

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 03/27/2022	Time of Crash 1109 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other

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 _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Also at Intersection with _____				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 _____			
				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# 22-104-AC
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License # <u>S53655880</u> St <u>MA</u> DOB/Age _____	Reg # <u>2AG282</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>99</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2016</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MCDONOUGH, CAROLE F</u>	Owner <u>MCDONOUGH, CAROLE F</u>
Address <u>59 MONTVALE AVE APT 4</u>	Address <u>59 MONTVALE AVE APT 4</u>
City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-4285</u>	City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-4285</u>
Insurance Company <u>THE HANOVER INSURANCE COM</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>3</u> <u>27</u> <u>4</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <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>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>20</u> <u>25</u> <u>3</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>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>

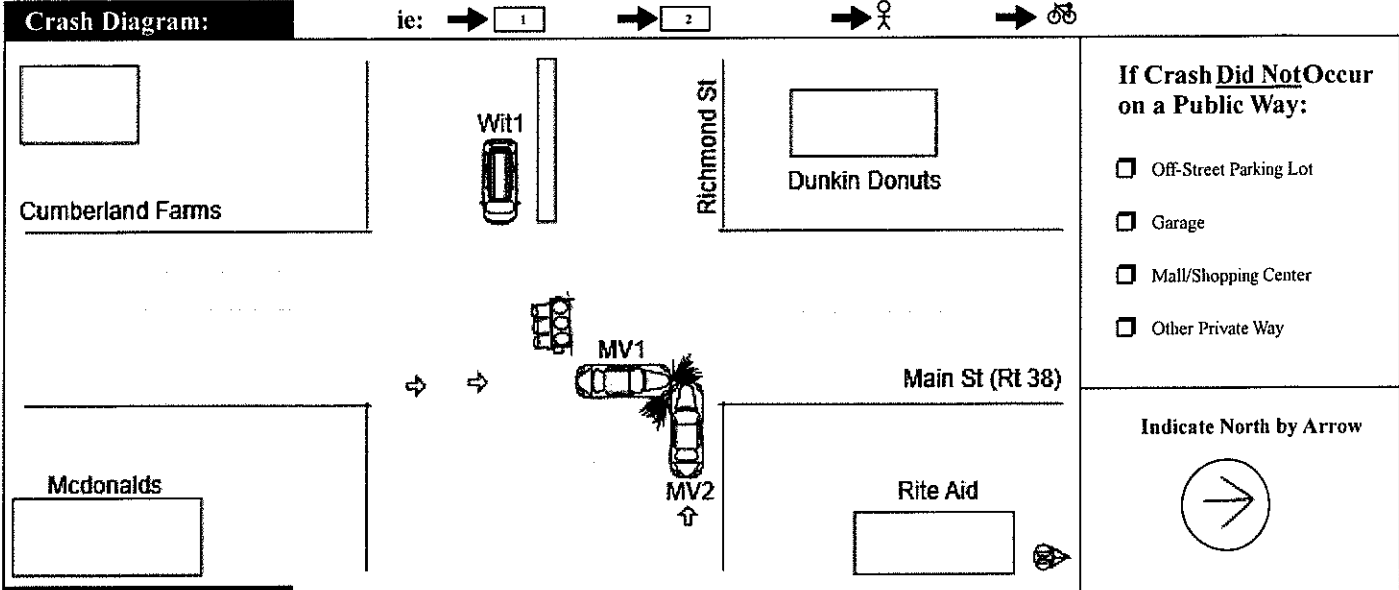
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</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		
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License # <u>S05313120</u> St <u>MA</u> DOB/Age _____	Reg # <u>573WG3</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>99</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2013</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>O'BRIEN, ANDREW THOMAS</u>	Owner <u>O'BRIEN, ANDREW THOMAS</u>
Address <u>7 SHERWOOD RD</u>	Address <u>7 SHERWOOD RD</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2817</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2817</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</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 type="checkbox"/> S <input checked="" 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>1</u> <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>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	XXXXXX	XX	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ♣ = Bicycle
 ie: → 1 → 2 → ♂ → ♣



