

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

Route# 1 Direction MIDDLESEX AVE Name of Roadway/Street
 At
 Route# 2 Direction CLARK ST Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# 1 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# **21-179-AC**

License # SA0690737 St MA DOB/Age _____ Reg # 4601153 Reg Type PC Reg State NH
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____ Veh Year 2016 Veh Make Jeep Veh Config. 1 21
 Operator MURPHY, GRIFFIN CONNOR Owner WARREN, MARC RICHARD
 Address 24 OLDE COACH RD Address 500 CENTRAL ST APT 5413
 City NORTH READING State MA Zip 01864-1563 City SALEM State NH Zip 030793061
 Insurance Company SAFETY INS Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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? 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	XXXX	X	<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 # S86975021 St MA DOB/Age _____ Reg # 3DZD21 Reg Type PC Reg State MA
 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____ Veh Year 2016 Veh Make HONDA Veh Config. 1 21
 Operator MILLIKEN, JUDITH A Owner MILLIKEN, JUDITH A
 Address 52 CRIMSON RD Address 52 CRIMSON RD
 City BILLERICA State MA Zip 01821-5420 City BILLERICA State MA Zip 01821-5420
 Insurance Company LIBERTY MUTUAL INSURANCE Vehicle Action Prior to Crash 97 22 Damaged Area Code: 3 27 27 27
 Vehicle Travel Direction: N S 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: 97 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: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

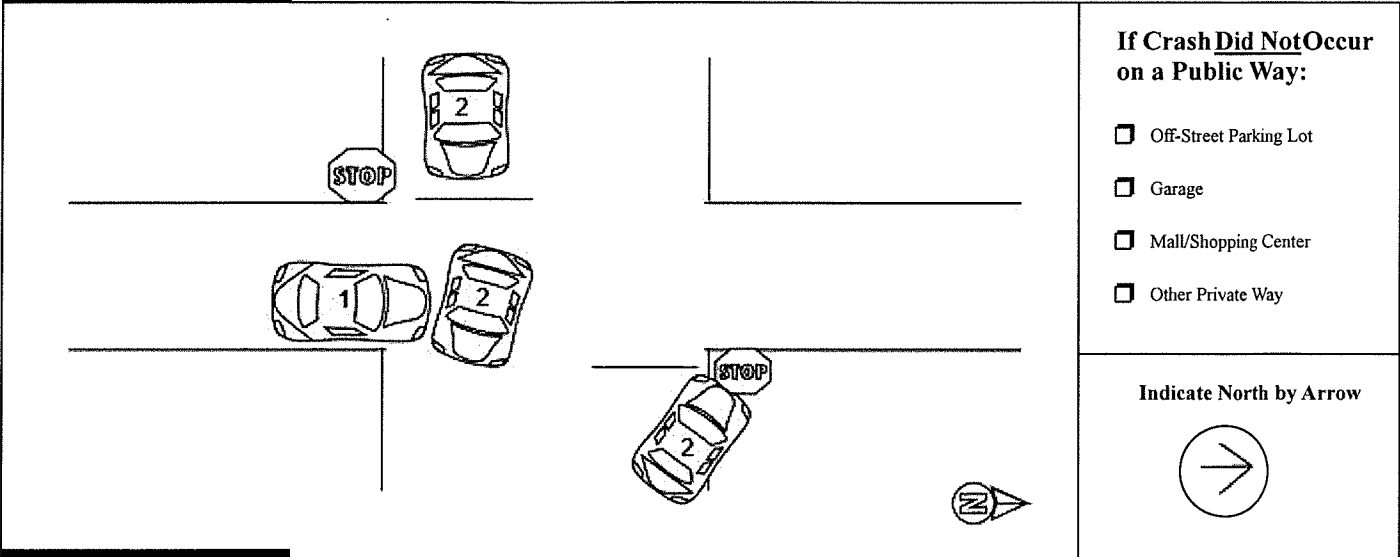
Please fill out for operator/non-motorist and all occupants involved

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	XXXX	X	<u>1</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>2</u>	Lahey Clinic

→ = 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 ahead. Vehicle #2 stopped at the stop sign. Witness stated that Vehicle #2 entered traffic right in front of Vehicle #1. After impact vehicle #2 rolled over the stop sign and came to a rest.

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 Anthony Fiore 164 Wilmington Police Department 07/11/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

At 409 **MIDDLESEX AVE**

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting 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# **21-180-AC**

License # **S50330284** St **MA** DOB/Age _____ Reg # **P38630** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2005** Veh Make **FORD** Veh Config. **1** 21

Operator **AIESI, AUSTIN M** Owner **WEST SPRINGFIELD AUTO PARTS INC**

Address **3 TRACY CIR** Address **945 MAIN ST**

City **WILMINGTON** State **MA** Zip **01887-3072** City **W SPRINGFIELD** State **MA** Zip **01089-3941**

Insurance Company **ACE AMERICAN INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 27 6 27 27

Vehicle Travel Direction: N S E 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	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 # **S51188885** St **MA** DOB/Age _____ Reg # **742WW3** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2011** Veh Make **HONDA** Veh Config. **1** 21

Operator **ENGDAHL, HELEN FLORENCE** Owner **ENGDAHL, HELEN FLORENCE**

Address **3 CHARLOTTE RD** Address **3 CHARLOTTE RD**

City **WILMINGTON** State **MA** Zip **01887-1548** City **WILMINGTON** State **MA** Zip **01887-1548**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: N S E 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	X	1	1	4	0	0	10	1	

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

1 **MIDDLESEX AVE**
 Route# Direction Name of Roadway/Street
 At
 1 **CLARK ST**
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 **CLARK ST**
 Route# Direction Name of Intersecting Roadway/Street
 Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **21-181-AC**

