

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
 Route# Direction Name of Intersecting Roadway/Street

2 1
 Route# Direction Name of Roadway/Street
 381 **MIDDLESEX AVE**
 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 10 #Occupants Hit/Run Moped
 Crash Report ID# **21-134-AC**

License # _____ St _____ DOB/Age _____ Reg # **6ZR316** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **VOLKSWAGEN** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **NOWELL, MICHELLE MARIE**
 Last First Middle Last First Middle
 Address _____ Address **11 JERE RD**
 City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-1670**
 Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **4 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? **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							

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

License # **S26236717** St **MA** DOB/Ag _____ Reg # **7434EL** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **GEORGE, MARGARET MARY** Owner **GEORGE, MARGARET MARY**
 Last First Middle Last First Middle
 Address **3211 EVERGREEN DR** Address **3211 EVERGREEN DR**
 City **WILMINGTON** State **MA** Zip **01887-1177** City **WILMINGTON** State **MA** Zip **01887-1177**
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **99 27 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **2 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 **99 25 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? **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	99	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 _____ Name of Roadway/Street _____ Address # **441A MIDDLESEX AVE**

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 **12** #Occupants Hit/Run Moped | Crash Report ID# **21-135-AC**

License # **S87978400** St **MA** DOB/Age _____ Reg # **267RD4** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement _____ Veh Year **1976** Veh Make **CHEVROLET** Veh Config. 1 21

Operator **DESROSIERS, KRISTEN D** Owner **DESROSIERS, KRISTEN D**

Address **31 PATTEN RD** Address **31 PATTEN RD**

City **BILLERICA** State **MA** Zip **01821-1416** City **BILLERICA** State **MA** Zip **01821-1416**

Insurance Company **ESSENTIA INSURANCE COMPAN** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27

Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 24 23 23 23 Test Status: 1 28

Citation # (If Issued) _____ Most Harmful Event 24 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? 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 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
MARY STRAHAN	31 PATTEN RD BILLERICA, MA 01821-1416		F	3	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 # _____ 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

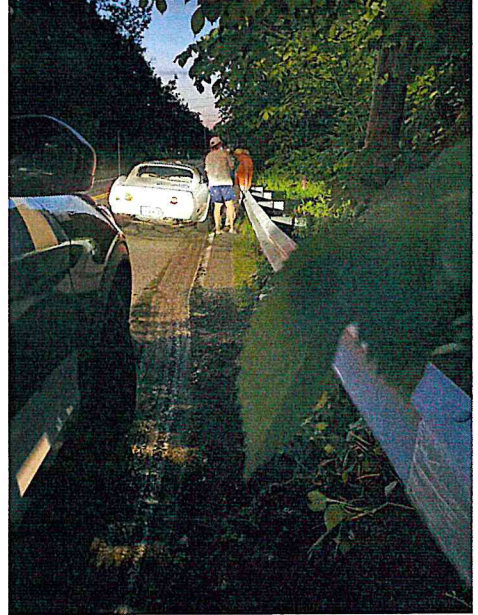
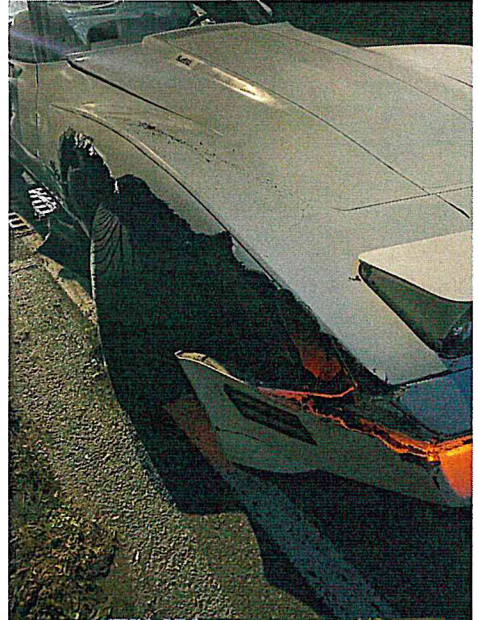
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

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 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

Wilmington Police Department
Images Associated with 21-135-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

