	Police Use Only	Comm	onwealth (of Massac	chuse	tts		RM	V Docı	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Nur	nber Nun	DP00	d Limit	30	Local Police	
	10/14/2024 1446 Wilm	ington	Police 1	Report	2	o o	Lau	ude gitude		MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA			NO	TAT IN		SEC		1
											2 10
	Route# Direction	Name of Roadway/Street		62 W Route# Direction	25 Addres		JRLIN			VE vay/Street	
1	Routen Direction	At					<u></u>	ante of	NOAUW	ray/oucel	1
L				Feet N	SEW	of — -	le Marker	• —	or _	Exit Number	
	Route# Direction Name	e of Intersecting Roadway/ Also at Intersection with	Street	r N	S E W		ie iviaikei			Exit Humber	2 11
		Also at Biletsection with			SEW	Route	e#	Interse	ecting F	Roadway/Street	
² 1	Route# Direction Name	e of Intersecting Roadway/	Street	reet IV	SEW	" <u>1 1</u>	BURLI				-
<u> </u>	Please Select One Valuation 1								ndmark	<u> </u>	1
3	of the Following:	#Occupants Hit/Rur	n Moped	Crash Rep	ort ID# 🙎	4-2	92-	·AC	; 		
L	License # 1 St.	_ DOB/Age.	Reg #	1MX713		Reį	з Туре <u>Р(</u>	:	R	eg State MA	_ 12
	Sex M Lic. Class D 19 Lic. Re	estrictions 20 CDL	Veh \	(ear <u>2019</u>	_ Veh Mak	ce SUBA	ARU		Veh	Config. 1	1
	Operator CHARINI, WILLI	AM A	rsement Owne	r CHARINI	, WIL	LIAM	A				
⁴ 1	Address 91 MARION ST	First M	iddle	ess 91 MARI		Fi	rst		Mie	ddle	
L	City WILMINGTON State	MA Zip 01887-:		WILMINGTO			_ State M	A 7	Zip_ 01	L887-3172	
	Insurance Company GEICO GENE			le Action Prior to Cr	Г	22	Damag				
	Vehicle Travel Direction: N S E	Responding to Emergence		Sequence 23		23 23	Test Sta			1 28	
⁵ 2	Citation # (If Issued)			Harmful Event 1	- 10 (A)	<u> </u>	Type of	Test:		29	
L						5 25	BAC To			30	13
	Viol, I: Ch/Sec/Sub ————— V			r Contributing Code		26	Susp. A			Susp. Drug: 2 32	
⁶ 1	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub or and all occupants involv		r Distracted by 0	34	35 36	Towed	Irom sc	епе?	2 33]
	Name (Last First Middle)	or and an occupants involv		DOB/Age S	Seat 5	Safety Airbag System Status	Eject Trap Code Code	Injury	Transp. Code	Medical Facility	
	Operator	See A	bove		(1 1	L 4	0 0	10	1		
											<u>-</u>
								-			_
		1.	ı					<u></u>			1
⁷ 1	Please Select One of the Following:	#Occupants Hit/Run	Moped	Uulnerable	User Co	inplete the \	/ulnerable	User se	ction.		
	License # St	DOB/Age_(Reg#	595WPE		Reg	Туре РС	·	Re	eg State MA	
	19 19	20	·	ear 2013		-				Config 1 21	
	Operator DAVIS, ADAM PA	TRICK	sement Owne	DAVIS,						<u> </u>	
81	Address 41 SHADY LANE D	First Mi	ddle	Lasi SS 41 SHAD		Fir	yt		Mid	idle	
		MA Zip 01887-1		VILMINGTO			State M	A 7	ip 01	887-1931	1 14
	Insurance Company FARMERS PRO	·		le Action Prior to Cra		22	Damage				
	Vehicle Travel Direction: N S E	Responding to Emergenc		Sequence 23		3 23	Test Sta		:	1 28	
		reshonding to emergence	•		24		Type of	Test:		29	
⁹ 2	Citation # (If Issued)	•		드	19 ^{2:}	5 E 25	BAC Te	-		30	
	Viol. 1; Cli/Sec/Sub ————Vi			Contributing Code	26	26 26	Susp. A			Susp. Drug 2 32	
		ol. 4: Ch/Sec/Sub		Distracted by 0	ringa Ma		Towed 1	rom sec	ene?	2 33	ļ
	Please fill out for operato	r and all occupants involve		DOB/Age S	Seat S	35 36 Safety Airbag ystem Status	Bject Trap Code Code	lajury Status	Transp. Code	Medical Facility]
	Operator/Occupants	See Al	bove		1 1	. 4	0 0	10	1		
											-
					+						1
										.,	
		1	•								

	= Direction 1 = Vehicle	le 1 2 = Vehicle 2	♀ Pedestrian	ණ් = Bicycle	
Crash Diagram:	ie: 👈 🔟	2	→ ĝ .	→ №	
8 >	RT62, Burlington Avenue & 25	Burlington Ävenue		If Crash D on a Publi Off-Street I Garage Mall/Shopp	Parking Lot
Metro Apartments 10 Burlington Avenue	V1 C		Burlington Ave	Other Priva	orth by Arrow
Coord No.					
Crash Narrative:	straight on RT62 and	i needed to at	on (working he	ake lighter for	स्म
	1 Burlington Avenue.				
	ed on read bumper. V2				7 C G
	d following too close				
Witnesses:					
me (Last,First,Middle)	Address			Phone #	Statemen
Property Damage:					
vner (Last,First,Middle)	Address	Phone #	41-Type Des	cription of Damaged Property	
Fruck and Bus Information					
arrier Name	Registration#	(Fro	m Vehicle Section)	Bus U	se 42
ddress		Cîtv_		St Zin	
IS DOT #:	State Number	F	MC/MX/ICC	#:	
iterstate Cargo Body	Type Code GVWR/G	GCWR 45		<u> </u>	
Frailer Reg #:	Reg Type Reg St	ateReg Ye	arTrailer Le	angth 46	
Hazmat Information:				- <u> </u>	
Placard 47 Material 1 digit #	Material Name	<u> </u>	Material 4 digit #	Release co	49 de
	_ • _	<i></i> +			
trol Officer Richard ce Officer Name (Please Print)	DiPerri Signature	173 ID/Badge #	Wilmington Po Department	lice Department Precinct/Barracks	10/14/2024 Date

