

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

1 **4**

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

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

Also at Intersection with _____

2 **1**

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

10 **2**

Route# **14** Direction _____ Address # **BOUTWELL ST** Name of Roadway/Street _____

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

1 **11**

_____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____

_____ Feet **N S E W** of _____ Landmark _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-3-AC**

4 **1**

License # **SA2870747** St **MA** DOB/Age _____

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____

Operator **PACKER, NATHANIEL FRANCISCO**

Address **34 BURLINGTON AVE**

City **WILMINGTON** State **MA** Zip **01887-3903**

Insurance Company **ARBELLA MUTUAL INSURANCE**

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

5 Citation # (If Issued) _____

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

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

7 **12**

Reg # **8FW332** Reg Type **PC** Reg State **MA**

Veh Year **2007** Veh Make **HONDA** Veh Config. **1**

Owner **PACKER, LISETTE ANTOINETTE**

Address **34 BURLINGTON AVE**

City **WILMINGTON** State **MA** Zip **01887-3903**

Vehicle Action Prior to Crash **1**

Event Sequence **30** **23** **23** **23** **23**

Most Harmful Event **30**

Driver Contributing Code **12** **25** **25**

Driver Distracted by **0**

Damaged Area Code: **3** **27** **7** **27** **8** **27**

Test Status: **1** **28**

Type of Test: **29**

BAC Test Result: **30**

Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

13 **30**

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	XXXX	XX	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 # _____ St _____ DOB/Age _____

Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____

Operator _____

Address _____

City _____ State _____ Zip _____

Insurance Company _____

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

9 **2**

Citation # (If Issued) _____

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

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

14 **1**

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. **21**

Owner _____

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash **22**

Event Sequence **23** **23** **23** **23**

Most Harmful Event **24**

Driver Contributing Code **25** **25**

Driver Distracted by **26**

Damaged Area Code: **27** **27** **27**

Test Status: **28**

Type of Test: **29**

BAC Test Result: **30**

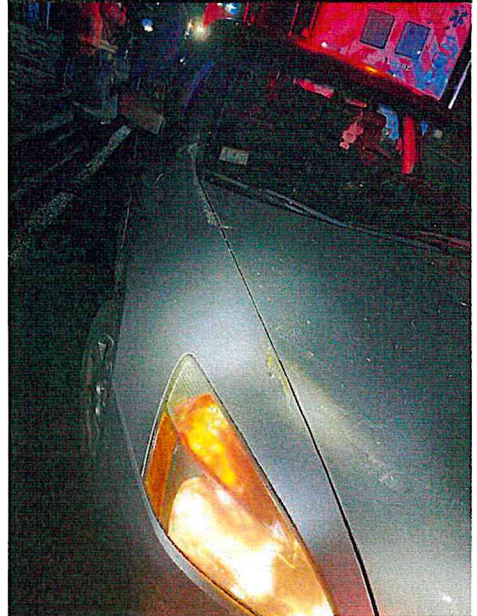
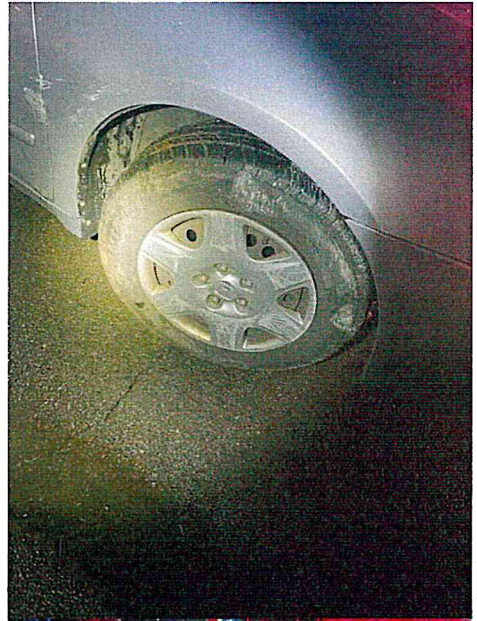
Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

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

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

Wilmington Police Department
Images Associated with 22-3-AC



Wilmington Police Department
Images Associated with 22-3-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/03/2022	Time of Crash 1152 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>40</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:
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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 50 CONCORD ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____ 3 3 _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____
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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# 22-4-AC
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License # S58117982 St MA DOB/Age _____ Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL _____ Endorsement _____ Operator MALDONADO, JESSE Last First Middle Address 30 MAPLE ST FL APT 3RD City LAWRENCE State MA Zip 01841-3812 Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Travel Direction: <input checked="" type="checkbox"/> S E 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 # W20304 Reg Type CO Reg State MA Veh Year 2008 Veh Make FORD Veh Config. 1 <u>21</u> Owner ABOVE SURFACE LLC Last First Middle Address 30 MAPLE ST City LAWRENCE State MA Zip 01841-3812 Vehicle Action Prior to Crash 4 <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event 1 <u>24</u> Type of Test: <u>29</u> Driver Contributing Code 99 <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by 99 <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>
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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	0	4	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants _____ <input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # S26366678 St MA DOB/Age _____ Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 1 <u>20</u> CDL _____ Endorsement _____ Operator DICENSO, FERNANDO Last First Middle Address 4 WALLEN WAY City MIDDLETON State MA Zip 01949-1315 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input type="checkbox"/> N S E <input checked="" 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 # V977 Reg Type PC Reg State MA Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 <u>21</u> Owner DICENSO, FERNANDO Last First Middle Address 4 WALLEN WAY City MIDDLETON State MA Zip 01949-1315 Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence 1 <u>23</u> <u>27</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event 1 <u>24</u> Type of Test: <u>29</u> Driver Contributing Code 99 <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by 99 <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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 22-4-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 2

