	_
								<u> </u>							ļ		



#### Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER MICHAEL R DILORENZO

Ref: 24-258-AC

**Vehicle 1(V1, Passenger Car) was traveling west on Industrial way in the area** of number 24. Vehicle 2 (V2, Tractor/Trailer Unit) was pulled into the driveway of 24 Industrial way. V2 began to reverse out of the driveway and into the westbound travel lane of Industrial Way. He was attempting to cross Industrial Way and back into the loading dock of 23 Industrial Way, which is directly across the street from number 24. The driver of V2 stated that he does this every time he makes a delivery at this location. V2's operator stated that he activated the trucks emergency flashers, and began to reverse at a slow pace with an audible reverse tone (witness confirmed). He also stated that he checked multiple times for oncoming vehicles and didnt see any. Video (attached) shows V2 reversing at a safe speed and almost halfway across the street just prior to the crash. Video also shows V1 operating almost completely to the right of the westbound travel lanes white fog line. V1 appears to observe the truck at last moment, attempting to swerve to the left and break, however V1 strikes the rear of V2's trailer. V1 became wedged under V2's 53ft trailer, behind the trailers rear axel.

V1's operator and passenger both didnt speak english and I was unable to get a clear timeline of events from the operator of V1 prior to transport to the hospital. Witness reports that both the operator and passenger had to exit the vehicle through the rear as the front doors would not open. No airbags were deployed on either vehicle. V1's operator appeared to have a bloody nose, and passenger who didnt have any visible injuries were transported to Lahey Hospital by the Wilmington Fire Department and Action Ambulance. V2's operator declined medical attention. V1 was towed by A&S Towing. V2's trailer sustained damage from the impact as well as Firefighter tools used to remove V1 from underneath it. V2 was able to be driven from the scene.

Video of the crash was not obtained until 09/05, once the video was reviewed a citation was issued to Ms. Louissaint for marked lanes violation. This citation was mailed to her address.

Respectfully Submitted,
Officer Michael Dilorenzo, Badge #217
Wilmington Police Department

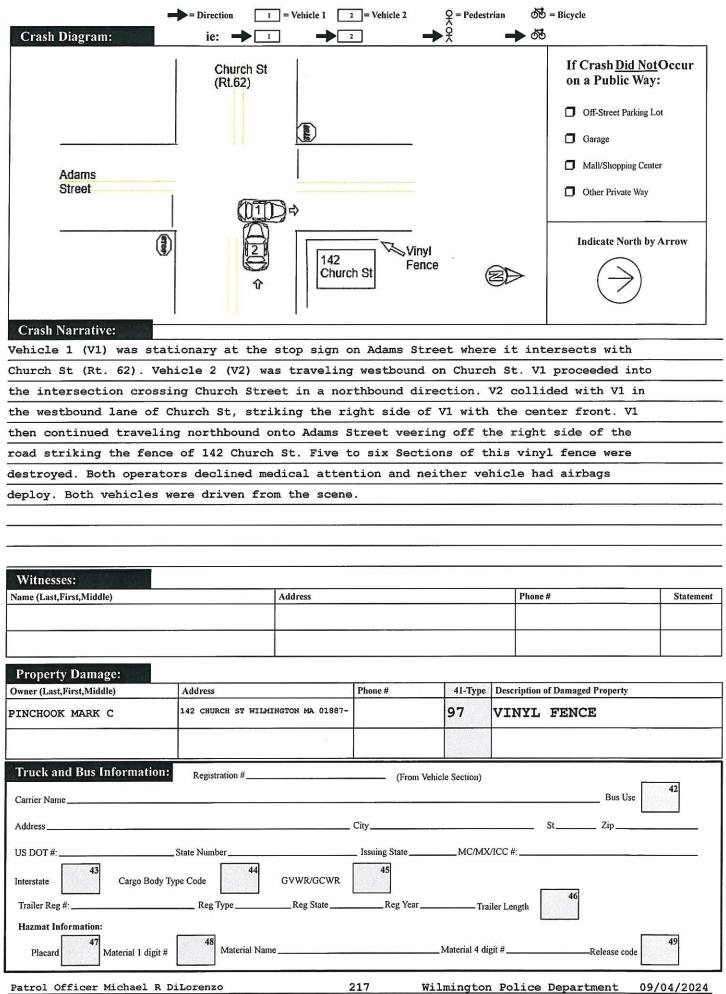
Attachments for 24-25	258-AC	
Description		Туре
VIDEO		VOM
Attachment#: 28	3A141280CC640779B3071E5BB08661B	