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# 21-136-AC

License # S65979161 St MA DOB/Age _____ Reg # 6DV399 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2021 Veh Make HONDA Veh Config. 1 21

Operator GOODLISS, ALISON LEE Owner GOODLISS, ALISON LEE

Address 629 NORTH ST Address 629 NORTH ST

City TEWKSBURY State MA Zip 01876-1230 City TEWKSBURY State MA Zip 01876-1230

Insurance Company THE HANOVER INSURANCE COM 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 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 1 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? 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	X	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 # S93704234 St MA DOB/Age _____ Reg # P7264 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2016 Veh Make VOLVO Veh Config. 1 21

Operator FORESTER, KATHLEEN A Owner FORESTER, KATHLEEN A

Address 1 SPRUCE ST Address 1 SPRUCE ST

City WINCHESTER State MA Zip 01890-2012 City WINCHESTER State MA Zip 01890-2012

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27

Vehicle Travel Direction: N S X W 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

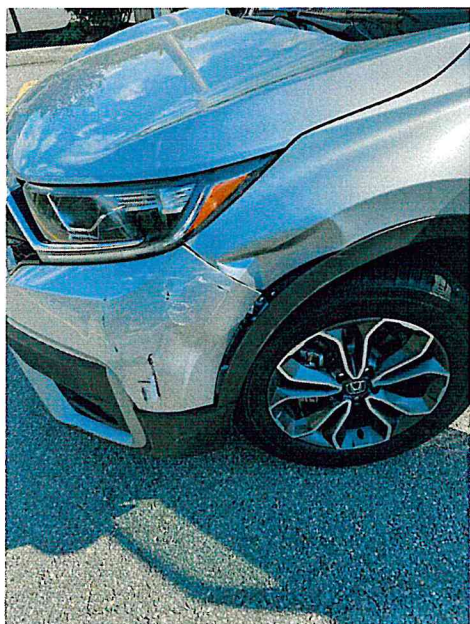
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 2 25 5 25 BAC Test Result: 30

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? 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	X	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-136-AC



Date of Crash: 06/08/2021 | Time of Crash: 1234 | City/Town: Wilmington | Number Vehicles: 2 | Number Injured: 1 | Speed Limit: 35
 State Police | Local Police | MBTA Police | Campus Police | Other:

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# 193 Direction _____ Address # MAIN ST Name of Roadway/Street _____
 Feet N S E W of _____ Mile Marker _____ or _____ 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# **21-137-AC**

License # S48784445 St MA DOB/Ag _____ Reg # 9EF737 Reg Type PC Reg State MA
 Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2011 Veh Make DODGE Veh Config. 1 21
 Operator CONRAD, QUINN D Owner CONRAD, QUINN D
 Address 6 DIRLAM CIR Address 6 DIRLAM CIR
 City TEWKSBURY State MA Zip 01876-3310 City TEWKSBURY State MA Zip 01876-3310
 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 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 _____ 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 _____

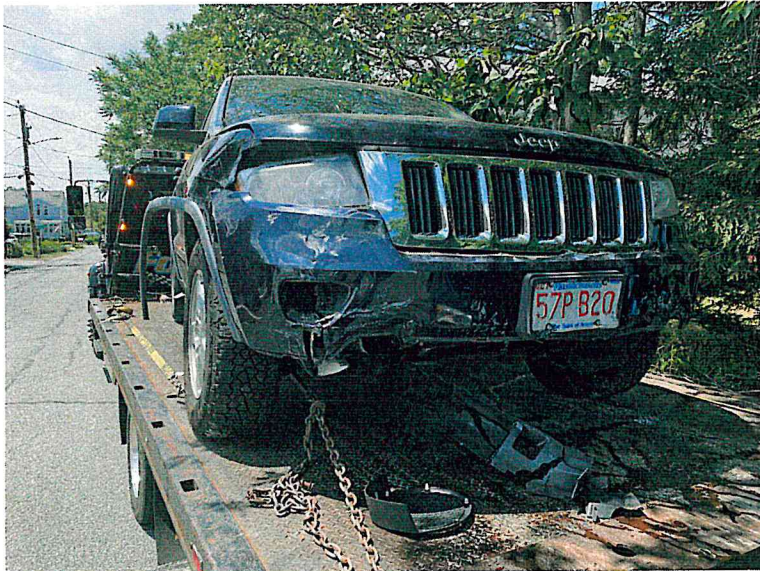
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # S37122474 St MA DOB/Ag _____ Reg # 57PB20 Reg Type PC Reg State MA
 Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2012 Veh Make Jeep Veh Config. 1 21
 Operator MACNEILL, RONALD L JR Owner MACNEILL, RONALD L JR
 Address 9 FANEUIL DR Address 9 FANEUIL DR
 City WILMINGTON State MA Zip 01887-2034 City WILMINGTON State MA Zip 01887-2034
 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 10 27 27
 Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 35 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 19 25 18 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? 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			<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	

