

Date of Crash: 12/05/2021 Time of Crash: 1129 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 0 Speed Limit: 40 State Police Local Police MBTA Police Campus Police Other:

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

<p><b>38</b> <b>N</b> <b>MAIN ST</b> Route# Direction Name of Roadway/Street</p> <p>At</p> <p><b>BUTTERSROW</b> Route# Direction Name of Intersecting Roadway/Street</p> <p>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 _____ Mile Marker Exit Number</p> <p>Feet <b>N S E W</b> of _____ Route# Intersecting Roadway/Street</p> <p>Feet <b>N S E W</b> of _____ Landmark</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-334-AC**

<p>License # <b>S43886342</b> St <b>MA</b> DOB/Age: _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Operator: <b>DESIMONE, ALFONSO</b> Address: <b>5 FERNBANK RD</b> City: <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3394</b> Insurance Company: <b>SAFETY INSURANCE COMPANY</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b> 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>Reg # <b>46NC94</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2017</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>2</b> Owner: <b>DESIMONE, ALFONSO</b> Address: <b>5 FERNBANK RD</b> City: <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3394</b> Vehicle Action Prior to Crash: <b>4</b> Dated <b>22</b> Event Sequence: <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Most Harmful Event: <b>1</b> <b>24</b> Driver Contributing Code: <b>1</b> <b>25</b> <b>25</b> Driver Distracted by: <b>0</b> <b>26</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>2</b> <b>33</b></p>
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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

<p>License # <b>SA3100606</b> St <b>MA</b> DOB/Age: _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Operator: <b>DEANGELO, NICHOLAS PAUL</b> Address: <b>21 DAVIS ST</b> City: <b>WOBURN</b> State <b>MA</b> Zip <b>01801-3027</b> Insurance Company: <b>GEICO GENERAL INSURANCE C</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b> 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>Reg # <b>4JPR49</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2012</b> Veh Make <b>ACURA</b> Veh Config. <b>1</b> Owner: <b>DEANGELO, NICHOLAS PAUL</b> Address: <b>21 DAVIS ST</b> City: <b>WOBURN</b> State <b>MA</b> Zip <b>01801-3027</b> Vehicle Action Prior to Crash: <b>1</b> Dated <b>22</b> Event Sequence: <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Most Harmful Event: <b>1</b> <b>24</b> Driver Contributing Code: <b>20</b> <b>25</b> <b>19</b> <b>25</b> Driver Distracted by: <b>5</b> <b>26</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b> Test Status: <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>1</b> <b>33</b></p>
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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>	



Date of Crash: 12/06/2021 Time of Crash: 0611 City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 0 Speed Limit: 40  
 Latitude: Longitude: State Police  Local Police  MBTA Police  Campus Police  Other:

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # <b>331</b> Name of Roadway/Street <b>LOWELL ST</b> _____ Feet <b>NSEW</b> of _____ or _____ Exit Number _____ Mile Marker _____ _____ Feet <b>NSEW</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>NSEW</b> of _____ Landmark _____
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-335-AC**

License # <b>S48903922</b> St <b>MA</b> DOB/Ag: _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Operator <b>PEARSON, TERRELL ANTWON</b> Address <b>236 18TH ST APT 16</b> City <b>DRACUT</b> State <b>MA</b> Zip <b>01826-5169</b> Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> 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>199NV5</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2005</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> Owner <b>PEARSON, MARLYAN</b> Address <b>236 18TH ST APT 16</b> City <b>DRACUT</b> State <b>MA</b> Zip <b>01826-5169</b> Vehicle Action Prior to Crash <b>4</b> Damaged Area Code: <b>7 27 8 27 27</b> Event Sequence <b>1 23 1 23 1 23 1 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 1 25</b> BAC Test Result: <b>1 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>
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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>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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

