

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

Route# 1 Direction GLEN RD Name of Roadway/Street
 Route# 1 Direction DRURY LN Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# 1 Direction _____ Name of Intersecting Roadway/Street

Route# _____ Direction _____ Address # _____ Name of Roadway/Street
 _____ Feet NSEW of _____ Mile Marker _____ Exit Number _____
 _____ Feet NSEW of _____ Route# _____ Intersecting Roadway/Street
 _____ Feet NSEW of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **22-81-AC**

License # S27120252 St MA DOB/Age _____ Reg # 4NT827 Reg Type PC Reg State MA
 Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement _____ Veh Year 2012 Veh Make NISSAN Veh Config. 1
 Operator ZIMMERMAN, MAXWELL J Owner LUCCI, SUSAN L
 Address 13 BROAD ST Address 44 PRINCE ST APT 206
 City WILMINGTON State MA Zip 01887-1944 City BOSTON State MA Zip 02113-1842
 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 1 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

Please fill out for operator 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 | XX | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| | | | | | | | | | | | |
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Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # SA6430642 St MA DOB/Age _____ Reg # 3WLL11 Reg Type PC Reg State MA
 Sex _____ Lic. Class D Lic. Restrictions 99 CDL Endorsement _____ Veh Year 2021 Veh Make TOYOTA Veh Config. 1
 Operator _____ Owner CAMERON, DEON ANTHONY
 Address _____ Address 38 BLANCHARD RD
 City _____ State _____ Zip _____ City WILMINGTON State MA Zip 01887-2250
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 6 Damaged Area Code: 8 27 7 27 6 27
 Vehicle Travel Direction: N S E 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: 1 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 99 25 4 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

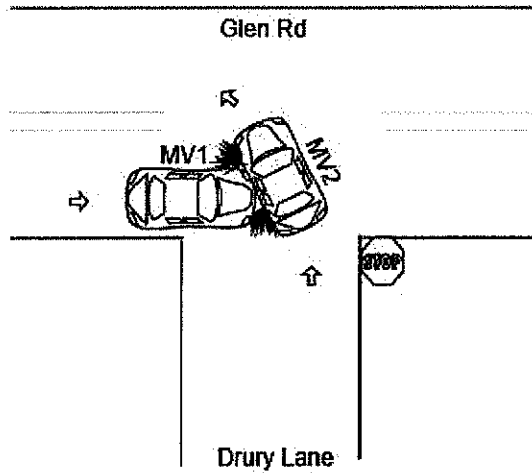
Please fill out for operator/non-motorist and all occupants involved

| 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 | XX | <u>1</u> | <u>1</u> | <u>2</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
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→ = 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 reported that he was traveling on Glen Rd approaching Drury lane when MV2 suddenly pulled out in front of him. MV1 did not have enough time or space to completely stop or avoid a collision subsequently crashing into the drivers side area of MV2. MV2 reported that she stopped at the stop sign on Drury Lane, she looked right and "thought" she looked left and pulled out attempting to turn left onto Glen Rd. MV2 did not see MV1 there resulting in said collision. No injuries were observed or reported while on scene. Both operators signed a Wilmington Fire Department refusal waiver. Both Vehicles sustained significant damage and were towed away by Cains.

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 Dunnett

Police Officer Name (Please Print)

Signature

202

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/08/2022

Date

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

Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street Route# Direction Address # Name of 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# **22-82-AC**

License # **S33641216** St **MA** DOB/Ag- _____ Reg # **726CK7** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2012** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **MARSHALL, THOMAS WILLIAM** Owner **MARSHALL, MARY VINDICE**

Address **43 BOSTON ST** Address **43 BOSTON ST**

City **SOMERVILLE** State **MA** Zip **02143-2021** City **SOMERVILLE** State **MA** Zip **02143-2021**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **27** 27

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

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

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

Please fill out for operator 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 | |
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Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

License # **S39120255** St **MA** DOB/Ag- _____ Reg # **2278LH** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **CAMPBELL, COLLEEN ANNE** Owner **CAMPBELL, RICHARD J SR**

Address **13 CHARME RD** Address **13 CHARME RD**

City **TEWKSBURY** State **MA** Zip **01876-3203** City **TEWKSBURY** State **MA** Zip **01876-3203**

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 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 **5** 25 BAC Test Result: **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 | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Mile Marker Exit Number