Wilmington Police Department Motor Vehicle Crash Report 24-293-AC

Requests for Wilmington Police Department Report, 24-293-AC, may be made via the department's Public Records Email at publicrecords@wpd.org

	Police Use Only	Comi	nonwealth -	of Massac	chuse	tts		R	IV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Nu		inend	Speed Lim	it35	Local Police	D 80 0
	10/16/2024 0745 Wil	mington	Police 1	Report	2	0	· /	Latitude Longitude		MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:	< LOCA			NO		INTE	RSEC		
					76			ST S'			2 10
ī.	Route# Direction	Name of Roadway/Str	reet	Route# Direction	n Addre	ss #	<u> </u>	Name o	f Roadw	vay/Street	
1		At		Feet N	SEW	of —	/ile Mar	_ • _	- or _	Exit Number	
	Route# Direction Na	me of Intersecting Roadw Also at Intersection w		F (N	SEW		THE IVIAL	KÇI		Exit Number	- 5 ¹¹
		Also at tine section w	ıuı			Rou	ıte#	Inter	secting I	Roadway/Street	_
² 1	Route# Direction Na	me of Intersecting Roadw	ay/Street	Feet IN	SEW	of		1	andmark	×	
3	Please Select One of the Following:	_#Occupants Hit/l	Run 🔲 Moped	Crash Rep	ort ID# 2	4-2	294	-A	<u> </u>		
	License #,St]	_ DOB/Age	Reg #	SB41488		R	eg Type	SB	R		12
	Sex M Lic. Class B 19 19 Lic.		DL Veh \	ear <u>2023</u>	Veh Mak	e ACU	RA		Velu	Config. 4 21	1
	Operator LEWIS, ROGER		ndorsement —————— Own	er ESSEX NOR	тн ѕно	RE AG	RICUI	TURAI	AND	TECHNICAL	
⁴ 2	Address 43 STORY AVE	First	Middle	Lust ess 562 MAP			First		Mi	ddle	
	City LYNN Stat	MA 7in 01902		HATHORNE			State	. MZ	z:₌ 0.1	L937-0449	_
	Insurance Company ARGONAUT	- ·				22		naged Are			-, I
				le Action Prior to Cr		3 23		t Status:		28	-
⁵ 1	Vehicle Travel Direction: N E W	Responding to Emerg	ency? Z Event	Sequence 1 23	14.00			e of Test:		0 29	
	Citation # (If Issued) T3549041			Harmful Event 1				C Test Re	ult:	1 30	
	Viol. 1: Ch/Sec/Sub 89 8	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code		5 2	Sus	p. Alcohol	2 31	Susp. Drug 2 32	2 1 13
6 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub ——	Drive	Distracted by	26	26	Tov	ed from s	cene?	2 33	_
1	<u> </u>	ator and all occupants inv				35 36 Safety Airbog	37 Eject Code	38 39 Trap Injury			7
	Name (Last First Middle) Operator		Address e Above	DOB/Age S	Pos. S	ysiem Status	1 1	Code Statu	Code 1	Medical Facility	
	Орегию	30	e Aoove		/, ,	. 4	'	, 10	1		
					8 0	4	0 (10	1		
		ı		1	8 0	4	0 0	10	1		
⁷ 3	Please Select One of the Following:	_#Occupants	tun Moped	☐ Vulnerable	User Cor	nplete the	Vulnera	ble User s	ection.		
_	License	. DOB/Age	Reg #	3BRH43		Re	n Type	PC	P.a	ur Stata MA	
	_ 19 19	testrictions B CD		ear 2022						21	
	Operator CERRATO, MARY	Enc	dorsement						ven	Config	
32	Last	First	Middle	r CERRATO		F	irst		Mid	ldle	-
_	Address 19 HOLDEN AVE	01000		ss 19 HOLD		<u>H:</u>					14
	_	MA Zip 01803	•	BURLINGTO	N _	: 22				803-1031	,
	Insurance Company THE COMME	RCE INSURAN	CE CO Vehicl	e Action Prior to Cra	<u> </u>	22		aged Area Status:	Code:	3 27 4 27 27 , 28]
	Vehicle Travel Direction: NSE	Responding to Emerge	ency? 2 Event	Sequence 23	23 2	3 23		of Test:	E	29	
,	Citation # (If Issued)		Most I	larmful Event 1	24		•	C Test Res	ult:	30	
1	Viol. 1: Ch/Sec/Sub	Viol, 2: Ch/Sec/Sub	Driver	Contributing Code	1 25	25	3	. Alcohol:		Susp. Drug: 2 32]
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driver	Distracted by	26	26	_	ed from so		33	1
	·	tor and all occupants invo			Seat Si	35 36 afety Airbag	37 Eject	38 39 Frap Injury	40 Transp.		-
ŀ	Nome (Last First Middle) Operator/Occupants		Address	DOB/Age Se	Pos. Sy 1	stem Status	Code C	Code Status	Code 1	Medical Facility	\dashv
	Operator/Occupants	See	Above		\ <u>^</u>			10			_