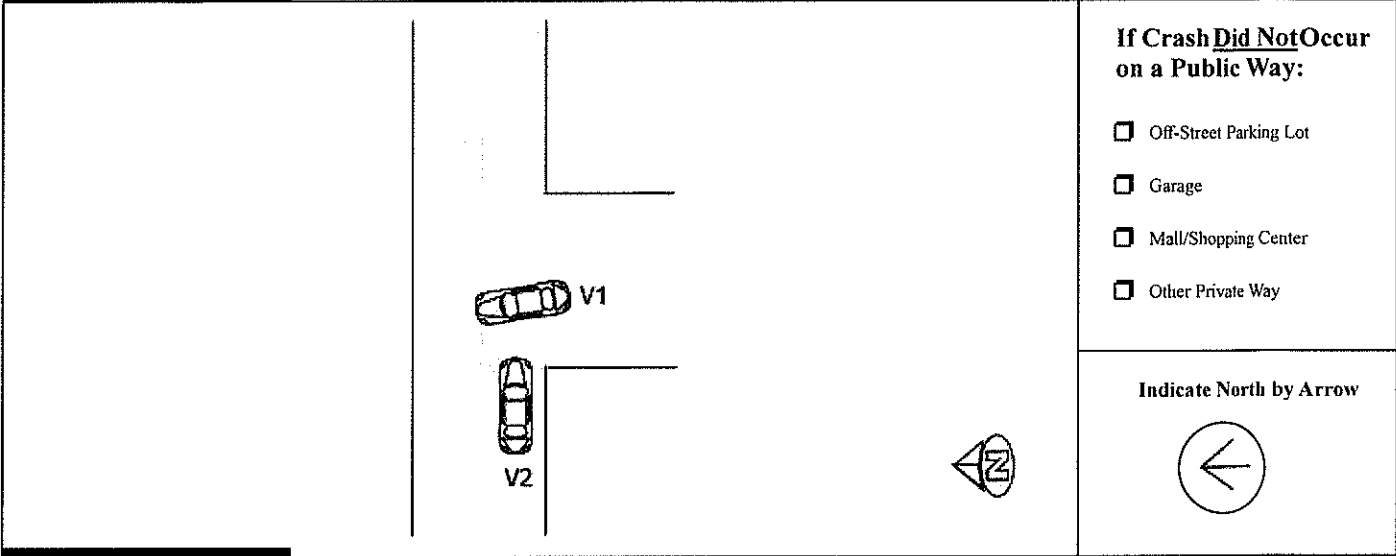
License # <b>S30026112</b> St <b>MA</b> DOB/Ag: _____ Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Operator <b>JEAN-LOUIS, MONALISA J</b> Address <b>103 BROADWAY APT 1</b> City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-3875</b> Insurance Company <b>GEICO</b> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b> 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>4Z7110</b> Reg Type <b>PC</b> Reg State <b>TN</b> Veh Year <b>2020</b> Veh Make <b>NISSAN</b> Veh Config. <b>1</b> Owner <b>HERTZ VEHICLES LLC</b> Address <b>26933 NORTHWESTERN HWY STE 100</b> City <b>SOUTHFIELD</b> State <b>MI</b> Zip <b>48033</b> Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>2 27 1 27 8 27</b> Event Sequence <b>1 23 1 23 1 23 1 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>1 25 25</b> BAC Test Result: <b>1 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>
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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>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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

**Crash Diagram:**

ie: → 1    → 2    → ♂    → 🚲



**Crash Narrative:**

On December 6, 2021, I, Offc MacGilvray, was assigned to sector one in marked unit 31. I was dispatched to said location on a report of a two car motor vehicle crash at said time. On location I spoke to the operators of both vehicles. Mr. Antwon Pearson (DOB 2/3/85) was operating V1 MAREG 199NV5. Mr. Pearson stated he came off the 93 ramp and while attempting to take a left onto Lowell St (heading west) he collided with V2 (heading east). Ms. Monalisa Jean-Louise (DOB 4/19/76) was operating V2 TNREG 4Z71L0. Ms. Jean-Louise stated while travelling straight ahead east on Lowell St, V1 cut across Lowell St from the ramp causing the accident. No injuries reported on scene. No tows from the scene.

**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 Paul Macgilvray

221

Wilmington Police Department

12/06/2021

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

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

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

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

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

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

Crash Report ID# **21-336-AC**

License # **S21159285** St **MA** DOB/Age \_\_\_\_\_ Reg # **5CM231** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **LOPEZ, VALERIE** Owner **LOPEZ, VALERIE**

Address **2 MARBLERIDGE RD** Address **2 MARBLERIDGE RD**

City **N ANDOVER** State **MA** Zip **01845-3003** City **N ANDOVER** State **MA** Zip **01845-3003**

Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **4** 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: **28**

Citation # (If Issued) **T2446904** Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **9** Viol. 2: Ch/Sec/Sub **89** **9** Driver Contributing Code **4** 25 **19** 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? **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
<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>	

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

License # **07CNS65301** St **NH** DOB/Age \_\_\_\_\_ Reg # **70208** Reg Type **AP** Reg State **MA**

Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **Mack Truck** Veh Config. **10** 21

Operator **CHARRON, STEVEN A** Owner **DEMOULAS SUPER MKTS INC**

Address **8 MOSHER DR** Address **875 EAST ST**

City **BROOKLINE** State **NH** Zip **03033** City **TEWKSBURY** State **MA** Zip **01876-1469**