# Wilmington Police Department Images Associated with 24-258-AC





	Police Use Only	nonwealth	nwealth of Massachusetts					RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh [	Number Vehicles		104	eed Lim	it3	5 State Police Local Police MBTA Police Campus Police	
	09/04/2024 1330 Wil	mington	Police	Report	2		0	La	titude ngitude .		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	1	TION >	,		NOI			RSEC	CTION:	
					· · · · · · · · · · · · · · · · · · ·							2 10
	CHURCH CHURCH	ST Name of Roadway/Str		Route# Directi	- A.I	J 11			<b>N</b> T	CD	(5)	_ []
1	Route# Direction	At	reet	Route# Directi	on Au	dress #			Name o	r Road	way/Street	-
<u> </u>	ADAMS S	T		Feet [1	N S E	V of		e Marke	•	- or	Exit Number	
	Route# Direction Nat	me of Intersecting Roadw		F	NSE	<b>.</b> .	MII	e iviarko	F		EXI Nullioes	<b>-</b>  3 <sup> 1</sup>
		Also at Intersection w	uth			_	Route	<del>-</del> -	Inter	secting	Roadway/Street	$\square$
<sup>2</sup> <b>1</b>	Route# Direction Nat	me of Intersecting Roadw	vay/Street	Feet [	NSE	of of				· · · · · · · · · · · · · · · · · · ·		_
	Please Select One		<u></u>							andma	rk	4
3	of the Following:	_#Occupants	Run Moped	Crash Re	eport ID#	24	-2	59	-A(	C		
	License #St	OB/Age	Reg	# 931YLK			Reg	Туре 🗜	2C	F		12
	Sex F Lic. Class D Lic. I		DL Veh	Year <b>2013</b>	Veh l	Make <u>I</u>	CIA			Vel	h Config. 21	ı
	Operator DIEHL, GLORIA	L E	ndorsement  Middle Own	er DIEHL,	GLO	RIA	I.					
<sup>4</sup> 2	Address 12 HAMLIN LN	First		ess 12 HAM	LIN	LN	Pin	it		M	Aiddle	
	City WILMINGTON State	e <b>MA</b> Zip <b>01887</b>	'-1961 City	WILMINGT	ON_			State	MA_	Zip <b>Q</b>	1887-1961	
	Insurance Company ARBELLA M	UTUAL INSU	RANCE Vehic	ele Action Prior to C	Crash	1	22		iged Are			
	Vehicle Travel Direction: X S E W	Responding to Emerg		Sequence 1 2	3 23	23	23	Test :	Status:		1 28	
<sup>5</sup> 1	Citation # (If Issued)			<u></u>	1 24			Туре	of Test:		o <sup>29</sup>	
	Viol. 1: Ch/Sec/Sub			r Contributing Cod		25	25		Test Re		1 30 32	1 13
	Viol, 3; Ch/Sec/Sub			Ī	O 26		26		Alcohol d from s		Susp. Drug: 2 32	
6 1		ator and all occupants inv		i Distracted by		35	36	37	18 39	40	2	4
	Name (Last First Middle)	-	Address	DOB/Age	Sex Pos	Safety System	Airbag Status	Eject T Code C	rap Injur ode Statu	y Transp. s Code	Medical Facility	_
	Operator	Se	e Above	$\geq$	X 1	1	4 (	0	10	1		
												1
						+			+			-
				<u> </u>								4
<sup>7</sup> 2	Please Select One of the Following:	_#Occupants Hit/F	Run Moped	Vulnerabl	le User	Comple	te the V	ulnerabl	e User s	ection.		
	License #St	DOB/Agc	Reg #	1YE488			Reg	Туре 🗜	C	R		
	Sex F Lic. Class D 19 Lic. R	Restrictions 1 20 CI	DL Veli Y	ear <b>2022</b>	Veh N	/Jake_ <b>S</b>	UBA	RU		Vel	n Config. 21	
<u> </u>	Operator COLLINS, GABR		dorsement  E Owne	r COLLINS	3, G7	BRI			ARIE			
<sup>8</sup> 1	Address 48 GLEN RD	1.itat		ess 48 GLE	n RD		Firs				fiddle	
	City <b>WILMINGTON</b> State	MA Zip 01887	-1941 City	WILMINGT	ON			State 1	ΜA	Zip <b>O</b> :	1887-1941	1 14
	Insurance Company THE HANOVE	ER INSURANC	E COM Vehic	le Action Prior to C	Crash	1	22	Dama	ged Are	a Code:	1 27 27 27	
	Vehicle Travel Direction: NSE	Responding to Emerg	ency?_2 Event	Sequence 1 23	3 23	23	23	Test S	tatus:		1 28	İ
	Citation # (If Issued)		Most	Harmful Event	1 24			• •	of Test:		o <sup>29</sup>	
ຶ2	Viol. I: Ch/Sec/Sub	Viol 2: Ch/Sec/Sub	Drive	ت r Contributing Code	e 1	25	25		Test Res Alcohol	$\overline{}$		
		Viol. 2: Cli/Sec/Sub		r Distracted by	26		26		Alconol d from s		Susp. Drug: 2 32	
		tor and all occupants inv			34	35	36	37 3	8 39	40		-
	Name (Last First Middle)	-	Address	DOB/Age	Sex Pos.	System		Code Co	ap Injury de Statu	Code	Medical Facility	4
	Operator/Occupants	Se	e Above		$X \mid 1$	1	4 (	0	10	1		_
						1						
							T					
- 1				1						1		