Route# Direction Name of Intersecting Roadway/Street

3 11

Route# Direction Address # 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 _____

3 3

Please Select One of the Following: Vehicle 11 #Occupants Hit/Run Moped

Crash Report ID# **22-5-AC**

4 2

License # **S46391778** St **MA** DOB/Age _____ Reg # **143WZD** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **BEAUDOIN, EDWARD A** Owner **BEAUDOIN, EDWARD A**

Address **8 WEST ST** Address **8 WEST ST**

City **WILMINGTON** State **MA** Zip **01887-3008** City **WILMINGTON** State **MA** Zip **01887-3008**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 3 27 4 27 27

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: 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			1	1	4	0	0	10	1	

7 3

Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 2

License # **S84117892** St **MA** DOB/Age _____ Reg # **4905949** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **FORD** Veh Config. **1** 21

Operator **FLORES, GENE D** Owner **FLORES, MICHAEL D**

Address **3 HATHAWAY RD** Address **59 MILL RD**

City **WILMINGTON** State **MA** Zip **01887-1410** City **KINGSTON** State **NH** Zip **03848**

Insurance Company **STATE FARM INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 3 27 2 27 1 27

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

Citation # (If Issued) **T2446851** Most Harmful Event **1** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub **89** **9** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **3** 25 **19** 25 BAC Test Result: 30





Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? **2** 33

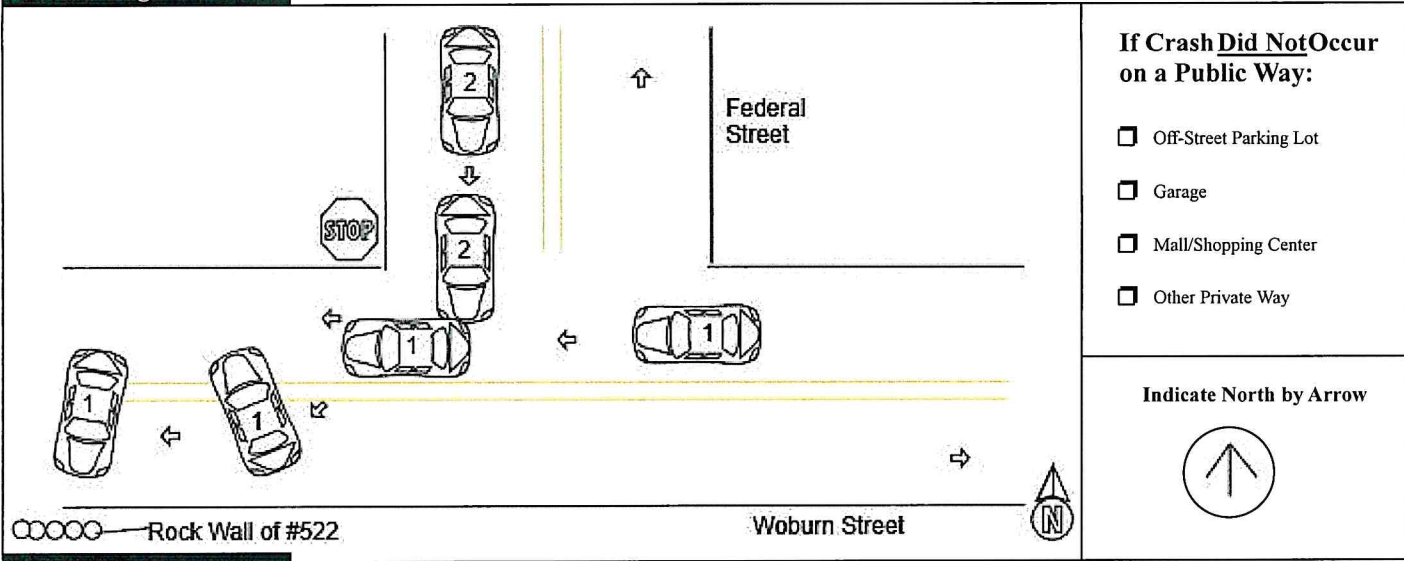
9 2

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	
CHRISTINE FLORES	3 HATHAWAY RD WILMINGTON, MA 01887-1410		F	3	1	4	0	0	10	1	

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


Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was traveling westbound on Woburn Street towards Federal Street. MV2 was traveling southbound on Federal Street towards the intersection with Woburn Street. As MV1 was traveling straight ahead through the intersection in the westbound travel lane MV2 drove straight ahead, without stopping, through the posted stop sign at a high rate of speed and struck the rear right side of MV1. The force of the collision caused MV1 to spin around two full times before striking the curb and coming to rest. MV1 suffered damage to the right side and rear right side. MV2 suffered damage to the front right and right side. None of the occupants of either vehicle were injured. Neither vehicle was towed from the scene. See Attached Video of Crash.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael A Wilson 209 Wilmington Police Department 01/05/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Attachments for 22-5-AC

Description	Type
NEST VIDEO FROM 522 WOBURN STREET OF CAR CRASH	HTML
Attachment#: 39C67579AD7D41FF93ACE5EC9522DD61	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

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

3 1 Route# Direction Name of Intersecting Roadway/Street

2 1 Route# Direction Address # Name of Roadway/Street

4 1 1 OXFORD RD

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 12 #Occupants Hit/Run Moped | Crash Report ID# 22-6-AC

License # S21273907 St MA DOB/Age 1 | Reg # MF86T Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator KELLY, KEITH E | Owner TOWN OF WILMINGTON