		venicie i	2 = Vehicle 2	X= Pedestrian		
Crash Diagram:	ie: → ⊥ ⊥		2	<u>→</u> X	If Cra	
(************************************	Burlington Ave			East	onar	ublic way:
		MV/ 2			☐ Off-	Street Parking Lot
		1914 Z			☐ Gara	ige
West	<u> </u>				☐ Mali	//Shopping Center
	1				Othe	r Private Way
	55	MV 1	(N V	Indic	eate North by Arrow
	Fores	South		7		
Crash Narrative:						
The operator of motor	vehicle 2 (Honda	Pilot) si	tated that	while she wa	s traveling	
westbound on Burlingt	on Ave in Wilmingt	on, a ye	llow schoo	l bus pulled	off Forest Si	t in
front of her causing	her to brake and s	wirve out	t of the w	ay. The opera	tor stated sl	ne was
not injured but susta	nined damage to the	right si	lde and ri	ght rear of t	he vehicle. !	l'he
operator of motor veh	nicle 1 (School Bus) stated	that he w	as trying to	make a left h	nand
turn onto Burlington	Ave from Forest St	when he	struck th	e black Honda	Pilot. The	perator
Burington Ave Burington Ave Burington Ave Burington Ave MV 2 MV 2 Goinge Multiplicative The operator of motor vehicle 2 (Honds Pilet) stated that while she was traveling westbound on Burlington Ave in Wilmington, a yellow school bus pulled off Forest St in front of her causing her to brake and swirve out of the way. The operator stated she was not injured damage to the right side and right rear of the vehicle. The operator of motor vehicle 1 (School Bus) stated that he was trying to make a left hand turn onto Burlington Ave from Forest St when he struck the black Honds Pilet. The operator of motor vehicle 2 stated "it must mostly be my fault." I did not see them in my blind spot." The bus sustained minimal damage to the front of the vehicle. The operator and 2 pureniles on board were not injured. Wilnesses: Name (LastFustMiddle) Address Phone \$ 45-Type Description of Damaged Property Truck and Bus Information: Registration SE41488 Registration SE41488 (From Vointe Section) DOTF Sust Number Imming State McAndress M						
	I A/	ldress			Phone #	Statement
Traine (Last, Frist, Moule)	A	101635			T tione #	Statement
	Address		Phone #	41-Type Des	crintion of Damaged P	roperty
Owner (2004): Hagi-Madio)	Audress		Those is		eriphon of Dumaged I	(opers)
Truck and Bus Informatio	n: Registration # SB41	488	(Fron	Vehicle Section)		
Carrier Name Essex North	Shore Agricultrual		····			Bus Use 1
Address 526 MAPLE ST			City DANVER	<u> </u>	St MA	Zip 01923
US DOT #:	State Number			MC/MX/ICC	#:	
<u> </u>	<u> </u>		2	- 2023 Trailer L	ength	
Hazmat Information:	48					lease code 49
- management digi				* .		Land Control of the C
Patrol Officer Robert M De Police Officer Name (Please Print)	Gregorio III Signature		223 D/Badge #	Wilmington Po	olice Departme Precinct/Barracks	nt 10/16/2024 Date