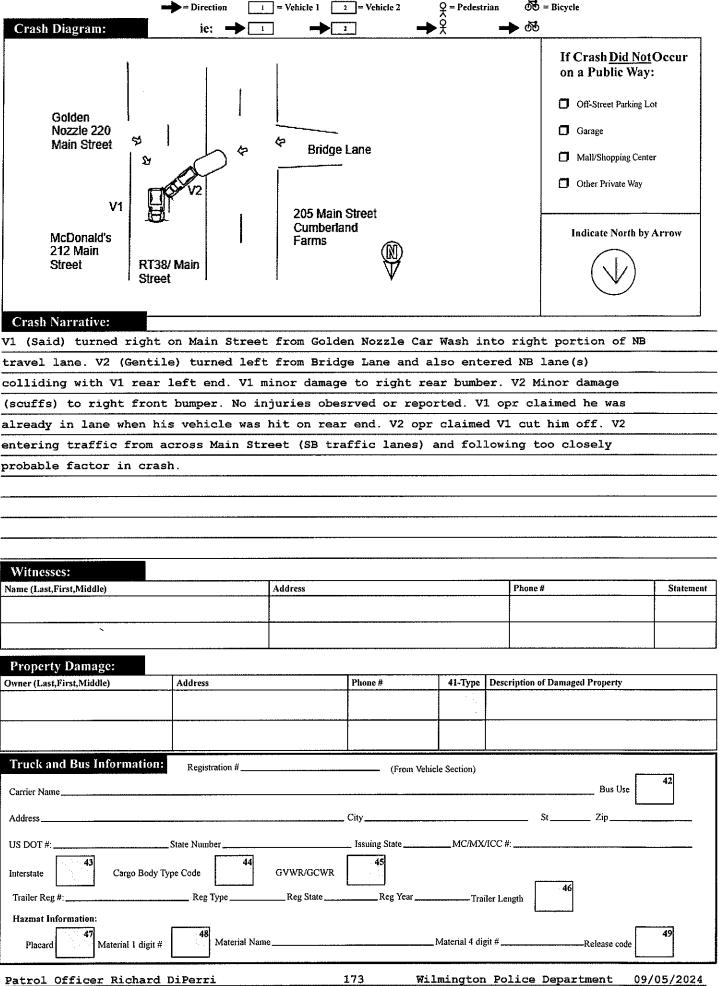


# Wilmington Police Department Images Associated with 24-259-AC





						nonwealth of Massachusetts RMV Document Number											
	Date of Crash 09/05/2024	Time of Crash		City/Town	Mot	tor Veh	icle Cra	ısh		umber ehicles		mber ured	Speec Latitu	Limit	3.	State Police Local Police MBTA Police	
	09/03/2024	24HR	84 T TIII	iriig con	2	Police 1	Report		2		0		Lannu			Campus Police Other:	i
		AT INTERS	ECTI	ON:	<	LOCA	TION	>			NO	T A	l IN	TER	SEC	TION:	
										_							2 10
	Route# Dire	ction		Name of Road	lway/Street		Route# N Direct	ction	22 Add	O ress#	<u>M</u>	AIN			Roady	vay/Street	-
<sup>1</sup> 1				A	<u> </u>				1_1_	3				.,			7
L	Route# Direc	ction	Manua	C I - t t	Roadway/Street		Feet	NS	EW	of		ile Ma	rker		or .	Exit Number	- 111
	Rolles Direc	ction	Name	Also at Interse			Feet	N S	E W	of							3 "
<b>,</b>							Feet	N S	EW	of	Rout				•	Roadway/Street	
<sup>2</sup> 1	Route# Direc	ction	Name	e of Intersecting	Roadway/Street					-	<u>GO</u>	LDE	N I		ZLE indmar	E CAR WASH	
	Please Select (		11	#Occupants	Hit/Run	Moped	Crash I	Report	ID#	24	-2	26	0 -	AC	•		
3	of the Followi	ng:				-							-				-
	License	Class 19 19	j .	OB/Agi	20		414MB4									21	<b>1</b> 12
	Sex M Lic.	C1035 D	Lic. Re	estrictions 1	CDL Endorsement	ŧ	ear <u>2014</u>				HE	VRO	LE.	<u> </u>	Vel	Config.	
<sup>4</sup> 1		ID, NABI	,	First	Middle		r SAID,	Last			1	irst			м	liddle	·
1		SALEM S					ss 141 SZ			ST				_	_		- [
		INGTON					WILMING	TON	Ľ		22					1887-4004	
	_	any THE CO		CE INST	JRANCE C	O Veliic	le Action Prior to			1	22		amage est Stat	d Area	Code	6 27 27 27	
5	Vehicle Travel D	Direction: S	E W	Responding t	o Emergency? 2	Event	Sequence 1	23	23	23	23		pe of			29	
	Citation # (If lss	ued)		-		Most	Hannful Event	1	24	- ir		_ B <sub>2</sub>	•	st Resi	alt:	30	
	Viol, 1; Ch/Sec/S	Sub	V	iol. 2: Ch/Sec/S	Sub	Drive	Contributing Co	ode	1	25	25	Su	ısp. Al	cohol:	2 31	Susp. Drug. 2 32	1 13
<sup>6</sup> 1	Viol, 3: Ch/Sec/S	Sub				Drive	Distracted by	0	26		26	To	wed fi	rom sc	ene?	2 33	
T	Name (Last First M	Please fill out fo	or operate	or and all occup	ants 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	Medical Facility	
	Operate			1	See Above			X	1	1	4	0	0	10	1		1
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-								-	-		<u> </u>						-
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					1						<u> </u>						_
<sup>7</sup> 1	Please Select C of the Followir		2 <b>2</b>	#Occupants	Hit/Run	Moped Moped	Vulnera	ble Us	er C	Comple	te the	Vulner	able U	Jser se	ction.		
_	License .		_ St	_ DOB/Age,		Reg#	T98759				Re	д Туре	co		R	eg State <b>MA</b>	
	Sex M Lic. C	Class D	Lic. Res	strictions 1	20 CDL	Veli Y	ear <b>2000</b>	,	Veh M	ake <b>E</b>	ORI				Vel	Config. 2	
		NTILE, R	ICHA	RD JAM	Endorsement		r <u>J BIMB</u>										
8	•	PINEGROV	F	irst	Middle		ss 35 BEE	Last		A		irst			М	iddle	
	City BILLE	RICA	State <u>1</u>	MA Zip 01	L821-5852	City I	VILMING'	TON				Sta	te <b>M</b> Z	<b>A</b> 2	ip <b>0</b>	188 <u>7-1371</u>	<b>1</b> 14
	Insurance Compa	any ARBELLA	A PRO	OTECTIO	N INSUR	A Vehicl	e Action Prior to	Crash		6	22	Da	mageo	d Area	Code;	2 27 27 27	
	Vehicle Travel D	irection: XS	E W	Responding to	Emergency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28	
,	Citation # (If Issu	ued)		-		Most 1	Harmful Event	1	24			-	pe of T	Test: st Resu	dt,	30	
2	Viol. 1: Ch/Sec/S	Sub	Vi	iol. 2: Ch/Sec/S	ub	Drive	Contributing Co	de	5	25	25	1		cohol:			
	Viol. 3: Ch/Sec/S	Sub	Vi	iol. 4: Ch/Sec/S	ub	Driver	Distracted by	0	26	2	.6			om sc		2 33	
<b> </b>		Please fill out fo	or operato	or and all occup					34 Sent	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		1
}	Onerate	or/Occupani	ts		Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code	Code 0	Status 10	Code 1	Medical Facility	+
				3 ARNOLD RI	0				<del>                                     </del>	1	-	<u> </u>					-
	PAUL HUBBY			WILMINGTON	, MA 01887-3701		+	М	3	1	4	U	0	10	1		



