

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 # 773 Name of Roadway/Street SALEM ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
---	---

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

Crash Report ID# **21-349-AC**

<p>License # S96678422 St MA DOB/Age _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator WARD, KRISTEN CATHERINE</p> <p style="text-align: center;">Last First Middle</p> <p>Address 1 PEABODY CT</p> <p>City NORTH READING State MA Zip 01864-2435</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</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 # 2CSC11 Reg Type PC Reg State MA</p> <p>Veh Year 2018 Veh Make Jeep Veh Config. 1 21</p> <p>Owner WARD, KRISTEN CATHERINE</p> <p style="text-align: center;">Last First Middle</p> <p>Address 1 PEABODY CT</p> <p>City NORTH READING State MA Zip 01864-2435</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 99 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p style="text-align: right;">Towed from scene? 2 33</p>
--	--

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

<p>License # S10634491 St MA DOB/Age _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator RUSSELL, NICOLE MARIE</p> <p style="text-align: center;">Last First Middle</p> <p>Address 6 TEMI RD</p> <p>City PEABODY State MA Zip 01960-3322</p> <p>Insurance Company ARBELLA MUTUAL INSURANCE</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</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 # 589GK3 Reg Type PC Reg State MA</p> <p>Veh Year 2018 Veh Make NISSAN Veh Config. 1 21</p> <p>Owner RUSSELL, TIMOTHY SHAWN</p> <p style="text-align: center;">Last First Middle</p> <p>Address 6 TEMI RD</p> <p>City PEABODY State MA Zip 01960-3322</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 5 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p style="text-align: right;">Towed from scene? 2 33</p>
--	---

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	
MADISEN FAULKNER	207 LYNN AVE LAURENS, SC 293601628		F	3	1	4	0	0	10	1	

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

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

2 10
38 S 580 MAIN ST
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 _____ **TRITON CAR WASH** Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **21-350-AC**

4 1
License # **S52864673** St **MA** DOB/Ag _____ Reg # **157KF2** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1** 21
Operator **FERULLO, DENISE FLORENCE** Owner **FERULLO, RICHARD C**
Address **120 EAMES ST** Address **120 EAMES ST**
City **WILMINGTON** State **MA** Zip **01887-3372** City **WILMINGTON** State **MA** Zip **01887-3372**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **1** 33

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	XXXX	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 # **NHL11292842** St **NH** DOB/Ag _____ Reg # **3827816** Reg Type **PC** Reg State **NH**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2014** Veh Make **MERCEDES-BENZ** Veh Config. **1** 21
Operator **CLIVIO, THOMAS ANTHONY** Owner **CLIVIO, THOMAS ANTHONY**
Address **42 RED DEER RD** Address **42 RED DEER RD**
City **LONDONDERRY** State **NH** Zip **03053** City **LONDONDERRY** State **NH** Zip **03053**
Insurance Company **GEICO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 1 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 **18** 25 **4** 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

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	XXXX	1	1	4	0	0	9	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 12/21/2021	Time of Crash 1444 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
							Latitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
							Longitude _____	Other: <input type="checkbox"/>	

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
------------------	--------------	----------------------

<p>1</p> <p>Route# _____ Direction _____ Name of Roadway/Street <u>MAIN ST</u></p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street <u>GLEN RD</u></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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
---	---

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-351-AC
-------------------------------------	--	----------------------------------	--------------------------------	-----------------------------------

License # <u>SA6560929</u> St <u>MA</u> DOB/Age _____ S Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operate _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>AMICA MUTUAL INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <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>74TZ90</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>MITSUBISHI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PRICE, RICHARD J</u> Last First Middle Address <u>7 RING AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4002</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>18</u> <u>25</u> <u>4</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</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
Operator	See Above			<input checked="" type="checkbox"/>	1	1	4	0	0	10	1
				3	1	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>22</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>S13825587</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 _____ Operator <u>SOK, CHRISTOPHER KIMLONG</u> Last First Middle Address <u>24 PERRON WAY</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01854-4912</u> Insurance Company <u>GEICO GENERAL INSURANCE C</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2447021</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>7AA</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>8LW548</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>AUDI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SOK, CHRISTOPHER KIMLONG</u> Last First Middle Address <u>24 PERRON WAY</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01854-4912</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> 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
Operator/Non-Motorist	See Above			<input checked="" type="checkbox"/>	1	1	2	0	0	9	2
				6	4	2	0	0	10	1	Winchester Hospital

