

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

1 | 1 | **38 N MAIN ST** | Route# | Direction | Name of Roadway/Street | At | **EAMES ST** | Route# | Direction | Name of Intersecting Roadway/Street | Also at Intersection with |

2 | 2 | Route# | Direction | Name of Intersecting Roadway/Street |

3 | 3 | Route# | Direction | Name of Intersecting Roadway/Street |

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **22-162-AC**

License # **S67019192** St **MA** DOB/Age | Reg # **2L9442** Reg Type **MC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement | Veh Year **2020** Veh Make **HARLEY-DAVIDSON** Veh Config. **3**

Operator **DESIMONE, CHRISTOPHER LEE** | Owner **DESIMONE, CHRISTOPHER LEE**

Address **10 PAUL AVE** | Address **10 PAUL AVE**

City **WOBURN** State **MA** Zip **01801-3734** | City **WOBURN** State **MA** Zip **01801-3734**

Insurance Company **PROGRESSIVE CASUALTY INSU** | Vehicle Action Prior to Crash **1** Damaged Area Code: **3** **27** **27** **27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** | Event Sequence **97** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) | Most Harmful Event **97** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub | Driver Contributing Code **11** **25** **25** BAC Test Result: **30**

Viol. 2: Ch/Sec/Sub | Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **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	<input checked="" type="checkbox"/>	1	5	5	3	0	8	2	Winchester Hospital

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

License # **S74202728** St **MA** DOB/Age | Reg # **6555LY** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement | Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1**

Operator **PATEL, NARENDRARAI J** | Owner **PATEL, NARENDRARAI J**

Address **1047 MAIN ST APT A** | Address **1047 MAIN ST APT A**

City **WOBURN** State **MA** Zip **01801-1313** | City **WOBURN** State **MA** Zip **01801-1313**

Insurance Company **ARBELLA MUTUAL INSURANCE** | Vehicle Action Prior to Crash **2** Damaged Area Code: **0** **27** **27** **27**

Vehicle Travel Direction: **N S E** Responding to Emergency? **2** | Event Sequence **97** **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) | Most Harmful Event **97** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub | Driver Contributing Code **18** **25** **25** BAC Test Result: **30**

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

Viol. 3: Ch/Sec/Sub | 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	<input checked="" type="checkbox"/>	1	1	5	3	0	10	1	
KANTABEN PATEL		1047 MAIN ST WOBURN, MA 01801	F	3	1	5	3	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/23/2022	Time of Crash 1653 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit <u>25</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# <u>209</u> Direction _____ Address # <u>SALEM ST</u> Name of Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 22-163-AC
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License # <u>S64988320</u> St <u>MA</u> DOB/Age <u>35</u> 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>KEENAN, FREDERICK T</u> Last First Middle Address <u>520 FOSTER RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2932</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: N S E W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1TRM55</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>KEENAN, FREDERICK T</u> Last First Middle Address <u>520 FOSTER RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2932</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>8</u> <u>27</u> Event Sequence <u>20</u> <u>23</u> <u>25</u> <u>23</u> <u>22</u> <u>23</u> <u>10</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>10</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>21</u> <u>25</u> <u>99</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator and all occupants involved										Medical Facility	
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	99	1	0	0	8	2	Winchester Hospital

Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last First Middle 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>		

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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/24/2022	Time of Crash 1800 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u>	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 _____	159 LAKE ST	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped Crash Report ID# **22-164-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator Driverless M.V. Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company MIIA Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # MPF696 Reg Type LF Reg State MA Veh Year <u>2020</u> Veh Make FORD Veh Config. <u>1</u> <u>21</u> Owner WILMINGTON TOWN OF DEPT POLICE Last First Middle Address 1 ADELAIDE ST City WILMINGTON State MA Zip 01887-2719 Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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	XXXX	XX	<u>1</u>	<u>0</u>	<u>5</u>	<u>3</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 # S72674711 St MA DOB/Age _____ Sex M Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator BOULEY, HERBERT L Last First Middle Address 159 LAKE ST City WILMINGTON State MA Zip 01887-1622 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 5VS683 Reg Type PC Reg State MA Veh Year <u>2020</u> Veh Make SUBARU Veh Config. <u>1</u> <u>21</u> Owner BOULEY, HERBERT L Last First Middle Address 159 LAKE ST City WILMINGTON State MA Zip 01887-1622 Vehicle Action Prior to Crash <u>10</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</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>2</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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	XXXX	XX	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 22-164-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 # 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# **22-165-AC**