Crash Narrative:

3/27/2022 MV Crash in the area of 208 Main Street. MV2 reported that he was stopped at the light on the Mcdonalds/Rite Aid side of Main Street, then the light went green and as he proceeded to cross Main Street, MV1 ran the red light and crashed into the front drivers side of his vehicle ripping off his front bumper. MV1 stated that she was traveling north on Main Street when she "must have looked down" and then crashed into MV1. I asked her if she ran the red light, which she responded "If I did, I did not do it on purpose." I asked her if she was on the phone, which she responded "no, I must have looked down or away and didnt see the light turn red." Witness 1 reported that she was on the other side of the intersection and saw the light turn green and MV1 drove right through the intersection crashing into MV2. No injuries were observed or reported. MV1 was towed by Cains. MV2 was able to park in the lot and wait for AAA.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
REPPUCCI REBECCA JORDAN	157 BURLINGTON AVE WILMINGTON MA 01887-0000		

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 Dunnnett 202 Wilmington Police Department 03/27/2022

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

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

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

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

Route# Direction Name of Intersecting Roadway/Street

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

Feet N S E W of _____ Route# Intersecting Roadway/Street

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **22-105-AC**

License # **S58202528** St **MA** DOB/Age _____ Reg # **3LVE41** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2020** Veh Make **SUBARU** Veh Config. **1**

Operator **SANDBERG, KEITH E** Owner **ARBELLA SERVICE COMPANY INC**

Address **50 OAK ST** Address **1100 CROWN COLONY DR**

City **TEWKSBURY** State **MA** Zip **01876-4359** City **QUINCY** State **MA** Zip **02269-0000**

Insurance Company **ARBELLA INDEMNITY INSURAN** Vehicle Action Prior to Crash **2** Damaged Area Code: **3** **27** **4** **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? **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	99	4	0	0	10	1	
KEITH HOBBS	21 BLACKSTONE ST WILMINGTON, MA 01887-2903		M	3	99	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 # **SA5870205** St **MA** DOB/Age _____ Reg # **2WL218** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions _____ CDL _____ Veh Year **2022** Veh Make **SUBARU** Veh Config. **1**

Operator **CORDON, VICTOR ARMANDO** Owner **CORDON, VICTOR ARMANDO**

Address **5A BARTLETT DR** Address **5A BARTLETT DR**

City **WOBURN** State **MA** Zip **01801-1557** City **WOBURN** State **MA** Zip **01801-1557**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** Damaged Area Code: **1** **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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **3** **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? **2** **33**

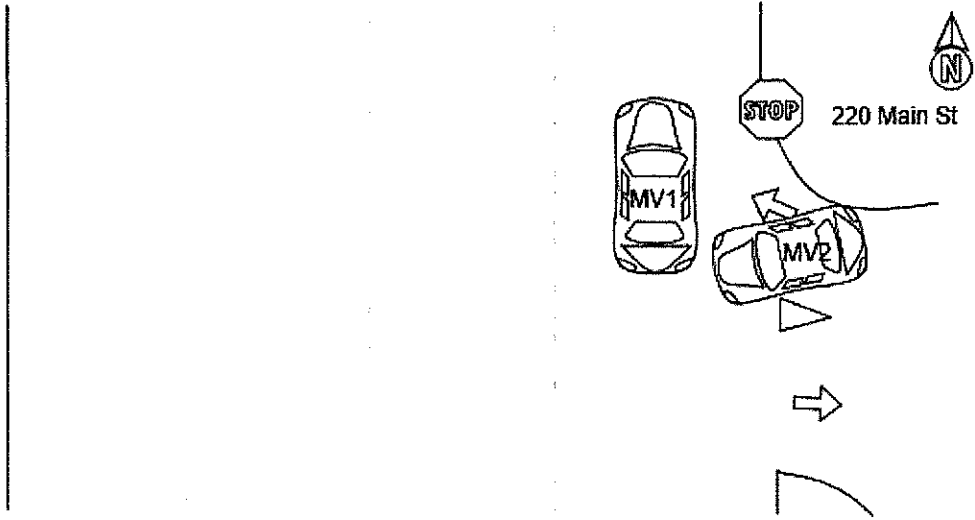
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was traveling North on Main Street when MV2 was exiting the parking lot of 220 Main Street. The operator of MV2 stated he tried to exit the parking lot to turn left when he believed he hit the red car that pulled past him on Main Street. The operator of MV1 stated he was hit in the back-rear side of his vehicle and looked in the review mirror to see if MV2 was going to pull over but stated he observed him continue South on Main Street.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

