

Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/13/2022	Time of Crash 1547 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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 _____ At _____		Route# <u>300</u> Direction _____ Address # <u>SALEM 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 _____ Mile Marker _____ or _____ 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 _____ Landmark _____		

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **22-91-AC**

License # <u>S47955093</u> St <u>MA</u> DOB/Age _____	Reg # <u>6SM676</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2012</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MEMORY, RICHARD BRIAN JR</u> Last First Middle	Owner <u>MEMORY, KRISTEN LEE</u> Last First Middle
Address <u>6 MAPLE RD</u>	Address <u>6 MAPLE RD</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1735</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1735</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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>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>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</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											
KRISTEN MEMORY	6 MAPLE RD WILMINGTON, MA 01887-1735		F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 23 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

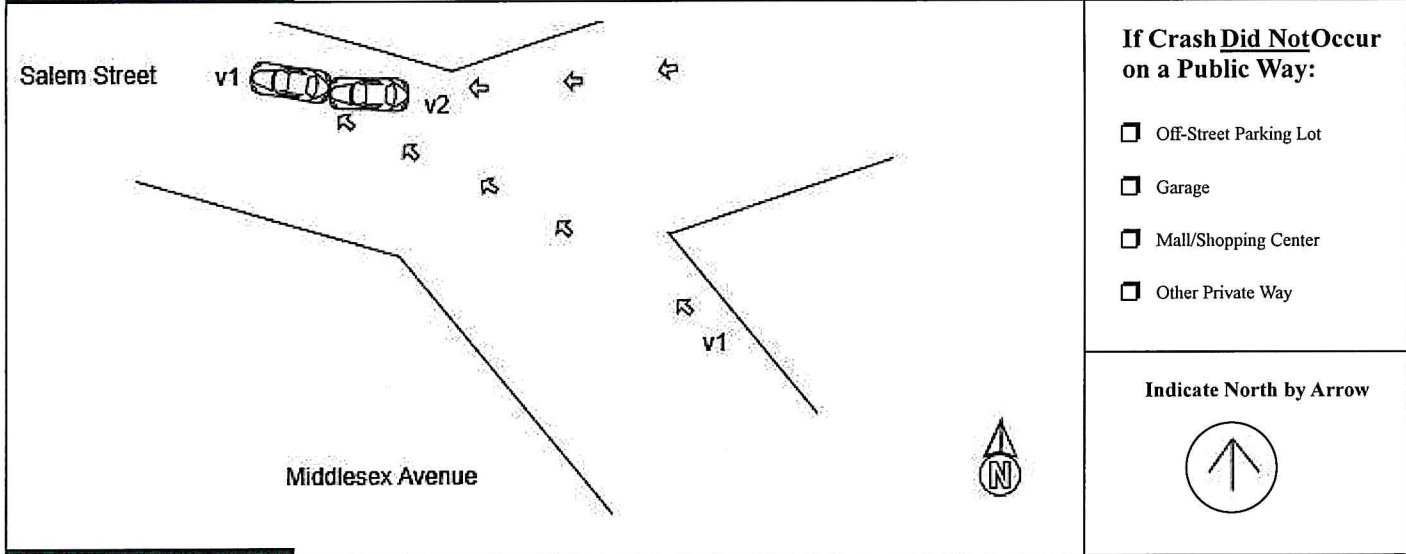
License # <u>S83802983</u> St <u>MA</u> DOB/Age _____	Reg # <u>2ZCN24</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2021</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MCLEAN, PETER PHILIP</u> Last First Middle	Owner <u>MCLEAN, LINDA MARY</u> Last First Middle
Address <u>90 MINK RUN RD</u>	Address <u>90 MINKRUN RD</u>
City <u>N WILMINGTON</u> State <u>CT</u> Zip <u>01887</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4547</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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>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>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</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											
LINDA MCLEAN	90 MINKRUN RD WILMINGTON, MA 01887-4547		F	3	1	4	0	0	10	1	
				6	1	4	0	0	10	1	

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

Crash Diagram:

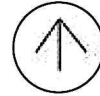
ie: → [1] → [2] → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

The driver of v1 stated he took a left onto Salem Street. He stated he pulled in front of v2, and heard a beep. v1 stated that he "didn't know why he was beeping so he hit the brake." He was then hit from behind by v2.