License # **S79445721** St. **MA** DOB/Age _____ Reg # **3FP187** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1**
 Operator **PINTZOPOULOS, JOANA** Owner **PINTZOPOULOS, SOTIRIOS K**
 Address **16 NICHOLS RD** Address **16 NICHOLS ST**
 City **N READING** State **MA** Zip **01864-3106** City **NORTH READING** State **MA** Zip **01864-3106**
 Insurance Company **ALLSTATE INSURANCE COMPAN**
 Vehicle Travel Direction: S E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

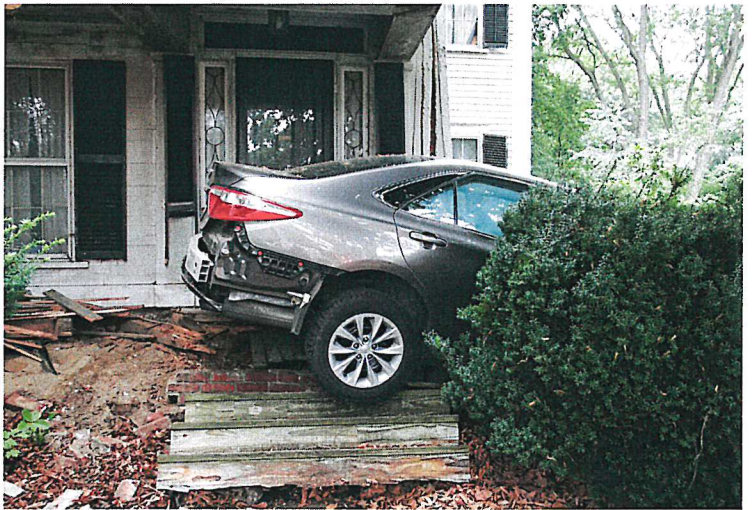
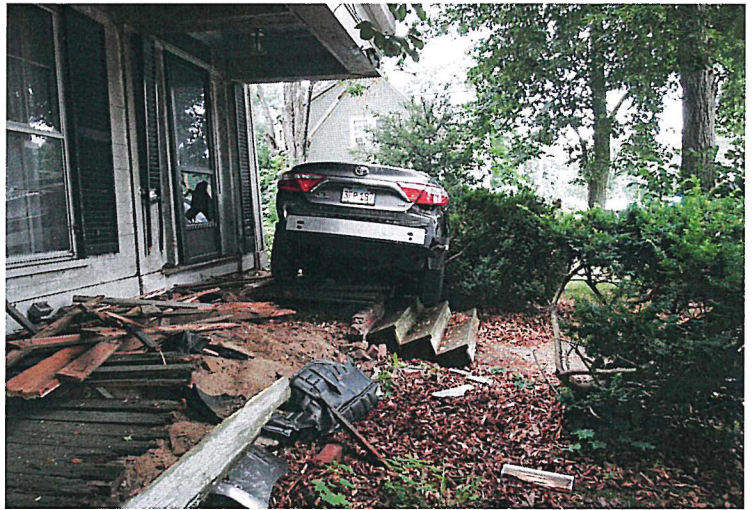
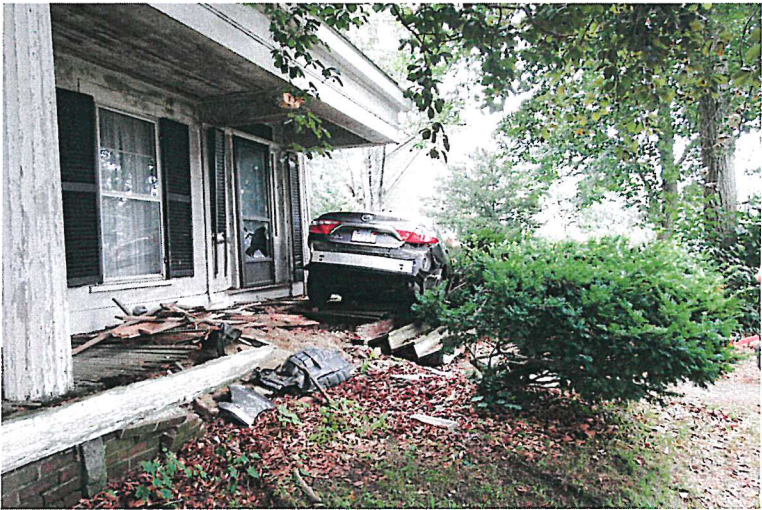
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator				1	1	3	0	0	8	2	Lahey Clinic

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

License # _____ St. _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator **unknown** Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: N S E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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				1	99	99	99	99	99	1	

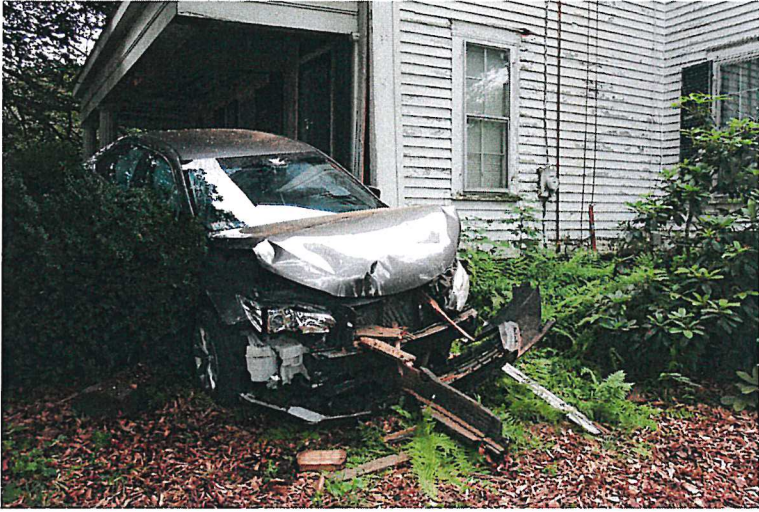
Wilmington Police Department
Images Associated with 21-181-AC



