

Date of Crash 03/08/2021 Time of Crash 1335 City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 10 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

Route# Direction Name of Intersecting 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# **21-50-AC**

License # **S21213067** St **MA** DOB/Age _____ Reg # **8RJ184** Reg Type **PC** Reg State **MA**

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

Operator **FLAHERTY, TIMOTHY JOSEPH** Owner **FLAHERTY, TIMOTHY JOSEPH**

Address **22 RAILROAD ST APT 408** Address **22 RAILROAD ST APT 408**

City **ANDOVER** State **MA** Zip **01810-3573** City **ANDOVER** State **MA** Zip **01810-3573**

Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** Damaged Area Code: **6** **7** **8**

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 **9** **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 # **S40863555** St **MA** DOB/Age _____ Reg # **23456** Reg Type **AP** Reg State **MA**

Sex **M** Lic. Class **B** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make _____ Veh Config. **8**

Operator **SHARRIO, KEVIN M** Owner **ONE FORTY FIVE MARSTON ST INC**

Address **176 ELM ST APT 3** Address **139 MARSTON ST**

City **EVERETT** State **MA** Zip **02149-5222** City **LAWRENCE** State **MA** Zip **01841-2201**

Insurance Company **ZURICH AMERICAN INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **8** **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: **30**

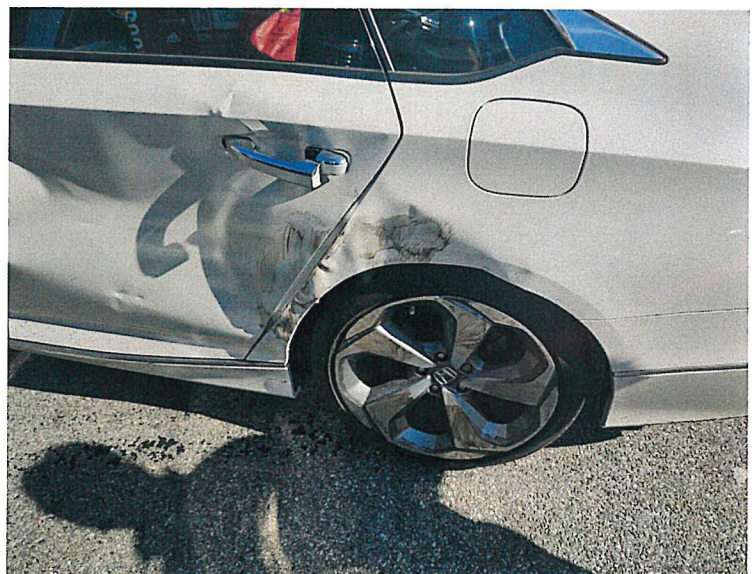
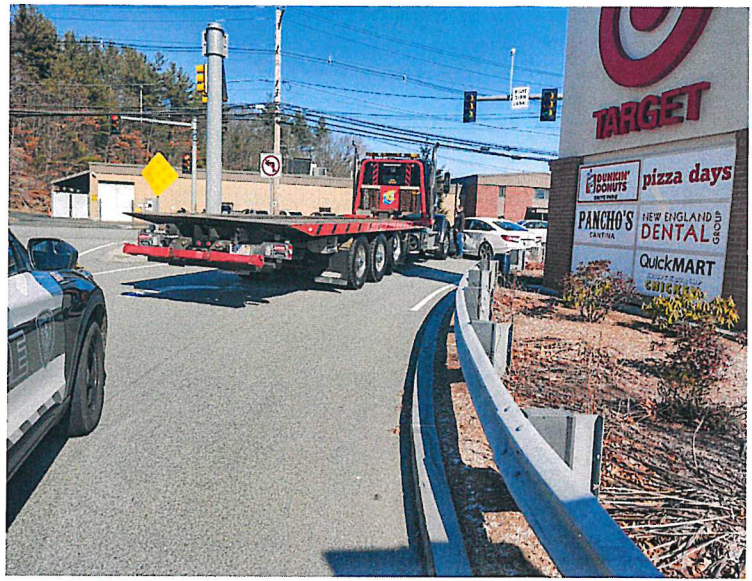
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

