

Date of Crash: 03/22/2022 Time of Crash: 1437 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 3 Number Injured: 2 Speed Limit: 30 State Police Local Police MBTA Police Campus Police Other:

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>62 W 276 MIDDLESEX AVE</p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p>_____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-96-AC**

<p>License # S18652233 St MA DOB/Age _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____</p> <p>Operator KUTEESA, REBECCA</p> <p>Address 55 W LAURIER ST</p> <p>City HAVERHILL State MA Zip 01832-1979</p> <p>Insurance Company LIBERTY MUTUAL PERSONAL I</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 3MBS74 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21</p> <p>Owner KUTEESA, REBECCA</p> <p>Address 55 W LAURIER ST</p> <p>City HAVERHILL State MA Zip 01832-1979</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 20 25 5 25 BAC Test Result: 30</p> <p>Driver Distracted by 1 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 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	XXXX	XX	1	1	3	0	0	9	2	Lahey Clinic

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

<p>License # S27070216 St MA DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Endorsement _____</p> <p>Operator BOROVICH, MICHAEL S</p> <p>Address 16 TYLER PARK APT 10</p> <p>City LOWELL State MA Zip 01851-2923</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # V96838 Reg Type CO Reg State MA</p> <p>Veh Year 2020 Veh Make CHEVROLET Veh Config. 2 21</p> <p>Owner WOODLAND, TIMOTHY E</p> <p>Address 17 WILLIAMS ST APT S</p> <p>City HAVERHILL State MA Zip 01835-7932</p> <p>Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 5 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1	1	4	0	0	10	1	

Date of Crash 03/22/2022 Time of Crash 1437 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 2 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

1	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	Address #	Name of Intersecting Roadway/Street
2	Route#	Direction	Name of Intersecting Roadway/Street		Route#	Direction	Address #	Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 3 1 #Occupants Hit/Run Moped **Crash Report ID# 22-96-AC**

License # S54439947 St MA DOB/Age _____	Reg # 830HYB Reg Type PC Reg State MA
Sex M Lic. Class B <u>19</u> <u>19</u> Lic. Restrictions K <u>20</u> CDL _____	Veh Year 2013 Veh Make FORD Veh Config. 2 <u>21</u>
Operator ROBERTS, KENNETH ALLEN	Owner ROBERTS, KENNETH ALLEN
Address 2 LEE ST	Address 2 LEE ST
City WILMINGTON State MA Zip 01887-1802	City WILMINGTON State MA Zip 01887-1802
Insurance Company CITIZENS INSURANCE COMPAN	Vehicle Action Prior to Crash 2 <u>22</u> Damaged Area Code: 5 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: NSE <input checked="" type="checkbox"/> Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 1 <u>28</u>
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 <u>25</u> <u>25</u> BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 <u>26</u> Susp. Alcohol: 2 <u>31</u> Susp. Drug: 2 <u>32</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			1	1	4	0	0	9	1	

Please Select One of the Following: Vehicle 4 _____ #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 <u>19</u> 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 <u>27</u> <u>27</u>
Vehicle Travel Direction: NSEW Responding to Emergency? _____	Event Sequence 23 <u>23</u> <u>23</u> <u>23</u> 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 <u>25</u> BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

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							

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number _____

Police Use Only

Date of Crash: 03/22/2022 Time of Crash: 1628 City/Town: **Wilmington**

Number Vehicles: 1 Number Injured: 1 Speed Limit: 20

State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

At

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

Also at Intersection with

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

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

Crash Report ID# **22-97-AC**

4 License # **S70461695** St **MA** DOB/Age _____ Reg # **94E910** Reg Type **PC** Reg State **MA**

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

Operator **LUCAS, BRADLEY J** Owner **LUCAS, BRADLEY J**

Address **27 COCHRANE CIR** Address **185 TAFT RD**

City **METHUEN** State **MA** Zip **01844-3111** City **WILMINGTON** State **MA** Zip **01887-2820**

5 Vehicle Travel Direction: N E W Responding to Emergency? **2**

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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	 	 	1	99	1	0	0	8	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 # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator _____ Owner _____

Address _____ Address _____

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

9 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 _____

10 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							

Wilmington Police Department
Images Associated with 22-97-AC



Date of Crash: 03/22/2022 | Time of Crash: 1536 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 1 | Number Injured: 0 | Speed Limit: 5 | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:

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

<p>1 99</p> <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>2 99</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10</p> <p>Route# _____ Direction _____ Address # 301 Name of Roadway/Street BALLARDVALE ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>1 11</p> <p>_____ Feet N S E W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Landmark _____</p>
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3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-98-AC**

<p>4 1</p> <p>License # S24370130 St MA DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____</p> <p>Operator Perez-Caceres, Luis Manuel</p> <p>Address 91 BAILEY ST FL APT 2 FLO</p> <p>City LAWRENCE State MA Zip 01843-1511</p> <p>Insurance Company THE HANOVER INSURANCE COM</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 4FXJ61 Reg Type PC Reg State MA</p> <p>Veh Year 2009 Veh Make NISSAN Veh Config. 1 21</p> <p>Owner Perez-Caceres, Luis Manuel</p> <p>Address 91 BAILEY ST FL APT 2 FLO</p> <p>City LAWRENCE State MA Zip 01843-1511</p> <p>Vehicle Action Prior to Crash 10 22 Damaged Area Code: 99 27 27 27</p> <p>Event Sequence 35 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 35 24 Type of Test: 29</p> <p>Driver Contributing Code 97 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32</p> <p>Towed from scene? 99 33</p>
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5 **99**

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	99	99	0	0	99	1	

7 **1** Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

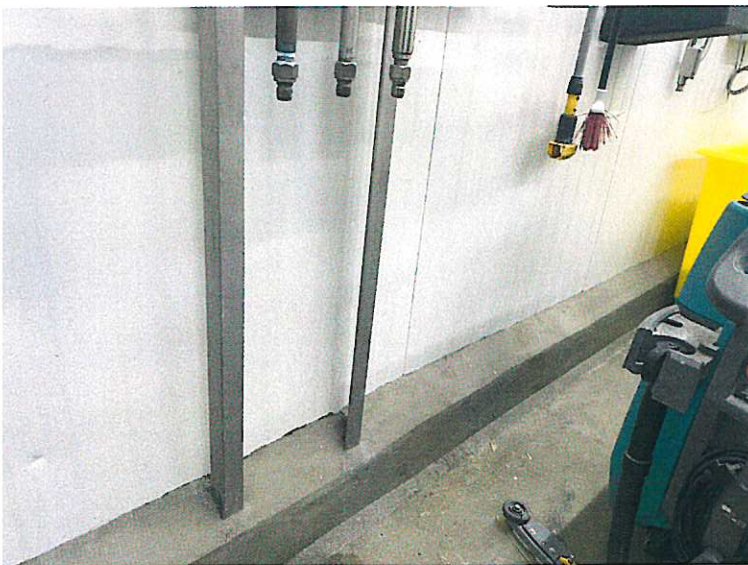
<p>8 1</p> <p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</p>
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9 **2**

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

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

Wilmington Police Department
Images Associated with 22-98-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/23/2022	Time of Crash 1746 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:								
WOBURN ST Route# _____ Direction _____ Name of Roadway/Street _____ At PRESIDENTIAL WAY 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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:			<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 22-99-AC			
License # S84955605 St MA DOB/Age _____ Sex F Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator THOMAS, CASSANDRA ANNE Last First Middle Address 200 SWANTON ST APT 330 City WINCHESTER State MA Zip 01890-4324 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input 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 # 18R410 Reg Type PC Reg State MA Veh Year 2002 Veh Make TOYOTA Veh Config. <u>1</u> <u>21</u> Owner THOMAS, CASSANDRA ANNE Last First Middle Address 200 SWANTON ST APT 330 City WINCHESTER State MA Zip 01890-4324 Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>1</u> <u>27</u> <u>2</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>3</u> <u>25</u> <u>20</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>7</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															
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	X	1	99	4	0	0	10	1			
Please Select One of the Following:															
<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants _____			<input type="checkbox"/> Non-Motorist A			Type	<u>15</u>	Action	<u>16</u>	Location	<u>17</u>	Condition	<u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
License # S65467920 St MA DOB/Age _____ Sex M Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator PALINO, MICHAEL JOSEPH Last First Middle Address 1 KEARSARGE AVE City WOBURN State MA Zip 01801-1203 Insurance Company FARMERS PROPERTY & CASUAL Vehicle Travel Direction: <input 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 # 3KB571 Reg Type PC Reg State MA Veh Year 2008 Veh Make DODGE Veh Config. <u>1</u> <u>21</u> Owner LEONE, JOHN R Last First Middle Address 47 MOUNTAIN ST City WOBURN State MA Zip 01801-1228 Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>7</u> <u>27</u> <u>6</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <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>99</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/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	X	1	99	4	0	0	10	1			

