

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

1 1 BOUTWELL ST
 Route# Direction Name of Roadway/Street
 At
ROOSEVELT RD
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 1 Route# Direction Name of Intersecting Roadway/Street

3 11 _____ Feet N S E W of _____ Mile Marker _____ or _____ 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# **21-1-AC**

License # **S54201036** St. **MA** DOB/Age _____ Reg # **1TRH53** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **LAGUNILLA, SHARON B** Owner **LAGUNILLA, PETER F**
 Address **7 REVERE AVE** Address **7 REVERE AVE**
 City **WILMINGTON** State **MA** Zip **01887-6217** City **WILMINGTON** State **MA** Zip **01887-6217**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: N S 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: **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	XXXXXX	X	1	1	3	0	0	10	1	

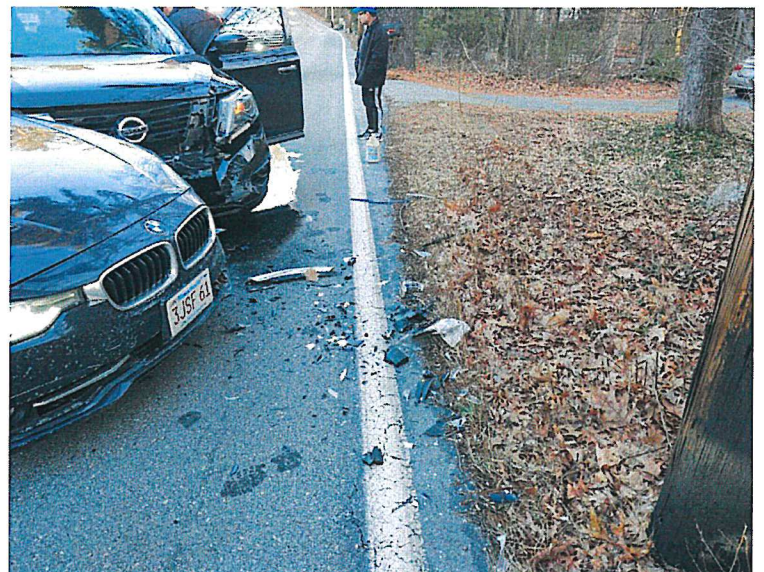
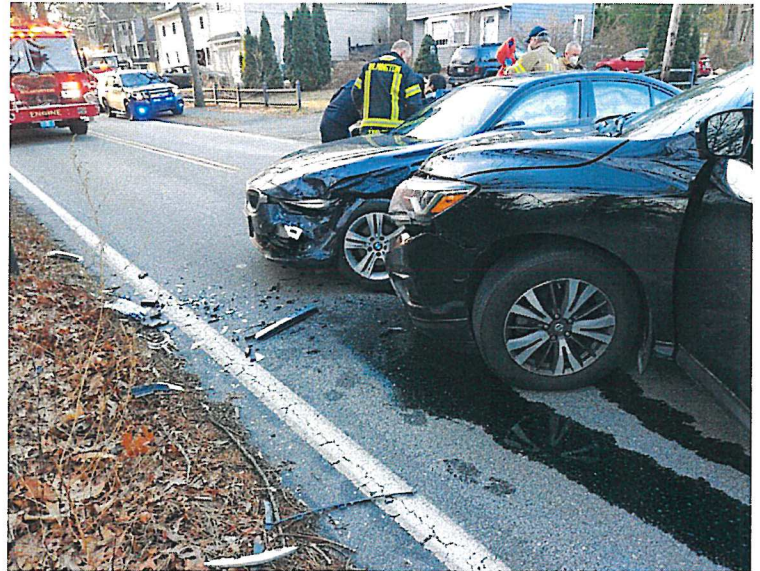
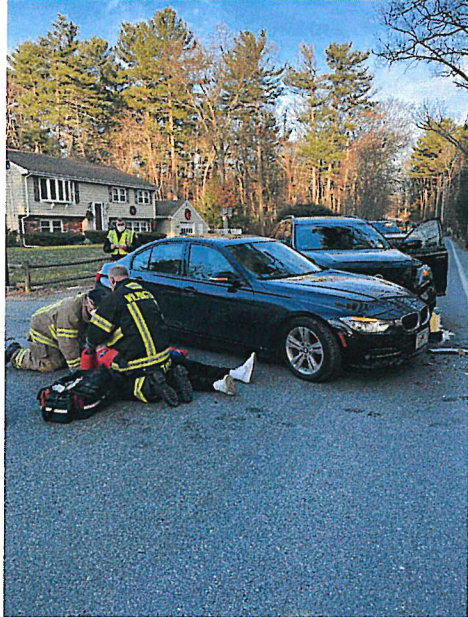
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S28557570** St. **MA** DOB/Age _____ Reg # **3JSF61** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **BMW** Veh Config. **1** 21
 Operator **GONZALEZ, JONATHAN DAVID** Owner **GONZALEZ, DOMINGO G**
 Address **16 WIRTH AVE** Address **16 WIRTH AVE**
 City **WILMINGTON** State **MA** Zip **01887-2882** City **WILMINGTON** State **MA** Zip **01887-2882**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **1** 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **4** 25 BAC Test Result: **1** 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

