

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

1 6	Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street <b>I93SB HWY</b>
	At _____	_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____
2 3	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____
	Also at Intersection with _____	Route# _____ Intersecting Roadway/Street _____
2 3	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____
		Landmark _____

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped **Crash Report ID# 21-317-AC**

4 1	License # <b>NHL17453460</b> St <b>NH</b> DOB/Age _____	Reg # <b>3600907</b> Reg Type <b>PC</b> Reg State <b>NH</b>
4 1	Sex <b>M</b> Lic. Class <b>99</b> <b>19</b> <b>19</b> Lic. Restrictions <b>99</b> <b>20</b> CDL Endorsement _____	Veh Year <b>2015</b> Veh Make <b>SUBARU</b> Veh Config. <b>1</b> <b>21</b>
	Operator <b>GELINAS, MARC RICHARD</b>	Owner <b>GELINAS, MARC RICHARD</b>
4 1	Address <b>101 ALLEN RD</b>	Address <b>101 ALLEN RD</b>
	City <b>BOW</b> State <b>NH</b> Zip <b>03304</b>	City <b>BOW</b> State <b>NH</b> Zip <b>03304</b>
5	Insurance Company _____	Vehicle Action Prior to Crash <b>7</b> <b>22</b> Damaged Area Code: <b>11</b> <b>27</b> <b>27</b> <b>27</b>
	Vehicle Travel Direction: <b>N</b> <b>X</b> <b>E</b> <b>W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>24</b> <b>23</b> <b>24</b> <b>23</b> <b>40</b> <b>23</b> <b>21</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
6 2	Citation # (If Issued) _____	Most Harmful Event <b>24</b> <b>24</b> Type of Test: <b>29</b>
	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>99</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
6 2	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
		Driver Distracted by <b>99</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

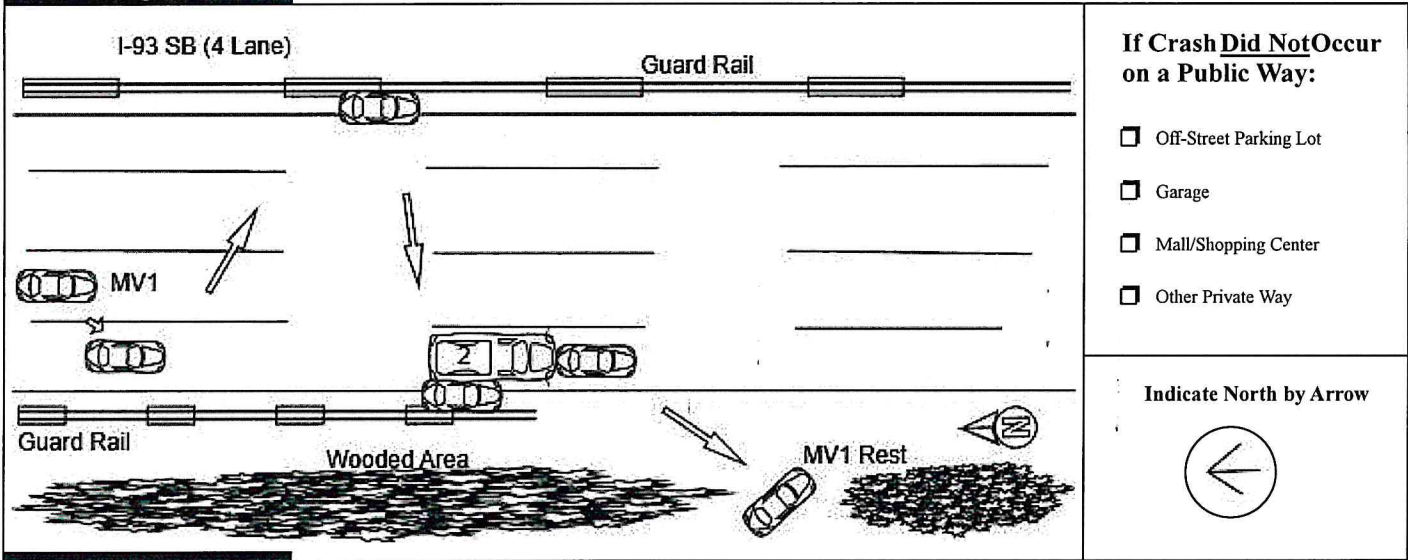
7 1	License # <b>NHL14573355</b> St <b>NH</b> DOB/Age _____	Reg # <b>3438167</b> Reg Type <b>PC</b> Reg State <b>NH</b>
7 1	Sex <b>M</b> Lic. Class <b>99</b> <b>19</b> <b>19</b> Lic. Restrictions <b>99</b> <b>20</b> CDL Endorsement _____	Veh Year <b>2013</b> Veh Make <b>Other-not listed</b> Veh Config. <b>6</b> <b>21</b>
	Operator <b>DOWNING, MICHAEL WILLIAM</b>	Owner <b>CANOIE SEAFOODS INC</b>
7 1	Address <b>172 N POLICY ST</b>	Address <b>3 MANOR PKWY</b>
	City <b>SALEM</b> State <b>NH</b> Zip <b>03079</b>	City <b>SALEM</b> State <b>NH</b> Zip <b>03079</b>
8 4	Insurance Company _____	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b>
	Vehicle Travel Direction: <b>N</b> <b>X</b> <b>E</b> <b>W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
9 2	Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>99</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
9 2	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
		Driver Distracted by <b>99</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

