

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-73-AC**

License # **SA1180330** St **MA** DOB/Age _____ Reg # **8EA835** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2012** Veh Make **Jeep** Veh Config. **1**

Operator **KEAVENEY, BRYCE ANDREW** Owner **SMITH, AMY ELIZABETH**

Address **12 ELEANOR DR** Address **12 ELEANOR DR**

City **WILMINGTON** State **MA** Zip **01887-3199** City **WILMINGTON** State **MA** Zip **01887-3199**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **10** **27** **2** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **21** **23** **31** **23** **40** **23** **23** Test Status: **3** **28**

Citation # (If Issued) **T2447141** Most Harmful Event **21** **24** Type of Test: **2** **29**

Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **89** **4A** Driver Contributing Code **10** **25** **9** **25** BAC Test Result: **5** **30**

Viol. 3: Ch/Sec/Sub **138** **34C** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** **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
Operator		See Above	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	

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

License # _____ 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**

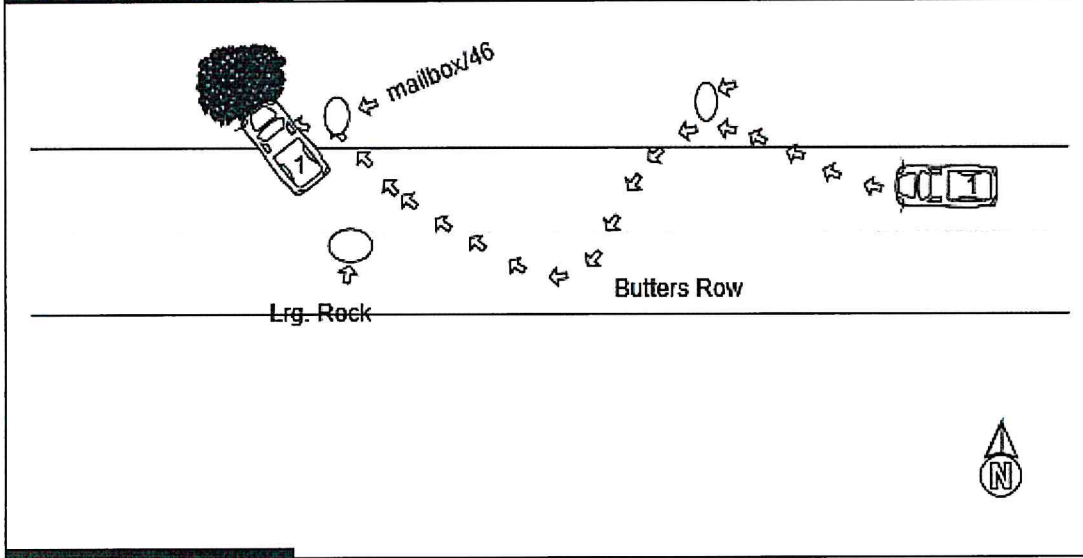
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

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

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:



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 could not explain how the m/v/c occurred. Oper. was placed under arrest for O.U.I. (Ref. police report 22-76-AR (PWJ/142))

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BULL JERRY KEITH	103 CHESTNUT ST WILMINGTON MA 01887		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
LEON EDWARD B	44 BUTTERSROW WILMINGTON MA 01887-		97	MAILBOX
MEDEIROS JEREMIAS	46 BUTTERSROW WILMINGTON MA 01887-		97	MAILBOX

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 02/27/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-74-AC**

4 License # **S22428361** St **MA** DOB/Age: _____ Reg # **3JHT34** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2018** Veh Make **MAZDA** Veh Config. **1** 21
Operator **DONOVAN, THOMAS J** Owner **DONOVAN, THOMAS J**
Address **5 AYER RD** Address **5 AYER RD**
City **LAWRENCE** State **MA** Zip **01843-3409** City **LAWRENCE** State **MA** Zip **01843-3409**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **6** 27 **7** 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: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **30**
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
Viol. 4: Ch/Sec/Sub _____