	Pol	lice Use Only	monwealth	ealth of Massachusetts					RMV Document Number				
	Date of Crash 09/05/2024	Time of Crash 1619 Wi	City/Town	Motor Vel	iicle Cras	sh [	Number Vehicles			ed Lim	it30	State Police Local Police MBTA Police	
	03/03/2024	24HR	lmington	Police	Report	3		1	المنا	itude ngitude_		Campus Police Other:	ㅂ
		AT INTERSEC	CTION:	< LOCA	TION >			NO	ΓΑΤ []	NTER	RSEC'	TION:	
								·					2 10
	Route# Dire	ction	Name of Roadway/S	Street	Route# Direction	<u>58</u> on Ad	dress#	<u>M</u> ]	DDL			<b>'E</b> /ay/Street	_
1			At	-									
					Feet N	SEV	<b>V</b> of	Mi	 le Marke	• —	- or _	Exit Number	-
	Route# Dire	ction	Name of Intersecting Road  Also at Intersection		Feet N	SEV	v of						2 11
	]					SEV	_	Route	#	Inters	secting F	Roadway/Street	
<sup>2</sup> <b>1</b>	Route# Direc	ction	Name of Intersecting Road	lway/Street						L	andmark		
	Please Select (		#Occupants Hi	t/Run Moped	Crash Re	port ID#	24	2	61.			****	
3	of the Followi	ug.											_
	License #_	_ Si	DOB/Age		# 625EA4							21	T 1 12
	Sex M Lic.	Class D L	c. Restrictions 99	Endorsement	Year <b>2016</b>							Config. 1	] []
4	i -	Last	ERICK ELIZ	Middle	er OBRIEN ,	st		Fi	ıIZAI	BETH	<b>I</b> Mir	ddle	
<sup>4</sup> 2		DOUGLAS A			ess <u>10 DOU</u>		AV	E		<u>.                                    </u>		· · · · · · · · · · · · · · · · · · ·	-
			tate <b>MA</b> Zip <b>0188</b>	-	WILMINGT	ON_						1887-197	I
	Insurance Comp	any THE COMM	ERCE INSURA	NCE CO Vehic	ele Action Prior to C	.,	1	22			a Code:	1 27 27 2 <sup>2</sup>	<u> </u>
<sup>5</sup> 1	Vehicle Travel D	Pirection: NSE	Responding to Eme	rgency? 2 Even	t Sequence 1 23	<u> </u>	23	23	Test S	tatus: of Test:		29	
1	Citation # (If Iss	ued)		Most	Harmful Event	1 24				Test Res	ult:	30	
	Viol. 1: Ch/Sec/S	Sub	Viol. 2: Clt/Sec/Sub	Drive	er Contributing Code	19	25	25	Susp.	Alcohol	2 31	Susp. Drug: 2	2 <b>1</b> 13
6 _	Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	4 26	- 2	26	Tower	I from s	cene?	1 33	_
<sup>6</sup> 1	Name (Last First M		perator and all occupants in	nvolved Address	DOB/Age	34 Seat Sex Pos.	35 Safety System		37 33 Eject Tra Code Co	ap Injury	40 Transp. Code	Medical Facility	
	Operate			See Above		X 1	1		0 0	10	1	areacon't avail,	
	<u>.</u>									-			
	***************************************								-	+			
2	Please Select O of the Followin		#Occupants    Hit	/Run Moped	☐ Vulnerable	e User	Comple	te the V	ulnerable	: User se	ction.		·
_	License #		)OB/Age	Reu f	5361953			Rea	Type P	C	Re	2 State NH	
	Sex <b>F</b> Lic. C	Class D 19 Lie	20	_	/ear <u>2023</u>			-	• •			21	
			RA RODRIGUE	indorsement ES Own	r MARSHAL			_				<u> </u>	
2	•	Last RENIHAN MI	First	Middle	ess <b>84 REN</b> I	1 .		Fir	rt.		Mid	ldle	
	City <b>LEBAN</b>	<b>ION</b> S	ate <u>NH</u> Zip <u>0376</u>	6 City	LEBANON				State N	<u>IH</u> 2	Zip <b>03</b>	766	1 14
	Insurance Compa	my LIBETRY	MUTUAL	Vehic	le Action Prior to Ci	rash	2	22	Damag	ged Area	Code:	6 27 27 27	7
	Vehicle Travel Di		-1	rgency? 2 Event	Sequence 23	23	23	23	Test St	tatus:		1 28	-
	Citation # (If Issu	ied)		Most	Harmful Event 1	24	I		Type o			30	
2	Viol. 1: Ch/Sec/S	ub	— Viol. 2; Ch/Sec/Sub —	Drive	□ r Contributing Code	1	25	25		Test Res Alcohol:	$\rightarrow$	Susp. Drug: 2 32	
	Viol. 3: Cli/Sec/S		Viol, 4: Ch/Sec/Sub		r Distracted by	26	2	6		from se	-	33 2 33	1
		Please fill out for op	erator and all occupants in			34 Seat	35 Safety	36 Airhag	37 38 Eject Tro		40		-
	Name (Last First Mis			Address	DOB/Age	Sex Pos.	System 1	Status	Code Cod	le Status	Code	Medical Facility	
-	Operato	r/Occupants	s	lee Above		$X \mid 1$	1	4 (	0	8	1		_
							<u> </u>						
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Police Use Only Commonwealth of Massachusetts							ts RMV Document Number										
	Date of Crash	Time of Crash		City/Town	•		icle Cras		Numl	er Nu	mber	,	Limit	30	Local Police		1
	09/05/2024	1619 24HR	Wilm	ington			Report		Vehic 3	les   Inj	ured	Latitu Longi			MBTA Police Campus Police Other:	- 03	
		AT INTER	SECTI	ON:	<u> </u>		TION >	>			T A?	<u> </u>		SEC	TION:		1
															<u></u>		2 10
	Route# Direc	ction	<del></del>	Name of Roadway/S	Street		Route# Directi		58 Address		IDD			Roady	<b>/E</b> vay/Street	<del></del>	
<sup>1</sup> 1	- Ivoliton Direct			At	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
<u> </u>							Feet	N S	E W of		ile Ma	• irker		or -	Exit Number	г	
	Route# Direc	ction	Nam	e of Intersecting Road Also at Intersection			Feet 1	N S	E W of								2 11
							Feet	N S	E W of	Rou	te#		Interse	ecting I	Roadway/Street		
<sup>2</sup> 1	Route# Direc	ction	Name	e of Intersecting Road	lway/Street								La	ndmarl	k	-	
3	Please Select C of the Followi		e 3 <b>1</b>	#Occupants Hi	t/Run 🔲 M	loped	Crash Re	eport l	ID# <b>2</b>	4-2	26:	1-	AC				
,		ng:					4SB675								MN		<u> </u>
	License	19 1	S [9]	OB/Age			rear 2016									21	<b>1</b> 12
	Sex <b>F</b> Lic. (	<u> </u>		ر لـــــــا	CDL Endorsement									ven	Conng.		
<sup>4</sup> 2	1	DOROTHY		TINE MARY First	Middle		er <u>MUNYON</u> ess <u>21 DOR</u>	ast		ı	irst	erez.	<b>h</b>	Мі	iddle		
~	1			MA Zip 0188	7-1115		WILMINGT			<del>√ 1:1</del>	Ç	M2	Δ ~	rin Ma	1887-1 <b>1</b>	15	
	Ť			<u>MA</u> Zip <u>O188</u> JTUAL INSI		-	le Action Prior to C		2	22				Code:		27	
	Vehicle Travel D		EX	Responding to Eme			Sequence 2		23 23	23		st Stat			1 28		
<sup>5</sup> 1		ued)	<del></del>	Responding to Ente	rgency r_=		Sequence 1	<u> </u> 1	24		Ту	pe of	Test:		29		
	·	•		- 'iol, 2; Ch/Sec/Sub			r Contributing Cod		1 <sup>25</sup>	2:	3	AC Tes			30	32	1 13
				/iol, 4; Ch/Sec/Sub			·		26	26		isp. Al			Susp. Drug: 2	32	
<sup>6</sup> 1	Viol, 3; Ch/Sec/S			or and all occupants in		Diive	I Distracted by		34 3	5 36	37	38	39	40	<u> 2                                    </u>		1
	Name (Last First M	idule)			Address		DOB/Age	Sex	Pos. Sys	ety Airbag tem Status	Code	Trap Code	Injury Status	Transp. Code	Medical Facilit	Ŋ.	İ
	Operate	or	,	2	See Above			X	1 1	4	0	0	10	1			
7	Please Select O	ne Vehicle	4 1	#Occupants Hit	/Run M	oped	☐ Vulnerab	le Use	er Com	olete the	Vulner	able U	ser se	ction.			ĺ
<sup>7</sup> 2	of the Followin	- H													-		
	License #	19 1	9	DOB/Age	301											21	
	Sex Lic. C	Class	Lic. Re		CDL Endorsement		ear	V	en Make					ven	Conng.		
<sup>8</sup> 2	Operator	Last	1	First	Middle		La La	ist		F	irst	••••		Mi	iddle		
			State	Zip							Stat	te	7	in			1 14
							le Action Prior to C			22				Code:	27 27	27	
	•	irection: N S		Responding to Eme		Event	Sequence 2	3 2	23 23	23	Те	st Stat	us:		28		
0		sed)			• •	Most	Harmful Event		24		•	pe of ?			30		İ
<sup>9</sup> 2	Viol. 1: Ch/Sec/S	iub	Vi	iol, 2; Ch/Sec/Sub		Drive	ے r Contributing Cod	e	25	25	3	AC Tes sp. Ale	ſ			32	
				iol, 4: Ch/Sec/Sub		Drive	r Distracted by		26	26	-	wed fr	L		33		
1		Please fill out		or and all occupants in	volved				34 3. Scat Saf	ay Airbag	37 Eject	38 Trap	39 Injury	40 Transp.			<b>;</b>
	Name (Last First Mi	or/Occupan	11¢		Address See Above		DOB/Age	Sex	Pos. Syst	em Status	Code	Code	Status	Code	Medical Facility	y.	
	Орегию				,			$\hookrightarrow$	-								
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ļ										.							

