

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash **04/05/2022** Time of Crash **0905** City/Town **Wilmington**  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles **1** Number Injured **1** Speed Limit **30**  
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 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 \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **90** Name of Roadway/Street **INDUSTRIAL WAY**  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Landmark \_\_\_\_\_

10

11

2

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

Crash Report ID# **22-112-AC**

3

License # **S43693480** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_  
 Operator **SIMPSON, SAMANTHA M**  
 Address **50 SPEAR ST**  
 City **MELROSE** State **MA** Zip **02176-5627**  
 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 # **1221NL** Reg Type **PC** Reg State **MA**  
 Veh Year **2019** Veh Make **SUBARU** Veh Config. **1**  
 Owner **ELLIS, KATHLEEN ELIZABETH**  
 Address **50 SPEAR ST**  
 City **MELROSE** State **MA** Zip **02176-5627**  
 Vehicle Action Prior to Crash **1** Damaged Area Code: **11 27 27 27**  
 Event Sequence **42 23 41 23 27 23 23** Test Status: **1 28**  
 Most Harmful Event **27 24** Type of Test: **29**  
 Driver Contributing Code **16 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**

12

13

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 |              |
|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|--------------|
| <b>Operator</b>   |  | See Above | <del>X</del> | <del>X</del> | <b>1</b>         | <b>1</b>         | <b>3</b>      | <b>0</b>     | <b>2</b>         | <b>9</b>        | <b>2</b>         | Lahey Clinic |
|   |  |           |              |              |                  |                  |               |              |                  |                 |                  |              |
|   |  |           |              |              |                  |                  |               |              |                  |                 |                  |              |

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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** 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**

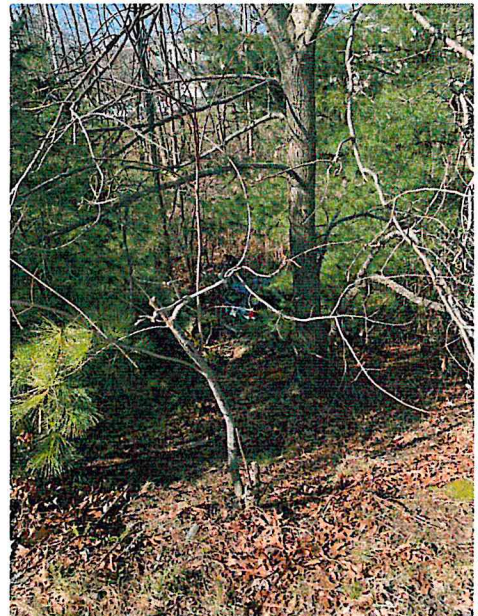
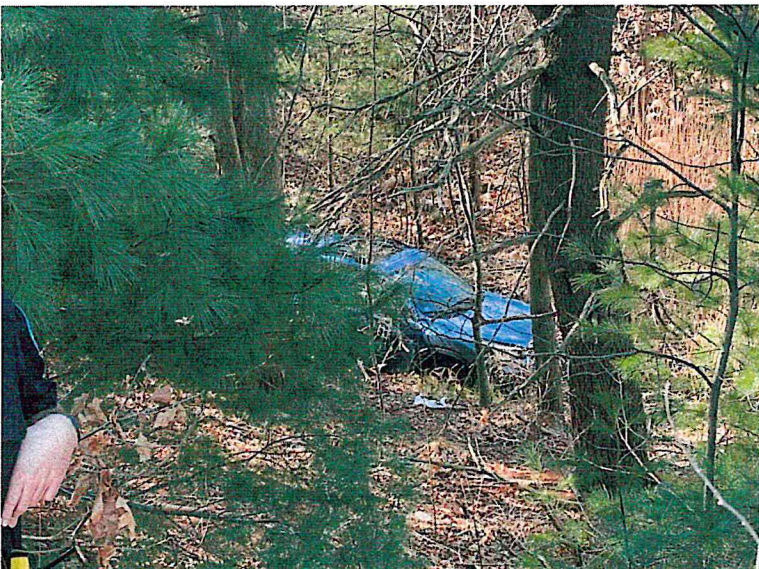
14