Insurance Company **THE TRAVELERS INDEMNITY C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11** 27 27 27

Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** 23 20 23 23 23 Test Status: **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 **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

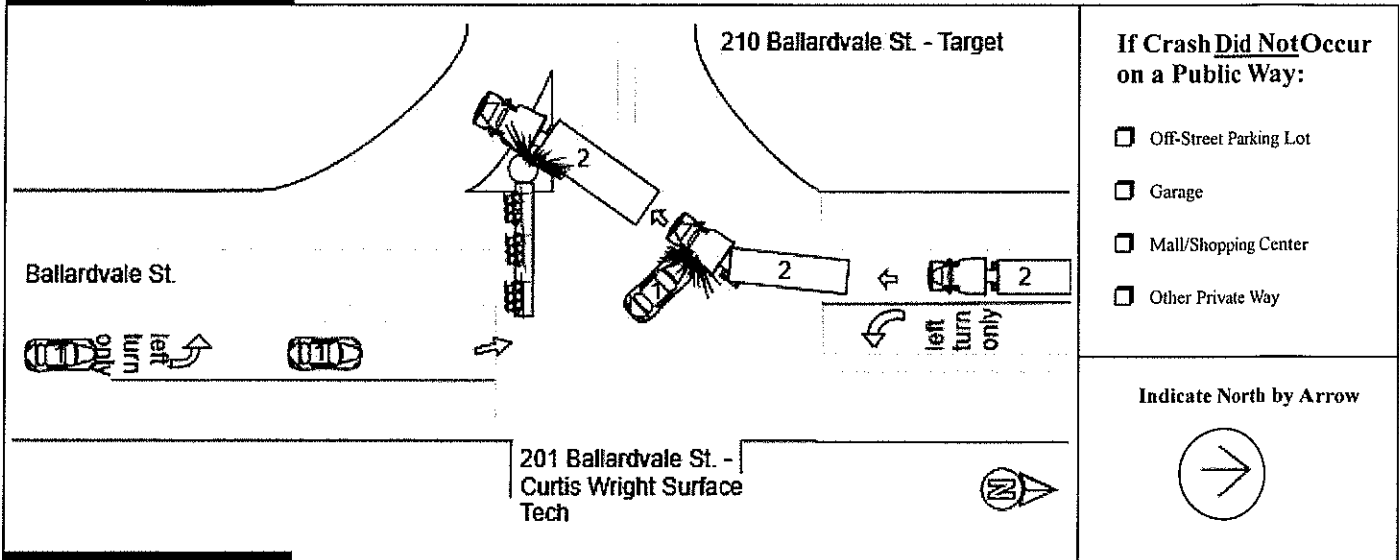
Please fill out for operator/non-motorist and all occupants involved

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>	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

On 12/7/21 MV 1 while travelling northbound on Ballardvale St. attempted to make a left hand turn into the Target-210 Ballardvale St. parking lot. MV 2 while travelling southbound on Ballardvale St. was crashed into by MV 1 on the front left side. MV 2 subsequently crashed into a traffic control utility pole. The pole was damaged & moved about 12" from the base. Diesel fuel tanks on MV 2 were ruptured as a result of the crash (appx. 200ga.) There was damage to the front of MV 1, complete damage to every part of MV 2 & to the trailer. Both operators refused medical treatment by Wilmington EMS. Forest Towing towed MV 1, Coady's towed MV 2, Market Basket retrieved their trailer from MV 2. There was cargo inside the trailer weighing appx. 80k lbs. MASSDEP arrived as a result of the diesel spill & dispatched a cleaning crew. Operator of MV 2 stated he had a green light & was travelling straight through at 30mph. See report continued on supplemental.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	TRAFFIC POLE

**Truck and Bus Information:**

Registration # 70208 (From Vehicle Section)

Carrier Name DEMOULAS SUPER MKTS INC Bus Use  42

Address 875 EAST ST City TEWKSBURY St MA Zip 01876

US DOT #: 018292 State Number \_\_\_\_\_ Issuing State MA MC/MX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  3 45

Trailer Reg #: SM92272 Reg Type TL Reg State MA Reg Year 2013 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 12/06/2021  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER DILLON HALLIDAY

Ref: 21-336-AC

Entered: 12/07/2021 @ 0314      Entry ID: 205  
Modified: 12/07/2021 @ 0435      Modified ID: 205  
Approved: 12/08/2021 @ 0759      Approval ID: 204

Continued from crash narrative...