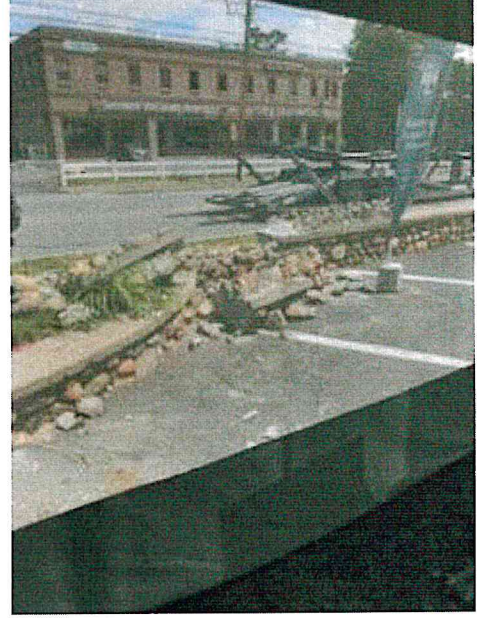
Wilmington Police Department
Images Associated with 21-137-AC



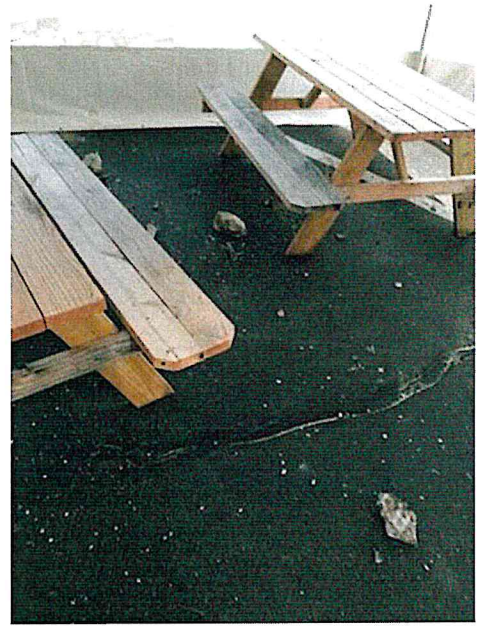
Wilmington Police Department
Images Associated with 21-137-AC



Wilmington Police Department
Images Associated with 21-137-AC



Wilmington Police Department
Images Associated with 21-137-AC



Date of Crash: 06/08/2021 | Time of Crash: 1832 | City/Town: Wilmington

Motor Vehicle Crash Police Report

Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 40 | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# 21-138-AC

License # S77592870 | St MA | Reg # 9AN665 | Reg Type PC | Reg State MA

Sex M | Lic. Class A | Lic. Restrictions 1 | CDL Endorsement

Operator SULLIVAN, MICHAEL S | Owner SULLIVAN, MICHAEL S

Address 189 MISHAWUM RD | Address 189 MISHAWUM RD

City WOBURN | State MA | Zip 01801-2457 | City WOBURN | State MA | Zip 01801-2457

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

Vehicle Travel Direction: N X 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

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 # S93033591 | St MA | Reg # 2KVC95 | Reg Type PC | Reg State MA

Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator DELUCA, NICOLE M | Owner DELUCA, NICOLE M

Address 64 MONTVALE RD | Address 64 MONTVALE RD

City WOBURN | State MA | Zip 01801-3237 | City WOBURN | State MA | Zip 01801-3237

