

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
 2 **LAWRENCE CT**
 Feet N S E W of _____ or _____ Exit Number
 Mile Marker
 Feet N S E W of **LAWRENCE ST**
 Route# Intersecting Roadway/Street
 Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-45-AC**

License # **S09956448** St **MA** DOB/Age _____ Reg # **592DL9** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
 Veh Year **2018** Veh Make **Infinity** Veh Config. **1** 21
 Operator **CUOZZO, ANTHONY** Owner **MARTINIELLO, GINA**
 Address **15 NASSAU AVE** Address **15 NASSAU AVE**
 City **WILMINGTON** State **MA** Zip **01887-2680** City **WILMINGTON** State **MA** Zip **01887-2680**
 Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 7 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 _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **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	XXXXXX	X	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 # **S99833468** St **MA** DOB/Age _____ Reg # **2HYD19** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
 Veh Year **2006** Veh Make **FORD** Veh Config. **2** 21
 Operator **TOWNSEND, THOMAS FITZPATRICK** Owner **TOWNSEND, THOMAS FITZPATRICK**
 Address **430 MIDDLESEX AVE** Address **430 MIDDLESEX AVE**
 City **WILMINGTON** State **MA** Zip **01887-4110** City **WILMINGTON** State **MA** Zip **01887-4110**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **97** 27 27 27
 Vehicle Travel Direction: **N X 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 _____ Driver Contributing Code **99** 25 **4** 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

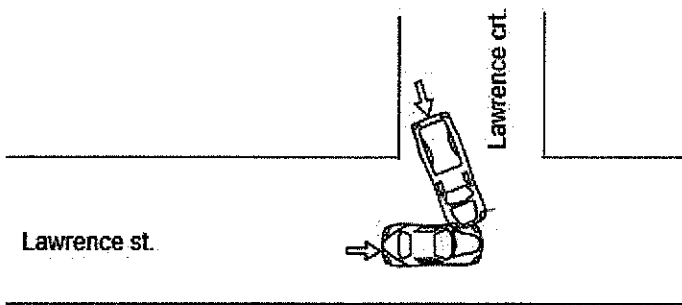
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	X	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → O → ☺



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper.#1 related he was traveling straight on Lawrence st., When m/v#2 (plow pick-up truck) pulled out of a side street (Lawrence crt.) and crashed into the left side of his m/v#1

Oper.#2 related he was pulling out of Lawrence crt., when m/v#1 struck his (plow blade).

*** (It should be noted it was the day after the snow storm. There were snow banks and the road had been plowed but was still snow covered.*** (PWJ/142)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Paul W Jepson

142

Wilmington Police Department

01/30/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 01/31/2022
 Time of Crash: 0715
 24HR
 City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 1
 Speed Limit: 40
 Latitude: _____
 Longitude: _____
 State Police
 Local Police
 MBTA Police
 Campus Police
 Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

MAIN ST
 Route# Direction Name of Roadway/Street
 At
CROSS 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 _____ of _____
 Mile Marker Exit Number
 Feet [N S E W] of _____
 Route# Intersecting Roadway/Street
 Feet [N S E W] of _____
 Landmark

2 10

3 11

2

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **22-46-AC**

4

License # **06902086307** St **OC** DOB/Age _____
 Sex **M** Lic. Class **99** **19** **19** Lic. Restrictions **20** CDL Endorsement
 Operator **FERNANDEZ, RICIERI**
 Address **7 BELMONT RD**
 City **BURLINGTON** State **MA** Zip **01803**
 Insurance Company **PERMANENT GENERAL ASSURAN**
 Vehicle Travel Direction: S E W Responding to Emergency? **2**
 Citation # (If Issued) **T2446447**
 Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **1NAK26** Reg Type **PC** Reg State **MA**
 Veh Year **2016** Veh Make **HONDA** Veh Config. **1** **21**
 Owner **FIENE, RUAN FERNANDEZ**
 Address **7 BELMONT RD**
 City **BURLINGTON** State **MA** Zip **01803**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **8** **27** **1** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **99** **25** **25** BAC Test Result: **30**
 Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

1 12

1 13

6

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	1	0	0	8	2	Lahey Clinic

7

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

8

License # **3758178** St **ME** DOB/Age _____
 Sex **M** Lic. Class **99** **19** **19** Lic. Restrictions **99** **20** CDL Endorsement
 Operator **CILLEY, CARL U**
 Address **23 PEARL ST**
 City **CLINTON** State **ME** Zip **04927**
 Insurance Company _____
 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 _____

Reg # **8375VT** Reg Type **PC** Reg State **ME**
 Veh Year **2012** Veh Make **FORD** Veh Config. **2** **21**
 Owner **CILLEY, CARL U**
 Address **23 PEARL ST**
 City **CLINTON** State **ME** Zip **04927**
 Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **6** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

