

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 04/10/2022 Time of Crash 0532 24HR City/Town **Wilmington**

## Motor Vehicle Crash Police Report

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

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

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

Crash Report ID# **22-121-AC**

License # **S75604451** St **MA** DOB/Age \_\_\_\_\_  
Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_  
Operator **HAYDEN, TYLER D**  
Address **162A WASHINGTON CIR**  
City **WOBURN** State **MA** Zip **01801-3366**  
Insurance Company **SAFETY INSURANCE COMPANY**  
Vehicle Travel Direction:  N  E  W Responding to Emergency? **2**  
Citation # (If Issued) \_\_\_\_\_  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **3EM456** Reg Type **PC** Reg State **MA**  
Veh Year **2015** Veh Make **CHRYSLER** Veh Config. **1**  
Owner **HAYDEN, JO-ANNE CAROL**  
Address **162A WASHINGTON CIR**  
City **WOBURN** State **MA** Zip **01801-3366**  
Vehicle Action Prior to Crash **1** Damaged Area Code: **10 27 2 27 27**  
Event Sequence **40 23 23 23 23** Test Status: **1 28 29 30**  
Most Harmful Event **22 24** BAC Test Result: \_\_\_\_\_  
Driver Contributing Code **21 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
Driver Distracted by **99 26** 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 |
| <b>Operator</b>   | See Above |         |     | <b>1</b>     | <b>1</b>         | <b>3</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  Action  Location  Condition  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_  
Operator \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**  
Event Sequence **23 23 23 23** Test Status: **28 29 30**  
Most Harmful Event **24** BAC Test Result: \_\_\_\_\_  
Driver Contributing Code **25 25** Susp. Alcohol: **31** Susp. Drug: **32**  
Driver Distracted by **26** Towed from scene? **33**

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





|                             |                               |                         |  |  |  |  |                            |                     |                       |                |                 |                                       |                                       |                                      |  |                                 |
|-----------------------------|-------------------------------|-------------------------|--|--|--|--|----------------------------|---------------------|-----------------------|----------------|-----------------|---------------------------------------|---------------------------------------|--------------------------------------|--|---------------------------------|
| <b>Police Use Only</b>      |                               |                         | <b>Commonwealth of Massachusetts</b>         |  |  |  | <b>RMV Document Number</b> |                     |                       |                |                 |                                       |                                       |                                      |  |                                 |
| Date of Crash<br>04/10/2022 | Time of Crash<br>0827<br>24HR | City/Town<br>Wilmington | <b>Motor Vehicle Crash<br/>Police Report</b> |  |  |  | Number Vehicles<br>2       | Number Injured<br>0 | Speed Limit <u>10</u> | Latitude _____ | Longitude _____ | State Police <input type="checkbox"/> | Local Police <input type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> | Other: <input type="checkbox"/> |

|   |  |   |
|---|--|---|
| <b>AT INTERSECTION:</b>   | <b>&lt; LOCATION &gt;</b>  | <b>NOT AT INTERSECTION:</b>   |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____                                     | Route# _____ Direction _____ Address # <u>4200</u> Name of Roadway/Street <u>HORSESHOE LN</u>  | Route# _____ Direction _____ Name of Roadway/Street _____   |
| 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 _____ or _____ Mile Marker _____ Exit Number _____ | 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 _____  | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ |
|   |  | Landmark _____  |

Please Select One of the Following:  Vehicle 14 #Occupants  Hit/Run  Moped Crash Report ID# **22-122-AC**

|   |  |
|---|--|
| License # <u>S29144016</u> St <u>MA</u> DOB/Age _____<br>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____<br>Operator <u>PANATTA, TIFFANY A</u><br>Address <u>5211 HORSESHOE LN</u><br>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-6006</u><br>Insurance Company <u>GEICO GENERAL INSURANCE C</u><br>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u><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 # <u>7FMC90</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2013</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> <u>21</u><br>Owner <u>PANATTA, TIFFANY A</u><br>Address <u>5211 HORSESHOE LN</u><br>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-6006</u><br>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u><br>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><br>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u><br>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u><br>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><br>Towed from scene? <u>2</u> <u>33</u> |
|---|--|

