

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash  
12/26/2021

Time of Crash  
**2349**  
24HR

## Motor Vehicle Crash Police Report

Number Vehicles  
**1**

Number Injured  
**0**

Speed Limit **30**  
Latitude \_\_\_\_\_  
Longitude \_\_\_\_\_

State Police   
Local Police   
MBTA Police   
Campus Police   
Other

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

**SALEM ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**JORDAN ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
Feet  N  S  E  W of \_\_\_\_\_  
Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
Feet  N  S  E  W of \_\_\_\_\_  
Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
Crash Report ID# **21-359-AC**

License # **S58356562** St **MA** DOB/Ag \_\_\_\_\_  
Sex **M** Lic. Class  19  19 Lic. Restrictions  1  20 CDL \_\_\_\_\_  
Operator **RIDEOUT, MATTHEW RYAN**  
Last First Middle  
Address **202 SALEM ST**  
City **WILMINGTON** State **MA** Zip **01887-1122**  
Insurance Company **LIBERTY MUTUAL INSURANCE**  
Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2**  
Citation # (If Issued) **240838AB**  
Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 18**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **36DH75** Reg Type **PC** Reg State **MA**  
Veh Year **2016** Veh Make **NISSAN** Veh Config. **1 21**  
Owner **RIDEOUT, KENNETH R**  
Last First Middle  
Address **202 SALEM ST**  
City **WILMINGTON** State **MA** Zip **01887-1122**  
Vehicle Action Prior to Crash  1  22  
Event Sequence  31  23  23  23  23  
Most Harmful Event  31  24  
Driver Contributing Code  10  25  25  
Driver Distracted by  99  26  
Damaged Area Code:  2  27  3  27  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

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Ag \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_  
Operator \_\_\_\_\_  
Last First Middle  
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 \_\_\_\_\_

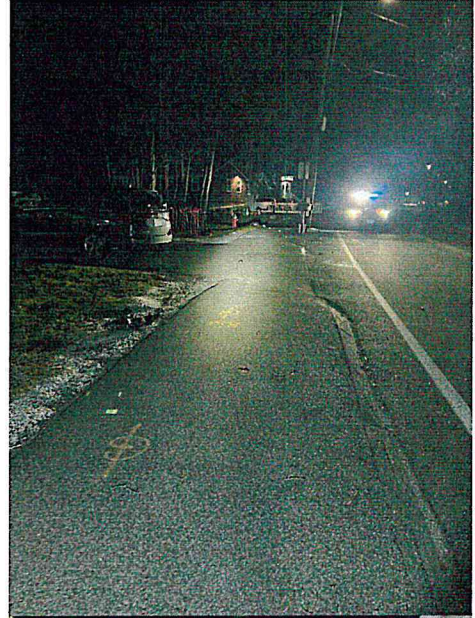
Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
Owner \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Vehicle Action Prior to Crash  22  
Event Sequence  23  23  23  23  
Most 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							





Wilmington Police Department  
Images Associated with 21-359-AC





Wilmington Police Department  
Images Associated with 21-359-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 # Name of Roadway/Street  
 Feet N S E W of Mile Marker Exit Number  
 Feet N S E W of Route# Intersecting Roadway/Street  
 Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **21-360-AC**

License # **S50315530** St **MA** DOB/Ag: Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement  
 Operator **PAGLIUCA, EMILY ANN** Owner **PAGLIUCA, BRIGID E**  
 Address **90 ORCHARD ST** Address **90 ORCHARD ST**  
 City **TEWKSBURY** State **MA** Zip **01876-2052** City **TEWKSBURY** State **MA** Zip **01876-2052**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **3** **27** **27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **3** **28**  
 Citation # (If Issued) **T2446224** Most Harmful Event **1** **24** Type of Test: **2** **29**  
 Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **24** Driver Contributing Code **10** **25** **14** **25** BAC Test Result: **5** **30**  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0** **26** Susp. Alcohol: **1** **31** Susp. Drug: **32**  
 Towed from scene? **1** **33**

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

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

License # **S25729634** St **MA** DOB/Ag: Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement  
 Operator **BUSOBOZI, JULIUS** Owner **BUSOBOZI, JULIUS**  
 Address **9 ELLIS CT APT 1** Address **9 ELLIS CT APT 1**  
 City **WOBURN** State **MA** Zip **01801-3624** City **WOBURN** State **MA** Zip **01801-3624**  
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **2** 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: **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? **1** **33**