V2 stated that v1 suddenly pulled in front of him on to Salem street, so he beeped. V1 then "slammed on the brakes", v2 was not able to stop in time and struck v1.

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 Brian D Thornton

190

Wilmington Police Department

03/13/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

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

2
 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# **22-92-AC**

License # **S78600647** St **MA** DOB/Age
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
 Operator **CONTARDO, JOSEPH LEONARD**
 Address **6 BENEFIT ST**
 City **CLINTON** State **MA** Zip **01510-2201**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: **N S E** 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 # **97RX51** Reg Type **PC** Reg State **MA**
 Veh Year **2013** Veh Make **MITSUBISHI** Veh Config. **1**
 Owner **CONTARDO, SUSAN E**
 Address **6 BENEFIT ST**
 City **CLINTON** State **MA** Zip **01510-2201**
 Vehicle Action Prior to Crash **2** Damaged Area Code: **0 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**

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	9	1	

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

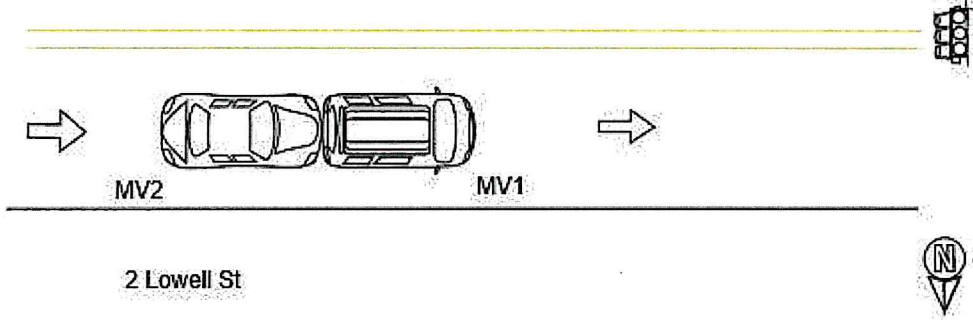
License # **S41838697** St **MA** DOB/Age
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
 Operator **LOPES, DAWIDSON LUIS**
 Address **7902 POULIOT PL**
 City **WILMINGTON** State **MA** Zip **01887-6234**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: **N S E** 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 # **4PY228** Reg Type **PC** Reg State **MA**
 Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**
 Owner **LOPES, DAWIDSON LUIS**
 Address **7902 POULIOT PL**
 City **WILMINGTON** State **MA** Zip **01887-6234**
 Vehicle Action Prior to Crash **1** Damaged Area Code: **0 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 **19 25 13 25** BAC Test Result: **30**
 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		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	

Crash Diagram:

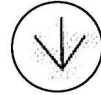
ie: → 1 → 2 → ○ → ○



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 and MV2 were traveling west on Lowell Street heading toward Main Street. MV1 was slowing/stopping with the flow of traffic as they approached the intersection and was struck from behind by MV2. Neither vehicle had any noticeable damage and both were driveable. Operator of MV1 claimed that he had some minor back pain due to the impact. Operator of MV1 refused any further medical treatment.

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 Daryl J Ceruolo 212 Wilmington Police Department 03/14/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

<p>1 1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>2 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10 Route# _____ Direction _____ Address # 500 Name of Roadway/Street SALEM ST</p> <p>_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____</p> <p>1 11 _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Non-Motorist A Type _____ Action _____ Location _____ Condition _____ Hit/Run Moped
 Crash Report ID# **22-93-AC**

<p>3 License # S77167345 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator CARNABUCI, ELENA M Last First Middle Address 30 FAIRMONT AVE City WILMINGTON State MA Zip 01887-2938 Insurance Company THE HANOVER INSURANCE COM 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 _____</p>	<p>1 12 Reg # 548Z Reg Type PC Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21 Owner CARNABUCI, ELENA M Last First Middle Address 30 FAIRMONT AVE City WILMINGTON State MA Zip 01887-2938 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 9 27 27 Event Sequence 2 23 23 23 23 Test Status: 28 Most Harmful Event 2 24 Type of Test: 29 Driver Contributing Code 19 25 1 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 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	4	0	0	10	1	

<p>7 1 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type _____ Action _____ Location _____ Condition _____ <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____ Operator Driverless M.V. Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE DIRECT INSURA 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 _____</p>	<p>14 Reg # 722SX1 Reg Type PC Reg State MA Veh Year 2016 Veh Make CHEVROLET Veh Config. 2 21 Owner LOMASNEY, STEVEN EDWARD Last First Middle Address 29 UNDERHILL RD City LYNNFIELD State MA Zip 01940-1706 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 1 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 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							

