

**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

Route# Direction Address # Name of Roadway/Street  
 73 **BURLINGTON AVE**  
 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# **22-176-AC**

License # **S21166787** St **MA** DOB/Age  
 Sex **M** Lic. Class **D** Lic. Restrictions **97 20** CDL Endorsement  
 Operator **COLE, DUSTIN R** Owner **FISHER, MARGARET M**  
 Address **4 ROLLINS RD** Address **4 ROLLINS RD**  
 City **WILMINGTON** State **MA** Zip **01887-3120** City **WILMINGTON** State **MA** Zip **01887-3120**  
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 8 27 2 27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **35 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) **T2447098** Most Harmful Event **35 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **90 23** Viol. 2: Ch/Sec/Sub **90 24** 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 and all occupants involved

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

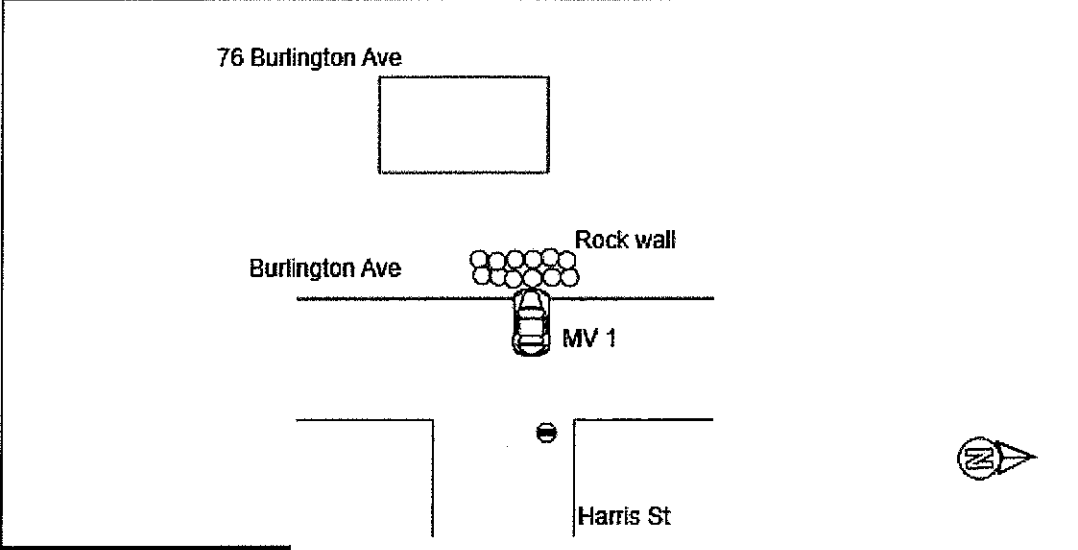
License # St DOB/Age Reg # Reg Type Reg State  
 Sex Lic. Class Lic. Restrictions CDL Endorsement Veh Year Veh Make Veh Config. **21**  
 Operator Owner  
 Address Address  
 City State Zip City State Zip  
 Insurance Company Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**  
 Vehicle 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 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ⚡ = Bicycle

**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:**

The operator of MV 1 was at the intersection of Harris and Burlington Ave. He drove through the intersection and crashed into the rock wall in front of 76 Burlington Ave. He then proceeded to leave the scene of property damage.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
BUMPUS MACKENZIE	8 FLORADALE AVE WILMINGTON MA 01887		
FALLON EVAN JAMES	11 CHURCH ST WOBURN MA 01801-0000		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
WILMINGTON DPW	76 BURLINGTON AVE WILMINGTON MA 01		3	ROCK WALL

**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 Shane A Foley                      211                      Wilmington Police Department                      06/05/2022

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

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 1 1 381 MIDDLESEX AVE  
 Feet N S E W of Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 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# **22-177-AC**