Wilmington Police Department

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 21-351-AC

Entered: 12/22/2021 @ 1001	Entry ID: 173
Modified: 12/22/2021 @ 1417	Modified ID: 173
Approved: 12/22/2021 @ 1330	Approval ID: 185

On 12/21/2021, I (Officer DiPerri) was assigned to uniformed patrol on the 8-4 day shift in marked unit 33-sector three. While investigating a motor vehicle crash (21-351-AC) I became aware that a child passenger (DOB: 03/23/2019) in a white Audi MA-8LW548 was not properly secured in a child car seat. Luckily no apparent injuries occurred, and the child's parents declined further medical evaluation at the hospital. Refer Massachusetts uniform citation T2447021 90/7AA child under 13 not properly restrained.

Regarding the car seat in question, Wilmington Fire personnel and Sgt. Delorey (car-35) informed me that upon inspecting the child car seat, the covertable seat was only attached to the rear seat by a safety tether. The car seat was not properly secured by the Audi vehicle seat restraints (or anchors) as intended by the manufacturer. As a result, the car seat was free floating and dangerous for the child occupant while the vehicle was in motion. It was not believed that the collision caused the seat belt to disengage. I then viewed the car seat in the rear of the Audi and observed same. I also later learned from Witness King that upon contacting Mr. Sok he learned the child was in the back seat, and he observed she was not bucked into the seat.

I spoke briefly to Mr. Sok prior to his transport, and asked him about the car seat's condition. He indicated that the car seat is taken in/out of the car and might not be in properly when his step son put it back in the Audi. I advised both him and his wife upon her arrival that the car seat needs to be installed according to manufacturer instruction or by a certified installer. I also advised the car seat should be replaced after any significant crash. I then informed Mrs. Sok (upon her arrival) that a citation would be issued, and offered that her next car seats could be installed at WPD any week on Wednesday from 10:00-14:00.

Respectfully Submitted,
Rich DiPerri-173

Attachments for 21-351-AC	
Description	Type
SS PRICE OPER CRASH RPT	PDF
Attachment#: 25AF938FBB564F4FAC6A1D2A4495DA6E	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

2 10 Route# Direction Address # Name of Roadway/Street
129 E 201 LOWELL ST
 Feet N S E W of _____ or _____ Mile Marker Exit Number
 2 11 Feet N S E W of _____ Route# Intersecting Roadway/Street
 Feet N S E W of _____ **DARTMOUTH AVE** Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **21-352-AC**

4 1 License # **S63263815** St **MA** DOB/Age _____ Reg # **6VY952** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2015** Veh Make **ACURA** Veh Config. **1** 21
 Operator **MCLAUGHLIN, GLENN H** Owner **MCLAUGHLIN, NANCY**
 Address **12 MEDFORD ST** Address **12 MEDFORD ST**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 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 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	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 # **SA3850859** St **MA** DOB/Age _____ Reg # **8685RK** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2008** Veh Make **FORD** Veh Config. **1** 21
 Operator **STEVENS, DEREK JAMES** Owner **STEVENS, FAITH ELLEN**
 Address **45 SACHEM ST** Address **45 SACHEM ST**
 City **BILLERICA** State **MA** Zip **01821-5105** City **BILLERICA** State **MA** Zip **01821-5105**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **5** 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** 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
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/24/2021	Time of Crash 1819 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	Speed Limit <u>35</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"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# <u> </u> Direction <u> </u> Name of Roadway/Street BALLARDVALE ST	Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street	
At I93SBR35 RAMP	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street	
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street	Landmark _____

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants <u> </u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-354-AC
-------------------------------------	--	----------------------------------	--------------------------------	-----------------------------------