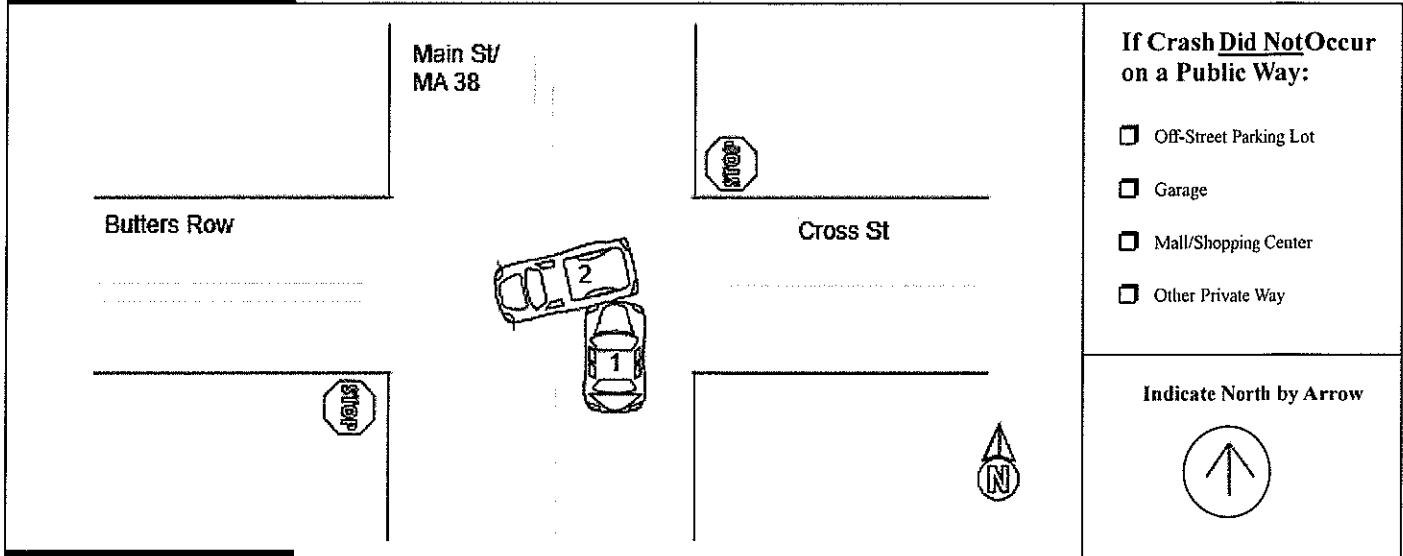
1 14

9

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

Crash Diagram:

ie: → 1 → 2 → O X O X → 🚲



Crash Narrative:

Jan 31, 2022 appx 0715hrs, I was dispatched to 2 car MVC at intersection of Main and Cross. MV2 was turning L onto Main St/MA 38 from Cross St. While in intersection MV1 was traveling N on Main St. MV1 came down the dip in the roadway and entered the intersection while MV2 was still turning. MV1 struck rear driver side tire of MV2. MV2 had rim damage and MV1 had heavy front end damage. Opp1 complained of chest pain believed to be from seatbelt. MV1 airbag deployed. MV1 was towed by A&S and opp transported by WFD to Lahey Burl. MV2 left under own power, no complaints from opp 2.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 01/31/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 1 1 _____ At _____ **332 LOWELL ST**
 _____ At _____
 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 _____
 _____ 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# **22-47-AC**

License # **S48968757** St **MA** DOB/Age _____ Reg # **7AX326** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2009** Veh Make **HONDA** Veh Config. **1** 21
 Operator **DEDOMENICO, BRENDON J** Owner **DEDOMENICO, BRENDON J**
 Address **27 SACHEM ST** Address **27 SACHEM ST**
 City **BILLERICA** State **MA** Zip **01821-0000** City **BILLERICA** State **MA** Zip **01821-0000**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

