

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 05/16/2022	Time of Crash 1656 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input checked="" 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 _____ At _____	Route# _____ Direction _____ Address # <u>136</u> Name of Roadway/Street <u>EAMES 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 _____ Mile Marker _____ or _____ 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# _____ 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# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **22-158-AC**

License # <u>S61762467</u> St <u>MA</u> DOB/Agc _____	Reg # <u>7816CE</u> Reg Type <u>PC</u> Reg State <u>MA</u>
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 _____	Veh Year <u>2018</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>GILLIS, SANDRA ANN</u> Last First Middle	Owner <u>GILLIS, SANDRA ANN</u> Last First Middle
Address <u>71 APACHE WAY</u>	Address <u>71 APACHE WAY</u>
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4614</u>	City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4614</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</u>	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>
Vehicle Travel Direction: <input type="checkbox"/> N <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>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>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>2</u> <u>32</u>
	Towed from scene? <u>2</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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<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>S58593321</u> St <u>MA</u> DOB/Agc _____	Reg # <u>5VA256</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>1</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2011</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>RAMOS, NICOLAS IGNACIO</u> Last First Middle	Owner <u>RAMOS, NICOLAS IGNACIO</u> Last First Middle
Address <u>28 RUDOLF ST</u>	Address <u>28 RUDOLF ST</u>
City <u>MALDEN</u> State <u>MA</u> Zip <u>02148-0000</u>	City <u>MALDEN</u> State <u>MA</u> Zip <u>02148-0000</u>
Insurance Company <u>PROGRESSIVE DIRECT INSURA</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 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>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>19</u> <u>25</u> <u>21</u> <u>25</u> BAC Test Result: <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>2</u> <u>32</u>
	Towed from scene? <u>2</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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 05/17/2022 Time of Crash 0805 City/Town **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street  
**273 MAIN ST**  
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# **22-159-AC**

License # **S96641691** St **MA** DOB/Ag \_\_\_\_\_  
Sex **F** Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_  
Operator **PERKINS, EMILY RAE**  
Address **31 FRANKLIN ST**  
City **TEWKSBURY** State **MA** Zip **01876**  
Insurance Company **PROGRESSIVE DIRECT INSURA**  
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 # **2CLA28** Reg Type **PC** Reg State **MA**  
Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1**  
Owner **PERKINS, ADAM T**  
Address **31 FRANKLIN ST**  
City **TEWKSBURY** State **MA** Zip **01876-4365**  
Vehicle Action Prior to Crash  1  2  3  
Event Sequence  1  2  3  4  
Most Harmful Event  1  2  3  4  
Driver Contributing Code  1  2  3  4  
Driver Distracted by  0  1  2  3  
Damaged Area Code:  1  2  3  
Test Status:  1  2  3  
Type of Test:  1  2  3  
BAC Test Result:  1  2  3  
Susp. Alcohol:  1  2  3  
Susp. Drug:  1  2  3  
Towed from scene?  1  2  3

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

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

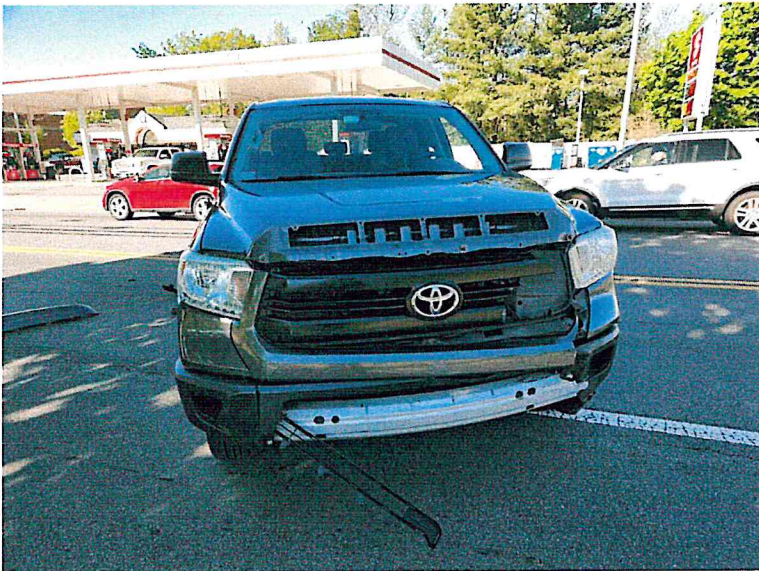
License # **S08850432** St **MA** DOB/Ag \_\_\_\_\_  
Sex **M** Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_  
Operator **BULLEN, TODD M**  
Address **5 COMANCHE CIR**  
City **BILLERICA** State **MA** Zip **01821-3052**  
Insurance Company **GREEN MOUNTAIN INSURANCE**  
Vehicle Travel Direction:  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 # **296BV8** Reg Type **PC** Reg State **MA**  
Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**  
Owner **BULLEN, TODD M**  
Address **5 COMANCHE CIR**  
City **BILLERICA** State **MA** Zip **01821-3052**  
Vehicle Action Prior to Crash  1  2  3  4  
Event Sequence  1  2  3  4  
Most Harmful Event  1  2  3  4  
Driver Contributing Code  1  2  3  4  
Driver Distracted by  99  1  2  3  
Damaged Area Code:  1  2  3  
Test Status:  1  2  3  
Type of Test:  1  2  3  
BAC Test Result:  1  2  3  
Susp. Alcohol:  1  2  3  
Susp. Drug:  1  2  3  
Towed from scene?  1  2  3

