

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At

Route# Direction Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

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

Feet N S E W of _____ 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# 21-66-AC

License: _____ DOB/Age: _____ Reg # 1ES633 Reg Type PC Reg State MA

Se: Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator: _____ Owner: PONTES, DAVID ANTHONY

Address: _____ Address: 19 GEORGIANNA RD

City: _____ State MA Zip 01821-2004

Insurance Company ALLSTATE INSURANCE COMPAN

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) _____ Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ 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? 2 33

Please fill out for operator and all occupants involved

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

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

License # S66559874 St MA DOB/Age: _____ Reg # R7700 Reg Type PC Reg State MA

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

Operator: SWEENEY, RYAN ROBERT Owner: SWEENEY, RYAN ROBERT

Address: 22 MOORE ST Address: 22 MOORE ST

City: WILMINGTON State MA Zip 01887-3734 City: WILMINGTON State MA Zip 01887-3734

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Action Prior to Crash 2 22 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

Towed from scene? 2 33

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

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **WOBURN ST**
Route# Direction Name of Roadway/Street

1 **EAMES ST**
Route# Direction Name of Intersecting Roadway/Street

2
Route# Direction Name of Intersecting Roadway/Street

2
Route# Direction Name of Intersecting Roadway/Street

10
Route# Direction Address # Name of Roadway/Street

11
Feet N S E W of Mile Marker Exit Number

1
Feet N S E W of Route# Intersecting Roadway/Street

1
Feet N S E W of

Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **21-67-AC**

License # **S41560268** St **MA** DOB/Age. Reg # **2357844** Reg Type **AP** Reg State **IN**

Sex **M** Lic. Class **A** Lic. Restrictions **20** CDL **T** Veh Year **2016** Veh Make **Other-not listed** Veh Config. **10**

Operator **RESENDEZ, FRANK JAY** Owner **PENSKE LEASING AND RENTAL**

Address **3 ELLIS CT** Address **PO BOX 791**

City **WOBURN** State **MA** Zip **01801-3624** City **OUT OF STATE** State **PA** Zip

Insurance Company Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **3** 27 27 27

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **35** 23 23 23 23 Test Status: **1** 28

Citation # (If Issued) Most Harmful Event **35** 24 Type of Test: **1** 29

Viol. 1: Ch/Sec/Sub Driver Contributing Code **9** 25 **12** 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

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	99	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 Lic. Restrictions 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 Driver Contributing Code **25** 25 BAC Test Result: **30**

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

Viol. 3: Ch/Sec/Sub 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							

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

2 10 Route# Direction Address # Name of Roadway/Street
687 MAIN ST
Feet N S E W of . or Exit Number
2 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 12 #Occupants Hit/Run Moped | Crash Report ID# 21-68-AC

License # S56144596 St MA DOB/Age: 19 19 | Reg # 266CD8 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator AMADEI, ANITA ANN | Veh Year 2014 Veh Make HONDA Veh Config. 1 21
Address 321 PLACE LN | Owner AMADEI, ANITA ANN
City WOBURN State MA Zip 01801-2975 | Address 321 PLACE LN
City WOBURN State MA Zip 01801-2975
Insurance Company CITIZENS INSURANCE COMPAN | Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 4 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 | Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub | Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	9	1	
JUNE GOLD	462 PLACE LN WOBURN, MA 01801-2978		F	3	1	4	0	0	9	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 # S68890144 St MA DOB/Age: 19 19 | Reg # 9AF962 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement
Operator STOKES, ALIYA MADELINE | Veh Year 2009 Veh Make HYUNDAI Veh Config. 1 21
Address 19 MERRIMAC ST | Owner STOKES, ALIYA MADELINE
City WOBURN State MA Zip 01801-1605 | Address 19 MERRIMAC ST
City WOBURN State MA Zip 01801-1605
Insurance Company GEICO GENERAL INSURANCE C | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 0 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 | Driver Contributing Code 20 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub | Driver Distracted by 7 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	8	1	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