License # **NHL11031921** St **NH** DOB/Age \_\_\_\_\_ Reg # **M70989** Reg Type **CI** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2014** Veh Make **FORD** Veh Config. **1** 21  
 Operator **ELLIOTT, DAVID S** Owner **WILMINGTON TOWN OF TOWN HALL**  
 Address \_\_\_\_\_ Address **121 GLEN RD**  
 City \_\_\_\_\_ State **MA** Zip **01887-3500**  
 Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 27 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 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>	<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 # **SA1880203** St **MA** DOB/Age \_\_\_\_\_ Reg # **BR96RY** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2014** Veh Make **AUDI** Veh Config. **1** 21  
 Operator **GRANT, SANDRA JEANNE** Owner **GRANT, SANDRA JEANNE**  
 Address **3123 EVERGREEN DR APT 2123** Address **3123 EVERGREEN DR APT 2123**  
 City **WILMINGTON** State **MA** Zip **01887-1176** City **WILMINGTON** State **MA** Zip **01887-1176**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 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  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

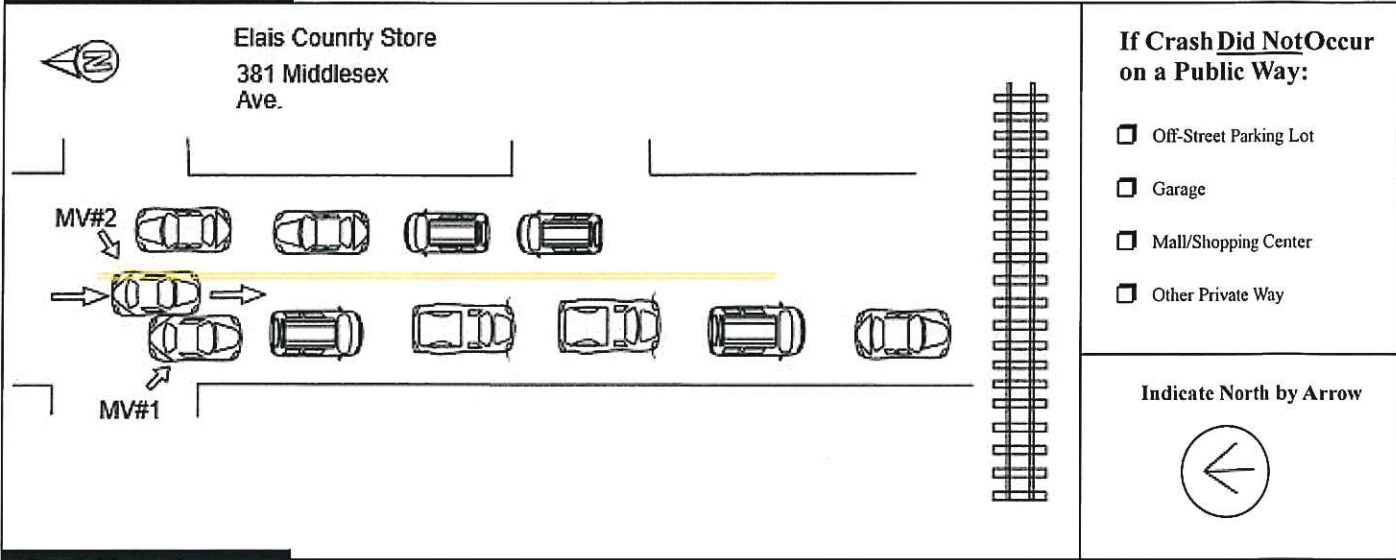
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 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>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

Oper. of MV#1 and MV#2 were both heading west on route 62. MV#1 stopped in traffic in front of 381 Middlesex Ave. because the railroad gate was down due to a train. As MV#1 was stopped in traffic MV#2 drove up the left of MV#1 and struck the rear of MV#1. MV#2 was going to take a left into Elais County Store.