6 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	

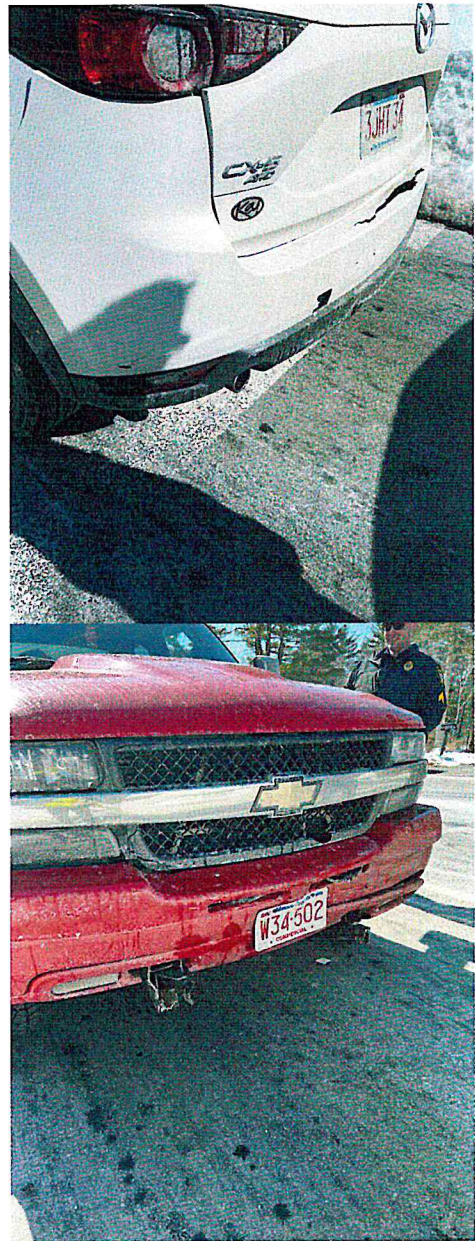
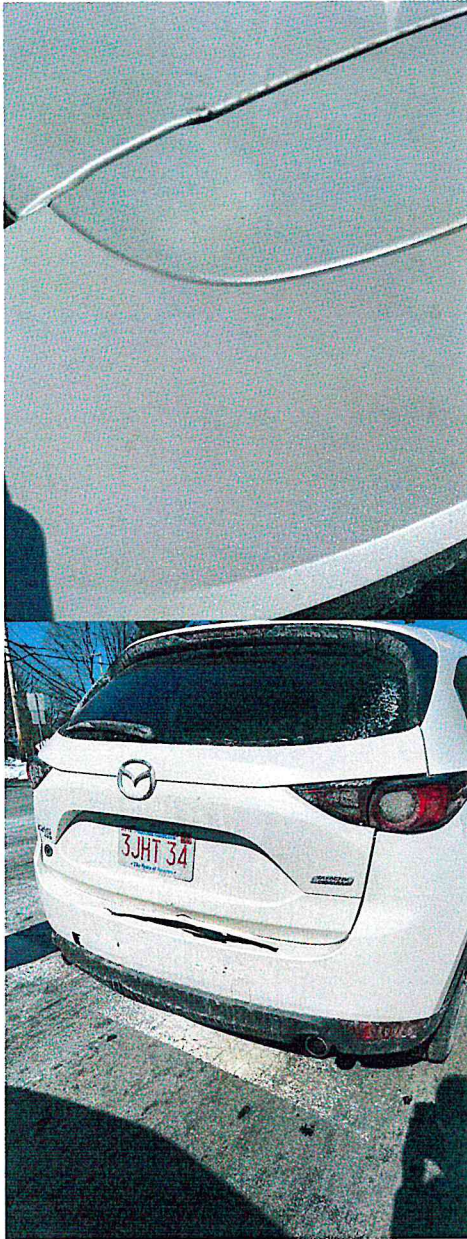
7 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 License # **S57617372** St **MA** DOB/Age: _____ Reg # **W34502** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2001** Veh Make **CHEVROLET** Veh Config. **1** 21
Operator **FELTON, BRAD L** Owner **FELTON, BRAD L**
Address **120 WHITE POND RD** Address **120 WHITE POND RD**
City **STOW** State **MA** Zip **01775-1328** City **STOW** State **MA** Zip **01775-1328**
Insurance Company **TRAVELERS CASUALTY INSURA** Vehicle Action Prior to Crash **2** 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: **29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 **25** BAC Test Result: **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? **2** 33
Viol. 4: Ch/Sec/Sub _____