Insurance Company THE COMMERCE INSURANCE CO | Vehicle Action Prior to Crash 10 | Damaged Area Code: 4 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 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/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	

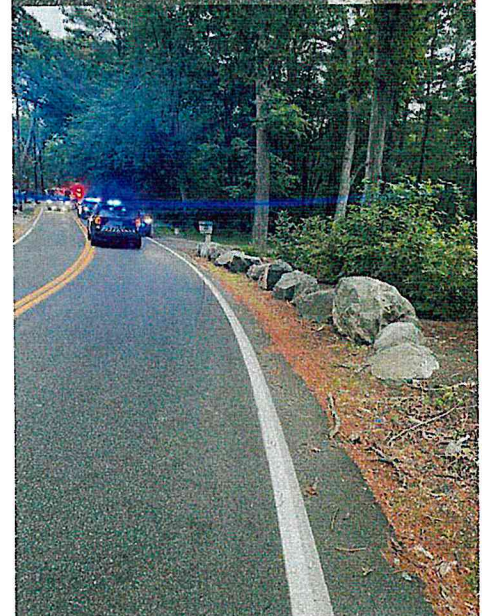
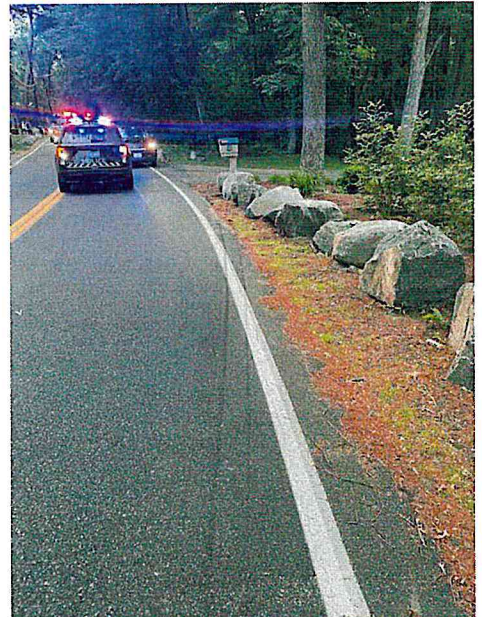
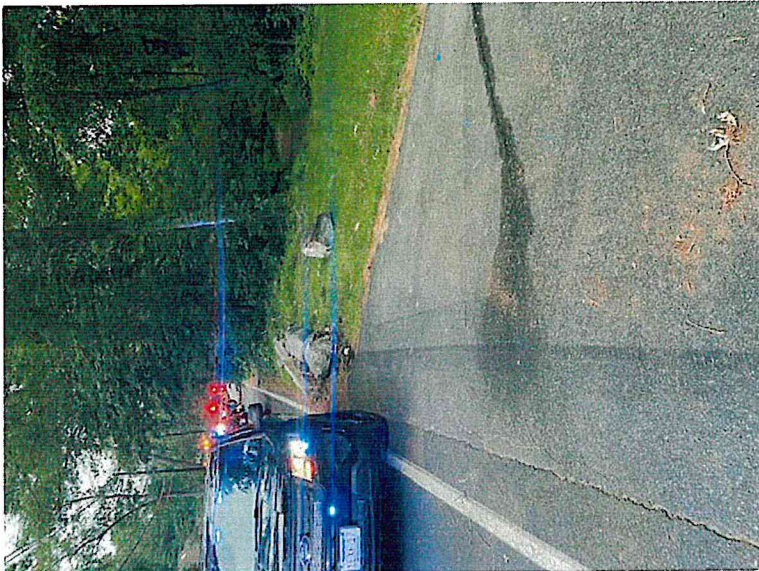
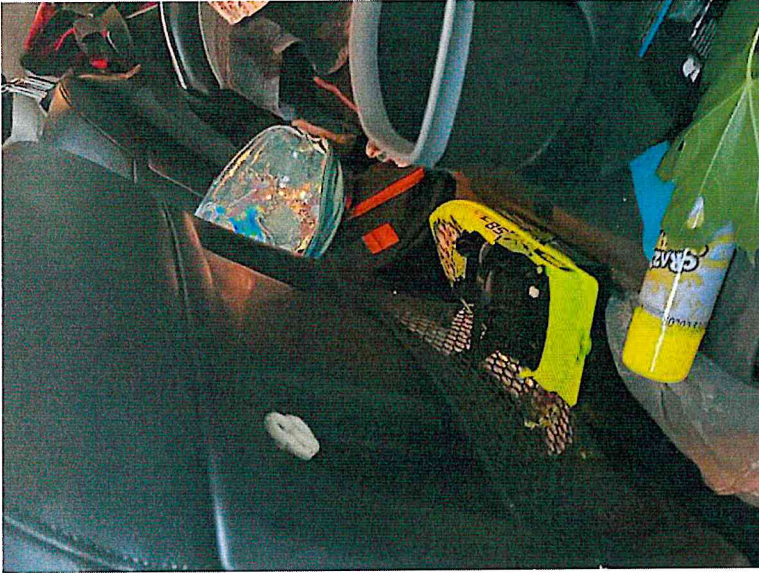
Wilmington Police Department
Images Associated with 21-138-AC



