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|-----------------------------|-------------------------------|-------------------------|--|--|--|----------------------|---------------------|-----------------------|----------------|-----------------|---------------------------------------|---------------------------------------|--------------------------------------|--|---------------------------------|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | | |
| Date of Crash 02/15/2021 | Time of Crash 1533 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>15</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>210</u> | Direction _____ | Address # <u>BALLARDVALE ST</u> |
| At _____ | | | | _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ | _____ or _____ | _____ Mile Marker _____ Exit Number _____ |
| Route# _____ | Direction _____ | Name of Intersecting Roadway/Street _____ | | _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ | Route# _____ Intersecting Roadway/Street _____ | |
| Also at Intersection with _____ | | | | _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ | | |
| Route# _____ | Direction _____ | Name of Intersecting Roadway/Street _____ | | Landmark _____ | | |

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped

Crash Report ID# **21-37-AC**

| | | | |
|--|---|--|--------------------------------|
| License # _____ St _____ DOB/Age _____ | Reg # <u>958WC5</u> | Reg Type <u>PC</u> | Reg State <u>MA</u> |
| Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ | Veh Year <u>2010</u> | Veh Make <u>HONDA</u> | Veh Config. <u>1</u> <u>21</u> |
| Operator <u>Driverless M.V.</u> | Owner <u>JOHNSTONE, CARL B</u> | | |
| Address _____ | Address <u>41 ALLEN RD</u> | | |
| City _____ State _____ Zip _____ | City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2401</u> | | |
| Insurance Company <u>UNITED SERVICES AUTOMOBIL</u> | Vehicle Action Prior to Crash <u>11</u> <u>22</u> | Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u> | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>2</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>2</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>1</u> <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> | |
| | | Towed from scene? <u>2</u> <u>33</u> | |

| 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 | XXXXXX | XXXX | <u>1</u> | | | | | | | |
| | | | | | | | | | | | |
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Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

| | | | |
|--|---|--|--------------------------------|
| License # <u>S30403385</u> St <u>MA</u> DOB/Age _____ | Reg # <u>1KDR51</u> | Reg Type <u>PC</u> | Reg State <u>MA</u> |
| Sex <u>F</u> Lic. Class <u>D</u> <u>D</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ | Veh Year <u>2007</u> | Veh Make <u>KIA</u> | Veh Config. <u>1</u> <u>21</u> |
| Operator <u>DILLON, COURTNEY L</u> | Owner <u>DILLON, THOMAS F</u> | | |
| Address <u>54 AUDUBON RD</u> | Address <u>54 AUDUBON RD</u> | | |
| City <u>MILTON</u> State <u>MA</u> Zip <u>02186-1504</u> | City <u>MILTON</u> State <u>MA</u> Zip <u>02186-1504</u> | | |
| Insurance Company <u>SAFETY INSURANCE COMPANY</u> | Vehicle Action Prior to Crash <u>4</u> <u>22</u> | Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>2</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>2</u> <u>24</u> | Type of Test: <u>29</u> | |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code <u>3</u> <u>25</u> <u>9</u> <u>25</u> | BAC Test Result: <u>1</u> <u>30</u> | |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by <u>99</u> <u>26</u> | Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> | |
| | | Towed from scene? <u>2</u> <u>33</u> | |

| 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 | XXXXXX | XXXX | <u>1</u> | <u>0</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
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AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

| | | | |
|--------|--|--|---------|
| 1 4 | Route# _____ Direction _____ Name of Roadway/Street _____ | Route# _____ Direction _____ Address # 112 Name of Roadway/Street BURLINGTON AVE | 2 10 |
| | At _____ | _____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____ | |
| 2 5 | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ Feet N S E W of _____ | 1 11 |
| | Also at Intersection with _____ | _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ | |
| 3 3 | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ Feet N S E W of _____ | 2 12 |
| | | _____ Feet N S E W of _____ | |
| | | Landmark _____ | |