Address _____ | Address 121 GLEN RD

City _____ State MA Zip 01887

Insurance Company SELF INSURED | Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 27 27 27

Vehicle Travel Direction: N S E Responding to Emergency? 2 | Event Sequence 21 23 23 23 23 Test Status: 28

Citation # (If Issued) _____ | Most Harmful Event 21 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 1 25 25 BAC Test Result: 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	
MEGAN SULLIVAN	1 ADELAIDE ST WILMINGTON, MA 01887-3527	10/22/1981	F	3	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 _____ | Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator _____ | Owner _____

Address _____ | Address _____

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

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

Vehicle Travel Direction: N S E W Responding to Emergency? _____ | Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued) _____ | Most Harmful Event 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 25 25 BAC Test Result: 30

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

Towed from scene? 33

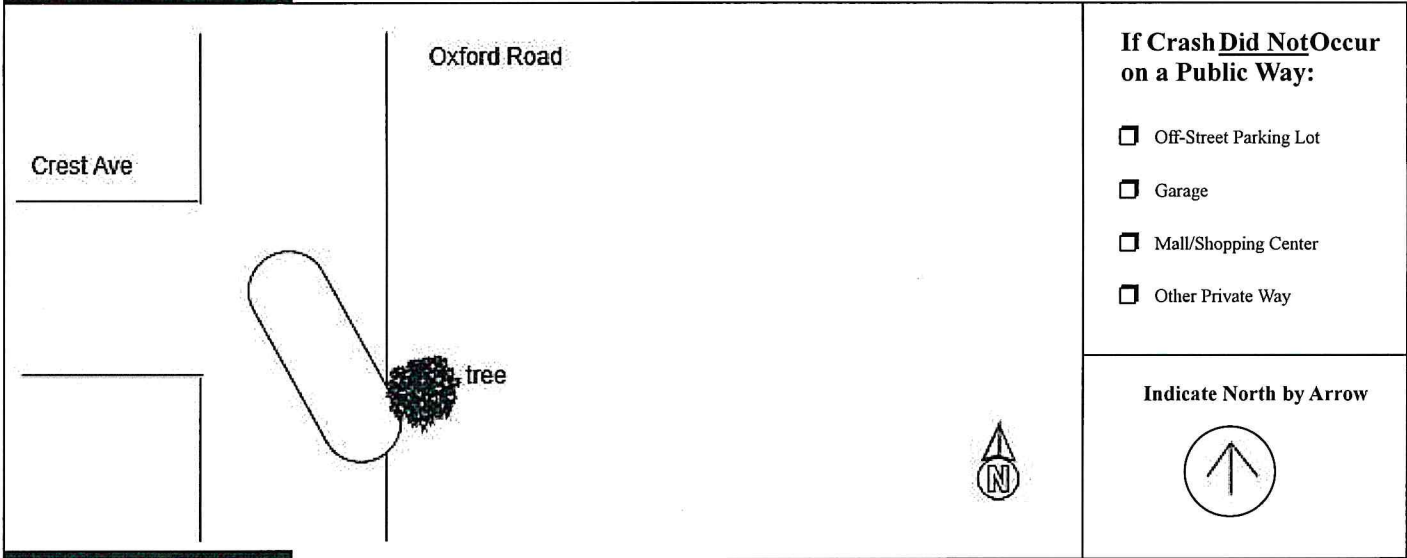
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ♂ → ⚡



Crash Narrative:

Operator attempted to take a left onto Crest Avenue and could not make narrow turn, so backed up with the assistance of the passenger. While turning left for the second time, the truck then side swiped a tree with its right rear panel while turning.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Brian D Thornton 190 Wilmington Police Department 01/06/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-6-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/07/2022	Time of Crash 0923 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>25</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:
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<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>	<	LOCATION	>	<p style="text-align: center;">DOBSON ST</p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</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>
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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# 22-7-AC
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License # S21035864 St MA DOB/A _____ Sex M Lic. Class B Lic. Restrictions 20 CDL _____ Operator BROTHERS, BRENT ADAM Address 59 SALEM RD City BILLERICA State MA Zip 01821-1128 Insurance Company SELF INSURED Vehicle Travel Direction: N S E 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 # M3973A Reg Type CI Reg State MA Veh Year 2020 Veh Make FORD Veh Config. 2 Owner WILMINGTON TOWN OF Address 121 GLEN RD City WILMINGTON State MA Zip 01887-3500 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 99 25 Driver Distracted by 0 Damaged Area Code: 0 27 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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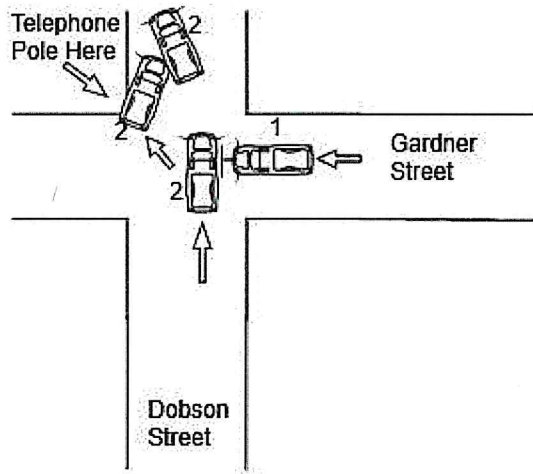
License # SA3880137 St MA DOB/Age _____ Sex _____ Lic. Class D Lic. Restrictions 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S E W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 1TER49 Reg Type PC Reg State MA Veh Year 2011 Veh Make FORD Veh Config. 2 Owner WARFORD, JOHN J JR Address 40 LAKE ST City WILMINGTON State MA Zip 01887-3708 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 99 25 Driver Distracted by 0 Damaged Area Code: 7 27 6 27 27 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33
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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	2	0	0	8	2	Lahey Clinic

