

Date of Crash: 05/01/2022 | Time of Crash: 1901 24HR | City/Town: Wilmington | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 10 | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

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

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

Feet N S E W of Landmark

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped | Crash Report ID# 22-144-AC

License # _____ St _____ DOB/Age _____ Reg # 275ZE4 Reg Type PC Reg State MA

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21

Operator Driverless M.V. Owner GANDHI, JITESH VITHAL

Address _____ Address 22 OLD HASWELL PARK RD

City _____ State MA Zip 01949-2304

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 8 27 27 27

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

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

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

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

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License # SA5930570 St MA DOB/Age 4 Reg # 597EK9 Reg Type PC Reg State MA

Sex _____ Lic. Class D D Lic. Restrictions B 20 CDL _____ Veh Year 2008 Veh Make HONDA Veh Config. 1 21

Operator _____ Owner PARRY, JEELIAN Y

Address _____ Address 7 WELLESLEY AVE

City _____ State MA Zip 01803-3252

Insurance Company USAA CASUALTY INSURANCE C

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

Vehicle Travel Direction: N S 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 12 25 9 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

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	99	4	0	0	10	1	

Date of Crash 05/02/2022 Time of Crash 1314 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 1 Speed Limit _____ Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other: _____

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 # 21 LAWRENCE ST Name of Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ 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# **22-145-AC**

<p>License # S63514680 St MA DOB/Ag _____ Sex F Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 <input type="checkbox"/> D Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Operator LEBLANC, JULIE A Last First Middle Address 46 LAWRENCE ST City WILMINGTON State MA Zip 01887-1925 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> 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 _____</p>	<p>Reg # 5DE718 Reg Type PC Reg State MA Veh Year 2013 Veh Make HYUNDAI Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner LEBLANC, JULIE A Last First Middle Address 46 LAWRENCE ST City WILMINGTON State MA Zip 01887-1925 Vehicle Action Prior to Crash <input type="checkbox"/> 4 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Driver Contributing Code <input type="checkbox"/> 6 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	99	4	0	0	10		

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 # S57300245 St MA DOB/Ag _____ Sex F Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 <input type="checkbox"/> D Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator MCCUE, TIERNEY ANN Last First Middle Address 12 BUCKINGHAM RD City WILMINGTON State MA Zip 01887-4536 Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 _____</p>	<p>Reg # 3DWT79 Reg Type PC Reg State MA Veh Year 2021 Veh Make MAZDA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner MCCUE, TIERNEY ANN Last First Middle Address 12 BUCKINGHAM RD City WILMINGTON State MA Zip 01887-4536 Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 2 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	9	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 05/03/2022 Time of Crash 1542 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: 0000

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street At

Route# Direction Address # 456 MAIN ST Name of Roadway/Street

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

Feet NSEW of Mile Marker Exit Number

2

Route# Direction Name of Intersecting Roadway/Street

Feet NSEW of Route# Intersecting Roadway/Street

Feet NSEW of D&D LOCK Landmark

3

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

Crash Report ID# 22-146-AC

4

License # SA6680528 St MA DOB/Age Sex M Lic. Class A 19 19 Lic. Restrictions B 20 CDL Endorsement

Reg # 1GXG22 Reg Type PC Reg State MA Veh Year 2021 Veh Make MAZDA Veh Config. 1 21

Operator BASTARDI, THOMAS M Last First Middle

Owner BASTARDI, THOMAS M Last First Middle

Address 147 RANGEWAY RD APT 3401

Address 147 RANGEWAY RD APT 3401

City NORTH BILLERICA State MA Zip 01862-2044

City NORTH BILLERICA State MA Zip 01862-2044

Insurance Company THE STANDARD FIRE INSURAN

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

Vehicle Travel Direction: [X] 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: 30

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

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

6

Please fill out for operator and all occupants involved

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

Operator See Above

1 1 1 0 0 10 1

7

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

Reg # 2LYS64 Reg Type PC Reg State MA Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21

License # S84302853 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement

Operator CARNEY, THOMAS F Last First Middle

Address 220 MARTINS LNDG APT 310

Owner CARNEY, THOMAS F Last First Middle

City NORTH READING State MA Zip 01864-2078

Address 220 MARTINS LNDG APT 310

City NORTH READING State MA Zip 01864-2078

City NORTH READING State MA Zip 01864-2078

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 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 18 25 4 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

