

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# 21-56-AC**

License # **S15578326** St **MA** DOB/Age _____ Reg # **SB37055** Reg Type **SB** Reg State **MA**
 Sex **M** Lic. Class **B** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **Thomas** Veh Config. **4** 21
 Operator **OSIRUS, MICHAEL P** Owner **NRT BUS INC**
 Address **56 GALE ST APT 2** Address **55 HAMPSHIRE RD**
 City **MALDEN** State **MA** Zip **02148-5337** City **METHUEN** State **MA** Zip **01844-1154**
 Insurance Company **PILGRIM INSURANCE COMPANY** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: **N S E** 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 _____ Driver Contributing Code **99** 25 25 BAC Test Result: 1 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? 2 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above		<input checked="" type="checkbox"/>	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 # **S52748124** St **MA** DOB/Age _____ Reg # **2CVC56** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **SUBARU** Veh Config. **1** 21
 Operator **KAVANAUGH, KATELYN JENNIFER** Owner **MELKONIAN SUBARU INC**
 Address **23 CONGRESS ST** Address **260 MAIN ST**
 City **WILMINGTON** State **MA** Zip **01887-2837** City **N READING** State **MA** Zip **01864-1339**
 Insurance Company **PHILADELPHIA INDEMNITY IN** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: 5 27 27 27
 Vehicle Travel Direction: **N S E** 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 _____ Driver Contributing Code **1** 25 25 BAC Test Result: 1 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? 1 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above		<input checked="" type="checkbox"/>	1	1	4	0	0	8	1	
				6	4	4	0	0	10	99	

Wilmington Police Department
Images Associated with 21-56-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 03/19/2021	Time of Crash 0736 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	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 _____ At _____	Route# <u>193</u> Direction _____ Address # <u>BALLARDVALE ST</u> Name of Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <u>N S E W</u> of _____ or _____ Feet <u>N S E W</u> of _____	Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-57-AC**

License # <u>S63270521</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>PIPER, ETHAN JOSEPH</u> Last First Middle Address <u>35 EDSSEL RD</u> City <u>LITTLETON</u> State <u>MA</u> Zip <u>01460-1731</u> Insurance Company <u>TRAVELERS CASUALTY INSURA</u> Vehicle Travel Direction: <u>N S E</u> <input checked="" type="checkbox"/> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>M73446</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2008</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SULLIVAN MECHANICAL SERVICES INC</u> Last First Middle Address <u>193 BALLARDVALE ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1013</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> 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>
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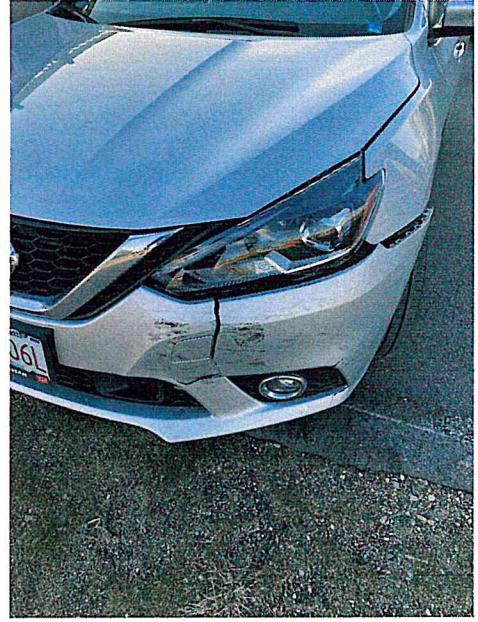
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S41396026</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>TOLLEY, JUDITH A</u> Last First Middle Address <u>12 VALLEY ST APT 414</u> City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-2038</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: <u>N S</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>JF306L</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>TOLLEY, JUDITH A</u> Last First Middle Address <u>12 VALLEY ST APT 414</u> City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-2038</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> 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>
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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>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 21-57-AC



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

1 **NICHOLS ST**
 Route# Direction Name of Roadway/Street
 At
FAIRMEADOW RD
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

2 **10**
 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

3 Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped **Crash Report ID# 21-58-AC**

