

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>109</u> Name of Roadway/Street <u>ALDRICH RD</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-128-AC**

<p>License # <u>SA1260098</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>RUMLEY, MICHAEL THOMAS</u> Address <u>14 SEMINOLE RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5716</u> Insurance Company <u>GEICO GENERAL INSURANCE C</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2446332</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>2HYD86</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2005</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>21</u> Owner <u>AQUARO, MICHELE MARIE</u> Address <u>14 SEMINOLE RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5716</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>9</u> <u>25</u> <u>97</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u></p>
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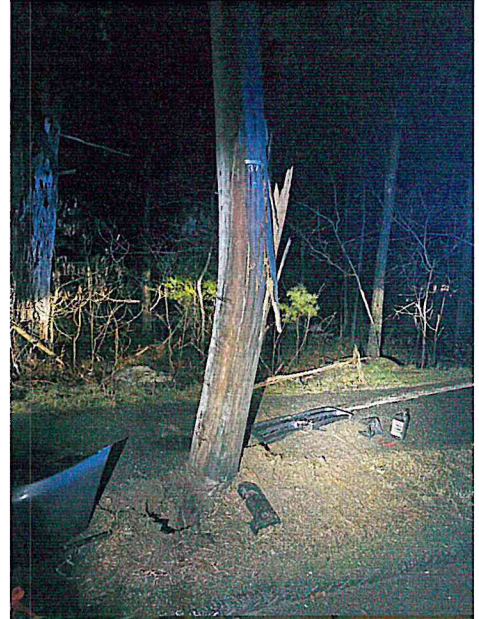
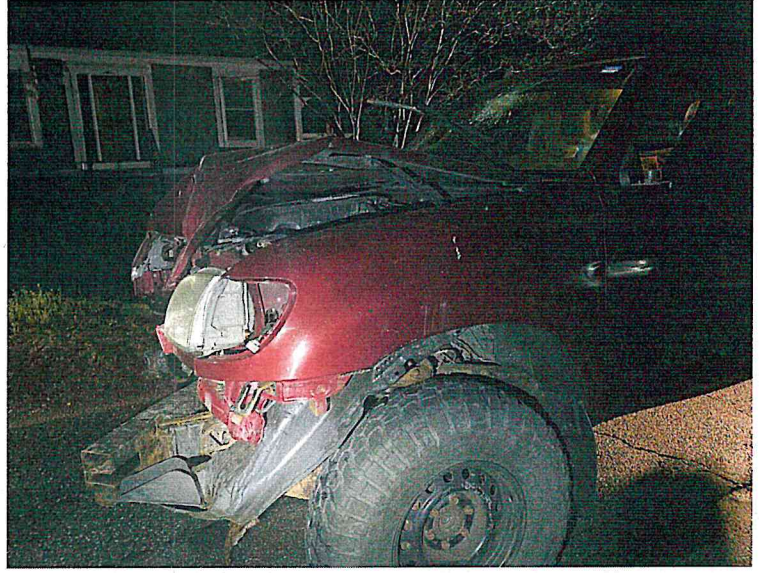
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	1	0	0	8	1	

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

<p>License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1							

Wilmington Police Department
Images Associated with 22-128-AC



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 1 #Occupants Hit/Run Moped Crash Report ID# **22-129-AC**

License # **S26651492** St **MA** DOB/Age Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement

Operator **SCULLARI, MARK JOSEPH** Owner **SCULLARI, MARK JOSEPH**

Address **42 BELMONT ST FL APT 2** Address **42 BELMONT ST FL APT 2**

City **SOMERVILLE** State **MA** Zip **02143-2535** City **SOMERVILLE** State **MA** Zip **02143-2535**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **2** **27** **3** **27** **27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **35** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) **387208AB** Most Harmful Event **35** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **13B** Viol. 2: Ch/Sec/Sub Driver Contributing Code **1** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub Driver Distracted by **4** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

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

Sex Lic. Class Lic. Restrictions CDL Endorsement Veh Year Veh Make Veh Config. **21**