**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 Daniel C Cadigan    178    Wilmington Police Department    06/06/2022  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 1 1 200 **BALLARDVALE ST**  
 Feet N S E W of Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **22-178-AC**

License # **S11888765** St **MA** DOB/Age Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Operator **FITZPATRICK, KILIAN JAMES** Owner **FITZPATRICK, KEVIN JOHN**  
 Address **28 CHARLES ST APT 2** Address **718 HALE ST APT 1**  
 City **WOBURN** State **MA** Zip **01801-3023** City **BEVERLY** State **MA** Zip **01915-2139**  
 Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub Driver Contributing Code **1 25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub Towed from scene? **1 33**  
 Viol. 4: Ch/Sec/Sub

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **SA3710922** St **MA** DOB/Age Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Operator **LAVIGNE, ANDREW NORBERT JR** Owner **LAVIGNE, ANDREW NORBERT**  
 Address **149 CHESTNUT ST** Address **149 CHESTNUT ST**  
 City **WILMINGTON** State **MA** Zip **01887-3306** City **WILMINGTON** State **MA** Zip **01887-3306**  
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **6** Damaged Area Code: **7 27 27 27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub Driver Contributing Code **4 25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub Towed from scene? **1 33**  
 Viol. 4: Ch/Sec/Sub

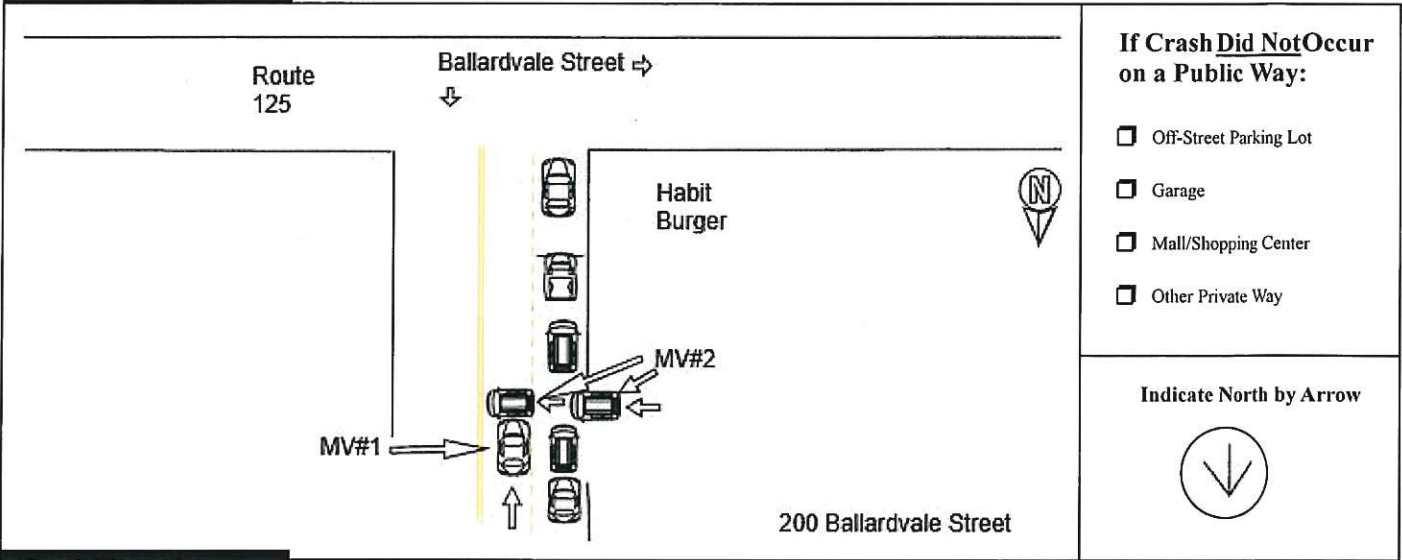
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 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>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>JACK FARELL</b>	<b>81 MARION ST EXT WILMINGTON, MA 01887-3172</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>	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ♀ = Pedestrian    🚲 = Bicycle

**Crash Diagram:**

ie: → 1    → 2    → ♀    → 🚲



**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:**

Oper. of MV#2 was at the exit of 200 Ballardvale Street waiting to turn left onto Ballardvale Street. There was traffic backed up passed 200 Ballardvale Street from the lights at Ballardvale at Route125. It is important to note that there are 2 lanes approaching the lights at Ballardvale Street and Route125. A vehicle stopped in traffic in the right most lane to let MV#2 exit 200 Ballardvale Street to turn left onto Ballardvale Street. MV#2 then began to exit but crossed over into the second lane as MV#1 was driving in that lane towards the lights at Ballardvale Street at Route 125. MV#1 then struck MV#2 as MV#2 entered the travel lane of MV#1.

