

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

100 **PROGRESS WAY**

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 31 #Occupants Hit/Run Moped **Crash Report ID# 22-35-AC**

License # **SR745301** St **OH** DOB/Age _____ Reg # **PW05227** Reg Type **AP** Reg State **OH**

Sex **M** Lic. Class **A** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make _____ Veh Config. **10**

Operator **RODRIGUEZ, STEVEN ANDREW** Owner **GURAI LEASING COMPANY LLC**

Address **919 W 18TH ST** Address **392 BUTTERFIELD CIR**

City **LORAIN** State **OH** Zip **44052** City **SAGAMORE HILLS** State **OH** Zip **44067**

Insurance Company **ACCORD** Vehicle Action Prior to Crash **10** Damaged Area Code: 0 27 27 27

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

Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ 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 **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			1	1	4	0	0	1.0	1	

Please Select One of the Following: Vehicle 40 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **3143901** Reg Type **TL** Reg State **ME**

Sex _____ Lic. Class **19** Lic. Restrictions **20** CDL _____ Veh Year **2022** Veh Make _____ Veh Config. **21**

Operator **Driverless M.V.** Owner **TRANSPORT SERVICES INC**

Address _____ Address _____

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

Insurance Company _____ Vehicle Action Prior to Crash **10** Damaged Area Code: 0 27 27 27

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ 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 _____ 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 **99** 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							

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

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

2 135 SHAWSHOEN AVE
 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 Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped Crash Report ID# **22-36-AC**

4 1 License # **S56035557** St **MA** DOB/Age _____ Reg # **3GMK39** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2021** Veh Make **Other-not listed** Veh Config. **1** 21
 Operator **JOSE, RODRIGO R** Owner **JOSE, RODRIGO R**
 Address **73 FOREST ST** Address **73 FOREST ST**
 City **WILMINGTON** State **MA** Zip **01887-2854** City **WILMINGTON** State **MA** Zip **01887-2854**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: **N S E X** 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: **2** 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 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	
Laurie Carr	73 FOREST ST WILMINGTON, MA 01887		F	3	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 # **S34794957** St **MA** DOB/Age _____ Reg # **6ZF120** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2004** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **FERUS-WHITE, WANDA** Owner **FERUS-WHITE, WANDA**
 Address **97 WEBBER ST** Address **97 WEBBER ST**
 City **LOWELL** State **MA** Zip **01851-1630** City **LOWELL** State **MA** Zip **01851-1630**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: **N S E X** 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: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 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	

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **50 CONCORD ST** 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 1 Occupants Hit/Run Moped Crash Report ID# **22-37-AC**

License # **S09107108** St. **MA** DOB/Ag: _____ Reg # **9110A** Reg Type **AP** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2020** Veh Make **International** Veh Config. **10**

Operator **MONTOYA, MARCO TULIO** Owner **PENSKE LEASING AND RENTAL COMPANY**

Address **84 PARSONS ST** Address **2675 MORGANTOWN RD**

City **BRIGHTON** State **MA** Zip **02135-2110** City **READING** State **PA** Zip **19607-0000**

Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 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 _____ 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: **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	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 # **S78294105** St. **MA** DOB/Ag: _____ Reg # **6NL256** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2018** Veh Make **HONDA** Veh Config. **1**

Operator **KNIGHT, JASON F** Owner **KNIGHT, DAVID F**

Address **244 LOWELL ST** Address **244 LOWELL ST**

City **WAKEFIELD** State **MA** Zip **01880-1034** City **WAKEFIELD** State **MA** Zip **01880-1034**

Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **4** Damaged Area Code: **2 27 3 27 4 27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **97 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**