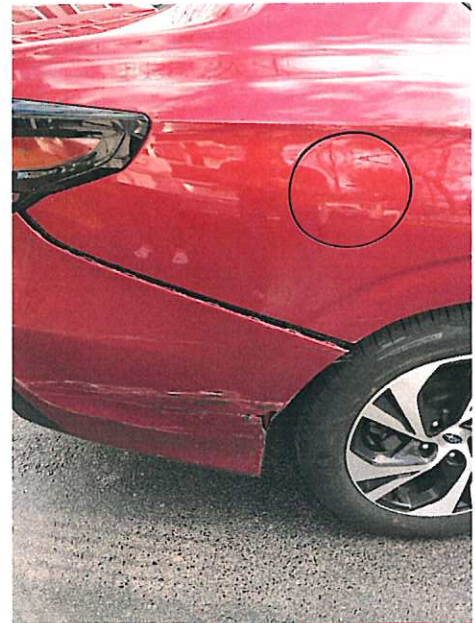
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Meghan Sousa 214 Wilmington Police Department 03/27/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-105-AC



Date of Crash: 03/28/2022 Time of Crash: 0737 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 3 Number Injured: 0 Speed Limit: 25 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>62 E BURLINGTON AVE Route# Direction Name of Roadway/Street</p> <p>At</p> <p>38 S MAIN ST Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-106-AC**

<p>License # S57536306 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 99 CDL _____</p> <p>Operator KASZUBA, SCOTT JAMES Last First Middle</p> <p>Address 7 PLYMOUTH ST</p> <p>City WILMINGTON State MA Zip 01887-4104</p> <p>Insurance Company ESURANCE INSURANCE COMPAN</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 5697BW Reg Type PC Reg State MA</p> <p>Veh Year 2020 Veh Make SUBARU Veh Config. 1</p> <p>Owner KASZUBA, SCOTT JAMES Last First Middle</p> <p>Address 7 PLYMOUTH ST</p> <p>City WILMINGTON State MA Zip 01887-4104</p> <p>Vehicle Action Prior to Crash 2</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 99 25 25</p> <p>Driver Distracted by 99 26</p> <p>Damaged Area Code: 0 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	M	1	99	4	0	0	10	1	

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

<p>License # S32385440 St MA DOB/A _____</p> <p>Sex M Lic. Class D Lic. Restrictions 99 CDL _____</p> <p>Operator O'LEARY, RYAN MICHAEL Last First Middle</p> <p>Address 34 DOE DR</p> <p>City BILLERICA State MA Zip 01821-0000</p> <p>Insurance Company THE STANDARD FIRE INSURAN</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 2KXJ83 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make SUBARU Veh Config. 1</p> <p>Owner O'LEARY, RYAN MICHAEL Last First Middle</p> <p>Address 34 DOE DR</p> <p>City BILLERICA State MA Zip 01821-0000</p> <p>Vehicle Action Prior to Crash 2</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 99 25 25</p> <p>Driver Distracted by 99 26</p> <p>Damaged Area Code: 1 27 5 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>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											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	M	1	99	4	0	0	10	1	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/28/2022	Time of Crash 0737 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 25	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
						Latitude _____	Longitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other _____

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
62 E BURLINGTON AVE Route# Direction Name of Roadway/Street At 38 S MAIN ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street	Feet NSEW of _____ or _____ Mile Marker _____ Exit Number _____ Feet NSEW of _____ Route# Intersecting Roadway/Street Feet NSEW of _____ Landmark _____	<div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">13</div>