9

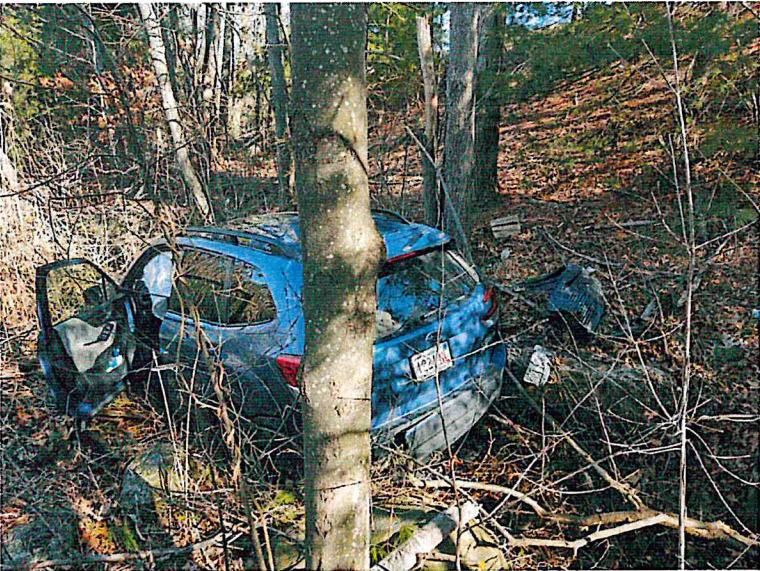
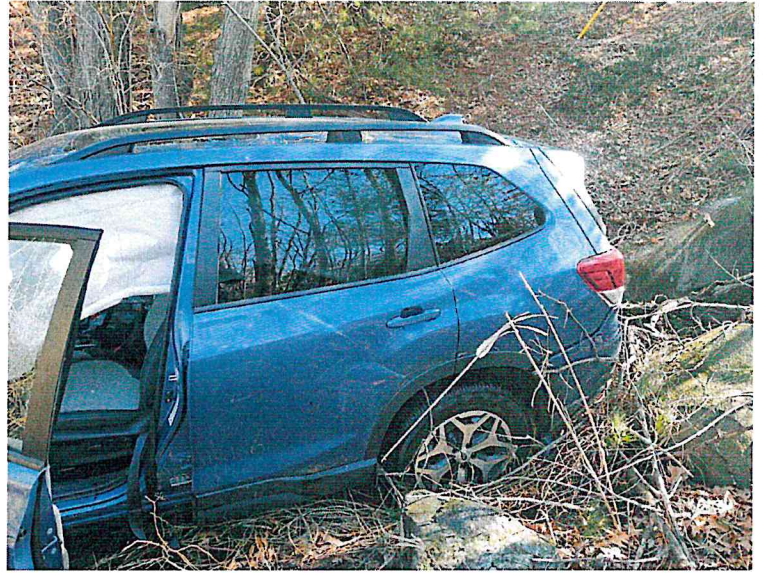
| Please fill out for operator/non-motorist and all occupants involved |  | DOB/Age   | Sex          | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|--|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|---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



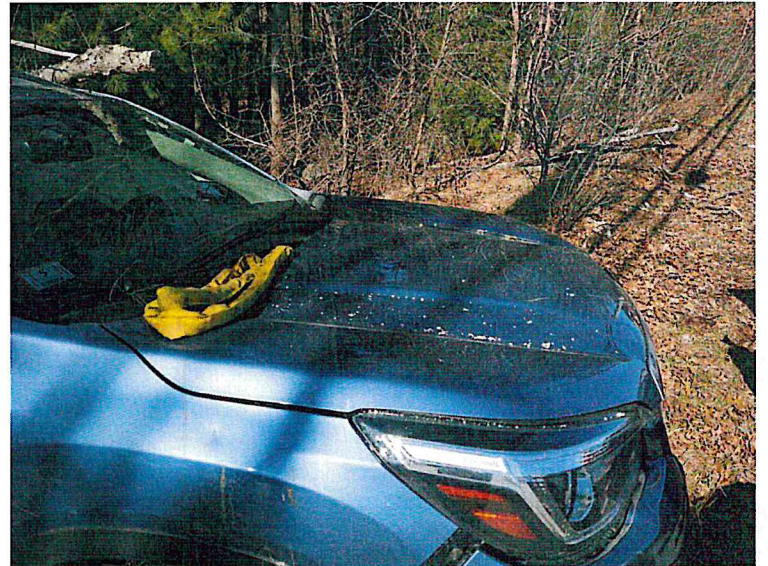
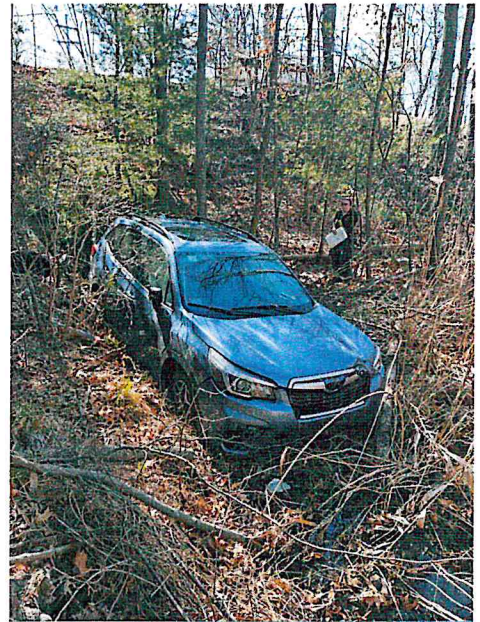
Wilmington Police Department  
Images Associated with 22-112-AC