Wilmington Police Department Images Associated with 24-294-AC





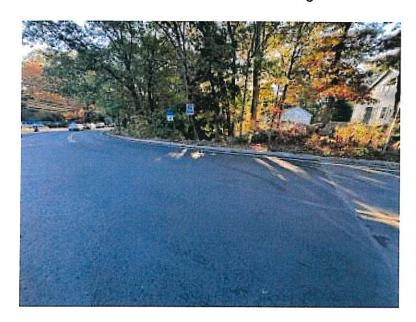








Wilmington Police Department Images Associated with 24-294-AC



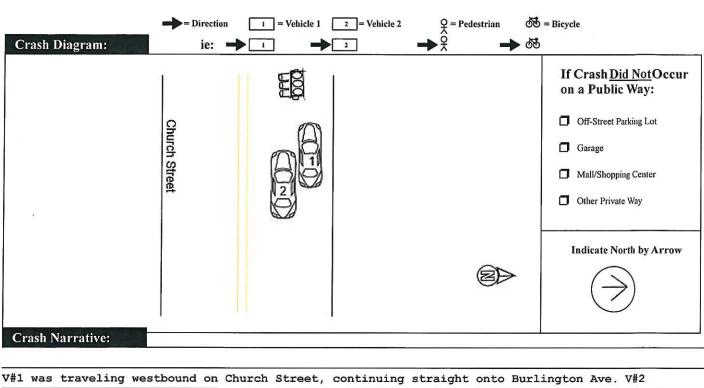








	Police	Use Only		Col	mmonv	vealth :	of Mass	ach	us	etts	\$			RM	V.Doc	ument Nur		
	1 1	Time of Crash		City/Town ington	Mot	or Veh	icle Cra	ısh		umber ehicles		mber ured	Speed	l Limit	3(State Po Local Po MBTA		
	10/10/2024	24HR	M T 1.111	Ting COM		Police :	Report		2		0			itude		Campus Other:	Police 🗖	
	Α	T INTERS	ECTIO	ON:	<	LOCA	TION	>			NO	T A]	ΓΙΝ	TER	SEC	TION:		
									44	2	3.0	B T 1						2 10
,	Route# Direction	n		Name of Roadwa	ay/Street		Route# Direc	ction		ress #	<u> M</u>	AIN			Roady	vay/Street		
1				At			East	N S	Elw] _{af}								
	Route# Direction	<u> </u>	Name	of Intersecting R	oadway/Street		rect	1110	~ [· ·] 01	M	ile Ma	ırker		O1 .	Exit N	umber	11
	` 			Also at Intersect	ion with		Feet	N S	EW	of	Rout	-0#	CH		CH :	ST Roadway/S	trapl	4
2	Route# Direction	-	Name	of Intersecting R	oadway/Street		Feet	NS	E W	of	Koui	.GH		mers	coung .	Roadway/J	нест	
² 1	Routes Direction		TVAIRE	or intersecting it	Olidway/olicet									La	ındmar	k		1
3	Please Select One of the Following:	Vehicle	11/	Occupants 🔲	Hit/Run	Moped	Crash I	Report	ID#	24	-2	29	5 –	AC	-			
···	License #		<u>.</u> 5	DOB/Age		Reg	4RXT30				Re	z Tyde	PC	<u> </u>	R	eg State M	Α	-
	Sex_F_ Lic. Clas	19 19	Lic. Re	strictions 99 ²	CDL	_	rear 2009									_ Г	21	1 12
	Operator REEL	•	•		Endorsement		er REED,											
⁴ 3	Address 3 DEI	ast	F	lirst	Middle		ss 3 DEM	Lust			ŀ	inst			М	iddle		
	City WILMIN			MZA Zin 018	387-3638		WILMING					Sta	te M	A. 7	Zip O :	1887-	3638	
	Insurance Company			-		•	le Action Prior to			1	22					7 27 97		
	Vehicle Travel Direc			Responding to E				23	23	23	23		st Stat			1 28		
⁵ 2	Citation # (If Issued						Harmful Event	1	24			Ту	pe of	Test:		0 29		ì
	Viol. 1: Ch/Sec/Sub						r Contributing Co	<u> </u>	1	25	25			st Resi		1 30	32	1 13
	Viol. 1: Ch/Sec/Sub						r Distracted by	0	26	I	6			rom se	2 31 еле?	2 33	1g: 2 32	
1				r and all occupan			1		34	35	36	37	38	39	40		-	4
•	Name (Last First Middle))		1	Address		DOB/Age	Sex	Seat Pox.	Safety System		Code	Trap Code	Injury Status	Transp. Code	Medica	l Facility	-
	Operator				See Above			X	1	1	4	0	0	10	1			
7	Please Select One	Vehicle	,1 #	Occupants	Hit/Run	Moped	Vulnera	ble He	er C	'omnle	te the	Vulner	able [leer se	ction			1
1	of the Following:														•			_
	License #	10 10	, Sŧ	DOB/Age,	<u> </u>		752FF9					• ••				eg State M	A	
	Sex F Lic. Class			trictions 99	CDL Endorsement		ear 2004								Veh	Config. [-		
1	Operator CORN	ısī	Fi	rst	Middle		CORNEJ	1.ast			F	irst			Mi	ddle		
	Address 7 TRE				62-1416		ss 7 TREE				KD		. 147	١ .	. 01	1062-	1 4 1 6	14
	Insurance Company			- -		-				_ 555	22				.1p <u> v .</u> Code:		1416 27 27	
		<u></u>					le Action Prior to		23	4 23	23		st Stat			1 28		
	Vehicle Travel Direc			Responding to E	mergency? Z		Sequence 1		24			Ту	pe of	lest:		0 29		ĺ
2	Citation # (If Issued)							1		25	25			t Resu		1 30		
	Viol. 1; Ch/Sec/Sub						Contributing Co		26		6	Su		,	2 31	Susp. Dru	g 2 32	
	Viol, 3: Ch/Sec/Sub			ol. 4: Ch/Sec/Sub and all occupant		Drive	Distracted by	0	34	35	36	37	38	om sc	40	2]
	Name (Last First Middle)		operatot	1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medica	Facility	
	Operator/	Occupant	S		See Above		\geq	X	1	1	4	0	0	10	1			
]
									·····-									1



was traveling straight on Church Street, preparing to turn left onto Main Street. While at the traffic light both V#1 and V#2 collided, resulting in driver side damage on V#1, and front right damage to V#2. Operator #1 reported that she stopped at the traffic light when V#2 struck the side and back of her vehicle. Operator #2 claimed she was stopped in the left-hand turn lane when V#1 drove in front her vehicle causing her to strike the other vehicle. After investigation of the crash it appears what both operators reported to be consistent with the vehicle's damages. Both operators refused medical attention.

