

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

5 11 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# 21-152-AC

License # St DOB/Age Reg # Reg Type Reg State

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

Operator unknown

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 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 2 #Occupants  Non-Motorist A

Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # 29699051 St PA DOB/Age Reg # AG72582 Reg Type AP Reg State PA

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

Operator BATTLE, DOUGLAS JOSEP

Address 108 STATE ROUTE 104

City LIVERPOOL State PA Zip 17045

Insurance Company

Vehicle Travel Direction: N X 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 # AG72582 Reg Type AP Reg State PA Veh Year 2018 Veh Make Kenworth Veh Config. 10 21

Owner FUEL CITY TRUCK STOP INC

Address US 11 & 15 PO BOX 263

City LIVERPOOL State PA Zip 17045

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 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: 1 30

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	



Wilmington Police Department  
Images Associated with 21-152-AC



**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 2  
Route# Direction Name of Intersecting Roadway/Street

2 10  
Route# Direction Address # Name of Roadway/Street  
278 **LOWELL ST**  
Feet N S E W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
8 11  
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 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-153-AC**

4 1  
License # **S29834678** St **MA** DOB/Age \_\_\_\_\_ Reg # **SLOTS** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2013** Veh Make **KIA** Veh Config. **1** 21  
Operator **BRADBURY, MICHAEL M** Owner **BRADBURY, MICHAEL M**  
Address **161 APACHE WAY** Address **161 APACHE WAY**  
City **TEWKSBURY** State **MA** Zip **01876-4622** City **TEWKSBURY** State **MA** Zip **01876-4622**  
Insurance Company **ARBELLA MUTUAL INSURANCE** 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? 1 33

6 1  
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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

7 1  
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

8 1  
License # **S56467281** St **MA** DOB/Age \_\_\_\_\_ Reg # **8MFF60** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2012** Veh Make **KIA** Veh Config. **1** 21  
Operator **CHELLA, CHAD LOUIS** Owner **CHELLA, CHAD LOUIS**  
Address **7 NICKERSON RD APT 1** Address **7 NICKERSON RD APT 1**  
City **PEABODY** State **MA** Zip **01960-1859** City **PEABODY** State **MA** Zip **01960-1859**  
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 1 27 5 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? 1 33

9 2  
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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 2 Route# Direction Name of Intersecting Roadway/Street

3 3 Route# Direction Name of Intersecting Roadway/Street

4 4 Route# Direction Name of Intersecting Roadway/Street

5 5 Route# Direction Name of Intersecting Roadway/Street

6 6 Route# Direction Name of Intersecting Roadway/Street

7 7 Route# Direction Name of Intersecting Roadway/Street

8 8 Route# Direction Name of Intersecting Roadway/Street

9 9 Route# Direction Name of Intersecting Roadway/Street

10 10 Route# Direction Name of Roadway/Street

11 11 Route# Direction Name of Roadway/Street

12 12 Route# Direction Name of Roadway/Street

13 13 Route# Direction Name of Roadway/Street

14 14 Route# Direction Name of Roadway/Street

Please Select One of the Following:  Vehicle 32 #Occupants  Hit/Run  Moped

Crash Report ID# 21-153-AC

License # SA4050903 St MA DOB/Age \_\_\_\_\_ Reg # 2ZSH84 Reg Type PC Reg State MA

Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2003 Veh Make TOYOTA Veh Config. 1 21

Operator SANCHEZ RUIZ, JOHANNA M Owner SANCHEZ RUIZ, JOHANNA M

Address 1905 COLUMBUS AVE APT 3 Address 1905 COLUMBUS AVE APT 3

City ROXBURY State MA Zip 02119-1097 City ROXBURY State MA Zip 02119-1097

Insurance Company LIBERTY MUTUAL PERSONAL I 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 19 25 20 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? 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	
<b>Operator</b>		See Above	X	1	1	4	0	0	10	1		
WILFRIDO LUCIANO-MARTINEZ		104 ELM HILL AVE DORCHESTER, MA 02121-2548	06/05/1977	M	3	1	4	0	0	8	2	Lahey Clinic

Please Select One of the Following:  Vehicle 4 #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 \_\_\_\_\_ 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