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

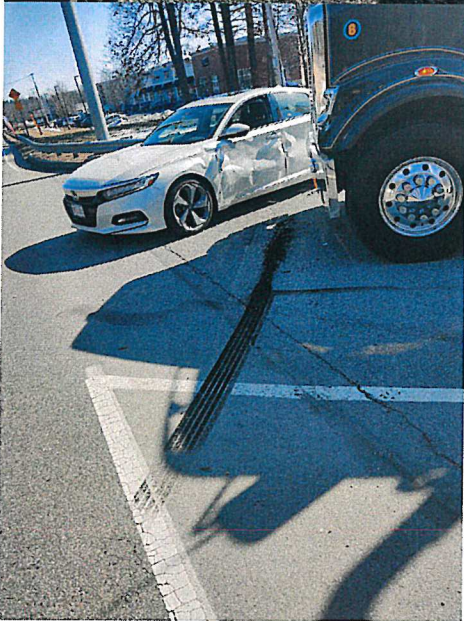
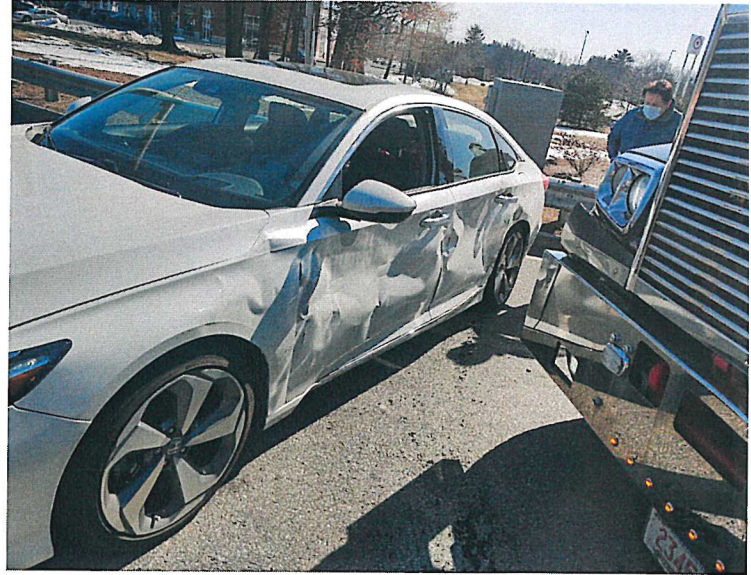
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-50-AC



Wilmington Police Department
Images Associated with 21-50-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 ROUTE 62 HWY
Route# Direction Name of Roadway/Street
At
I-93 NORTHBOUND EXIT 40 RAMP
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with

2 1
Route# Direction Name of Intersecting Roadway/Street

3 11
Route# Direction Address # 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# **21-51-AC**

License # **S88512801** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____
Operator **RUGGIERO, JAMES C**
Address **281 WOBURN ST**
City **WILMINGTON** State **MA** Zip **01887-2155**
Insurance Company **SAFETY INSURANCE COMPANY**
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 # **8EJ484** Reg Type **PC** Reg State **MA**
Veh Year **2011** Veh Make **FORD** Veh Config. **1** 21
Owner **RUGGIERO, VINCENT J**
Address **281 WOBURN ST**
City **WILMINGTON** State **MA** Zip **01887-2155**
Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11** 27 27 27
Event Sequence **1** 23 20 23 28 23 23 Test Status: **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			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