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 2 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # **166 SALEM ST**
 Name of Roadway/Street
 Feet N S E W of . . . or Exit Number
 1 11 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# **22-94-AC**

License # **5793137** St **ME** DOB/Age
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement
 Operator **NALL, JOHN M**
 Address **89 PINE ROCK RD**
 City **NAPLES** State **ME** Zip **04055**
 Insurance Company **OBORG 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 # **1002YP** Reg Type **PC** Reg State **ME**
 Veh Year **2021** Veh Make **GMC** Veh Config. **1** 21
 Owner **NALL, JOHN M**
 Address **89 PINE ROCK RD**
 City **NAPLES** State **ME** Zip **04055**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **3** 27
 Event Sequence **31** 23 23 23 23 Test Status: **28**
 Most Harmful Event **31** 24 Type of Test: **29**
 Driver Contributing Code **11** 25 **9** 25 BAC Test Result: **30**
 Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

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

License # St DOB/Age
 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**
 Most Harmful Event **24** Type of Test: **29**
 Driver Contributing Code **25** **25** BAC Test Result: **30**
 Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

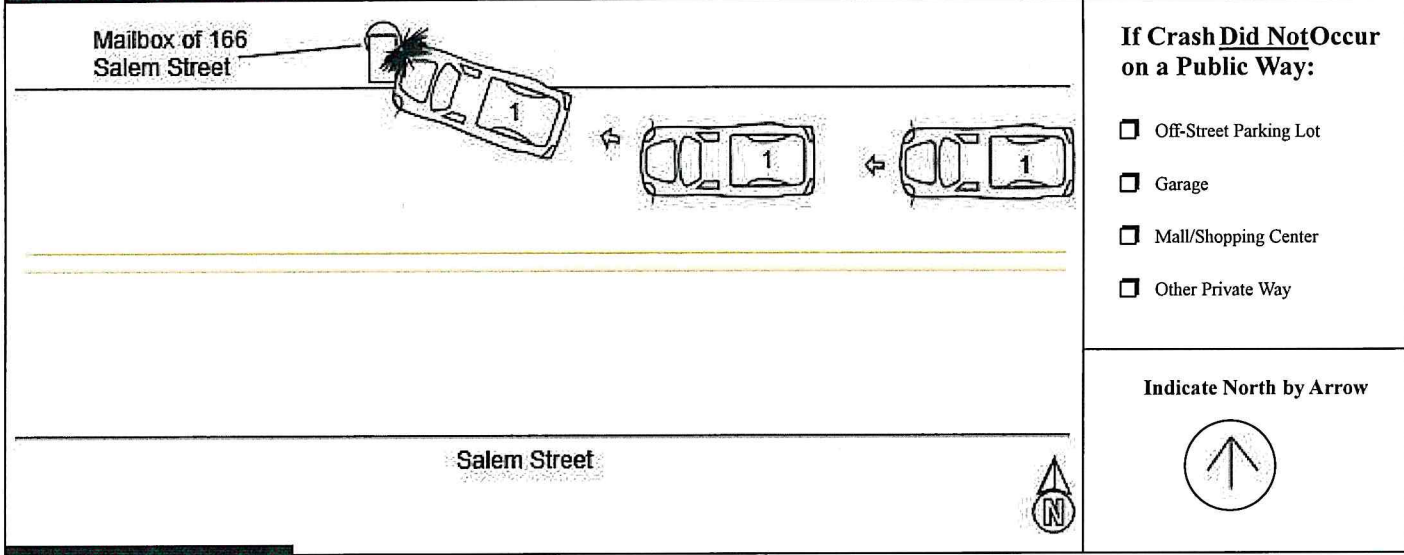
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → →



Crash Narrative:

MV1 was traveling westbound on Salem Street towards Tewksbury. MV1 was traveling straight ahead coming around the corner in front of 166 Salem Street. The operator of MV1 claimed that, "he swerved right to avoid an oncoming car as he came around the corner." MV1 swerved right, left the travel lane, and struck the mailbox of 166 Salem Street with the front of his pickup truck. MV1 suffered front right end and right side damage, but was able to be driven from the scene. The mailbox of 166 Salem Street was completely destroyed as a result of the collision (See Attached Images). The operator of MV1 was not injured. The homeowner of 166 Salem Street was provided with the operator of MV1's information and to contact his home insurance company.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
KAPASAKALIDIS PANAGIOTIS	166 SALEM ST WILMINGTON MA 01887-4			WOODEN AND METAL MAILBOX-DESTROYED