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

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ☺



**Crash Narrative:**

At time of crash, dark with very heavy rain.

MV1 traveled SB on I93 in 2nd lane. MV1 changed lanes (1st lane) and began to hydroplane.

Crossed over travel lanes, spun undetermined amount of times and struck median guardrail.

OPP1 attempted to regain control of MV1 and spun again across travel lanes to BDL, striking opposite guardrail. MV2 did not see MV1 around other vehicle and struck MV1 with front bumper.

MV1 ran off roadway, down embankment and into woodline. MV1 final resting appx

10/15ft into wodded area. No apparent injuries to either involved. MV2 moignor front end

damage, left under own power, MV1 totaled, towed by Cains.

**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 Joseph A Fitzgerald    215    Wilmington Police Department    11/22/2021  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date



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

1 4 Route# Direction Name of Roadway/Street At  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 2 1 Route# Direction Name of Intersecting Roadway/Street  
 2 10 Route# Direction **474 MAIN ST** Address # Name of Roadway/Street  
 Feet **N S E W** of . or Exit Number  
 2 11 Feet **N S E W** of Route# Intersecting Roadway/Street  
 Feet **N S E W** of Landmark

3 Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped Crash Report ID# **21-318-AC**

4 1 License # **12HNK88161** St **NH** DOB/Age Reg # **4982885** Reg Type **PC** Reg State **NH**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2005** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **HARRINGTON, KAYLEIGH A** Owner **HARRINGTON, KAYLEIGH A**  
 Address **10 COLUMBIA DR** Address **10 COLUMBIA DR**  
 City **NASHUA** State **NH** Zip **03063** City **NASHUA** State **NH** Zip **03063**  
 Insurance Company **PROGRESSIVE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 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: **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

6 1 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>AVA KELLY</b>	<b>10 COLUMBIA DR NASHUA, NH 03063</b>		<b>F</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

7 1 Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

8 1 License # **S59348992** St **MA** DOB/Age Reg # **1HK828** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **HARRINGTON, CHEYENNE MARISSA** Owner **HARRINGTON, CHEYENNE MARISSA**  
 Address **16 CHAMPION ST** Address **16 CHAMPION ST**  
 City **TEWKSBURY** State **MA** Zip **01876-3954** City **TEWKSBURY** State **MA** Zip **01876-3954**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 5 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: **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