BALLARDVALE ST

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

I93 EXIT 41

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

Also at Intersection with _____

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 _____

2 10

4 11

2

3

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

Crash Report ID# **21-69-AC**

4

License # **S46592726** St **MA** DOB/Age _____ Reg # **5CY536** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1**

Operator **SHEDD, DOREEN F** Owner **SHEDD, DOREEN F**

Address **268 SALEM RD** Address **268 SALEM RD**

City **BILLERICA** State **MA** Zip **01821-2157** City **BILLERICA** State **MA** Zip **01821-2157**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **4** 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 29**

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

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**

1 12

1 13

6

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

7

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

8

License # **S26550708** St **MA** DOB/Age _____ Reg # **T94051** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **Other-not listed** Veh Config. **2**

Operator **RIVADENEIRA, JORGE HERNAN** Owner **WYNN MA LLC**

Address **87 REVERE ST APT 3** Address **1 BROADWAY**

City **REVERE** State **MA** Zip **02151-4438** City **EVERETT** State **MA** Zip **02149-2432**

Insurance Company **ZURICH AMERICAN INSURANCE** Vehicle Action Prior to Crash **4** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**

Citation # (If Issued) **T2445639** Most Harmful Event **1 24** Type of Test: **1 30**

Viol. 1: Ch/Sec/Sub **90 23** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 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**

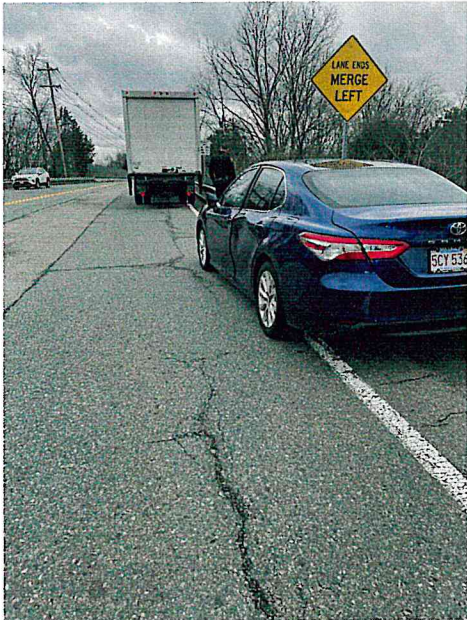
Towed from scene? **3 33**

1 14

9

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-69-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 04/01/2021	Time of Crash 1503 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 81 Direction _____ Address # _____ Name of Roadway/Street ALDRICH RD	Route# _____ Direction _____ Name of Roadway/Street _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ or _____	Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____	_____ Feet N S E W of _____
		Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-70-AC**

License # S40105750 St MA DOB/Age _____	Reg # 28V180 Reg Type PC Reg State MA
Sex F Lic. Class D Lic. Restrictions 99 CDL _____	Veh Year 2008 Veh Make CHEVROLET Veh Config. 1
Operator VELOZO, LISA M	Owner WENTZELL, BLAISE F
Address 81 ALDRICH RD	Address 65 SWAIN RD
City WILMINGTON State MA Zip 01887-2203	City WILMINGTON State MA Zip 01887-2859
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 10 Damaged Area Code: 5 27 27 27
Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> 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? 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	XXXXXX	XXXX	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 # _____ St _____ DOB/Age _____	Reg # 2AHH27 Reg Type PC Reg State MA
Sex _____ Lic. Class D Lic. Restrictions 99 CDL _____	Veh Year 2020 Veh Make TOYOTA Veh Config. 1
Operator _____	Owner FRYE, CAROLINE MARY
Address _____	Address 7 GLORIA WAY
City _____ Stat _____ Zip _____	City WILMINGTON State MA Zip 01887-1951
Insurance Company LIBERTY MUTUAL PERSONAL I	Vehicle Action Prior to Crash 1 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> 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/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	1	4	0	0	10	1	