| Please fill out for operator and all occupants involved |  | 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 |
|---|--|-----------|-------------------------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   |  | See Above | <input checked="" type="checkbox"/> | <u>1</u>     | <u>1</u>         | <u>2</u>         | <u>0</u>      | <u>0</u>     | <u>10</u>        | <u>1</u>        |                  |
|   |  |           |                                     | <u>3</u>     | <u>1</u>         | <u>2</u>         | <u>0</u>      | <u>0</u>     | <u>10</u>        | <u>1</u>        |                  |
|   |  |           |                                     | <u>4</u>     | <u>1</u>         | <u>2</u>         | <u>0</u>      | <u>0</u>     | <u>10</u>        | <u>1</u>        |                  |
|   |  |           |                                     | <u>6</u>     | <u>1</u>         | <u>2</u>         | <u>0</u>      | <u>0</u>     | <u>10</u>        | <u>1</u>        |                  |

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

|  |  |
|--|--|
| License # <u>S99028723</u> St <u>MA</u> DOB/Age _____<br>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____<br>Operator <u>LAMSON, BRITTANY BROOKE</u><br>Address <u>5 LORING AVE</u><br>City <u>MAYNARD</u> State <u>MA</u> Zip <u>01754-1127</u><br>Insurance Company <u>THE COMMERCE INSURANCE CO</u><br>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u><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 # <u>8VR219</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2018</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u><br>Owner <u>SHANAHAN, MYKENZIE ELIZABETH</u><br>Address <u>25 OSGOOD STREET 2ND FLOOR</u><br>City <u>LOWELL</u> State <u>MA</u> Zip <u>01851-2615</u><br>Vehicle Action Prior to Crash <u>10</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u><br>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><br>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u><br>Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u><br>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><br>Towed from scene? <u>1</u> <u>33</u> |
|--|--|

| Please fill out for operator/non-motorist and all occupants involved |  | 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 |
|--|--|-----------|-------------------------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   |  | See Above | <input checked="" type="checkbox"/> | <u>1</u>     | <u>1</u>         | <u>2</u>         | <u>0</u>      | <u>0</u>     | <u>10</u>        | <u>1</u>        |                  |
|  |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |
|  |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |





|                             |                               |                         |  |  |  |                      |                            |                       |                |                 |  |
|-----------------------------|-------------------------------|-------------------------|--|--|--|----------------------|----------------------------|-----------------------|----------------|-----------------|--|
| <b>Police Use Only</b>      |                               |                         | <b>Commonwealth of Massachusetts</b>         |  |  |                      | <b>RMV Document Number</b> |                       |                |                 |  |
| Date of Crash<br>04/12/2022 | Time of Crash<br>1504<br>24HR | City/Town<br>Wilmington | <b>Motor Vehicle Crash<br/>Police Report</b> |  |  | Number Vehicles<br>2 | Number Injured<br>0        | Speed Limit <u>25</u> | Latitude _____ | Longitude _____ | <input type="checkbox"/> State Police<br><input checked="" type="checkbox"/> Local Police<br><input type="checkbox"/> MBTA Police<br><input type="checkbox"/> Campus Police<br><input type="checkbox"/> Other: |

|   |   |  |
|---|---|--|
| <b>AT INTERSECTION:</b>   | <b>&lt; LOCATION &gt;</b>   | <b>NOT AT INTERSECTION:</b>  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____                                     | Route# <u>376</u> Direction _____ Address # <u>MIDDLESEX AVE</u><br>Name of Roadway/Street _____  | Route# _____ Direction _____ Name of Roadway/Street _____              |
| 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 _____ or _____<br>Mile Marker _____ Exit Number _____   | Route# _____ Direction _____ Name of 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 _____<br>Route# _____ Intersecting Roadway/Street _____ | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ |
|   |   | Landmark _____   |