9 2 Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <b>474</b> Name of Roadway/Street <b>MAIN ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ • _____ or _____</p> <p style="text-align: right;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: right;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: right;">Landmark _____</p>
---	---

Please Select One of the Following:  Vehicle **3** #Occupants  Hit/Run  Moped **Crash Report ID# 21-318-AC**

<p>License # <b>S20668584</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____</p> <p>Operator <b>DAGENAIS, ALYSSA MARIE</b></p> <p>Address <b>50 WILDCREST AVE</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-6176</b></p> <p>Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>2MAF81</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2018</b> Veh Make <b>VOLKSWAGEN</b> Veh Config. <b>1</b></p> <p>Owner <b>DAGENAIS, GIANNA M</b></p> <p>Address <b>50 WILDCREST AVE</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-6176</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>5</b> <b>25</b> <b>19</b> <b>25</b></p> <p>Driver Distracted by <b>99</b> <b>26</b></p>
---	---

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **4** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> <b>N S E W</b> Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <b>21</b></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <b>22</b></p> <p>Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>24</b></p> <p>Driver Contributing Code <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>26</b></p>
--	---

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





<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>				
Date of Crash 11/22/2021	Time of Crash 1425 24HR	City/Town <b>WILMINGTON</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles <b>2</b>	Number Injured <b>1</b>	Speed Limit <b>30</b>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
						Latitude _____	Longitude _____		MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
								Other: _____		

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
-------------------------	---------------------------	-----------------------------

<p>1 <b>NICHOLS ST</b> Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>2 <b>WHIPPLE RD</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>3 <b>BROWN ST</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 _____ Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ • _____ or _____ Mile Marker _____ Exit Number _____</p> <p>3 _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>Landmark _____</p>
---	---

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>13</b> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-319-AC</b>
-------------------------------------	--	----------------------------------	--------------------------------	-----------------------------------

<p>License # <b>SA1640508</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>I</b> <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>NGUON, KAYLA THYDA</b> Last First Middle</p> <p>Address <b>29 GEORGE BROWN ST</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2257</b></p> <p>Insurance Company <b>FARMERS PROPERTY &amp; CASUAL</b></p> <p>Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>1JS112</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2014</b> Veh Make <b>SUBARU</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>NGUON, KA</b> Last First Middle</p> <p>Address <b>29 GEORGE BROWN ST</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2257</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>3</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></p>
---	--

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>CHANN VONG</b>	29 GEORGE BROWN ST BILLERICA, MA 01821-2257		F	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Lahey Clinic
				<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>21</b> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
-------------------------------------	--	---	--	----------------------------------	--------------------------------

<p>8 License # <b>SA3030518</b> St <b>MA</b> DOB/Age _____</p> <p>Sex _____ Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>I</b> <b>20</b> CDL _____ Endorsement _____</p> <p>Operator _____ Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zi _____</p> <p>Insurance Company <b>ALLSTATE INSURANCE COMPAN</b></p> <p>Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) <b>T1151260</b></p> <p>Viol. 1: Ch/Sec/Sub <b>89</b> <b>8</b> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>5GJJ50</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2012</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>FIFIELD, PATRICIA A</b> Last First Middle</p> <p>Address <b>290 MARSTON ST</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2607</b></p> <p>Vehicle Action Prior to Crash <b>4</b> <b>22</b> Damaged Area Code: <b>8</b> <b>27</b> <b>1</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>4</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>
---	--

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 10

1 11

2 1

Route# Direction Name of Roadway/Street

93 N I93NBR33 RAMP

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

3

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

Crash Report ID# 21-320-AC

4 12

5

1 13

6 1

License # S73369965 St MA DOB/Ag Reg # 226ZR7 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2018 Veh Make CHEVROLET Veh Config. 2 21

