

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

Route# Direction **MIDDLESEX AVE** Name of Roadway/Street
 Route# Direction **HIGH ST** Name of Intersecting Roadway/Street
 Also at Intersection with _____
 Route# Direction _____ Name of Intersecting Roadway/Street

Route# Direction _____ Address # _____ Name of Roadway/Street
 Feet **N S E W** of _____ 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 **13** #Occupants Hit/Run Moped **Crash Report ID# 22-21-AC**

License # **S19119011** St **MA** DOB/Age _____ Reg # **167R50** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2020** Veh Make **KIA** Veh Config. **1**
 Operator **MASTROPIETRO, KAYLA S** Owner **BEAUDIN, KIM M**
 Address **20 DENAULT DR** Address **17 COLUMBIA ST**
 City **WILMINGTON** State **MA** Zip **01887-3408** City **NORTH CHELMSFORD** State **MA** Zip **01863-1903**
 Insurance Company **GREEN MOUNTAIN INSURANCE** Vehicle Action Prior to Crash **2** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**
 Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: **1 30**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	
				4	4	4	0	0	10	1	
				6	4	4	0	0	10	1	

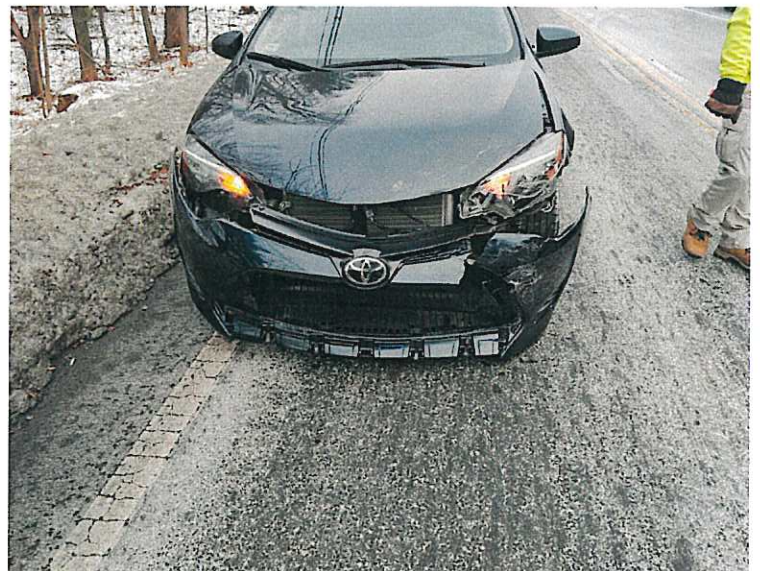
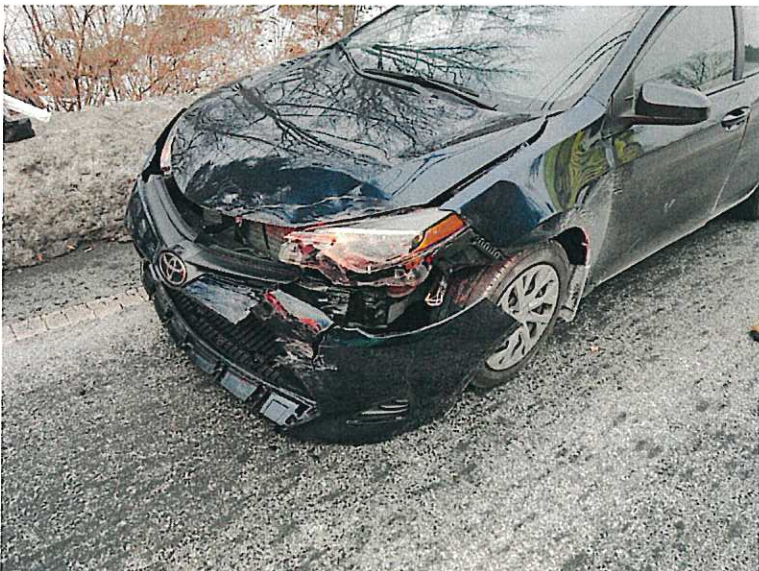
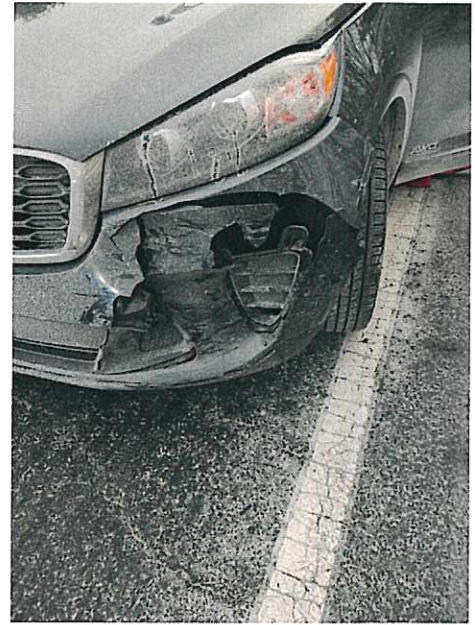
Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S34481793** St **MA** DOB/Age _____ Reg # **2SPN78** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **A M** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1**
 Operator **MANJOURIDES, GENE J** Owner **MANJOURIDES, GENE J**
 Address **78 HIGH ST** Address **78 HIGH ST**
 City **WILMINGTON** State **MA** Zip **01887-1475** City **WILMINGTON** State **MA** Zip **01887-1475**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **3** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **3 28 29 30**
 Citation # (If Issued) **257745AB** Most Harmful Event **1 24** BAC Test Result: **1 30**
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **14 25 10 25** Susp. Alcohol: **1 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub **89 4A** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Towed from scene? **3 33**