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

Crash Report ID# **22-123-AC**

|   |   |
|---|---|
| License # <u>S32940373</u> St <u>MA</u> DOB/Age _____<br>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____<br>Endorsement _____<br>Operator <u>FANCY, KENNETH J JR</u><br><small>Last First Middle</small><br>Address <u>88A SHAW SHEEN RD</u><br>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-0000</u><br>Insurance Company <u>GREEN MOUNTAIN INSURANCE</u><br>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><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 # <u>3TK489</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2008</u> Veh Make <u>ACURA</u> Veh Config. <u>1</u> <u>21</u><br>Owner <u>FANCY, KENNETH J JR</u><br><small>Last First Middle</small><br>Address <u>88A SHAW SHEEN RD</u><br>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-0000</u><br>Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u><br>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u><br>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u><br>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u><br>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u><br>Towed from scene? <u>2</u> <u>33</u> |
|---|---|

| 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 |         |     | <u>1</u>           | <u>1</u>               | <u>4</u>               | <u>0</u>            | <u>0</u>           | <u>10</u>              | <u>1</u>              |                  |
|   |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |
|   |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |
|   |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |

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

|  |   |
|--|---|
| License # <u>40237945718</u> St <u>OC</u> DOB/Age _____<br>Sex <u>F</u> Lic. Class <u>99</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____<br>Endorsement _____<br>Operator <u>REYES SANTANA, KEYLA</u><br><small>Last First Middle</small><br>Address <u>202 FERRY ST APT 1</u><br>City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-1320</u><br>Insurance Company <u>THE COMMERCE INSURANCE CO</u><br>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><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 # <u>4VTJ21</u> Reg Type <u>PC</u> Reg State <u>MA</u><br>Veh Year <u>2009</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u><br>Owner <u>REYES MOJICA, JUAN J</u><br><small>Last First Middle</small><br>Address <u>202 FERRY ST APT 1</u><br>City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-1320</u><br>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><br>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u><br>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u><br>Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u><br>Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u><br>Towed from scene? <u>2</u> <u>33</u> |
|--|---|

| 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 |         |     | <u>1</u>           | <u>1</u>               | <u>4</u>               | <u>0</u>            | <u>0</u>           | <u>10</u>              | <u>1</u>              |                  |
|  |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |
|  |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |
|  |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |





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

1 **BALLARDVALE ST**  
 Route# Direction Name of Roadway/Street  
 At  
**RESEARCH DR**  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 2 **RESEARCH DR**  
 Route# Direction Name of Intersecting Roadway/Street  
 3  
 10  
 11  
 12

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# **22-124-AC**

License # **S36828750** St **MA** DOB/Ag \_\_\_\_\_ Reg # **7GB649** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1** 21  
 Operator **AJWALA, CHARLES NYANGUN** Owner **AJWALA, CHARLES NYANGUN**  
 Address **87 CARLTON ST** Address **87 CARLTON ST**  
 City **HOLYOKE** State **MA** Zip **01040-3004** City **HOLYOKE** State **MA** Zip **01040-3004**  
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **B** 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: **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 Sent 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 # **S72677840** St **MA** DOB/Ag \_\_\_\_\_ Reg # **491TL3** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **Jeep** Veh Config. **1** 21  
 Operator **CORLETO, ROSE M** Owner **CORLETO, CHRISTOPHER M**  
 Address **5 FELTON ST** Address **5 FELTON ST**  
 City **WOBURN** State **MA** Zip **01801-3209** City **WOBURN** State **MA** Zip **01801-3209**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 27 **27** **27**  
 Vehicle Travel Direction: **N** **S** **E**  Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** 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 \_\_\_\_\_