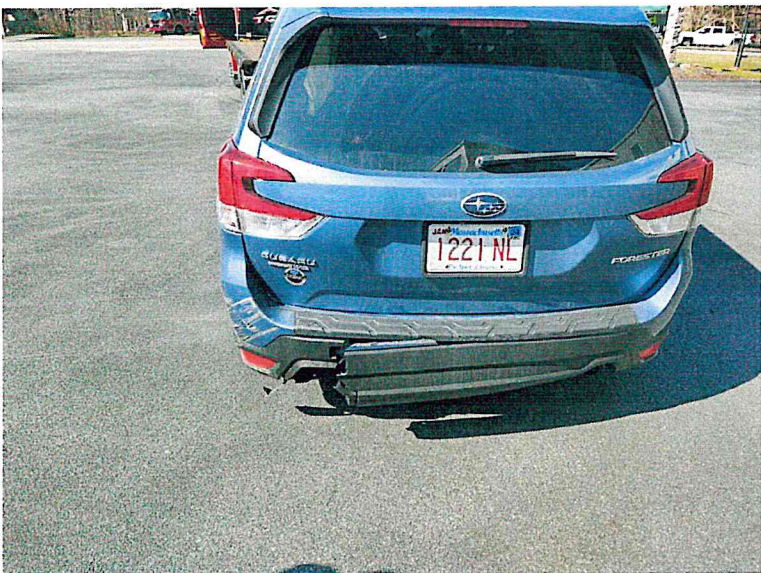
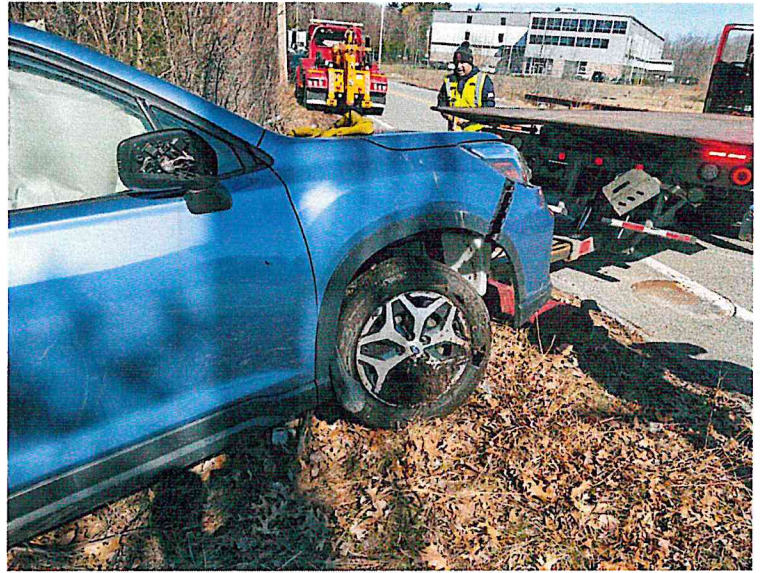
Wilmington Police Department  
Images Associated with 22-112-AC



Wilmington Police Department  
Images Associated with 22-112-AC



Wilmington Police Department  
Images Associated with 22-112-AC



Date of Crash 04/05/2022 Time of Crash 2018 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other: [ ] [ ] [ ] [ ]

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

SHAWSHOEN AVE

Route# Direction Name of Roadway/Street

HOPKINS ST

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

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

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

Crash Report ID# 22-113-AC

License # S51188940 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 5PE725 Reg Type PC Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. 1 21

Operator FULLER, OLIVIA R Last First Middle

Owner FULLER, OLIVIA R Last First Middle

Address 22 BELLEVUE RD

Address 22 BELLEVUE RD

City TEWKSBURY State MA Zip 01876-1712

City TEWKSBURY State MA Zip 01876-1712

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 6 27

Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

Event Sequence 1 23 1 23 1 23 1 23 Test Status: 1 28

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

Driver Contributing Code 1 25 25 BAC Test Result: 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

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. Row 1: Operator, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 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

License # S56585088 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 1HNJ16 Reg Type PC Reg State MA Veh Year 2016 Veh Make Jeep Veh Config. 1 21

Operator DIAS, MARYLYNNE Last First Middle

Owner DIAS, MARYLYNNE Last First Middle

Address 168 RIVER RD APT 422

Address 168 RIVER RD APT 422

City ANDOVER State MA Zip 01810-1062

City ANDOVER State MA Zip 01810-1062

Insurance Company CITIZENS INSURANCE COMPAN

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 2 27 4 27

Vehicle Travel Direction: [X] S E W Responding to Emergency? 2

Event Sequence 1 23 1 23 1 23 1 23 Test Status: 1 28

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

Driver Contributing Code 99 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

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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 1.





Date of Crash 04/07/2022 Time of Crash 1134 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 20 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 # CHESTNUT ST Name of Roadway/Street 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

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

Crash Report ID# 22-114-AC

License # S9655571 St MA DOB/Agc Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator HOLBROOK, SHAUN L Address 2 THORTON DR City BURLINGTON State MA Zip 01803-0000 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: [X] 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 # 4AZJ39 Reg Type PC Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 2 21 Owner HOLBROOK, SHAUN L Address 2 THORTON DR City BURLINGTON State MA Zip 01803-0000 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 31 23 22 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 22 24 BAC Test Result: 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 99 26 Towed from scene? 1 33

Table with 10 columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Sent Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator, See Above, [X], [X], 1, 1, 1, 0, 0, 10, 1.