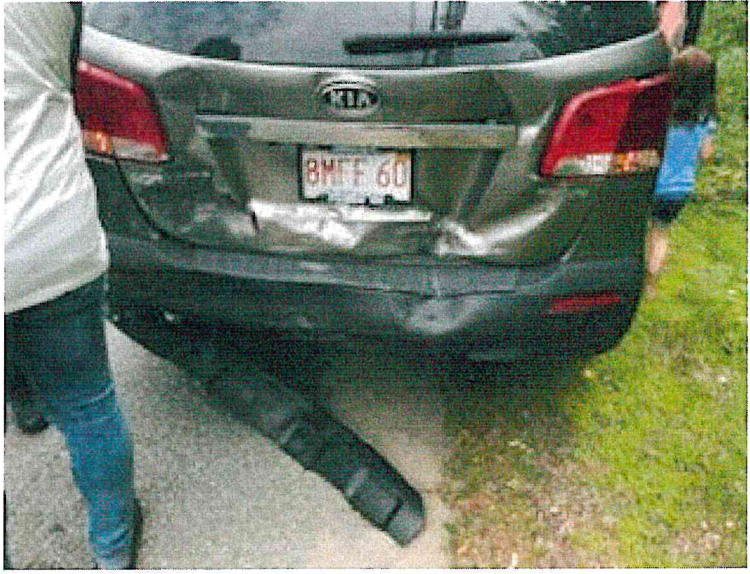
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

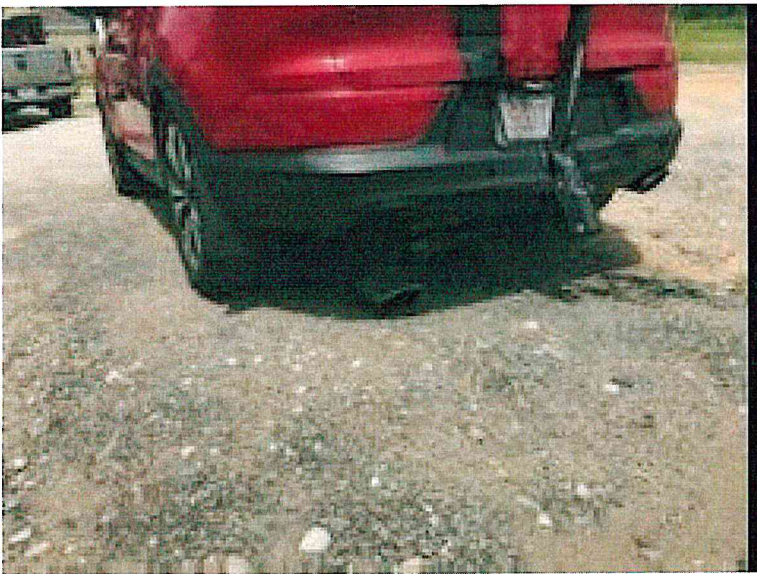
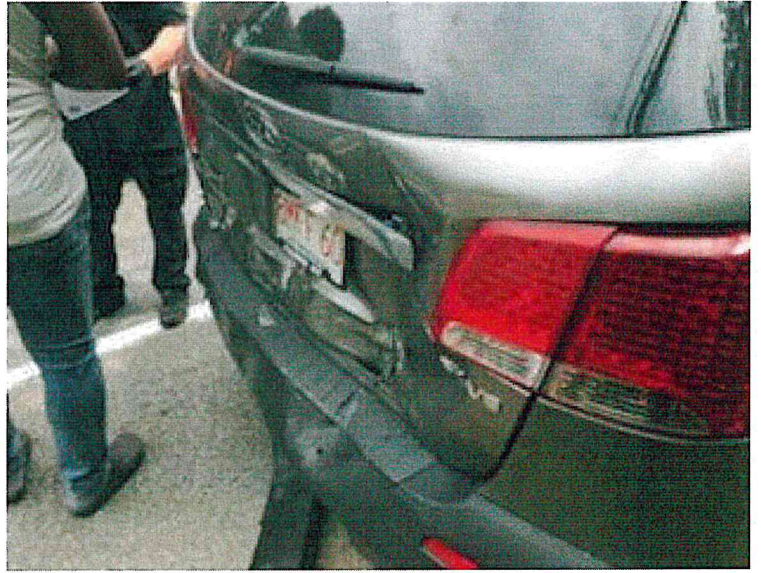
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	X	1							



