

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 _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

_____ Feet N S E W of _____ or _____

_____ Feet N S E W of _____

_____ Feet N S E W of _____

Mile Marker _____ Exit Number _____

Route# _____ Intersecting Roadway/Street _____

Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# **20-171-AC**

License # **S00476372** St **MA** DOB/Age _____ Reg # **HP4F** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2003** Veh Make **FORD** Veh Config. **1**

Operator **CATALDO, SABINO J** Owner **CATALDO, SABINO J**

Address **243 SALEM ST APT 2** Address **243 SALEM ST APT 2**

City **READING** State **MA** Zip **01867-2681** City **READING** State **MA** Zip **01867-2681**

Insurance Company **SAFETY INSURANCE COMPANY**

Vehicle Travel Direction: N 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 _____

Event Sequence **1** **23** **23** **23** **23**

Most Harmful Event **1** **24**

Driver Contributing Code **19** **25** **5** **25**

Driver Distracted by **0** **26**

Damaged Area Code: **1** **27** **27** **27**

Test Status: **1** **28**

Type of Test: **29**

BAC Test Result: **30**

Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

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	XXXX	XX	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 # **S22554736** St **MA** DOB/Age _____ Reg # **4FHM60** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions _____ CDL _____ Veh Year **2014** Veh Make **CHEVROLET** Veh Config. **1**

Operator **LE, DUNG HOANG ANH** Owner **LE, DUNG HOANG ANH**

Address **433 FARRWOOD DR** Address **433 FARRWOOD DR**

City **HAVERHILL** State **MA** Zip **01835-8445** City **HAVERHILL** State **MA** Zip **01835-8445**

Insurance Company **GOVERNMENT EMPLOYEES INSU**

Vehicle Travel Direction: N 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 _____

Event Sequence **1** **23** **23** **23** **23**

Most Harmful Event **1** **24**

Driver Contributing Code **1** **25** **25**

Driver Distracted by **0** **26**

Damaged Area Code: **1** **27** **5** **27** **27**

Test Status: **1** **28**

Type of Test: **29**

BAC Test Result: **30**

Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

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	XXXX	XX	1	1	4	0	0	10	1	

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

Route# Direction Name of Roadway/Street **129 W 243 LOWELL ST**

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 3 Occupants Hit/Run Moped **Crash Report ID# 20-171-AC**

License # **S40598877** St **MA** DOB/Agc _____ Reg # **1BRV84** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **KIA** Veh Config. **1**

Operator **HOWARD, RICHARD H** Owner **HOWARD, ANNE D**

Address **158 WILMINGTON RD** Address **158 WILMINGTON RD**

City **BURLINGTON** State **MA** Zip **01803-1126** City **BURLINGTON** State **MA** Zip **01803-1126**

Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: **N 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: **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: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

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	X	X	1	1	4	0	0	10	1

Please Select One of the Following: Vehicle 4 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Agc _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

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

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

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

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

Towed from scene? **33**

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	X	X	1						

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
 2 1 Route# Direction Name of Intersecting Roadway/Street

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# **20-172-AC**

License # **S16475017** St **MA** DOB/Age _____ Reg # **3EM616** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2016** Veh Make **FORD** Veh Config. **1** 21
 Operator **DONOVAN, STEPHANIE A** Owner **DONOVAN, STEPHANIE A**
 Address **49 MEADOWVIEW RD** Address **49 MEADOWVIEW RD**
 City **NORTH ANDOVER** State **MA** Zip **01845-1318** City **NORTH ANDOVER** State **MA** Zip **01845-1318**
 Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 4 27 3 27 27
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** 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: **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	

7 1 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 2 License # **S48342018** St **MA** DOB/Age _____ Reg # **4XF739** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **KIA** Veh Config. **1** 21
 Operator **MCDONOUGH, LISA M** Owner **MCDONOUGH, BRIAN THOMAS**
 Address **18 STROUT AVE** Address **18 STROUT AVE**
 City **WILMINGTON** State **MA** Zip **01887-3045** City **WILMINGTON** State **MA** Zip **01887-3045**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: 8 27 1 27 7 27
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** 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 **18** 25 **5** 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ 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 **LOWELL ST**
 Route# Direction Name of Roadway/Street
 At
I93SR38 RAMP
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 **1**
 Route# Direction Name of Intersecting Roadway/Street
 2 **11**
 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# **20-173-AC**