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

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

Wilmington Police Department
Images Associated with 22-74-AC



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

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

10
2
11
8
1

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-76-AC**

License # **S81796294** St **MA** DOB/Age _____ Reg # **9ARP30** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2020** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **HUNTER, JOSHUA** Owner **HUNTER, JOSHUA G**
 Address **7 SENECA LN** Address **7 SENECA LN**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-1979**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence 2 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: 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? 2 33
 Viol. 4: Ch/Sec/Sub _____

12
1
13
2

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	M	1	99	4	0	0	10	1	

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

License # **S80302805** St **MA** DOB/Age _____ Reg # **2PRC34** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2017** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **HOLBROOK, STEVEN J** Owner **HOLBROOK, STEVEN J**
 Address **2 DOROTHY AVE** Address **2 DOROTHY AVE**
 City **WILMINGTON** State **MA** Zip **01887-1128** City **WILMINGTON** State **MA** Zip **01887-1128**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 5 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence 2 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: 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? 2 33
 Viol. 4: Ch/Sec/Sub _____

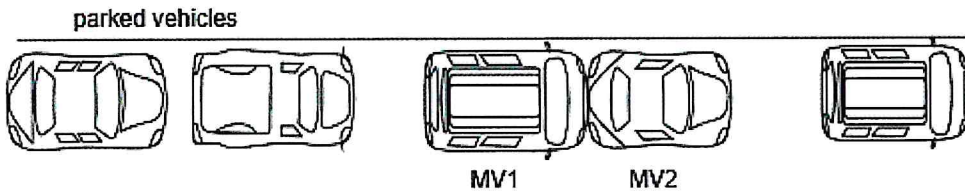
14
1
15
9
14
2

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	XXXXXX	M	1	99	4	0	0	99	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O X = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → O X O X → ○

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:

The owner/operator of MV1 reported that he was inside the school watching his child's basketball game and a friend notified him that his parked vehicle appeared to have been struck by another vehicle (*note this friend did not actually witness a collision). According to the owner/operator of MV1, when he arrived and parked at the school (1 hour ago) there wasn't a vehicle parked directly in front of him. When the owner of MV1 went outside he noticed a vehicle parked in front of his (bumpers touching). The owner/operator of MV2 was inside his vehicle eating. The two parties confronted each other which caused an argument. According to the operator of MV2 he was on break eating in his vehicle and was struck from behind from another vehicle. MV1 had minor front end damage to the license plate area and MV2 had rear bumper damage. At this time both parties have conflicting stories and claim they did not cause the accident.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SAUCIER RICHARD	50 NORTH ST WILMINGTON MA 01887		2

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 Daryl J Ceruolo 212 **Wilmington Police Department** 03/02/2022
 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 Name of Intersecting Roadway/Street Also at Intersection with
 2 1 Route# Direction Name of Intersecting Roadway/Street

2 1 Route# Direction Name of Roadway/Street
 Route# Direction Address # Name of Roadway/Street
 Feet N S E W of . or 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# **22-77-AC**