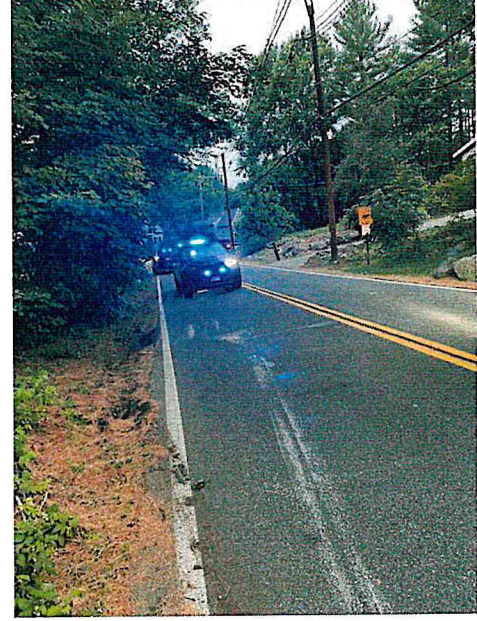
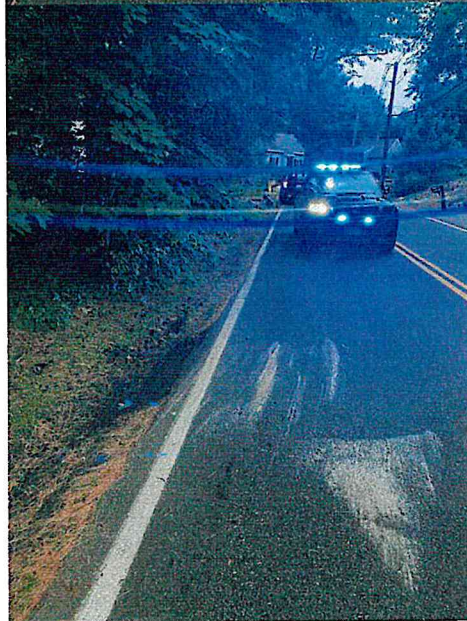
Wilmington Police Department
Images Associated with 21-138-AC