License # **S36694457** St **MA** DOB/Age _____ Reg # **8FE149** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **GREEN, JOSEPH ANTHONY** Owner **GREEN, DAVID ROBERT**
 Address **136 WILLOW ST** Address **136 WILLOW ST**
 City **READING** State **MA** Zip **01867-1550** City **READING** State **MA** Zip **01867-1550**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 4 27 3 27 27
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** 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: **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	XXXXXX	XX	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 # **NHL15053236** St **NH** DOB/Age _____ Reg # **TRS** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **FORD** Veh Config. **6** 21
 Operator **BERRY, SOLOMON** Owner **SHIDLOW, THOMAS R**
 Address **47 COLONIAL VILLAGE** Address **536 WOBURN ST**
 City **SOMERSWORTH** State **NH** Zip **03878** City **WILMINGTON** State **MA** Zip **01887**
 Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 8 27 7 27 27
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** 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 **19** 25 **21** 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 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	XX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 20-173-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-174-AC**

License # **S30946064** St **MA** DOB/Age _____ Reg # **2F1683** Reg Type **MC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2004** Veh Make **YAMAHA** Veh Config. **3** 21

Operator **FIGUEROA, ABRAHAM SR** Owner **FIGUEROA, ABRAHAM SR**

Address **1386 WHIPPLE RD** Address **1386 WHIPPLE RD**

City **TEWKSBURY** State **MA** Zip **01876-3830** City **TEWKSBURY** State **MA** Zip **01876-3830**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 **1** 27 **27**

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

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

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			1	5	4	1	0	8	2	Lahey Clinic

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

License # **S30051167** St **MA** DOB/Age _____ Reg # **1NRA81** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2006** Veh Make **CHRYSLER** Veh Config. **1** 21

Operator **JOHNSON, CULLAIN FRANCISCO** Owner **JOHNSON, DANIEL J**

Address **1132 CHANDLER ST** Address **1132 CHANDLER ST**

City **TEWKSBURY** State **MA** Zip **01876-3716** City **TEWKSBURY** State **MA** Zip **01876-3716**

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

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

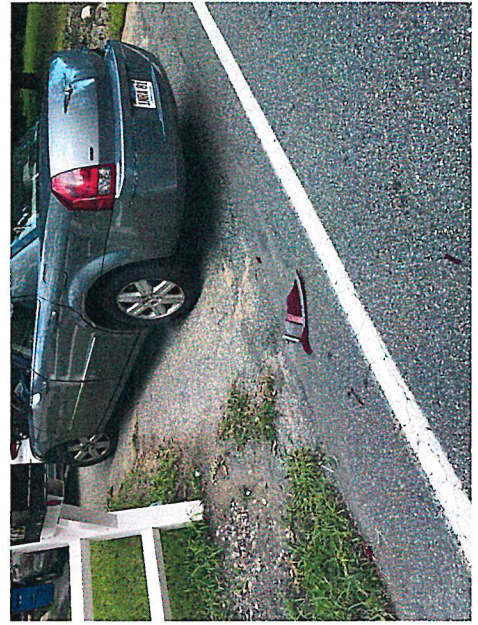
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 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	
				4	1	4	0	0	10	1	
				6	1	4	0	0	10	1	
				3	1	4	0	0	10	1	