**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 Daniel C Cadigan      178      Wilmington Police Department      06/06/2022  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

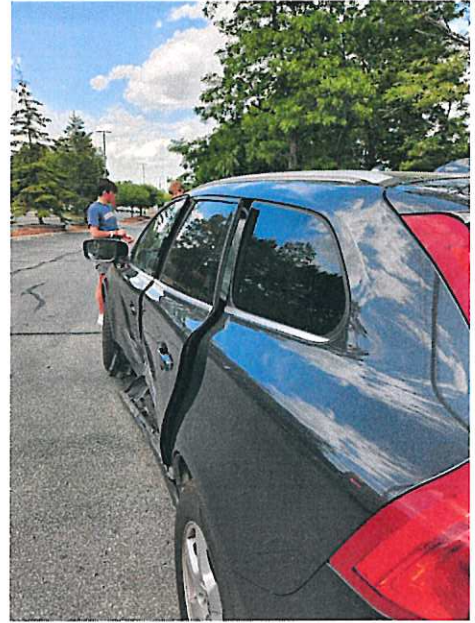


Wilmington Police Department  
Images Associated with 22-178-AC





Wilmington Police Department  
Images Associated with 22-178-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  
 196 **BALLARDVALE 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# **22-179-AC**

License # **039435877** St **CT** DOB/Age \_\_\_\_\_ Reg # **874JZX** Reg Type **PC** Reg State **CT**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **VOLKSWAGEN** Veh Config. **1**  
 Operator **ZUPKUS, TIMOTHY NORMAN** Owner **ZUPKUS, KEVIN A**  
 Address **190 BRONSON DR** Address **190 BRONSON DR**  
 City **MIDDLEBURY** State **CT** Zip **06762** City **MIDDLEBURY** State **CT** Zip **06762**  
 Insurance Company **Plymouth Rock Assurance** Vehicle Action Prior to Crash **3** Damaged Area Code: **8 27 1 27 7 27**  
 Vehicle Travel Direction:  N  S  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 **99 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
<b>Operator</b>	See Above			<b>1</b>	<b>99</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</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 # **S74536130** St **MA** DOB/Age \_\_\_\_\_ Reg # **2ATY15** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **Jeep** Veh Config. **1**  
 Operator **CHESBROUGH, SAMUEL REGINALD** Owner **CHESBROUGH, SAMUEL REGINALD**  
 Address **33 MARCUS RD** Address **33 MARCUS RD**  
 City **WILMINGTON** State **MA** Zip **01887-1508** City **WILMINGTON** State **MA** Zip **01887-1508**  
 Insurance Company **GARRISON PROPERTY & CASUA** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 2 27 1 27**  
 Vehicle Travel Direction:  N  S  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 **99 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>99</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	

**Crash Diagram:**

ie: → 1 → 2 → O → B

**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:**

Sir,

on June 6, 2022, I (Officer MacGilvray) was assigned to S2 in marked unit 32 during the 4-12 shift. At said time I was dispatched to 196 Ballardvale on a two car crash. S1 Off Sousa also responded. On location I spoke to both operators. V1 stated he took a right out of the parking lot onto Ballardvale St and the crash occurred. V2 stated while travelling straight ahead V1 pulled out of the lot causing the accident. Both vehicles towed by Cains Tow from scene (air bag deployment). No injuries reported on scene.