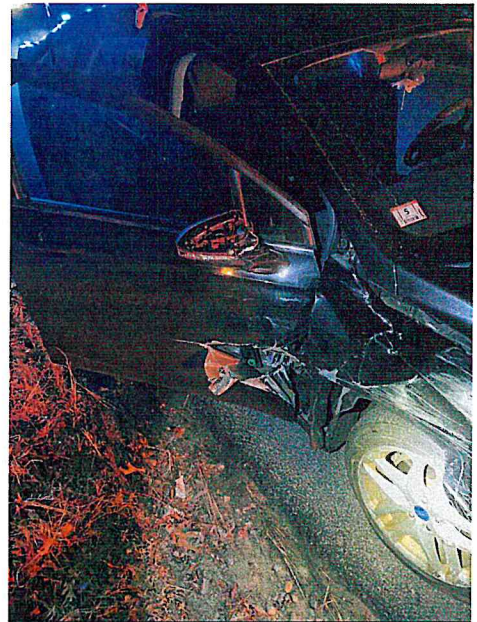
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>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







Wilmington Police Department  
Images Associated with 21-360-AC





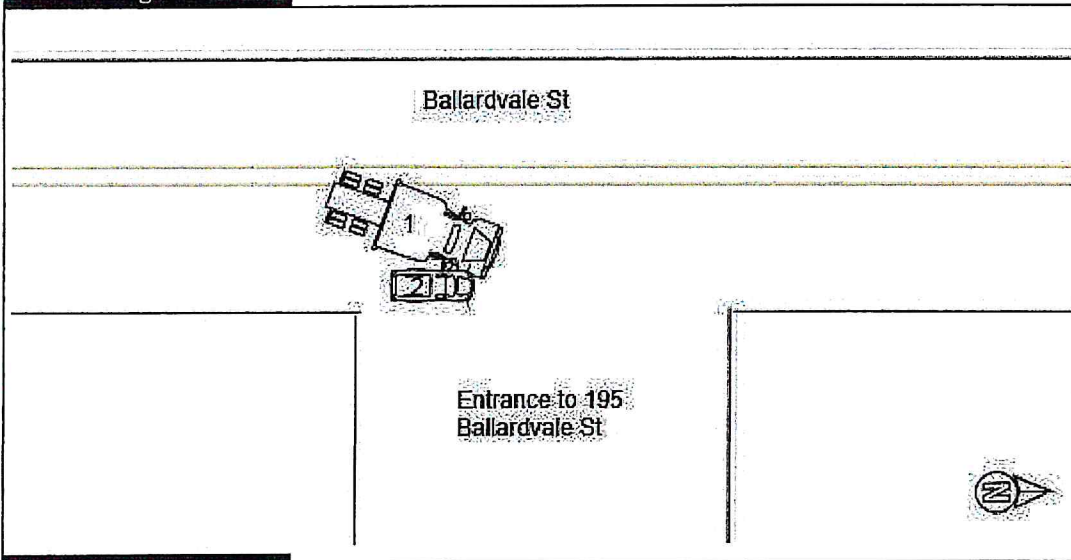




→ = Direction    1 = Vehicle 1    2 = Vehicle 2    = Pedestrian    = Bicycle

**Crash Diagram:**

ie: → 1 → 2 → →



**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**



**Crash Narrative:**

Vehicle 1 was attempting to turn right into the parking lot of 195 Ballardvale St. Due to the vehicle being a tractor the operator made a wide right turn into the parking lot. Vehicle 2 attempted to pass vehicle 1 on the right side as vehicle 1 was turning right, causing vehicle 2 to crash into the side of vehicle 1. The operator of vehicle 1 stated he did use his turn signal before making the turn. I did observe vehicle 1's right turn signal was still activated when I arrived on scene.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # 5789B (From Vehicle Section)

Carrier Name LA Trucking Bus Use  <sup>42</sup>

Address 12 WASHINGTON ST City EVERETT St MA Zip 02149

US DOT #: 3246896 State Number \_\_\_\_\_ Issuing State MA MC/MX/ICC #: 1021003

Interstate  <sup>43</sup> 4 Cargo Body Type Code  <sup>44</sup> 0 GVWR/GCWR  <sup>45</sup> 3