	<b>→</b>	= Direction	1	= Vehicle 1	2 = Vehicle 2	Q = Pedestri	an 🚳	= Bicycle	
Crash Diagram:		ie: =	1	] →□	2	→ 🖁	<b>→</b> №		
Clar			66 Mi	ddlesex Ave				on a Public	
								Off-Street P	arking Lot
<del></del>		2000	1000	Mary M			***********	☐ Garage	
[STO	P (L	1311	12			<u> </u>		☐ Mall/Shoppi	ng Center
4-W/	ίγ ·							Other Privat	e Way
			Midd	dlesex Ave					
Clark	c St					9		Indicate No	rth by Arrow
Crash Narrative:	<u> </u>								
09/05/24 disp. ap	рж 1630h	rs 3 ca	r MVC	. OP1 admi	tted driv	ing W-bound	on Middl	esex Ave,	
admitted to look								5//	
MV1, stated going									<u>.</u>
towed (Cains). M		under	own p	ower. OP2	complaine	d of headpai	n. All C	Ps signed	-
refusal with WFD.	<u> </u>								
				*					
									- 200
Witnesses:									
Name (Last,First,Middle)			-	Address			Phone #		Statement
CARLSON EDWARD E	III			26 EMERSON	PL LYNN I	MA 01902-111	8		
10591751751751									
Property Damage: Owner (Last, First, Middle)		ddress			Phone #	41-Type	Description of	Damaged Property	,
Owner (Last, First, Wildie)	A	uuress	-		1 none #	чттуре	Description of	Damaged 1 toperty	
					-		71		
				32 350 E	1				
Truck and Bus Infor	mation:	Registration	#		(Fro	m Vehicle Section)			42
Carrier Name								Bus U	se
Address					City		S	t Zip	
US DOT #:	Stat	te Number			Issuing State_	MC/MX/I	CC #:		
Interstate 43	argo Body Type (	Code	44	GVWR/GCWR	45				
Trailer Reg #:		Reg Type _	A PARTY A PARTY	Reg State	Reg Ye	arTrail	er Length	46	
Hazmat Information:							1941		
Placard 47 Materi	ial 1 digit#	48 Mate	erial Name	e	-	Material 4 digi	t#	Release co	49 ide
Patrol Officer Jose	eph A Fitzo	gerald			215	Wilmington	Police 1	Department	09/05/2024
Police Officer Name (Please Pri			gnature		ID/Badge #	Department		ct/Barracks	Date