Witnesses:							
Name (Last,First,Middle)		Address			P	Phone #	Statement
					_		
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Descrip	ption of Damaged Property	
		(9)	1		,		
Truck and Bus Information: Carrier Name	Registration #		(From Vel	nicle Section)		Bus Use	42
Address			City			St Zip	
US DOT #:S	State Number		Issuing State	MC/MX/	ICC #: _		
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Lengt	th 46	
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name			_Material 4 dig	rit #	Release code	49

Patrol Officer Jonathan L Morales

224

Wilmington Police Department

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

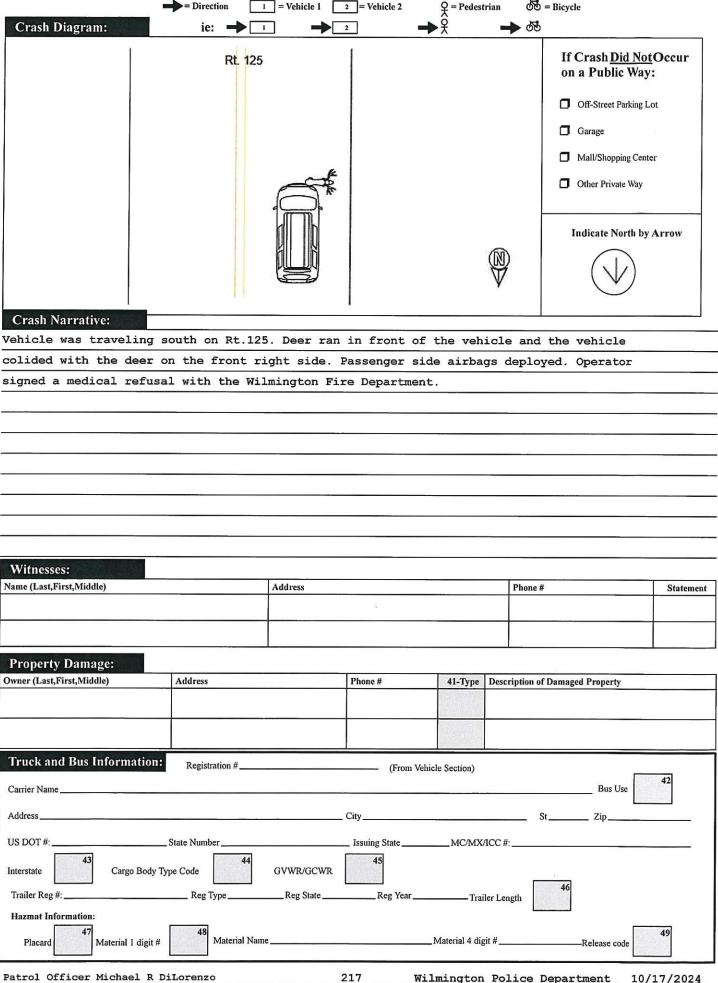
10/16/2024 Date

Wilmington Police Department Images Associated with 24-295-AC





	lice Use Only	Cor	nmonwea	alth o	f Massa	chus	etts				RMV	Docum	ent Number	
Date of Crash 10/17/2024	Time of Crash	City/Town .lmington			icle Cras	sh [Number /ehicles	Num	and I	Speed L Latitude		50	State Police Local Police MBTA Police	
	24HR		Po	lice F	Report	1	,	0		ongitu			Campus Police Other:	
	AT INTERSEC	CTION:	<	LOCAT	rion >	>		NOT	TAT	INT	ERS	ECTI	ON:	
					125			D.C	. 7 7 77 7	or 1	2 5	LILIV		ļ
Route# Dire	ection	Name of Roadway	y/Street		Route# Directi	on Add	iress#	RC	/UTI			HWY oadway/		
		At			f	NSEV	 VI _c		1		4			
Route# Dire	ection	Name of Intersecting Ro	oadway/Street		reet	, I B I E I	.] or	Mil	e Marl	ker	_ (OI	Exit Number	
		Also at Intersection			Feet	N S E V	of	Route	ш -	1-		n	dway/Street	
Route# Direc		Name of Lateranation De	and was /Stand		Feet	N S E V	of	Route	#	10	nersect	ing Koa	uway/Succi	ĺ
Route# Direc	ction	Name of Intersecting Ro	oadway/Street								Land	lmark		
Please Select C of the Followi	One Vehicle 11	#Occupants	Hit/Run 🔲 1	Moped	Crash Re	eport ID#	24	-2	96	5-2	AC			
License #_	St	t, DOB/Age, _	<u> </u>	Dag#	V72969			Par	Time	CO		Dan	State MA	
Sex M Lic.	481 481	ic. Restrictions 1	CDL		ear 2020									21
		SITH MANUE	Endorsement		AMAZON							ven co	mng. =	_
	Last	First ON ST APT	Middle			ist.		Fir	şt	-		Middle		
		State MA Zip 021			EATTLE				Ca	. wa	7 :-	921	09-52	10
-		MERICAN IN				·	4	22				ode: 2		27
		_			Action Prior to C	Trash	23	23		t Status		1	28	
Vehicle Travel D		_	mergency? 2		Sequence 5	u (1666)	14 PK 14	675 <u> </u>	Тур	e of Te	est:	0	29	
•	sued)				L	94000	25	25			Result:	1	30	
		Viol. 2: Ch/Sec/Sub			Contributing Cod	2/1		6			hol: 2		usp. Drug: 2	32
Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub		Driver	Distracted by	0 49	35] 36	10W		m scene	e? 1.	33	
Name (Last First M	-	perator and all occupants	S INVOIVED Address		DOB/Age	Seat Pos.	Safety System	Airbag	Eject Code	Trap I	Injury To	ansp. Toxle	Medical Facilit	у
Operate	or		See Above			X	1	2	0	0 1	10 1			l
m														
D 6-1 6					<u> </u>	ļ								
Please Select C of the Followin		#Occupants II	Hit/Run 🔲 N	Moped	Vulnerab	le User	Complet	te the V	ulneral	ble Use	er sectio	on.		
License #		DOB/Age		Reg#_				Reg	Туре _			_ Reg S		
Sex Lic. (Class 19 19 Lie	c. Restrictions 20	CDL	Veh Ye	ar	Veh M	lake					Veh Co	nfig.	21
Operator	Last	First	Middle	Owner				Firs				Middle		
Address	[,231	Pilst	Middle	Addres	S	sı		1-113				tytholdie		
	S	tateZip	······································	City					State		Zip			
City								22	Dan	naged A	Area Co	ode:	27 27	27
	any			Vehicle	Action Prior to C	Crash	1411	**						
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Wilmington Police Department