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

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

Wilmington Police Department
Images Associated with 22-21-AC



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

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

Feet N S E W of _____ or _____ Mile Marker Exit Number
 Feet N S E W of _____ Route# Intersecting Roadway/Street
 Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped Crash Report ID# **22-22-AC**

License # **SA5800951** St **MA** DOB/Age _____ Reg # **STB862** Reg Type **ST** Reg State **MA**
 Sex **F** Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement _____ Veh Year **2012** Veh Make **FORD** Veh Config. 1 21
 Operator **DANG, NINA** Owner **MASSACHUSETTS DEPARTMENT OF TRANSPORTATION**
 Address **75 4TH AVE** Address **668 SOUTH AVE**
 City **LOWELL** State **MA** Zip **01854-2729** City **WESTON** State **MA** Zip **02493-1120**
 Insurance Company **SELF INSURED** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 2 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event 2 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code 97 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32
 Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	
ASHLEY KING	14 WESTCHESTER DR LAWRENCE, MA 0184-3034		F	3	99	4	0	0	10	1	
SAMATH PHATH	55 SARATOGA ST LOWELL, MA 01852-5617		M	4	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 20 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **STC859** Reg Type **ST** Reg State **MA**
 Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year **2014** Veh Make **FORD** Veh Config. 1 21
 Operator **Driverless M.V.** Owner **MASSACHUSETTS DEPARTMENT OF TRANSPORTATION**
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash 11 22 Damaged Area Code: 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? _____ 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 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32
 Towed from scene? 2 33

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

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

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **SCHOOL ST** Name of Roadway/Street
 Feet **N S E W** of _____ Mile Marker _____ Exit Number _____
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street
 Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-23-AC**

License # **SA4360544** St **MA** DOB/Age _____ Reg # **1MSD35** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator _____ Owner **VINAL, MICHAEL JOSEPH**
 Address _____ Address **3 SPRUCEWOOD RD**
 City _____ City **WILMINGTON** State **MA** Zip **01887-1912**
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 3 27 4 27
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Please Select One of the Following: Vehicle **11** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **SA3570590** St **MA** DOB/Age _____ Reg # **1MKD59** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2010** Veh Make **SUBARU** Veh Config. **1** 21
 Operator **GINIOTAS, NIKOLAS LUKAS** Owner **GINIOTAS, VALDAS**
 Address **2 EVERETT AVE** Address **2 EVERETT AVE**
 City **WILMINGTON** State **MA** Zip **01887-1706** City **WILMINGTON** State **MA** Zip **01887-1706**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **20** 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **7** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

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

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

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 _____ 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# **22-24-AC**

License # **S63744436** St **MA** DOB/Age _____ Reg # **2SAS84** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2002** Veh Make **MERCURY** Veh Config. **1**