License # **S51121715** St **MA** DOB/Age _____ Reg # **6NC979** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **VOLVO** Veh Config. **1** 21
 Operator **O'NEIL, DEBORAH DIANE** Owner **O'NEIL, DEBORAH DIANE**
 Address **9 MARION ST** Address **9 MARION ST**
 City **WILMINGTON** State **MA** Zip **01887-3131** City **WILMINGTON** State **MA** Zip **01887-3131**
 Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **10** 27 **27**
 Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **40** **23** **10** **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **10** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9** **25** **20** **25** BAC Test Result: **1** 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 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	1	0	0	10	1	

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

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

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

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 22-77-AC

Entered: 03/08/2022 @ 1038	Entry ID: 196
Modified: 03/08/2022 @ 1048	Modified ID: 196
Approved: 03/10/2022 @ 0707	Approval ID: 204

The following is a brief summary of events that occurred on 03/08/22 during a follow up.

On Tuesday March 8, 2022, I, Officer Furbush was assigned to uniformed patrol in marked cruiser 39, Traffic and Safety Unit, working the 7a-30p shift. At approximately 1035 hrs, I was able to make contact with the homeowner of 51 Chestnut St, Mr Joseph Muolo. On Thursday March 3rd, there was an accident outside his house. I left a message with the residents but was unable to reach anyone. Joseph reported that he would like a copy of the report and stated that his property had some substantial damage. He concurred the damage was limited to the front lawn where the vehicle drove over one large boulder and hit another. He reported that the rocks were moved several feet causing damage to the lawn. He reported he took photos for his insurance company. I advised him that there were heavy snow covering the area (since melted) of the crash but I did document the damage of the lawn in my photos. He will get the other involved individual's information when he gets the report.

Respectfully submitted,

Officer Daniel Furbush, Badge #196
Wilmington Police Department.

Wilmington Police Department
Images Associated with 22-77-AC



Wilmington Police Department
Images Associated with 22-77-AC



Date of Crash 03/04/2022 Time of Crash 0836 24HR City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles 2 Number Injured 0 Speed Limit 35 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# <u>411</u> Direction _____ Address # <u>MAIN ST</u> 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# **22-78-AC**

<p>License # <u>S96236880</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>B</u> CDL Endorsement _____</p> <p>Operator <u>FIDLER, ALLAN B</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>14 DALTON ST</u></p> <p>City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-1917</u></p> <p>Insurance Company <u>THE COMMERCE INSURANCE CO</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <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>6EN410</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2013</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u></p> <p>Owner <u>FIDLER, ALLAN B</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>14 DALTON ST</u></p> <p>City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-1917</u></p> <p>Vehicle Action Prior to Crash <u>1</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u></p> <p>Driver Contributing Code <u>20</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>7</u></p> <p>Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>3</u> <u>27</u></p> <p>Test Status: <u>28</u></p> <p>Type of Test: <u>29</u></p> <p>BAC Test Result: <u>30</u></p> <p>Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></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	XXXX	XX	1	99	4	0	0	10	1	

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

<p>License # <u>S80827201</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>99</u> CDL Endorsement _____</p> <p>Operator <u>OUCHATTOU, AICHA</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>10 MICHAEL RD</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2050</u></p> <p>Insurance Company <u>SAFETY INSURANCE COMPANY</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <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>8HV648</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2015</u> Veh Make <u>BMW</u> Veh Config. <u>1</u></p> <p>Owner <u>OUCHATTOU, AICHA</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>10 MICHAEL RD</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2050</u></p> <p>Vehicle Action Prior to Crash <u>1</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>0</u></p> <p>Damaged Area Code: <u>7</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u></p> <p>Test Status: <u>1</u> <u>28</u></p> <p>Type of Test: <u>29</u></p> <p>BAC Test Result: <u>30</u></p> <p>Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></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	XXXX	XX	1	99	4	0	0	10	1	

Date of Crash 03/04/2022 Time of Crash 1944 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 15 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION: Route# Direction Name of Roadway/Street