10/17/2024

Department

Wilmington Police Department Images Associated with 24-296-AC

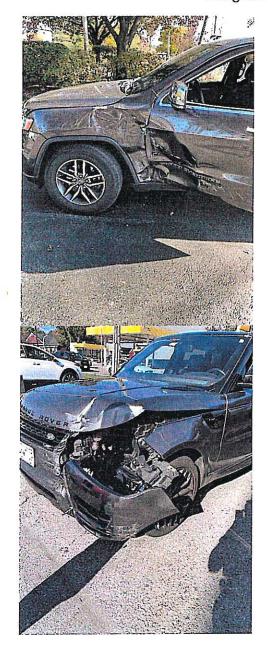


	Pol	lice Use Only		Comn	nonweal	lth c	of Mass	ach	us	etts				RM	V Doct	ument Number		
	Date of Crash	Time of Crash		City/Town	Motor'	Veh	icle Cra	sh		umber chicles		4	-		35	State Police Local Police MBTA Police	0800	
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3	Please Select (of the Followi	One Velsicle I	ı <u>1</u> #	Occupants Hit/I	Run M		Crash F					-						
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⁴ 2	Address 11	SHERWOOD	DR	rst	Middle	Addre	ss 11 SHE	CRW	OOL	DI	₹ "	rsı			MI	uaje	_	
	City HAVE	RHILL	_ State <u>N</u>	1A Zip 01835	<u>-8130</u>	City_	HAVERHI	LĹ				_ Stat	e M 7	<u> </u>	ip 0]	L835-813	10	
				E INSURAN		Vehicle	e Action Prior to	Crash		1.	22				Code:		27	
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⁵ 1	[ued)			ono,		Harmful Event	1	24			Ту	pe of 1	Test:		o ²⁹		
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⁶ 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub —— and all occupants inv		Dilvei	Distracted by	<u> </u>		35	36	37	38	39	40	1 1		
_	Name (Last First M		т орегают		Address		DOB/Age	Sex	Seat Pos.	Sufety System	Airbag Sielus	Eject Code	Trap Code	Injury Status	Transp. Code	Modical Facility		
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⁷ 3	Please Select C of the Followin		.1#	Occupants Hit/R	tun 🔲 Mo	ped	Uulnera	ble Us	er C	omple	te the V	/ulnera	able U	ser se	ction.			
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	Sex M Lic. (Class D 19 19	Lic. Rest	trictions 1 20 CD	Ldorsement	Veh Ye	ar <u>2021</u>	\	Velı Ma	ke <u>J</u>	eep	<u> </u>			Veli	Config. 1		
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⁸ 1	Address 155	BOSTON I	ROCK	RD	Middle	Addres	s 155 BC	ST	ON_	ROC					· ·	Jule		
	City MELRO	SE	_ State <u>M</u>	1A Zip 02176	-5304	City N	ELROSE					_ Stat	e M	<u>. </u>	ip <u>02</u>	2176-530	4 2	14
İ	Insurance Compa	any THE STA	NDAR	D FIRE IN	SURAN	Vehicle	Action Prior to	Crash		4	22	Da	magec	Area	Code:	7 27 27 3	27	
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$\neg \neg$							•	0	26	<u> </u>	6			om sc		33 Drug:		
	Viol. 3: Ch/Sec/S	Please fill out for		and all occupants inve	olved				34	35	36	37	38	39	40 F		_	
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Witnesses: Name (Last, First, Middle) Address Property Damage:	Grash Narrative: Vehicle 1 (V1) was traveling south on Main Street in the left most southbound travel lane. Vehicle 2 (V2) was exiting Milton Way and taking a left to travel northbound on Main Street. The right southbound lane traffic stopped to allow V2 to exit Milton Way. V1 coclided with V2 in the left southbound lane of Main Street. Airbags deployed on V1 but not V2. Both Operators signed medical refusals with the Wilmington Fire Department. V1 was towed bhy Cains Towing and V2 was towed by a private tow.							
Crash Narrative: Crash Narrative: Garage Packing Control Mail Storest Packing Lot Garage Packing Control Mail Storest Packing Control Mail St	Crash Diagram:	ie: 👈 📑	→ □	□ →	, ĝ	→ ∞		
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Principle 1 (V1) was traveling south on Main Street in the left most southbound travel lane. Wehicle 2 (V2) was exiting Milton Way and taking a left to travel northbound on Main Street. The right southbound lane traffic stopped to allow V2 to exit Milton Way V1 Doublided with V2 in the left southbound lane of Main Street. Airbags deployed on V1 but not 12. Both Operators signed medical refusals with the Wilmington Fire Department. V1 was Sowed bhy Cains Towing and V2 was towed by a private tow. Witnesses: Name (Last,First,Middle) Property Damage: Description of Damaged Property Truck and Bus Information: Regertation # Phece # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Bus Use 42 Address City State MCAMANCC # Issuing State MCAMANCC # Issuing State MCAMANCC # Issuing State MCAMANCC # Trailer Length Harmat Information: Placer # Material I digit # Material Name Material 4 digit # Release code 4 Material 4 digit # Material 1 digit # Material Name Material 4 digit # Release code 4 Williamington Police Department 10/18/2024								