The operator of MV 1 stated she was going into the Target parking lot for Dunkin Donuts. She stated she thought she had a green light. She stated she did not see MV 2 until the crash. I asked her if she potentially had a red arrow while the two other lights next to it were green. She stated she did not know.

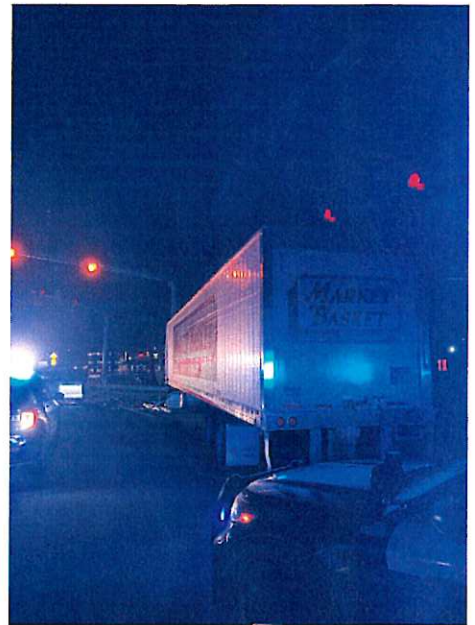
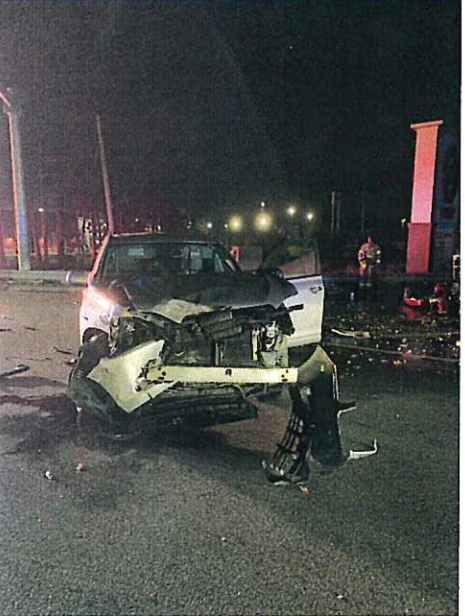
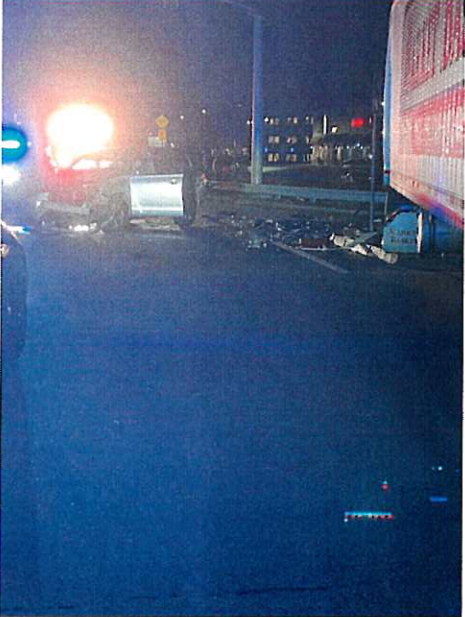
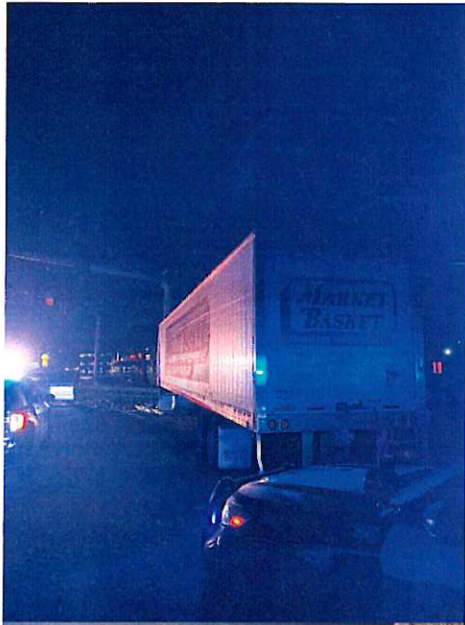
I informed both parties an information exchange would be made and placed with the station officer at Wilmington PD. I informed Valerie that her MV registration was expired non-renewable. I issued Massachusetts Uniform Citation T2446904 to Valerie Lopez for Unregistered MV(90/9) and Failure to yield at intersection (89/9).

The State Police Truck Team responded (see attachments for examination report).

See images for photos of the MVC.