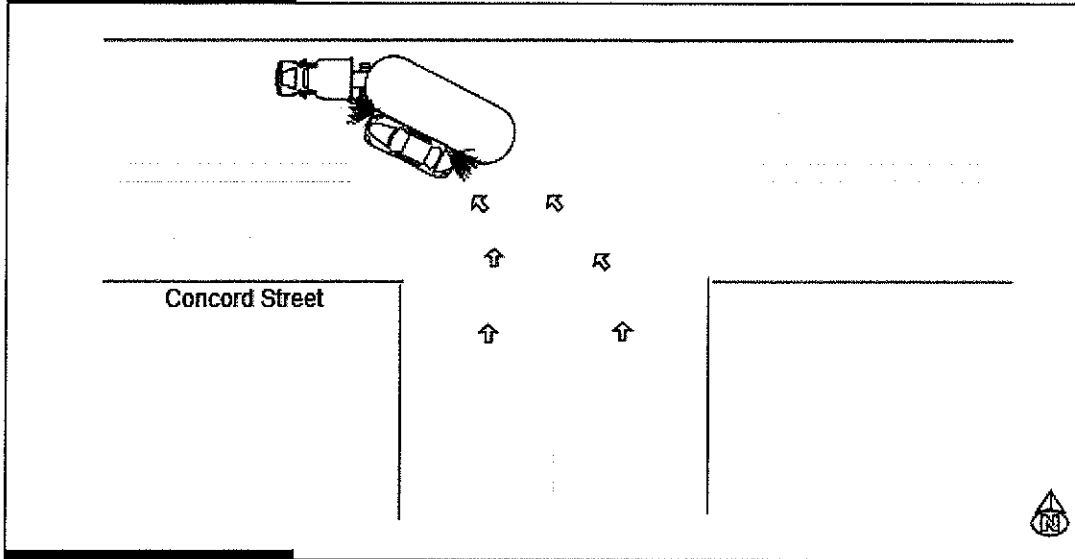
Please fill out for operator/non-motorist and all occupants involved

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	

→ = 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:

The tractor trailer was in the right hand lane (outside lane) turning left on to Concord Street. In the process of turning left, the MV attempted to take the inside lane (left side) of the tractor trailer but was subsequently struck by the trailer in the process. Operator of the truck did not see the MV until it was too late. Operator of MV thought he could turn with the truck & trailer not realizing the operation of a trailer during a turn. MV and trailer side shipped each other. MV sustained damage from the front passenger side mirror all the way to rear quarter panel. The truck sustained minimal to no visible damage at all. No injuries were observed or reported. MV remained operational.

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 # 9110A (From Vehicle Section)

Carrier Name Penske Leasing and Rental Comp Bus Use 42

Address 2675 MORGANTOWN RD City READING St PA Zip 19607

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: P731646 Reg Type TR Reg State IN Reg Year 2020 Trailer Length 46 2

Hazmat Information:

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

Patrol Officer Scott Dunnett 202 Wilmington Police Department 01/25/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-38-AC**

License # **S81942821** St **MA** DOB/Ag: Reg # **2WFW58** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2022** Veh Make Veh Config. **2** 21
 Operator **VIEIRA, DIANE CORREIA** Owner **VIEIRA, DIANE CORREIA**
 Address **109 MCDONALD RD** Address **109 MCDONALD RD**
 City **WILMINGTON** State **MA** Zip **01887-3844** City **WILMINGTON** State **MA** Zip **01887-3844**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **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

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	99	1	

Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S75488833** St **MA** DOB/Ag: Reg # **5AY978** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2015** Veh Make **CHEVROLET** Veh Config. **2** 21
 Operator **GONZALEZ, ALEXIS J** Owner **GONZALEZ, ALEXIS J**
 Address **19 OLD IRONSIDES WAY APT D** Address **19 OLD IRONSIDES WAY APT D**
 City **CHARLESTOWN** State **MA** Zip **02129** City **CHARLESTOWN** State **MA** Zip **02129**
 Insurance Company **GEICO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) **T2446797** Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **720** **9** 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? **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	1	0	0	10	1	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

3
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# 22-39-AC

License # S12637727 St MA DOB/Age _____ Reg # 2KMT27 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____ Veh Year 2017 Veh Make KIA Veh Config. 1 21
Operator KEATING, KATRINA MARIE Owner KEATING, KATRINA MARIE
Address 8 WILLIAMS AVE Address 8 WILLIAMS AVE
City WILMINGTON State MA Zip 01887-3505 City WILMINGTON State MA Zip 01887-3505
Insurance Company ARBELLA MUTUAL INSURANCE
Vehicle Travel Direction: N X 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 _____

Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 13 25 25
Driver Distracted by 0 26
Vehicle Action Prior to Crash 1 22
Damaged Area Code: 2 27 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

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 # S26026358 St MA DOB/Age _____ Reg # 8798VY Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____ Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21
Operator BROWN, ALBERT R Owner BROWN, ALBERT R
Address 12 MASS AVE Address 12 MASS AVE
City WILMINGTON State MA Zip 01887-3511 City WILMINGTON State MA Zip 01887-3511
Insurance Company ARBELLA MUTUAL INSURANCE
Vehicle Travel Direction: N S X W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26
Vehicle Action Prior to Crash 4 22
Damaged Area Code: 4 27 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/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 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# **22-40-AC**