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-38-AC**

| | | | |
|--|--|---|----------|
| 4 1 | License # S48203435 St MA DOB/Age _____ | Reg # 4456774 Reg Type PC Reg State NH | 2 12 |
| | Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement _____ | Veh Year 2003 Veh Make GMC Veh Config. 1 21 | |
| Operator GREALISH, CONNOR J | | Owner BRIANAS, WILLIAM F | 30 13 |
| Address 7 WABASH RD | | Address 26 DAYTONA ST | |
| City WILMINGTON State MA Zip 01887-0000 | | City NASHUA State NH Zip 03060 | |
| Insurance Company GEICO | | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 27 | |
| Vehicle Travel Direction: N S X W Responding to Emergency? 2 | | Event Sequence 28 23 23 23 23 Test Status: 1 28 | |
| Citation # (If Issued) _____ | | Most Harmful Event 28 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 1 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 | XXXXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

| | | | |
|---|---|---|---------|
| 7 1 | License # _____ St _____ DOB/Age _____ | Reg # _____ Reg Type _____ Reg State _____ | 4 14 |
| | Sex _____ Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement _____ | 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 | XXXXXX | X | 1 | | | | | | | |
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Wilmington Police Department
Images Associated with 21-38-AC



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

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|---|--|
| <p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> | <p>Route# _____ Direction _____ Address # 590 Name of Roadway/Street WOBURN ST</p> <p>_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p> |
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-39-AC**

| | |
|--|---|
| License # NHL16797886 St NH DOB/Ag 19 19 Sex M Lic. Class D Lic. Restrictions B CDL Endorsement _____ Operator BLAKE, STEVEN M Address 462 BAY HILL RD City NORTHFIELD State NH Zip 032764623 Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) T2063724 Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub 90 9 | Reg # 4426268 Reg Type PC Reg State NH Veh Year 2019 Veh Make DODGE Veh Config. 2 Owner BLAKE, STEVEN M Address 462 BAY HILL RD City NORTHFIELD State NH Zip 032764623 Vehicle Action Prior to Crash 97 Damaged Area Code: 1 27 2 27 3 27 Event Sequence 27 23 35 23 23 23 Test Status: 2 28 Most Harmful Event 35 24 Type of Test: 2 29 Driver Contributing Code 10 25 25 BAC Test Result: 1 30 Driver Distracted by 5 26 Susp. Alcohol: 1 31 Susp. Drug: 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 | 99 | 4 | 0 | 0 | 10 | 1 | |
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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 _____ 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 _____ | 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 |
|---|---|

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

| | |
|---|---|
| <p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> | <p>Route# _____ Direction _____ Address # 80 Name of Roadway/Street PARK ST</p> <p>_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p> |
|---|---|

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **21-40-AC**

| | |
|---|---|
| License # NHL16797886 St NH DOB/Agc _____ Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Operator BLAKE, STEVEN M Address 462 BAY HILL RD City NORTHFIELD State NH Zip 032764623 Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) T2063724 Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub 90 9 | Reg # 4426268 Reg Type PC Reg State NH Veh Year 2019 Veh Make DODGE Veh Config. 2 21 Owner BLAKE, STEVEN M Address 462 BAY HILL RD City NORTHFIELD State NH Zip 032764623 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 1 27 3 27 Event Sequence 2 23 35 23 23 23 Test Status: 2 28 Most Harmful Event 2 24 Type of Test: 2 29 Driver Contributing Code 10 25 25 25 BAC Test Result: 1 30 Driver Distracted by 5 26 Susp. Alcohol: 1 31 Susp. Drug: 32 2 13 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 | XXXXXX | XXXX | 1 | 99 | 4 | 0 | 0 | 10 | 1 | |
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Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

| | |
|---|---|
| License # unknown St _____ DOB/Agc _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator DACKO, SCOTT D Address 1 WIGHTMAN RD City WILMINGTON State MA Zip 01887-3757 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 # 89G210 Reg Type PC Reg State MA Veh Year 2013 Veh Make FORD Veh Config. 2 21 Owner DACKO, SCOTT D Address 1 WIGHTMAN RD City WILMINGTON State MA Zip 01887-3757 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 7 27 8 27 Event Sequence 2 23 23 23 23 23 Test Status: 28 Most Harmful Event 2 24 Type of Test: 29 Driver Contributing Code 1 25 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 2 14 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 | XXXXXX | XXXX | 1 | 0 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

| | |
|---|--|
| <p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> | <p>Route# _____ Direction _____ Address # 779 Name of Roadway/Street WOBURN ST</p> <p>_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p> |
|---|--|