**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 Paul Macgilvray      221      Wilmington Police Department      06/06/2022  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 107 WEST ST  
 Feet NSEW of Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **22-180-AC**

License # **S89921303** St **MA** DOB/Age \_\_\_\_\_ Reg # **1NPP51** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement  
 Operator **O'CONNELL, CHRISTOPHER ROBERT** Owner **MALLINSON, NICOLE ANNE**  
 Address **76 LOWELL ST** Address **20 WESTDALE AVE**  
 City **WILMINGTON** State **MA** Zip **01887-2911** City **WILMINGTON** State **MA** Zip **01887-3044**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **31 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **22 24** Type of Test: **29**  
 Viol. 1: Cl/Sec/Sub \_\_\_\_\_ Viol. 2: Cl/Sec/Sub \_\_\_\_\_ Driver Contributing Code **20 25 25** BAC Test Result: **1 30**  
 Viol. 3: Cl/Sec/Sub \_\_\_\_\_ Viol. 4: Cl/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 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** 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: Cl/Sec/Sub \_\_\_\_\_ Viol. 2: Cl/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
 Viol. 3: Cl/Sec/Sub \_\_\_\_\_ Viol. 4: Cl/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 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							





Wilmington Police Department  
Images Associated with 22-180-AC



Date of Crash **06/07/2022** Time of Crash **0657** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <b>380</b> Name of Roadway/Street <b>MIDDLESEX AVE</b></p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: right;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: right;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: right;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **22-181-AC**

<p>License # <b>S20809502</b> St <b>MA</b> DOB/Ag. _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <sup>19</sup> <sub>19</sub> Lic. Restrictions <b>1</b> <sup>20 CDL _____</sup></p> <p>Operator <b>HOLUSHA, PAUL KEVIN</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>4 FIELDSTONE WAY</b></p> <p>City <b>NORTH READING</b> State <b>MA</b> Zip <b>01864-2432</b></p> <p>Insurance Company <b>AMICA MUTUAL INSURANCE CO</b></p> <p>Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>2RYZ17</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2021</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <sup>21</sup></p> <p>Owner <b>HOLUSHA, PAUL KEVIN</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>4 FIELDSTONE WAY</b></p> <p>City <b>NORTH READING</b> State <b>MA</b> Zip <b>01864-2432</b></p> <p>Vehicle Action Prior to Crash <b>2</b> <sup>22</sup> Damaged Area Code: <b>6</b> <sup>27</sup> <b>27</b> <sup>27</sup></p> <p>Event Sequence <b>1</b> <sup>23</sup> <b>23</b> <sup>23</sup> <b>23</b> <sup>23</sup> Test Status: <b>1</b> <sup>28</sup></p> <p>Most Harmful Event <b>1</b> <sup>24</sup> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <sup>25</sup> <b>25 BAC Test Result: <b>30</b></b></p> <p>Driver Distracted by <b>0</b> <sup>26</sup> Susp. Alcohol: <b>2</b> <sup>31</sup> Susp. Drug: <b>2</b> <sup>32</sup></p> <p>Towed from scene? <b>2</b> <sup>33</sup></p>
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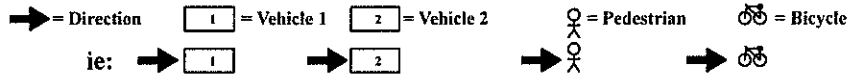
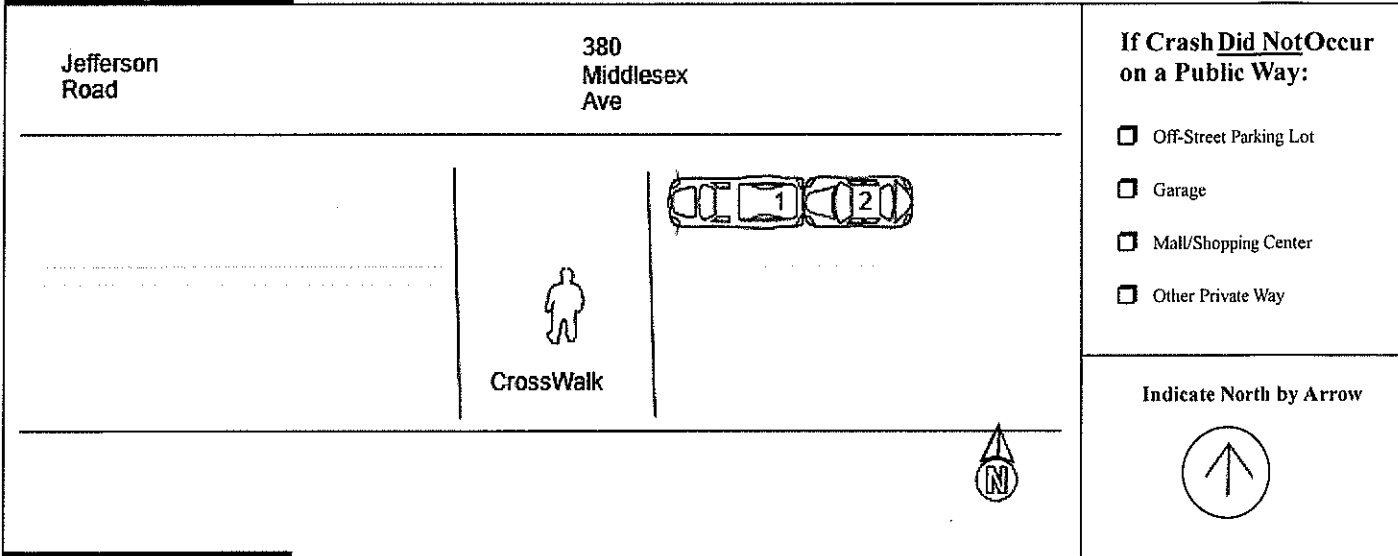
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