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

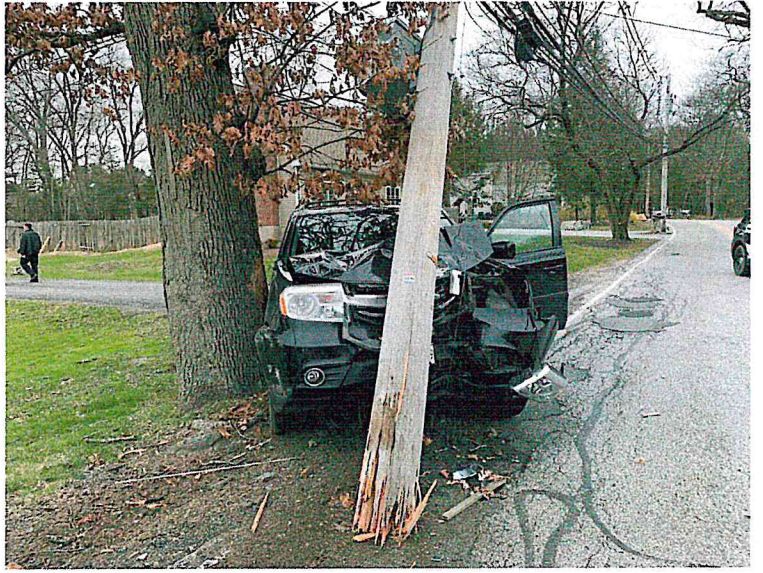
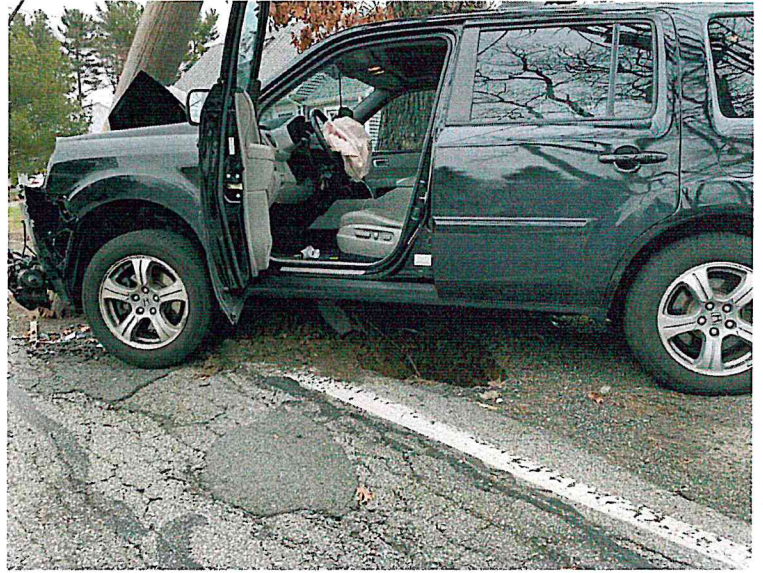
License # St DOB/Agc Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: [ ] N [ ] S [ ] E [ ] W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

Table with 10 columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Sent Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1.



Wilmington Police Department  
Images Associated with 22-114-AC



Wilmington Police Department  
Images Associated with 22-114-AC



|                             |                               |                                |  |  |                      |                     |                            |                                       |                                       |                                      |  |                                 |
|-----------------------------|-------------------------------|--------------------------------|--|--|----------------------|---------------------|----------------------------|---------------------------------------|---------------------------------------|--------------------------------------|--|---------------------------------|
| <b>Police Use Only</b>      |                               |                                | <b>Commonwealth of Massachusetts</b>         |  |                      |                     | <b>RMV Document Number</b> |                                       |                                       |                                      |  |                                 |
| Date of Crash<br>04/08/2022 | Time of Crash<br>1020<br>24HR | City/Town<br><b>Wilmington</b> | <b>Motor Vehicle Crash<br/>Police Report</b> |  | Number Vehicles<br>2 | Number Injured<br>2 | Speed Limit <b>45</b>      | State Police <input type="checkbox"/> | Local Police <input type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> | Other: <input type="checkbox"/> |

|   |   |   |
|---|---|---|
| <b>AT INTERSECTION:</b>   | <b>&lt; LOCATION &gt;</b>   | <b>NOT AT INTERSECTION:</b>   |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____                                     | Route# <b>129 W</b> Direction <b>226</b> Address # <b>LOWELL ST</b><br>Name of Roadway/Street _____                       | Route# _____ Direction _____ Name of Roadway/Street _____<br>Mile Marker _____ Exit Number _____  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____ | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Route# _____ Intersecting Roadway/Street _____ |
| 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# <b>226 LOWELL ST</b><br>Landmark _____   |

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Crash Report ID# **22-115-AC**

|  |  |
|--|--|
| License # <b>S25541971</b> St <b>MA</b> DOB/Age _____<br>Sex <b>F</b> Lic. Class <b>B</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>B</b> <input type="checkbox"/> 20 CDL _____<br>Operator <b>DAVEY, KAREN</b><br>Last First Middle<br>Address <b>173 WILDWOOD ST</b><br>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887</b><br>Insurance Company <b>OLD REPUBLIC INSURANCE CO</b><br>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b><br>Citation # (If Issued) _____<br>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____<br>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <b>V32864</b> Reg Type <b>CO</b> Reg State <b>MA</b><br>Veh Year <b>2020</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> <input type="checkbox"/> 21<br>Owner <b>FEDERAL EXPRESS CORP</b><br>Last First Middle<br>Address <b>4001 LEADENHALL RD</b><br>City <b>MT LAUREL</b> State <b>NJ</b> Zip <b>08054-0000</b><br>Vehicle Action Prior to Crash <b>2</b> <input type="checkbox"/> 22 Damaged Area Code: <b>4</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27<br>Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <b>1</b> <input type="checkbox"/> 28<br>Most Harmful Event <b>1</b> <input type="checkbox"/> 24 Type of Test: <b>29</b><br>Driver Contributing Code <b>1</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <b>30</b><br>Driver Distracted by <b>0</b> <input type="checkbox"/> 26 Susp. Alcohol: <b>2</b> <input type="checkbox"/> 31 Susp. Drug: <b>2</b> <input type="checkbox"/> 32<br>Towed from scene? <b>1</b> <input type="checkbox"/> 33 |
|--|--|