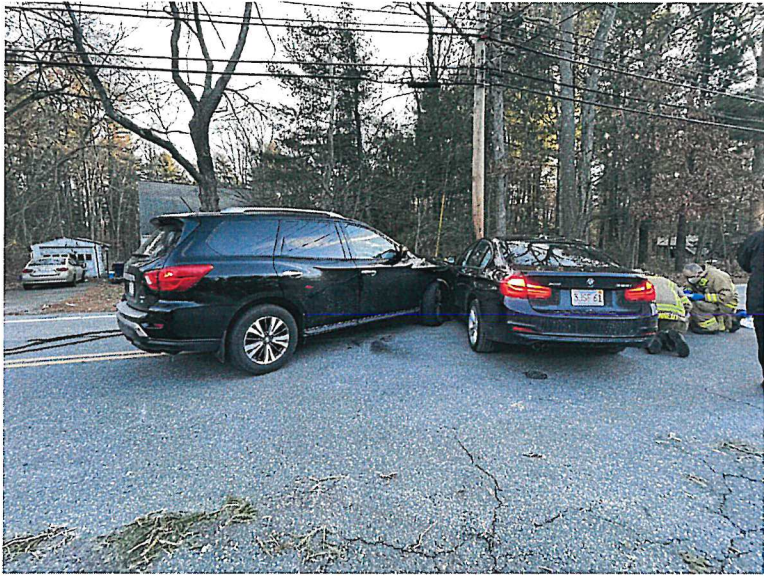
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	X	1	1	1	0	0	9	2	Lahey Clinic

Wilmington Police Department
Images Associated with 21-1-AC



Wilmington Police Department
Images Associated with 21-1-AC



Date of Crash **01/07/2021** Time of Crash **1511** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **15** State Police Local Police MBTA Police Campus Police Other:

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

1	Route# 1 Direction _____ Name of Roadway/Street _____	Route# 211 Direction _____ Address # LOWELL ST Name of Roadway/Street _____
	At _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
2	Route# 1 Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
	Also at Intersection with _____	_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 21-2-AC**

License # _____ St _____ DOB/Age _____	Reg # 996YN2 Reg Type PC Reg State MA
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21
Operator Driverless M.V.	Owner ZOU, CHANG OU
Address _____	Address 8 SAVIN ST
City _____ State _____ Zip _____	City BURLINGTON State MA Zip 01803-2210
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 8 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 _____	BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 0 26 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			1	0	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 # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____	Veh Year _____ Veh Make _____ Veh Config. 21
Operator unknown	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 _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 26 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			1							

Wilmington Police Department
Images Associated with 21-2-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# 211 Direction _____ Address # LOWELL ST Name of Roadway/Street _____

_____ Feet N S E W of _____ 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# **21-3-AC**

License # S64761357 St MA DOB/Age _____ Reg # 8PT814 Reg Type PC Reg State MA

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

Operator RIPPIN, NATHANIEL Owner RIPPIN, SAMUEL ALBERT

Address 153 WILMINGTON RD Address 153 WILMINGTON RD

City BURLINGTON State MA Zip 01803 City BURLINGTON State MA Zip 01803-1140

Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 10 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: 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	XXXXXX	X	<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 # SA0730239 St MA DOB/Age _____ Reg # 4EP136 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2011 Veh Make HYUNDAI Veh Config. 1 21

Operator SCHUURMAN, ALYSSA THERESE Owner SCHUURMAN, ANTHONY ROBERT

Address 11 MOLLOY RD Address 11 MOLLOY RD

City WILMINGTON State MA Zip 01887-2912 City WILMINGTON State MA Zip 01887-2912

Insurance Company THE STANDARD FIRE INSURAN Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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 19 25 25 BAC Test Result: 1 30