Operator PAOLUCCI, GARY JAMES Owner PAOLUCCI, GARY JAMES

Address 3 NUTTER RD Address 3 NUTTER RD

City N READING State MA Zip 01864-2103 City N READING State MA Zip 01864-2103

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 6 22 Damaged Area Code: 5 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: 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

7 6

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

8 14

9 2

License # NHL15709273 St NH DOB/Ag. Reg # 5357C Reg Type PC Reg State NH

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

Operator RADER, ALLISON E Owner RADER, ALLISON E

Address 58 MOUNTAIN VIEW RD Address 58 MOUNTAIN VIEW RD

City DEERFIELD State NH Zip 03037 City DEERFIELD State NH Zip 03037

Insurance Company NONE Vehicle Action Prior to Crash 2 22 Damaged Area Code: 0 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) 202398AB Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 34J 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 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

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

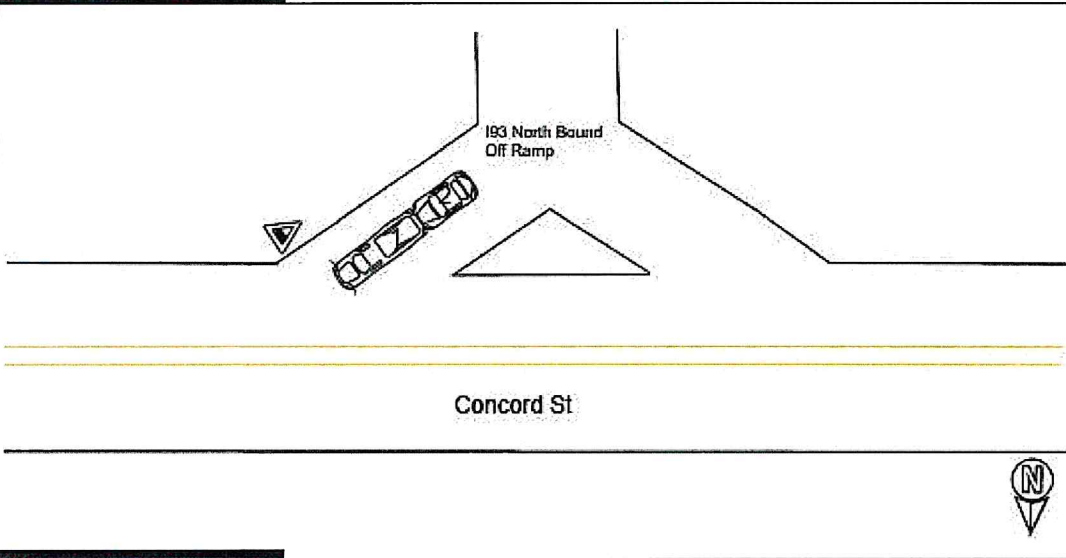
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	



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

**Crash Diagram:**

ie: → 1    → 2    → 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:**

Vehicle 1 was turning right onto Concord St from the I93 North bound off ramp. Vehicle 2 was behind vehicle 1 also coming off the I93 off ramp attempting to turn right onto Concord St. Vehicle 1 was at the yield sign waiting for a break in traffic to enter Concord St. The operator of vehicle 2 stated she was looking to her left and thought vehicle 1 had pulled onto Concord St when she pulled forward crashing into the back of vehicle 1. At the time of the crash vehicle 2 did not have insurance. The operator was issued a citation for uninsured motor vehicle.