9

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

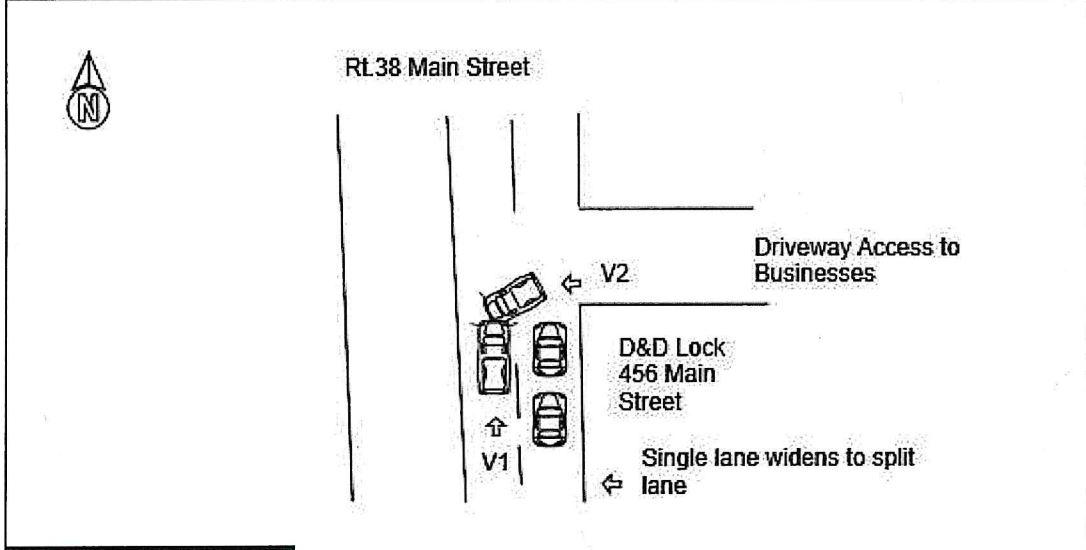
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

Operator/Non-Motorist See Above

1 1 4 0 0 10 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:

V1 (Bastardi) travelling RT.38N in the left side of the travel lane. V2 (Carney) attempted exit out of driveway between Cooke's Skate Shop and D&D Lock to make left hand turn on to RT.38S. Traffic in the right portion of the lane stopped to allow V2 to cross travel lane to go Rt.38S. Collision occurred when V2 attempted to cross left hand portion of split lane with obstructed view. V1 was traveling straight with ROW and did not see V2 until collision occurred. No injuries observed or reported. V1 sustained heavy front end damage. V2 sustained heavy left front end damage. Both vehicles towed by Forrest. V2 Obstructed view and failure to yield to oncoming traffic most probable cause of collision.

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** 05/04/2022

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

Date of Crash 05/04/2022 Time of Crash 1537 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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

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

2 10
 Route# _____ Direction _____ Address # **83** Name of Roadway/Street **MIDDLESEX AVE**
 _____ Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____
 1 11
 _____ 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 1 Occupants Hit/Run Moped Crash Report ID# **22-147-AC**

4 1 License # **S81073433** St **MA** DOB/Age _____ Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____
 Operator **SIERRA, JOSE A**
 Address **95 ALDER ST**
 City **LAWRENCE** State **MA** Zip **01841-2440**
 Insurance Company **LIBERTY MUTUAL PERSONAL I**
 Vehicle Travel Direction: **N S E** Responding to Emergency? **2**
 Citation # (If Issued) **T2447026**
 Viol. 1: Ch/Sec/Sub **89 4A** Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

3 12 Reg # **1YV821** Reg Type **PC** Reg State **MA**
 Veh Year **2006** Veh Make **HONDA** Veh Config. **1 21**
 Owner **SIERRA ROSARIO, DEURIS**
 Address **246 TURPIKE ST APT C**
 City **NORTH ANDOVER** State **MA** Zip **01845-0000**
 Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**
 Event Sequence **40 23 23 23 23** Test Status: **1 28**
 Most Harmful Event **35 24** Type of Test: **29**
 Driver Contributing Code **21 25 25** BAC Test Result: **30**
 Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

6 1 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		<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

8 1 License # _____ St _____ DOB/Age _____ 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 _____