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

ie: → 1 → 2 → ○ → ⚡

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper. of MV#1 was traveling west on Gardner Ave. approaching the intersection at Dobson Street. Oper. of MV#2 was traveling north on Dobson Street approaching Gardner Ave. As both vehicles were entering the intersection of Dobson Street at Gardner Ave. MV#1 struck MV#2 with its plow. MV#2 truck slid and struck and its driver side of the truck bed struck a telephone pole.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANE LN DRACUT MA 01826			TELEPHONE POLE #174-9

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Daniel C Cadigan

178

Wilmington Police Department

01/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 22-7-AC



Wilmington Police Department
Images Associated with 22-7-AC



Attachments for 22-8-AC

Description	Type
TOW INVENTORY	PDF
Attachment#: 44B47BD48CDC4503853339BD1526958A	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 4 Route# Direction Name of Intersecting Roadway/Street

3 11 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Name of Roadway/Street

3 11 Route# Direction Name of Intersecting Roadway/Street

2 4 Route# Direction Name of Intersecting Roadway/Street

3 11 Route# Direction Name of Intersecting Roadway/Street

2 4 Route# Direction Name of Intersecting Roadway/Street

3 11 Route# Direction Name of Intersecting Roadway/Street

2 4 Route# Direction Name of Intersecting Roadway/Street

3 11 Route# Direction Name of Intersecting Roadway/Street

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

Crash Report ID# 22-8-AC

License # S48322277 St MA DOB/Age _____ Reg # 9PL991 Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL _____ Veh Year 2014 Veh Make BMW Veh Config. 1 21

Operator PATEL, HEMAL R Owner PATEL, HEMAL R

Address 20 HILL ST Address 20 HILL ST

City TEWKSBURY State MA Zip 01876-3025 City TEWKSBURY State MA Zip 01876-3025

Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Action Prior to Crash 1 22 Damaged Area Code: 10 27 27 27

Vehicle Travel Direction: N S X W Responding to Emergency? 2 Event Sequence 20 23 23 23 23 Test Status: 1 28

Citation # (If Issued) _____ Most Harmful Event 20 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 99 25 25 BAC Test Result: 30

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

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

Operator _____ Owner _____

Address _____ Address _____

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

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

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

Citation # (If Issued) _____ Most Harmful Event 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 25 25 BAC Test Result: 30

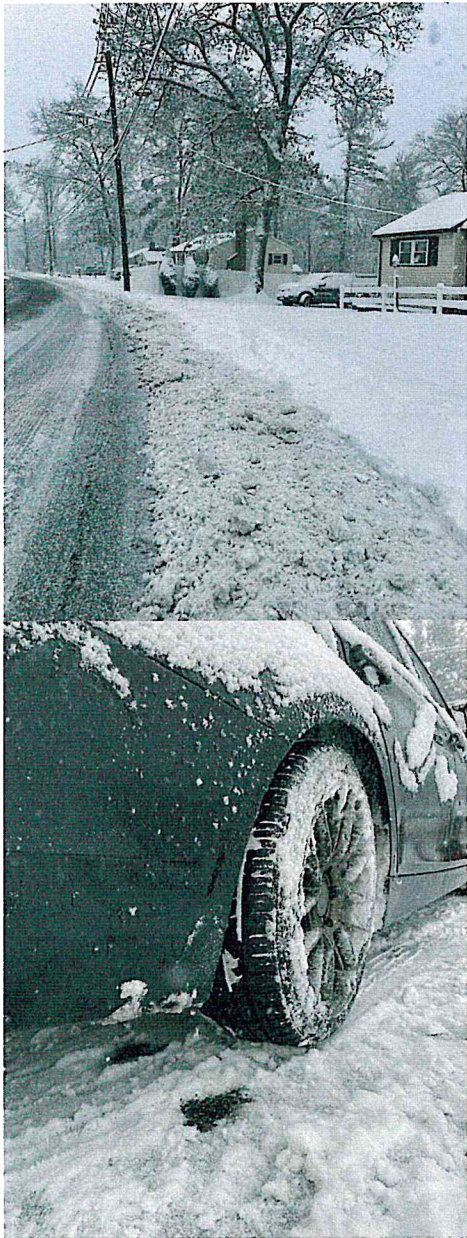
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

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

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

Wilmington Police Department
Images Associated with 22-8-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

2 **4** Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

2 **4** Route# Direction Name of Intersecting Roadway/Street

2 **11** Route# Direction Address # Name of Roadway/Street

2 **11** Feet N S E W of Mile Marker Exit Number

2 **11** Feet N S E W of Route# Intersecting Roadway/Street

2 **11** Feet N S E W of Landmark

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

Crash Report ID# **22-9-AC**

License # **S22674162** St **MA** DOB/Agc _____ Reg # **W45538** Reg Type **ZZ** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2022** Veh Make **FORD** Veh Config. **6**

Operator **DEFLUMERI, PAUL M** Owner **LANGONE BROTHERS LANDSCAPING LLC**

Address **22 ELLINGWOOD AVE** Address **38 NASSAU AVE**

City **BILLERICA** State **MA** Zip **01821-5940** City **WILMINGTON** State **MA** Zip **01887-2683**