License # R250019942950 St FL DOB/Age <u> </u> Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement <u> </u> Operator REASON, ALEXANDER WILLIAM Address 2234 AVALON DR City WILMINGTON State MA Zip 01887-1159 Insurance Company GARRISON PROPERTY AND CA Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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 # 65AAQC Reg Type PC Reg State FL Veh Year 2018 Veh Make MAZDA Veh Config. 1 <u>21</u> Owner REASON, ALEXANDER WILLIAM Address 2234 AVALON DR City WILMINGTON State MA Zip 01887-1159 Vehicle Action Prior to Crash 2 <u>22</u> Damaged Area Code: 8 <u>27</u> 1 <u>27</u> 2 <u>27</u> Event Sequence 1 <u>23</u> 1 <u>23</u> 23 <u>23</u> Test Status: 28 Most Harmful Event 1 <u>24</u> Type of Test: 29 Driver Contributing Code 1 <u>25</u> 25 BAC Test Result: 30 Driver Distracted by 0 <u>26</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> Towed from scene? 1 <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
Operator	See Above			1	99	1	0	0	10	1	
TIFFANY REASON	2234 AVALON DR WILMINGTON, MA 01887		F	3	99	1	0	0	9	2	Lahey Clinic

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>24</u> #Occupants <u> </u>	<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 # S91524983 St MA DOB/Age <u> </u> Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement <u> </u> Operator HERTELLO, JOSEPH JOHN Address 81 ANDERSON ST City LOWELL State MA Zip 01852-5357 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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 # 1NJ319 Reg Type PC Reg State MA Veh Year 2017 Veh Make Jeep Veh Config. 1 <u>21</u> Owner TORRES-HERTELLO, JENNIE D Address 81 ANDERSON ST City LOWELL State MA Zip 01852-5357 Vehicle Action Prior to Crash 2 <u>22</u> Damaged Area Code: 7 <u>27</u> 6 <u>27</u> 5 <u>27</u> Event Sequence 1 <u>23</u> 23 <u>23</u> 23 <u>23</u> Test Status: 28 Most Harmful Event 1 <u>24</u> Type of Test: 29 Driver Contributing Code 1 <u>25</u> 25 BAC Test Result: 30 Driver Distracted by 0 <u>26</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</u> Towed from scene? 1 <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
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	
JENNIE TORRES-HERTELLO	81 ANDERSON ST LOWELL, MA 01852-5357		F	3	99	4	0	0	10	1	
				4	4	4	0	0	10	1	
				6	4	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 12/24/2021	Time of Crash 1819 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# <u> </u> Direction <u> </u> Name of Roadway/Street BALLARDALE ST	Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street	
At I93SBR35 RAMP	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> • <u> </u> or <u> </u> Mile Marker <u> </u> Exit Number <u> </u>	
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street Also at Intersection with <u> </u>	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Route# <u> </u> Intersecting Roadway/Street	
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u>	Landmark <u> </u>

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>31</u> #Occupants <u> </u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 21-354-AC
---	-----------------------------------

License # SA5180668 St MA DOB/Age <u> </u> Sex <u> </u> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL <u> </u> Endorsement <u> </u> Operat. Last <u> </u> First <u> </u> Middle <u> </u> Address <u> </u> City <u> </u> State <u> </u> Zip <u> </u> Insurance Company THE STANDARD FIRE INSURAN 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) <u> </u> Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Reg # 2KGT47 Reg Type PC Reg State MA Veh Year 2015 Veh Make SUBARU Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner WILSON, ROGER G Address 166 NORTH RD City BEDFORD State MA Zip 01730-1056 Vehicle Action Prior to Crash <input type="checkbox"/> 7 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 8 <input type="checkbox"/> 27 <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 2 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29 Driver Contributing Code <input type="checkbox"/> 2 <input type="checkbox"/> 25 <input type="checkbox"/> 9 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30 Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33
--	--

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	 	 	1	99	3	0	0	9	2	Winchester Hospital

Please Select One of the Following: <input type="checkbox"/> Vehicle <u>4</u> #Occupants <u> </u> <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 15 Action <input type="checkbox"/> 16 Location <input type="checkbox"/> 17 Condition <input type="checkbox"/> 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # <u> </u> St <u> </u> DOB/Age <u> </u>	Reg # <u> </u> Reg Type <u> </u> Reg State <u> </u>
Sex <u> </u> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL <u> </u> Endorsement <u> </u>	Veh Year <u> </u> Veh Make <u> </u> Veh Config. <input type="checkbox"/> 21
Operator Last <u> </u> First <u> </u> Middle <u> </u>	Owner Last <u> </u> First <u> </u> Middle <u> </u>
Address <u> </u>	Address <u> </u>
City <u> </u> State <u> </u> Zip <u> </u>	City <u> </u> State <u> </u> Zip <u> </u>
Insurance Company <u> </u>	Vehicle Action Prior to Crash <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u> </u>	Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28
Citation # (If Issued) <u> </u>	Most Harmful Event <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29
Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u>	Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Driver Distracted by <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32
	Towed from scene? <input type="checkbox"/> 33