License # **S70590401** St **MA** DOB/Age _____ Reg # **2CM258** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2011** Veh Make **FORD** Veh Config. **1** 21
 Operator **PENNIE, RYAN CHRISTOPHER** Owner **PENNIE, RYAN CHRISTOPHER**
 Address **5 CHANDLER RD** Address **5 CHANDLER RD**
 City **WILMINGTON** State **MA** Zip **01887-2414** City **WILMINGTON** State **MA** Zip **01887-2414**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 **8** 27 **1** 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 **1** 23 **1** 23 **1** 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **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	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 # **SA5930836** St **MA** DOB/Age _____ Reg # **1JHE78** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2010** Veh Make **MAZDA** Veh Config. **1** 21
 Operator _____ Owner **PESIRIDIS, PANAYOTIS THOMAS**
 Address _____ Address **97 MASS AVE**
 City _____ State **MA** Zip **02474-8613** City **ARLINGTON** State **MA** Zip **02474-8613**
 Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 27 **2** 27 **4** 27
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** 23 **1** 23 **1** 23 **1** 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **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	99	1	0	0	10	1	
PANAYOTIS PESIRIDIS	97 MASS AVE ARLINGTON, MA 02474-8613	11/06/2001	M	3	99	1	0	0	8	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 05/26/2022	Time of Crash 1438 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit <u>5</u>	State Police <input type="checkbox"/>
Latitude _____ Longitude _____ Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____									

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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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 _____	10 2 11 1 11 2 1 3	Route# <u>381</u> Direction _____ Address # <u>MIDDLESEX AVE</u> 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 _____
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 22-166-AC
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License # <u>S77867793</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>ARAUJO, BETH ANN</u> Last First Middle Address <u>88 CHARME RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3204</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: N S E W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>3TC365</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ARAUJO, RICHARD KEVIN</u> Last First Middle Address <u>88 CHARME RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3204</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>35</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>35</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>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>
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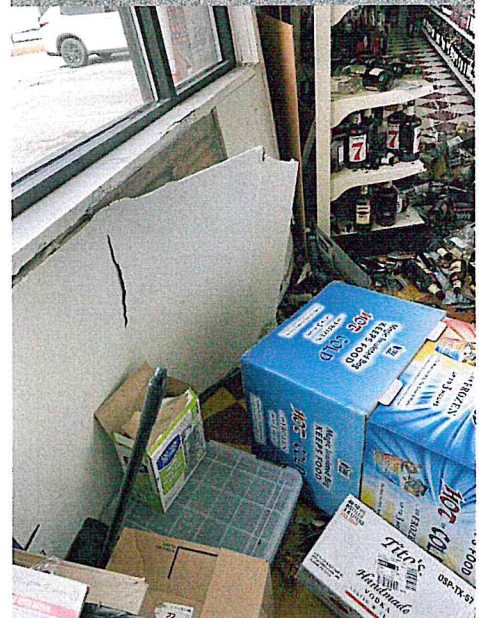
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
<u>RICHARD ARAUJO</u>	<u>88 CHARME RD TEWKSBURY, MA 01876-3204</u>	<u>04/19/1945</u>	<u>M</u>	<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: <input type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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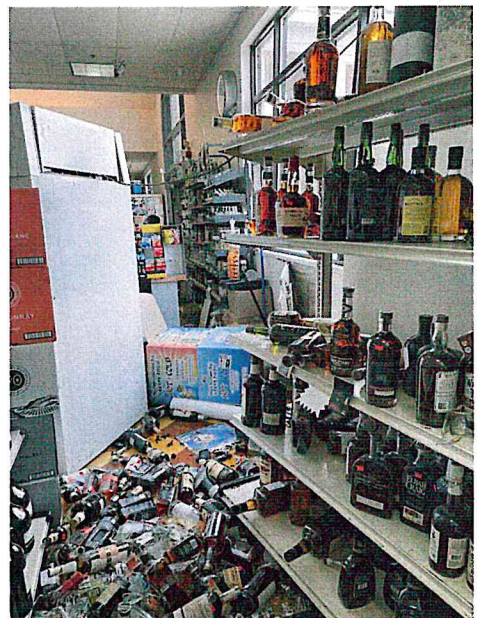
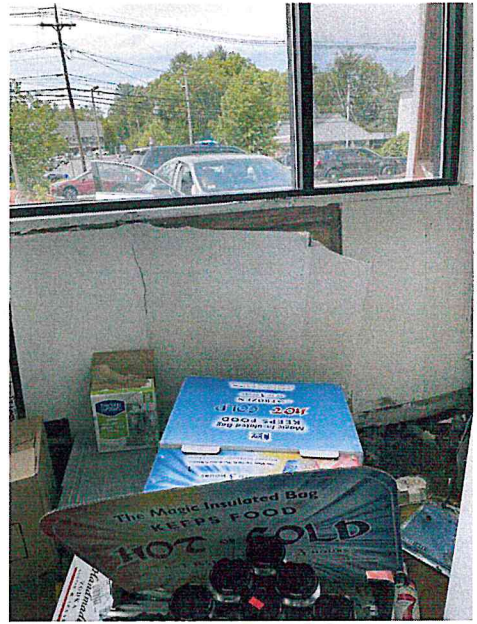
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last First Middle 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>
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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 Trp Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>							