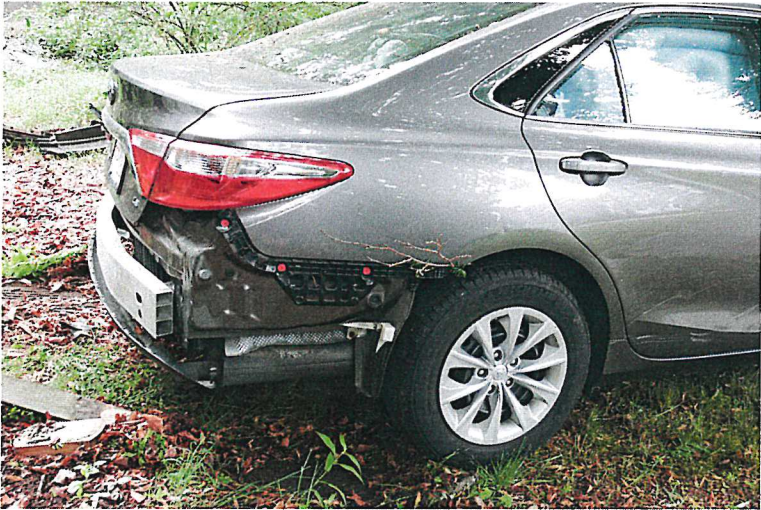
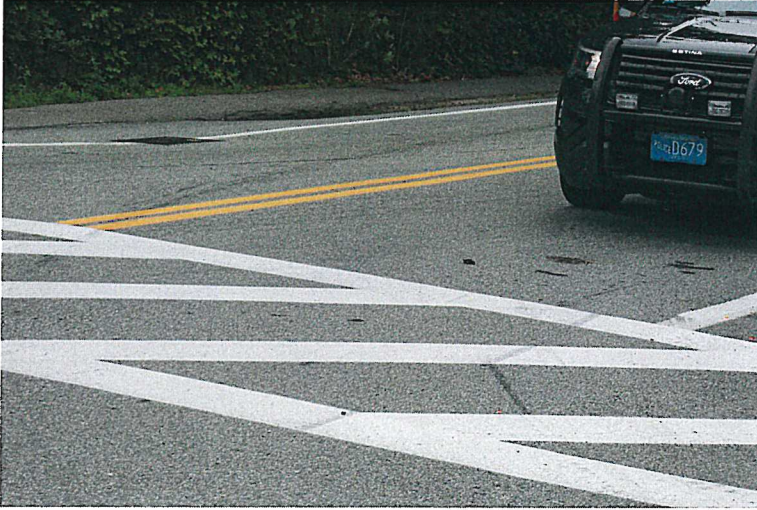
Wilmington Police Department
Images Associated with 21-181-AC



Wilmington Police Department
Images Associated with 21-181-AC



Wilmington Police Department
Images Associated with 21-181-AC



Wilmington Police Department
Images Associated with 21-181-AC



Wilmington Police Department
Images Associated with 21-181-AC



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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # **310** **LOWELL ST** 2 10

Route# Direction Name of Intersecting Roadway/Street Feet **NSEW** of Mile Marker Exit Number 2 11

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

Route# Direction Name of Intersecting Roadway/Street Landmark

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **21-182-AC**

4 1 License # **NHL11426569** St **NH** DOB/Age Reg # **R95395** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement Veh Year **2015** Veh Make **GMC** Veh Config. **2** 21 1 12

Operator **MCCULLOUGH, SEAN P** Owner **RYDER TRUCK RENTAL LT**

Address **152 CHESTNUT ST** Address **329 JEFFERSON RD**

City **NASHUA** State **NH** Zip **03060** City **ROCHESTER** State **NY** Zip **14623-0000**

Insurance Company **ACE AMERICAN INSURANCE CO** 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: **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: **31** Susp. Drug: **32** 1 13

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	X	1	1	4	0	0	10	1	

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 # **S55061450** St **MA** DOB/Age Reg # **668EF8** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement Veh Year **2014** Veh Make **FORD** Veh Config. **2** 21

Operator **MORICONI, DENNIS STEVEN SR** Owner **MORICONI, DENNIS STEVEN SR**

Address **3101 POULIOT PL** Address **3101 POULIOT PL**

City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-0000** 14

Insurance Company **METROPOLITAN PROPERTY AND** 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: **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: **31** Susp. Drug: **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
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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 # 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 31 #Occupants Hit/Run Moped Crash Report ID# **21-182-AC**

License # **9647332** St **ME** DOB/Age _____ Reg # **3PEM69** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **C** Lic. Restrictions _____ CDL _____ Veh Year **2011** Veh Make **CHEVROLET** Veh Config. **2**

Operator **KIMBALL, STEPHEN M** Owner **BIRKDALE, STEPHANIE C**

Address **192 BOLTON ST APT 7** Address **192 BOLTON ST APT 7**

City **MARLBOROUGH** State **MA** Zip **01752** City **MARLBOROUGH** State **MA** Zip **01752-3919**

Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash **1** 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: **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: **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? **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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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 _____ 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**