Please Select One of the Following: Vehicle **31** #Occupants Hit/Run Moped **Crash Report ID# 22-106-AC**

License # S82947017 St MA DOB/Age _____	Reg # 2SYT81 Reg Type PC Reg State MA
Sex F Lic. Class D Lic. Restrictions 99 CDL Endorsement _____	Veh Year 2019 Veh Make SUBARU Veh Config. 1
Operator HARKINS, MEGHAN T	Owner HARKINS, MEGHAN T
Address 10 TAYLOR AVE	Address 10 TAYLOR AVE
City BURLINGTON State MA Zip 01803-2142	City BURLINGTON State MA Zip 01803-2142
Insurance Company THE STANDARD FIRE INSURAN	Vehicle Action Prior to Crash 2 Damaged Area Code: 5
Vehicle Travel Direction: N S X W Responding to Emergency? 2	Event Sequence 1 Test Status: 1
Citation # (If Issued) _____	Most Harmful Event 1 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 99 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 Susp. Alcohol: 2 Susp. Drug: 2
	Towed from scene? 2

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	

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 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
Vehicle Travel Direction: NSEW Responding to Emergency? _____	Event Sequence 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 33

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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/28/2022 Time of Crash 0656 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 40

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

129 E 280 LOWELL ST Route# Direction Address # Name of Roadway/Street

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

Crash Report ID# 22-107-AC

License # S48745587 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator SOARES, DAVID J Address 94 COOLIDGE ST City TEWKSBURY State MA Zip 01876-4061

Reg # 3KJ239 Reg Type PC Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 1 21 Owner SOARES, ANNA M Address 94 COOLIDGE ST City TEWKSBURY State MA Zip 01876-4061

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

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

15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

License # S23387473 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator TENE ZUNA, JUAN CARLOS Address 65 4TH ST APT 1 City LOWELL State MA Zip 01850-2612

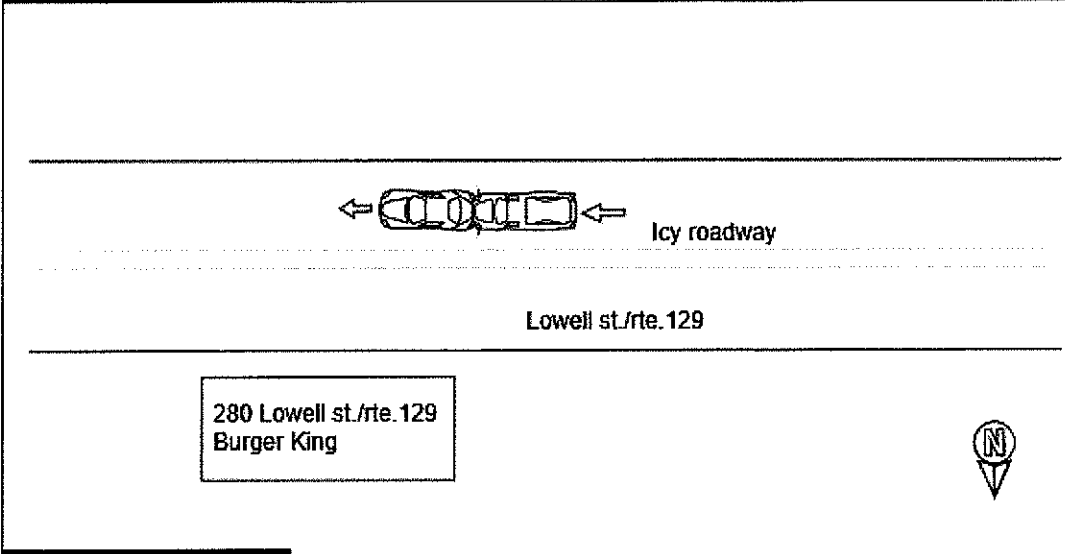
Reg # 9PP871 Reg Type PC Reg State MA Veh Year 2006 Veh Make SATURN Veh Config. 1 21 Owner TENE ZUNA, JUAN CARLOS Address 65 4TH ST APT 1 City LOWELL State MA Zip 01850-2612

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚡



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper. #1 related he was stopped in traffic, when m/v#2 came from behind and crashed into the rear of his m/v#1

Oper. #2 was unable to explain what happened as there was a language barrier.