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 Michael A Wilson 209 Wilmington Police Department 03/17/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-94-AC



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

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

Route# Direction Address # **159 CHURCH ST**
 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# **22-95-AC**

License # **SA3720959** St **MA** DOB/Age _____ Reg # **1MBM99** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2004** Veh Make **LEXUS** Veh Config. **1** 21
 Operator **MALLOY, JACK EDWARD** Owner **MALLOY, EDWARD JAMES**
 Last First Middle Last First Middle
 Address **3 ADELMAN RD** Address **3 ADELMAN RD**
 City **WILMINGTON** State **MA** Zip **01887-3821** City **WILMINGTON** State **MA** Zip **01887-3821**
 Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 8 27 1 27 2 27
 Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** 23 20 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? **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	

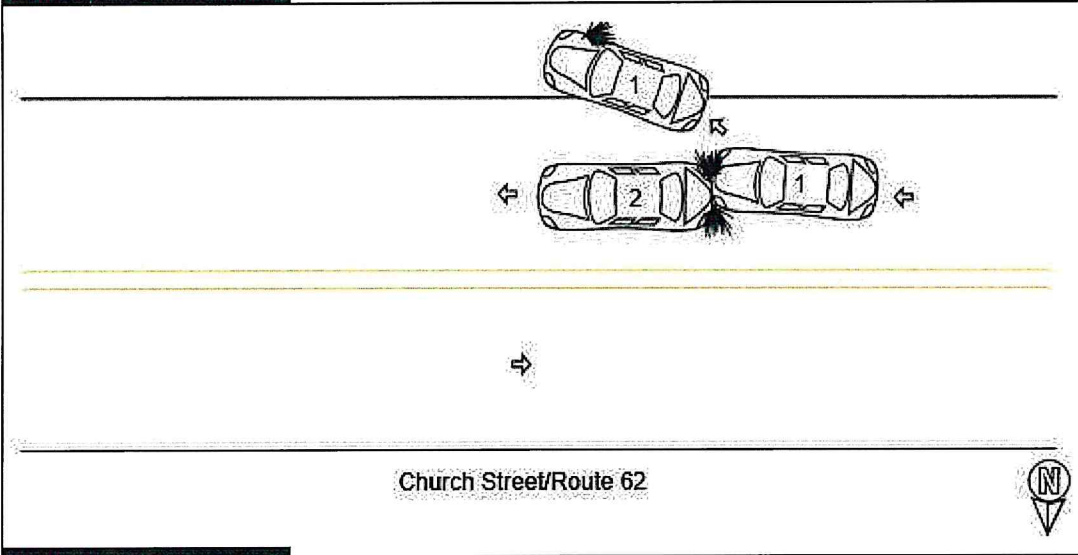
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **SA4610725** St **MA** DOB/Age _____ Reg # **9357YR** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **I** 20 CDL _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1** 21
 Operator _____ Owner **FRICIA, SEBASTIANO FRANK**
 Last First Middle Last First Middle
 Address _____ Address **14 DRAPER DR**
 City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-1540**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 27 4 27 27
 Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

Please fill out for operator/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
 ie: → 1 → 2 → ○ → ○

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:

MV1 was traveling eastbound on Church Street/Route 62 towards Middlesex Avenue. MV2 was also traveling eastbound on Church Street/Route 62 towards Middlesex Avenue. MV2 was traveling straight ahead and stopped in traffic. MV1 was traveling straight ahead. MV1 failed to stop in time and collided with the rear of MV2. The operator of MV1 stated that he attempted to swerve right to avoid striking the rear of MV2, and struck the granite curb with his right front tire causing it to pop. MV1 came to rest partially on the sidewalk in front of 159 Church Street. Neither operator was injured. MV1 suffered left side, front end, and right front tire damage. MV2 suffered rear end and rear right side damage. Both MV1 and MV2 were disabled and towed from the scene by A&S Towing.

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 Michael A Wilson

209

Wilmington Police Department

03/18/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date