Attachments for 21-336-AC	
Description	Type
TRUCK TEAM REPORT	PDF
Attachment#: E7380ACAFE4444C0BF0CEC2A6F047399	

Wilmington Police Department  
Images Associated with 21-336-AC





Wilmington Police Department  
Images Associated with 21-336-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 # **6 LINDA RD** Name of Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Feet **N S E W** of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle **0** #Occupants  Hit/Run  Moped  
 Crash Report ID# **21-337-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **7AG958** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **HONDA** Veh Config. **1 21**  
 Operator **Driverless M.V.** Owner **PIELECH, MITCHELL**  
 Address \_\_\_\_\_ Address **16 ASHLEY LN**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **METHUEN** State **MA** Zip **01844-0000**  
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 7 27 27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

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>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S28823147** St **MA** DOB/Age \_\_\_\_\_ Reg # **1BZA39** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D M** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **VOLKSWAGEN** Veh Config. **1 21**  
 Operator **FAZIO, WILLIAM PHILIP** Owner **FAZIO, WILLIAM PHILIP**  
 Address **16 MARCIA RD** Address **16 MARCIA RD**  
 City **WILMINGTON** State **MA** Zip **01887-1465** City **WILMINGTON** State **MA** Zip **01887-1465**  
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 3 27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **11 25 19 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1 33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

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>	



Wilmington Police Department  
Images Associated with 21-337-AC



Wilmington Police Department  
Images Associated with 21-337-AC



Date of Crash 12/09/2021 Time of Crash 0632 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 45 State Police  Local Police  MBTA Police  Campus Police  Other

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **ROUTE 62 HWY** Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street 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# **21-338-AC**

License # **S84402424** St **MA** DOB/Age **19** Reg # **384VE1** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement **20** Veh Year **2016** Veh Make **TOYOTA** Veh Config **1**

Operator **BUCHIERI, EUGENE EDWARD** Owner **BUCHIERI, EUGENE EDWARD**

Address **35 LELAND RD** Address **35 LELAND RD**

City **N READING** State **MA** Zip **01864-1605** City **N READING** State **MA** Zip **01864-1605**

Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 27 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**

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

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>2</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 # **S73292662** St **MA** DOB/Age **0** Reg # **T73634** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement **20** Veh Year **2022** Veh Make **FORD** Veh Config **2**

Operator **WILKIE, JAMES A** Owner **ATLANTIC PAVING CORP**

Address **564 ESSEX AVE** Address **119 FOSTER ST APT R**

City **GLOUCESTER** State **MA** Zip **01930-2034** City **PEABODY** State **MA** Zip **01960-5933**

Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **4** 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) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4 25 25** BAC Test Result: **30**

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

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**

Please fill out for operator/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			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Date of Crash 12/09/2021 Time of Crash 1515 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**MIDDLESEX AVE**  
Route# Direction Name of Roadway/Street  
At  
**CLARK ST**  
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# **21-339-AC**

License # **S20560790** St **MA** DOB/Age \_\_\_\_\_ Reg # **634DS7** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_  
Operator **HANAFIN, LAURA L** Owner **HANAFIN, LAURA L**  
Address **127 CHURCH ST** Address **127 CHURCH ST**  
City **WILMINGTON** State **MA** Zip **01887-2715** City **WILMINGTON** State **MA** Zip **01887-2715**  
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 X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **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
<b>Operator</b>	See Above	<del>XXXX/XXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>ROSALIE HANAFIN</b>	<b>127 CHURCH ST WILMINGTON, MA 01887</b>	<b>06/10/2014</b>	<b>F</b>	<b>4</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 22 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S64400500** St **MA** DOB/Age \_\_\_\_\_ Reg # **7ZF941** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_  
Operator **COLCLOUGH, ALISON C** Owner **COLCLOUGH, ALISON C**  
Address **302 SANDY LN** Address **302 SANDY LN**  
City **WILMINGTON** State **MA** Zip **01887-6238** City **WILMINGTON** State **MA** Zip **01887-6238**  
Insurance Company **GOVERNMENT EMPLOYEES INSU** 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: **1 28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**

Please fill out for operator/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>XXXX/XXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/09/2021 Time of Crash 1515 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 2 3 10 11 Middlesex Ave Clark St

3 Please Select One of the Following: Vehicle 31 Occupants Hit/Run Moped Crash Report ID# 21-339-AC

4 5 6 12 13 License # S00251454 MA Reg # D83823 Reg Type CO Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator DINDO, SCOTT L Owner DINDO, SCOTT L Address 19 ROBERTS RD City WILMINGTON State MA Zip 01887-3114

Table with 11 columns: Name, 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1, [ ]

