

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 **12** #Occupants Hit/Run Moped Crash Report ID# **21-169-AC**

License # **SA4150566** St **MA** DOB/Age Reg # **2LZH45** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2015** Veh Make **AMERICAN MOTORS** Veh Config. **10** 21
 Operator **VOGT, JANEL MARIE** Owner **VOGT, SHAWN JOSEPH**
 Address **103 BALSAM PL APT 204** Address **103 BALSAM PL APT 204**
 City **TEWKSBURY** State **MA** Zip **01876-4638** City **TEWKSBURY** State **MA** Zip **01876-4638**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **6** 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: **2** 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 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	
SHAWN VOGT	103 BALSAM PL TEWKSBURY, MA 01876-4638	05/30/1982	M	3	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

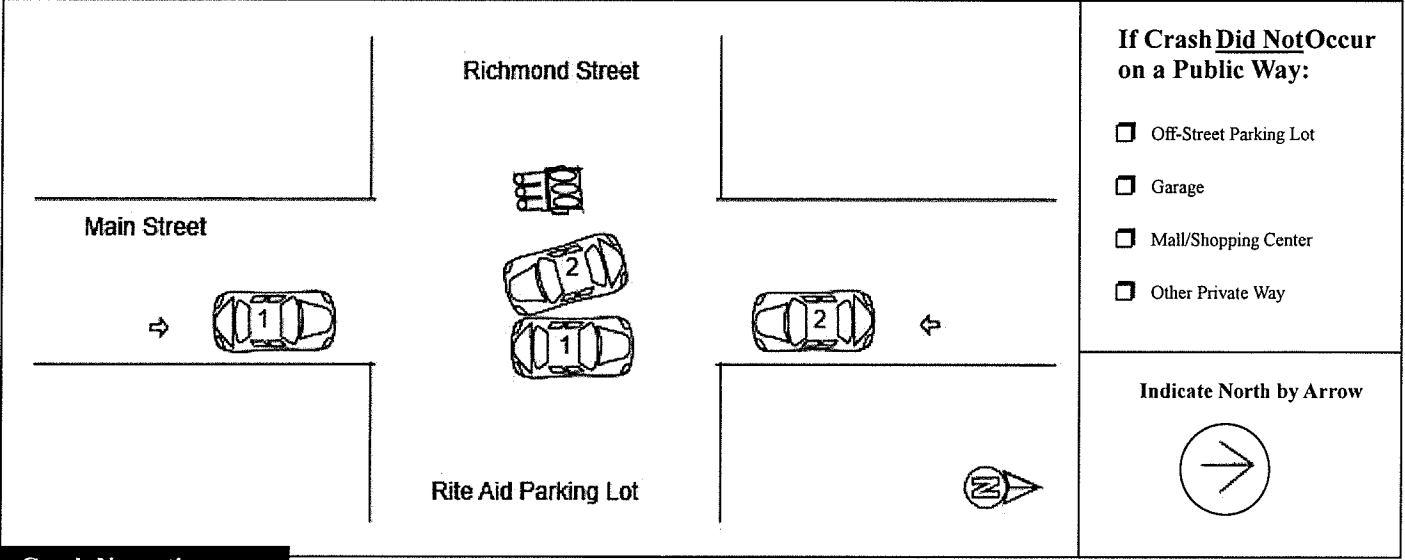
License # **NHL15606521** St **NH** DOB/Age Reg # **4961573** Reg Type **PC** Reg State **NH**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2006** Veh Make **HONDA** Veh Config. **1** 21
 Operator **CAVANAUGH, JULIA RENE** Owner **CAVANAUGH, JULIA RENE**
 Address **15 SUNAPEE ST** Address **15 SUNAPEE ST**
 City **NASHUA** State **NH** Zip **03063** City **NASHUA** State **NH** Zip **03063**
 Insurance Company **PROGRESSIVE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **6** 27 27 27
 Vehicle Travel Direction: **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: **2** 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	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 👤 = Pedestrian 🚲 = Bicycle

Crash Diagram:

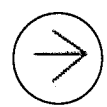
ie: → 1 → 2 → 👤 → 🚲



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

MV 1 was driving north on Main Street. MV 2 was driving south on Main St. attempting to turn left into the Rite Aid parking lot. MV 2 struck the rear end of MV 1. No injuries. MV 1 stated they spoke to a witness who saw the crash. The information they provided me was a first name of Steven, phone number

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Kevin J Skinner

Police Officer Name (Please Print) Signature 200 ID/Badge # Wilmington Police Department Department 07/04/2021 Precinct/Barracks Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **35** **LAWRENCE ST** Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

Route# Direction Name 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# **21-170-AC**

License # **S19668585** St. **MA** DOB/Age _____ Reg # **87CZ13** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1**

Operator **RIDEOUT, ANNA M** Owner **RIDEOUT, KENNETH R**

Address **202 SALEM ST** Address **202 SALEM ST**

City **WILMINGTON** State **MA** Zip **01887-1122** City **WILMINGTON** State **MA** Zip **01887-1122**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 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 30**

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent 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 # **S56694094** St. **MA** DOB/Age _____ Reg # **3JPK99** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2009** Veh Make **FORD** Veh Config. **1**

Operator **WELCH, ROBERT E** Owner **WELCH, STEPHEN R**

Address **7 HAMLIN LN** Address **7 HAMLIN LN**

City **WILMINGTON** State **MA** Zip **01887-1904** City **WILMINGTON** State **MA** Zip **01887-1904**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **6** Damaged Area Code: **1 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 29 30**