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  <sup>46</sup>

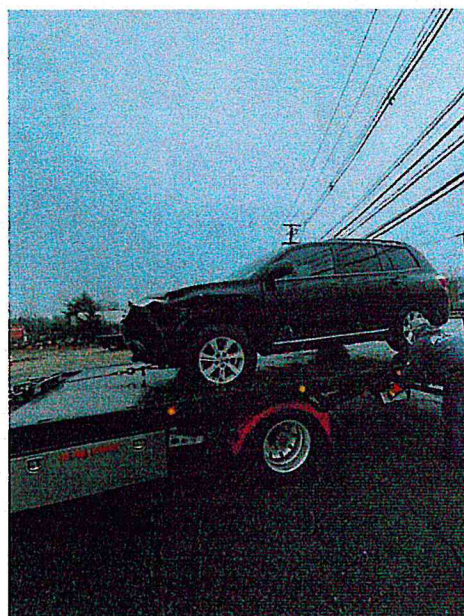
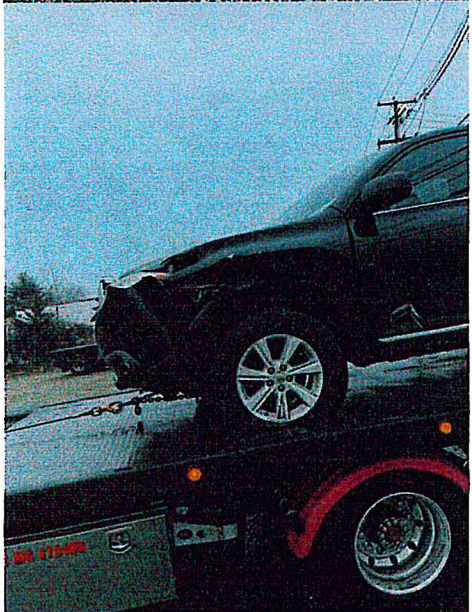
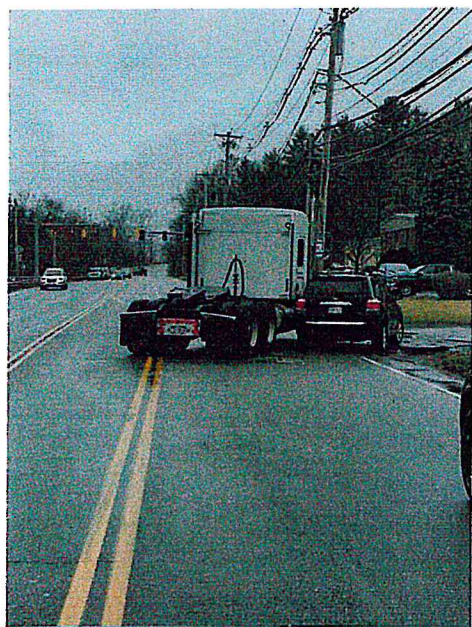
**Hazmat Information:**

Placard  <sup>47</sup>   Material 1 digit #  <sup>48</sup>   Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  <sup>49</sup>  

Patrol Officer Michael W Wandell      174      Wilmington Police Department      12/30/2021  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date



Wilmington Police Department  
Images Associated with 21-361-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 # **224 CHESTNUT ST**  
 Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Feet N S E W of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Feet N S E W of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **21-362-AC**

License # **NHL14498348** St **NH** DOB/Age \_\_\_\_\_ Reg # **4AP778** Reg Type **AP** Reg State **NH**  
 Sex **M** Lic. Class **A** Lic. Restrictions **99** CDL Endorsement \_\_\_\_\_ Veh Year **2003** Veh Make **Mack Truck** Veh Config. **10**  
 Operator **HILL, WILLIAM JOHN** Owner **BORACZEK'S TRUCKING AND TRANSPORT INC**  
 Address **25 GRANDVIEW TER** Address **4 HAZEL DR**  
 City **SANDOWN** State **NH** Zip **03873** City **HAMPSTEAD** State **NH** Zip **03841**  
 Insurance Company **UNION INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **4** **27** **27** **27**  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **27** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **27** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** **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? **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
<b>Operator</b>	See Above			<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ 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**