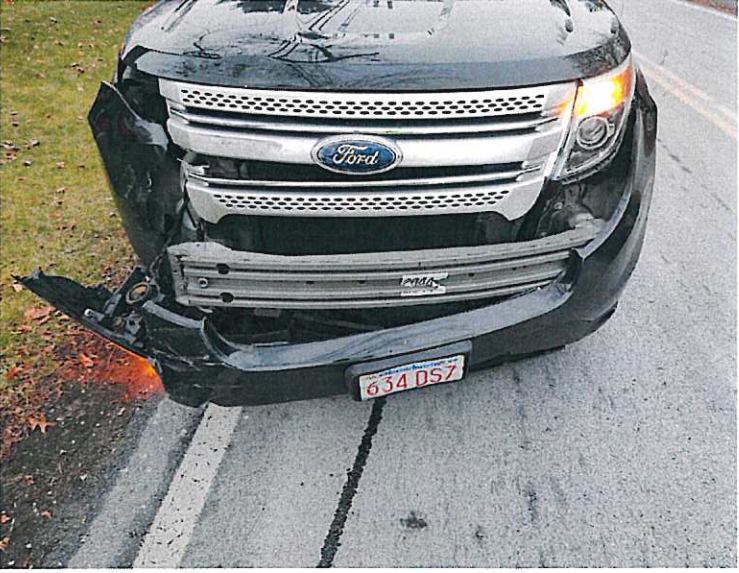
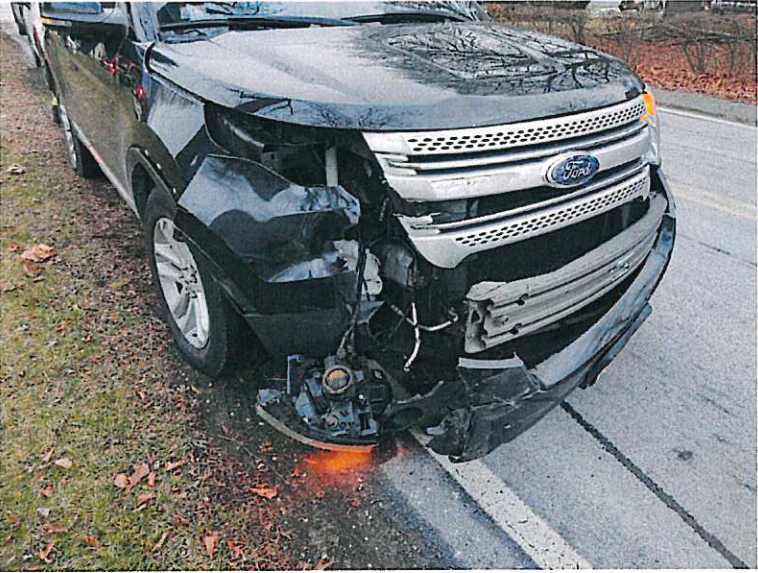
7 2 Please Select One of the Following: Vehicle 4 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 9 1 14 License # Reg # Reg State Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

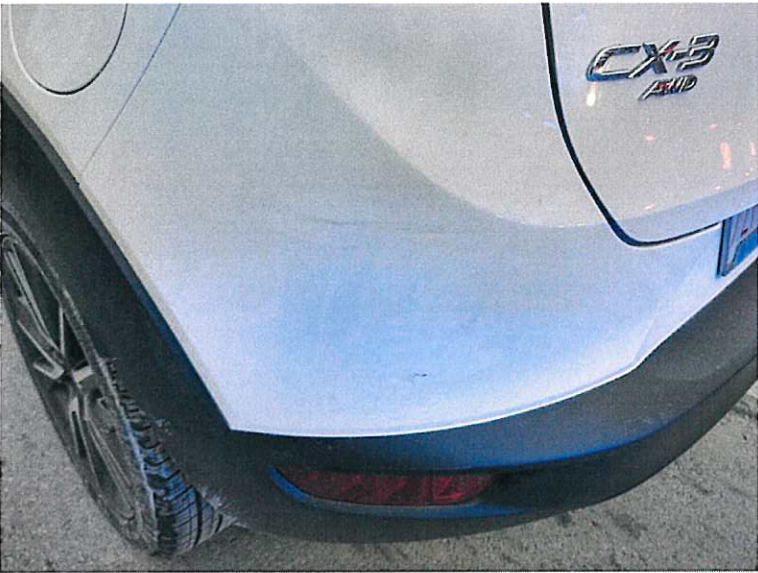
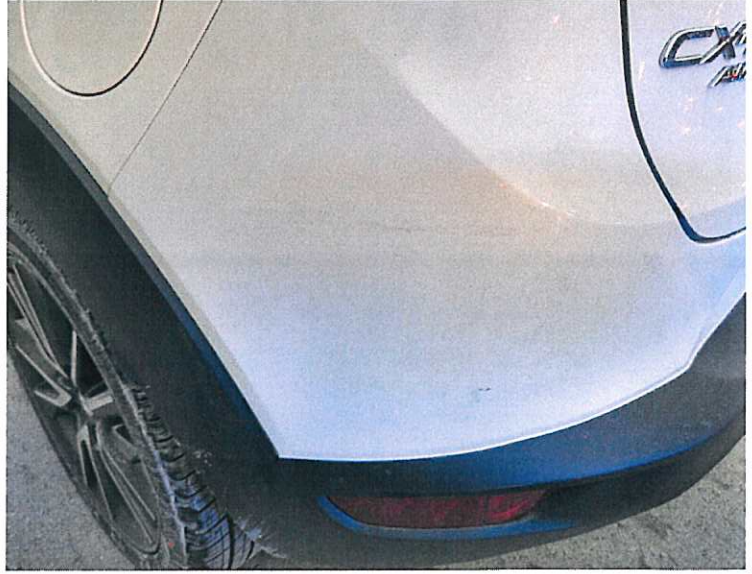
Table with 11 columns: Name, Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, [ ]