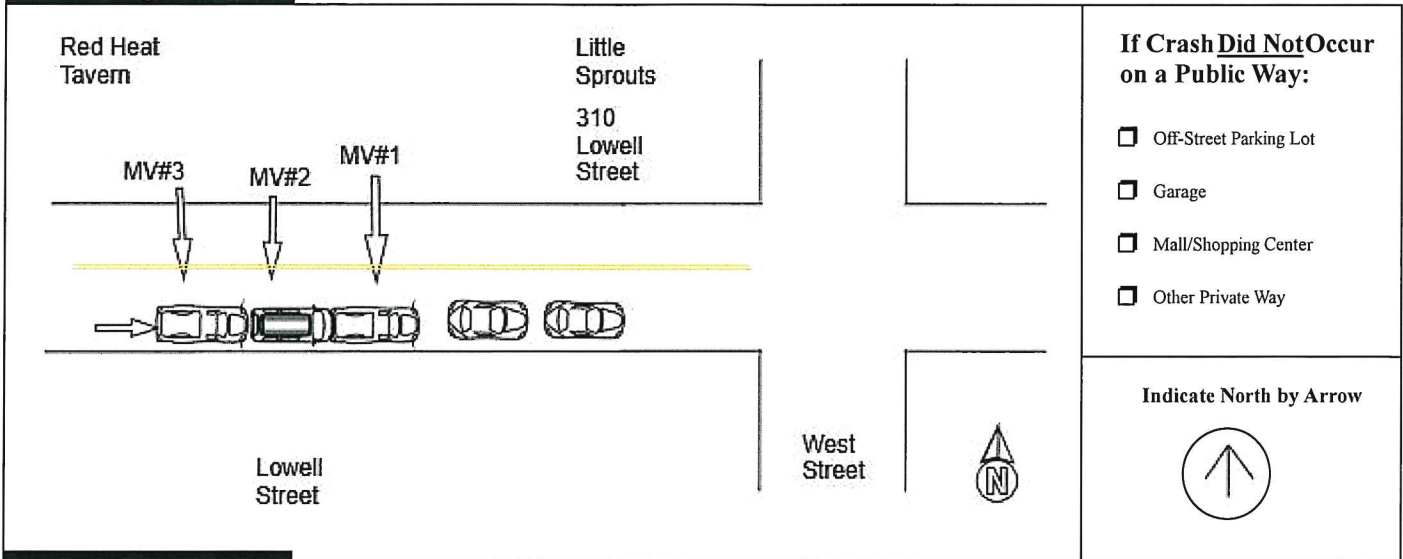
Towed from scene? **33**

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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O → ☺



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, MV#2 and MV#3 were all traveling east on Lowell Street approaching 310 Lowell Street. Oper. of MV#1 came to a complete stop in traffic. Oper. of MV#2 was behind MV#1 and was slowing down. Oper. of MV#3 was behind MV#2 and did not notice MV#2 was stopping. MV#3 then rear ended MV#2 forcing MV#2 into MV#1.

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 07/14/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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
 Landmark

355 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 _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **21-183-AC**

License # **S67203560** St **MA** DOB/Agc _____ Reg # **6CY467** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2018** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **INOUS, ELSIE SUSAN** Owner **INOUS, ELSIE SUSAN**
 Address **529 MAIN ST APT B** Address **529 MAIN ST APT B**
 City **STONEHAM** State **MA** Zip **02180-2810** City **STONEHAM** State **MA** Zip **02180-2810**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: **4** 27 **27** 27
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: _____
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 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? **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	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 # **S80860920** St **MA** DOB/Agc _____ Reg # **STE205** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2014** Veh Make **FORD** Veh Config. **1** 21
 Operator **FRONDUTO, LELA FRONDUTO** Owner **COMM OF MASS EXECUTIVE OFFICE OF ADMIN AND FI**
 Address **53 LEWIS ST APT 1** Address **1 ASHBURTON PL RM APT 1017**
 City **LYNN** State **MA** Zip **01902-4870** City **BOSTON** State **MA** Zip **02108-1518**
 Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 27 **27** 27
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: _____
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: _____
 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: **31** Susp. Drug: **32**
 Towed from scene? **2** 33

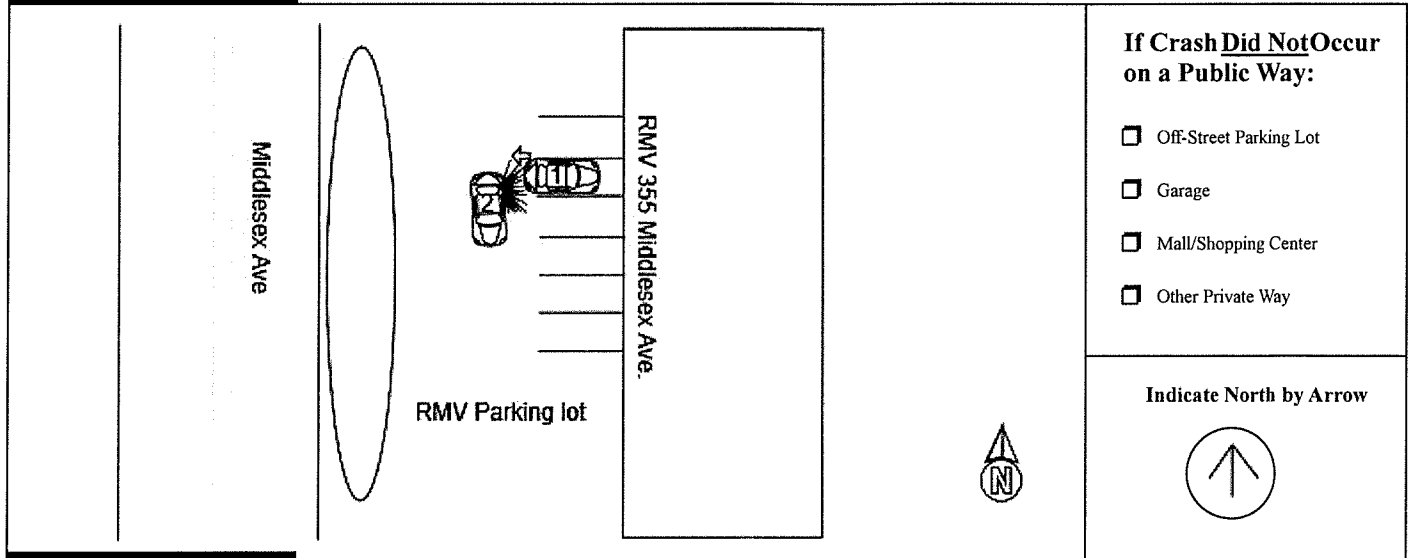
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	X	1	1	4	0	0	10	1	
SHAWN OBRIEN	37 CENTRAL ST BYFIELD, MA 01922-0000		M	3	1	4	0	0	10	1	
BARBARA CASTRO	28 LOVETT PL LYNN, MA 01902-2523		F	6	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

On 07/14/21 Car 2 while stationary in the parking lot of 355 Middlesex Ave. (RMV) was crashed into by Car 1. Car 1 backed up from their parking spot into Car 2. Damage was done to the rear of Car 1 and to the left rear side of Car 2. Pictures included in the image tab.