Operator **PIERCE, BRENDAN L** Owner **PIERCE, BRENDAN L**

Address **23 BURNAP ST** Address **23 BURNAP ST**

City **WILMINGTON** State **MA** Zip **01887-3713** City **WILMINGTON** State **MA** Zip **01887-3713**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **11 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) **258714AB** Most Harmful Event **2 24** BAC Test Result: _____

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **89 4A** Driver Contributing Code **10 25 2 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub **90 18** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** 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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	2	Winchester Hospital

Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **7WS655** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **AUDI** Veh Config. **1**

Operator **Driverless M.V.** Owner **SIRBAK, KATHERINE ANN**

Address _____ Address **135 GROVE AVE**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-3720**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **11** Damaged Area Code: **5 27 3 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28 29 30**

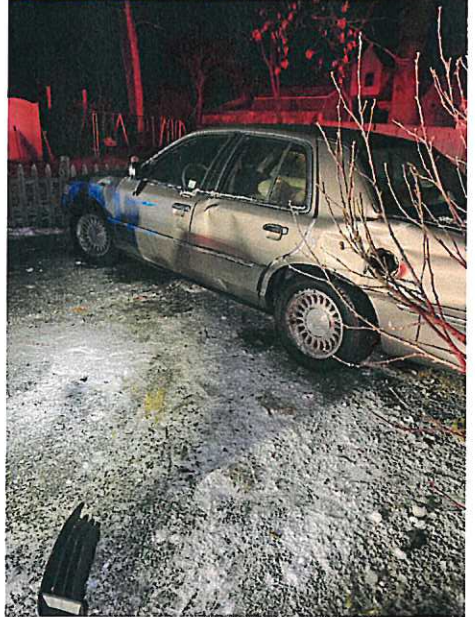
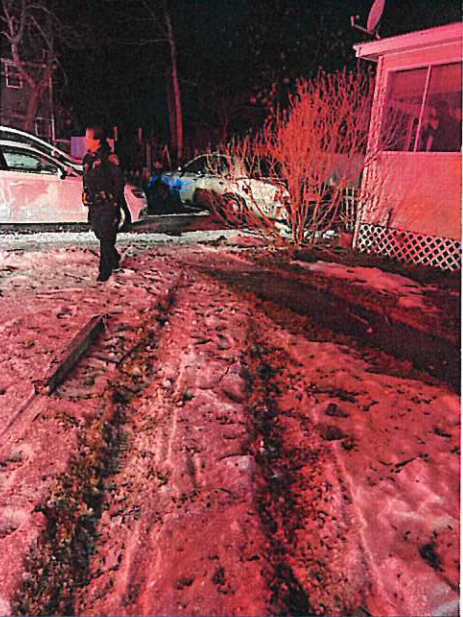
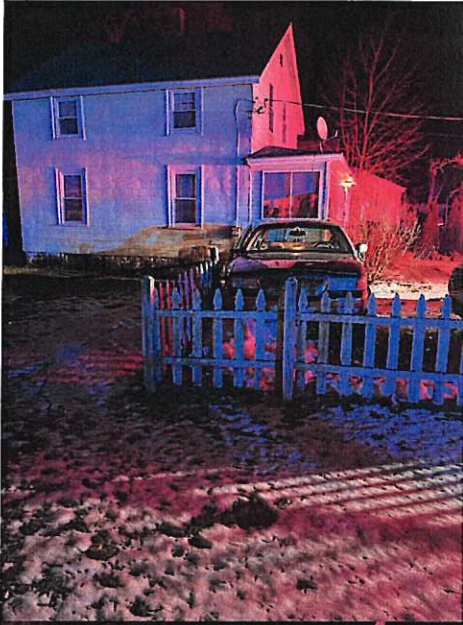
Citation # (If Issued) _____ Most Harmful Event **2 24** BAC Test Result: _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