Wilmington Police Department  
Images Associated with 21-339-AC



Wilmington Police Department  
Images Associated with 21-339-AC



Wilmington Police Department  
Images Associated with 21-339-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 12/10/2021	Time of Crash 2050 24HR	City/Town Wilmington	<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 <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>											
Route# <u>          </u> Direction <u>          </u> Name of Roadway/Street <u>          </u>						Route# <u>          </u> Direction <u>          </u> Address # <u>          </u> Name of Roadway/Street <u>          </u>						2	10		
At						_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____									
Route# <u>          </u> Direction <u>          </u> Name of Intersecting Roadway/Street <u>          </u>						_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____						1	11		
Also at Intersection with						Route# <u>          </u> Intersecting Roadway/Street <u>          </u>									
Route# <u>          </u> Direction <u>          </u> Name of Intersecting Roadway/Street <u>          </u>						_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____									
						Landmark <u>          </u>									
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# <b>21-340-AC</b>								
License # <u>S71079065</u> St <u>MA</u> DOB/Age _____			Reg # <u>3YK458</u> Reg Type <u>PC</u> Reg State <u>MA</u>									1	12		
Sex <u>M</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>K</u> <u>20</u> CDL _____			Veh Year <u>2006</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u>												
Operator <u>FIELDING, PETER JAMES</u>			Owner <u>RIDDLE, MICHAEL</u>												
Address <u>13 BROAD ST</u>			Address <u>13 BROAD ST</u>												
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1944</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1944</u>												
Insurance Company <u>PROGRESSIVE DIRECT INSURA</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>										
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>28</u>										
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>		Type of Test: <u>29</u>										
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>		BAC Test Result: <u>30</u>										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>		Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>							1	13		
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>		Towed from scene? <u>2</u> <u>33</u>										
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>	<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: <input checked="" 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 # <u>S97028141</u> St <u>MA</u> DOB/Age _____			Reg # <u>1CZR11</u> Reg Type <u>PC</u> Reg State <u>MA</u>									1	14		
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____			Veh Year <u>2013</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> <u>21</u>												
Operator <u>CORDERO, RYAN THOMAS</u>			Owner <u>CORDERO, RYAN THOMAS</u>												
Address <u>205 MOUNT AUBURN ST APT B</u>			Address <u>205 MOUNT AUBURN ST APT B</u>												
City <u>CAMBRIDGE</u> State <u>MA</u> Zip <u>02138-4880</u>			City <u>CAMBRIDGE</u> State <u>MA</u> Zip <u>02138-4880</u>												
Insurance Company <u>LM GENERAL INSURANCE COMP</u>			Vehicle Action Prior to Crash <u>2</u> <u>22</u>		Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u>										
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>28</u>										
Citation # (If Issued) <u>T1683087</u>			Most Harmful Event <u>1</u> <u>24</u>		Type of Test: <u>29</u>										
Viol. 1: Ch/Sec/Sub <u>89</u> <u>8</u> Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>4</u> <u>25</u> <u>25</u>		BAC Test Result: <u>30</u>										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>99</u> <u>26</u>		Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>99</u> <u>26</u>		Towed from scene? <u>1</u> <u>33</u>										
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>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>			
STEPHANIE DILORENZO		16 CARY ST WILMINGTON, MA 01887-1804			F	3	1	4	0	0	10	1			