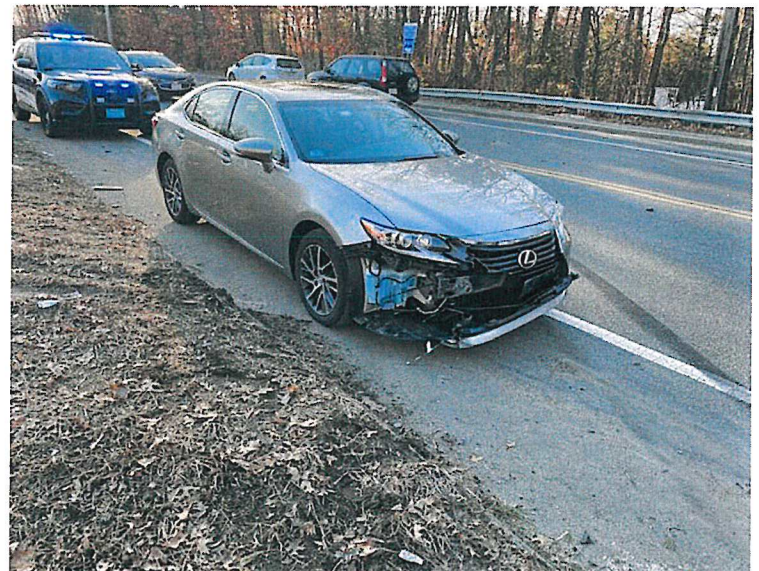
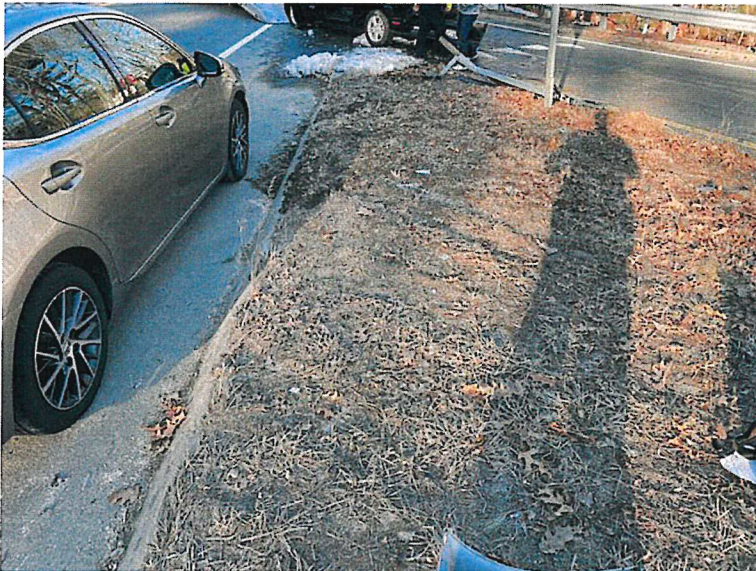
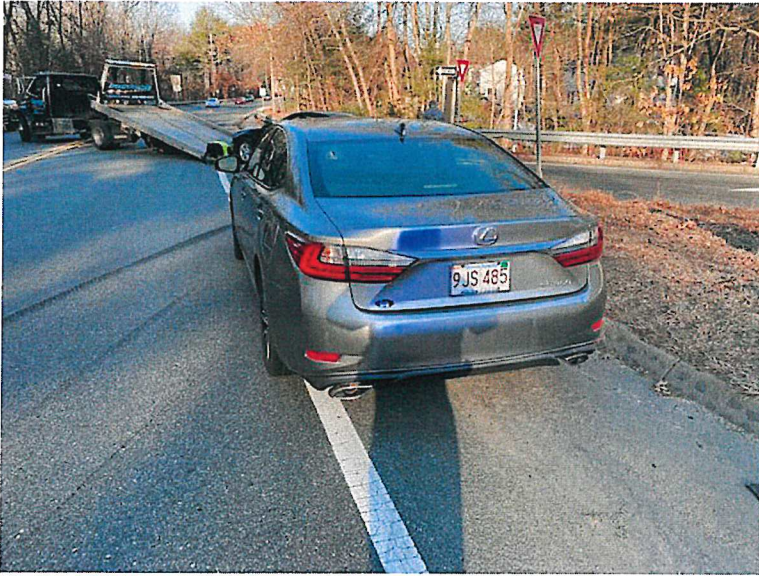
License # **S83707774** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement _____
Operator **SIMMONS, EDWARD GEORGE**
Address **4 VALLEY CIR**
City **BURLINGTON** State **MA** Zip **01803-4017**
Insurance Company **SAFETY INSURANCE COMPANY**
Vehicle Travel Direction: **X 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 # **9JS485** Reg Type **PC** Reg State **MA**
Veh Year **2016** Veh Make _____ Veh Config. **1** 21
Owner **SIMMONS, EDWARD GEORGE**
Address **4 VALLEY CIR**
City **BURLINGTON** State **MA** Zip **01803-4017**
Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **1** 27 **2** 27 27
Event Sequence **1** 23 23 23 23 Test Status: **28**
Most Harmful Event **1** 24 Type of Test: **29**
Driver Contributing Code **4** 25 **19** 25 BAC Test Result: **30**
Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **1** 33