Wilmington Police Department
Images Associated with 22-166-AC



Wilmington Police Department
Images Associated with 22-166-AC



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

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

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
 _____ Feet NSEW of _____ • _____ or _____ Exit Number _____
 _____ Feet NSEW of _____ Mile Marker _____
 _____ Feet NSEW of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **22-167-AC**

License # S20505444 St MA DOB/Age _____ Reg # 1HFT73 Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2010 Veh Make HONDA Veh Config. 1 21
 Operator COTE, REID J Owner COTE, REID J
 Address 401 DANA CT Address 401 DANA CT
 City WILMINGTON State MA Zip 01887-6227 City WILMINGTON State MA Zip 01887-6227
 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 3 27 7 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? 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			<u>1</u>	<u>99</u>	<u>4</u>	<u>1</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 # SA5700855 St MA DOB/Age _____ Reg # 582WBZ Reg Type PC Reg State MA
 Sex _____ Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement _____ Veh Year 2012 Veh Make NISSAN Veh Config. 1 21
 Operator _____ Owner DINUCCIO, ANTHONY J
 Address _____ Address 18 BRENTWOOD AVE
 City _____ State MA Zip 01887-3402 City WILMINGTON State MA Zip 01887-3402
 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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 4 25 19 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			<u>1</u>	<u>99</u>	<u>4</u>	<u>1</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>3</u>	<u>99</u>	<u>4</u>	<u>1</u>	<u>0</u>	<u>10</u>	<u>1</u>	
SANTINO GAROFALO	54 WHITTEMORE ST TEWKSBURY, MA 01876-1542		<u>M</u>	<u>5</u>	<u>99</u>	<u>4</u>	<u>1</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 05/27/2022 Time of Crash 1903 City/Town Wilmington
 24HR

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 35 State Police
 Latitude _____ Local Police
 Longitude _____ MBTA Police
 Other: _____ Campus Police

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

ADAMS ST
 Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street
 Feet NSEW of _____ or _____
 Mile Marker Exit Number

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

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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 3 #Occupants Hit/Run Moped