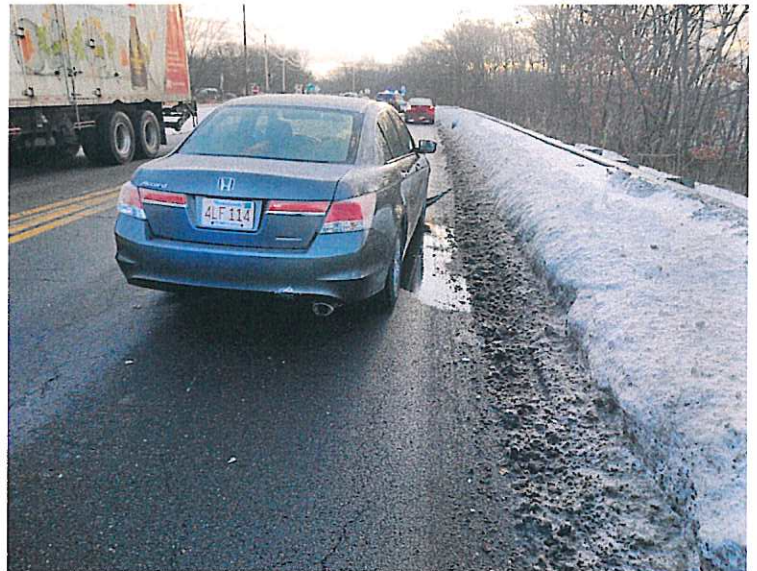
License # **S69391226** St **MA** DOB/Ag _____ Reg # **4LF114** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **HONDA** Veh Config. **1** 21
 Operator **MELO, SHAYLA N** Owner **MELO, SHAYLA N**
 Address **7208 INWOOD DR** Address **7208 INWOOD DR**
 City **WOBURN** State **MA** Zip **01801** City **WOBURN** State **MA** Zip **01801**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **18** 25 **19** 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	9	1	

Wilmington Police Department
Images Associated with 22-47-AC



Wilmington Police Department
Images Associated with 22-47-AC



Wilmington Police Department
Images Associated with 22-47-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/01/2022 Time of Crash 1441 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 25 State 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 Address # LOWELL ST Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

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

Crash Report ID# 22-48-AC

License # S51049538 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator MURRAY, KATHLEEN MARIANNE Address 603 WOBURN ST City WILMINGTON State MA Zip 01887-2923 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N S X W Responding to Emergency? 2

Reg # 122ZY8 Reg Type PC Reg State MA Veh Year 2020 Veh Make CHRYSLER Veh Config. 1 21 Owner MURRAY, KATHLEEN MARIANNE Address 603 WOBURN ST City WILMINGTON State MA Zip 01887-2923 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Event Sequence 30 23 23 23 23 Test Status: 1 28 29 30 Most Harmful Event 30 24 BAC Test Result: Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Contributing Code 99 25 11 25 Driver Distracted by 99 26 Towed from scene? 3 33

Table with 10 columns: Name, 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 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 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

Table with 10 columns: Name, 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1

Wilmington Police Department
Images Associated with 22-48-AC



Date of Crash **02/03/2022** Time of Crash **1505** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **30** Latitude _____ Longitude _____
 24HR **Wilmington** **Police Report** State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction 1 Address # DORCHESTER ST Name of Roadway/Street _____</p> <p>_____ Feet NSEW of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet NSEW of _____</p> <p>_____ Feet NSEW of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-50-AC**

<p>License # NHL14068928 St NH DOB/Age _____</p> <p>Sex M Lic. Class A Lic. Restrictions 20 CDL Endorsement _____</p> <p>Operator BROOKS, HAYDEN CRAIG</p> <p>Address 22 KESSLER FARM DR APT 660</p> <p>City NASHUA State NH Zip 03063</p> <p>Insurance Company CONTINENTAL CASUALTY COMP</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 3397B Reg Type CO Reg State MA</p> <p>Veh Year 2009 Veh Make Mack Truck Veh Config. 12</p> <p>Owner MT MAYO CORPORATION</p> <p>Address 27 BEAR HILL RD</p> <p>City STONEHAM State MA Zip 02180-1074</p> <p>Vehicle Action Prior to Crash 10 Damaged Area Code: 5 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 1 29</p> <p>Driver Contributing Code 99 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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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			1	99	5	0	0	10	1	

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

<p>License # S46616658 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator PENDENZA, DANIEL</p> <p>Address 20 ALBANY ST</p> <p>City WILMINGTON State MA Zip 01887-2260</p> <p>Insurance Company ARBELLA MUTUAL INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 8HD938 Reg Type PC Reg State MA</p> <p>Veh Year 2011 Veh Make ACURA Veh Config. 1</p> <p>Owner PENDENZA, DANIEL</p> <p>Address 20 ALBANY ST</p> <p>City WILMINGTON State MA Zip 01887-2260</p> <p>Vehicle Action Prior to Crash 2 Damaged Area Code: 1 27 2 27 B 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 1 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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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			1	99	99	0	0	10	1	

Date of Crash 02/04/2022 Time of Crash 0920 24HR City/Town Wilmington Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street At 2 Route# Direction Address # Name of Roadway/Street 945 MAIN ST 3 Route# Direction Name of Intersecting Roadway/Street 5 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# 22-51-AC