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# 22-79-AC



License # VH992590 St. OH DOB/Ag... Reg # GIDV18 Reg Type PC Reg State FL Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Table with columns: 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

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

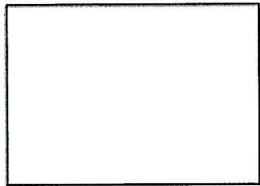
License # St. DOB/Ag... Reg # Reg Type Reg State Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Table with columns: 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

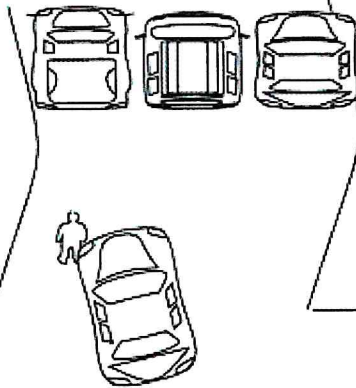
→ = Direction 1 = Vehicle 1 2 = Vehicle 2  = Pedestrian  = Bicycle

ie: → 1 → 2 →  → 

Crash Diagram:



111 Nichols St



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:

There was a verbal altercation between the operator of MV 1 and the homeowner of 11 Nichols St. The operator of MV 1 stated that he was backing out of the driveway when the altercation continued, and the individual approached his vehicle. Mv 1 was backing out of the driver of 111 Nichols St began to turn the wheel to properly exit the driveway and that is when he struck the individual.

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 Shane A Foley

211

Wilmington Police Department

03/04/2022

Police Officer Name (Please Print)

Signature

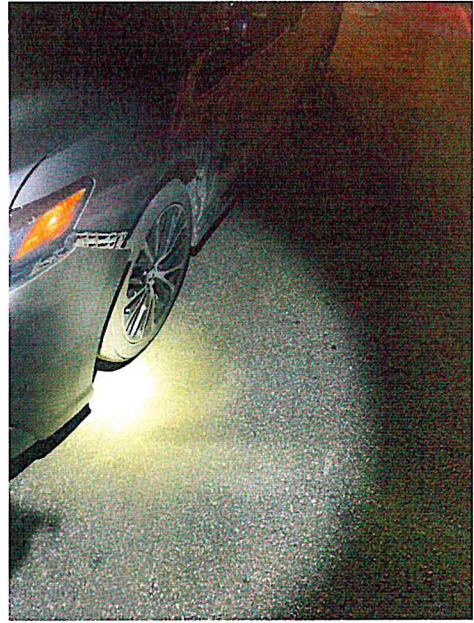
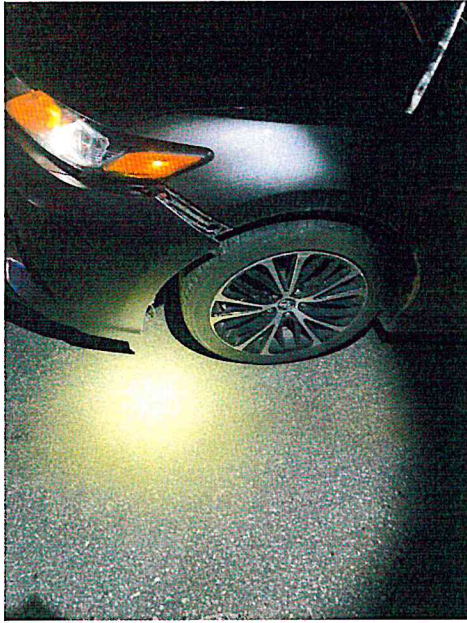
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 22-79-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 _____ Name of Roadway/Street _____

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# **22-80-AC**

License # **S65926883** St **MA** DOB/Age _____ Reg # **2HVX46** Reg Type **PC** Reg State **MA**

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

Operator **PELLETIER, JUSTIN D** Owner **PELLETIER, JUSTIN D**

Address **34 LINWOOD AVE APT 7** Address **34 LINWOOD AVE APT 7**

City **NORTH READING** State **MA** Zip **01864-2049** City **NORTH READING** State **MA** Zip **01864-2049**