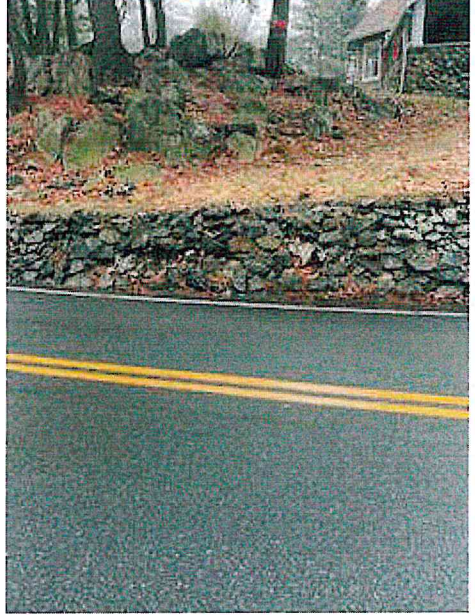
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							





Wilmington Police Department  
Images Associated with 21-362-AC





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

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

Crash Report ID# 21-363-AC

License # S75218717 St MA DOB/Age Reg # 9MVA50 Reg Type PC Reg State MA

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

Operator BIZURE, MARSHALL Owner RAPANGANWA, REGINA

Address 334 TREBLE COVE RD BLDG APT 1 Address 334 TREBLE COVE RD BLDG APT 1

City NORTH BILLERICA State MA Zip 01862-2826 City NORTH BILLERICA State MA Zip 01862-2826

Insurance Company THE COMMERCE INSURANCE CO

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

Citation # (If Issued)

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

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

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 27

Event Sequence 5 23 23 23 23 Test Status: 1 28

Most Harmful Event 5 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 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 Endorsement Veh Year Veh Make Veh Config. 21

Operator Owner

Address Address

City State Zip City State Zip

Insurance Company

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

Citation # (If Issued)

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

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

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

Event Sequence 23 23 23 23 Test Status: 28

Most Harmful Event 24 Type of Test: 29

Driver Contributing Code 25 25 BAC Test Result: 30

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

Towed from scene? 33

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

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							





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

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

License # St. DOB/Age Reg # **unknown** Reg Type Reg State  
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement 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
<b>Operator</b>	See Above			<b>1</b>							

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

License # St. DOB/Age Reg # **3SXC29** Reg Type **PC** Reg State **MA**  
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year **2021** Veh Make **AUDI** Veh Config. 1 21  
 Operator **Driverless M.V.** Owner **VW CREDIT INC**  
 Address **1401 FRANKLIN BLVD**  
 City **LIBERTYVILLE** State **IL** Zip **60048-0000**  
 Insurance Company **EMPIRE FIRE AND MARINE IN** Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 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 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

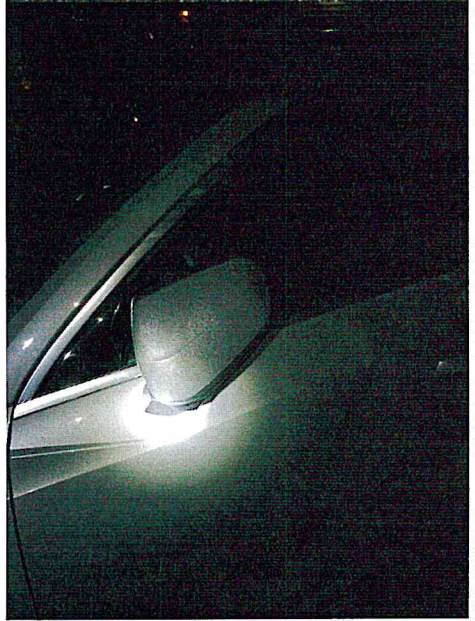
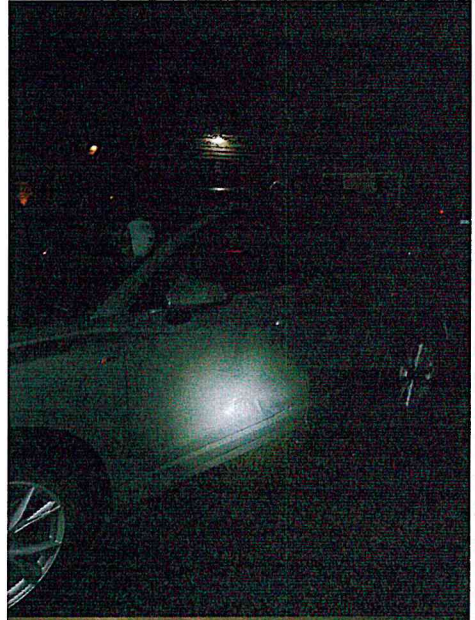
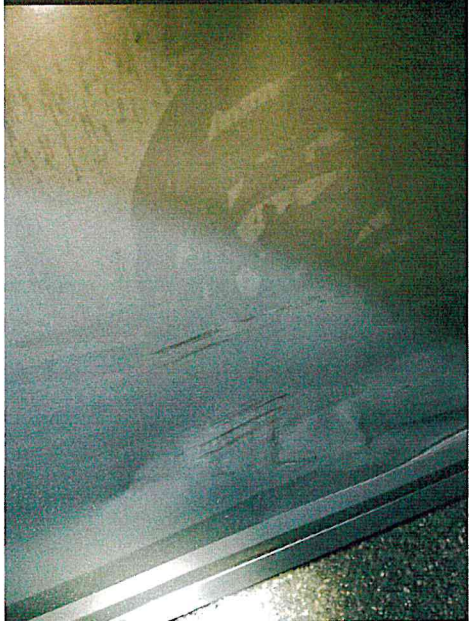
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							