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

Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 22-83-AC**

License # **S62315687** St **MA** DOB/Age _____ Reg # **3WRD51** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2021** Veh Make **HONDA** Veh Config. **1**

Operator **CHIMWANDA, BLESSING V** Owner **CHIMWANDA, BLESSING V**

Address **11 ENGLEWOOD DR** Address **11 ENGLEWOOD DR**

City **WILMINGTON** State **MA** Zip **01887-3010** City **WILMINGTON** State **MA** Zip **01887-3010**

Insurance Company **THE CINCINNATI INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **0 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **6 23 23 23 23** Test Status: **1 28 29**

Citation # (If Issued) _____ Most Harmful Event **6 24** Type of Test: **1 30**

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

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

Please fill out for operator and all occupants involved

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

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 29**

Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **30**

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

Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by **26** 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 | X | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 1 1 _____ At _____ **205 MAIN ST**
 _____ At _____
 Route# Direction Name of Intersecting Roadway/Street _____ Feet **N S E W** of _____ Mile Marker Exit Number
 _____ Also at Intersection with _____ Feet **N S E W** of _____ Route# Intersecting Roadway/Street
 2 1 Route# Direction Name of Intersecting Roadway/Street _____ Feet **N S E W** of _____
 _____ Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-84-AC**

License # **S48015907** St **MA** DOB/Age _____ Reg # **1FDJ81** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **CERBONE, JEANNE F** Owner **CERBONE, JEANNE F**
 Address **5902 POULIOT PL** Address **5902 POULIOT PL**
 City **WILMINGTON** State **MA** Zip **01887-6208** City **WILMINGTON** State **MA** Zip **01887-6208**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **97** 22 Damaged Area Code: **8** 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: **1** 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? **2** 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 | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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Please Select One of the Following: Vehicle **2** 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

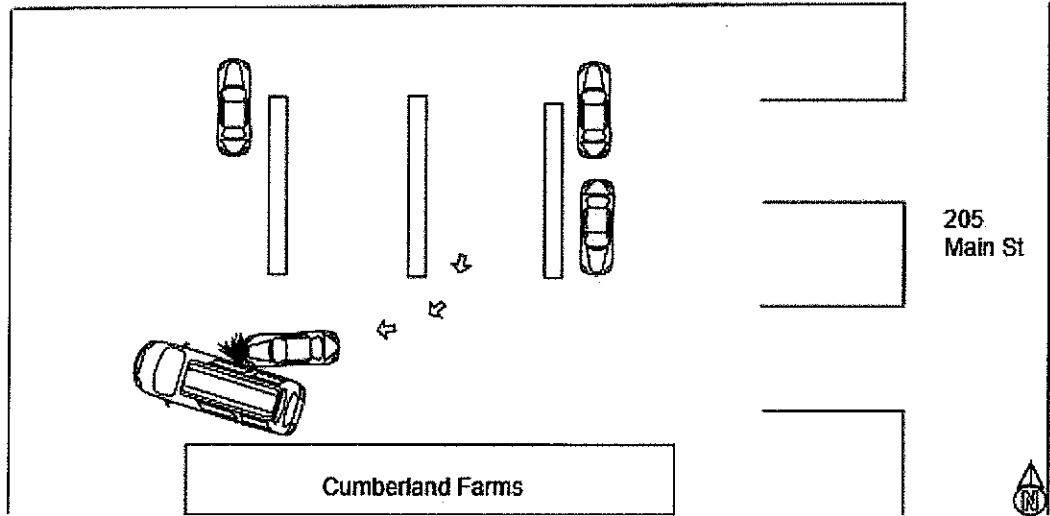
License # **S09729610** St **MA** DOB/Age _____ Reg # **R94446** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2015** Veh Make **International** Veh Config. **2** 21
 Operator **RIMPEL, BERNARD RICHARD** Owner **PENSKE LEASING AND RENTAL COMPANY**
 Address **1033 N MAIN ST APT 3** Address **2675 MORGANTOWN RD**
 City **FALL RIVER** State **MA** Zip **02720-2691** City **READING** State **PA** Zip **19607-0000**
 Insurance Company **TRAVELERS PROPERTY CASUAL** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 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: **1** 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? **2** 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 | | | 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:

On Wednesday, March 9th, at approximately 0945 hours, while I was at Cumberland Farms, It was brought to my attention that there was a MV accident in the parking lot. It was reported to me that the delivery truck was in the process of positioning his truck for delivery, and the MV was attempting to pull out of the pump area when the 2 vehicles collided. MV Op stated that she thought the truck was parked but when she went to pass the truck it moved forward causing them to crash. The delivery truck Op reported that he was moving back and forth trying to park for delivery when the car collided with the passenger (blind) side of the truck. No injuries were observed or reported. Minimal damage was observed to the truck. The front drivers side fender and headlight housing was damaged on the MV.