Operator Owner

Address Address

City State Zip City State Zip

Insurance Company Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**

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

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

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

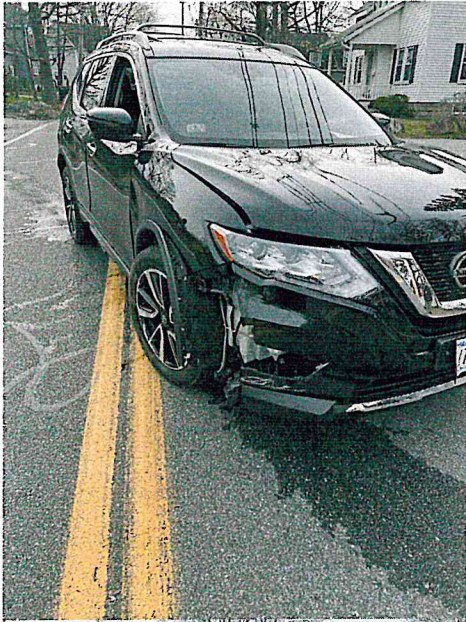
Viol. 2: Ch/Sec/Sub Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

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

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

Wilmington Police Department
Images Associated with 22-129-AC



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

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

38 S 474 MAIN ST
 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: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **22-130-AC**

License # **S25202638** St **MA** DOB/Age: Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
 Operator **DIGAETANO, PATRICIA ANNE**
 Address **1803 LORDS CT** City **WILMINGTON** State **MA** Zip **01887-4512**
 Insurance Company **THE COMMERCE INSURANCE CO**
 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 # **2ZPX89** Reg Type **PC** Reg State **MA**
 Veh Year **2018** Veh Make **GMC** Veh Config. **1**
 Owner **DIGAETANO, ANDREW L**
 Address **1803 LORDS CT** City **WILMINGTON** State **MA** Zip **01887-4512**
 Vehicle Action Prior to Crash **2** Damaged Area Code: **4** **27** **3** **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? **1** **33**

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

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

License # **NHL15172144** St **NH** DOB/Age: Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
 Operator **MORNEAU, RAYMOND P**
 Address **24 ISAAC FOSS RD** City **CHESTER** State **NH** Zip **03036**
 Insurance Company **SAFETY**
 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 # **4740781** Reg Type **PC** Reg State **NH**
 Veh Year **2011** Veh Make **FORD** Veh Config. **1**
 Owner **MORNEAU, RAYMOND P**
 Address **24 ISAAC FOSS RD** City **CHESTER** State **NH** Zip **03036**
 Vehicle Action Prior to Crash **1** 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 **20** **25** **5** **25** BAC Test Result: **30**
 Driver Distracted by **5** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

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

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

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

Route# Direction Address # Name of Roadway/Street
Feet **N S E W** of _____ or _____ Mile Marker Exit Number
Feet **N S E W** of _____ Route# Intersecting Roadway/Street
Feet **N S E W** of _____ Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-131-AC**

License # **S51939487** St **MA** DOB/Age _____ Reg # **1ED248** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Endorsement
Operator **MARTIGNETTI, LOUIS** Owner **MARTIGNETTI, LOUIS**
Address **2 FRANCIS DR APT 310** Address **2 FRANCIS DR APT 310**
City **ANDOVER** State **MA** Zip **01810-0047** City **ANDOVER** State **MA** Zip **01810-0047**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 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 _____ 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

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

License # **7325220** St **ME** DOB/Age _____ Reg # **6AP087** Reg Type **AP** Reg State **NH**
Sex **M** Lic. Class **C** 19 19 Lic. Restrictions **20** CDL _____ Endorsement
Operator **DOHERTY, THOMAS P** Owner **R&J LEASING INC**
Address **870 PLEASANT VIEW RIDGE RD** Address **1667 WHITE MOUNTAIN HWY**
City **SOUTH CHINA** State **ME** Zip **04358** City **WAKEFIELD** State **NH** Zip **03872**
Insurance Company **IMPERIUM INSURANCE COMP** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 4 27 27 27
Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 22-131-AC