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **18 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Towed from scene? **2 33**

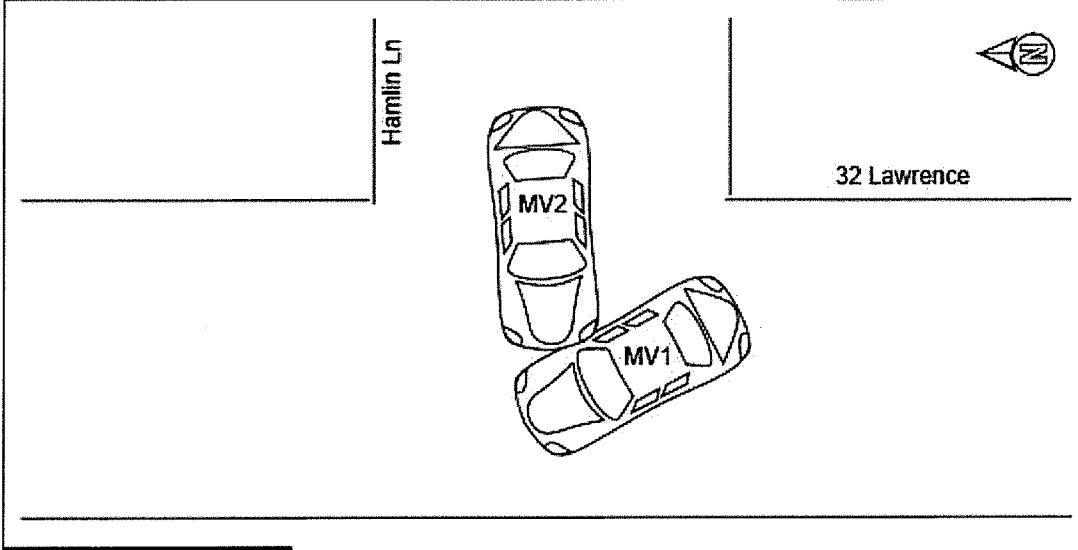
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent 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	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 [Person] = Pedestrian [Bicycle] = Bicycle

Crash Diagram:

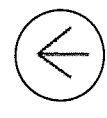
ie: → [1] → [2] → [Person] → [Bicycle]



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

MV1 was traveling NB on Lawrence St when MV2 was exiting Hamlin Ln. The operator of MV1 stated as she approached Hamlin Ln she noticed MV2 exiting Hamlin Ln. In an attempt to avoid contact with the other MV the operator of MV1 reported turning left to avoid contact but was unsuccessful.

The operator of MV2 stated when he was exiting Hamlin Ln he did not see MV1. The operator of MV2 reported it was difficult to see past the hedges of 32 Lawrence St. Both operators reported no injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

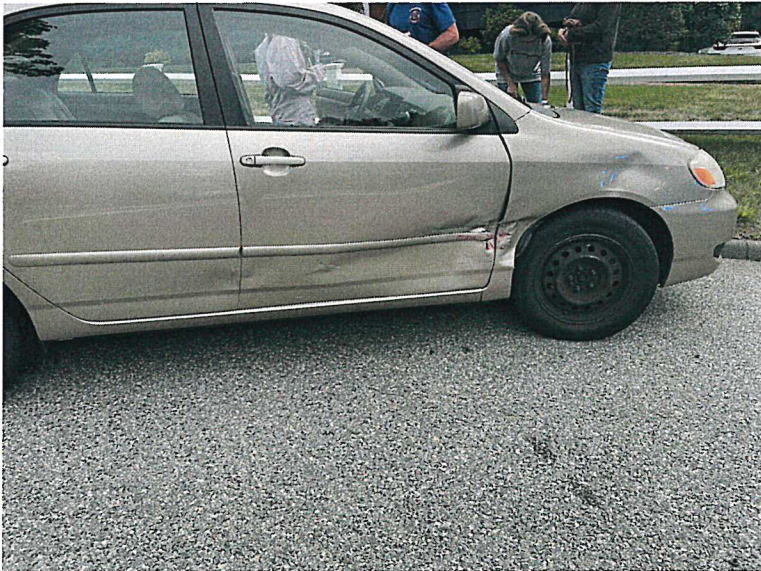
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

Hazmat Information:

Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

Patrol Officer Meghan Sousa 214 Wilmington Police Department 07/04/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-170-AC



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

1 **1** **10**
 Route# Direction **CHESTNUT ST** Name of Roadway/Street
 At
 Route# Direction **MARION ST** Name of Intersecting Roadway/Street
 Also at Intersection with
2 **1** Route# Direction Name of Intersecting Roadway/Street
3 Feet **NSEW** of Mile Marker Exit Number
 Feet **NSEW** of Route# Intersecting Roadway/Street
 Feet **NSEW** of
 Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-171-AC**

4 **3** License # **S** DOB/Ag **19 19** Reg # **1YNT58** Reg Type **PC** Reg State **MA**
 Sex **D** Lic. Class **19 19** Lic. Restrictions **I 20** CDL Endorsement Veh Year **2021** Veh Make **KIA** Veh Config. **1 21**
 Operator **SPIZUOCO, JOHN MICHAEL JR** Owner **SPIZUOCO, JOHN MICHAEL JR**
 Address **41 TOWPATH DR** Address **41 TOWPATH DR**
 City **WILMINGTON** State **MA** Zip **01887-3917** City **WILMINGTON** State **MA** Zip **01887-3917**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 27 27**
5 **1** Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **1 25 25** Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub **0 26** Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 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
Operator	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