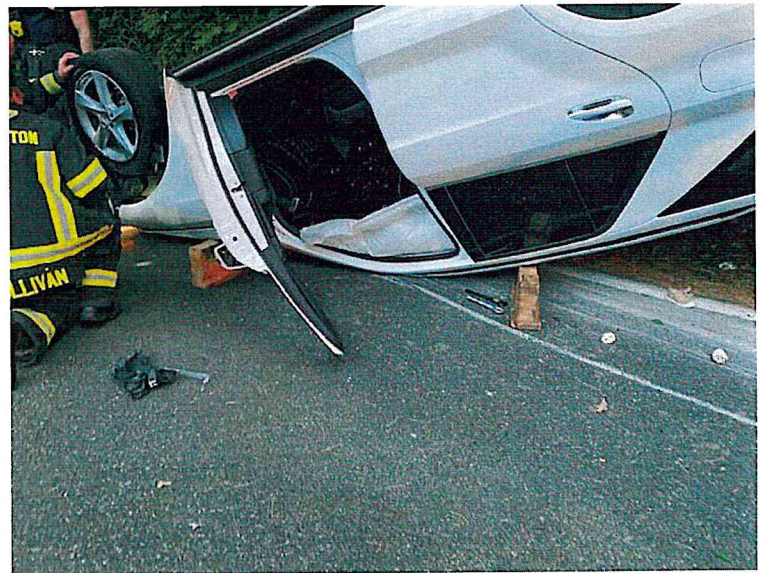
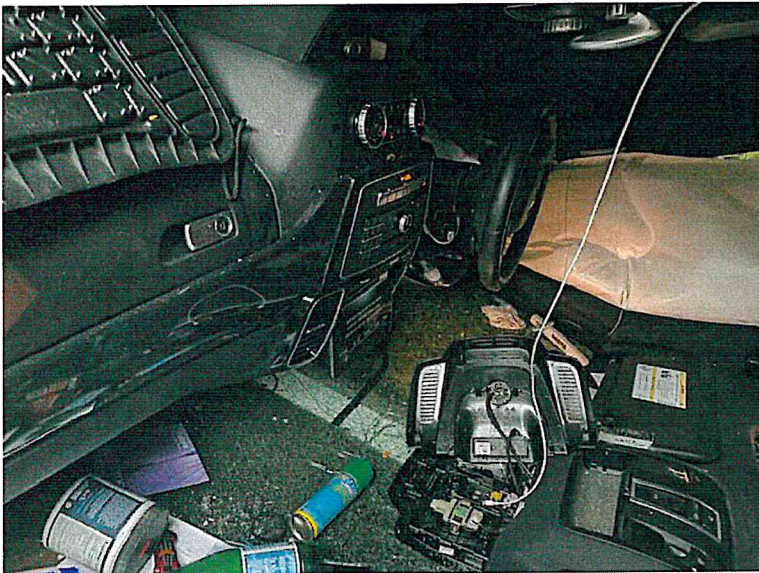
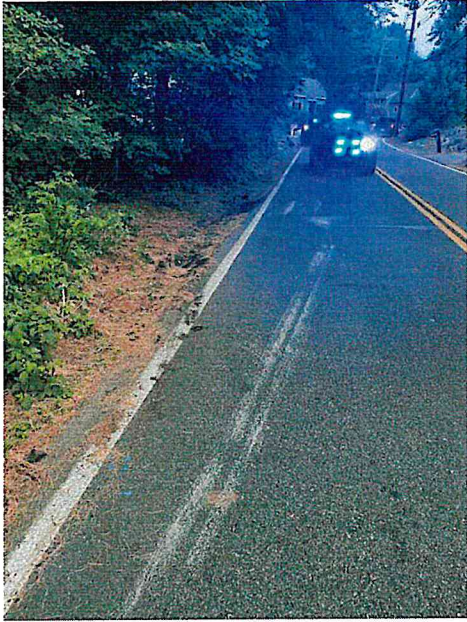
Wilmington Police Department
Images Associated with 21-139-AC



Wilmington Police Department
Images Associated with 21-139-AC



Wilmington Police Department
Images Associated with 21-139-AC



Wilmington Police Department
Images Associated with 21-139-AC



Date of Crash: 06/09/2021 | Time of Crash: 1432 | City/Town: **Wilmington** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 35 | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:

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 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# **21-140-AC**

License # **S69190462** St **MA** DOB/Ag: | Reg # **5AD551** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement | Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1**

Operator **BOSTWICK, WARREN J III** | Owner **BOSTWICK, KAREN MARIE**

Address **160 PARKER ST** | Address **160 PARKER ST**

City **LOWELL** State **MA** Zip **01851-4023** | City **LOWELL** State **MA** Zip **01851-4023**

Insurance Company **THE COMMERCE INSURANCE CO** | Vehicle Action Prior to Crash **1** Damaged Area Code: **2** 27 27 27

Vehicle Travel Direction: **N 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: **1** 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? **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			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 # **S99214785** St **MA** DOB/Ag: | Reg # **2MMK67** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement | Veh Year **2009** Veh Make **HONDA** Veh Config. **1**