Wilmington Police Department
Images Associated with 22-131-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# _____ Direction _____ Address # **586** Name of Roadway/Street **MAIN ST**
 _____ Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____
 _____ Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____ Landmark _____

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped Crash Report ID# **22-132-AC**

License # _____ St _____ DOB/Age _____ Reg # **unknown** Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make **TOYOTA** Veh Config. **97 21**
 Operator **unknown** Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1	99	99	0	0	99	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 _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **CONCORD ST**
Route# Direction Name of Roadway/Street

At

1 1 **FORDHAM RD**
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker or Exit Number

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

Feet N S E W of

Landmark

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

Crash Report ID# **22-133-AC**

License # **S62803584** St **MA** DOB/Age: **19 19**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement

Operator **GRAHAM, WILLIAM JOSEPH**
Last First Middle

Address **339 CABOT ST APT 2**

City **BEVERLY** State **MA** Zip **01915-3383**

Insurance Company **THE COMMERCE INSURANCE CO**

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 # **1KBE94** Reg Type **PC** Reg State **MA**

Veh Year **2006** Veh Make **HONDA** Veh Config. **1 21**

Owner **GRAHAM, WILLIAM JOSEPH**
Last First Middle

Address **339 CABOT ST APT 2**

City **BEVERLY** State **MA** Zip **01915-3383**

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

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

Most Harmful Event **1 24** Type of Test: **29**

Driver Contributing Code **4 25 25** BAC Test Result: **30**

Driver Distracted by **26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp Code	Medical Facility
Operator	See Above			1	0	1	0	0	8	2	Lahey Clinic

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

License # **S38478863** St **MA** DOB/Age: **19 19**

Sex **M** Lic. Class **D** Lic. Restrictions **B 20** CDL Endorsement

Operator **RUGGIERO, JOHN A**
Last First Middle

Address **1214 KIRKBRIDE DR**

City **DANVERS** State **MA** Zip **01923-1580**

Insurance Company **THE COMMERCE INSURANCE CO**

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

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # **1MVL72** Reg Type **PC** Reg State **MA**

Veh Year **2021** Veh Make **CHEVROLET** Veh Config. **2 21**

Owner **RUGGIERO, CHRISTOPHER C**
Last First Middle

Address **5 CHERRY AVE**

City **MIDDLETON** State **MA** Zip **01949-2356**

Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 0 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/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	1	0	0	8	1	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **CONCORD ST**
Route# Direction Name of Roadway/Street

At

1 1 **FORDHAM RD**
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1
Route# Direction Name of Intersecting Roadway/Street

3
Route# Direction Address # Name of Roadway/Street

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

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

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

3 Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped Crash Report ID# **22-133-AC**

4 3 License # **S64802593** St **MA** DOB/Agc _____ Reg # **441YZ1** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2012** Veh Make **Jeep** Veh Config. **1** 21

Operator **CONSIDINE, ROBERT M** Owner **CONSIDINE, ROBERT M**

Address **11 DAMON ST** Address **11 DAMON ST**

City **N READING** State **MA** Zip **01864-2210** City **N READING** State **MA** Zip **01864-2210**

Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 27 27 27

Vehicle Travel Direction: **N X 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

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

7 2 Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # _____ St _____ DOB/Agc _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator _____ Owner _____