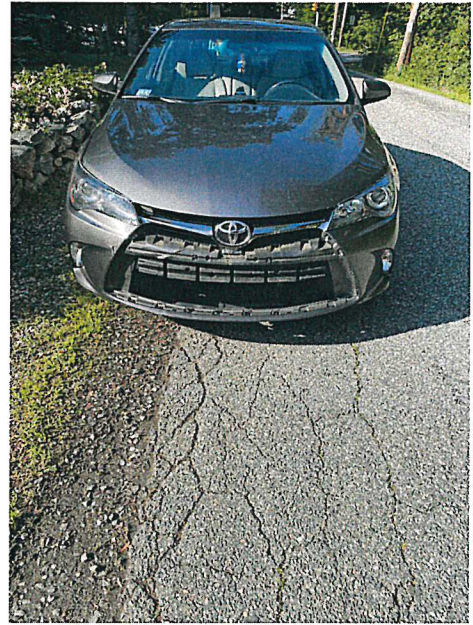
7 **2** Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **1** License # **S40602480** St **MA** DOB/Age. **19 19** Reg # **3JYT41** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **HATZADOURIAN, TALENE MARIAM** Owner **HATZADOURIAN, TALENE MARIAM**
 Address **59 MARION ST** Address **59 MARION ST**
 City **WILMINGTON** State **MA** Zip **01887-3172** City **WILMINGTON** State **MA** Zip **01887-3172**
 Insurance Company **METROPOLITAN PROPERTY AND** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
9 **2** Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) **060413AB** Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **89 9** Driver Contributing Code **3 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub **0 26** 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	XXXXXX	XX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-171-AC



Date of Crash 07/07/2021 Time of Crash 0839 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 1 Speed Limit 35 State Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# <u>ROUTE 62 HWY</u> Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
	At _____	
2	Route# <u>I93NBR40 RAMP</u> Direction _____ Name of Intersecting Roadway/Street _____	Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____
	Also at Intersection with _____	
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-172-AC**

License # <u>S23415288</u> St <u>MA</u> DOB/Age. _____	Reg # <u>929XX1</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2012</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> 21
Operator <u>BURKE, LISA MARIE</u> Last First Middle	Owner <u>BURKE, LISA MARIE</u> Last First Middle
Address <u>42 PROSPECT ST</u>	Address <u>42 PROSPECT ST</u>
City <u>N ANDOVER</u> State <u>MA</u> Zip <u>01845-1719</u>	City <u>N ANDOVER</u> State <u>MA</u> Zip <u>01845-1719</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>2</u> 22 Damaged Area Code: <u>5</u> 27 27 27
Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> 23 23 23 23 Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> 24 Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> 25 25 BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> 26 Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>1</u> 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	XXXX	XX	1	1	4	0	0	9	2	Lahey Clinic

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

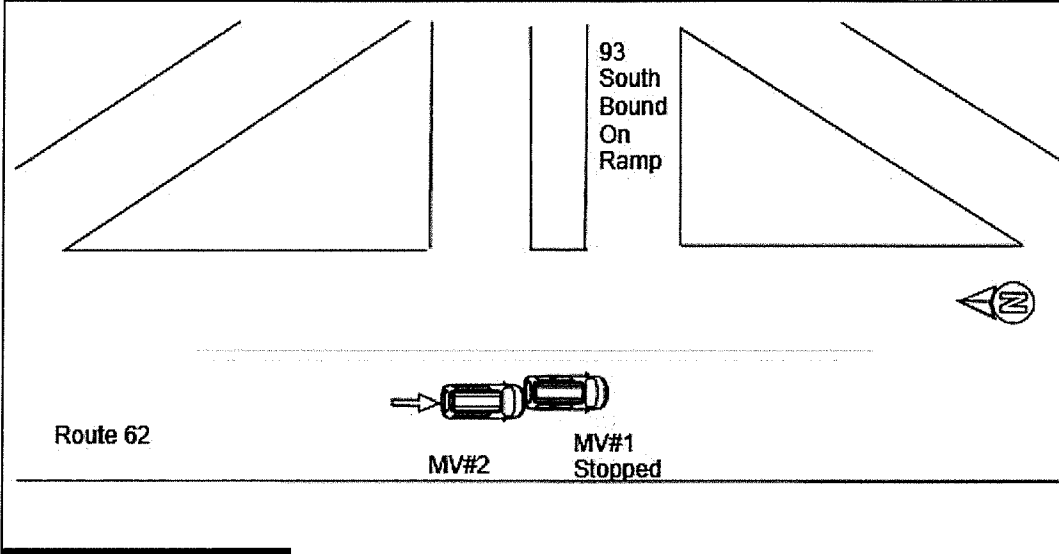
License # <u>S28150023</u> St <u>MA</u> DOB/Age. _____	Reg # <u>1KRG24</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>99</u> 19 19 Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2016</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> 21
Operator <u>SILVA, CAMILA AD</u> Last First Middle	Owner <u>SILVA, CAMILA AD</u> Last First Middle
Address <u>13 KENWOOD RD</u>	Address <u>13 KENWOOD RD</u>
City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-3014</u>	City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-3014</u>
Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>	Vehicle Action Prior to Crash <u>1</u> 22 Damaged Area Code: <u>1</u> 27 27 27
Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> 23 23 23 23 Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> 24 Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> 25 25 BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> 26 Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>1</u> 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	XXXX	XX	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Oper. of MV#1 was traveling Route 62 west. As MV#1 approached the 93 south bound on ramp she came to a stop waiting to turn onto the 93 South bound on ramp. Oper. of MV#2 was also traveling Route 26 West. As MV#2 approached 93 south bound on ramp she rear ended MV#1 that was stopped waiting to turn left onto 93.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