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **21-41-AC**

| | |
|---|--|
| License # S17489121 St MA DOB/Age _____ Sex M Lic. Class D ¹⁹ / ₁₉ Lic. Restrictions B ²⁰ CDL _____ Operator HEMMAN, JEFFREY S Address 3 POSSUM HOLLOW RD City ANDOVER State MA Zip 01810-0000 Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Travel Direction: N X 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 # 3BG336 Reg Type PC Reg State MA Veh Year 2018 Veh Make BMW Veh Config. 1 ²¹ Owner HEMMAN, JEFFREY S Address 3 POSSUM HOLLOW RD City ANDOVER State MA Zip 01810-0000 Vehicle Action Prior to Crash 3 ²² Damaged Area Code: 6 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 7 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 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 # S19034081 St MA DOB/Age _____ Sex M Lic. Class D ¹⁹ / ₁₉ Lic. Restrictions B ²⁰ CDL _____ Operator SAXONIS, ANDREW Address 15 DUSTIN ST City PEABODY State MA Zip 01960-5838 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S X 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 # 168LK3 Reg Type PC Reg State MA Veh Year 2020 Veh Make HONDA Veh Config. 1 ²¹ Owner SAXONIS, ANDREW Address 15 DUSTIN ST City PEABODY State MA Zip 01960-5838 Vehicle Action Prior to Crash 1 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 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 | | 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 | |

Wilmington Police Department
Images Associated with 21-41-AC



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

| | |
|--|---|
| <p>Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u>ALDRICH RD</u></p> <p style="text-align: center;">At</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u>SHAWSHOEN AVE</u></p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u></p> | <p>Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u></p> <p>Feet <u> </u> N S E W of <u> </u> • <u> </u> or <u> </u></p> <p style="text-align: center;">Mile Marker <u> </u> Exit Number <u> </u></p> <p>Feet <u> </u> N S E W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u></p> <p>Feet <u> </u> N S E W of <u> </u> Intersecting Roadway/Street <u> </u></p> <p style="text-align: center;">Landmark <u> </u></p> |
|--|---|

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-42-AC**

| | |
|--|--|
| <p>License # <u>S98909034</u> St <u>MA</u> DOB/Age <u> </u></p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL <u> </u> Endorsement <u> </u></p> <p>Operator <u>BUCKLEY, KAYLA M</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>19 PURITY SPRINGS RD</u></p> <p>City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2528</u></p> <p>Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p> | <p>Reg # <u>9LKC60</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2018</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>BUCKLEY, KAYLA M</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>19 PURITY SPRINGS RD</u></p> <p>City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2528</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>5</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>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></p> <p>Towed from scene? <u>2</u> <u>33</u></p> |
|--|--|

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

| | |
|--|--|
| <p>License # <u>S17222922</u> St <u>MA</u> DOB/Age <u> </u></p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL <u> </u> Endorsement <u> </u></p> <p>Operator <u>MORONEY, SEAN C</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>5 CARTER RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2838</u></p> <p>Insurance Company <u>USAA GENERAL INDEMNITY CO</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>T2063300</u></p> <p>Viol. 1: Ch/Sec/Sub <u>90</u> <u>23</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>20</u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p> | <p>Reg # <u>797DR6</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2009</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>MORONEY, SEAN C</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>5 CARTER RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2838</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>5</u> <u>25</u> <u>19</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>3</u> <u>33</u></p> |
|--|--|

| 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:**

| | |
|--|---|
| <p>ROUTE 62 HWY Route# _____ Direction _____ Name of Roadway/Street _____ At _____ I93NBR40 RAMP Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> | <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p> |
|--|---|

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped
 Crash Report ID# **21-43-AC**

| | |
|---|--|
| <p>License # S51390371 St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Operator ROONEY, NEAL E III Last First Middle Address 13 POMEROY RD City N READING State MA Zip 01864-0000 Insurance Company LIBERTY MUTUAL PERSONAL I Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> 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 _____</p> | <p>Reg # 4CZ138 Reg Type PC Reg State MA Veh Year 2015 Veh Make HYUNDAI Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner ROONEY, NEAL E III Last First Middle Address 13 POMEROY RD City N READING State MA Zip 01864-0000 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33</p> |
|---|--|

| 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 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 99 | 3 | 0 | 0 | 8 | 2 | Lahey Clinic |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

| | |
|---|---|
| <p>License # S33432501 St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator MCNAUGHT, BRIAN J Last First Middle Address 21 PATRICK RD City TEWKSBURY State MA Zip 01876-4701 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 _____</p> | <p>Reg # 3BC174 Reg Type PC Reg State MA Veh Year 2019 Veh Make CHEVROLET Veh Config. <input type="checkbox"/> 8 <input type="checkbox"/> 21 Owner MCNAUGHT, BRIAN J Last First Middle Address 21 PATRICK RD City TEWKSBURY State MA Zip 01876-4701 Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 33</p> |
|---|---|

| 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 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 99 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 ROUTE 62 HWY
Route# Direction Name of Roadway/Street