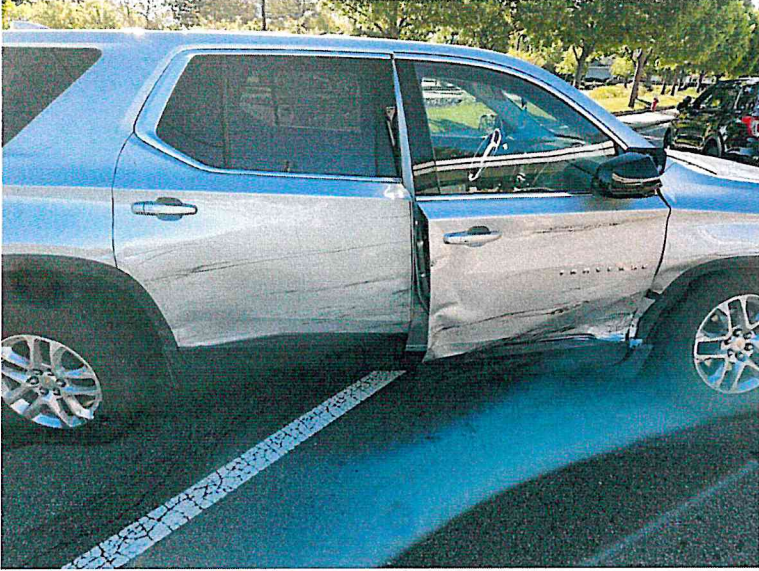
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>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



Wilmington Police Department  
Images Associated with 22-159-AC



Wilmington Police Department  
Images Associated with 22-159-AC



<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 05/18/2022	Time of Crash 0422 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles <b>1</b>	Number Injured <b>0</b>	Speed Limit <b>65</b>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
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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 _____	<b>I93 SB35</b> Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ Landmark _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>12</b> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>22-160-AC</b>
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License # <b>SA4960663</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL _____ Operator <b>GONZALEZ DIAZ, AMBIORIX MICHAEL</b> Address <b>116 SARATOGA ST APT 2</b> City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01841-1749</b> Insurance Company <b>GEICO GENERAL INSURANCE C</b> Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>3LBC74</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2017</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> 21 Owner <b>GONZALEZ DIAZ, AMBIORIX MICHAEL</b> Address <b>116 SARATOGA ST APT 2</b> City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01841-1749</b> Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>1</b> 27 27 27 Event Sequence <b>5</b> 23 23 23 23 Test Status: <b>28</b> Most Harmful Event <b>5</b> 24 Type of Test: <b>29</b> Driver Contributing Code <b>1</b> 25 25 BAC Test Result: <b>30</b> Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>1</b> 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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
<b>YORDY FERNANDEZ RODRIQUEZ</b>	<b>85 BERKELEY LAWRENCE, MA 01841-1805</b>		<b>M</b>	<b>3</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:	<input type="checkbox"/> Vehicle <b>2</b> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19</b> 19 Lic. Restrictions <b>20</b> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <b>N S E W</b> 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. <b>21</b> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> 27 27 Event Sequence <b>23</b> 23 23 23 Test Status: <b>28</b> Most Harmful Event <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>25</b> 25 BAC Test Result: <b>30</b> Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>33</b>
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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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>						