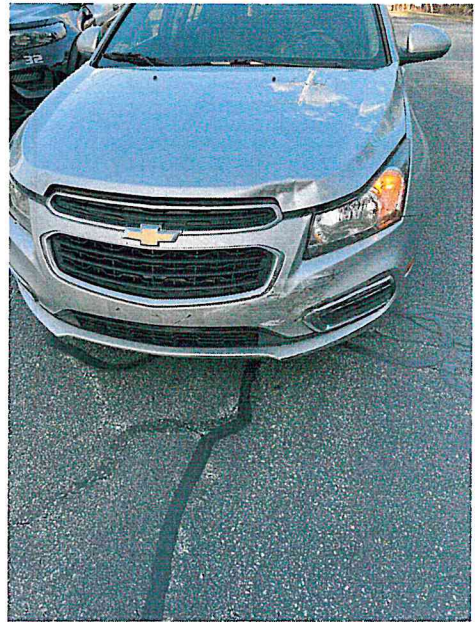
Please fill out for operator/non-motorist and all occupants involved

| 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 |
|------------------------------|-----------|-------------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b> | See Above | <del>XXXXXX</del> | <del>XX</del> | <b>1</b>     | <b>0</b>         | <b>4</b>         | <b>0</b>      | <b>0</b>     | <b>10</b>        | <b>1</b>        |                  |





Wilmington Police Department  
Images Associated with 22-124-AC



Date of Crash 04/13/2022 Time of Crash 1717 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street 700 WOBURN ST Feet N S E W of Mile Marker Exit Number

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

Crash Report ID# 22-125-AC

License # NHL14878044 St NH DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 99 CDL Endorsement Operator GOULET, BILLY Address 60 FERRY ST City HUDSON State NH Zip 030514187

Reg # 4-JACOB Reg Type PC Reg State NH Veh Year 2018 Veh Make Jeep Veh Config. 1 Owner GOULET, BILLY Address 60 FERRY ST City HUDSON State NH Zip 030514187

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. Operator row is filled with data.

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

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator unknown Address City State Zip

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

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. Operator/Non-Motorist row is filled with data.





Date of Crash 04/14/2022 Time of Crash 1200 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police  Local Police  MBTA Police  Campus Police  Other:

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

|   |  |  |      |
|---|--|--|------|
| 1 | Route# _____ Direction _____ Name of Roadway/Street _____              | Route# <b>38</b> Direction <b>N</b> Address # <b>195</b> Name of Roadway/Street <b>MAIN ST</b> | 2 10 |
|   | At _____   | Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____                      |      |
| 2 | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | Feet <b>N S E W</b> of _____   | 3 11 |
|   | Also at Intersection with _____  | Route# _____ Intersecting Roadway/Street _____   |      |
| 2 | Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | Feet <b>N S E W</b> of _____   | 3 11 |
|   |  | Route# _____ Intersecting Roadway/Street <b>ROCCO'S</b> Landmark _____                         |      |

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **22-126-AC**

|   |  |   |      |
|---|--|---|------|
| 4 | License # <b>S28435841</b> St <b>MA</b> DOB/Age _____  | Reg # <b>971MY1</b> Reg Type <b>PC</b> Reg State <b>MA</b>  | 1 12 |
|   | Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL Endorsement _____                   | Veh Year <b>2003</b> Veh Make <b>GMC</b> Veh Config. <b>1</b> 21  |      |
| 4 | Operator <b>JOHNSON, NEIL E</b>  | Owner <b>JOHNSON, NEIL E</b>  | 1 12 |
|   | Address <b>44 DUDLEY RD</b>  | Address <b>44 DUDLEY RD</b>   |      |
| 5 | City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4407</b>  | City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4407</b>   | 1 13 |
|   | Insurance Company <b>ARBELLA MUTUAL INSURANCE</b>  | Vehicle Action Prior to Crash <b>4</b> 22 Damaged Area Code: <b>2</b> 27 27 27                                    |      |
| 6 | Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b> | Event Sequence <b>1</b> 23 23 23 23 Test Status: <b>1</b> 28  | 1 13 |
|   | Citation # (If Issued) _____   | Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b>  |      |
| 6 | Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____  | Driver Contributing Code <b>4</b> 25 25 BAC Test Result: <b>30</b>  | 1 13 |
|   | Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____  | Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>2</b> 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