License # S87275050 St MA DOB/Ag Reg # 1RSK43 Reg Type PC Reg State MA Sex F Lic. Class D Lic. Restrictions 99 CDL Endorsement Veh Year 2017 Veh Make NISSAN Veh Config. 1 Operator MENARD, GEORGIA M Owner MENARD, GEORGIA M Address 17 SUMMIT TER City PEABODY State MA Zip 01960-4023 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 8 27 27

Table with 13 columns: Name, 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 21 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

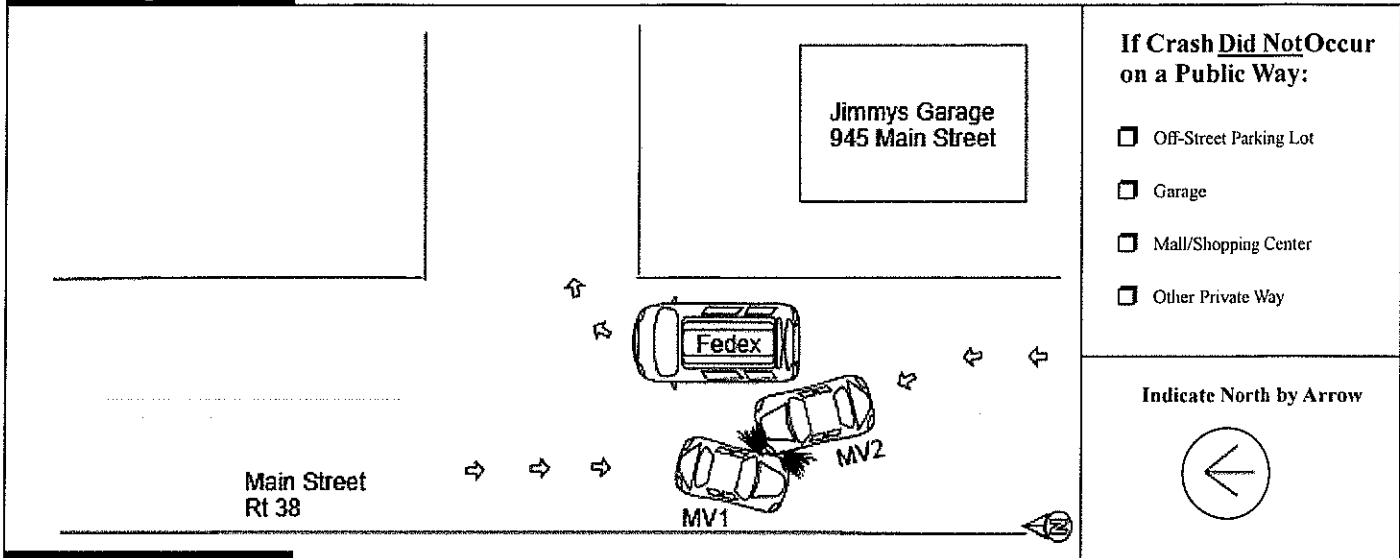
License # S97292588 St MA DOB/Ag Reg # BR84AZ Reg Type PC Reg State MA Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement Veh Year 2020 Veh Make BMW Veh Config. 1 Operator MATTEO, STEVEN N Owner MATTEO, STEVEN N Address 23 ALDRICH RD City WILMINGTON State MA Zip 01887-0000 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 2 Damaged Area Code: 1 27 8 27 7 27

Table with 13 columns: Name, 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.

→ = 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:

MV1 was traveling north on Main street passing Jimmys Garage when MV2 crossed into her lane striking the front drivers side of her vehicle. MV2 stated that he was traveling south on Main street when a Fedex truck stopped in front of him to turn into Jimmys Garage, he attempted to stop but due to the road conditions (snow/sleet/rain) he could not stop. MV2 stated that he attempted to avoid collision with the fedex truck by swerving to the left into the on coming lane but subsequently collided into MV2. No injuries were observed or reported. MV1 sustained significant damage to the front end requiring a tow from A&S. MV2 was able to pull off the road and call for a private tow.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Scott Dunningt

202

Wilmington Police Department

02/04/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 02/04/2022 Time of Crash 1031 24HR City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>364R</u> Name of Roadway/Street <u>MIDDLESEX AVE</u></p> <p>_____ Feet <u>N S E W</u> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <u>N S E W</u> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <u>N S E W</u> of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-52-AC**