Insurance Company **EMPLOYERS MUTUAL CASUALTY** Vehicle Action Prior to Crash **10** Damaged Area Code: **5 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **30**

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

Viol. 3: Ch/Sec/Sub _____ 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	99	4	0	0	10	1	

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

License # **S20586105** St **MA** DOB/Agc _____ Reg # **3HPD24** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1**

Operator **CAPONE, MICHAEL** Owner **SHEEHAN, THOMAS PAUL**

Address **17 RYAN PL** Address **44 CUNNINGHAM ST**

City **SWAMPSCOTT** State **MA** Zip **01907-1222** City **WILMINGTON** State **MA** Zip **01887-1365**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 27 27**

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

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

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

Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **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
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	
JACKSON SHEEHAN	44 CUNNINGHAM WILMINGTON, MA 01887	01/07/2019	M	4	4	4	0	0	10	1	

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

1	Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street
	At			208 MAIN ST			
2	Route#	Direction	Name of Intersecting Roadway/Street	Feet N S E W of _____ of _____ or _____			
	Also at Intersection with			Mile Marker _____ Exit Number _____			
4	Route#	Direction	Name of Intersecting Roadway/Street	Feet N S E W of _____ of _____			
				Route# _____ Intersecting Roadway/Street _____			
			Landmark _____				

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 22-10-AC**

License # S49720937 St MA DOB/Ag	Reg # MPE570 Reg Type DC Reg State MA
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement	Veh Year 2019 Veh Make FORD Veh Config. 1
Operator CADIGAN, DANIEL CHRISTOPHER	Owner WILMINGTON TOWN OF DEPT POLICE
Address 1 ADELAIDE ST	Address 1 ADELAIDE ST
City WILMINGTON State MA Zip 01887-3809	City WILMINGTON State MA Zip 01887-2719
Insurance Company MIAA	Vehicle Action Prior to Crash 2 Damaged Area Code: 3 27 27 27
Vehicle Travel Direction: N S E Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 2 33	

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			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 # S26261394 St MA DOB/Ag	Reg # T84423 Reg Type CO Reg State MA
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement	Veh Year 2019 Veh Make FORD Veh Config. 1
Operator RICHARDS, BRIAN PHILIP	Owner MARTYS LANDSCAPING INC
Address 237 MAMMOTH RD FL APT 2	Address BX 4141
City LOWELL State MA Zip 01854-2236	City S CHELMSFORD State MA Zip 01824-0841
Insurance Company SAFETY INSURANCE COMPANY	Vehicle Action Prior to Crash 10 Damaged Area Code: 6 27 27 27
Vehicle Travel Direction: S E W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 19 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 2 33	

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

Wilmington Police Department
Images Associated with 22-10-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 4 Route# Direction Name of Intersecting Roadway/Street

3 10 Route# Direction Name of Roadway/Street

3 11 Route# Direction Name of Intersecting Roadway/Street

3 12 Route# Direction Name of Intersecting Roadway/Street

3 13 Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 22-11-AC

License # _____ St _____ DOB/Age _____ Reg # unknown Reg Type _____ Reg State _____

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

Operator unknown Owner _____

Address _____ Address _____

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

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

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

Citation # (If Issued) _____ Most Harmful Event 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 25 25 BAC Test Result: 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License # S60248287 St MA DOB/Age _____ Reg # 1263051 Reg Type PO Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 1992 Veh Make CHEVROLET Veh Config. 97 21

Operator ZHANG, LI Owner UNITED STATES POSTAL SERVICE

Address _____ Address 51 WILLOW ST

City _____ State MA Zip _____ City LYNN State MA Zip _____

Insurance Company SELF INSURED Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 7 27 27

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 1 30

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

Towed from scene? 2 33

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

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

Wilmington Police Department
Images Associated with 22-11-AC



Date of Crash 01/07/2022	Time of Crash 1259 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit 30 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:

<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 # 300 Name of Roadway/Street BALLARDVALE ST</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>Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-12-AC**

License # S47025484 St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Operator SHAHZAD, KHALID Address 439R MIDDLESEX AVE City WILMINGTON State MA Zip 01887-1105 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) 252416AB Viol. 1: Ch/Sec/Sub 90 7AA Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 4EM893 Reg Type PC Reg State MA Veh Year 2011 Veh Make ROVER Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner SHAHZAD, KHALID Address 439R MIDDLESEX AVE City WILMINGTON State MA Zip 01887-1105 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 2 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Most Harmful Event <input type="checkbox"/> 35 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29 Driver Contributing Code <input type="checkbox"/> 7 <input type="checkbox"/> 25 <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
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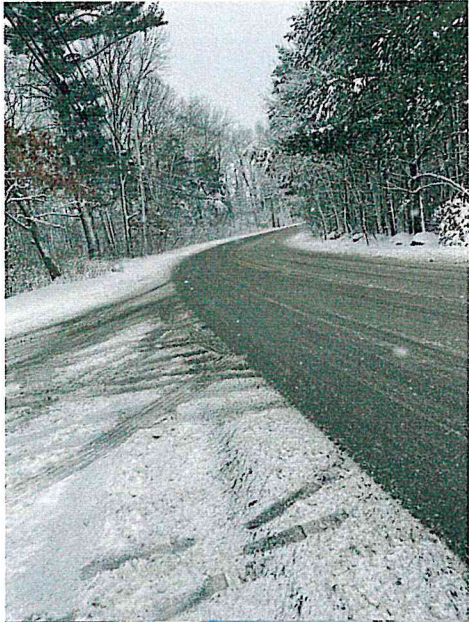
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input checked="" 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 _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28 Most Harmful Event <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29 Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30 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
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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							