License # **NHL12434047** St **NH** DOB/Age _____ Reg # **4351830** Reg Type **PC** Reg State **NH**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2018** Veh Make **SUBARU** Veh Config **1** 21
 Operator **GIORDANA, VALENTINA** Owner **CAVAGLIA, EMANUELE**
 Address **1001 ISLINGTON ST APT 12** Address **1001 ISLINGTON ST APT 12**
 City **PORTSMOUTH** State **NH** Zip **03801** City **PORTSMOUTH** State **NH** Zip **038014200**
 Insurance Company _____ Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **5** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **5** 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	

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							

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 # **96** **CHESTNUT ST**
 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
 Feet **N S E W** of _____
 Landmark

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped
 Crash Report ID# **22-41-AC**

License # **S38467375** St. **MA** DOB/Age _____ Reg # **7JP713** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2008** Veh Make **LINCOLN** Veh Config. **1** **21**
 Operator **CROWE, MICHELLE** Owner **CROWE, MICHELLE**
 Address **34 BUTTERSROW** Address **34 BUTTERSROW**
 City **WILMINGTON** State **MA** Zip **01887-3341** City **WILMINGTON** State **MA** Zip **01887-3341**
 Insurance Company **ESURANCE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **8** **27** **27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **40** **23** **22** **23** **31** **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** **2** **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 Sent Post.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
				6	4	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 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**

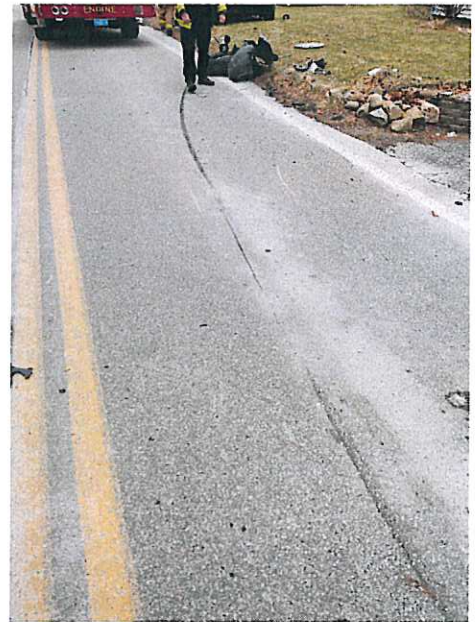
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent Post.	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							

Wilmington Police Department
Images Associated with 22-41-AC



Wilmington Police Department
Images Associated with 22-41-AC



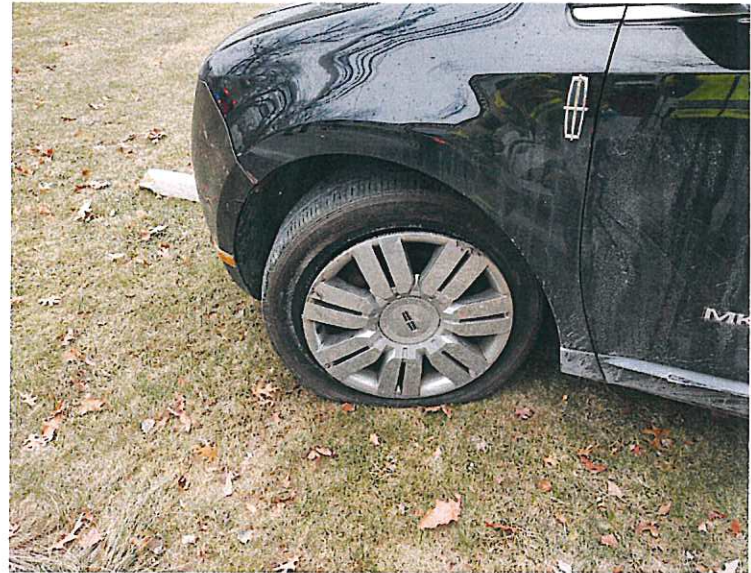
Wilmington Police Department
Images Associated with 22-41-AC



Wilmington Police Department
Images Associated with 22-41-AC



Wilmington Police Department
Images Associated with 22-41-AC



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

Route# **29** Direction **BOUTWELL ST** Address # _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