<p>License # <b>S22976424</b> St <b>MA</b> DOB/Ag. _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> <sup>19</sup> <sub>19</sub> Lic. Restrictions <b>1</b> <sup>20 CDL _____</sup></p> <p>Operator <b>MASSEY-CHORLTON, AMELIA ANNE</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>312 LEXINGTON ST</b></p> <p>City <b>WOBURN</b> State <b>MA</b> Zip <b>01801</b></p> <p>Insurance Company <b>GEICO GENERAL INSURANCE C</b></p> <p>Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>2LHC14</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2016</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <sup>21</sup></p> <p>Owner <b>MASSEY-CHORLTON, AMELIA ANNE</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>312 LEXINGTON ST</b></p> <p>City <b>WOBURN</b> State <b>MA</b> Zip <b>01801</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <sup>22</sup> Damaged Area Code: <b>1</b> <sup>27</sup> <b>27</b> <sup>27</sup></p> <p>Event Sequence <b>1</b> <sup>23</sup> <b>23</b> <sup>23</sup> <b>23</b> <sup>23</sup> Test Status: <b>1</b> <sup>28</sup></p> <p>Most Harmful Event <b>1</b> <sup>24</sup> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>99</b> <sup>25</sup> <b>25 BAC Test Result: <b>30</b></b></p> <p>Driver Distracted by <b>99</b> <sup>26</sup> Susp. Alcohol: <b>2</b> <sup>31</sup> Susp. Drug: <b>2</b> <sup>32</sup></p> <p>Towed from scene? <b>1</b> <sup>33</sup></p>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>Lahey Clinic</b>



**Crash Diagram:****Crash Narrative:**

Vehicle 1 was traveling west on Middlesex Ave when a pedestrian "darted out" into the crosswalk. Vehicle 1 had to slam on its breaks to avoid striking the pedestrian. Vehicle 2 rear ended vehicle 1. Pedestrian was not struck. Vehicle 1 sustained damage to the rear bumper. Vehicle 1's operator declined medical attention and no airbags were deployed. Vehicle 2 sustained major front end damage and airbags did deploy. Vehicle 2's operator was transported to Lahey Hospital. Vehicle 2 was towed from the scene by Cains Towing due to the damage.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
ROBINSON RYLEY A	1214 EVERGREEN DR WILMINGTON MA 01887		