Wilmington Police Department  
Images Associated with 21-340-AC





Date of Crash 12/11/2021	Time of Crash 1351 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

<b>38 N MAIN ST</b> Route# Direction Name of Roadway/Street At <b>CROSS ST</b> 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 <b>N S E W</b> of _____ or _____ Mile Marker Exit Number _____ Feet <b>N S E W</b> of _____ Route# 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# **21-341-AC**

License # <b>S89697177</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____ Operator <b>STEPHAN, MARK ALLEN SR</b> Address <b>12 THOMAS ST</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-2614</b> Insurance Company <b>LIBERTY MUTUAL INSURANCE</b> Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>1</b> 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>RT44KK</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2017</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> Owner <b>STEPHAN, MARK ALLEN SR</b> Address <b>12 THOMAS ST</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-2614</b> Vehicle Action Prior to Crash <b>2</b> Event Sequence <b>1 23 23 23 23</b> Most Harmful Event <b>1 24</b> Driver Contributing Code <b>1 25 25</b> Driver Distracted by <b>0 26</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>X</del>	<del>X</del>	1	1	4	0	0	10	1

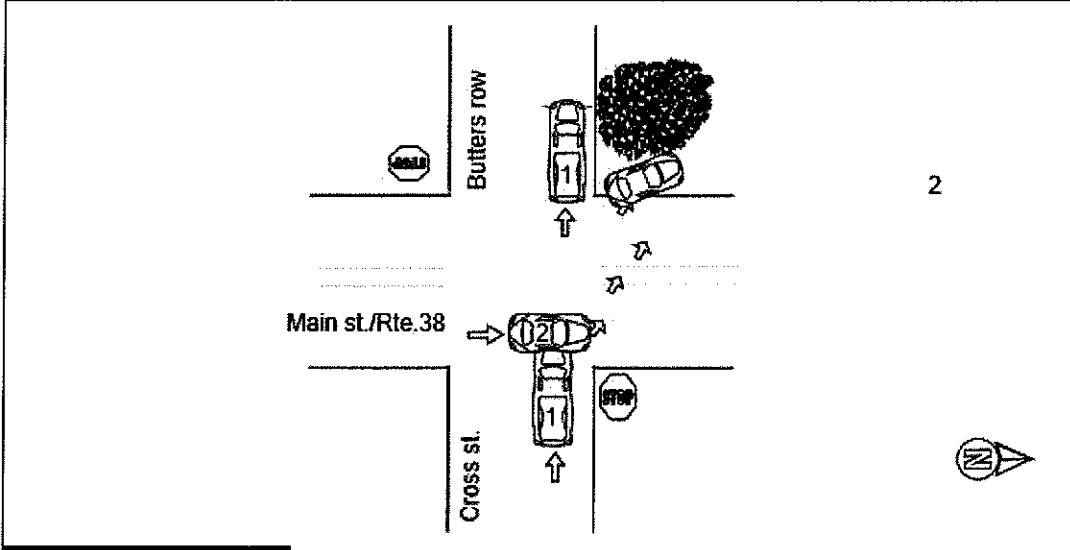
Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # <b>S26035367</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____ Operator <b>CASTRO BAEZ, AYZEZ COROMOTO</b> Address <b>44 POOLE ST</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-1529</b> Insurance Company <b>GEICO GENERAL INSURANCE C</b> Vehicle Travel Direction: <b>S E W</b> Responding to Emergency? <b>2</b> 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>2LSC31</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2019</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b> Owner <b>CASTRO BAEZ, AYZEZ COROMOTO</b> Address <b>44 POOLE ST</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-1529</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>1 23 23 23 23</b> Most Harmful Event <b>1 24</b> Driver Contributing Code <b>99 25 25</b> Driver Distracted by <b>99 26</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>X</del>	<del>X</del>	1	1	4	0	0	10	1

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

**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:**

Oper. #1 related he was stopped on cross st., waiting for traffic to pass. As m/v#2 came towards his location from Main st., it appeared that she m/v#2 had here right directional to turn right onto Cross st. At this time m/v#1 attempted to cross over Main st., to Butters row. While doing so m/v#2 DID NOT turn onto Cross st., however continued straight on Main st. At this time m/v#1 and m/v#2 came into contact causing damage to the front bumper of m/v#1 and damage to the right side of m/v#2

Oper#2 related while traveling straight on Main st. in the area of Cross st., she had slowed down (Note some language barrier of Oper#2), she may have been confused on whether she was going to turn or continue straight?? (PWJ/142)

**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 Paul W Jepson 142 Wilmington Police Department 12/11/2021  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date