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

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 21-354-AC

Entered: 12/25/2021 @ 2329 Entry ID: 209
Modified: 12/25/2021 @ 2333 Modified ID: 209

MV1 was stopped at the red light at the intersection of Ballardvale Street and I-93SB Ramp and traveling eastbound in the outermost, right travel lane on Ballardvale Street towards Route 125. MV2 was also traveling eastbound on Ballardvale Street in the left, innermost travel lane waiting to take a left hand turn onto I-93SB. MV3 was traveling westbound on Ballardvale Street towards Lockwood Road. The stop light turned green for straight ahead travel both eastbound and westbound on Ballardvale Street. The eastbound left hand turn lane, where MV2 was stopped had a flashing yellow left turn arrow. MV3 was traveling straight ahead at a high rate of speed, drifted left, crossed the double yellow line and struck MV2 which was stopped and waiting to turn almost head on. The force of the collision spun MV2 around almost 360 degrees and caused it to strike the rear and left side of MV1 which had started to drive forward. MV3 continued left after the collision and struck a guardrail before stopping and coming to rest. All three vehicles, suffered significant damage and were disabled. A&S Towing arrived and towed all three vehicles. Airbags were deployed in both MV2 and MV3. The operator of MV3 was transported to Winchester Hospital by the WFD. The passenger of MV2 was transported to Lahey Hospital by the WFD. The other occupants signed medical refusals with the WFD. Mv2 and MV3 suffered significant front end damage. MV3 also suffered damage to other areas. MV1 suffered left side and rear end damage.

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/25/2021	Time of Crash 0926 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
-------------------------	-----------------	-----------------------------

1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ 2 3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	<	>	2 120 ALDRICH RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ Mile Marker _____ Exit Number _____ 3 _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____	10	11
---	---	---	--	----	----

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 21-355-AC
---	-----------------------------------

License # S14925465 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator BURR, TORI E Last First Middle Address 3 BLACKSTONE ST City WILMINGTON State MA Zip 01887-2903 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 _____	Reg # 1HDZ15 Reg Type PC Reg State MA Veh Year 2015 Veh Make NISSAN Veh Config. 1 21 Owner BURR, TORI E Last First Middle Address 3 BLACKSTONE ST City WILMINGTON State MA Zip 01887-2903 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 32 Towed from scene? 1 33	12	13
--	---	----	----

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		<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

License # S89622371 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator WELTON, EMILY R Last First Middle Address 5 MATTHEW RD City BILLERICA State MA Zip 01821-4415 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 _____	Reg # 295RD7 Reg Type PC Reg State MA Veh Year 2009 Veh Make FORD Veh Config. 1 21 Owner JONES, ELIZABETH A Last First Middle Address 9 KIMBALL COURT AVE APT 710 City BURLINGTON State MA Zip 01803-3857 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27 Event Sequence 41 23 1 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 7 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33	14
---	--	----

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		<input checked="" type="checkbox"/>	1	1	2	0	0	10	1	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/25/2021	Time of Crash 0916 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>
						Latitude _____	Longitude _____	MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>
								Other: _____		

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 24 Direction _____ Address # GROVE AVE Name of Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ _____ 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: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **21-356-AC**