<p>License # <u>3498385</u> St <u>RI</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>PIRES, CESAR</u></p> <p>Address <u>7 TOWER ST APT 1</u></p> <p>City <u>PAWTUCKET</u> State <u>RI</u> Zip <u>02860</u></p> <p>Insurance Company <u>UNION INSURANCE COMPANY</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>S E W</u> Responding to Emergency? <u>2</u></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 # <u>V79823</u> Reg Type <u>CO</u> Reg State <u>MA</u></p> <p>Veh Year <u>2020</u> Veh Make <u>ACURA</u> Veh Config. <u>6</u> <u>21</u></p> <p>Owner <u>EAST COAST OFFICE INSTALLATIONS LLC</u></p> <p>Address <u>BX 494</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>28</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>28</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></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
Operator	See Above			<u>1</u>	<u>99</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

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class _____ Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> <u>N S E W</u> 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. <u>21</u></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>33</u></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
Operator/Non-Motorist	See Above			<u>1</u>							

Date of Crash 02/04/2022	Time of Crash 1520 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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>710</u> Name of Roadway/Street <u>WOBURN 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# **22-53-AC**

License # <u>S92731210</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____ Operator <u>CABRERA MARTINEZ, JUAN CARLOS</u> Address <u>15 CRESCENT ST APT 15</u> City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-3303</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T1683728</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>9</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>9VF576</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>HONDA</u> Veh Config. <u>2</u> Owner <u>CABRERA MARTINEZ, JUAN CARLOS</u> Address <u>15 CRESCENT ST APT 15</u> City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-3303</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>21</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Driver Distracted by <u>99</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <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	99	0	0	10	1	

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

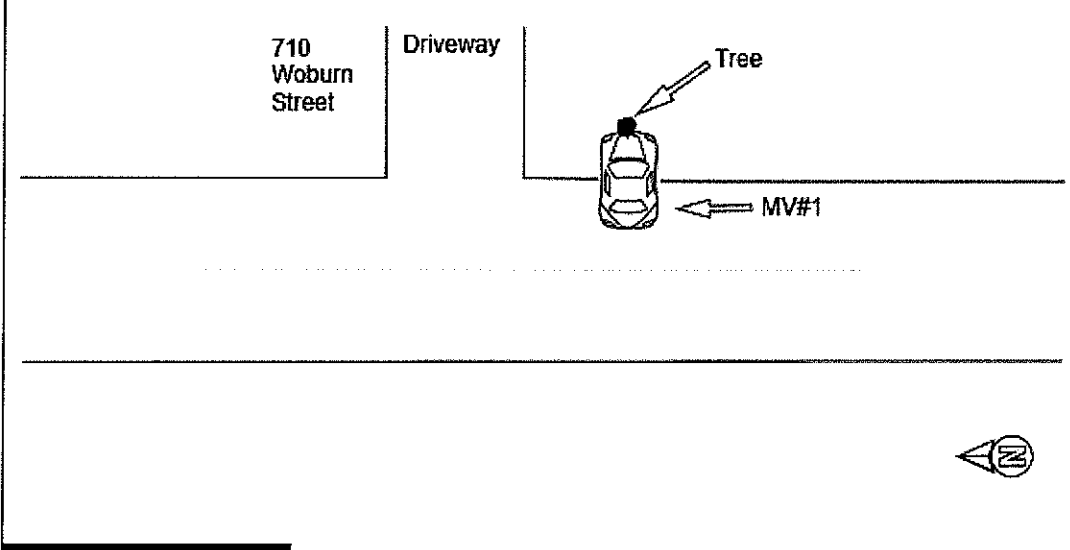
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> 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> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>24</u> Driver Contributing Code <u>25</u> <u>25</u> Driver Distracted by <u>26</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
--	--

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

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

Crash Diagram:

ie: → 1 → 2 → O → B



If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow

⊙ ←

Crash Narrative:

Oper. of MV#1 was traveling south on Woburn Street. As he was traveling on Woburn Street he lost control of his vehilce and slid off the road and struck a tree at 710 Woburn Street.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

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

Patrol Officer Daniel C Cadigan 178 Wilmington Police Department 02/04/2022

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 02/05/2022 Time of Crash 1620 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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><u>62</u> <u>E</u> <u>469</u> <u>SALEM ST</u></p> <p>Route# Direction Address# Name of Roadway/Street</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker Exit Number</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# Intersecting Roadway/Street</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-54-AC**

<p>License # <u>S11835505</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>CASSIDY, JACK T</u></p> <p>Address <u>305 WALTON ST</u></p> <p>City <u>FITCHBURG</u> State <u>MA</u> Zip <u>01420-5339</u></p> <p>Insurance Company <u>THE COMMERCE INSURANCE CO</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>V79379</u> Reg Type <u>CO</u> Reg State <u>MA</u></p> <p>Veh Year <u>2019</u> Veh Make <u>ISUZU</u> Veh Config. <u>6</u> <u>21</u></p> <p>Owner <u>BLACK EARTH COMPOST LLC</u></p> <p>Address <u>2 HILLSIDE RD</u></p> <p>City <u>GLOUCESTER</u> State <u>MA</u> Zip <u>01930-4248</u></p> <p>Vehicle Action Prior to Crash <u>97</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>3</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>18</u> <u>25</u> <u>8</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
---	--