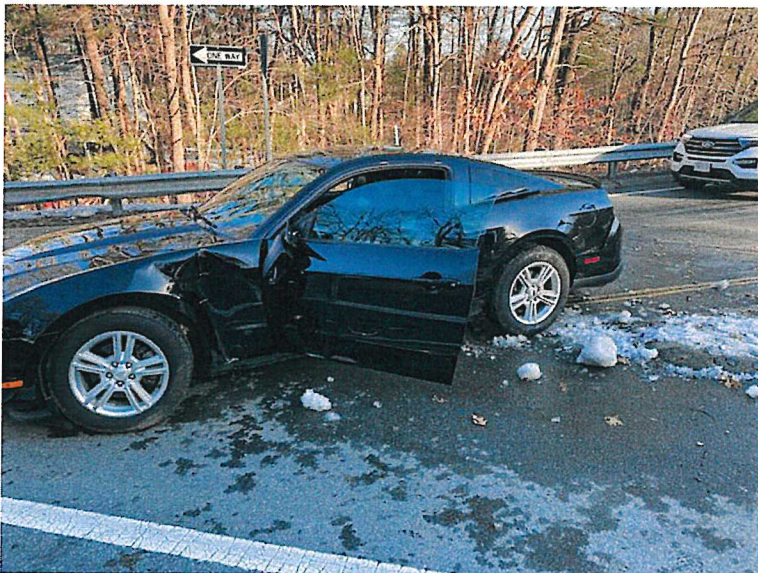
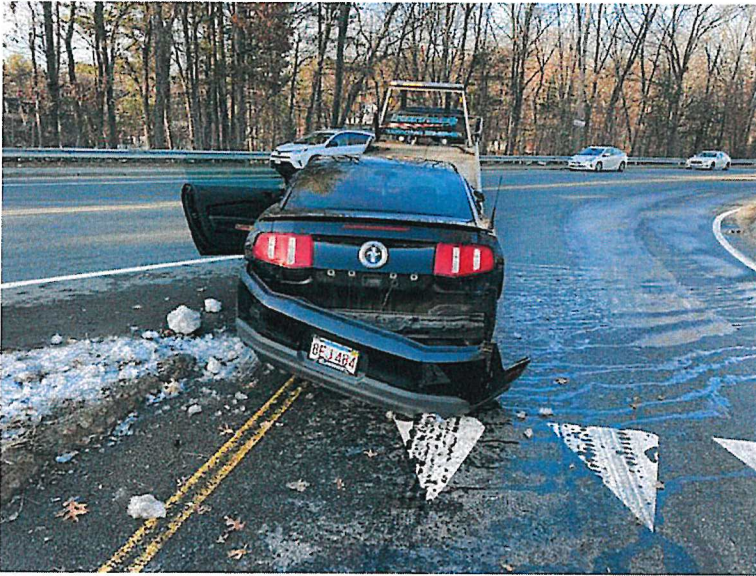
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	
RICHARD ARAUJO	88 CHARME RD TEWKSBURY, MA 01876-3204		M	3	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-51-AC