Witnesses: Nome (Last,First,Middle) Property Damage: Description of Damaged Property Description of Damaged Property Truck and Bus Information: Carrier Name Address State Number State Namber Name (State Namber State Namber State Namber State Namber Name Namber Reg State Reg State Reg State Name Namber Name Namber Name Namber Reg State Reg State Name Namber Name Namber Name Namber Name Namber Reg State Reg State Name Namber Name Namber Name Namber Reg State Reg State Name Namber Name Namber Name Namber Name Namber Reg State Reg State Name Namber Name Namber Name Namber Name Namber Name Namber Name Namber Release code Address Placerd Material I digit # Material I digit # Release code Address Name Namber Name Name Namber Name Name Namber Name Name Namber Name Name Name Name Namber Name Name Name Name Name Name Name Name		12	14-3-5	A 2 A1 7 . 0				
Street. The right southbound lane traffic stopped to allow V2 to exit Milton Way. VI solided with V2 in the left southbound lane of Main Street. Airbags deployed on VI but not 2. Both Operators signed medical refusals with the Wilmington Fire Department. VI was soved bhy Cains Towing and V2 was towed by a private tow. Witnesses: Name (Last,First,Middle) Address Phone # Milton Way. VI Witnesses: Name (Last,First,Middle) Address Phone # Milton Way. VI Address Phone # Milton Way. VI Witnesses: Name (Last,First,Middle) Address Phone # Milton Way. VI Address City							· · · · · · · · · · · · · · · · · · ·	
Property Damage: Description of Damaged Property Truck and Bus Information: Carrier Name Address Carrier Name Address Carrier Name Address Carrier Name Address State Number Usuand State State Number Jisuing State Address								
Witnesses: Name (Last, First, Middle) Property Damage: Dweer (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Carrier Name State Number Us DOT #: State Number Issuing State Address Address City State Number Issuing State MC/MOUNCC #: Interstate Address Address Address City State Number Issuing State MC/MOUNCC #: Trailer Reg #: Trailer Reg #: Reg Type Reg State Reg State Reg Type Reg State Reg Year Trailer Length Address Material 4 digit # Material 1 digit # Material A digit # Material 1 digit # Material A digit # Material 1 digit # Material A digit # Material 4 digit # Release code Agital 1 digit # Material 1 digit # Materia								
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Property Damage: Dwner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Bus Use 42 Address City St. Zip US DOT #: State Number Issuing State MC/MX/ICC #: Interstate 43 Cargo Body Type Code 44 GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg State Reg Year Trailer Length Address Address Reg Type Reg State Reg Year Trailer Length Address Address Reg Type Reg State Reg Year Trailer Length Address Address Reg Type Reg State Reg Year Trailer Length Address Address Reg Type Reg State Reg Year Trailer Length Address Address Address Address State Number State Number Address			T			1		T 8:
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Dwner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #								
Dwner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	Property Damage							
Carrier Name	Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of I	Damaged Property	
Carrier Name								
Carrier Name					-			
Carrier Name								
Carrier Name	Truck and Bus Information	On: Registration #		(From Velui	ele Section)			
Address City St Zip				(1700) (200)	or Decition,		Bus Use	42
US DOT #:	Carrier Name						L	
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard 47 Material I digit # 48 Material Name Material 4 digit # Release code 49 Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 10/18/2024	Address			City		St.	Zip	
Interstate Cargo Body Type Code GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard 47 Material I digit # 48 Material Name Material 4 digit # Release code 49 Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 10/18/2024	US DOT #:	State Number		Issuing State	МС/МХЛ	CC #:		
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length	43	44						
Hazmat Information: Placard 47 Material I digit # 48 Material Name Material 4 digit # Release code 49 Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 10/18/2024							46	
Placard Material I digit # Material Name Material A digit # Release code 49 Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 10/18/2024	Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	er Length		
Placard Material I digit # Material Name Material 4 digit # Release code Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 10/18/2024		[٦	49
		rit # 48 Material Nam	e		Material 4 digi	t#	Release code	42
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Form No. 10364 CRA-65 08/23

