

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

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

2 3 Route# Direction Name of Intersecting Roadway/Street

40 BALLARDVALE ST

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 _____ of _____

Landmark _____

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

Crash Report ID# 21-129-AC

License # S61877633 St MA DOB/Age _____ Reg # 2J1002 Reg Type MC Reg State MA

Sex M Lic. Class D M 19 19 Lic. Restrictions 99 20 CDL _____ Veh Year 2018 Veh Make SUZUKI Veh Config. 3 21

Operator GIORDANO, NICHOLAS Owner GIORDANO, NICHOLAS

Address 10 LARSEN LN Address 10 LARSEN LN

City NORTH BILLERICA State MA Zip 01862-3035 City NORTH BILLERICA State MA Zip 01862-3035

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27

Vehicle Travel Direction: N S E X 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 11 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	5	5	0	0	8	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 # S64882356 St MA DOB/Age _____ Reg # 8AE121 Reg Type PC Reg State MA

Sex M Lic. Class D M 19 19 Lic. Restrictions 99 20 CDL _____ Veh Year 2019 Veh Make LINCOLN Veh Config. 1 21

Operator SOUZA HONORATO, WINDSON Owner JC GENERAL CONTRATING AND CLEANING INC

Address 1231 AVALON DR Address 9TH ST

City WILMINGTON State MA Zip 01887-1155 City TEWKSBURY State MA Zip 01876

Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 6 22 Damaged Area Code: 0 27 27 27

Vehicle Travel Direction: X 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/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	5	0	0	10	1	

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

2 1 Route# Direction Name of Intersecting Roadway/Street

7 WEST ST

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# 21-130-AC

License # 24666727 St TX DOB/Age

Sex M Lic. Class B 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator CALDWELL, ROBERT R

Address 616 INDIAN SCOUT DR

City SPRING BRANCH State TX Zip 78070

Insurance Company

Vehicle Travel Direction: S E W Responding to Emergency? 2

Citation # (If Issued) T2445899

Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 17

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # KKM4301 Reg Type PC Reg State PA

Veh Year 2020 Veh Make FORD Veh Config. 1 21

Owner HERTZ VEHICLE LLC

Address 8201 BARTRAM AVE

City PHILADELPHIA State PA Zip

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 0 27

Event Sequence 22 23 23 23 23 Test Status: 1 28

Most Harmful Event 22 24 Type of Test: 29

Driver Contributing Code 19 25 15 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 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 # St DOB/Age

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							

Wilmington Police Department
Images Associated with 21-130-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/02/2021	Time of Crash 1637 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police <input checked="" type="checkbox"/>	Local Police <input type="checkbox"/>
						Latitude _____	Longitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
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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 _____	<	>	159 CHURCH ST 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 _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-131-AC
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License # NHL11402181 St NH DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator HARDY, CHRISTINE ELIZABETH Address 95 GEROGETOWN DR City CENTER BARNSTEAD State NH Zip 03255 Insurance Company METROPOLITIAN 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 # 3864071 Reg Type PC Reg State NH Veh Year 2019 Veh Make Jeep Veh Config. 1 21 Owner HARDY, CHRISTINE ELIZABETH Address 95 GEROGETOWN DR City CENTER BARNSTEAD State NH Zip 03255 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 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
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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:	<input checked="" type="checkbox"/> Vehicle 2 #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # S49826026 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator WHIFFEN, WADAD ALBERT Address 39 WEYLAND CIR City N ANDOVER State MA Zip 01845-4933 Insurance Company QUINCY MUTUAL FIRE INSURA 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 # 815XJ3 Reg Type PC Reg State MA Veh Year 2009 Veh Make MERCEDES-BENZ Veh Config. 1 21 Owner WHIFFEN, JAMES G Address 39 WEYLAND CIR City NORTH ANDOVER State MA Zip 01845-4933 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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 19 25 5 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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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	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 06/05/2021	Time of Crash 0243 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
				Latitude _____	Longitude _____		MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
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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 _____	<	>	72 GLEN RD 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 _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 12 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-133-AC
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License # S52899761 St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____ Operator MONTENEGRO, KEVIN J Address 1 EMERSON ST City WILMINGTON State MA Zip 01887-1712 Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 # 3486VE Reg Type PC Reg State MA Veh Year 2010 Veh Make HONDA Veh Config. 1 Owner MONTENEGRO, MILVIA Address 1 EMERSON ST City WILMINGTON State MA Zip 01887-1712 Vehicle Action Prior to Crash 1 Damaged Area Code: 2 27 3 27 27 Event Sequence 22 23 23 23 23 Test Status: 1 28 Most Harmful Event 22 24 Type of Test: 29 Driver Contributing Code 20 25 25 BAC Test Result: 30 Driver Distracted by 6 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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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	X	X	1	1	3	0	0	10	1
MEKHILA DEROSA	12 HOBSON AVE WILMINGTON, MA 01887-2640	02/18/2000	F	3	1	3	0	0	8	1	

Please Select One of the Following:	<input type="checkbox"/> Vehicle 2 #Occupants	<input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ 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
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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	X	X	1						

Wilmington Police Department
Images Associated with 21-133-AC