Wilmington Police Department
Images Associated with 22-12-AC



Date of Crash **01/07/2022** Time of Crash **1738** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** 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 # Name of Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ 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 **12** #Occupants Hit/Run Moped Crash Report ID# **22-14-AC**

License # **SA4900528** St **MA** DOB/Age _____ Reg # **3AVR29** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D** **19** **19** Lic. Restrictions **I** **20** CDL Endorsement _____ Veh Year **2012** Veh Make **CHEVROLET** Veh Config. **1** **21**
 Operator _____ Owner **GUEVARA, AQUILINO**
 Address _____ Address **2 UNIVERSITY ST**
 City _____ State **MA** Zip **01887-2268**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **22** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **22** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **11** **25** **7** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	_____	_____	1	1	4	0	0	10	1	
NICHOLAS CELLA	10 MARCUS RD WILMINGTON, MA 01887	10/31/2003	M	3	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 _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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

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

Wilmington Police Department
Images Associated with 22-14-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

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

1 11 Feet N S E W of Mile Marker Exit Number

2 4 Route# Direction Name of Intersecting Roadway/Street

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

3 11 Feet N S E W of Intersecting Roadway/Street

2 4 Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 22-15-AC

License # S53217616 St MA DOB/Age Reg # 7SH759 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2016 Veh Make FORD Veh Config. 1 21

Operator HARTLING, CHRISTIAN PAUL Owner HARTLING, CHRISTOPHER EDWARD

Address 1 COLLEEN CIR Address 1 COLLEEN CIR

City BURLINGTON State MA Zip 01803-3720 City BURLINGTON State MA Zip 01803-3720

Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27

Vehicle Travel Direction: N S X W Responding to Emergency? 2 Event Sequence 40 23 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Most Harmful Event 22 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 7 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	3	0	0	10	1	

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

License # St DOB/Age Reg # Reg Type Reg State

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

Operator Owner

Address Address

City State Zip City State Zip

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

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

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

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25 BAC Test Result: 30

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

Towed from scene? 33

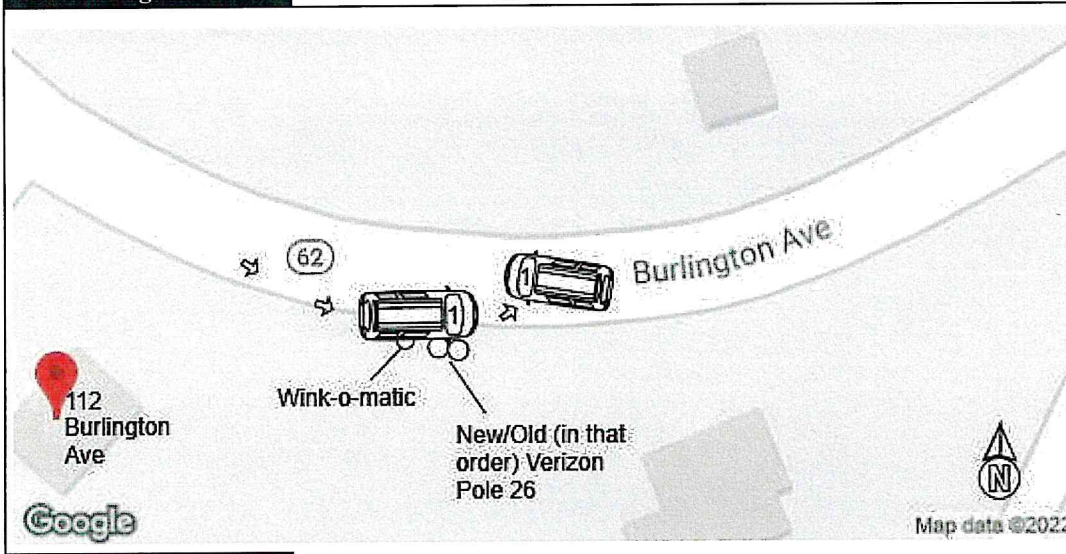
Please fill out for operator/non-motorist and all occupants involved

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							

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

ie: → 1 → 2 → ○ → 🚲

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

on 1/7/22, I responded to a single MV crash in the area of 112 Burlington Ave, Weather was snow and road conditions was snow covered though road was plowed. There were no injuries reported. Seat belts were used. Airbags deployed. Operator was checked out by FD and operator refused medical. Operator reported he was traveling and lost control on the bend. His car slid knocking over a town owned wink-o-matic street sign which warns vehicles of an intersection ahead. The vehicle then struck a double pole- (new pole next to an old pole) Verizon Pole 26. Wink-o-matic suffered heavy damage and was knocked over. The double pole suffered scraping. The individual's car suffered heavy damage to the passenger side including both doors, passenger rear tire, passenger mirror and rear passenger quarter panel. When asked about the crash, operator reported he may have been going to fast for the conditions. He stated he was going around 35 during time of crash. Cains towed vehicle

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	WINK-O-MATIC SIGN
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Daniel P Furbush 196 Wilmington Police Department 01/08/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-15-AC



Wilmington Police Department
Images Associated with 22-15-AC



Wilmington Police Department
Images Associated with 22-15-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 # **206** Name of Roadway/Street **BALLARDVALE 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 **12** #Occupants Hit/Run Moped
 Crash Report ID# **22-16-AC**