Operator **HARROK, LAHCEN EL** | Owner **HARROK, LAHCEN EL**

Address **157 MARION ST APT 3** | Address **157 MARION ST APT 3**

City **EAST BOSTON** State **MA** Zip **02128-1703** | City **EAST BOSTON** State **MA** Zip **02128-1703**

Insurance Company **THE COMMERCE INSURANCE CO** | Vehicle Action Prior to Crash **8** Damaged Area Code: **8** 27 27 27

Vehicle Travel Direction: **N 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: **1** 29

Viol. 1: Ch/Sec/Sub | Driver Contributing Code **6** 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/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	

Date of Crash: 06/10/2021 | Time of Crash: 1053 | City/Town: **Wilmington** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 30

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street: At | Route# Direction Address #: **2 FEDERAL ST**

Route# Direction Name of Intersecting Roadway/Street: Also at Intersection with | Route# Direction Name of Roadway/Street: Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street: | Route# Direction Name of Roadway/Street: Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street: | Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# **21-141-AC**

License # **S12481943** St **MA** DOB/Age | Reg # **S87228** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement | Veh Year **2009** Veh Make **CHEVROLET** Veh Config. **2**

Operator **HARRINGTON, ROBERT M** | Owner **PARK COLONY CONDOMINIUM TRUST**

Address **36 MAIN ST APT 4** | Address **BX 400196**

City **NORTH READING** State **MA** Zip **01864** | City **CAMBRIDGE** State **MA** Zip **02140-0002**

Insurance Company **CITATION INSURANCE COMPAN** | Vehicle Action Prior to Crash **2** Damaged Area Code: **3**

Vehicle Travel Direction: S E W 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 | Driver Contributing Code **99** **25** **25** BAC Test Result: **30**

Viol. 2: Ch/Sec/Sub | Driver Distracted by **7** **26** Susp. Alcohol: **31** Susp. Drug: **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			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 # **S18260402** St **MA** DOB/Age | Reg # **3AXY41** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement | Veh Year **2020** Veh Make **NISSAN** Veh Config. **1**

Operator **GILL, FRANCIS ROGERS** | Owner **GILL, FRANCIS ROGERS**

Address **7 ENGLEWOOD DR** | Address **7 ENGLEWOOD DR**

City **WILMINGTON** State **MA** Zip **01887-3010** | City **WILMINGTON** State **MA** Zip **01887-3010**

Insurance Company **THE STANDARD FIRE INSURAN** | Vehicle Action Prior to Crash **2** Damaged Area Code: **8**

Vehicle Travel Direction: S E W 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 | Driver Contributing Code **1** **25** **25** BAC Test Result: **30**

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

Viol. 3: Ch/Sec/Sub | Towed from scene? **2** **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			1	1	4	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

3 1 Route# Direction Name of Intersecting Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street

405 MIDDLESEX AVE

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 12 #Occupants Hit/Run Moped | Crash Report ID# **21-142-AC**

License # **S87430853** St **MA** DOB/Age _____ Reg # **3DZ699** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1** 21

Operator **PINET, JENNIFER LYNN** Owner **PINET, GLENN RICKY**

Address **30 POWDERMILL RD** Address **30 POWDERMILL RD**

City **HAVERHILL** State **MA** Zip **01830-4371** City **HAVERHILL** State **MA** Zip **01830-4371**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 27 27

Vehicle Travel Direction: **N S X W** 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 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**

Driver Distracted by **99** 26 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	X	X	1	1	4	0	0	10	1
			F	6	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **SA4810023** St **MA** DOB/Age _____ Reg # **2JTJL23** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2004** Veh Make **HONDA** Veh Config. **1** 21

Operator **SERVILIEN, ALIETE I** Owner **SERVILIEN, ALIETE I**

Address **29 SHOREY ST APT 1** Address **29 SHOREY ST APT 1**

City **LYNN** State **MA** Zip **01902-2921** City **LYNN** State **MA** Zip **01902-2921**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27

Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **11** 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 **99** 25 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**

Driver Distracted by **99** 26 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	X	X	1	1	4	0	0	10	1
			M	5	4	4	0	0	10	1	