|   |  |   |      |
|---|--|---|------|
| 8 | License # <b>S12985715</b> St <b>MA</b> DOB/Age _____  | Reg # <b>749XSL</b> Reg Type <b>PC</b> Reg State <b>MA</b>  | 1 14 |
|   | Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL Endorsement _____                     | Veh Year <b>2018</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b> 21  |      |
| 8 | Operator <b>MCCONOLOGUE, ALLEN ROBERT</b>  | Owner <b>MCCONOLOGUE, ALLEN ROBERT</b>  | 1 14 |
|   | Address <b>17 LLOYD RD</b>   | Address <b>17 LLOYD RD</b>  |      |
| 9 | City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1730</b>   | City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1730</b>  | 1 14 |
|   | Insurance Company <b>CITIZENS INSURANCE COMPAN</b>   | Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>3</b> 27 2 27 27                                  |      |
| 9 | Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>N E W</b> Responding to Emergency? <b>2</b> | Event Sequence <b>1</b> 23 23 23 23 Test Status: <b>28</b>  | 1 14 |
|   | Citation # (If Issued) _____   | Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b>  |      |
| 9 | Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____  | Driver Contributing Code <b>1</b> 25 25 BAC Test Result: <b>30</b>  | 1 14 |
|   | Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____  | Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>1</b> 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>        |                  |
|  |           |                   |               |              |                  |                  |               |              |                  |                 |                  |
|  |           |                   |               |              |                  |                  |               |              |                  |                 |                  |





Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 04/16/2022 Time of Crash 2233 City/Town Wilmington  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 35 State Police   
 Latitude \_\_\_\_\_ Local Police   
 Longitude \_\_\_\_\_ 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# 129 Direction W Address # 281 Name of Roadway/Street SHAWSHOEN AVE  
 \_\_\_\_\_ Feet NSEW of \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Mile Marker \_\_\_\_\_  
 \_\_\_\_\_ Feet NSEW of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet NSEW of \_\_\_\_\_  
 Landmark \_\_\_\_\_

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

Crash Report ID# **22-127-AC**

License # S23318145 St MA DOB/Age \_\_\_\_\_  
 Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator DUONG, LINH THANH  
 Last First Middle  
 Address 2 WOODSIDE RD  
 City NORTH BILLERICA State MA Zip 01862-3046  
 Insurance Company AMICA MUTUAL INSURANCE CO  
 Vehicle Travel Direction: NSE  Responding to Emergency? 2  
 Citation # (If Issued) 385583AB  
 Viol. 1: Ch/Sec/Sub 90 13B Viol. 2: Ch/Sec/Sub 89 4A  
 Viol. 3: Ch/Sec/Sub 90 18 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # 1ZMN21 Reg Type PC Reg State MA  
 Veh Year 2015 Veh Make BMW Veh Config. 1 21  
 Owner DUONG, LINH THANH  
 Last First Middle  
 Address 2 WOODSIDE RD  
 City NORTH BILLERICA State MA Zip 01862-3046  
 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27  
 Event Sequence 35 23 23 23 23 Test Status: 1 28  
 Type of Test: 29  
 Most Harmful Event 35 24 BAC Test Result: 1 30  
 Driver Contributing Code 9 25 20 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Driver Distracted by 3 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 |
|---|--|-----------|-------------------------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator</b>   |  | See Above | <input checked="" type="checkbox"/> | <u>1</u>     | <u>99</u>        | <u>1</u>         | <u>0</u>      | <u>0</u>     | <u>10</u>        | <u>1</u>        |                  |
|   |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |
|   |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator \_\_\_\_\_  
 Last First Middle  
 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 \_\_\_\_\_  
 Last First Middle  
 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

| 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 | <input checked="" type="checkbox"/> | <u>1</u>     |                  |                  |               |              |                  |                 |                  |
|  |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |
|  |  |           |                                     |              |                  |                  |               |              |                  |                 |                  |