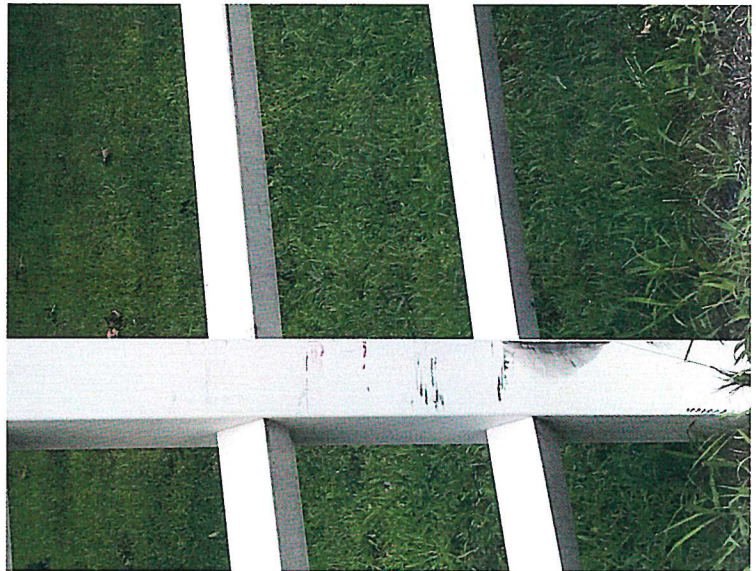
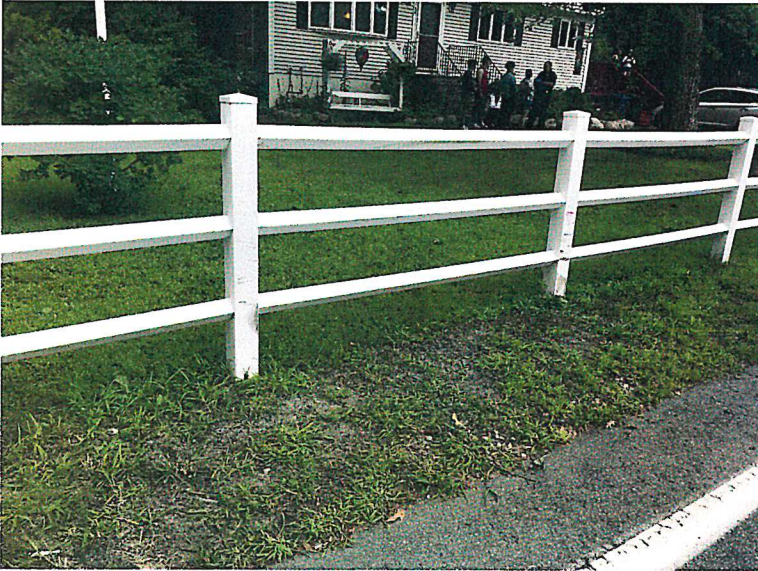
Wilmington Police Department
Images Associated with 20-174-AC



Wilmington Police Department
Images Associated with 20-174-AC



Wilmington Police Department
Images Associated with 20-174-AC



Wilmington Police Department
Images Associated with 20-174-AC



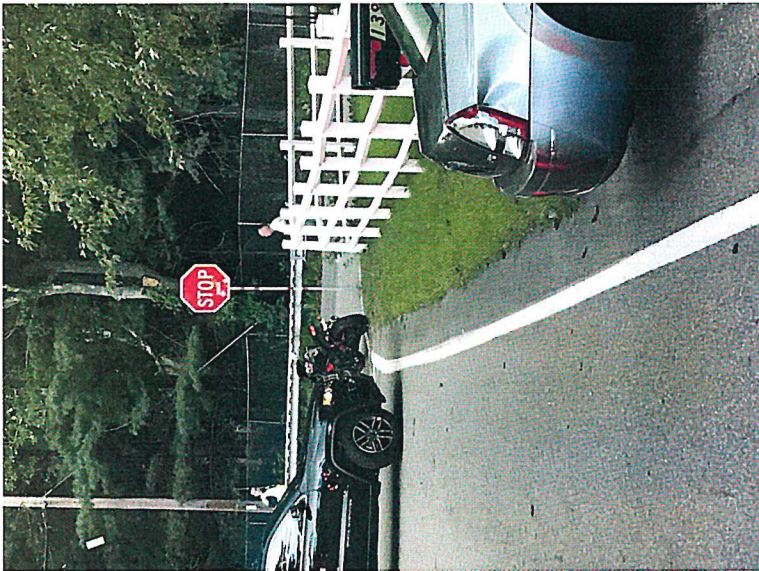
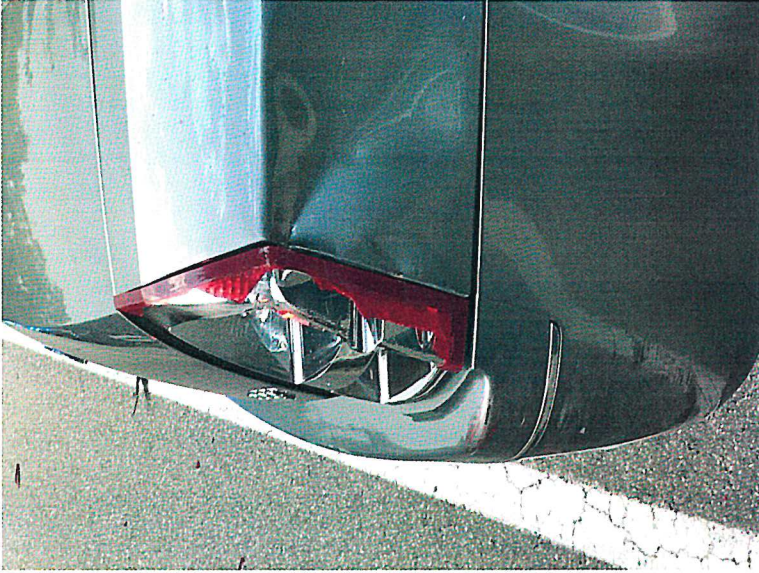
Wilmington Police Department
Images Associated with 20-174-AC