Police Use Only	Date of Crash 03/25/2022	Time of Crash 1446 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>55</u> Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____	
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ <u>I93 NB35</u>					2 10
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 _____ or _____ Mile Marker _____ Exit Number _____					2 11
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 _____					2 11
				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____					2 11

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

Crash Report ID# **22-101-AC**

License # <u>NHL10421904</u> St <u>NH</u> DOB/Agc _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>HENRY, JANET</u> Last First Middle Address <u>20 CEDAR CREST LN</u> City <u>AUBURN</u> State <u>NH</u> Zip <u>030323989</u> Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input 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>4700195</u> Reg Type <u>PC</u> Reg State <u>NH</u> Veh Year <u>2015</u> Veh Make <u>LINCOLN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>HENRY, JANET</u> Last First Middle Address <u>20 CEDAR CREST LN</u> City <u>AUBURN</u> State <u>NH</u> Zip <u>030323989</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</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>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <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>2</u> <u>33</u>	1 12
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	<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 Action Location Condition Hit/Run Moped

License # <u>S15070703</u> St <u>MA</u> DOB/Agc _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>GRAY, PAMELA J</u> Last First Middle Address <u>164 WHITEHALL RD BUILDING 2 APT 1</u> City <u>AMESBURY</u> State <u>MA</u> Zip <u>01913-1068</u> Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input 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>UG9LVL</u> Reg Type <u>PC</u> Reg State <u>NJ</u> Veh Year <u>2019</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>EAN HOLDI N GS LLC</u> Last First Middle Address <u>14002 E 21ST ST STE 1500</u> City <u>TULSA</u> State <u>OK</u> Zip <u>74134</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> 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>1</u> <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <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>	1 14
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Motor Vehicle Crash Police Report

Date of Crash 03/25/2022 Time of Crash 1925 City/Town Wilmington

Number Vehicles 1 Number Injured 0 Speed Limit 30

State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At

Route# Direction Address # Name of Roadway/Street 190 SALEM ST

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

Crash Report ID# 22-102-AC

License # S70635954 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator KIESINGER, MARY FRANCES

Reg # 5FJL30 Reg Type PC Reg State MA Veh Year 2012 Veh Make FORD Veh Config. 1 21 Owner KIESINGER, JAMES V

Address 197 SALEM ST City WILMINGTON State MA Zip 01887-4022

Address 197 SALEM ST City WILMINGTON State MA Zip 01887-4022

Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: N S X W Responding to Emergency? 2

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27 Event Sequence 21 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Most Harmful Event 21 24 Driver Contributing Code 97 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Table with 12 columns: Name, Address, DOB/Age, Sex, Seat Pos, Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, [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 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip

Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency?

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Most Harmful Event 24 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32

Table with 12 columns: Name, Address, DOB/Age, Sex, Seat Pos, Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [X], 1.

Date of Crash 03/26/2022 Time of Crash 1316 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 10 State Police Local Police MBTA Police Campus Police Other

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

<p>1 1</p> <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>2 1</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10</p> <p>Route# <u>350</u> Direction _____ Address # <u>FORDHAM RD</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>3 11</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</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 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# **22-103-AC**

<p>3</p> <p>License # <u>S10423650</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>DAVIS, DANIEL H</u></p> <p style="text-align: center;">Last First Middle</p> <p>4 1</p> <p>Address <u>111 LOCUST ST APT 95</u></p> <p>City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-0000</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>6GB356</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2007</u> Veh Make <u>DODGE</u> Veh Config. <u>2</u> <u>21</u></p> <p>Owner <u>DAVIS, DANIEL H</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>111 LOCUST ST APT 95</u></p> <p>City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-0000</u></p> <p>Vehicle Action Prior to Crash <u>10</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p> <p>7 12</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	X	X	1	1	4	0	0	10	1	

<p>7 1</p> <p>Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</p> <p>License # <u>S99023148</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>LYON, KATHERINE PATRICIA</u></p> <p style="text-align: center;">Last First Middle</p> <p>8 4</p> <p>Address <u>8 PRISCILLA LN</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1125</u></p> <p>Insurance Company <u>THE COMMERCE INSURANCE CO</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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>8776LV</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2021</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>LYON, KATHERINE PATRICIA</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>8 PRISCILLA LN</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1125</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p> <p>1 14</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	X	X	1	1	4	0	0	10	1	
			M	3	1	4	0	0	10	1	