Insurance Company **ARBELLA 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 _____

Vehicle Action Prior to Crash **1** Damaged Area Code: **7 27 6 27 5 27**

Event Sequence **51 23 50 23 20 23 30 23** Test Status: **1 28**

Most Harmful Event **30 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	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 # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator _____ Owner _____

Address _____ Address _____

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

Insurance Company _____

Vehicle 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**

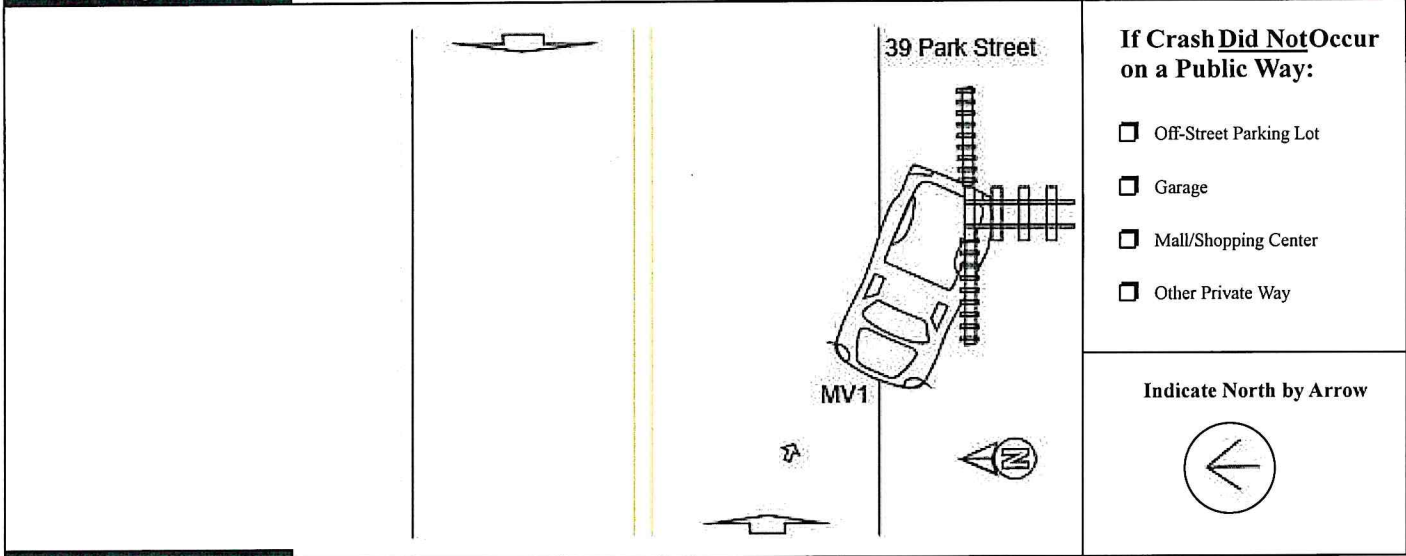
Towed from scene? **33**

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	XXXXXX	XXXX	1							

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:

Operator of motor vehicle 1, Justin Pelletier stated that he was traveling east on Park Street. He stated that his was traveling downhill, when the vehicles brake didn't work, so he put the transmission into park. He stated that the vehicle then spun out of control and crashed with the rear end into the stone fence wall / walkway at 39 Park Street (See images). Mr. Pelletier stated no injuries and refused medical attention. Forrest towed vehicle (See attachments). Homeowner was notified of property damage.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HOWLAND CYNTHIA A	39 PARK ST WILMINGTON MA 01887-151		97	STONE WALL FENCE / STAIRWAY

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 **Julio J Quiles**

197

Wilmington Police Department

03/05/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 22-80-AC



Wilmington Police Department
Images Associated with 22-80-AC