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 Dillon Halliday 205 Wilmington Police Department 07/14/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-183-AC



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

1 Route# Direction Name of Roadway/Street At Route# Direction **316** **LOWELL ST** Address # Name of Roadway/Street

2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with _____ Feet N S E W of _____ Mile Marker _____ Exit Number _____

2 Route# Direction Name of Intersecting Roadway/Street _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-184-AC**

4 License # **S65167350** St **MA** DOB/Age _____ Reg # **1KCS67** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1** 21

Operator **CEDORCHUK, PAUL J** Owner **CEDORCHUK, PAUL J**

Address **33 MORTON ST** Address **33 MORTON ST**

City **WATERTOWN** State **MA** Zip **02472-2248** City **WATERTOWN** State **MA** Zip **02472-2248**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **27** 27

Vehicle Travel Direction: N S 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 **0** 26 Susp. Alcohol: **31** Susp. Drug: **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	XXXX	X	1	1	4	0	0	10	1	

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

8 License # **07WSV61191** St **NH** DOB/Age _____ Reg # **2501321** Reg Type **PC** Reg State **NH**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2007** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **WILLIAMS, VICKIE L** Owner **WILLIAMS, VICKIE L**

Address **210 MERRIMACK ST** Address **210 MERRIMACK ST**

City **LAWRENCE** State **MA** Zip **01843** City **LAWRENCE** State **MA** Zip **01843**

Insurance Company _____ Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **27** 27

Vehicle Travel Direction: N S 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 **5** 25 **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**

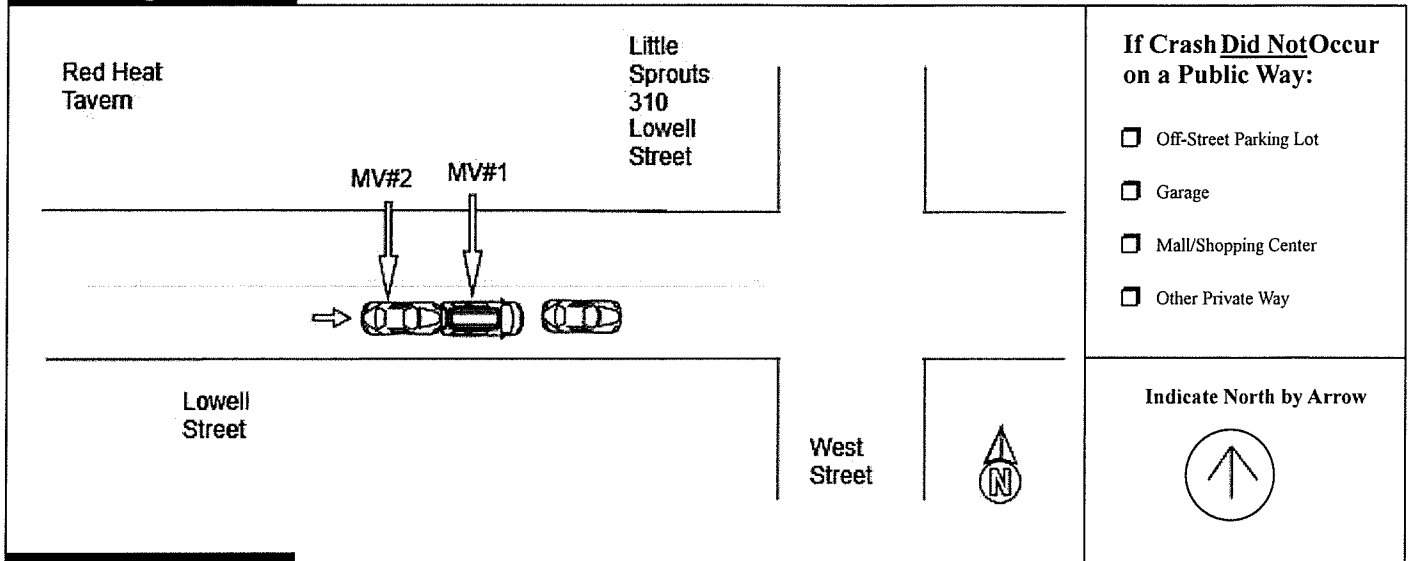
Towed from scene? **2** 33

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	XXXX	X	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 and MV#2 were both stopped in traffic traveling east on Lowell Street. MV#1 and MV#2 both started to move with traffic. As MV#1 began moving the vehicle in front of him stopped. MV#1 stopped and MV#2 continued and rear ended MV#1.

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 07/14/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/15/2021	Time of Crash 0729 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	
									Latitude _____	Local Police <input type="checkbox"/>	
									Longitude _____	MBTA Police <input type="checkbox"/>	
										Campus Police <input type="checkbox"/>	
										Other: _____ <input type="checkbox"/>	

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# <u>20</u> Direction _____ Address # <u>GROVE AVE</u> Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
--	---

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 21-185-AC
---	-----------------------------------

License # <u>SA0890111</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>PAULINO, RAFAEL ALBERTO</u> Address <u>206B PARK ST</u> City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-2508</u> Insurance Company <u>GEICO GENERAL INSURANCE C</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>2FRK94</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>GONZALEZ, LOURDES</u> Address <u>206B PARK ST</u> City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-2508</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> Event Sequence <u>21</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>21</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>21</u> <u>25</u> <u>20</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>3</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
---	--

Please fill out for operator and all occupants involved										Medical Facility	
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	XXXX	XX	1	0	3	0	0	7	2	Lahey Clinic