Address _____ Address _____

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

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 04/21/2022	Time of Crash 1347 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Roadway/Street</td> </tr> <tr> <td colspan="3" style="text-align: center;">At</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Intersecting Roadway/Street</td> </tr> <tr> <td colspan="3" style="text-align: center;">Also at Intersection with</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Intersecting Roadway/Street</td> </tr> </table>	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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Route#</td> <td>Direction</td> <td>Address #</td> <td>Name of Roadway/Street</td> </tr> <tr> <td colspan="4" style="text-align: center;">361 MIDDLESEX AVE</td> </tr> <tr> <td>_____ Feet</td> <td style="text-align: center;">N S E W</td> <td>_____ of _____</td> <td>_____ or _____</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Mile Marker</td> <td style="text-align: center;">Exit Number</td> </tr> <tr> <td>_____ Feet</td> <td style="text-align: center;">N S E W</td> <td>_____ of _____</td> <td>Route# _____</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;">Intersecting Roadway/Street</td> </tr> <tr> <td>_____ Feet</td> <td style="text-align: center;">N S E W</td> <td>_____ of _____</td> <td>_____</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;">Landmark</td> </tr> </table>	Route#	Direction	Address #	Name of Roadway/Street	361 MIDDLESEX AVE				_____ Feet	N S E W	_____ of _____	_____ or _____			Mile Marker	Exit Number	_____ Feet	N S E W	_____ of _____	Route# _____			Intersecting Roadway/Street		_____ Feet	N S E W	_____ of _____	_____			Landmark	
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		Landmark																																														

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 22-134-AC
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License # SA1530471 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator BREEN, KYLE THOMAS Address 25 LUCAYA CIR City WILMINGTON State MA Zip 01887-1507 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 4DHY99 Reg Type PC Reg State MA Veh Year 2013 Veh Make DODGE Veh Config. 1 21 Owner BREEN, KYLE THOMAS Address 25 LUCAYA CIR City WILMINGTON State MA Zip 01887-1507 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 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: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	1	4	0	0	10	1	
MARION FLAHERTY	25 LUCAYA CIR WILMINGTON, MA 01887		F	3	1	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 #Occupants	<input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # S37934180 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator CRONIN, KAREN M Address 55 PRATT ST City TEWKSBURY State MA Zip 01876-3324 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # BC620 Reg Type PC Reg State MA Veh Year 2012 Veh Make CHEVROLET Veh Config. 1 21 Owner CRONIN, DAVID J SR Address 55 PRATT ST City TEWKSBURY State MA Zip 01876-3324 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 19 25 25 BAC Test Result: 1 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
Operator/Non-Motorist		See Above	X	1	0	4	0	0	10	1	
DAVID CRONIN	55 PRATT ST TEWKSBURY, MA 01876-3324		M	6	0	4	0	0	10	1	
CLAIRE CRONIN	55 PRATT ST TEWKSBURY, MA 01876-3324		F	4	0	4	0	0	10	1	

Date of Crash: 04/23/2022 | Time of Crash: 1252 | City/Town: **Wilmington** | Number Vehicles: 2 | Number Injured: 2 | 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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# **22-135-AC**

License # **C00000632070** St **FL** DOB/Age: | Reg # **1MZZ95** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement | Veh Year **2019** Veh Make **HONDA** Veh Config. **1**

Operator **CHOU, ANDREW** | Owner **CHOU, LARYSA**

Address **306R BURLINGTON AVE** | Address **306R BURLINGTON AVE**

City **WILMINGTON** State **MA** Zip **01887** | City **WILMINGTON** State **MA** Zip **01887-3107**

Insurance Company **THE COMMERCE INSURANCE CO** | Vehicle Action Prior to Crash **1** Damaged Area Code: **4** **27** **5** **27** **6** **27**

Vehicle Travel Direction: N 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 | 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? **1** **33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	8	2	Lahey Clinic

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

License # **S31967035** St **MA** DOB/Age **08/28/1960** | Reg # **6YX758** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement | Veh Year **2010** Veh Make **HYUNDAI** Veh Config. **1**

Operator **NICOLI, MARGUERITE A** | Owner **NICOLI, MARGUERITE A**

Address **47 BOUTWELL ST** | Address **47 BOUTWELL ST**

City **WILMINGTON** State **MA** Zip **01887-2612** | City **WILMINGTON** State **MA** Zip **01887-2612**

Insurance Company **LIBERTY MUTUAL INSURANCE** | Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **2** **27** **8** **27**

Vehicle Travel Direction: N 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 | Driver Contributing Code **20** **25** **25** BAC Test Result: **1** **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**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	1	0	0	8	2	Lahey Clinic