At

1 93NBR40 RAMP
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of . . . or Exit Number

5 11
Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of

Landmark

Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped | Crash Report ID# 21-43-AC

License # S31795021 St MA DOB/Age. Reg # 2MRK47 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Veh Year 2020 Veh Make HONDA Veh Config. 1 21

Operator SHAH, GIRISH KUMAR Owner SHAH, GIRISH KUMAR

Address 200 SWANTON ST APT 337 Address 200 SWANTON ST APT 337

City WINCHESTER State MA Zip 01890-4324 City WINCHESTER State MA Zip 01890-4324

Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 4 22 Damaged Area Code: 3 27 0 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 4 25 19 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? 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 | 99 | 1 | 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/Age Reg # Reg Type Reg State

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement 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

| 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 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Date of Crash 02/20/2021 Time of Crash 1750 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 4 Number Injured 1 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

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

Route# 280 Direction LOWELL ST Address # 280 Name of Roadway/Street LOWELL ST

At _____

Route# 280 Direction LOWELL ST Address # _____ Name of Roadway/Street _____

Feet N S E W of _____ of _____ or _____

Mile Marker _____ Exit Number _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-44-AC**

License # S10112853 St MA DOB/Age _____ Reg # VT44671 Reg Type PC Reg State MA

Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2012 Veh Make TOYOTA Veh Config. 1 21

Operator WELCH, MICHAEL J JR Owner WELCH, MICHAEL J JR

Address 50 WEST ST Address 50 WEST ST

City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887

Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 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) T2445637 Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 13 Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 20 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 5 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 | 1 | 1 | 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 # S77321696 St MA DOB/Age _____ Reg # 2ZD739 Reg Type PC Reg State MA

Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2011 Veh Make LINCOLN Veh Config. 1 21

Operator BURKE, DAVID S Owner BURKE, DAVID S

Address 11 FERGUSON RD Address 11 FERGUSON RD

City WILMINGTON State MA Zip 01887-2617 City WILMINGTON State MA Zip 01887-2617

Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 5 27 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 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/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 | 99 | 1 | 0 | 0 | 10 | 1 | |
| CARA LARSON | 432 HILDRETH ST LOWELL, MA 01850-1174 | | F | 3 | 0 | 1 | 0 | 0 | 9 | 2 | Lahey Clinic |
| | | | | | | | | | | | |

Date of Crash 02/20/2021 Time of Crash 1750 City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 4 Number Injured 1 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

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 Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 32 #Occupants Hit/Run Moped Crash Report ID# **21-44-AC**

License # **S38974806** St **MA** DOB/Age _____ Reg # **CS7390** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1**

Operator **FERRARA, JUDY ANGELA** Owner **FERRARA, JUDY ANGELA**

Address **252 KENNEDY DR APT 506** Address **252 KENNEDY DR APT 506**

City **MALDEN** State **MA** Zip **02148** City **MALDEN** State **MA** Zip **02148**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 5 27 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 **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**

Driver Contributing Code _____ 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 | 1 | 4 | 0 | 0 | 10 | 1 | |
| GABRIEL FERRARA | 252 KENNEDY DR MALDEN, MA 02148 | 04/04/2012 | M | 6 | 1 | 4 | 0 | 0 | 10 | 1 | |

Please Select One of the Following: Vehicle 41 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S12561396** St **MA** DOB/Age _____ Reg # **9HP958** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1**

Operator **ZOU, AI QIN** Owner **ZOU, AI QIN**

Address **9 GOULD ST** Address **9 GOULD ST**

City **QUINCY** State **MA** Zip **02170-2801** City **QUINCY** State **MA** Zip **02170-2801**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 27 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 **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**

Driver Contributing Code _____ 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 | |

Wilmington Police Department
Images Associated with 21-44-AC