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

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

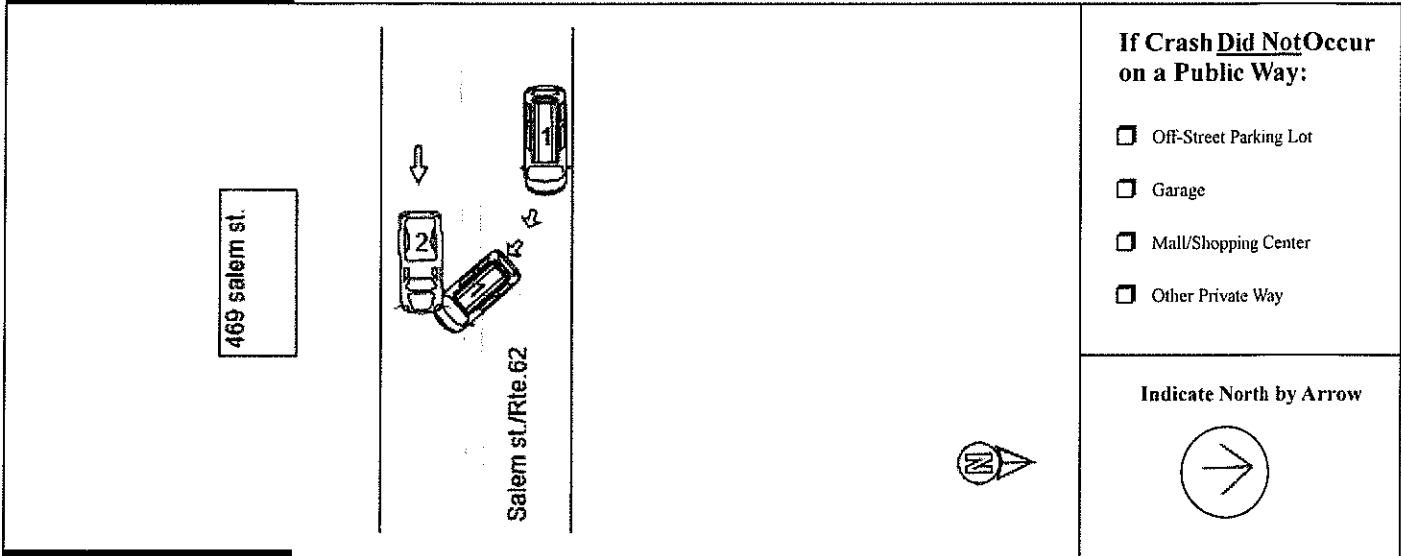
<p>License # <u>NH12549913</u> St <u>NH</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>MERRILL, ALEXANDER</u></p> <p>Address <u>89 MAMMOTH RD</u></p> <p>City <u>LONDONDERRY</u> State <u>NH</u> Zip <u>03053-3819</u></p> <p>Insurance Company <u>AMICA</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>3862915</u> Reg Type <u>PC</u> Reg State <u>NH</u></p> <p>Veh Year <u>2006</u> Veh Make <u>ACURA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>HOWARD, CAROL ELIZABETH</u></p> <p>Address <u>89 MAMMOTH RD</u></p> <p>City <u>LONDONDERRY</u> State <u>NH</u> Zip <u>03053</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>7</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
---	--

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

Oper.#1 related he was stopped on the opposite side of the roadway facing wrong way as he was picking up recycled trash. As he attempted to clear and turn into a driveway, he thought it was clear before turning into traffic, however he turned into m/v#2 and crashed.

Oper#2 related he was traveling straight when, m/v#1 turned into his m/v#1 and crashed.
(PWJ/142)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Paul W Jepson Signature 142 ID/Badge # Wilmington Police Department Department 02/05/2022 Date
 Police Officer Name (Please Print) Department Precinct/Barracks

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **02/05/2022** Time of Crash **1807** City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles **1** Number Injured **0** Speed Limit **25** 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 # Name of Roadway/Street
16 WEST 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# **22-55-AC**