*** (At the time of the m/v/c, it was very cold out and a snow squall had past through, causing the roads to ice over.) *** (PWJ/142)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use

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 Paul W Jepson

142

Wilmington Police Department

03/29/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **03/30/2022** Time of Crash **0906** City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles **1** Number Injured **1** 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 Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
Feet **N S E W** of _____ 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# **22-108-AC**

License # **S81472637** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____
Operator **OLEARY, FRANCIS X**
Address **57 OLD PARKER RD**
City **DRACUT** State **MA** Zip **01826-0000**
Insurance Company **ARBELLA MUTUAL INSURANCE**
Vehicle Travel Direction: **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 # **708YBR** Reg Type **PC** Reg State **MA**
Veh Year **2018** Veh Make **HONDA** Veh Config. **1**
Owner **OLEARY, FRANCIS X**
Address **57 OLD PARKER RD**
City **DRACUT** State **MA** Zip **01826-0000**
Vehicle Action Prior to Crash **1** Damaged Area Code: **11 27 27 27**
Event Sequence **22 23 23 23** Test Status: **3 28**
Most Harmful Event **22 24** Type of Test: **29**
Driver Contributing Code **11 25 25** BAC Test Result: **1 30**
Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	3	0	0	8	1	Lahey Clinic

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

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

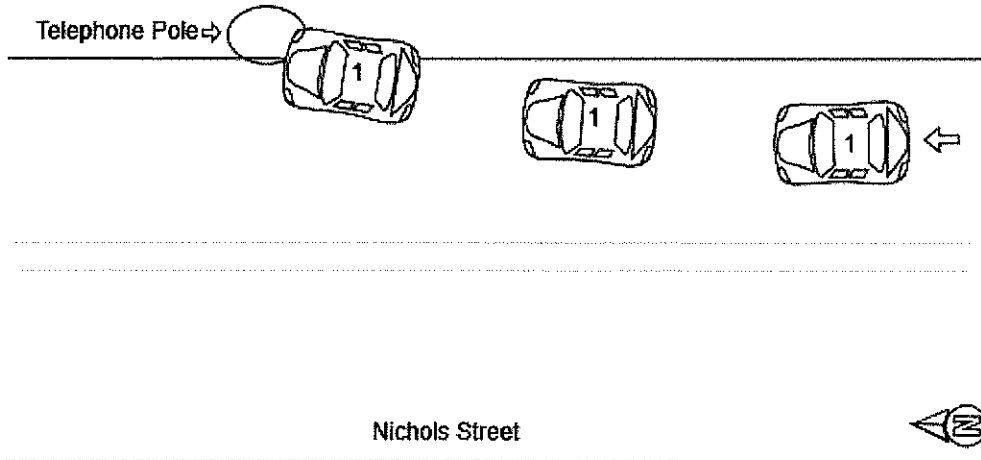
Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. **21**
Owner _____
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
Event Sequence **23 23 23 23** Test Status: **28**
Most Harmful Event **24** Type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

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



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:

MV 1 was driving on Nichols Street. MV 1 stated a deer ran across the roadway in front of his motor vehicle. MV 1 stated he swerved to avoid the deer which caused him to strike a telephone pole. This resulted in the pole snapping in half and MV 1 rolling the vehicle onto it's side. MV was towed by A+S. Operator was transported to Lahey Clinic.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANE LN DRACUT MA 01826		4	TELEPHONE POLE #12

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 Kevin J Skinner 200 Wilmington Police Department 03/30/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **03/30/2022** Time of Crash **1526** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police
 Latitude _____ MBTA Police
 Longitude _____ Campus Police
 Other _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

Route# **1** Direction _____ Name of Roadway/Street **WOBURN ST**

At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street **EAMES ST**

Also at Intersection with _____

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

Route# _____ Direction _____ Address # _____ Name of 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 _____