	Pol	mmonwealth of Massachusetts RMV Document Number																
	Date of Crash 09/06/2024	Time of Crash	City/ <b>∛ilmin</b>	Town	Moto	r Veh	icle Cra	ish		umber		nber ured		Limit	2	5 State Police Local Police MBTA Police	80	
	09/06/2024	24HR	A T TIIIT 11	gcon	Pe	olice I	Report		2		0		Latitu Longi	ide itude _		Campus Police Other:	_ <b>ä</b>	
		AT INTERS	ECTION:		<	LOCA	TION	>			NO	<b>T</b> A 7	ΓIN	TER	SEC	TION:		<u> </u>
		CUAM	SHEEN	7A 1 7 TEV														2 10
1	Route# Dire	etion		e of Roadway/St	тееt		Route# Direc	ction	Addı	ess#			Na	nne of	Roady	vay/Street		
1		HODY:		At			Feet	N S	EW	of			<b>,</b>		or .			
	Route# Dire		INS ST Name of In	ntersecting Roady	vay/Street						M	ile Ma	ırker			Exit Numbe	r	2 11
			Also	at Intersection v	vith			NS			Rout	e#		Inters	ecting :	Roadway/Street		
<sup>2</sup> <b>1</b>	Route# Direc	ction	Name of Ir	tersecting Roady	vay/Street		Feet	NS	EW	of								
_	Please Select (	One Nation	. <b>1</b> #One		_	<u>.</u>		_							ındınar	k		
3	of the Followi	ng: Vehicle	1 <u>1</u> #Ucc	upants Hit/	Run	Moped	Crash I	Report	ID#	<b>24</b>		0.	<b>_</b>	AC	<i>.</i>			
	License #	19 19	Si D	OB/Age			RW896C										21	1 12
	Sex M Lic.	Class D	Lic. Restrict	ions 1 C	DLndorsement		ear <u>2015</u>								Vel:	Config. 1		
<sup>4</sup> 3	ĺ '	RRELL, T	First	E W	Middle		r FARREI	Last				LLI ist	SOI	N	М	liddle		
3		BEAVER R					ss <b>87 BE</b> 2		R P	D_								
		ING				-	READING				22					1867-13 27 27 27	27	
	•	pany FARMERS					le Action Prior to		23	23	23		amage st Stat		Code:	5 27 27	الــُ	
<sup>5</sup> 1		Direction: N S I		ponding to Emer	gency?_2		Sequence 1	23	24	23			pe of			29		
-	·	sued)					Harmful Event	1_		25	25	1		st Resi		1 30		_ 13
		Sub					Contributing Co		26	!_	6	յ Տա		cohol:	<u> </u>	22	32	
<sup>6</sup> 1	Viol. 3: Ch/Sec/S			Ch/Sec/Sub		Driver	Distracted by	0	34	35	36	37	wed I	rom sc	40	2 33		
	Name (Last First M		- Operator and	an occupants m	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airleag Status	Eject Code	Trap Code	Injuzy Status	Transp. Code	Medical Facili	ıy	
	Operate	or		Se	ee Above		$\geq$	X	1	1	4	0	0	10	1			
	Please Select C		<b>1</b> #Occi	pants Hit/	Run 🗆	Moped	Uulnera	ble Us	er C	omple	te the	Vulner	able U	Jser se	ction.			
<sup>7</sup> 2	of the Followin	ng:														o. M3		
	License S M	19 19	\$ *** **	B/Ag		_	3CZS83 ar 2017									eg State MA	21	
	Sex M Lic. C		Lic, Restricti	Er	DL idorsement		ROGERS								_ ven т	Config. 4	-	
81	-	Last MEDFORD	First	PT 4	Middle		s 3 RIVE	Last			ў <b>УТ</b>	rst			Мі	iddle	-	
$\dashv$	City MALDE			Zip <b>0214</b> 8	 3		OWELL							<b>A</b> z	io O I	1852-10	18	1 14
	Insurance Compa	any <b>ALLSTAT</b>		=		•	e Action Prior to	Crash		2	22				Code:		27	
	Vehicle Travel D			onding to Emerg		Event	Sequence 1	23	23	23	23	Te	st Stati	us:		1 28	_	
0	Citation # (If Issu	ued)				Most I		1	24		_		pe of T		.Ta.	29 30		
2	Viol. 1: Ch/Sec/S	Sub	Viol. 2:	Ch/Sec/Sub		Driver	Contributing Co	de	19	25	25			t Resu cohol:	att: 2 31	<u> </u>	32	
	Viol. 3: Ch/Sec/S	Sub	Viol. 4:	Ch/Sec/Sub		Driver	Distracted by	0	26	2	6			om sc		2 33	'	
Ì	Name of the second second	Please fill out for	operator and	all occupants inv	olved Address		DOB/Age	0	34 Seat	35 Safety	36 Airbag Status	37 Eject Code	38 Trup Code	39 Injury Status	40 Transp. Code	Medical Facilit		I
}	Operato	or/Occupants	s	Se	e Above		CODINE	Sex	Pas.	System 1			O Code		1	remeat Facilit	<u>r</u>	
}	¥																	
}																		
}																		