Wilmington Police Department  
Images Associated with 22-1-AC





<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 01/01/2022	Time of Crash 1550 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 1	Speed Limit <b>25</b>	State Police <input checked="" type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

**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# <b>213</b> Direction _____ Address # _____ Name of Roadway/Street <b>WILDWOOD ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;"><b>213 WILDWOOD ST</b> Landmark</p>
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Please Select One of the Following:  Vehicle **13** #Occupants  Hit/Run  Moped

Crash Report ID# **22-2-AC**

<p>License # <b>SA5640006</b> St <b>MA</b> DOB/Age _____</p> <p>Se: _____ Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____</p> <p>Operator _____ Middle _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) <b>T1684019</b></p> <p>Viol. 1: Ch/Sec/Sub <b>90</b> <b>8</b> Viol. 2: Ch/Sec/Sub <b>89</b> <b>4A</b></p> <p>Viol. 3: Ch/Sec/Sub <b>90</b> <b>17</b> Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>3MSE79</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2001</b> Veh Make <b>MERCURY</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>WARD, RENEE A</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>11 CHEROKEE LN</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-0000</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>35</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>35</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>2</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>6</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></p>
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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
<b>Operator</b>	See Above		<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	

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

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____</p> <p>Operator _____ Middle _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <b>21</b></p> <p>Owner _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>33</b></p>
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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
<b>Operator/Non-Motorist</b>	See Above		<del>X</del>	<b>1</b>							





Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER RONALD J ALPERS JR

Ref: 22-2-AC

Entered: 01/01/2022 @ 1823      Entry ID: 163  
Modified: 01/01/2022 @ 1823      Modified ID: 163

I, Detective Alpers, was assigned to patrol in marked cruiser 33, on Saturday, January 1, 2022. During this patrol, I responded to a motor vehicle crash in the area of 213 Wildwood St. in Wilmington MA. I arrived on scene and observed a motor vehicle resting in the front yard of 213 Wildwood St. The homeowner, James Lynch was also on scene. I identified the vehicle as MA registration 3MSE79, Mercury Grand Marquis. The operator identified \_\_\_\_\_ as a juvenile, \_\_\_\_\_ mother, Renee, was also on scene.

The juveniles, \_\_\_\_\_ and \_\_\_\_\_, were instructed to leave the scene by Renee Ward. Renee confirmed that she knew her \_\_\_\_\_ was driving on a JOL license. \_\_\_\_\_

\_\_\_\_\_ confirmed that \_\_\_\_\_ turned onto Wildwood St. from Woburn St. and lost control of \_\_\_\_\_ vehicle. The roads were wet from rain. In order to turn onto Wildwood St. from Woburn St. an operator of a vehicle can only safely travel at a reduced speed due to the sharp turn. The vehicle crashed into a wall and ended up in the front yard of 213 Wildwood St. The location of the crash is within 50 yards of the intersection. The damage caused by the crash would indicate a vehicle travelling at a high rate of speed. \_\_\_\_\_

\_\_\_\_\_. The juveniles returned to the scene and were evaluated by the Wilmington FD. All parents were contacted.

\_\_\_\_\_ was originally issued summons \_\_\_\_\_ for unlicensed operation. \_\_\_\_\_ is in possession of a paper permit which appears to indicate \_\_\_\_\_ passed \_\_\_\_\_ license exam and is allowed to operate with this paper permit/license for 60 days. The paper permit/license indicates that he passed his exam on 11-6-2021.

Respectfully Submitted,  
Detective Ronald J. Alpers Jr.