Wilmington Police Department
Images Associated with 21-51-AC



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

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

Route# Direction Address # Name of Roadway/Street
 366 CHESTNUT ST
 Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 50 Feet N X E W of _____
 Route# Intersecting Roadway/Street
 NAVAJO DR
 Feet N S E W of _____
 Landmark _____

Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped
 Crash Report ID# **21-52-AC**

License # **S33893347** St **MA** DOB/Ag: _____ Reg # **SP11398** Reg Type **SB** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2014** Veh Make **DODGE** Veh Config. **1** 21
 Operator **MEDINA, SHAMILL** Owner **KAMAU, ANTONY M**
 Address **38 WALSH AVE FL APT 1** Address **121 CONIFER HILL DR APT 611**
 City **PEABODY** State **MA** Zip **01960-0101** City **DANVERS** State **MA** Zip **01923-1191**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 3 27 27
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **22** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) **T2445641** Most Harmful Event **22** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 7AA** Viol. 2: Ch/Sec/Sub **90 18** Driver Contributing Code **11** 25 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

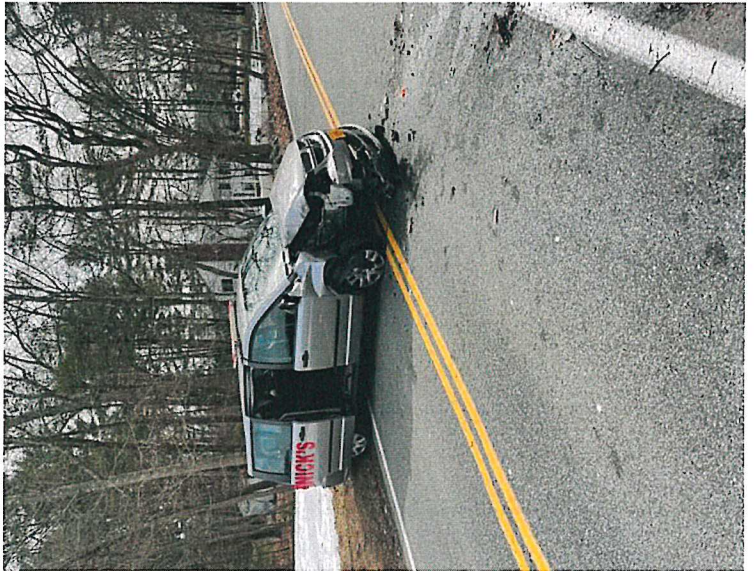
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	
			M	4	1	5	0	0	9	1	

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

License # _____ St _____ DOB/Ag: _____ 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	<input checked="" type="checkbox"/>	1							

Wilmington Police Department
Images Associated with 21-52-AC



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

1 1 Route# Direction Name of Roadway/Street At
 2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 3 99 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street
 3 11 Feet N S E W of Mile Marker Exit Number
 3 11 Feet N S E W of Route# Intersecting Roadway/Street
 Landmark

Please Select One of the Following: Vehicle 11 #Occupants Hit/Run Moped Crash Report ID# **21-53-AC**

License # **S53048450** St **MA** DOB/Age _____ Reg # **V58026** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **FORD** Veh Config. **2** 21
 Operator **NESTOR, RONALD J** Owner **DEX BY TERRA INC**
 Address **101 BALSAM PL APT 201** Address **83 CENTRAL ST**
 City **TEWKSBURY** State **MA** Zip **01876-4641** City **HUDSON** State **MA** Zip **01749-1319**
 Insurance Company **EMPLOYERS MUTUAL CASUALTY** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 0 27 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **2** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: **2** 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 **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Driver Distracted by **99** 26 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	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 20 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **126PV9** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **1994** Veh Make **FORD** Veh Config. **1** 21
 Operator **Driverless M.V.** Owner **LEVERONE, LORENA R**
 Address _____ Address **15 DORCHESTER ST**
 City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-2278**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **7** 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **2** 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 Distracted by **0** 26 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							

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

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

Route# Direction Address # Name of Roadway/Street
 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# **21-54-AC**