License # **S64415655** St **MA** DOB/Age 19/19 Reg # **5NE323** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2020** Veh Make **HONDA** Veh Config. **1**
 Operator **CAPPOTTO, TYLER W** Owner **CAPPOTTO, TYLER W**
 Address **50 WARREN ST APT 616** Address **50 WARREN ST APT 616**
 City **PEABODY** State **MA** Zip **01960-4252** City **PEABODY** State **MA** Zip **01960-4252**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **6** Damaged Area Code: **1** **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 **18** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

Please fill out for operator and all occupants involved		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	
CELINE DOAN	110 CHESTER ST ALLSTON, MA 02134-2274	12/03/1999	F	3	1	4	0	0	10	1	

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

License # **S71315514** St **MA** DOB/Age 19/19 Reg # **166K10** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **ACURA** Veh Config. **1**
 Operator **FIGUEROA, DANIEL ENRIQUE** Owner **FIGUEROA, DANIEL ENRIQUE**
 Address **95 ARLINGTON ST** Address **95 ARLINGTON ST**
 City **HAVERHILL** State **MA** Zip **01830-5923** City **HAVERHILL** State **MA** Zip **01830-5923**
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** **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? **2** **33**

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

Wilmington Police Department
Images Associated with 22-16-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/08/2022	Time of Crash 1140 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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:
------------------	--------------	----------------------

1	Route# _____ Direction _____ Name of Roadway/Street MIDDLESEX AVE
1	Route# _____ Direction _____ Name of Intersecting Roadway/Street CLARK ST
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street

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

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# 22-17-AC
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3	License # S61814388 St MA DOB/Age _____
4	Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement
5	Operator STRICKLER, JULIA M
6	Address 71 SESAME ST
6	City TEWKSBURY State MA Zip 01876-2511
5	Insurance Company LM GENERAL INSURANCE COMP
5	Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>
5	Citation # (If Issued) _____
6	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
6	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

1	Reg # 95PT31 Reg Type PC Reg State MA
1	Veh Year 2015 Veh Make NISSAN Veh Config. 1 21
4	Owner STRICKLER, PETER G
4	Address 71 SESAME ST
4	City TEWKSBURY State MA Zip 01876-2511
5	Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27
5	Event Sequence 1 23 23 23 23 Test Status: 1 28
5	Most Harmful Event 1 24 Type of Test: 29
5	Driver Contributing Code 1 25 25 BAC Test Result: 30
5	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
5	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	XXXXXX	X	1	1	4	0	0	10	1	

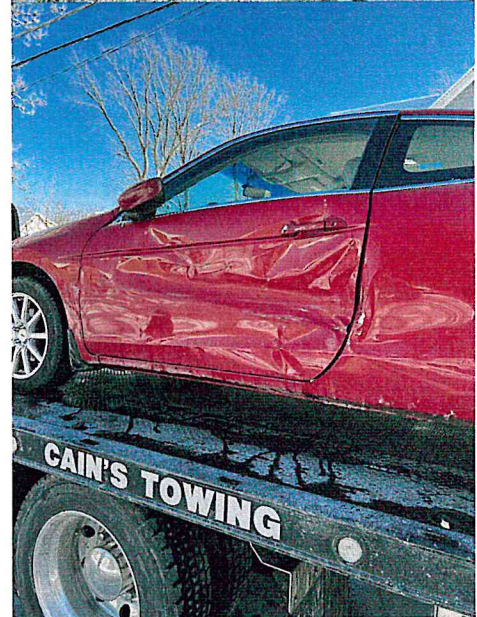
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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7	License # S42920646 St MA DOB/Age _____
8	Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
8	Operator CYBULKO, BARBARA
8	Address 33 ASHWOOD AVE
8	City WILMINGTON State MA Zip 01887-4403
8	Insurance Company ELECTRIC INSURANCE COMPAN
9	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>
9	Citation # (If Issued) 253018AB
9	Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub _____
9	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

1	Reg # 86LE06 Reg Type PC Reg State MA
1	Veh Year 2009 Veh Make HONDA Veh Config. 1 21
4	Owner CYBULKO, JOSEF
4	Address 33 ASHWOOD AVE
4	City WILMINGTON State MA Zip 01887-4403
5	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27
5	Event Sequence 1 23 23 23 23 Test Status: 1 28
5	Most Harmful Event 1 24 Type of Test: 29
5	Driver Contributing Code 3 25 25 BAC Test Result: 30
5	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
5	Towed from scene? 1 33

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

Wilmington Police Department
Images Associated with 22-17-AC



Requests for Wilmington Police Department Crash Report 22-18-AC

DATE: 1-8-22

LOCATION: Lowell Street @ Woburn Street

May be made via the department Public Records Request Email:

publicrecords@wpd.org

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

<p>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 _____</p>	<p>Route# _____ Direction _____ Address # 47 Name of Roadway/Street LAKE 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 _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 22-19-AC**

License # SA2670130 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____ Operator FROST, NICHOLAS KEITH HUNT Address 59 GLEN RD City WILMINGTON State MA Zip 01887-1819 Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) 253379AB Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 9SW691 Reg Type PC Reg State MA Veh Year 2005 Veh Make HONDA Veh Config. 1 21 Owner FROST, GARY A Address 59 GLEN RD City WILMINGTON State MA Zip 01887-1819 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 35 23 35 23 23 23 Test Status: 3 28 Most Harmful Event 35 24 Type of Test: 2 29 Driver Contributing Code 10 25 97 25 BAC Test Result: 5 30 Driver Distracted by 99 26 Susp. Alcohol: 1 31 Susp. Drug: 2 32 Towed from scene? 1 33
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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
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	