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 # **R94446** (From Vehicle Section)

Carrier Name Penske Leasing Bus Use 42

Address 2675 MORGANTOWN RD City READING St PA Zip 19607

US DOT #: 042938 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 P Furbush 196 Wilmington Police Department 03/09/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash: 03/10/2022 | Time of Crash: 1921 24HR | 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:

| | | |
|--|-----------------|--|
| AT INTERSECTION: | LOCATION | NOT AT INTERSECTION: |
| Route# <u>62</u> Direction <u>MIDDLESEX AVE</u> Name of Roadway/Street At Route# <u>62</u> Direction <u>MIDDLESEX AVE EXT</u> Name of Intersecting Roadway/Street Also at Intersection with Route# _____ Direction _____ Name of Intersecting Roadway/Street | | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ 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 _____ |

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# **22-85-AC**

| | |
|---|--|
| License # <u>S15489866</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>REPPUCCI, KYLE J</u> Address <u>134 SUMMER ST APT 18</u> City <u>MALDEN</u> State <u>MA</u> Zip <u>02148-2553</u> Insurance Company <u>USAA GENERAL INDEMNITY CO</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) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <u>VT32046</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>REPPUCCI, KYLE J</u> Address <u>134 SUMMER ST APT 18</u> City <u>MALDEN</u> State <u>MA</u> Zip <u>02148-2553</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>7</u> <u>27</u> <u>8</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>2</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u> |
|---|--|

| 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 # <u>S93807151</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>SAWYER, LEONARD E</u> Address <u>56 BALLARDVALE ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1103</u> Insurance Company <u>CITIZENS INSURANCE COMPAN</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2446699</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <u>163SHK</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SAWYER, LEONARD E</u> Address <u>56 BALLARDVALE ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1103</u> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>2</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>2</u> <u>29</u> Driver Contributing Code <u>6</u> <u>25</u> <u>14</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <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 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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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 Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ or _____

Feet N S E W of _____ Mile Marker _____ Exit Number _____

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# **22-86-AC**

License # **S06774216** St **MA** DOB/Age _____ Reg # **2RKL21** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1**

Operator **FARO, KRISTEN MARIE** Owner **FARO, JASON W**

Address **246 PLEASANT ST** Address **246 PLEASANT ST**

City **N ANDOVER** State **MA** Zip **01845-2827** City **NORTH ANDOVER** State **MA** Zip **01845-2827**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **11** Damaged Area Code: **3 27 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **2 24** BAC Test Result: **1 30**

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

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

Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|--------------------------|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | XXXXXX | XXXX | 1 | 10 | 5 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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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 # **unknown** Reg Type _____ Reg State _____

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

Operator **unknown** Owner _____

Address _____ Address _____

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

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **24** BAC Test Result: **30**

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

Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by **26** 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 | | | | | | | |
| | | | | | | | | | | | |
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Wilmington Police Department
Images Associated with 22-86-AC



Date of Crash **03/12/2022** Time of Crash **0149** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **1** Number Injured **0** Speed Limit **40** State Police
 24HR **Police Report** Latitude _____ Longitude _____ 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 # 300 Name of Roadway/Street BALLARDVALE ST _____ Feet N S E W of _____ 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# **22-87-AC**

| | |
|--|---|
| License # SA7250203 St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 20 CDL _____ Operator TINOCO BARQUERO, NELSON JESUS Address 158 CONCORD RD APT E2 City BILLERICA State MA Zip 01821 Insurance Company PERMANENT GENERAL ASSURAN 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 _____ | Reg # 2NWX96 Reg Type PC Reg State MA Veh Year 2002 Veh Make HONDA Veh Config. 1 21 Owner TINOCO BARQUERO, NELSON JESUS Address 158 CONCORD RD APT E2 City BILLERICA State MA Zip 01821 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 20 24 Type of Test: 29 Driver Contributing Code 12 25 25 BAC Test Result: 30 Driver Distracted by 0 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 | _____ | _____ | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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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 _____ 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 | _____ | _____ | 1 | | | | | | | |
| | | | | | | | | | | | |
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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 # Name of Roadway/Street
 Feet **NSEW** of _____ or _____ Mile Marker Exit Number
 Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 Feet **NSEW** of _____ Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **22-88-AC**