License # **SA0080573** St **MA** DOB/Age _____ Reg # **1RBY78** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2006** Veh Make **CADILLAC** Veh Config. **1 21**
 Operator **CLERICO, DYLAN VINCENT** Owner **CLERICO, VINCENT J**
 Address **24 OHIO ST** Address **24 OHIO ST**
 City **WILMINGTON** State **MA** Zip **01887-1648** City **WILMINGTON** State **MA** Zip **01887-1648**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 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 **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 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	0	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 # _____ 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 **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 _____ 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							

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

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

Route# Direction Address # Name of Roadway/Street
 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# **21-55-AC**

License # **S97666745** St **MA** DOB/A_E _____ Reg # **8MDZ40** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____ Veh Year **2003** Veh Make **MITSUBISHI** Veh Config. **1**
 Operator **KOSLOWSKI, JAMES R** Owner **KOSLOWSKI, JAMES R**
 Address **43 BRAND AVE** Address **43 BRAND AVE**
 City **WILMINGTON** State **MA** Zip **01887-2010** City **WILMINGTON** State **MA** Zip **01887-2010**
 Insurance Company **PILGRIM INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **3 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **3 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **13 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **7 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 **1** Action **2** Location **4** Condition **1** Hit/Run Moped

License # _____ St _____ DOB/A_E _____ 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	XXXXXX	XX	1	10				8	97	

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **3 WISSER ST** Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

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

Feet **N S E W** of _____ of _____ Route# Intersecting Roadway/Street

Feet **N S E W** of _____ Landmark

Please Select One of the Following: Vehicle 3 Occupants Hit/Run Moped **Crash Report ID# 21-55-AC**

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 Last First Middle **Owner** Last First Middle

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 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	XXXX	XX	1							

Please Select One of the Following: Vehicle 3 Occupants Non-Motorist A Type **1 15** Action **2 16** Location **4 17** Condition **1 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 Last First Middle **Owner** Last First Middle

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	XXXX	XX	1	10				8	97	

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER KATHRYN C GOODWIN

Ref: 21-55-AC

Entered: 03/15/2021 @ 1728 Entry ID: 216
Modified: 03/15/2021 @ 2353 Modified ID: 216

On Monday, March 15th, 2021 I (Officer Goodwin) was assigned uniformed patrol in marked cruiser 33, sector 3, on the 1600 to 0000 hour shift. At approximately 1657 hours, I went to Brand Ave for a follow up.

On the way to Brand Ave, I stopped at 43 Brand Ave to drop off a Crash Report to James Koslowski.

At Brand Ave, I was met at the door by Marion Ames. Ms. Ames stated she wanted her two children, the two involved parties, to have their statements included in my report.

I spoke first to . stated he and his brother were walking home from the vicinity of Rocco's Restaurant. stated he was walking in front of the parked truck (shown in diagram) when he was lifted off his feet and was on the hood of the car. He stated the front of the car hit him and then he believes he rolled off to his side. He stated Winchester Hospital staff stated he has a left leg/ankle injury and possibly a knee fracture. He also stated he has small scrapes on his opposite leg. He stated the operator of the vehicle kept driving after he hit them and then stopped further down the road after being yelled at to do so. It should be noted the operator was on scene when I arrived.

. stated the vehicle hit his brother first and then him.. stated he was hit and then fell to the ground where his left hand went under the wheel of the car.

Both brothers stated they were standing in front of the parked truck when they were hit. Neither brother knew how the side mirror was broken off the involved vehicle, the Mitsubishi.

I advised Ms. Ames how to obtain a copy of my full report if she needed it. I also provided her with an accident exchange form and a copy of the original crash report prior to this supplemental. I also advised her that the department completed our investigation and we did not observe any signs of impairment. It should be noted there was a noticeable solar glare when traveling down Wissar St at this time of day.

Respectfully submitted,

Officer Kathryn Goodwin, Badge #216
Wilmington Police Department

Wilmington Police Department
Images Associated with 21-55-AC