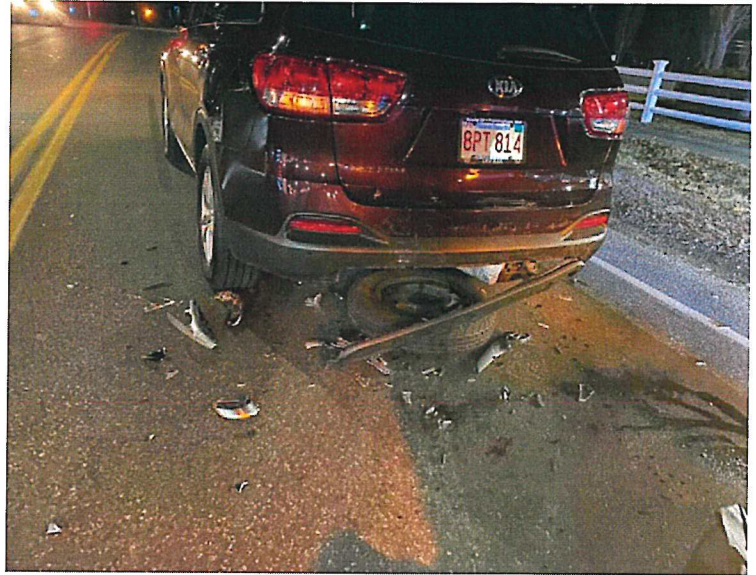
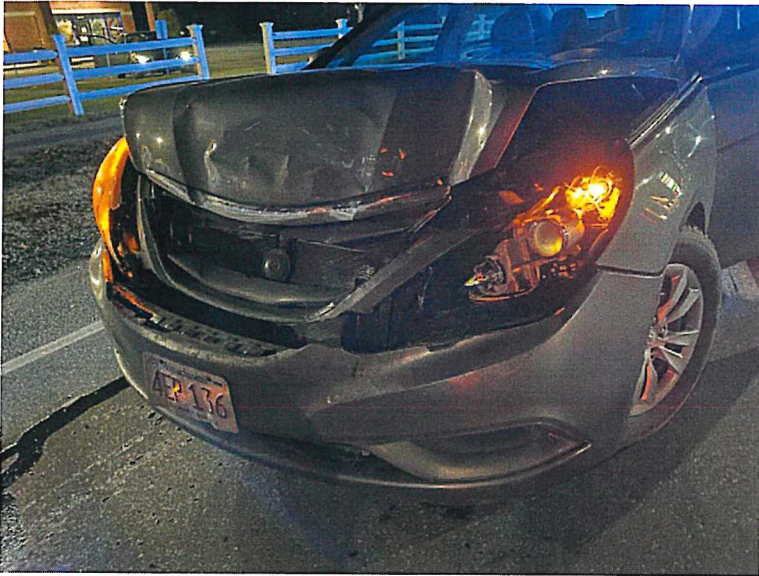
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator/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	<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 21-3-AC



Police Use Only | **Commonwealth of Massachusetts** | **RMV Document Number**

Date of Crash: 01/08/2021 | Time of Crash: 1445 | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 30 | State Police Local Police MBTA Police Campus Police Other:

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

1 1 | **2** 10

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

At | Feet of • or | Feet of • or

Route# Direction Name of Intersecting Roadway/Street | Feet of • or | Feet of • or

Also at Intersection with | Feet of • or | Feet of • or

Route# Direction Name of Intersecting Roadway/Street | Feet of • or | Feet of • or

Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped | Crash Report ID# **21-4-AC**

License # **S99110920** St **MA** DOB/Age | Reg # **1FP166** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement | Veh Year **2020** Veh Make **FORD** Veh Config. **1** 21

Operator **TADDIA, JOAN A** | Owner **TADDIA, JOAN A**

Address **53 BALDWIN RD APT 801** | Address **53 BALDWIN RD APT 801**

City **BILLERICA** State **MA** Zip **01821-3164** | City **BILLERICA** State **MA** Zip **01821-3164**

Insurance Company **Arbella Mutual** | Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 27 27

Vehicle Travel Direction: Responding to Emergency? | Event Sequence **1** 23 23 23 23 Test Status: **1** 28 29

Citation # (If Issued) **T2445826** | Most Harmful Event **1** 24 Type of Test: **30**

Viol. 1: Ch/Sec/Sub **89** **8** Viol. 2: Ch/Sec/Sub | Driver Contributing Code **4** 25 25 BAC Test Result:

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 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	
				6	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 # **S24510111** St **MA** DOB/Age | Reg # **9DV163** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement | Veh Year **2002** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **MCCARTHY, PATRICK MICHAEL** | Owner **MCCARTHY, MICHAEL JOSEPH**

Address **5 LAWRENCE CT** | Address **5 LAWRENCE CT**

City **WILMINGTON** State **MA** Zip **01887-1919** | City **WILMINGTON** State **MA** Zip **01887-1919**

Insurance Company **ARBELLA MUTUAL INSURANCE** | Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27

Vehicle Travel Direction: Responding to Emergency? | Event Sequence **1** 23 23 23 23 Test Status: **1** 28 29

Citation # (If Issued) | Most Harmful Event **1** 24 Type of Test: **30**

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

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		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	