License # **S65224093** St **MA** DOB/Age _____ Reg # **7WY449** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **MACMILLAN, ROBIN LEE** Owner **MACMILLAN, ROBIN LEE**
 Address **66 BRAND AVE** Address **66 BRAND AVE**
 City **WILMINGTON** State **MA** Zip **01887-2011** City **WILMINGTON** State **MA** Zip **01887-2011**
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **3** 27 27 27
 Vehicle Travel Direction: N 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: **1** 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? **2** 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 | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

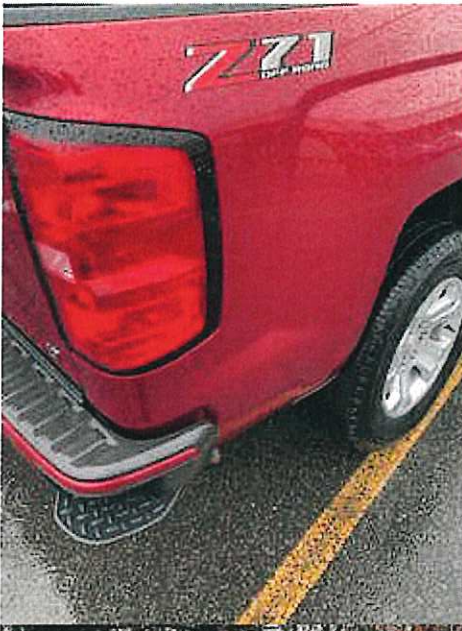
Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S65879203** St **MA** DOB/Age _____ Reg # **349RC7** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2008** Veh Make **FORD** Veh Config. **1** 21
 Operator **GARDNER, HENRY PAUL** Owner **GARDNER, HENRY PAUL**
 Address **967 MAIN ST** Address **967 MAIN ST**
 City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-0000**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: **99** 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19** 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? **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 | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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Wilmington Police Department
Images Associated with 22-88-AC



| | | | | | | | | | | | | | | | |
|--|-------------------------------|--|--|-----------------------|--------------|--|--|-----------------------|----------------|-----------------|---------------------------------------|---------------------------------------|--------------------------------------|--|--------------------------------|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | | |
| Date of Crash 03/12/2022 | Time of Crash 1409 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 # <u>271</u> Name of Roadway/Street <u>MAIN ST</u> | | | | | | | | | | | | |
| At _____ | | | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ | | | | Mile Marker _____ Exit Number _____ | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ | | | | Route# _____ Intersecting Roadway/Street _____ | | | | | | | | |
| Also at Intersection with _____ | | | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ | | | | Landmark _____ | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | Crash Report ID# 22-89-AC | | | | | | | | | | | | |
| License # <u>S41667477</u> St <u>MA</u> DOB/Age _____ | | | Reg # <u>4AK793</u> Reg Type <u>PC</u> Reg State <u>MA</u> | | | | | | | | | | | | |
| Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ | | | Veh Year <u>2011</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u> | | | | | | | | | | | | |
| Operator <u>KEOUGH, LAUREN ANNE</u> | | | Owner <u>KEOUGH, THOMAS K</u> | | | | | | | | | | | | |
| Address <u>20 FREEDOM DR</u> | | | Address <u>20 FREEDOM DR</u> | | | | | | | | | | | | |
| City <u>NORTH READING</u> State <u>MA</u> Zip <u>01864-3226</u> | | | City <u>N READING</u> State <u>MA</u> Zip <u>01864-3226</u> | | | | | | | | | | | | |
| Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> | | | Vehicle Action Prior to Crash <u>1</u> <u>22</u> | | | Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u> | | | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> | | | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> | | | Test Status: <u>1</u> <u>28</u> | | | | | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>1</u> <u>24</u> | | | Type of Test: <u>29</u> | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | | | Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> | | | BAC Test Result: <u>1</u> <u>30</u> | | | | | | | | | |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | | | Driver Distracted by <u>0</u> <u>26</u> | | | Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> | | | | | | | | | |
| | | | | | | Towed from scene? <u>2</u> <u>33</u> | | | | | | | | | |
| 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 | | 01/21/1999 | F | 3 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| KRISTEN KEOUGH | | 20 FREEDOM DRIVE 20 FREEDOM DR N READING, MA 01864-3226 | | 01/21/1999 | F | 3 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 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 | | 01/21/1999 | F | 3 | 1 | 4 | 0 | 0 | 10 | 1 | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |