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

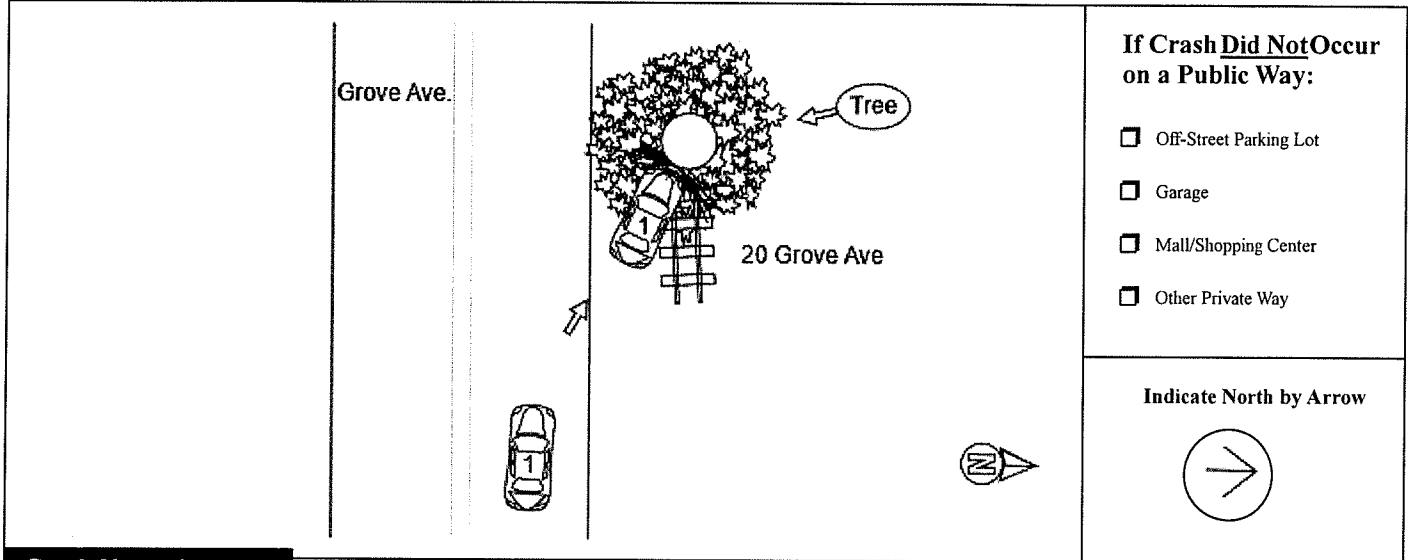
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
--	---

Please fill out for operator/non-motorist and all occupants involved										Medical Facility	
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	XXXX	XX	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ☺



Crash Narrative:

On 07/15/21 Car 1 while travelling westbound on Grove Ave. went off the road at 20 Grove Ave. and struck a fence and a tree. The operator sustained injuries to his chest, hands and possibly feet and legs. He was transported to Lahey Hospital by ambulance. Forest Towing towed to their lot. When I spoke with the operator he stated he dosed off and fell asleep. I also saw a phone on the passenger side of the car which was on during the inventory. I saw it was on Facetime. I asked the operator if he was using his cell phone prior to the crash and he stated he had it on Facetime and positioned on the passenger seat and not in his hand.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
SHINE FREDERICK	3 EDSSEL DR BURLINGTON MA 01803		97	CHICKEN WIRE FENCE

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 Dillon Halliday 205 **Wilmington Police Department** 07/15/2021
 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 Name of Intersecting Roadway/Street
 _____ Also at Intersection with _____
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
 _____ **CONCORD ST** _____
 _____ Feet **NSEW** of _____ or _____ Mile Marker Exit Number
 _____ Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 _____ Feet **NSEW** of _____ Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **21-186-AC**

License # **unknown** St. _____ DOB/Age _____ Reg # **1JEJ39** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **99** **19** **19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2012** Veh Make **FORD** Veh Config. **1** **21**
 Operator **PENA SANTANA, ELIANA JADERQUIS** Owner **GRULLON, YERALD ANTONIO**
 Address **11 KRESS ST** Address **11 KRESS ST**
 City **LAWRENCE** State **MA** Zip **01841** City **LAWRENCE** State **MA** Zip **01841-2224**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **NSE** 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	XXXXXX	X	1	1	1	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

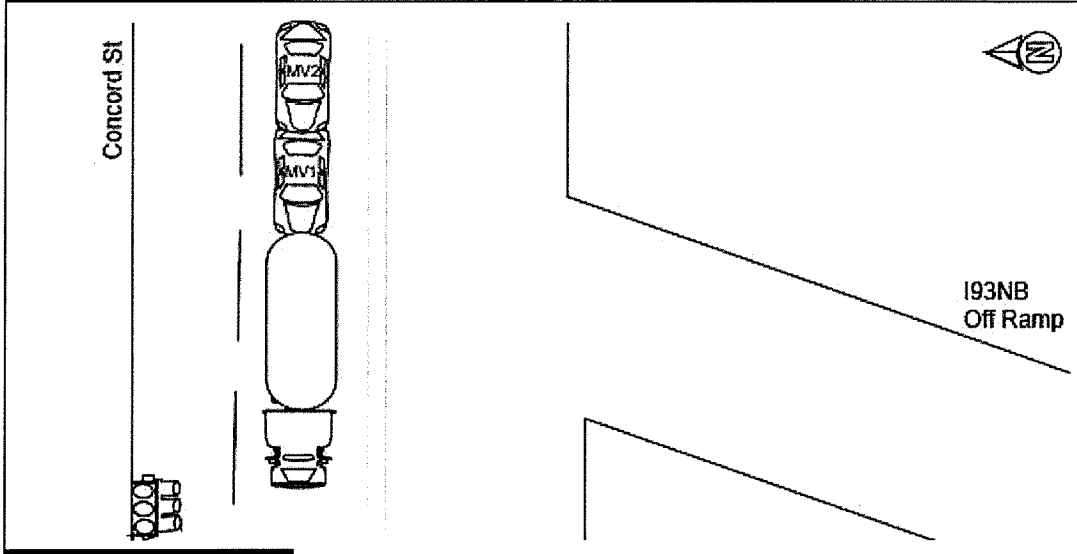
License # **S57915920** St. **MA** DOB/Age _____ Reg # **6KHG90** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1** **21**
 Operator **GALLAGHER, LEANN** Owner **GALLAGHER, LEANN**
 Address **90 PERKINS ST** Address **90 PERKINS ST**
 City **STONEHAM** State **MA** Zip **02180-4211** City **STONEHAM** State **MA** Zip **02180-4211**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **2** **28**
 Citation # (If Issued) **T2446368** Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **24** Driver Contributing Code **14** **25** **10** **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: **1** **32**
 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	XXXXXX	X	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:

MV1 was traveling West on Concord St when MV2 struck the back of her vehicle. MV1 was stopped at the red light at the intersection of the Concord and the I93NB ramps prior to the crash. The operator of MV2 stated her foot went on the break at the time of the crash and was unsure how she crashed into MV1. The impact caused by MV2 was significant enough to push MV1 into a stopped TT Unit at the red light in front of them. Airbags were deployed in MV1. The operator of MV1 complained of pain in both of her arms as well as her face due to the impact of the airbag and was transported to Lahey Hospital. The operator of MV2 reported no injuries and denied medical treatment. A witness on scene reported the traffic light was red at the time of the crash for all vehicles involved. A&S responded and towed MV1 and MV2

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ENOS PHILIP J	25 DADANT DR WILMINGTON MA 01887-2112		

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

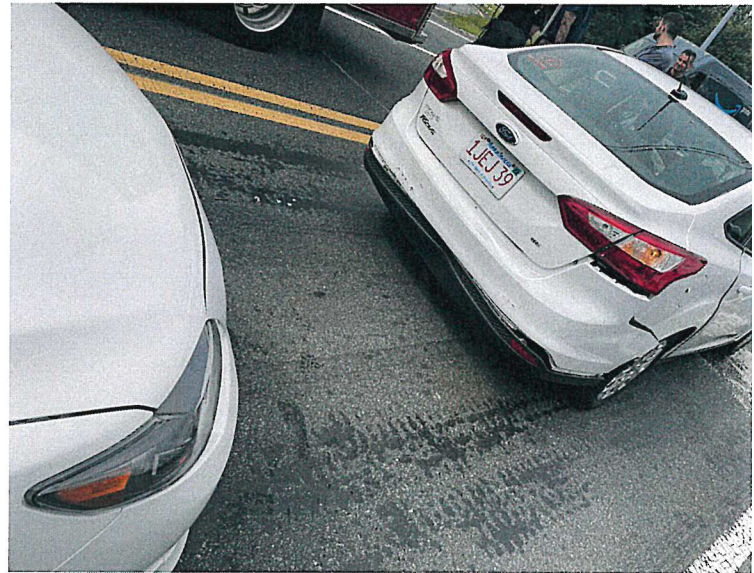
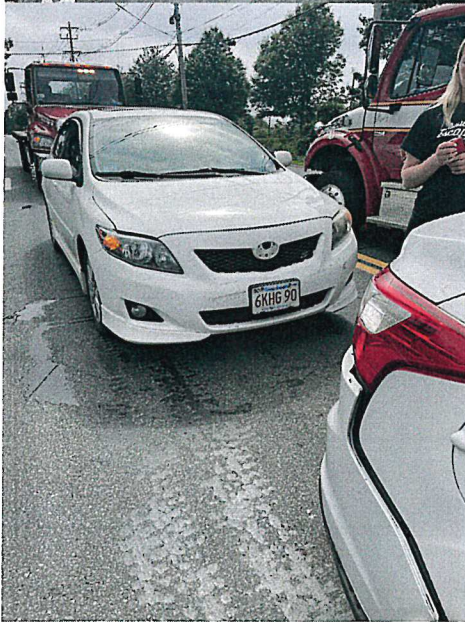
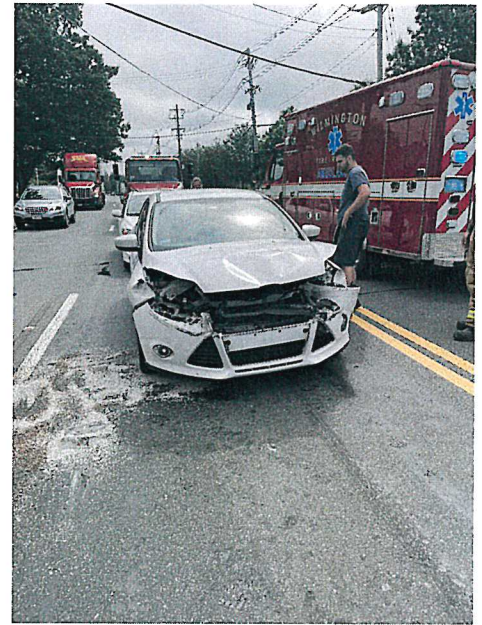
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Meghan Sousa 214 Wilmington Police Department 07/15/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-186-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 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# **21-187-AC**

License # **S82691002** St **MA** DOB/Age _____ Reg # **1HV521** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2015** Veh Make **ACURA** Veh Config. **1**
 Operator **NOLAN, MICHELE** Owner **NOLAN, MICHELE**
 Address **31 CHESTNUT ST** Address **31 CHESTNUT ST**
 City **WILMINGTON** State **MA** Zip **01887-3911** City **WILMINGTON** State **MA** Zip **01887-3911**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **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? **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	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 # **S84095652** St **MA** DOB/Age _____ Reg # **1RW94** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1**
 Operator **DASILVA, ANDRE C** Owner **DASILVA, GILBERTO P**
 Address **27 DONNA ST** Address **27 DONNA ST**
 City **PEABODY** State **MA** Zip **01960-1207** City **PEABODY** State **MA** Zip **01960-1207**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 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**