4 License # _____ St _____ DOB/Age _____ Reg # **9EK688** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1** **21**
 Operator _____ Owner **POSTORONKA, RAISA NICHOLAEVNA**
 Last First Middle Last First Middle
 Address _____ Address **26 MARSHALL ST BLDG APT 0**
 City _____ State **MA** Zip **01876-2626**
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
 Vehicle Travel Direction: **N** **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**

6 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
RAISA POSTORONKA	26 MARSHALL ST BLDG TEWKSBURY, MA 01876-2626	04/11/1975	F	3	1	4	0	0	10	1	

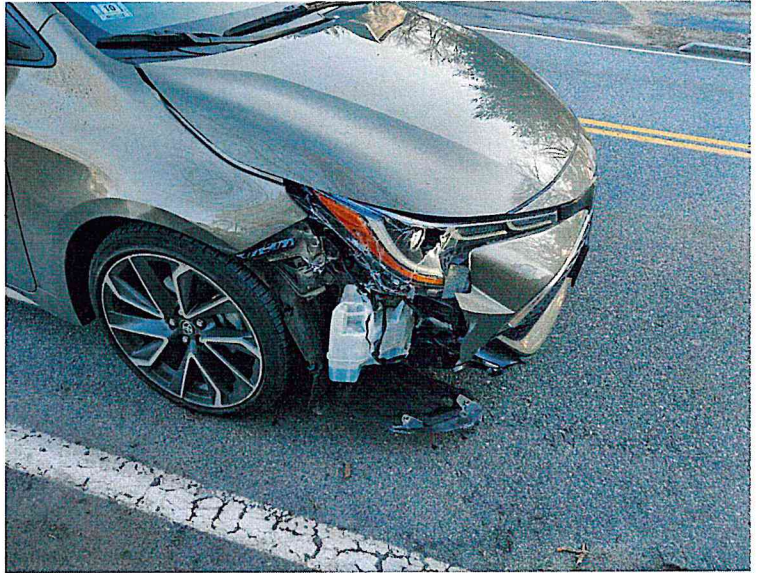
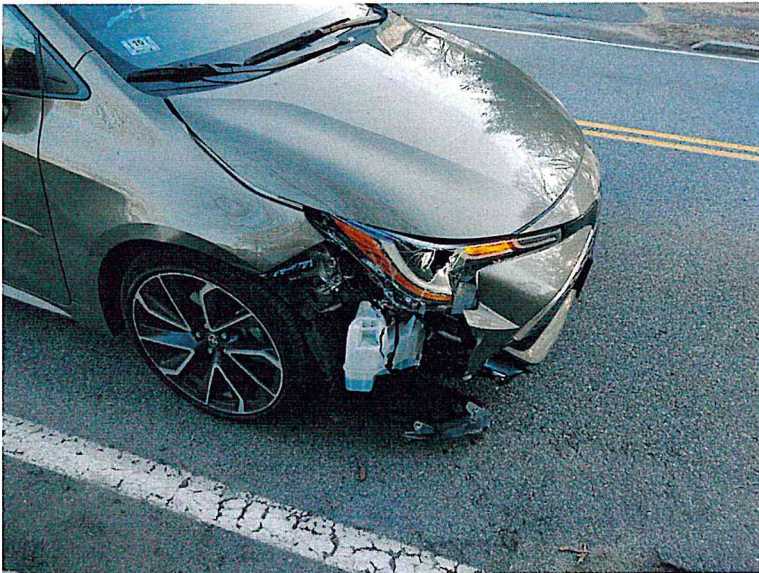
7 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 License # **SA0520570** St **MA** DOB/Age _____ Reg # **2FPZ59** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **1998** Veh Make **TOYOTA** Veh Config. **1** **21**
 Operator **PIMENTEL, JONATHAN SOK** Owner **PIMENTEL, JONATHAN SOK**
 Last First Middle Last First Middle
 Address **17 FAIRMEADOW RD** Address **17 FAIRMEADOW RD**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **7** **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 **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? **2** **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-58-AC



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