| Please fill out for operator and all occupants involved |           | DOB/Age | Sex | 34<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
|---|-----------|---------|-----|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| <b>Operator</b>   | See Above |         |     | <b>1</b>           | <b>1</b>               | <b>1</b>               | <b>0</b>            | <b>0</b>           | <b>8</b>               | <b>2</b>              | 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 # <b>S35200808</b> St <b>MA</b> DOB/Age _____<br>Sex <b>M</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions _____ CDL _____<br>Operator <b>BALSAMO, ERIC DAVID</b><br>Last First Middle<br>Address <b>76 HAVERHILL RD</b><br>City <b>AMESBURY</b> State <b>MA</b> Zip <b>01913-3908</b><br>Insurance Company <b>QUINCY MUTUAL FIRE INSURA</b><br>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b><br>Citation # (If Issued) <b>T2447024</b><br>Viol. 1: Ch/Sec/Sub <b>90</b> <b>23</b> Viol. 2: Ch/Sec/Sub <b>720CMR 906</b><br>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <b>T69726</b> Reg Type <b>CO</b> Reg State <b>MA</b><br>Veh Year <b>2018</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b> <input type="checkbox"/> 21<br>Owner <b>APLUS HARDWOOD FLOORS INC</b><br>Last First Middle<br>Address <b>9 UNION PL</b><br>City <b>LYNN</b> State <b>MA</b> Zip <b>01902-3668</b><br>Vehicle Action Prior to Crash <b>1</b> <input type="checkbox"/> 22 Damaged Area Code: <b>8</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27<br>Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <b>1</b> <input type="checkbox"/> 28<br>Most Harmful Event <b>1</b> <input type="checkbox"/> 24 Type of Test: <b>29</b><br>Driver Contributing Code <b>5</b> <input type="checkbox"/> 25 <b>7</b> <input type="checkbox"/> 25 BAC Test Result: <b>30</b><br>Driver Distracted by <b>99</b> <input type="checkbox"/> 26 Susp. Alcohol: <b>2</b> <input type="checkbox"/> 31 Susp. Drug: <b>2</b> <input type="checkbox"/> 32<br>Towed from scene? <b>2</b> <input type="checkbox"/> 33 |
|---|---|

| Please fill out for operator/non-motorist and all occupants involved |           | DOB/Age | Sex | 34<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
|--|-----------|---------|-----|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| <b>Operator/Non-Motorist</b>   | See Above |         |     | <b>1</b>           | <b>1</b>               | <b>1</b>               | <b>0</b>            | <b>0</b>           | <b>9</b>               | <b>1</b>              |                  |
|  |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |
|  |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |
|  |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |



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

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

Route# Direction Address # Name of Roadway/Street  
 Feet **NSEW** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Feet **NSEW** of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Feet **NSEW** of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle **11** #Occupants  Hit/Run  Moped Crash Report ID# **22-116-AC**

License # **SA2950860** St **MA** DOB/Age \_\_\_\_\_ Reg # **2XPJ81** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2006** Veh Make **MERCURY** Veh Config. **1** 21  
 Operator **BROWN, CHARLES JEROME JR** Owner **BROWN, CHARLES JEROME JR**  
 Address **97 PEARL ST** Address **97 PEARL ST**  
 City **WOBURN** State **MA** Zip **01801-1541** City **WOBURN** State **MA** Zip **01801-1541**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 27 27  
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **1** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

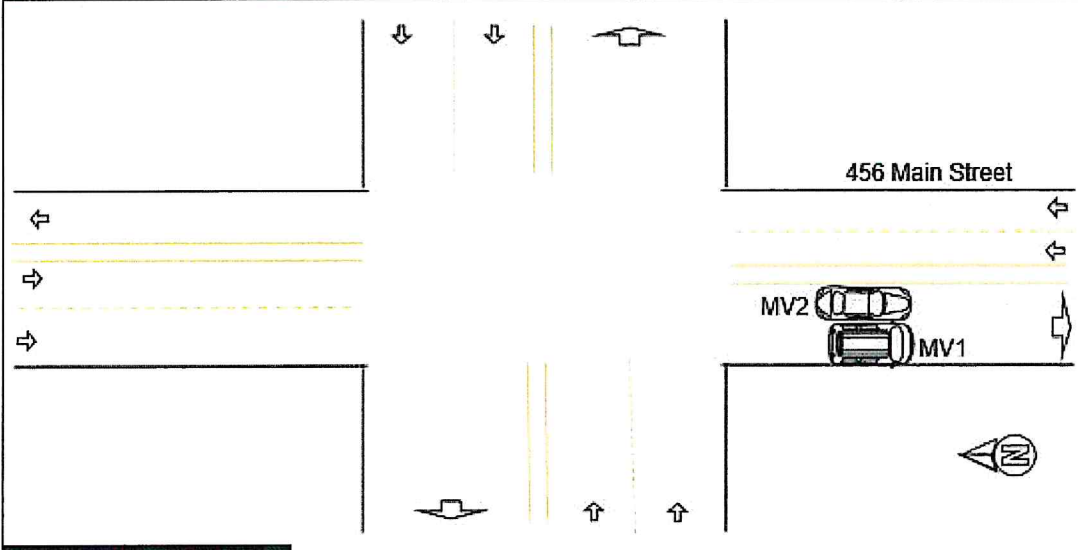
Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S88489045** St **MA** DOB/Age \_\_\_\_\_ Reg # **2374DI** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2004** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **CARDOSO, CARLTON SOUSA** Owner **CARDOSO, CARLTON SOUSA**  
 Address **356 MIDDLESEX AVE** Address **356 MIDDLESEX AVE**  
 City **WILMINGTON** State **MA** Zip **01887-2110** City **WILMINGTON** State **MA** Zip **01887-2110**  
 Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **7** 27 27 27  
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **1** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **3** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