License # **S91877173** St **MA** DOB/Age _____
Sex **M** Lic. Class **b** Lic. Restrictions **20** CDL _____
Operator **MASSE, LAWRENCE R III**
Address **3 GERMANO WAY**
City **ANDOVER** State **MA** Zip **01810-4540**
Insurance Company **VERMONT MUTUAL INSURANCE**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **7YB698** Reg Type **PC** Reg State **MA**
Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **2**
Owner **MASSE, LAWRENCE R III**
Address **3 GERMANO WAY**
City **ANDOVER** State **MA** Zip **01810-4540**
Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **2** **27** **3** **27**
Event Sequence **22** **23** **23** **23** **23** Test Status: **28**
Most Harmful Event **22** Type of Test: **29**
Driver Contributing Code **15** **25** **20** **25** BAC Test Result: **30**
Driver Distracted by **7** **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **1** **33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	M	1	1	2	0	0	10	1	

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

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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

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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
02/05/2022

Time of Crash
1753
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
1

Number Injured
1

Speed Limit 30
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

5

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

Route# Direction 136 FEDERAL ST
Address # Name of Roadway/Street

Feet N S E W of _____ or _____

Mile Marker Exit Number

Feet N S E W of _____

Route# Intersecting Roadway/Street

Feet N S E W of _____

Landmark

3

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

Crash Report ID# **22-56-AC**

4
1

License # S34115875 St MA DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____

Operator FROST, COREY KEVIN
Last First Middle

Address 626 MAIN ST

City WOBURN State MA Zip 01801

Insurance Company PLYMOUTH ROCK ASSURANCE C

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 _____

Reg # 4PPM39 Reg Type PC Reg State MA

Veh Year 2010 Veh Make FORD Veh Config. 1 21

Owner FROST, COREY KEVIN
Last First Middle

Address 626 MAIN ST

City WOBURN State MA Zip 01801

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27

Event Sequence 21 23 23 23 23 Test Status: 1 28

Most Harmful Event 21 24 Type of Test: 29

Driver Contributing Code 99 25 25 BAC Test Result: 30

Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

6
4

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 0 4 0 0 9 2 Lahey Clinic

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

License # _____ St _____ DOB/Age _____

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 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

9
2

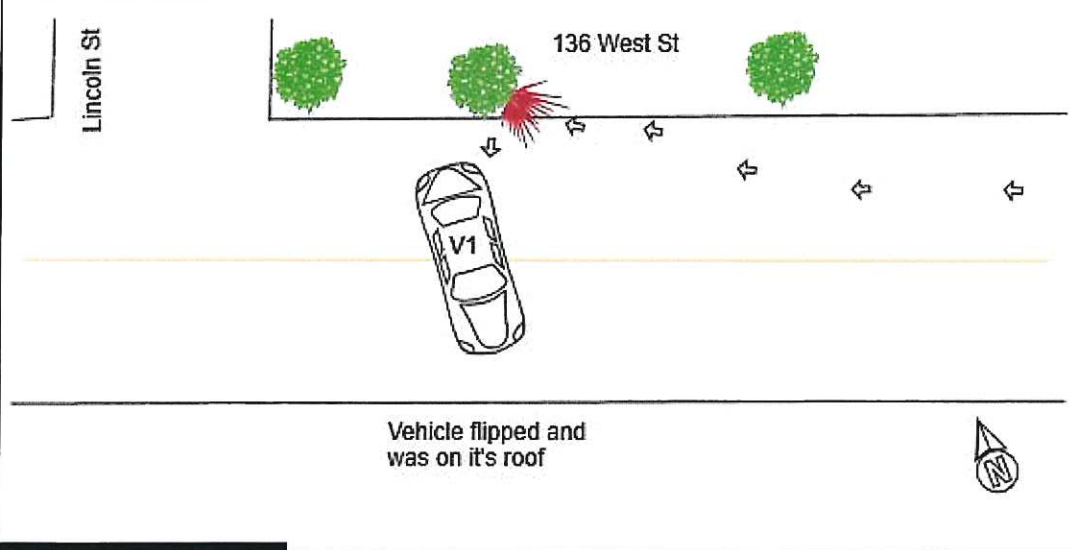
Please fill out for operator/non-motorist and all occupants involved

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

Operator/Non-Motorist See Above 1

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○K○K = Pedestrian 🚲 = Bicycle

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 was traveling northbound on Federal St. The operator stated that while he was driving he hit a patch of ice and lost control. He struck a tree which caused his vehicle to roll over onto it's roof. He was not wearing a seatbelt and the airbags did not deploy. The operator was transported to Lahey Hospital for evaluation. Prior to the crash V1 was pulled over at the end of Liberty St (nearby crash site). A party called stating he was asleep at the wheel blocking the end of the street. The RP stated that the operator did not wake up when she beeped and flashed her high beams. When the reporting party and her 3 friends got out of their vehicle to check on V1, the operator took a right onto Federal St and then crashed. The RP and her friends did not see the crash actually happen. The operator stated he was at the end of the street looking at his phone and denied being asleep. The operator showed no signs of impairment. The vehicle was towed by A&S Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DANIELS GABRIELLA ELLEN	11 BANCROFT ST WILMINGTON MA 01887		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