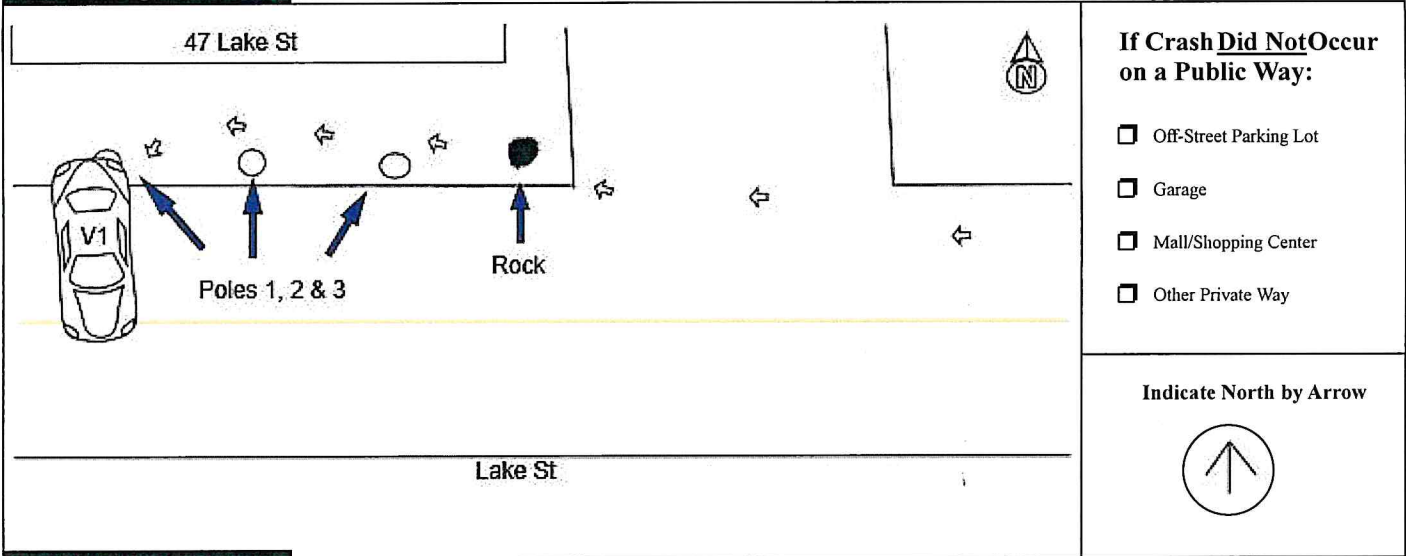
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ 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
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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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1							

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

Crash Diagram:



Crash Narrative:

V1 was traveling west on Lake St. The operator claims there was black ice, but none was observed. V1 veered to the right off the road. It struck a boulder and three old telephone poles installed in the yard for decoration. It moved the boulder about 15 feet and dislodged one of the poles entirely. There is also likely damage to the lawn, but I was unable to see it due to the snow. The operator of V1 was arrested for OUI Liquor, Negligent Operation, and Minor in Possession of Alcohol. See 21-15-AR for full details. Airbags were deployed in V1. The operator stated they had no injuries and refused transport to the hospital. There was damage on all sides of the car and to the undercarriage. It was towed by Cain's Towing.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HERRA KEVIN P	47 LAKE ST WILMINGTON MA 01887-372		97	3 DECORATIVE TELEPHONE POLES

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

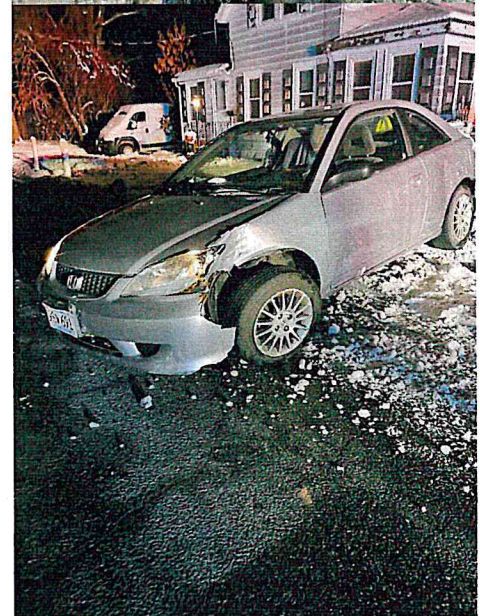
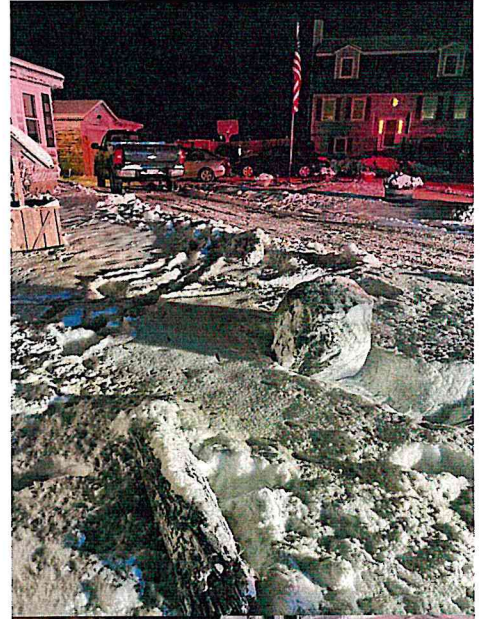
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Emily L Stebbins	210	Wilmington Police Department	01/08/2022
Police Officer Name (Please Print)	Signature	Department	Date

Wilmington Police Department
Images Associated with 22-19-AC



Wilmington Police Department
Images Associated with 22-19-AC