Wilmington Police Department
Images Associated with 20-174-AC



Wilmington Police Department
Images Associated with 20-174-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 08/19/2020
 Time of Crash: 1810
 24HR
 City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: 35
 Latitude: _____
 Longitude: _____
 State Police
 Local Police
 MBTA Police
 Campus Police
 Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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 _____

Route# **300** Direction **LOWELL ST** Address # _____ Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____ Exit Number _____
 _____ Feet **N S E W** of _____ Mile Marker _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 Landmark _____

10

11

2

3

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **20-175-AC**

3

License # **S88720232** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Endorsement _____
 Operator **MEHTA, NIKETA PANKAJ**
 Last First Middle
 Address **11 OLD COLONY LN APT 7**
 City **ARLINGTON** State **MA** Zip **02476-4411**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C**
 Vehicle Travel Direction: **N 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 _____

Reg # **3KR977** Reg Type **PC** Reg State **MA**
 Veh Year **2013** Veh Make **HONDA** Veh Config. **1** **21**
 Owner **MEHTA, NIKETA PANKAJ**
 Last First Middle
 Address **11 OLD COLONY LN APT 7**
 City **ARLINGTON** State **MA** Zip **02476-4411**
 Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **7** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **4** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

12

13

6

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	

7

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

8

License # **S70458444** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **CORMIO, MARC C**
 Last First Middle
 Address **22 BERESFORD ST**
 City **LAWRENCE** State **MA** Zip **01843-2431**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: **N 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 _____

Reg # **P31008** Reg Type **CO** Reg State **MA**
 Veh Year **2007** Veh Make **CHEVROLET** Veh Config. **2** **21**
 Owner **CORMIO, MARC C**
 Last First Middle
 Address **22 BERESFORD ST**
 City **LAWRENCE** State **MA** Zip **01843-2431**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

14

9

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	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/21/2020	Time of Crash 1222 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:								
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>38</u> Direction <u>S</u> Address # <u>205</u> Name of Roadway/Street <u>MAIN ST</u>												
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Mile Marker _____ Exit Number _____								
Also at Intersection with _____			Route# _____ Intersecting Roadway/Street _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				CUMBERLAND FARMS Landmark								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 20-177-AC						
License # <u>S33510576</u> St <u>MA</u> DOB/Age _____			Reg # <u>1CDB56</u> Reg Type <u>PC</u> Reg State <u>MA</u>												
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____			Veh Year <u>2019</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u>												
Operator <u>MULKERN, ALISSA J</u>			Owner <u>MULKERN, ALISSA J</u>												
Address <u>10 DIRLAM CIR</u>			Address <u>10 DIRLAM CIR</u>												
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-0000</u>			City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-0000</u>												
Insurance Company <u>THE COMMERCE INSURANCE CO</u>			Vehicle Action Prior to Crash <u>2</u>			Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Test Status: <u>1</u> <u>28</u>									
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>			Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>			BAC Test Result: <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>									
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	XX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>2</u>	Winchester Hospital				
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants		<input type="checkbox"/> Non-Motorist A Type <u>15</u>		Action <u>16</u> Location <u>17</u> Condition <u>18</u>		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped				
License # <u>S57723924</u> St <u>MA</u> DOB/Age _____			Reg # <u>884PG9</u> Reg Type <u>PC</u> Reg State <u>MA</u>												
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____			Veh Year <u>2016</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u>												
Operator <u>KIM, JONG HOON</u>			Owner <u>KIM, JONG HOON</u>												
Address <u>51 MYSTIC AVE</u>			Address <u>51 MYSTIC AVE</u>												
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4368</u>			City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4368</u>												
Insurance Company <u>PROGRESSIVE DIRECT INSURA</u>			Vehicle Action Prior to Crash <u>1</u>			Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Test Status: <u>28</u>									
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>			Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>5</u> <u>25</u> <u>19</u> <u>25</u>			BAC Test Result: <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>									
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	XX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>1</u>					

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
08/21/2020

Time of Crash
2244
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number
Vehicles
2

Number
Injured
0

Speed Limit 35
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other:

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

MAIN ST

Route# Direction Name of Roadway/Street
At

LOWELL ST

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

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# **20-178-AC**

License # S56147924 St MA DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____
Endorsement

Operator GOODWIN, ZACHARY OWEN
Last First Middle

Address 103 BALSAM PL APT 308

City TEWKSBURY State MA Zip 01876-4640

Insurance Company GOVERNMENT EMPLOYEES INSU

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 _____

Reg # 1EPM59 Reg Type PC Reg State MA

Veh Year 2020 Veh Make MAZDA Veh Config. 1 21

Owner GOODWIN, ANA MARIA
Last First Middle

Address 103 BALSAM PL APT 308

City TEWKSBURY State MA Zip 01876-4640

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 30

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

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		<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:

Vehicle 2 #Occupants Non-Motorist A

Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # S77085696 St MA DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Endorsement

Operator MIEN, KAMSOT
Last First Middle

Address 121 HIGH ROCK ST APT 4

City LYNN State MA Zip 01902-3834

Insurance Company THE COMMERCE INSURANCE CO

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 # 8DL578 Reg Type PC Reg State MA

Veh Year 2003 Veh Make TOYOTA Veh Config. 1 21

Owner MIEN, KAMSOT
Last First Middle

Address 121 HIGH ROCK ST APT 4

City LYNN State MA Zip 01902-3834

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 3 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 30

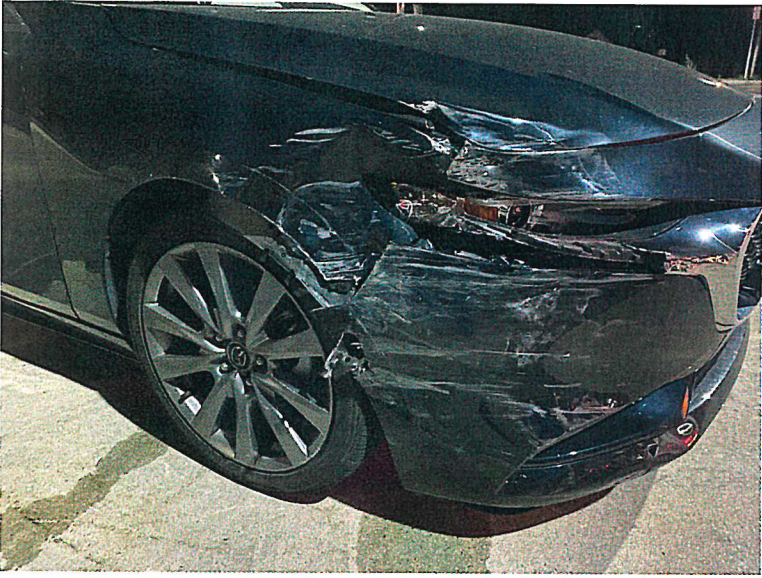
Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 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		<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 20-178-AC



Date of Crash **08/22/2020** Time of Crash **1144** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **4** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** Route# **38 S** Direction **S** Name of Roadway/Street **474 MAIN ST** Address # **474** Name of Roadway/Street **MAIN ST**

2 **11** Feet **N S E W** of _____ of _____ or _____ Mile Marker _____ Exit Number _____

2 **3** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

3 **2** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped **Crash Report ID# 20-179-AC**

4 **1** License # **S56802276** St **MA** DOB/Age _____ Reg # **6WWP60** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **TOYOTA** Veh Config. **1**

Operator **GICKER, JOHN W JR** Owner **GICKER, JOHN W JR**

Address **65 RIVERSIDE AVE APT 20** Address **65 RIVERSIDE AVE APT 20**

City **MEDFORD** State **MA** Zip **02155-4604** City **MEDFORD** State **MA** Zip **02155-4604**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** **27** **27** **27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** 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? **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	XXXXXX	X	1	1	4	0	0	10	1	
				6	4	4	0	0	10	1	
				5	4	4	0	0	10	1	

7 **1** Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **1** License # **S37669976** St **MA** DOB/Age _____ Reg # **1SKE78** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **MITSUBISHI** Veh Config. **1**

Operator **DITALIA, JUSTINE L** Owner **DITALIA, JUSTINE L**

Address **202 DANA CT** Address **202 DANA CT**

City **WILMINGTON** State **MA** Zip **01887-6225** City **WILMINGTON** State **MA** Zip **01887-6225**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **2** Damaged Area Code: **1** **27** **5** **27** **27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** 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 **5** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2** **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	1	4	0	0	10	1	
				4	4	4	0	0	10	1	