_____ Feet **N S E W** of _____ Landmark _____

2

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

Crash Report ID# **22-109-AC**

3

License # **S32488028** St **MA** DOB/Ag _____ Reg # **1946TL** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **CUMMINGS, LINDA ANN** Owner **CUMMINGS, LINDA ANN**

Address **1118 EMERALD CT** Address **1118 EMERALD CT**

City **TEWKSBURY** State **MA** Zip **01876-5223** City **TEWKSBURY** State **MA** Zip **01876-5223**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **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? **2** **33**

5

6

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

7

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

License # **S50262592** St **MA** DOB/Ag _____ Reg # **SP104723** Reg Type **SB** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make **DODGE** Veh Config. **5** **21**

Operator **POLANCO-MEJIA, IVELISSE** Owner **NRT BUS INC**

Address **578 ESSEX ST APT 204** Address **230 MAIN ST**

City **LAWRENCE** State **MA** Zip **01840-1346** City **NORTH READING** State **MA** Zip **01864-3112**

Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **8** **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 **99** **25** **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? **2** **33**

8

9

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

2 10

3 11

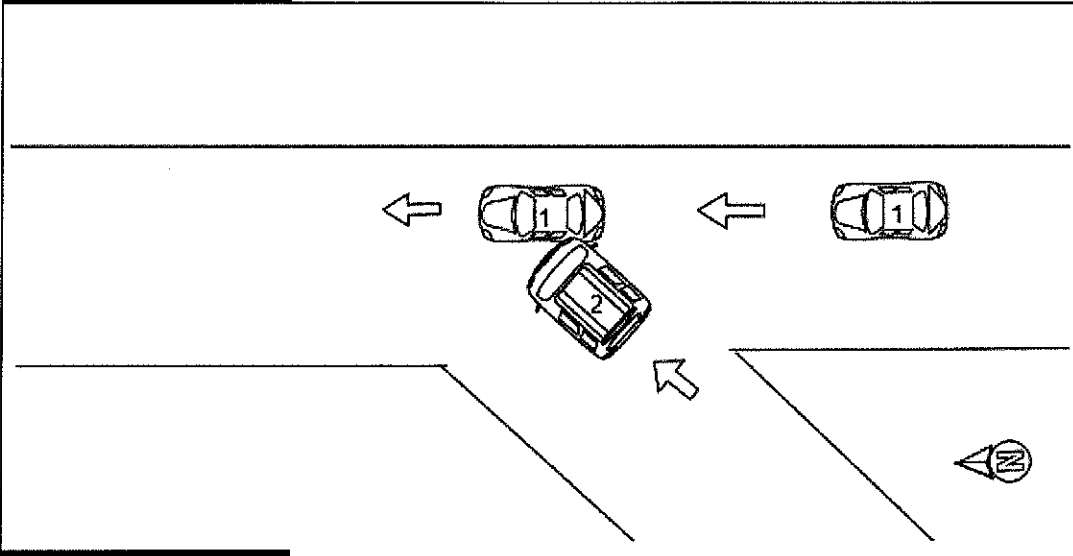
1 12

1 13

1 14

→ = 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:

Vehicle # 1 was traveling straight ahead on Woburn St. Vehicle # 2 was turning left from Eames onto Woburn St and collided into the rear drivers side of vehicle #1.

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 Anthony Fiore

164

Wilmington Police Department

03/30/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only	City/Town Wilmington	Date of Crash 03/31/2022	Time of Crash 0831 24HR	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other				
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # <u>281</u> Name of Roadway/Street <u>MAIN ST</u>							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				_____ Feet <u>N S E W</u> of _____ Mile Marker _____ or _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____							
								Landmark _____			

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

Crash Report ID# **22-110-AC**

License # <u>S71926578</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>DETWILER, CHERISE JOY</u> Address <u>402 LORDS CT</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2298</u> Insurance Company <u>GEICO GENERAL INSURANCE C</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>7HAG90</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DETWILER, GREGG WILLIAM</u> Address <u>402 LORDS CT</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2298</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>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>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	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