➔ = Direction    1 = Vehicle 1    2 = Vehicle 2    ♂ = Pedestrian    ♫ = Bicycle

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**

**Crash Narrative:**

Motor vehicle number 1, Carlton Cardoso was traveling south straight ahead through the Main Street at Church Street intersection, merged into one lane, and side swiped into MV2 (See images). MV2, Charles Brown was also traveling south straight ahead through the intersection, merged into one lane, and side swiped into MV1. Both parties stated no injuries and refused medical attention. MV1 was towed by Cain's (See attachments).

**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 Julio J Quiles** **197** **Wilmington Police Department** **04/08/2022**  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11-24-00



Wilmington Police Department  
Images Associated with 22-116-AC



Date of Crash 04/08/2022 Time of Crash 2047 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 35 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 Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Address # SHAWSHOEN AVE 196 Feet NSEW of Mile Marker Exit Number

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

Crash Report ID# 22-117-AC

License # S03870833 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator WILSON, MARLENA D Address 29 HOUGHTON RD City WILMINGTON State MA Zip 01887-4544 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: NSW 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 # 2FCA67 Reg Type PC Reg State MA Veh Year 2017 Veh Make NISSAN Veh Config. 1 21 Owner WILSON, TIMOTHY F Address 29 HOUGHTON RD City WILMINGTON State MA Zip 01887-4544 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 5 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33





Table with 12 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. Row 1: Operator, See Above, X, X, 1, 0, 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: NSEW 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 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with 12 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. Row 1: Operator/Non-Motorist, See Above, X, X, 1

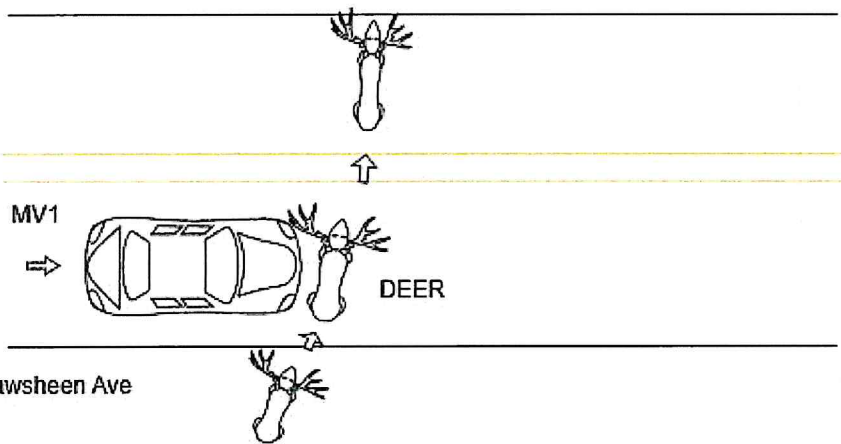
→ = Direction    1 = Vehicle 1    2 = Vehicle 2     = Pedestrian     = Bicycle  
 ie:    → 1    → 2    →     → 

**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 east on Shawsheen Ave and struck a deer that ran across the roadway. The vehicle had front end damage but was still driveable. Units were unable to locate the deer.

**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**

**04/08/2022**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 04/08/2022 Time of Crash 2119 City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 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 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# **22-118-AC**

License # **S76642880** St **MA** DOB/Age \_\_\_\_\_ Reg # **94AG74** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1**

Operator **MCWILLIAMS, DANIEL J** Owner **MCWILLIAMS, DONNA M**

Address **37 HARJEAN RD** Address **37 HARJEAN RD**

City **BILLERICA** State **MA** Zip **01821-2243** City **BILLERICA** State **MA** Zip **01821-2243**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 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: **29**

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

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**

Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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 |
|--------------------------|--|---------|----------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>          | See Above                                |         |          | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
| <b>DONNA MCWILLIAMS</b>  | <b>37 HARJEAN RD BILLERICA, MA 01821</b> |         | <b>F</b> | <b>6</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |

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

License # **S31891354** St **MA** DOB/Age \_\_\_\_\_ Reg # **2HWE99** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **NISSAN** Veh Config. **1**

Operator **SINGH, SHINGARA** Owner **SINGH, SHINGARA**

Address **15 SOUTH ST** Address **15 SOUTH ST**

City **WILMINGTON** State **MA** Zip **01887-1612** City **WILMINGTON** State **MA** Zip **01887-1612**

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

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19 25 5 25** BAC Test Result: **30**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