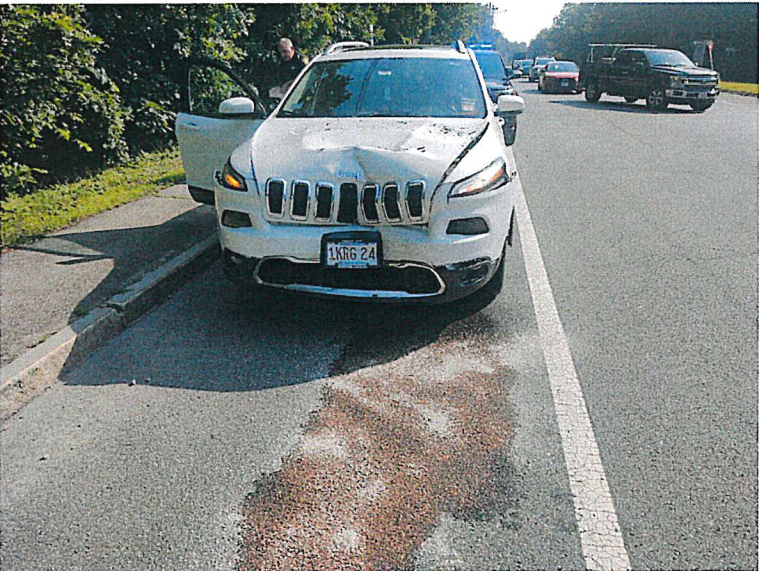
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

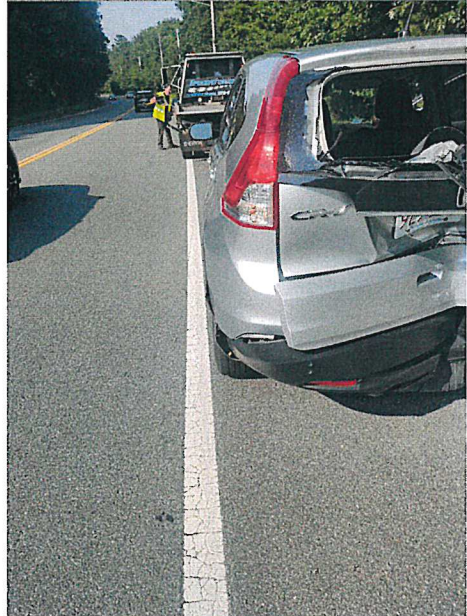
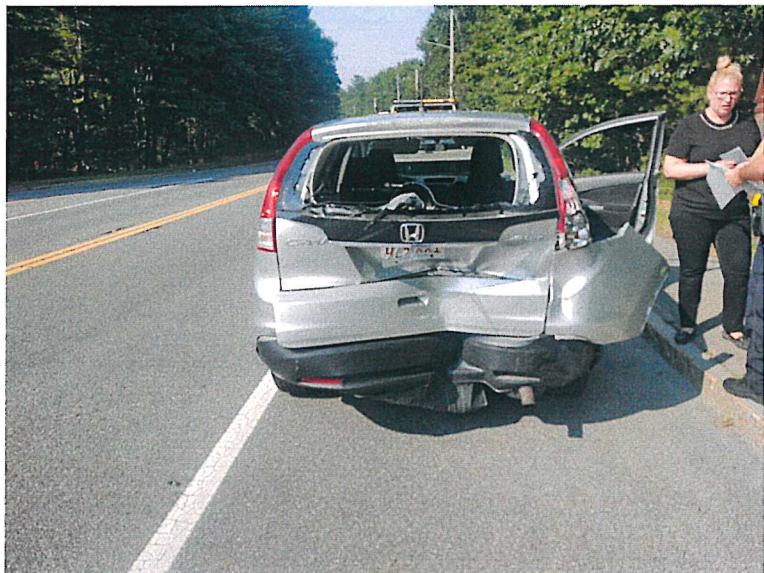
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Daniel C Cadigan 178 Wilmington Police Department 07/07/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

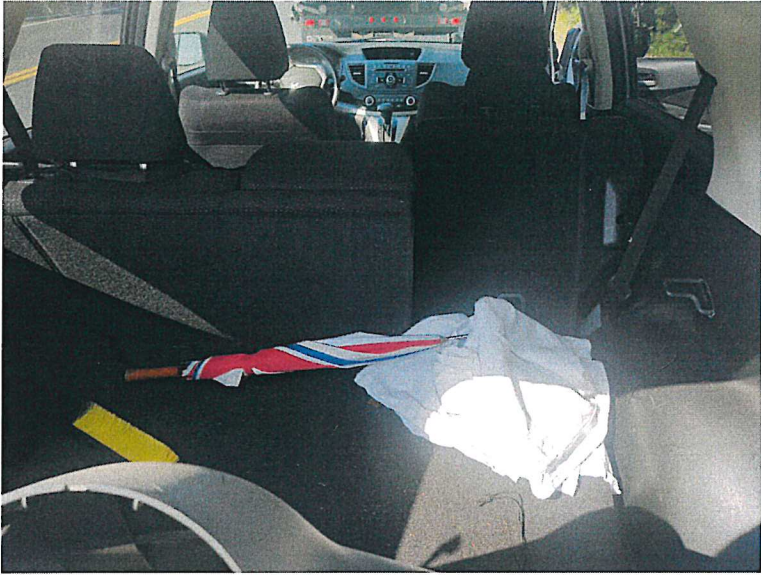
Wilmington Police Department
Images Associated with 21-172-AC