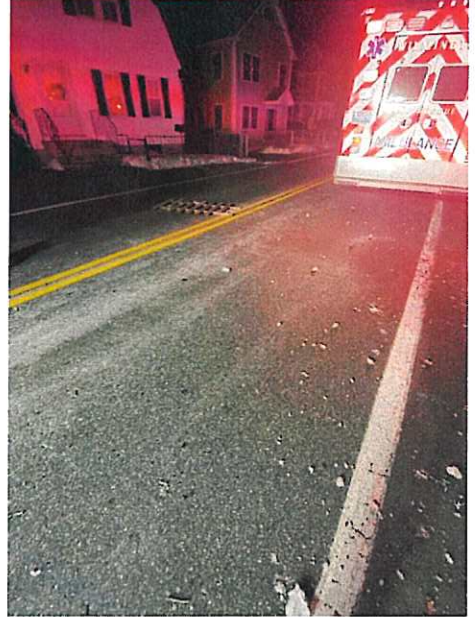
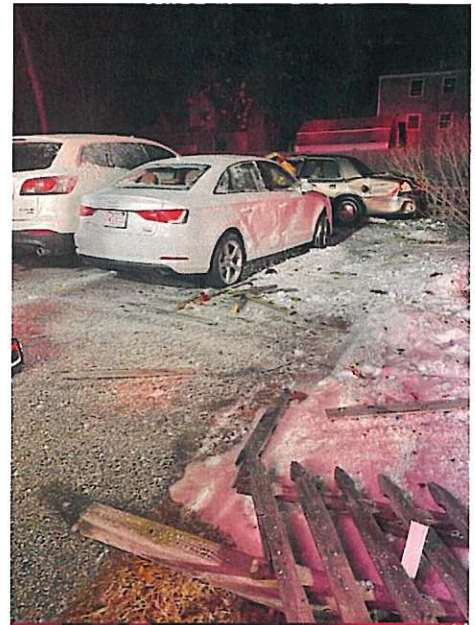
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Towed from scene? **2 33**

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	<input checked="" type="checkbox"/>	1							

Wilmington Police Department
Images Associated with 22-24-AC



Wilmington Police Department
Images Associated with 22-24-AC



Attachments for 22-24-AC

Description	Type
MV INVENTORY	PDF
Attachment#: FEAA649B787448CDB5A38EDACBAB9097	

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 _____ 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 13 #Occupants Hit/Run Moped Crash Report ID# **22-25-AC**

License # **S12501702** St **MA** DOB/Agc _____ Reg # **649FP4** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **PARSONS, EMILY MORESCO** Owner **PARSONS, EMILY MORESCO**

Address **11 LAKE ST** Address **11 LAKE ST**

City **WILMINGTON** State **MA** Zip **01887-3726** City **WILMINGTON** State **MA** Zip **01887-3726**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 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: **28**

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

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

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

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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	
				4	4	4	0	0	10	1	
				5	4	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 # **S74608001** St **MA** DOB/Agc _____ Reg # **7BR436** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2019** Veh Make **GMC** Veh Config. **1** 21

Operator **KENTON, LORI H** Owner **ARI FLEET LT**

Address **61 HARRISON ST** Address **4001 LEADENHALL RD**

City **READING** State **MA** Zip **01867-2646** City **MT LAUREL** State **NJ** Zip **08054-0000**

Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27

Vehicle Travel Direction: N 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 **1** 25 25 BAC Test Result: **30**

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

Towed from scene? **2** 33

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

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

Date of Crash 01/14/2022 Time of Crash 1821 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

MIDDLESEX AVE
Route# Direction Name of Roadway/Street
At
HIGH ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____
Feet N S E W of _____
Route# _____ Intersecting Roadway/Street _____
Feet N S E W of _____
Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-26-AC**

License # **S05131634** St **MA** DOB/Age _____ Reg # **3KB878** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2005** Veh Make **Jeep** Veh Config. **1**
Operator **O BRIEN, DENNIS M JR** Owner **O BRIEN, DENNIS M JR**
Address **17 WILDWOOD RD** Address **17 WILDWOOD RD**
City **TEWKSBURY** State **MA** Zip **01876-2057** City **TEWKSBURY** State **MA** Zip **01876-2057**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **27** **27**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** **33**
Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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

Please Select One of the Following: Vehicle 23 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **SA5800348** St **MA** DOB/Age _____ Reg # **92BT30** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2012** Veh Make **Other-not listed** Veh Config. **1**
Operator **CLAUSON, LUCINDA BEATRICE** Owner **CLAUSON, NEIL A**
Address **130 WARWICK RD** Address **130 WARWICK RD**
City **MELROSE** State **MA** Zip **02176-2638** City **MELROSE** State **MA** Zip **02176-2638**
Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **4** Damaged Area Code: **2** **27** **27** **27**
Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4** **25** **25** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** **33**
Viol. 4: Ch/Sec/Sub _____