**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

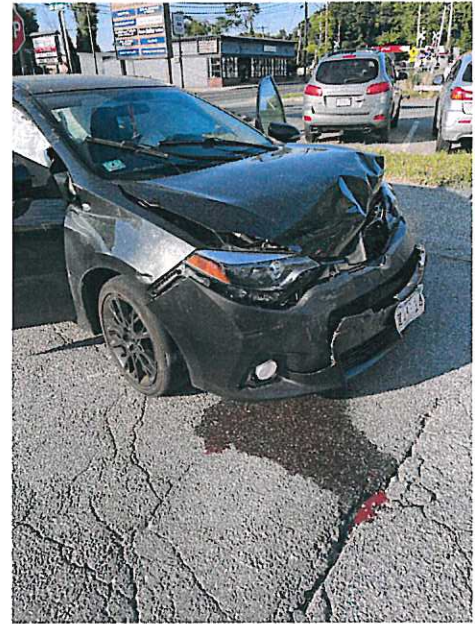
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45Trailer 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 Michael R DiLorenzo 217 Wilmington Police Department 06/07/2022  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department  
Images Associated with 22-181-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  
 196 **BALLARDVALE ST**  
 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# **22-182-AC**

License # **S58828680** St **MA** DOB/Age. \_\_\_\_\_ Reg # **761AK7** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **BEEK, SPENCER BRIAN** Owner **BEEK, BRIAN ROBERT**  
 Address **22 NISSITISSIT LN** Address **22 NISSITISSIT LN**  
 City **PEPPERELL** State **MA** Zip **01463-1448** City **PEPPERELL** State **MA** Zip **01463-1448**  
 Insurance Company **INTEGON NATIONAL INSURANC** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 27 **2** 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: **1** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **97** 25 **25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above		<input checked="" type="checkbox"/>	<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 # **SA8360777** St **NY** DOB/Age. \_\_\_\_\_ Reg # **FWT263** Reg Type **PC** Reg State **NY**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2015** Veh Make **Jeep** Veh Config. **1** 21  
 Operator **TESORIERO, ANTHONY L** Owner **TESORIERO, ANTHONY L**  
 Address **87 LINCOLN RD** Address **87 LINCOLN RD**  
 City **PLAINVIEW** State **NY** Zip **11803** City **PLAINVIEW** State **NY** Zip **11803**  
 Insurance Company **Allstate Insurance Co.** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 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: **1** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 **25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

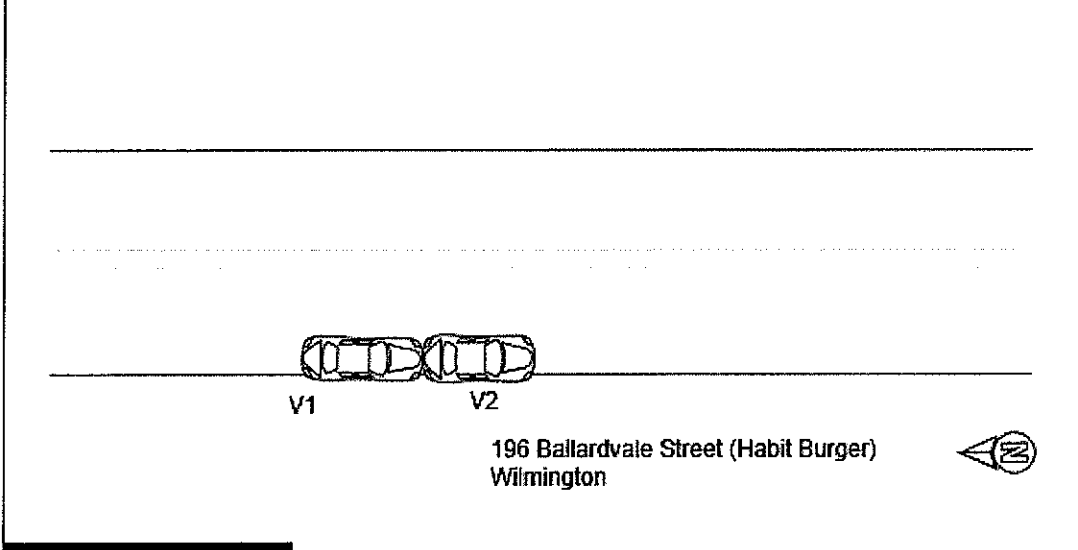
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above		<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