Wilmington Police Department
Images Associated with 21-172-AC



Wilmington Police Department
Images Associated with 21-172-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 _____ At _____ **18 ELEANOR DR**
 _____ Feet **N S E W** of _____ Mile Marker _____ Exit Number
 Route# Direction Name of Intersecting Roadway/Street _____ Feet **N S E W** of _____
 Also at Intersection with _____ Route# Intersecting Roadway/Street
 Route# Direction Name 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# **21-173-AC**

License # **S50251850** St **MA** DOB/Ag: _____ Reg # **M92880** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **A** Lic. Restrictions **1** CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **1**
 Operator **LAM, HAI** Owner **WILMINGTON TOWN OF TOWN HALL**
 Address _____ Address **121 GLEN RD**
 City _____ State _____ Zip **01887-3500**
 Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **11** Damaged Area Code: **6 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 _____ 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 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	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 # **S37605558** St **MA** DOB/Ag: _____ Reg # **V78882** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **B** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make **Mack Truck** Veh Config. **8**
 Operator **SEPULVEDA, KENNY E** Owner **CASELLA WASTE MANAGEMENT OF MASSACHUSETTS INC**
 Address **24 MAGNOLIA AVE APT 1** Address **295 FOREST ST**
 City **LYNN** State **MA** Zip **01904-1924** City **PEABODY** State **MA** Zip **01960-3801**
 Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **6 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 **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

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	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 [Person] = Pedestrian [Bicycle] = Bicycle

Crash Diagram:

ie: → [1] → [2] → [Person] → [Bicycle]

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow

Crash Narrative:

MV 1 was parked on Eleanor Drive. There was a different vehicle parked on opposite side of street, not involved in crash. MV 2 attempted to fit in between the two vehicles, but MV 2's left rear foot assistance pedestal struck MV 1's left rear bumper. No injuries. No tow.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

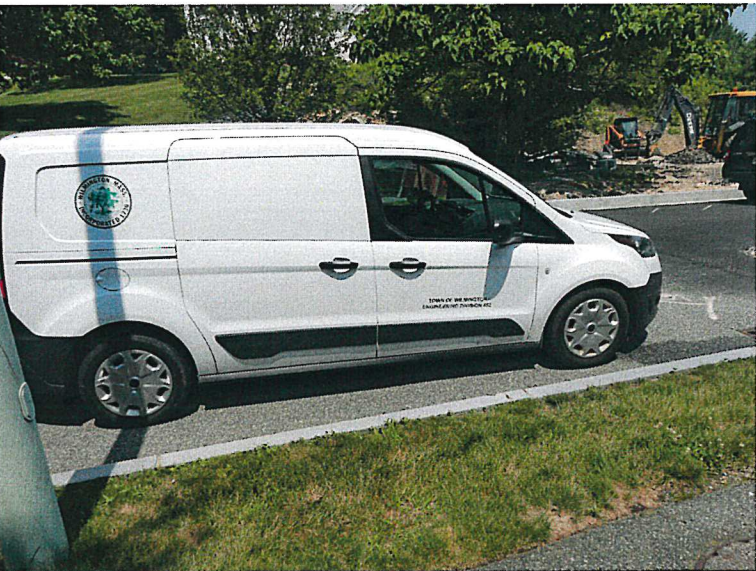
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

Hazmat Information:

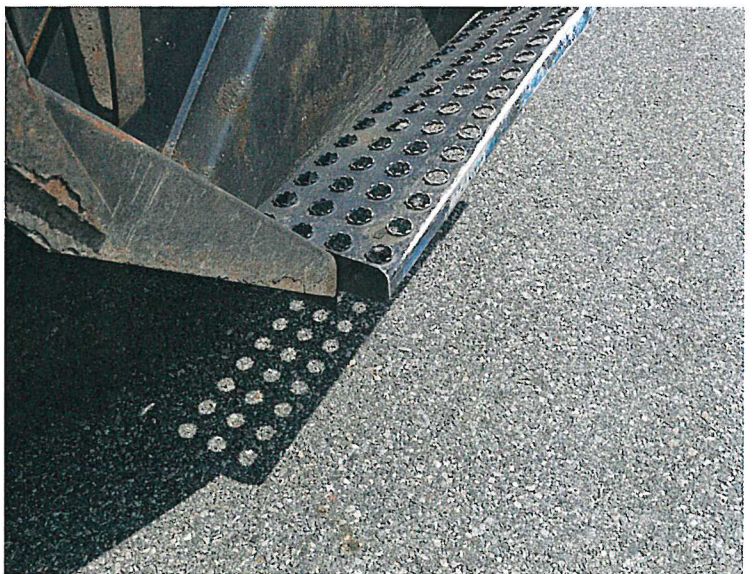
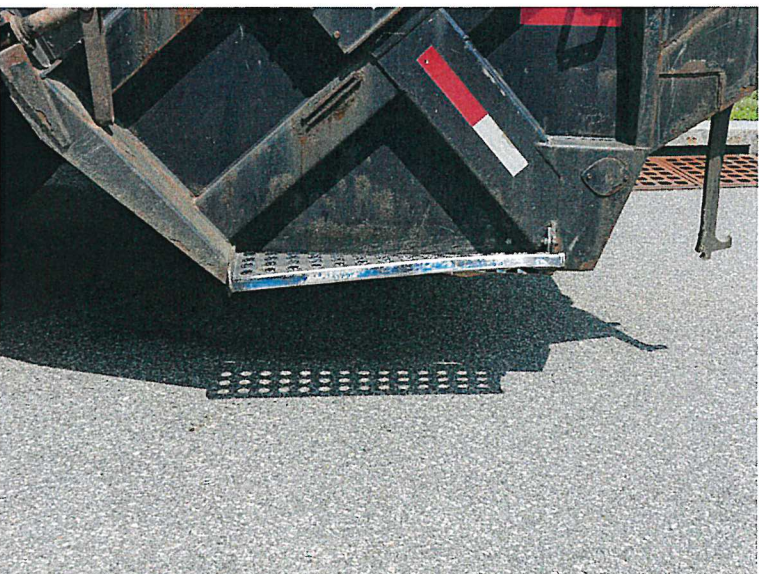
Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