Date of Crash: 03/12/2022 Time of Crash: 1913 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 0 Speed Limit: 35 State Police MBTA Police Campus Police Other:

| AT INTERSECTION: | < LOCATION > | NOT AT INTERSECTION: |
|---|--------------|---|
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | Route# <u>33</u> Direction _____ Address # <u>CONCORD ST</u> Name of Roadway/Street _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ or _____ Mile Marker _____ Exit Number _____ |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ Route# _____ Intersecting Roadway/Street _____ |
| | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____ |

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-90-AC**

| | |
|---|--|
| License # <u>S19222725</u> St <u>MA</u> DOB/Age. _____ Reg # <u>2BBZ76</u> Reg Type <u>PC</u> Reg State <u>MA</u> | Sex <u>M</u> Lic. Class <u>D</u> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <u>1</u> <input type="checkbox"/> 20 CDL Endorsement _____ Veh Year <u>2008</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <input type="checkbox"/> 21 |
| Operator <u>ROSSI, NICHOLAS FRANCIS</u> Address <u>2 GRANT ST APT 1</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01830-4106</u> | Owner <u>ROSSI, NICHOLAS FRANCIS</u> Address <u>2 GRANT ST APT 1</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01830-4106</u> |
| Insurance Company <u>FOREMOST INSURANCE COMPAN</u> Vehicle Action Prior to Crash <u>2</u> <input type="checkbox"/> 22 Damaged Area Code: <u>4</u> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 | Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Event Sequence <u>1</u> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 <input type="checkbox"/> 29 |
| Citation # (If Issued) _____ Most Harmful Event <u>1</u> <input type="checkbox"/> 24 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 | Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code <u>1</u> <input type="checkbox"/> 25 <input type="checkbox"/> 25 Susp. Alcohol: <u>2</u> <input type="checkbox"/> 31 Susp. Drug: <u>2</u> <input type="checkbox"/> 32 |
| Viol. 2: Ch/Sec/Sub _____ Driver Distracted by <u>0</u> <input type="checkbox"/> 26 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33 | Viol. 3: Ch/Sec/Sub _____ 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"/> | <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

| | |
|---|--|
| License # <u>SA5140954</u> St <u>MA</u> DOB/Age _____ Reg # <u>2VEE64</u> Reg Type <u>PC</u> Reg State <u>MA</u> | Se: _____ Lic. Class <u>D</u> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <u>1</u> <input type="checkbox"/> 20 CDL Endorsement _____ Veh Year <u>2018</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <input type="checkbox"/> 21 |
| Operator _____ Address _____ City _____ State _____ Zip _____ | Owner <u>MCAULIFFE, CHRISTINA MARIE</u> Address <u>28 WINTER ST</u> City <u>NORTH READING</u> State <u>MA</u> Zip <u>01864-2203</u> |
| Insurance Company <u>FARMERS PROPERTY & CASUAL</u> Vehicle Action Prior to Crash <u>1</u> <input type="checkbox"/> 22 Damaged Area Code: <u>1</u> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 | Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Event Sequence <u>1</u> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 <input type="checkbox"/> 29 |
| Citation # (If Issued) _____ Most Harmful Event <u>1</u> <input type="checkbox"/> 24 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 | Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code <u>1</u> <input type="checkbox"/> 25 <input type="checkbox"/> 25 Susp. Alcohol: <u>2</u> <input type="checkbox"/> 31 Susp. Drug: <u>2</u> <input type="checkbox"/> 32 |
| Viol. 2: Ch/Sec/Sub _____ Driver Distracted by <u>0</u> <input type="checkbox"/> 26 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33 | Viol. 3: Ch/Sec/Sub _____ 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"/> | <u>1</u> | <u>99</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| GABRIELLE FERNANDES | | <u>27 GRANITE RD</u> <u>MEDFORD, MA 02155-2045</u> | <u>F</u> | <u>3</u> | <u>99</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| | | | | | | | | | | | |