1 14 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**

9 2 Please fill out for operator/non-motorist and all occupants involved

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

Wilmington Police Department
Images Associated with 22-147-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 05/05/2022 Time of Crash 1736 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 15 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street

Route# Direction Address # **260 MAIN ST** Name of Roadway/Street

Feet **NSEW** of _____ or _____ Mile Marker Exit Number

2

Route# Direction Name of Intersecting Roadway/Street

Feet **NSEW** of _____ Route# Intersecting Roadway/Street

3

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

Crash Report ID# **22-148-AC**

4

License # **S13708943** St **MA** DOB/Age _____ Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement

Reg # **5NX668** Reg Type **PC** Reg State **MA** Veh Year **2019** Veh Make **ACURA** Veh Config. **1**

Operator **GIAIMO, ROSE M** Last First Middle

Owner **GIAIMO, ROSE M** Last First Middle

Address **28 JUDIQUE RD**

Address **28 JUDIQUE RD**

City **TEWKSBURY** State **MA** Zip **01876-1365**

City **TEWKSBURY** State **MA** Zip **01876-1365**

Insurance Company **THE STANDARD FIRE INSURAN**

Vehicle Action Prior to Crash **1** Damaged Area Code: **8** **27** **1** **27** **2** **27**

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

Event Sequence **2** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) _____

Most Harmful Event **2** **24** Type of Test: **29**

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

Driver Contributing Code **19** **25** **25** BAC Test Result: **30**

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

Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

6

Please fill out for operator and all occupants involved

34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code

Name (Last First Middle) Address

DOB/Age Sex **1** **0** **4** **0** **0** **10** **1** Medical Facility

Operator See Above

7

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

Reg # **346MA4** Reg Type **PC** Reg State **MA**

License # **S43521918** St **MA** DOB/Age _____

Veh Year **2011** Veh Make **MAZDA** Veh Config. **1**

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

Operator **MCCARTHY, BARBARA JEAN** Last First Middle

Owner **MCCARTHY, KEVIN M** Last First Middle

Address **114 SALEM RD**

Address **114 SALEM RD**

City **BILLERICA** State **MA** Zip **01821-1220**

City **BILLERICA** State **MA** Zip **01821-1220**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **11** Damaged Area Code: **6** **27** **5** **27** **4** **27**

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

Event Sequence **2** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) _____

Most Harmful Event **2** **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**

9

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

34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code

Name (Last First Middle) Address

DOB/Age Sex **1** **10** **4** **0** **0** **10** **1** Medical Facility

Operator/Non-Motorist See Above

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/06/2022	Time of Crash 2157 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>40</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"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>60</u> Name of Roadway/Street <u>CONCORD ST</u>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	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 _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped

Crash Report ID# **22-149-AC**

License # <u>NHL10528536</u> St <u>NH</u> DOB/Age _____	Reg # <u>3088317</u> Reg Type <u>PC</u> Reg State <u>NH</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2010</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>FOURNIER, ANTHONY D</u> Last First Middle	Owner <u>FOURNIER, ANTHONY D</u> Last First Middle
Address <u>54 MERRYFIELD E LN</u>	Address <u>54 MERRYFIELD E LN</u>
City <u>HAMPSTEAD</u> State <u>NH</u> Zip <u>03826</u>	City <u>HAMPSTEAD</u> State <u>NH</u> Zip <u>03826</u>
Insurance Company <u>SAFECO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
GREGORY SCIPIONE	86 JEFFERSON DR HILLSBOROUGH, NH 03244	08/23/1983	M	<u>3</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 21 #Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

License # <u>S72368727</u> St <u>MA</u> DOB/Age _____	Reg # <u>4SBY29</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2007</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>NIEVES, BRYAN LUIS</u> Last First Middle	Owner <u>NIEVES, BRYAN LUIS</u> Last First Middle
Address <u>16 FRANCIS ST APT B</u>	Address <u>16 FRANCIS ST APT B</u>
City <u>REVERE</u> State <u>MA</u> Zip <u>02151-3535</u>	City <u>REVERE</u> State <u>MA</u> Zip <u>02151-3535</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</u>	Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>3</u> <u>28</u>
Citation # (If Issued) <u>T2061945</u>	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>2</u> <u>29</u>
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24I</u>	Driver Contributing Code <u>3</u> <u>25</u> <u>10</u> <u>25</u> BAC Test Result: <u>5</u> <u>30</u>
Viol. 3: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

