

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1
 Route# Direction Name of Roadway/Street
 At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

2 1
 Route# Direction Address # **12 WEST ST**
 Name of Roadway/Street
 Feet **N S E W** of _____ or _____ Exit Number
 Mile Marker
 Feet **N S E W** of _____
 Route# Intersecting Roadway/Street
 Feet **N S E W** of _____
 Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **20-84-AC**

License # **S67464860** St **MA** DOB/Ag
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
 Operator **TULLY, JUDITH A**
 Address **38 WEST ST**
 City **WILMINGTON** State **MA** Zip **01887-3040**
 Insurance Company **VERMONT MUTUAL INSURANCE**

Reg # **SSARGE** Reg Type **PC** Reg State **MA**
 Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1** 21
 Owner **TULLY, JUDITH A**
 Address **38 WEST ST**
 City **WILMINGTON** State **MA** Zip **01887-3040**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 3 27 27
 Event Sequence **22** 23 40 23 23 23 Test Status: 1 28
 Most Harmful Event **22** 24 Type of Test: 29
 Driver Contributing Code **19** 25 **20** 25 BAC Test Result: 1 30
 Driver Distracted by **5** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

5
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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
Operator	See Above	XXXXXX	XXXX	1	1	2	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Ag
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL Endorsement
 Operator _____
 Address _____
 City _____ State _____ Zip _____
 Insurance Company _____

Reg # _____ Reg Type _____ Reg State _____
 Veh Year _____ Veh Make _____ Veh Config. **21**
 Owner _____
 Address _____
 City _____ State _____ Zip _____

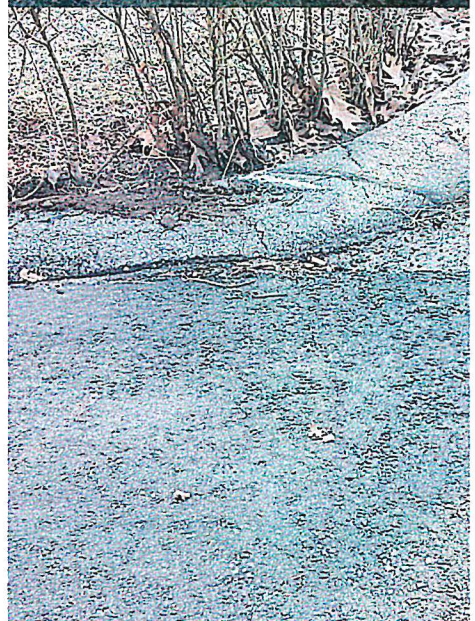
Vehicle Action Prior to Crash **22** Damaged Area Code: 27 27 27
 Event Sequence **23** 23 23 23 Test Status: 28
 Most Harmful Event **24** Type of Test: 29
 Driver Contributing Code **25** 25 BAC Test Result: 30
 Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

9 2
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

Wilmington Police Department
Images Associated with 20-84-AC



Wilmington Police Department
Images Associated with 20-84-AC



Wilmington Police Department
Images Associated with 20-84-AC



AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street
 At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
 603 MAIN ST
 Feet N S E W of _____ or _____
 Mile Marker Exit Number
 Feet N S E W of _____
 Route# Intersecting Roadway/Street
 Feet N S E W of _____
 Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped
 Crash Report ID# **20-85-AC**

License # **S23782328** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Operator **DALEY, SHANNON D**
 Address **8 WESTDALE AVE**
 City **WILMINGTON** State **MA** Zip **01887-0000**
 Insurance Company **CITIZENS INSURANCE COMPAN**
 Vehicle Travel Direction: N E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **1JDB18** Reg Type **PC** Reg State **MA**
 Veh Year **2015** Veh Make **CHRYSLER** Veh Config. **1** 21
 Owner **DALEY, SHANNON D**
 Address **8 WESTDALE AVE**
 City **WILMINGTON** State **MA** Zip **01887-0000**
 Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27
 Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Most Harmful Event **1** 24 Type of Test: **1** 29
 Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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
Operator	See Above			1	1	4	0	0	10	1	
KYRA FALVEY	139 NICHOLS ST WILMINGTON, MA 01887-1627		F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S56103802** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Operator **SRIVASTAV, SANT KUMAR**
 Address **10 CHARME RD**
 City **TEWKSBURY** State **MA** Zip **01876-3204**
 Insurance Company **GEICO GENERAL INSURANCE C**
 Vehicle Travel Direction: N E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **7WB277** Reg Type **PC** Reg State **MA**
 Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1** 21
 Owner **SRIVASTAV, SANT KUMAR**
 Address **10 CHARME RD**
 City **TEWKSBURY** State **MA** Zip **01876-3204**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Most Harmful Event **1** 24 Type of Test: **1** 29
 Driver Contributing Code **19** 25 25 BAC Test Result: **1** 30
 Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	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
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # **5 CUSHING DR** 2 10

2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street 2 11

2 1 Route# Direction Name of Intersecting Roadway/Street 2 11

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-86-AC**

License # **S95939023** St. **MA** DOB/Age _____ Reg # **11XL91** Reg Type **PC** Reg State **MA**

Sex **E** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1** 21 1 12

Operator **GRILO, ANA MARIA** Owner **GRILO, ANTONIO A**

Address **12 CUSHING DR** Address **12 CUSHING DR**

City **WILMINGTON** State **MA** Zip **01887-2000** City **WILMINGTON** State **MA** Zip **01887-2000**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **8** 27

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28

Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **17** 25 **21** 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32 1 13

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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
Operator	See Above	XXXXXX	X	1	1	3	0	0	9	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St. _____ DOB/Age _____ Reg # **2ZFY50** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **GMC** Veh Config. **1** 21

Operator **Driverless M.V.** Owner **TKACHUK, MICHAEL**

Address _____ Address **124 POND ST**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-3768** 1 14

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **5** 27 **4** 27 **6** 27

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **1** 23 23 23 23 Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1** 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	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
Operator/Non-Motorist	See Above	XXXXXX	X	1							

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street
 At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
MASS AVE
 Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 Feet N S E W of _____
 Route# Intersecting Roadway/Street
 Feet N S E W of _____
 Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **20-87-AC**

License # **S56619214** St **MA** DOB/Age _____ Reg # **1LMH11** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2018** Veh Make **HONDA** Veh Config. **1** 21
 Operator **DEMARCO, ANNE MARIE** Owner **DEMARCO, ANNE MARIE**
 Address **25 OAKDALE RD** Address **25 OAKDALE RD**
 City **WILMINGTON** State **MA** Zip **01887-4015** City **WILMINGTON** State **MA** Zip **01887-4015**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants 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
Operator	See Above			1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # **S37997860** St **MA** DOB/Age _____ Reg # **RS466X** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2009** Veh Make **HONDA** Veh Config. **1** 21
 Operator **BENARD, SCOTT MATTHEW** Owner **BENARD, EDWARD R**
 Address **22R EDSON ST** Address **22 ALLGROVE LN**
 City **LOWELL** State **MA** Zip **01851-2403** City **WILMINGTON** State **MA** Zip **01887-2156**
 Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 8 27 27
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **8** 25 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants 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
Operator/Non-Motorist	See Above			1	1	1	0	0	10	1	