License # S24651288 St MA DOB/Age _____	Reg # 2JYG43 Reg Type PC Reg State MA
Sex F Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Endorsement _____	Veh Year 2021 Veh Make Jeep Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21
Operator ALEXANDER, ASPEN A Last First Middle	Owner ALEXANDER, WILLIAM J Last First Middle
Address 19 HARNDEN RD	Address 19 HARNDEN RD
City BILLERICA State MA Zip 01821	City BILLERICA State MA Zip 01821-6172
Insurance Company UNITED SERVICES AUTOMOBIL	Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> 2	Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 22 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26
	Test Status: <input type="checkbox"/> 28
	Type of Test: <input type="checkbox"/> 29
	BAC Test Result: <input type="checkbox"/> 30
	Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32
	Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 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				<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 10	<input type="checkbox"/> 1	
SHANA ALEXANDER	124 GROVE AVE WILMINGTON, MA 01887		F	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 10	<input type="checkbox"/> 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 # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 26
	Test Status: <input type="checkbox"/> 28
	Type of Test: <input type="checkbox"/> 29
	BAC Test Result: <input type="checkbox"/> 30
	Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32
	Towed from scene? <input type="checkbox"/> 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				<input checked="" type="checkbox"/> 1							

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# 2 Direction _____ Name of Roadway/Street _____