Patrol Officer Kevin J Skinner **200** **Wilmington Police Department** **07/07/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-173-AC



Wilmington Police Department
Images Associated with 21-173-AC



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

1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____

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

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

Route# _____ Direction _____ Address # **331** **CHESTNUT ST** 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# 21-174-AC**

License # **S85171256** St **MA** DOB/Age _____ Reg # **86K730** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **HONDA** Veh Config. **1**

Operator **SANCHEZ, GUILLERMO RAFAEL JR** Owner **SANCHEZ, GUILLERMO RAFAEL JR**

Address **154 ALDRICH RD** Address **154 ALDRICH RD**

City **WILMINGTON** State **MA** Zip **01887-2277** City **WILMINGTON** State **MA** Zip **01887-2277**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **99 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **31 23 23 23 23** Test Status: **28**

Citation # (If Issued) **063949AB** Most Harmful Event **31 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 24** 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 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	99	99	99	99	99	99	

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 _____ 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 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

Date of Crash 07/09/2021 Time of Crash 1331 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

<p>1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10 Route# _____ Direction _____ Address # 316 Name of Roadway/Street LOWELL ST</p> <p>_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____</p> <p>3 11 _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-175-AC**

<p>3 License # SA1750417 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____ Operator AFUSIA, MEAGAN ALOFALUSI Address 224 AMES HILL DR City TEWKSBURY State MA Zip 01876-1150 Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>5 2 Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>6 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>1 12 Reg # 2AGV67 Reg Type PC Reg State MA Veh Year 2005 Veh Make TOYOTA Veh Config. 1 21 Owner AFUSIA, MEAGAN ALOFALUSI Address 224 AMES HILL DR City TEWKSBURY State MA Zip 01876-1150</p> <p>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 97 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33</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
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

<p>8 1 License # S32275698 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____ Operator GIUSTO, JOSEPH Address 7 AUGUSTUS CT APT 2009 City READING State MA Zip 01867-4085 Insurance Company THE COMMERCE INSURANCE CO</p> <p>9 2 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>11 14 Reg # 5SC844 Reg Type PC Reg State MA Veh Year 2017 Veh Make Other-not listed Veh Config. 1 21 Owner GIUSTO, JOSEPH Address 7 AUGUSTUS CT APT 2009 City READING State MA Zip 01867-4085</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 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 97 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33</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 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚡ = Bicycle
 ie: → 1 → 2 → ♂ → ⚡

Crash Diagram:

If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow

Crash Narrative:

The traffic lights at Lowell and West St were not functioning properly. Stop signs had been placed at the intersection to ensure West St traffic stopped before entering the intersection. V1 was stopped at the stop sign and traffic going all directions had stopped as well. V1 then thought it was their turn to go after other vehicles went. V2 then entered the intersection w/o stop/slowing. V1 attempted to stop in time, but could not due to the wet roads. V2 was able to come to a complete stop. V1 struck V2 in the area of the driver's side door causing minor damage. The bumper of V1 was detached. The operator of V1 stated that after the crash V2 stated he thought he had a green light and that he also needed his glasses. V2 stated he kept going with traffic and thought he had the right of way. I spoke with a tech that was working on the lights and he did not know if the lights were flashing at all at the time of the crash, but there was not a green light functioning

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

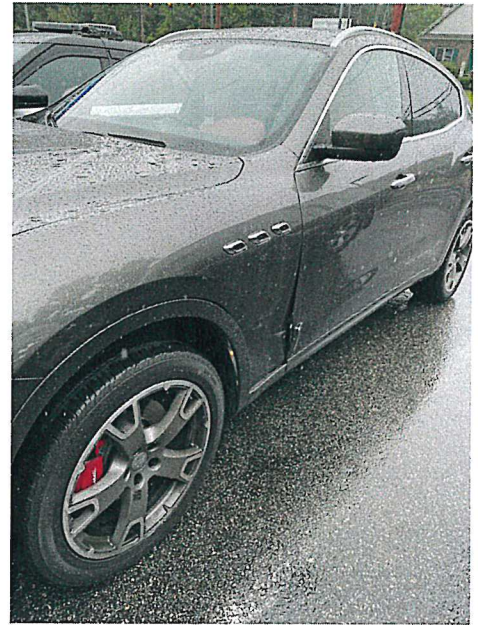
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Emily L Stebbins 210 Wilmington Police Department 07/09/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-175-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
 260 MAIN 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# **21-176-AC**