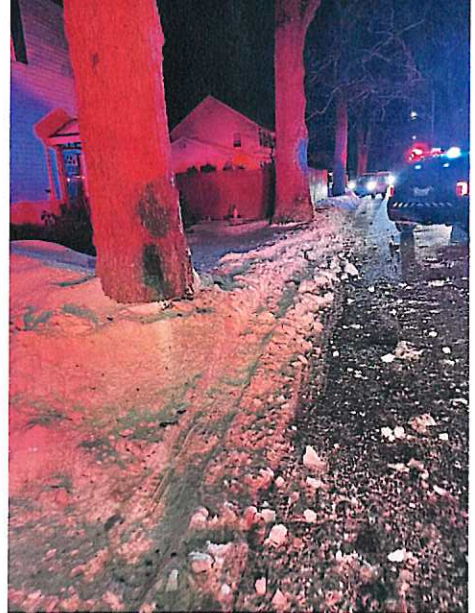
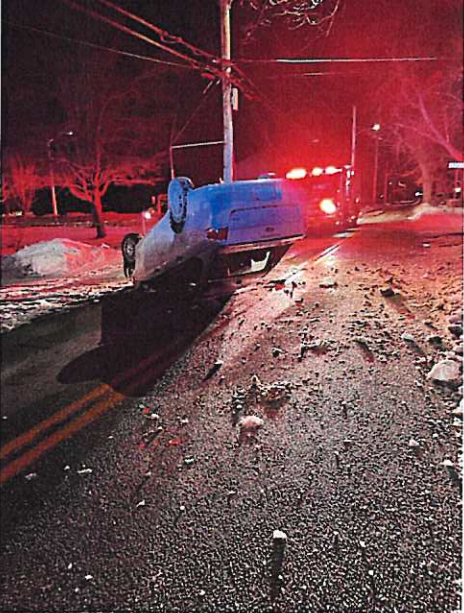
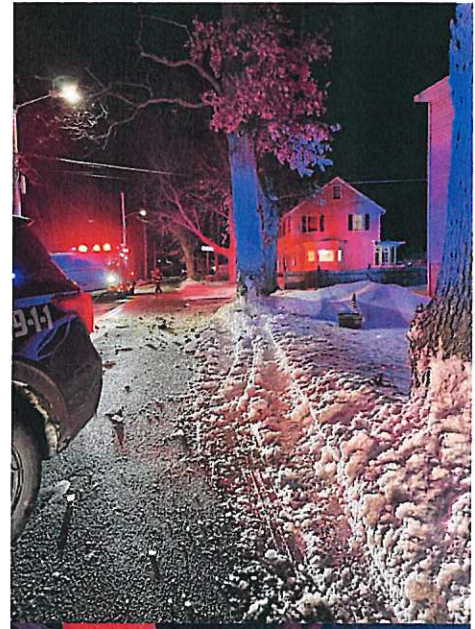
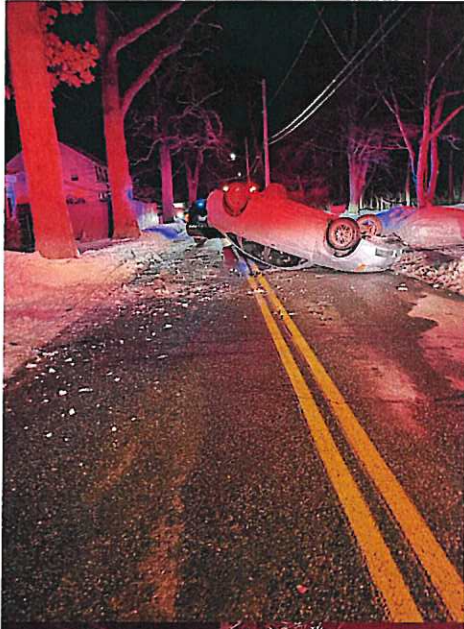
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Emily L Stebbins 210 Wilmington Police Department 02/05/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-56-AC



Wilmington Police Department
SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER EMILY L STEBBINS
Ref: 22-56-AC

Entered: 02/05/2022 @ 2047 Entry ID: 210
Modified: 02/05/2022 @ 2047 Modified ID: 210
Approved: 02/10/2022 @ 1226 Approval ID: 159

There was no damage to the 136 Federal St property visible. V1 had damage on all sides.

Attachments for 22-56-AC	
Description	Type
MV INVENTORY	PDF
Attachment#: 16BDFBFC2FF6487AA8CB740F74F9CE06	