Route# 3 Direction _____ Name of Intersecting Roadway/Street _____

Route# 4 Direction _____ Name of Intersecting Roadway/Street _____

Route# 5 Direction _____ Name of Intersecting Roadway/Street _____

Route# 6 Direction _____ Name of Intersecting Roadway/Street _____

Route# 7 Direction _____ Name of Intersecting Roadway/Street _____

Route# 8 Direction _____ Name of Intersecting Roadway/Street _____

Route# 9 Direction _____ Name of Intersecting Roadway/Street _____

Route# 10 Direction _____ Name of Intersecting Roadway/Street _____

Route# 11 Direction _____ Name of Intersecting Roadway/Street _____

Route# 12 Direction _____ Name of Intersecting Roadway/Street _____

Route# 13 Direction _____ Name of Intersecting Roadway/Street _____

Route# 14 Direction _____ Name of Intersecting Roadway/Street _____

Route# 15 Direction _____ Name of Intersecting Roadway/Street _____

Route# 16 Direction _____ Name of Intersecting Roadway/Street _____

Route# 17 Direction _____ Name of Intersecting Roadway/Street _____

Route# 18 Direction _____ Name of Intersecting Roadway/Street _____

Route# 19 Direction _____ Name of Intersecting Roadway/Street _____

Route# 20 Direction _____ Name of Intersecting Roadway/Street _____

Route# 21 Direction _____ Name of Intersecting Roadway/Street _____

Route# 22 Direction _____ Name of Intersecting Roadway/Street _____

Route# 23 Direction _____ Name of Intersecting Roadway/Street _____

Route# 24 Direction _____ Name of Intersecting Roadway/Street _____

Route# 25 Direction _____ Name of Intersecting Roadway/Street _____

Route# 26 Direction _____ Name of Intersecting Roadway/Street _____

Route# 27 Direction _____ Name of Intersecting Roadway/Street _____

Route# 28 Direction _____ Name of Intersecting Roadway/Street _____

Route# 29 Direction _____ Name of Intersecting Roadway/Street _____

Route# 30 Direction _____ Name of Intersecting Roadway/Street _____

Route# 31 Direction _____ Name of Intersecting Roadway/Street _____

Route# 32 Direction _____ Name of Intersecting Roadway/Street _____

Route# 33 Direction _____ Name of Intersecting Roadway/Street _____

Route# 34 Direction _____ Name of Intersecting Roadway/Street _____

Route# 35 Direction _____ Name of Intersecting Roadway/Street _____

Route# 36 Direction _____ Name of Intersecting Roadway/Street _____

Route# 37 Direction _____ Name of Intersecting Roadway/Street _____

Route# 38 Direction _____ Name of Intersecting Roadway/Street _____

Route# 39 Direction _____ Name of Intersecting Roadway/Street _____

Route# 40 Direction _____ Name of Intersecting Roadway/Street _____

Route# 41 Direction _____ Name of Intersecting Roadway/Street _____

Route# 42 Direction _____ Name of Intersecting Roadway/Street _____

Route# 43 Direction _____ Name of Intersecting Roadway/Street _____

Route# 44 Direction _____ Name of Intersecting Roadway/Street _____

Route# 45 Direction _____ Name of Intersecting Roadway/Street _____

Route# 46 Direction _____ Name of Intersecting Roadway/Street _____

Route# 47 Direction _____ Name of Intersecting Roadway/Street _____

Route# 48 Direction _____ Name of Intersecting Roadway/Street _____

Route# 49 Direction _____ Name of Intersecting Roadway/Street _____

Route# 50 Direction _____ Name of Intersecting Roadway/Street _____

Route# 51 Direction _____ Name of Intersecting Roadway/Street _____

Route# 52 Direction _____ Name of Intersecting Roadway/Street _____

Route# 53 Direction _____ Name of Intersecting Roadway/Street _____

Route# 54 Direction _____ Name of Intersecting Roadway/Street _____

Route# 55 Direction _____ Name of Intersecting Roadway/Street _____

Route# 56 Direction _____ Name of Intersecting Roadway/Street _____

Route# 57 Direction _____ Name of Intersecting Roadway/Street _____

Route# 58 Direction _____ Name of Intersecting Roadway/Street _____

Route# 59 Direction _____ Name of Intersecting Roadway/Street _____

Route# 60 Direction _____ Name of Intersecting Roadway/Street _____

Route# 61 Direction _____ Name of Intersecting Roadway/Street _____

Route# 62 Direction _____ Name of Intersecting Roadway/Street _____

Route# 63 Direction _____ Name of Intersecting Roadway/Street _____

Route# 64 Direction _____ Name of Intersecting Roadway/Street _____

Route# 65 Direction _____ Name of Intersecting Roadway/Street _____

Route# 66 Direction _____ Name of Intersecting Roadway/Street _____

Route# 67 Direction _____ Name of Intersecting Roadway/Street _____

Route# 68 Direction _____ Name of Intersecting Roadway/Street _____

Route# 69 Direction _____ Name of Intersecting Roadway/Street _____

Route# 70 Direction _____ Name of Intersecting Roadway/Street _____

Route# 71 Direction _____ Name of Intersecting Roadway/Street _____

Route# 72 Direction _____ Name of Intersecting Roadway/Street _____

Route# 73 Direction _____ Name of Intersecting Roadway/Street _____

Route# 74 Direction _____ Name of Intersecting Roadway/Street _____

Route# 75 Direction _____ Name of Intersecting Roadway/Street _____

Route# 76 Direction _____ Name of Intersecting Roadway/Street _____

Route# 77 Direction _____ Name of Intersecting Roadway/Street _____

Route# 78 Direction _____ Name of Intersecting Roadway/Street _____

Route# 79 Direction _____ Name of Intersecting Roadway/Street _____

Route# 80 Direction _____ Name of Intersecting Roadway/Street _____

Route# 81 Direction _____ Name of Intersecting Roadway/Street _____

Route# 82 Direction _____ Name of Intersecting Roadway/Street _____

Route# 83 Direction _____ Name of Intersecting Roadway/Street _____

Route# 84 Direction _____ Name of Intersecting Roadway/Street _____

Route# 85 Direction _____ Name of Intersecting Roadway/Street _____

Route# 86 Direction _____ Name of Intersecting Roadway/Street _____

Route# 87 Direction _____ Name of Intersecting Roadway/Street _____

Route# 88 Direction _____ Name of Intersecting Roadway/Street _____

Route# 89 Direction _____ Name of Intersecting Roadway/Street _____

Route# 90 Direction _____ Name of Intersecting Roadway/Street _____

Route# 91 Direction _____ Name of Intersecting Roadway/Street _____

Route# 92 Direction _____ Name of Intersecting Roadway/Street _____

Route# 93 Direction _____ Name of Intersecting Roadway/Street _____

Route# 94 Direction _____ Name of Intersecting Roadway/Street _____

Route# 95 Direction _____ Name of Intersecting Roadway/Street _____

Route# 96 Direction _____ Name of Intersecting Roadway/Street _____

Route# 97 Direction _____ Name of Intersecting Roadway/Street _____

Route# 98 Direction _____ Name of Intersecting Roadway/Street _____

Route# 99 Direction _____ Name of Intersecting Roadway/Street _____

Route# 100 Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped | Crash Report ID# 21-357-AC

License # S69750665 St MA DOB/Agc _____ Reg # 4SDN39 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2007 Veh Make CHEVROLET Veh Config. 1 21

Operator FOSS, ROBERT M JR Owner FOSS, ROBERT M JR

Address 19 NICHOLS ST Address 19 NICHOLS ST

City TEWKSBURY State MA Zip 01876-3320 City TEWKSBURY State MA Zip 01876-3320

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: N S X W Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 27 27 27