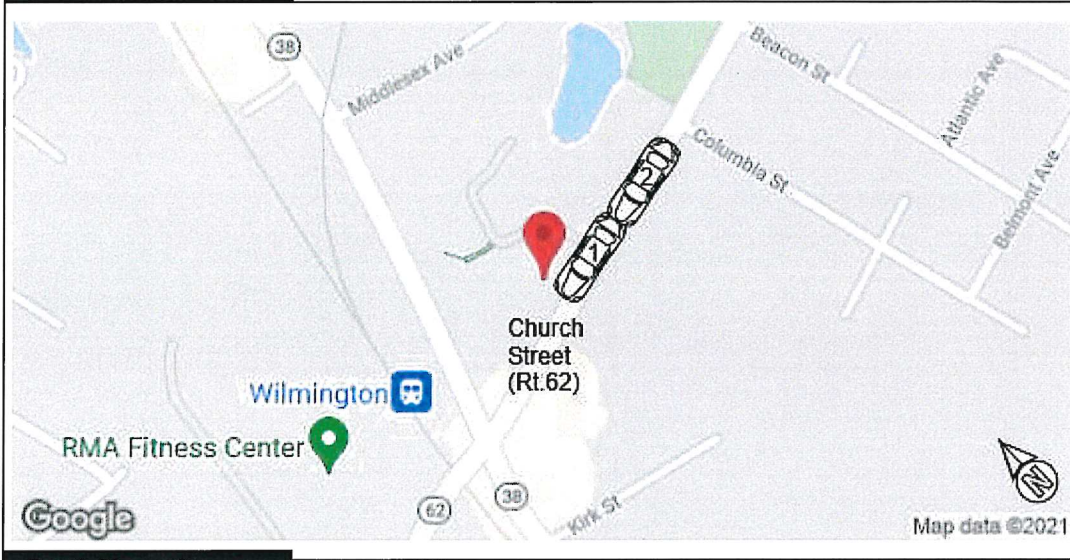
Please fill out for operator/non-motorist and all occupants involved

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	X	1	1	1	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 One and Vehicle Two were both traveling west on Church Street (Rt.62). Traffic was slow moving with stopping on and off. Vehicle one operator stated that she was slowing as the traffic in front of her was coming to a stop. The operator of vehicle two stated that he looked over onto his passenger seat as the food he had there had shifted. As he looked away, vehicle one came to a stop and vehicle two rear ended vehicle one. Both operators were checked by the Wilmington Fire Department and signed medical refusals. Vehicle one was driven from the scene and vehicle two was towed by A&S Towing. Vehicle two had front airbag deployment.

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

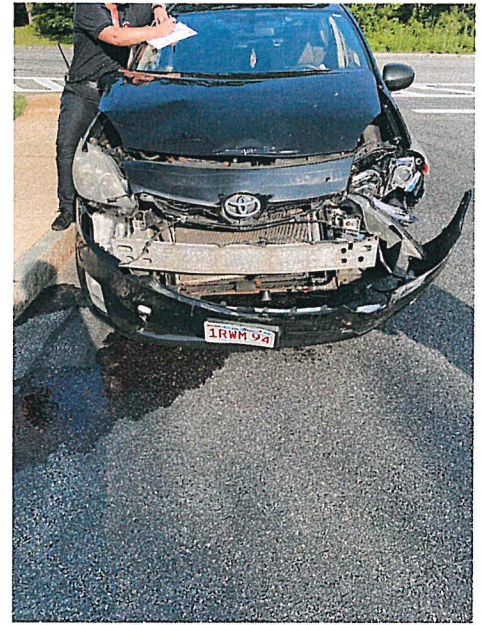
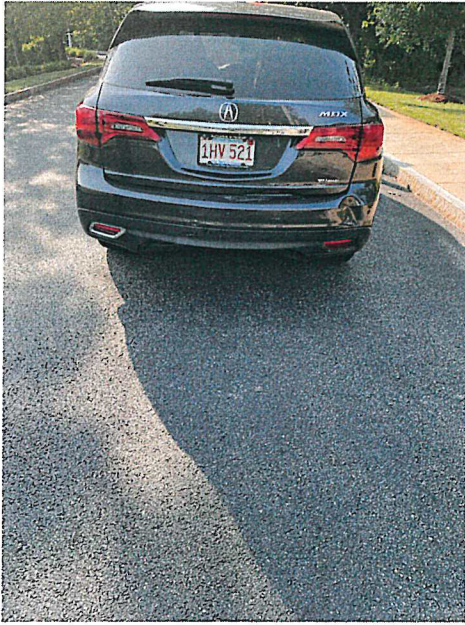
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 07/15/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-187-AC



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 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# **21-188-AC**

License # **S27436408** St **MA** DOB/Age **7** Reg # **5KC265** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **99** Lic. Restrictions **99** CDL Endorsement Veh Year **2005** Veh Make **GMC** Veh Config. **1**

Operator **DOS SANTOS, ELTON DIEGO** Owner **LEAL, GABRIEL DA SILVA**

Address **74 CONCORD AVE APT 33A** Address **33 FOUNTAIN AVE APT 33A**

City **SOMERVILLE** State **MA** Zip **02143-3908** City **SOMERVILLE** State **MA** Zip **02145-4101**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 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) **T2446367** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 10** 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	X	X	1	1	4	0	0	10	1
PERICLES SILVA	347 CEDAR ST MEDFORD, MA 02145		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 # **S46915253** St **MA** DOB/Age Reg # **3AWD14** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2017** Veh Make **FORD** Veh Config. **1**

Operator **GELDART, MICHAEL S** Owner **GELDART, MICHAEL S**

Address **22 SWAIN RD** Address **22 SWAIN RD**

City **WILMINGTON** State **MA** Zip **01887-2864** City **WILMINGTON** State **MA** Zip **01887-2864**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1** 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 **5 25 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/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	1	0	0	10	1

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