Wilmington Police Department Images Associated with 24-297-AC





	Police Use Only	Commo	nwealth	of Massac	chuse	tts			RMV Do	cument Number	
	Date of Crash Time of Crash	City/Town N	Iotor Veh	icle Cras	h Nur			Speed Li		5 State Police Local Police MBTA Police	0800
	10/19/2024 0717 Wilm 24HR	ington	Police :	Report	1	0		Latitude Longitud		Campus Police Other:	_ 🗖
	AT INTERSECTION	ON:	< LOCA	TION >		NC	T AT	INTE	ERSEC	CTION:	
		•									2
	Route# Direction	Name of Roadway/Street		Route# Direction	157 n Addre		URL		ON A	AVE way/Street	
1		At		N7							
	Route# Direction Name	a of Internation Dandway (C		Feet X	SEW	of —	ile Ma	ker	or	Exit Number	
	Romes Direction Name	e of Intersecting Roadway/S Also at Intersection with		Feet N	S E W						1
				Feet N	S E W	Rot of	te#	Int	ersecting	Roadway/Street	
1	Route# Direction Name	e of Intersecting Roadway/S	treet						Landma	rk	
	Please Select One of the Following:	#Occupants Hit/Run	☐ Moped	Crash Rep	ort ID# 2	24-2	298	3 - A	C		
	of the Pollowing.									MA	
	License # St Sex_ E Lic. Class D 19 Lic. Re	DOB/Age		3PVF34						.2	可 7 ¹²
		estrictions 1 CDL_ Endors	ement	/ear 2015			<u> </u>		ve	n Conng. 🔼	
1	Operator STONE, JULIA Last Address 115 GLEN RD	First Mide		er <u>STONE ,</u> Last ess 115 GLE			First		٨	Aiddle	-
<u> </u>		M2 - 01007						3/3	0	1007252	_
	City WILMINGTON State	-	•	WILMINGTO		22				1887-353	27
	Insurance Company AMERICAN F			le Action Prior to Cr		L 23 23		st Status:		3 97	_
	Vehicle Travel Direction: S E W	Responding to Emergency		Sequence 10 23			Туг	e of Tes	t:	29	
	Citation # (If Issued)	-		_	.0 24	5 5 5 5 5 5	_	.C Test R	_	1 30	13
	Viol. 1: Ch/Sec/Sub ———— V	iol, 2: Ch/Sec/Sub ———		r Contributing Code		25 2	Sus		ol: 2 31		32 20 ¹³
1.	Viol. 3: Ch/Sec/SubV			r Distracted by 5				wed from	scene?	1 33	
<u>. </u>	Please fill out for operate Name (Last First Middle)	or and all occupants involved Addre		DOB/Age 5		35 36 Safety Airba System Status	37 Eject Code	Trap In	jury Transp. atus Code	Medical Facility	
	Operator	See Ab	ove		(1	1 4	0	0 10	0 1		
		<u> </u>									_
1	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Vulnerable	User Co	mplete the	Vulnera	ible User	section.		
	License # St	DOB/Age	Reg #			R	ед Туре		R	Leg State	
ĺ	Sex Lic. Class 19 19 Lic. Re	strictions 20 CDL_	Veh Y	'ear	_ Veh Mak	ке			Vel		1
	Operator	Endorse	Owne	PFlast							_
2	Address	first Midd		Last			Pirst		M	liddle	_
	CityState_	Zip	City_				State	·	_Zip		1 14
	Insurance Company		Veluic	le Action Prior to Cr	ash	22	Da	naged A	rea Code:	27 27 7	27
	Vehicle Travel Direction: NSEW	Responding to Emergency	? Event	Sequence 23	23 2	23 23	Tes	t Status:		28	
	Citation # (If Issued)		Most	Harmful Event	24		• • •	e of Test		30	
2	Viol. 1: Ch/Sec/Sub — Vi	ol. 2: Ch/Sec/Sub	Drive	— r Contributing Code	2	.5 2.	₹	C Test R p. Alcoh	_	 	32
		iol. 4: Ch/Sec/Sub		r Distracted by	26	26		ved from		33	-
		r and all occupants involved			34 Seat 2	35 36 Safety Airbag	37 Efect	38 3 Trap Ini	9 40 ury Transp.		-
	Name (Last First Middle)	Addres		DOB/Age S	ex Pos. S	System Status	Eject Code	Trap Inj Code Sta	ury Transp. itus Code	Medical Facility	
	Operator/Occupants	See Abo	ove		1			_			
								_			
Ì											

	= Direction 1	= Vehicle 1	2 = Vehicle 2	웃 = Pedest	rian 👧	= Bicycle	
Crash Diagram:	ie: 👈 🗔	□ →□	2	₽X	→ ॐ		
mailbox of 1 Burlington a	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(MV1)		AV1	If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cen	y: Lot
						Other Private Way	
		E	Burlington ave	•	₹ 2	Indicate North by	y Arrow
Crash Narrative:	l.						
On Saturday, October	19, 2024, I Off:	icer DeBarro	os came acro	ss a pos	sible di	abled	
motorvehicle in the	area of 157 Burli	ington ave.	At this tim	e I spok	e to the	operator of	
MV1 who was outside	of the vehicle at	t this time.	MV1 stated	they we	re trave.	ling on	
Burlington ave when	her dog distracte	ed her causi	ing her to t	ake her	eyes off	the roadway.	
NV1 stated she struc	k the curb and th	ne mailbox o	of 157 Burli	ngton av	e. The ve	hicle had	
minor damage to incl	ude a small scrat	tch on the p	bassanger si	de and t	wo flat	tires on the	
bassanger side (see	images). The mail	lbox of 157	Burlington	ave sust	ained min	or dmage (see	
images). The residen	t of 157 Burlingt	ton ave was	notified of	the dam	age and o	declined any	
Further action and s	tated to this Off	ficer they w	ould repair	it them	selves. N	NV1 was moved	
out of the travel la	ne by the operato	or and a pri	vate tow co	mpany wa	s called	by the	
perator.							
Witnesses:							· <u>·</u>
Name (Last, First, Middle)		Address			Phone #		Statement
Duanauta Damaga							
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
REPUCCI REBECCA	157 BURLINGTON AVE	WILMINGTON MA 0			MAILBO	X	
Truck and Bus Informati	Oll: Registration#		(From Ve	hicle Section)		Bus Use	42
Address			City			L St Zip	
	State Number					•	
US DOT #:	State Number		issuing State	MC/MEX	/ICC #:		
Interstate Cargo Bo	ody Type Code	GVWR/GCWR			ر ـــ		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ler Length	46	
Hazmat Information:	<u></u>				L	10.00 Apr. 10.	
Placard Material 1 di	cit # 48 Material Nam	ıė		Material 4 di	git #	Release code	49
The state of the s							
Patrol Officer Joshua	I DeBarros			ilmington			/19/2024
Police Officer Name (Please Print)	Signature	I	D/Badge# De	partment	Precin	ct/Barracks Date	·

Wilmington Police Department Images Associated with 24-298-AC