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

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

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

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped

Crash Report ID# **22-43-AC**

License # **S12665267** St **MA** DOB/Age _____ Reg # **8865** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2019** Veh Make **KIA** Veh Config. **1**

Operator **DIORIO, JANET F** Owner **DIORIO, JANET F**

Address **4 FACTORY RD** Address **4 FACTORY RD**

City **WILMINGTON** State **MA** Zip **01887-3351** City **WILMINGTON** State **MA** Zip **01887-3351**

Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 4 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: **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	XXXXXX	XXXX	1	1	4	0	0	10	1	
				4	1	4	0	0	10	1	
				6	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 # **S14769166** St **MA** DOB/Age _____ Reg # **5XR865** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2016** Veh Make **KIA** Veh Config. **1**

Operator **PILLSBURY, LINDA M** Owner **PILLSBURY, LINDA M**

Address **6 SEWELL RD** Address **6 SEWELL RD**

City **WILMINGTON** State **MA** Zip **01887-1469** City **WILMINGTON** State **MA** Zip **01887-1469**

Insurance Company **INTEGON NATIONAL INSURANC** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 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 20 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **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	XXXXXX	XXXX	1	1	1	0	0	8	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/28/2022	Time of Crash 1718 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			
Route# _____	Direction _____	Name of Roadway/Street _____		Route# _____	Direction _____	Address # _____	Name of Roadway/Street _____
At _____				Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of _____ or _____			
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____		Mile Marker _____ Exit Number _____			
Also at Intersection with _____				Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of _____			
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____		Route# _____ Intersecting Roadway/Street _____			
				Landmark _____			

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# 22-44-AC		
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License # S33784076 St MA DOB/Age _____	Reg # 4ED333 Reg Type PC Reg State MA
Sex F Lic. Class <input type="text"/> <input type="text"/> Lic. Restrictions <input type="text"/> <input type="text"/> CDL Endorsement _____	Veh Year 2006 Veh Make TOYOTA Veh Config. <input type="text"/> <input type="text"/>
Operator MATTHEWS, CRYSTAL LEE	Owner MATTHEWS, CRYSTAL LEE
Address 877 MAIN ST	Address 877 MAIN ST
City READING State MA Zip 01867-1710	City READING State MA Zip 01867-1710
Insurance Company SAFETY INSURANCE COMPANY	Vehicle Action Prior to Crash <input type="text"/> <input type="text"/>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Citation # (If Issued) _____	Most Harmful Event <input type="text"/> <input type="text"/>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <input type="text"/> <input type="text"/>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <input type="text"/> <input type="text"/>
	Damaged Area Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Test Status: <input type="text"/>
	Type of Test: <input type="text"/>
	BAC Test Result: <input type="text"/>
	Susp. Alcohol: <input type="text"/> <input type="text"/> Susp. Drug: <input type="text"/> <input type="text"/>
	Towed from scene? <input type="text"/> <input type="text"/>

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"/>	<input checked="" type="checkbox"/>	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 <input type="text"/> <input type="text"/> Action <input type="text"/> <input type="text"/> Location <input type="text"/> <input type="text"/> Condition <input type="text"/> <input type="text"/>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
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License # unknown St _____ DOB/Age _____	Reg # 1KBF29 Reg Type PC Reg State MA
Sex F Lic. Class <input type="text"/> <input type="text"/> Lic. Restrictions <input type="text"/> <input type="text"/> CDL Endorsement _____	Veh Year 2017 Veh Make TOYOTA Veh Config. <input type="text"/> <input type="text"/>
Operator COELHO DOMINGOS PRAT, KAMILA	Owner DE SOUZA PRATES, WAGNER DE
Address 416 CHESTNUT ST	Address 416 CHESTNUT ST
City WILMINGTON State MA Zip 01887	City WILMINGTON State MA Zip 01887-3356
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash <input type="text"/> <input type="text"/>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Citation # (If Issued) _____	Most Harmful Event <input type="text"/> <input type="text"/>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <input type="text"/> <input type="text"/>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <input type="text"/> <input type="text"/>
	Damaged Area Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Test Status: <input type="text"/>
	Type of Test: <input type="text"/>
	BAC Test Result: <input type="text"/>
	Susp. Alcohol: <input type="text"/> <input type="text"/> Susp. Drug: <input type="text"/> <input type="text"/>
	Towed from scene? <input type="text"/> <input type="text"/>

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"/>	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1