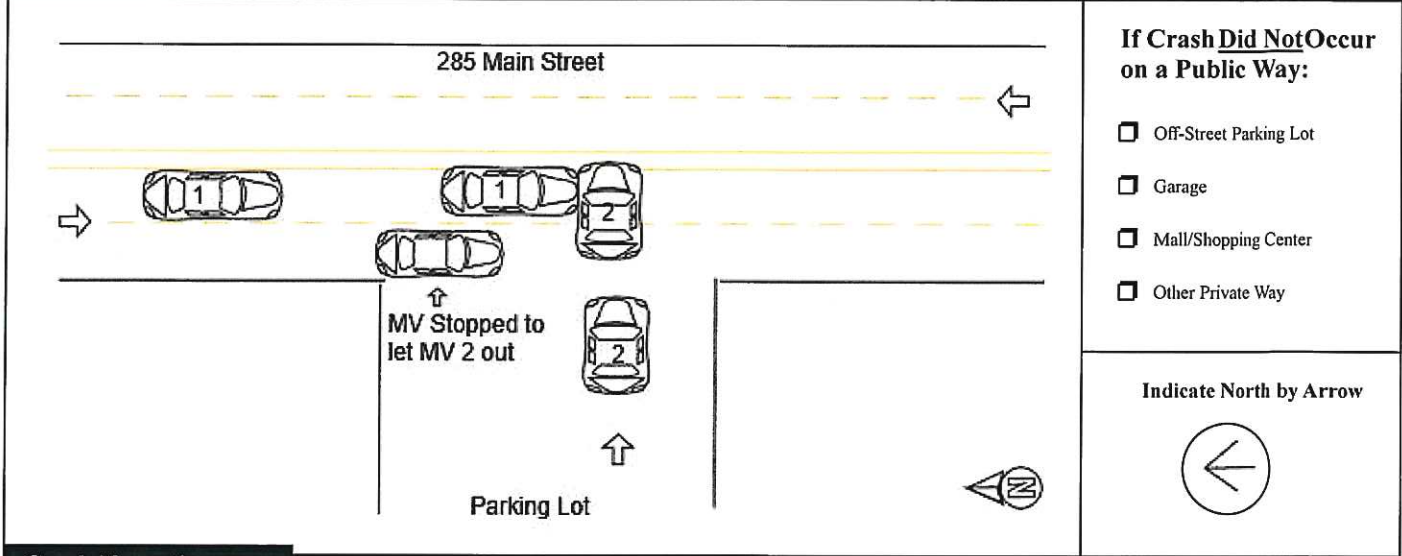
License # <u>S95823795</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>PALOMO, ANDRE</u> Address <u>17 HENRY J DR</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3719</u> Insurance Company <u>PREFERRED MUTUAL INSURANC</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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>1BTS33</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PALOMO, ANDRE</u> Address <u>17 HENRY J DR</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3719</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</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>29</u> Driver Contributing Code <u>18</u> <u>23</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>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	XXXXXX	X	1	1	4	0	0	10	1	

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

ie: → 1 → 2 → 🚶 → 🚲

Crash Diagram:



Crash Narrative:

MV 1 stated she was driving straight on Main St. MV 2 stated he was attempting to exit the parking lot and turn left onto Main St. MV 2 stated a MV stopped in traffic to let him out. MV 2 thought the roadway was a 1 lane road. It appears the lane markings are faded away. Refer to photos.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PUNTONI RYAN M	8 HOMESTEAD DR DERRY NH 03038		

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 Kevin J Skinner 200 Wilmington Police Department 03/31/2022

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

Wilmington Police Department
Images Associated with 22-110-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # **ROUTE 62 HWY** Name of Roadway/Street
 Feet **N S E W** of _____ Mile Marker _____ Exit Number _____
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet **N S E W** of _____ Route# Intersecting Roadway/Street
 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# **22-111-AC**