Event Sequence 21 23 23 23 23 Test Status: 28

Most Harmful Event 21 24 Type of Test: 29

Driver Contributing Code 7 25 25 BAC Test Result: 30

Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	3	4	0	0	10	1	
AMANDA REIS	42 GROVE AVE WILMINGTON, MA 01887-2015		F	3	2	4	0	0	10	1	
JACQUELINE LAFLEUR	70 BOSTON RD CHELMSFORD, MA 01824-3087		F	6	2	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 # _____ St _____ DOB/Agc _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year _____ Veh Make _____ Veh Config. 21

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: N S E W Responding to Emergency? _____

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23 Test Status: 28

Most Harmful Event 24 Type of Test: 29

Driver Contributing Code 25 25 BAC Test Result: 30

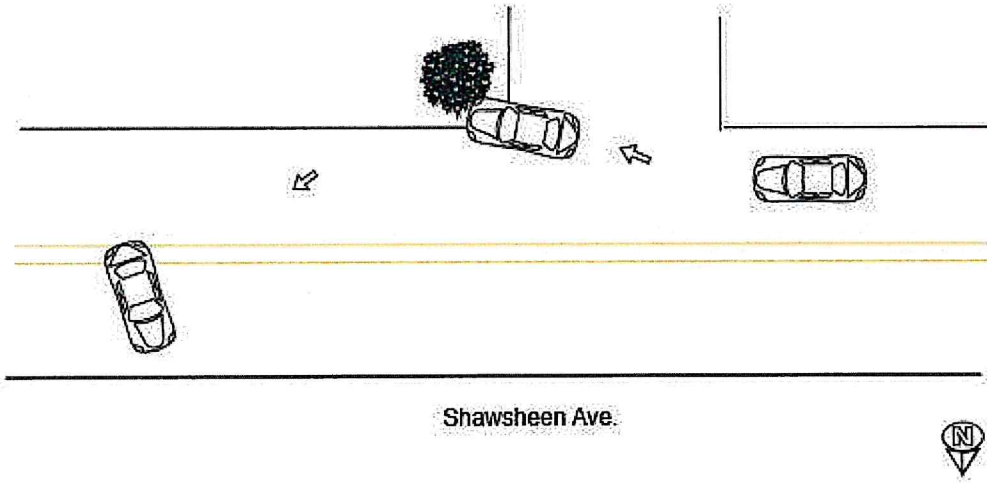
Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator/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	1							

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

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:

Vehicle traveling eastbound on Shawsheen Ave. Oper. stated that he had hit a patch of ice and slide off of the road striking a tree causing him to spin out.

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

Sergeant John W Delorey
Police Officer Name (Please Print)

Signature

185
ID/Badge #

Wilmington Police Department
Department

Precinct/Barracks

12/25/2021
Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/25/2021 Time of Crash 2350 City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 20 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 # **135** Name of Roadway/Street **ANDOVER ST**
 _____ 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# **21-358-AC**

License # **S91372382** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____
 Operator **GOODWIN, KATHRYN**
 Address **1 ADELAIDE ST**
 City **WILMINGTON** State **MA** Zip **01887**
 Insurance Company **SELF INSURED**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **MPF698** Reg Type **LF** Reg State **MA**
 Veh Year **2020** Veh Make **FORD** Veh Config. **1 21**
 Owner **WILMINGTON TOWN OF DEPT POLICE**
 Address **1 ADELAIDE ST**
 City **WILMINGTON** State **MA** Zip **01887-2719**
 Vehicle Action Prior to Crash **1 22** Damaged Area Code: **97 27 27 27**
 Event Sequence **35 23 23 23 23** Test Status: **1 28**
 Most Harmful Event **35 24** Type of Test: **29**
 Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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

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

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

Reg # _____ Reg Type _____ Reg State _____
 Veh Year _____ Veh Make _____ Veh Config. **21**
 Owner _____
 Address _____
 City _____ State _____ Zip _____
 Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Event Sequence **23 23 23 23** Test Status: **28**
 Most Harmful Event **24** Type of Test: **29**
 Driver Contributing Code **25 25** BAC Test Result: **30**
 Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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

Wilmington Police Department
Images Associated with 21-358-AC