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	
				3	1	4	0	0	10	1	
				6	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 22-26-AC



Date of Crash 01/15/2022 Time of Crash 0039 24HR City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 1 Speed Limit 35 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 # <u>773</u> Name of Roadway/Street <u>SALEM ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-27-AC**

License # <u>S69009867</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>1</u> <u>20</u> CDL _____ Operator <u>FERNANDEZ, TOMAS CHRISTIAN</u> Address <u>94 GREENFIELD ST</u> City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843</u> Insurance Company <u>GEICO INDEMNITY COMPANY</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2446959</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>17</u> Viol. 2: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 3: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 4: Ch/Sec/Sub _____	Reg # <u>QPRS94</u> Reg Type <u>PC</u> Reg State <u>FL</u> Veh Year <u>2013</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u> Owner <u>FERNANDEZ, TOMAS CHRISTIAN</u> Address <u>94 GREENFIELD ST</u> City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>22</u> <u>23</u> <u>35</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>9</u> <u>25</u> <u>10</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>99</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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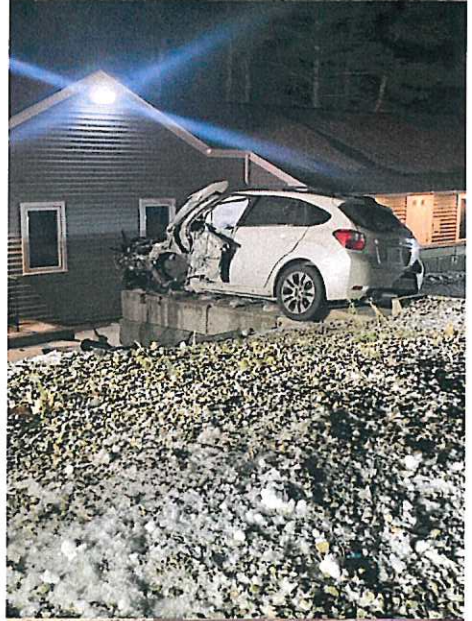
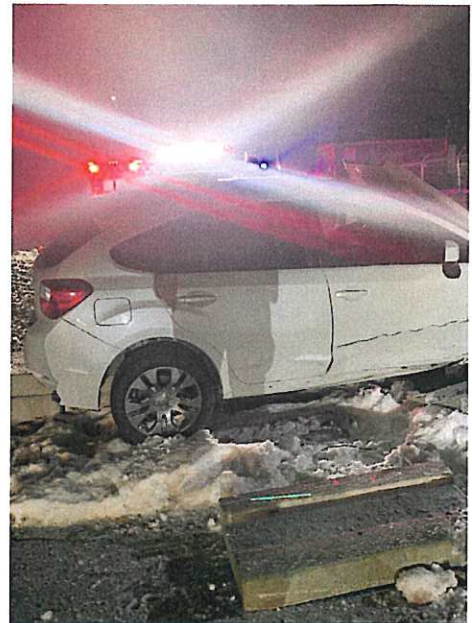
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	3	0	0	8	2	Lahey Clinic

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

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

Wilmington Police Department
Images Associated with 22-27-AC



Wilmington Police Department
Images Associated with 22-27-AC



Date of Crash 01/15/2022 Time of Crash 0651 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 0 Speed Limit 25 Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>10</u> Direction _____ Address # <u>FOREST ST</u> 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 _____ Mile Marker _____ or _____ Exit Number _____
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 _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-28-AC**

License # S39878276 St MA DOB/Agc _____ Reg # 1029SX Reg Type PC Reg State MA
 Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____ Veh Year 2009 Veh Make CHEVROLET Veh Config. 1 21
 Operator CARRIGLIO, DIANE MARIE Owner CARRIGLIO, FERDINANDO FRANCESCO
 Address 116R ALDRICH RD Address 116R ALDRICH RD
 City WILMINGTON State MA Zip 01887-2227 City WILMINGTON State MA Zip 01887-2227
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 7 22 Damaged Area Code: 2 27 3 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 40 23 23 23 23 Test Status: 1 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 9 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		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"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # _____ 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		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"/>	<u>1</u>							

Wilmington Police Department
Images Associated with 22-28-AC