**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    11/23/2021  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **62 W CHURCH ST**  
Route# Direction Name of Roadway/Street

At

**ADAMS ST**  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 **1**  
Route# Direction Name of Intersecting Roadway/Street

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

Feet **N S E W** of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker Exit Number

3 **11**  
Feet **N S E W** of \_\_\_\_\_  
Route# Intersecting Roadway/Street

Feet **N S E W** of \_\_\_\_\_  
Landmark

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

Crash Report ID# **21-321-AC**

4 **2**  
License # **SA2280338** St **MA** DOB/Ag. \_\_\_\_\_  
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **I** **20** CDL \_\_\_\_\_  
Operator **KENYON, WILLIAM ARTHUR**  
Address **16 HILLSIDE WAY**  
City **WILMINGTON** State **MA** Zip **01887-3329**  
Insurance Company **SAFETY INSURANCE COMPANY**  
Vehicle Travel Direction: **N**  **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 \_\_\_\_\_

1 **12**  
Reg # **2GZM95** Reg Type **PC** Reg State **MA**  
Veh Year **2006** Veh Make **CHEVROLET** Veh Config. **2** **21**  
Owner **KENYON, WILLIAM ARTHUR**  
Address **16 HILLSIDE WAY**  
City **WILMINGTON** State **MA** Zip **01887-3329**  
Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **6** **27** **27** **27**  
Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
Most Harmful Event **1** **24** Type of Test: **29**  
Driver Contributing Code **4** **25** **25** BAC Test Result: **30**  
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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

8 **1**  
License # **SA1950694** St **MA** DOB/Ag. \_\_\_\_\_  
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_  
Operator **BEATTY, MADISON OLIVIA**  
Address **35 LAWRENCE ST**  
City **WILMINGTON** State **MA** Zip **01887-1927**  
Insurance Company **AMICA MUTUAL INSURANCE CO**  
Vehicle Travel Direction: **N** **S**  **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 \_\_\_\_\_

1 **14**  
Reg # **1SZL69** Reg Type **PC** Reg State **MA**  
Veh Year **2006** Veh Make **HYUNDAI** Veh Config. **1** **21**  
Owner **BEATTY, ROBERT A**  
Address **35 LAWRENCE ST**  
City **WILMINGTON** State **MA** Zip **01887-1927**  
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 **1** **25** **25** BAC Test Result: **30**  
Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
Towed from scene? **1** **33**

9 **2**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Date of Crash 11/24/2021	Time of Crash 0859 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
-----------------------------	-------------------------------	--------------------------------	--	----------------------	---------------------	--	--

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

<p><b>62 E MIDDLESEX AVE</b> Route# Direction Name of Roadway/Street</p> <p style="text-align: center;">At</p> <p><b>PLEASANT RD</b> Route# Direction Name of Intersecting Roadway/Street</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker Exit Number</p> <p>____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Route# Intersecting Roadway/Street</p> <p>____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Landmark</p>
--	---

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-322-AC**

License # <b>S66170868</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL _____ Operator <b>WARE, JAMES ROBERT</b> Address <b>38 BIRCHWOOD RD</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4018</b> Insurance Company <b>MERCHANTS MUTUAL INSURANC</b> Vehicle Travel Direction: <b>N S X W</b> 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 # <b>BSNE</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2016</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> Owner <b>BATTERY SHOP OF NEW ENGLAND INC</b> Address <b>40 SILVA LN</b> City <b>DRACUT</b> State <b>MA</b> Zip <b>01826-2894</b> Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>3 27 27 27</b> Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b> Most Harmful Event <b>1 24</b> Type of Test: <b>29</b> Driver Contributing Code <b>99 25 25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>2 33</b>
--	---

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

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

License # <b>S54501671</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Operator <b>FAYYAD, NORA H</b> Address <b>11 PLEASANT RD</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1429</b> Insurance Company <b>SAFECO INSURANCE COMPANY</b> Vehicle Travel Direction: <b>X S E W</b> 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 # <b>1BNE76</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2015</b> Veh Make <b>MERCEDES-BENZ</b> Veh Config. <b>1</b> Owner <b>FAYYAD, NORA H</b> Address <b>11 PLEASANT RD</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1429</b> Vehicle Action Prior to Crash <b>6 22</b> Damaged Area Code: <b>1 27 27 27</b> Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b> Most Harmful Event <b>1 24</b> Type of Test: <b>29</b> Driver Contributing Code <b>99 25 25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>2 33</b>
--	--