	= Direction 1	= Vehicle 1	2 = Vehicle 2	욧 = Pedestr	ian OO =	Bicycle	
Crash Diagram:	ie: 👈 🔟	<b>→</b>	2	<b>→</b> X	→ №		
		Laek St				If Crash Did Non a Public Wa	y:
	<b>ب</b> سیر	<del>~</del>				☐ Mall/Shopping Ce	nter
		ğ				Other Private Way	
	Vi-net		Shav	rsheen Ave		_ ,	
	Ţ	ੂੂੂੂ			-	Indicate North b	ov Arrow
		Hopkins St				$\bigcirc$	
Crash Narrative:					l		
IV 1 and MV 2 were stoppe							
ausing minor damage to t	the front bur	mper of MV	2 and rear	bumper to	MV 1. No	injuries. No	*******
OW.							
				<del></del>	<del> </del>		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
	Address		Phone #	41-Type	Description of	Damaged Property	
				1.4			
				· .			
Truck and Bus Information:	Registration #		(From	Vehicle Section)		Bus Use	42
Address			City		S	Zip	
US DOT #:Sta	ate Number		Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Type	Code 44	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	46	
Hazmat Information:					<b>L</b>		
Placard 47 Material 1 digit #	48 Material Nam	ne		Material 4 dig	it #	Release code	49
						<u> </u>	
Patrol Officer Kevin J Sk olice Officer Name (Please Print)	cinner Signature			Wilmington Department		epartment 0 b/Barracks Da	9/06/2024 te

Patrol Officer Kevin J Skinner
Police Officer Name (Please Print)