License # **S23824928** St **MA** DOB/Age _____ Reg # **23NJ41** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1**
 Operator **AMODEO, ALBERT G** Owner **SULLIVAN, MARK E**
 Address **10 MIDDLESEX AVE APT 8** Address **10 MIDDLESEX AVE APT 8**
 City **WILMINGTON** State **MA** Zip **01887-2714** City **WILMINGTON** State **MA** Zip **01887-2714**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **3 23 23 23 23** Test Status: **28**
 Citation # (if Issued) _____ Most Harmful Event **3 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 10 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **1 15** Action **2 16** Location **5 17** Condition **1 18** Hit/Run Moped

License # **S97088106** St **MA** DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex **F** Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator **PERELLA, ROSANA B** Owner _____
 Address **1 BENSON RD** Address _____
 City **TEWKSBURY** State **MA** Zip **01876-4104** 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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	0				8	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

parking lot 260 Main Street

If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow

Crash Narrative:

The driver of V1 stated that after dropping off a party in the main travel lane of the market basket parking lot. He decided to put his car in reverse. He did not see anyone in his rear back up camera however he struck the carriage and possibly a pedestrian, knocking the pedestrian to the ground.

The pedestrian knows the vehicle backed into her grocery cart, but is not sure if the vehicle hit her body. The impact did knock her to the ground. See 21-806-of

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Brian D Thornton 190 Wilmington Police Department 07/09/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

Route# Direction Name of Intersecting 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# **21-177-AC**

License # **S81482665** St **MA** DOB/Age _____ Reg # **9LW786** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**

Operator **SPIEGEL, KRYSTAL MARIE** Owner **SPIEGEL, KRYSTAL MARIE**

Address **119 VERNON ST** Address **119 VERNON ST**

City **TEWKSBURY** State **MA** Zip **01876-4354** City **TEWKSBURY** State **MA** Zip **01876-4354**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **8** **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) **064544AB** Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **9** 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 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	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 # **S70583736** St **MA** DOB/Age _____ Reg # **1HHW83** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2012** Veh Make **FORD** Veh Config. **1**

Operator **DIFRAIA, MARK C** Owner **DIFRAIA, MARK C**

Address **10 MARRIOTT PL** Address **10 MARRIOTT PL**

City **BILLERICA** State **MA** Zip **01821-2859** City **BILLERICA** State **MA** Zip **01821-2859**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **1** **27** **2** **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: **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**

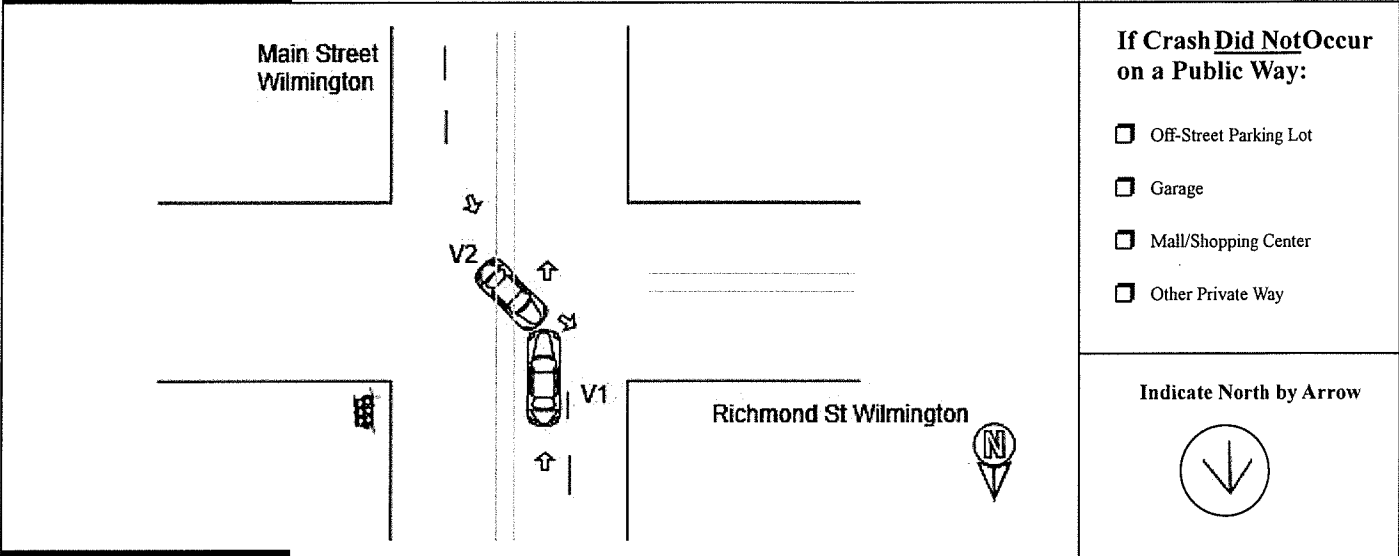
Please fill out for operator/non-motorist and all occupants involved

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	XX	1	1	1	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

V1 traveling south on Main Street in Wilmington. V2 traveling north on Main Street in Wilmington then turned left onto Richmond Street. The two vehicles crashed into each other in the middle of the intersection of Main Street and Richmond St. Op1 stated she had a green light and was driving straight down Main Street. Op2 stated he had a green arrow and was turning left. There was front airbag deployment to V2. No injuries observed or reported in Op1 or Op2. Both vehicles towed by A&S. Op1 was issued a MV citation for unregistered MV. V1 has damage to front side and driver side. V2 has damage to front side and passenger side.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Kathryn C Goodwin
Police Officer Name (Please Print)