Wilmington Police Department  
Images Associated with 21-153-AC

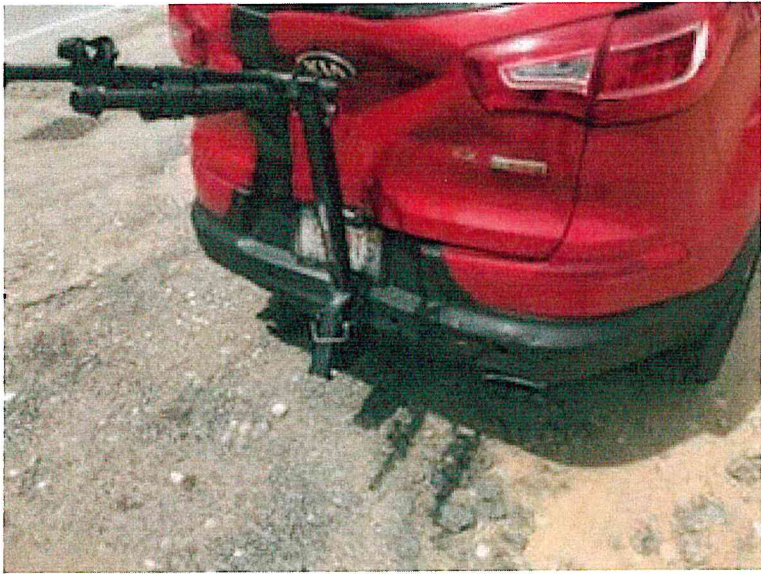


Wilmington Police Department  
Images Associated with 21-153-AC





Wilmington Police Department  
Images Associated with 21-153-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

2 1 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street

2 11 Feet N S E W of Mile Marker Exit Number

2 11 Feet N S E W of Route# Intersecting Roadway/Street

2 11 Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 11 #Occupants  Hit/Run  Moped | Crash Report ID# 21-154-AC

License # SA0640009 St MA DOB/Age: 19 19 | Reg # 7YS459 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | Veh Year 2018 Veh Make HONDA Veh Config. 1 21

Operator NEUMANN, SIERRA FREYA WEISS | Owner NEUMANN, CHRISTOPHER POTHIER WEISS

Address 30 ALLEN ST | Address 30 ALLEN ST

City ARLINGTON State MA Zip 02474-6810 | City ARLINGTON State MA Zip 02474-6810

Insurance Company GOVERNMENT EMPLOYEES INSU | 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 | 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

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 21 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # S20198656 St MA DOB/Age: 19 19 | Reg # 2KHS94 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | Veh Year 2020 Veh Make HONDA Veh Config. 1 21

Operator TRAK, MICHAEL JOSEPH | Owner TRAK, MICHAEL JOSEPH

Address 227 PEARL ST | Address 227 PEARL ST

City CAMBRIDGE State MA Zip 02139-4510 | City CAMBRIDGE State MA Zip 02139-4510

Insurance Company GOVERNMENT EMPLOYEES INSU | 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 | Driver Contributing Code 19 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

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	



Wilmington Police Department  
Images Associated with 21-154-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 06/25/2021	Time of Crash 0856 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 1	Speed Limit <b>35</b>	Latitude _____	Longitude _____	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:**

<p><b>CONCORD ST</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p><b>93 I93 SB38</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
--	--

Please Select One of the Following:  Vehicle **11** #Occupants  Hit/Run  Moped

Crash Report ID# **21-155-AC**

<p>License # <b>S87647372</b> St <b>MA</b> DOB/Age. _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>DIFRAIA, ROBERT SALVY</b></p> <p>Address <b>21 ELM ST</b></p> <p>City <b>MELROSE</b> State <b>MA</b> Zip <b>02176-2303</b></p> <p>Insurance Company <b>SAFETY INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>1HFB62</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2021</b> Veh Make <b>MAZDA</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>DIFRAIA, ROBERT SALVY</b></p> <p>Address <b>21 ELM ST</b></p> <p>City <b>MELROSE</b> State <b>MA</b> Zip <b>02176-2303</b></p> <p>Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>
--	--

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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	1	1	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

<p>License # <b>S43036676</b> St <b>MA</b> DOB/Age. _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>CHRISTOPHER, PETER JOSEPH</b></p> <p>Address <b>47 ELLIS ST</b></p> <p>City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-4102</b></p> <p>Insurance Company <b>SAFETY INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>4AM613</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2007</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>CHRISTOPHER, JO ANNE</b></p> <p>Address <b>47 ELLIS ST</b></p> <p>City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-4102</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>14</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>5</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></p>
---	--