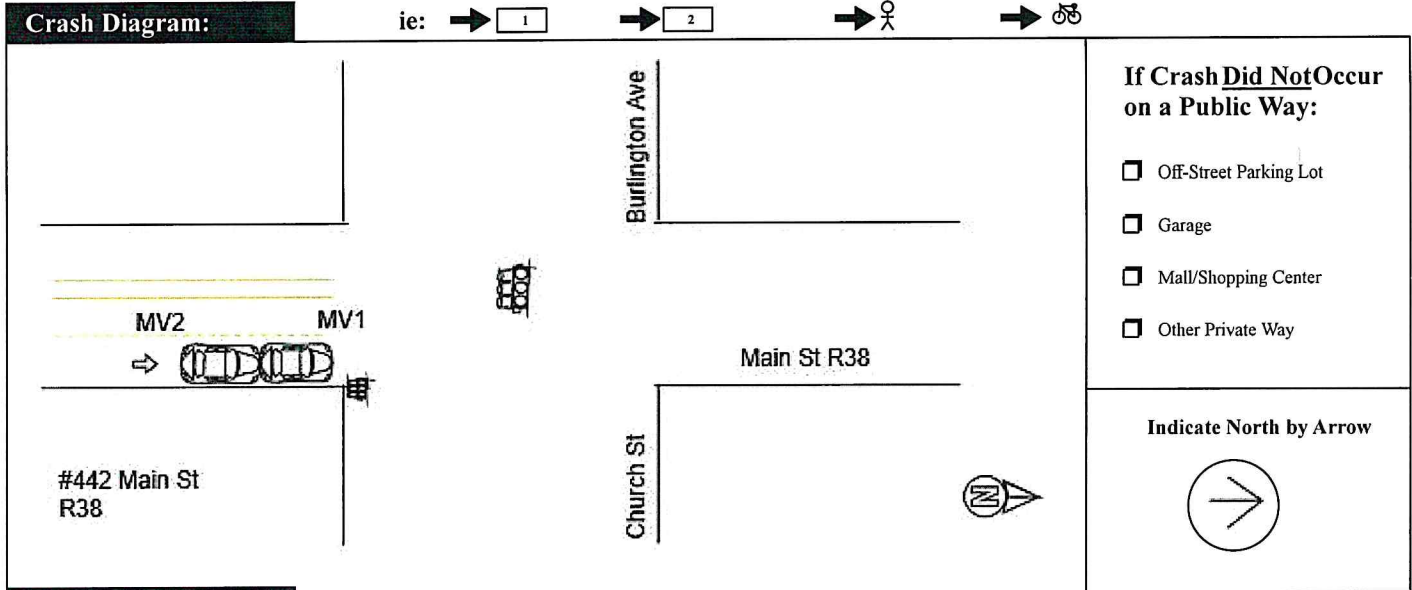
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1 33**

Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

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

➔ = Direction   1 = Vehicle 1   2 = Vehicle 2   ○ = Pedestrian   🚲 = Bicycle  
 ie: ➔ 1   ➔ 2   ➔ ○   ➔ 🚲



**Crash Narrative:**

MV1 was struck from behind by MV2 while at the traffic light in the area of 442 Main Street. Operator of MV1 reported they were fully stopped at the traffic light and was struck from behind. Operator of MV2 reported that MV1 stopped prior to the light turning red. MV1 had minor rear end damage and MV2 had heavy front end damage. Passenger airbag was deployed on MV2, however there was no passenger in MV2. Both parties refused further medical treatment. MV2 was towed by Cains 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 Daryl J Ceruolo                                  212                                  Wilmington Police Department                                  04/08/2022  
 Police Officer Name (Please Print)                                  Signature                                  ID/Badge #                                  Department                                  Precinct/Barracks                                  Date

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 04/08/2022 Time of Crash 1433 24HR City/Town **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25 Latitude Longitude State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

**WEST ST**  
Route# Direction Name of Roadway/Street  
At  
**129 E LOWELL ST**  
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 \_\_\_\_\_ Exit Number  
Feet  N  S  E  W of \_\_\_\_\_ Mile Marker \_\_\_\_\_  
Feet  N  S  E  W of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street  
Landmark

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

Crash Report ID# **22-119-AC**

License # **S32754071** St **MA** DOB/Ag: \_\_\_\_\_  
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_  
Operator **BELKNER, JOHN R JR**  
Address **5 BEACH LN**  
City **HINGHAM** State **MA** Zip **02043-1128**  
Insurance Company **SAFETY INSURANCE COMPANY**  
Vehicle Travel Direction:  N  S  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 # **2JGL49** Reg Type **PC** Reg State **MA**  
Veh Year **2019** Veh Make **ACURA** Veh Config. **1**  
Owner **BELKNER, JOHN R JR**  
Address **5 BEACH LN**  
City **HINGHAM** State **MA** Zip **02043-1128**  
Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 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 |
|---|-----------|-------------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   | See Above | <del>XXXXXX</del> | <del>XX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|   |           |                   |               |              |                  |                  |               |              |                  |                 |                  |
|   |           |                   |               |              |                  |                  |               |              |                  |                 |                  |
|   |           |                   |               |              |                  |                  |               |              |                  |                 |                  |

Please Select One of the Following:  Vehicle 2 Occupants  Non-Motorist A

Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S60248287** St **MA** DOB/Ag: \_\_\_\_\_  
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_  
Operator **ZHANG, LI**  
Address **8 HILLCREST RD**  
City **TEWKSBURY** State **MA** Zip **01876-2836**  
Insurance Company **GOVERNMENT EMPLOYEES INSU**  
Vehicle Travel Direction:  N  S  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 \_\_\_\_\_