Signature

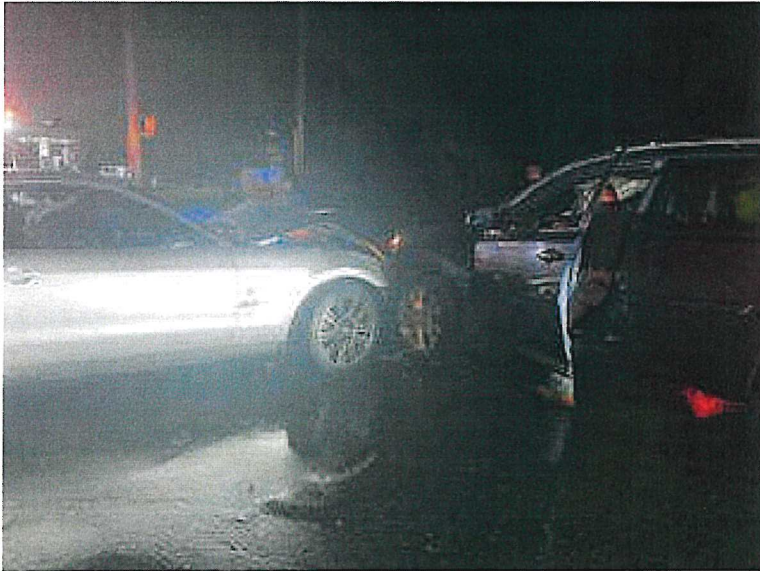
216
ID/Badge #

Wilmington Police Department
Department

Precinct/Barracks

07/10/2021
Date

Wilmington Police Department
Images Associated with 21-177-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

62 E 469 SALEM ST
Route# Direction Address # Name of Roadway/Street
Feet N S E W of _____ or _____ Mile Marker Exit Number
1000 Feet N S E W of THRUSS RD
Route# Intersecting Roadway/Street
Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped | Crash Report ID# 21-178-AC

License # SA0320874 St MA DOB/Age _____ Reg # 7JA422 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____ Veh Year 2019 Veh Make LEXUS Veh Config. 1 21
Operator LAHIRI, ARINDAM Owner LAHIRI, ARINDAM
Address 14 WINTER ST Address 14 WINTER ST
City NORTH READING State MA Zip 01864-2203 City NORTH READING State MA Zip 01864-2203
Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 1 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: 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 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	3	0	0	10	1	
			F	5	4	3	0	0	9	2	Mass General hospital

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

License # SA3060274 St MA DOB/Age _____ Reg # 1JZK44 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____ Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21
Operator NABUKEERA, MARY Owner NABUKEERA, MARY
Address 130 PARK ST APT 2 Address 130 PARK ST APT 2
City NORTH READING State MA Zip 01864-2562 City NORTH READING State MA Zip 01864-2562
Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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) 064897AB Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 9 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? 1 33

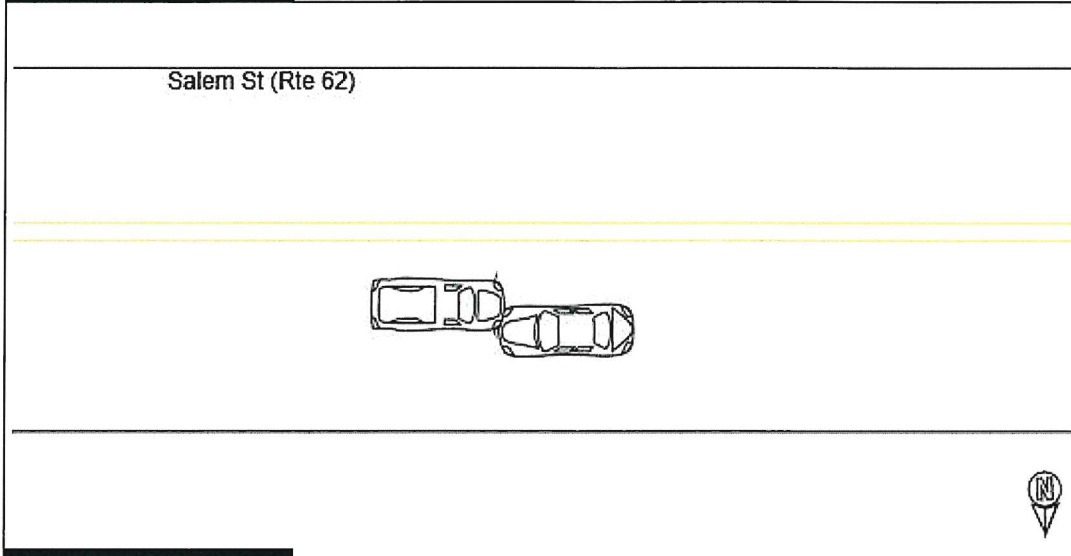
Please fill out for operator/non-motorist and all occupants involved

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	3	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Vehicle 1 was traveling straight, heading west on Salem St (Rte 62), in the west bound lane. Vehicle was traveling east on Salem St (Rte 62). Vehicle 2 drift to the left and crossed completely over the double yellow line, still traveling east, but now in the west bound lane. Vehicle 2 crashed head on into vehicle 1 in the west bound lane. The operator of vehicle 2 stated she did not know what happened and her vehicle just started to drift to the left for some unknown reason. The operator stated she was not texting and stated she was paying attention to the roadway. Operator 2 was issued Massachusetts Uniformed Citation #064897AB for failure to stay in marked lanes. Both vehicles were towed by A&S Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Michael W Wandell 174 Wilmington Police Department 07/10/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-178-AC