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 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	1	1	4	0	0	9	2	Winchester Hospital



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>93</u> Direction <u>S</u> Address # _____ Name of Roadway/Street <u>I93NBR39 RAMP</u>	2	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <u>N S E W</u> of _____ Mile Marker _____ or _____ Exit Number _____		6
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <u>N S E W</u> of _____ Route# <u>CONCORD ST</u> Intersecting Roadway/Street _____		
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <u>N S E W</u> of _____ Landmark _____		

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped | Crash Report ID# **21-156-AC**

3	License # <u>S33271012</u> St <u>MA</u> DOB/Age _____ Reg # <u>MPF697</u> Reg Type <u>CI</u> Reg State <u>MA</u>	1
	Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Veh Year <u>2020</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>	
4	Operator <u>JEPSON, PAUL</u> Owner <u>WILMINGTON TOWN OF DEPT POLICE</u>	1
	Address <u>1 ADELAIDE ST</u> Address <u>1 ADELAIDE ST</u>	
5	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2719</u>	1
	Insurance Company <u>SELF INSURED</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>	
6	Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>1</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>	1
	Citation # (If Issued) _____ Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	
7	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>	1
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>	
8	Towed from scene? <u>2</u> <u>33</u>	1

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>0</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

7	License # <u>S43036676</u> St <u>MA</u> DOB/Age <u>0</u> Reg # <u>4AM613</u> Reg Type <u>PC</u> Reg State <u>MA</u>	1
	Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Veh Year <u>2007</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>	
8	Operator <u>CHRISTOPHER, PETER JOSEPH</u> Owner <u>CHRISTOPHER, JO ANNE</u>	1
	Address <u>47 ELLIS ST</u> Address <u>47 ELLIS ST</u>	
9	City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-4102</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-4102</u>	1
	Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>	
9	Vehicle Travel Direction: <u>N S E X</u> Responding to Emergency? <u>2</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>	1
	Citation # (If Issued) _____ Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	
9	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <u>14</u> <u>25</u> <u>17</u> <u>25</u> BAC Test Result: <u>30</u>	1
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ 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>	
9	Towed from scene? <u>1</u> <u>33</u>	1

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	Winchester Hospital





**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

Police Use Only: Date of Crash 06/25/2021, Time of Crash 1143, City/Town **Wilmington**

RMV Document Number: Speed Limit 25, State Police , Local Police , MBTA Police , Campus Police , Other

Number Vehicles: 2, Number Injured: 0

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **SHAWSHEEN AVE**  
Route# Direction Name of Roadway/Street

1 **ALDRICH RD**  
Route# Direction Name of Intersecting Roadway/Street

2 **ALDRICH RD**  
Route# Direction Name of Intersecting Roadway/Street

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

Crash Report ID# **21-157-AC**

License # **S84043854** St **MA** DOB/Age \_\_\_\_\_

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_

Operator **MARAZI, MARTHA SUSAN**  
Last First Middle

Address **37 BURLINGTON AVE**

City **WILMINGTON** State **MA** Zip **01887-3902**

Insurance Company **THE STANDARD FIRE INSURAN**

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 # **9GTM10** Reg Type **PC** Reg State **MA**

Veh Year **2018** Veh Make **HONDA** Veh Config. **1**

Owner **MARAZI, JAMES LEE**  
Last First Middle

Address **37 BURLINGTON AVE**

City **WILMINGTON** State **MA** Zip **01887-3902**

Vehicle Action Prior to Crash **3** Damaged Area Code: **6 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: **1 30**

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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle 2 Occupants  Non-Motorist A

Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ S \_\_\_\_\_ DOB/Age \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_

Operator \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company **THE COMMERCE INSURANCE CO**

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 # **1MKD59** Reg Type **PC** Reg State **MA**

Veh Year **2010** Veh Make **SUBARU** Veh Config. **1**

Owner **GINIOTAS, VALDAS**  
Last First Middle

Address **2 EVERETT AVE**

City **WILMINGTON** State **MA** Zip **01887-1706**

Vehicle Action Prior to Crash **1** Damaged Area Code: **2 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 25** BAC Test Result: **1 30**

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