Crash Report ID# **22-167-AC**

License # S23698422 St MA DOB/Age _____
 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
 Endorsement

Reg # 2ZDH19 Reg Type PC Reg State MA
 Veh Year 2020 Veh Make Jeep Veh Config. 1 21

Operator MATTON, DANIELLE L
 Last First Middle

Owner MATTON, DANIELLE L
 Last First Middle

Address 1801 LORDS CT

Address 1801 LORDS CT

City WILMINGTON State MA Zip 01887-4512

City WILMINGTON State MA Zip 01887-4512

Insurance Company GEICO GENERAL INSURANCE C

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

Vehicle Travel Direction: NSE 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			<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
MARK MATTON	1801 LORDS CT WILMINGTON, MA 01887		<u>M</u>	<u>3</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<u>F</u>	<u>4</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<u>F</u>	<u>6</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # _____ St _____ DOB/Age _____
 Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____
 Endorsement

Reg # _____ Reg Type _____ Reg State _____
 Veh Year _____ Veh Make _____ Veh Config. 21

Operator _____
 Last First Middle

Owner _____
 Last First Middle

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: NSEW 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

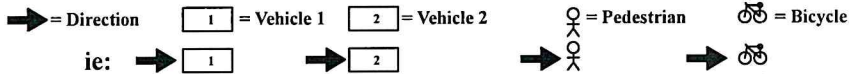
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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

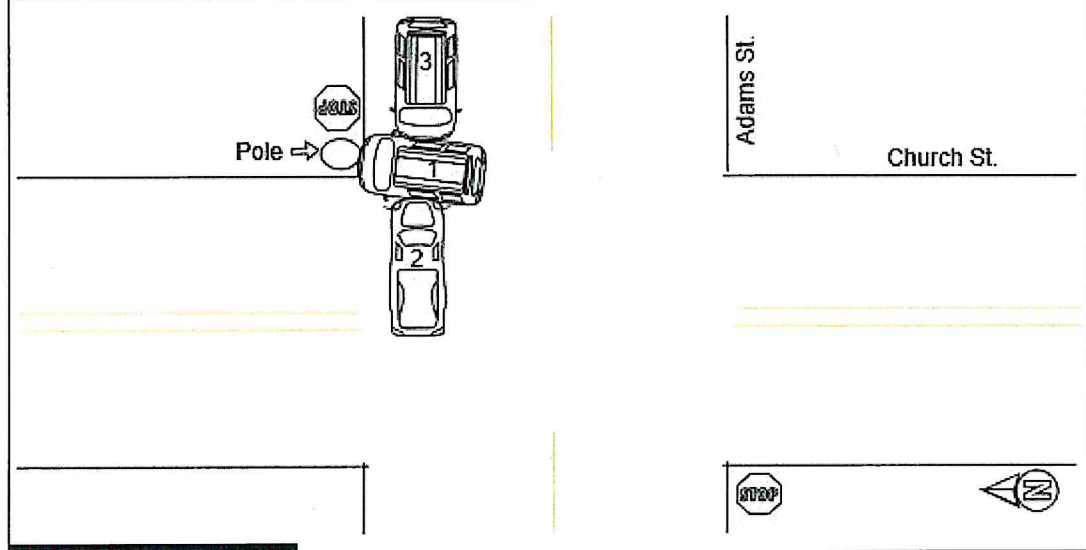
Towed from scene? 33

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			<u>1</u>							



Crash Diagram:



If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow

←

Crash Narrative:

MV 1 was travelling orthbound on Church St. MV 2 was on Adam St. going over Church St. travelling eastbound. MV 3 was stopped at the stopped sign at Adams St travelling westbound. MV 2 believed MV 1 was far enough away and safe to go over Church St. As MV 2 drove eastbound over Church St, MV 2 collided into MV 1. While MV 1 got struck it moved eastbound, striking MV 3 and resting in front of the pole located at Church and Adams St. MV 3 did not move and stopped at the stop sign.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Brian Tavares 206 **Wilmington Police Department** 05/27/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date