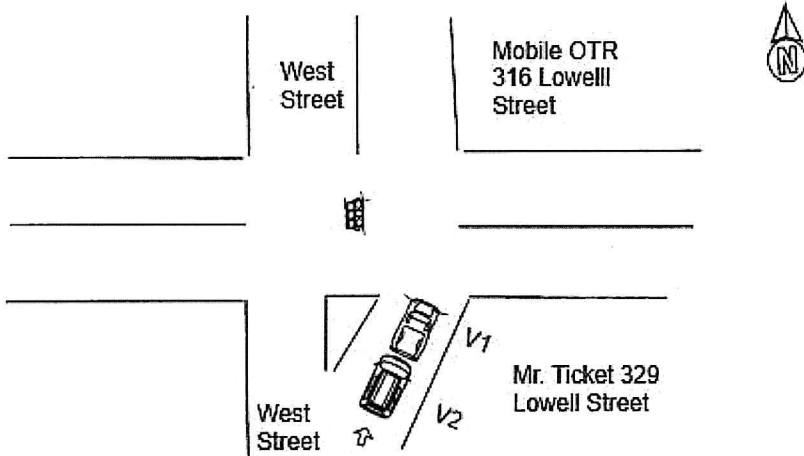
Reg # **6LZJ60** Reg Type **PC** Reg State **MA**  
Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1**  
Owner **ZHANG, LI**  
Address **8 HILLCREST RD**  
City **TEWKSBURY** State **MA** Zip **01876-2836**  
Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27  
Event Sequence **1** 23 23 23 23 Test Status: **28**  
Most Harmful Event **1** 24 Type of Test: **29**  
Driver Contributing Code **5** 25 **19** 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/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 |
|--|-----------|-------------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   | See Above | <del>XXXXXX</del> | <del>XX</del> | <b>1</b>     | <b>1</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |
|  |           |                   |               |              |                  |                  |               |              |                  |                 |                  |
|  |           |                   |               |              |                  |                  |               |              |                  |                 |                  |
|  |           |                   |               |              |                  |                  |               |              |                  |                 |                  |

→ = 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:

V1 and V2 were waiting on West Street to make right turn on to Lowell Street. V1 (Belkner) began to enter traffic but needed to stop when it was rear ended by V2. V2 Opr (Zhang) stated it was his fault. He saw V1 begin to go on to Lowell Street so he began to go and rear-ended V1 when it stopped. No injuries observed or reported. Minor visible damage to rear end of V1 and front end of V2. Following too close and inattention by Opr Zhang primary cause of crash.

### 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 Richard DiPerri

173

Wilmington Police Department

04/09/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 04/09/2022 Time of Crash 1200 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 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 Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street

Route# 21 Direction Address # INDUSTRIAL WAY Feet NSEW of Mile Marker Exit Number Feet NSEW of Route# Intersecting Roadway/Street Landmark

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

Crash Report ID# 22-120-AC

License # SA6920752 St MA DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator Address City State Zip Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: NSE [X] 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 # 87T750 Reg Type PC Reg State MA Veh Year 2005 Veh Make TOYOTA Veh Config. 1 21 Owner COMEAU, DEBORAH A Address 10 SUNCREST AVE City WILMINGTON State MA Zip 01887-3418 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27 Event Sequence 40 23 23 23 23 Test Status: 1 28 29 Type of Test: BAC Test Result: 1 30 Most Harmful Event 22 24 Driver Contributing Code 12 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 1 33

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. Row 1: Operator, See Above, [X], [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

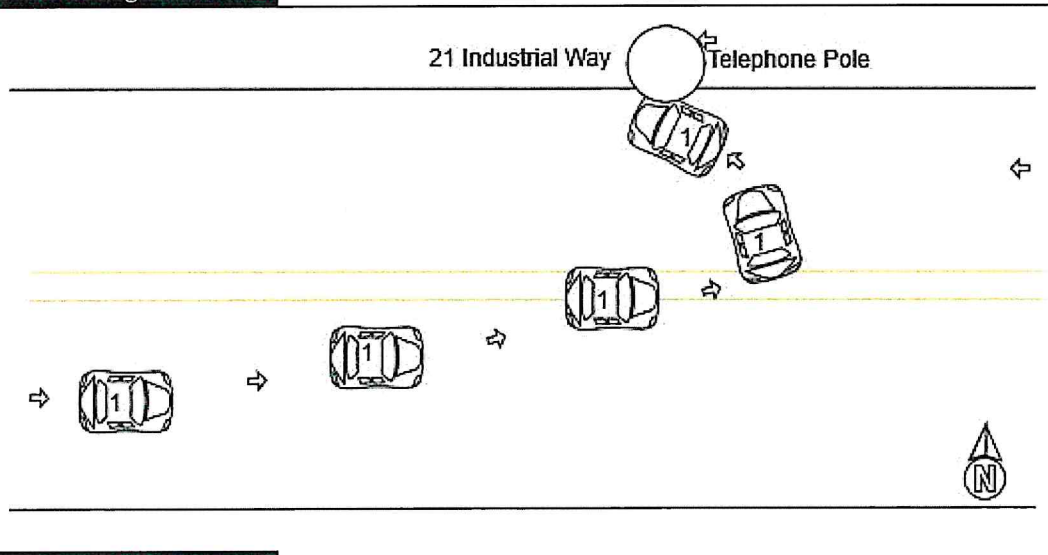
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**Crash Diagram:**



**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:**

MV 1 was driving on Industrial Way. MV 1 stated rain was down pouring and the roadway was filled with puddles of rain. MV 1 lost control of MV when car began hydroplaning. MV left roadway and graze against non-numbered VZ utility pole. Pole suffered no damage. No injuries. MV towed by Forrest 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 Kevin J Skinner

200

Wilmington Police Department

04/09/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date