	Police Use Only	Commo	nwealth	alth of Massachusetts					RMV Document Number			
	Date of Crash   Time of Crash   09/06/2024   1512   Wiln	City/Town Mington	lotor Veh	icle Cras	sh	Number Vehicles		and Pr	ed Limi	<u>. 2!</u>	5 State Police Local Police MBTA Police	
	24HR	ining con	Police	Report		2	0	Lat	ruae rgitude_		Campus Police Other:	ă
	AT INTERSECTI	ON:	< LOCA	TION >	>		NO?	FAT I	NTER	SEC	TION:	
												2 <sup>10</sup>
<u> </u>	Route# Direction SHAWSHE	Name of Roadway/Street		Route# Directi	ion A	ddress #			Name of	Roady	vay/Street	
<sup>1</sup> 1		At		E [	N S E	w .c			_			
	Route# Direction HOPKINS Nam	ST ne of Intersecting Roadway/St	reet	reet [	Nale	vv ot	Mi	le Marke	:	or .	Exit Number	11
		Also at Intersection with		Feet	N S E	w of	Route		T 4		Roadway/Street	2
2	Route# Direction Nam	ne of Intersecting Roadway/St	negt .	Feet	N S E	w of	Route	:#+	mers	ecing	Roadway/Sneet	
<sup>2</sup> 1	Route# Direction Nami	le of thiersecting Roadway/5t	reet						L	andınar	k	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped M	Crash Re	eport ID	# <b>24</b>	-2	62	-A(	3		
	License : St.	OB/Age	Reg	RW896C			Rep	Type P	С	R	eg State <b>MA</b>	
	19 19	estrictions 1 20 CDL_		Year 2015							21	<b>1</b> 12
	<u> </u>	DORE W	ement Own	er <b>FARREL</b> J								
<sup>4</sup> 3	Address 87 BEAVER RD	First Midd	le		251		Fis	rst		М	idále	_
	City <b>READING</b> State	MA Zip 01867		READING				State 1	1A	Zip <b>O</b> :	1867-1313	_ }
	Insurance Company FARMERS PF			ele Action Prior to (		2	22		ged Area			- I
	Vehicle Travel Direction: NSE	Responding to Emergency		···	3 23	23	23	Test S	tatus:		1 28	<sup>*</sup>
<sup>5</sup> 1	Citation # (If Issued)	responding to Emergency			1 24	1		Type	of Test:		29	
	Viol. 1: Ch/Sec/Sub	Eal 2: Children is all		er Contributing Cod		25	25		Test Res		1 30	1 13
	Viol. 3: Ch/Sec/Sub —			_ r	0 26	<u> </u>	 26		Alcohol: I from se	_	Susp. Drug 2 32	] []
<sup>6</sup> 1		tor and all occupants involved		1	3		36	37 3	8 39	40	<u> </u>	-
	Name (Last First Middle)	Addres		DOB/Age	Sex Po		1	Eject Tri Code Co	de Status	Code	Medical Facility	_
	Operator	See Abo	ove		$X^1$	1	4	0 0	10	1		
	Please Select One National 2 1	#Occupants Hit/Run	☐ Moped	Vulnerab		Comple		/whateable	. L'ana no	l otion		$\dashv$
<sup>7</sup> 2	of the Pollowing:											_
	10 19	)OB/Age	_	3CZS83							21	-
		estrictions 2 CDL Endorse	ment	Tear 2017							Config. 1	
<sup>8</sup> 1	Operator <b>TEIXEIRA, TRAE</b>	First Middl	¢	r ROGERS	st		Fin	s!		I Mi	iddle	-
т	Address 334 MEDFORD ST			ss 3 RIVE	R PI	. A	PT I	3120				14
		MA Zip 02148		LOWELL			22			-	1852-1018	- I I
	Insurance Company ALLSTATE I	NSURANCE COM		le Action Prior to C	··· ·	<u> </u>	Ц,	Test S	ged Area	Code:	28	J
	Vehicle Travel Direction: N S E	Responding to Emergency?	2 Event	Sequence 1	3 23		23		of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)	<del></del>		Harmful Event	1 24	]	25	BAC	Test Res	ult:	1 30	_
_	Viol. 1: Ch/Sec/SubV	/iol, 2: Ch/Sec/Sub	Drive	r Contributing Cod F		<del></del>	25		Alcohol;	F		]
	Viol. 3: Ch/Sec/SubV			r Distracted by	0 26	<u> </u>	6		from so		2 33	
	Please fill out for operate Name (Last First Middle)	or and all occupants involved  Address		DOB/Age	Sex Po	at Safety		37 38 Eject Tra Code Cod	p Injury	40 Transp. Code	Medical Facility	
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				1 1			1 1			1		

		= Direction [	= Vehicle 1	z = Vehicle 2	Q = Pedesti	ian 🚳 =	Bicycle	
Cra	ish Diagram:	ie: 🖚 📑	<b>→</b> □	2	Ŷ.	<b>→</b> 55		
			Laek St			-	If Crash Did Note on a Public Way:  Off-Street Parking Lo	
			<del>~</del>				Mall/Shopping Cente	r
		£	ğ					
			片	Shawshe	an Ava		Other Private Way	
-		Ī	ΞŢ	Olighalic	CII AVC	-	Y 25 - 4 N - 4 h	
			Hopkins St				Indicate North by A	Arrow
Cra	sh Narrative:					<u>.</u>		
	and MV 2 were stop							
caus	ing minor damage to	the front bur	mper of MV 2	and rear bun	per to	MV 1. No	injuries. No	
tow.				<u> </u>				
	Last,First,Middle)		Address			Phone #		Statement
I danie (	Last, Pit St, Wildle)		Address			1 hone w		Statement
Pro	perty Damage:							
Owner	(Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
		1						
Truc	k and Bus Information:	Registration #		(From Vehic	le Section)	······································	<u></u>	
Carrie	Name						Bus Use	42
Addre	5\$			City		S	Zip	
US DO	OT #:	State Number		Issuing State	MC/MX/	'ICC #:		
Interst	43	44	GVWR/GCWR	45				
Traile	r Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	46	
Hazn	nat Information:					<u></u>		
Pl	acard Material 1 digit #	48 Material Nam	ee		Material 4 dig	it #	Release code	49
Date	ol Officer Kevin J S	Skippor		200 Wil	minatos	Police F	epartment 09/	06/2024

Department