License # **S80278921** St **MA** DOB/Age _____ Reg # **1SH147** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2012** Veh Make **NISSAN** Veh Config. **1**
 Operator **CAIAZZO, NICOLE E** Owner **CAIAZZO, NICOLE E**
 Address **33 BUCKINGHAM DR** Address **33 BUCKINGHAM DR**
 City **BILLERICA** State **MA** Zip **01821-3227** City **BILLERICA** State **MA** Zip **01821-3227**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 11 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **1 30**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** 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	3	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

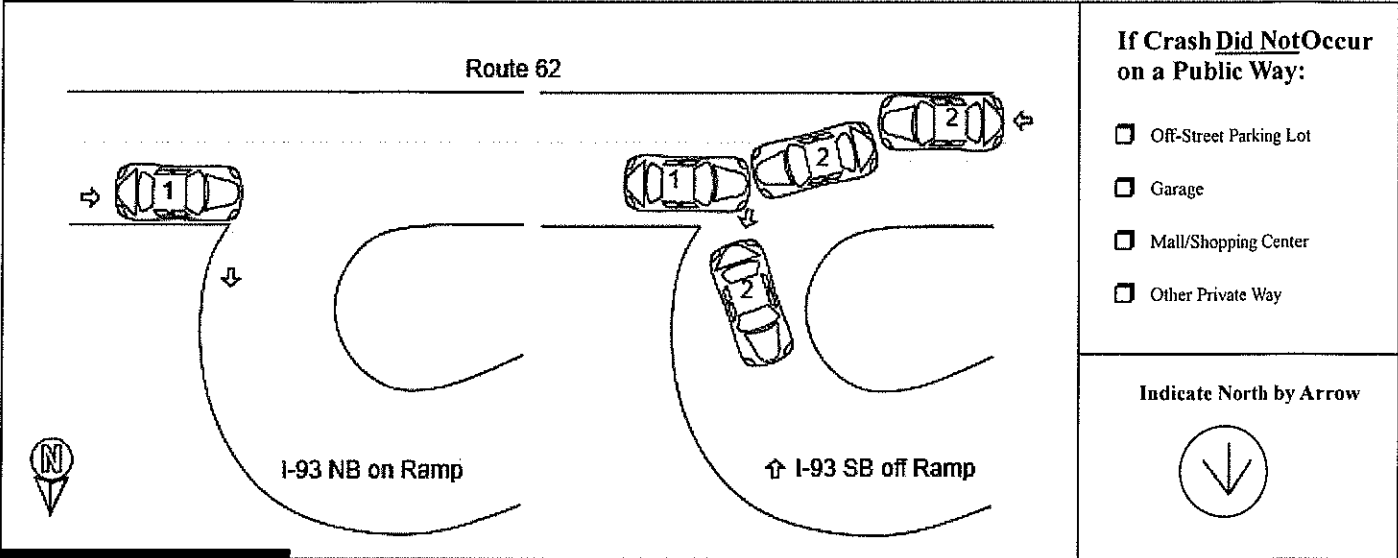
License # **NHL11866347** St **NH** DOB/Age _____ Reg # **101292** Reg Type **PC** Reg State **NH**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2019** Veh Make **GMC** Veh Config. **1**
 Operator **SCHLAGER SUFAT, JENNIFER L** Owner **SCHLAGER SUFAT, JENNIFER L**
 Address **8 CARRIAGE LN** Address **8 CARRIAGE LN**
 City **BEDFORD** State **NH** Zip **03110** City **BEDFORD** State **NH** Zip **03110**
 Insurance Company _____ Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 11 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **99** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **1 30**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **8 25 18 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** 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	3	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 →  → 



Crash Narrative:

MV 1 was driving east on Route 62. MV 2 was driving west on Route 62. MV 2 was attempting to turn left onto I-93 NB Ramp, but her vision was blurred due to the front windshield becoming foggy. MV 2 accidentally began turning onto the I-93 SB off Ramp when MV 1 and MV 2 struck head on. No injuries. Both vehicles towed by A&S.

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 Kevin J Skinner 200 Wilmington Police Department 04/03/2022

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