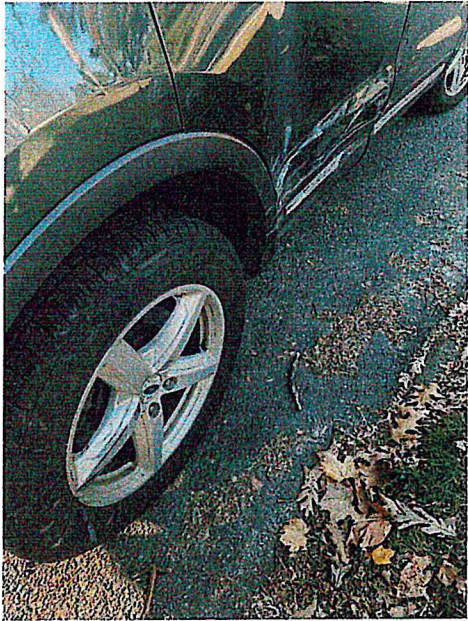
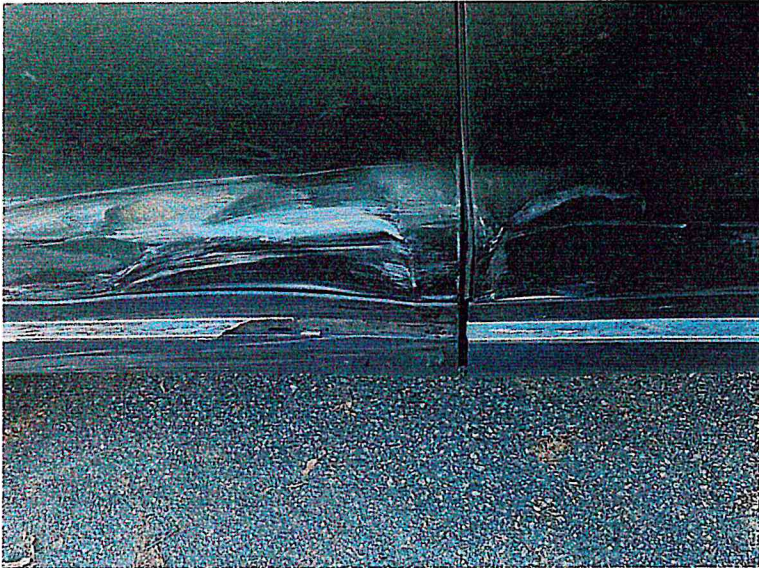
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	







Wilmington Police Department  
Images Associated with 21-322-AC





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4  
 FEDERAL ST  
 Route# Direction Name of Roadway/Street  
 At  
 MIDDLESEX AVE  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 2 5  
 Route# Direction Name of Intersecting Roadway/Street

3  
 Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# 21-323-AC

4 3  
 License # SA3850851 St MA DOB/Agts \_\_\_\_\_ Reg # 7LJ296 Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement \_\_\_\_\_ Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 21  
 Operator MACHADO, CHRISTOPHER GEORGE Owner LONERGAN, MAUREEN PHYLLIS  
 Address 2 ROBINLEA CIR Address 2 ROBINLEA CIR  
 City WOBURN State MA Zip 01801-1222 City WOBURN State MA Zip 01801-1222  
 Insurance Company FARMERS PROPERTY & CASUAL Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 27  
 Vehicle Travel Direction: N S X W Responding to Emergency? 2 Event Sequence 22 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 22 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 21 25 19 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

2  
 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	4	0	0	10	1	

7 3  
 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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. 21  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27  
 Vehicle Travel Direction: N S E W Responding to Emergency? \_\_\_\_\_ Event Sequence 23 23 23 23 Test Status: 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 25 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32  
 Towed from scene? 33

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			1							





Wilmington Police Department  
Images Associated with 21-323-AC