→ = 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 and V2 were travelling south on Ballardvale Street towards Route 125. In the vicinity of Habit Burger, 196 Ballardvale Street, V1 rear-ended V2. Op1 and Op2 agreed that V2 was stopped in a line of traffic and V1 failed to stop in time and crashed into V2. No injuries were observed or reported in Op1 or Op2. Op1 relocated his vehicle off the main road to await a private tow. V2 left the scene. Moderate damage to V1 and minor damage to V2. See attached images.

**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 Kathryn C Goodwin    216                          Wilmington Police Department                          06/07/2022  
 Police Officer Name (Please Print)    Signature                          ID/Badge #                          Department                          Precinct/Barracks                          Date

Wilmington Police Department  
Images Associated with 22-182-AC



Date of Crash 06/08/2022	Time of Crash 0717 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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**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 # <u>579</u> Name of Roadway/Street <u>MAIN ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **22-183-AC**

License # <u>S50010533</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>20</u> CDL _____ Operator <u>LOMBARDI, DENNIS JAMES</u> Address <u>50 MEDFORD ST</u> City <u>MALDEN</u> State <u>MA</u> Zip <u>02148-7406</u> Insurance Company <u>SAFETY NATIONAL INSURANCE</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> 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>T26770</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u> Owner <u>ALL CLEAR PLUMBING INC</u> Address <u>12 WILMINGTON RD</u> City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-1729</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>8</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>1</u> <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>
---	--

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	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 # <u>S57205487</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>20</u> CDL _____ Operator <u>LAMONTAGNE, STEVEN D</u> Address <u>38 SAWYER AVE</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-4047</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>464715AB</u> Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>4WL671</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2000</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LAMONTAGNE, STEVEN D</u> Address <u>38 SAWYER AVE</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-4047</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u> Event Sequence <u>42</u> <u>23</u> <u>1</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>1</u> <u>29</u> Driver Contributing Code <u>9</u> <u>25</u> <u>10</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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	





Wilmington Police Department  
Images Associated with 22-183-AC





Wilmington Police Department  
Images Associated with 22-183-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# **22-184-AC**

License # **S46983683** St **MA** DOB/Age \_\_\_\_\_ Reg # **358YD2** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2010** Veh Make **Jeep** Veh Config. **1** 21  
 Operator **HAYNES, NICHOLAS JOSEPH** Owner **HAYNES, NICHOLAS JOSEPH**  
 Address **60 SALEM ST** Address **60 SALEM ST**  
 City **WOBURN** State **MA** Zip **01801-3008** City **WOBURN** State **MA** Zip **01801-3008**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **11** 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  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>1</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 # \_\_\_\_\_ 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 \_\_\_\_\_ Driver Contributing Code **25** **25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 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>							





Wilmington Police Department  
Images Associated with 22-184-AC



Date of Crash **06/09/2022** Time of Crash **0823** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police   
 24HR **Wilmington** **Police Report** Latitude \_\_\_\_\_ MBTA Police   
 Longitude \_\_\_\_\_ Other: \_\_\_\_\_ Campus Police

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <b>390</b> Name of Roadway/Street <b>MAIN ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **22-185-AC**

<p>License # <b>S49284565</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>RANA, ANILKUMAR M</b></p> <p>Address <b>15 PROUTY RD</b></p> <p>City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1319</b></p> <p>Insurance Company <b>SAFETY INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>2TXG70</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2012</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b></p> <p>Owner <b>RANA, ANILKUMAR M</b></p> <p>Address <b>15 PROUTY RD</b></p> <p>City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1319</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></p>
---	--

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	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

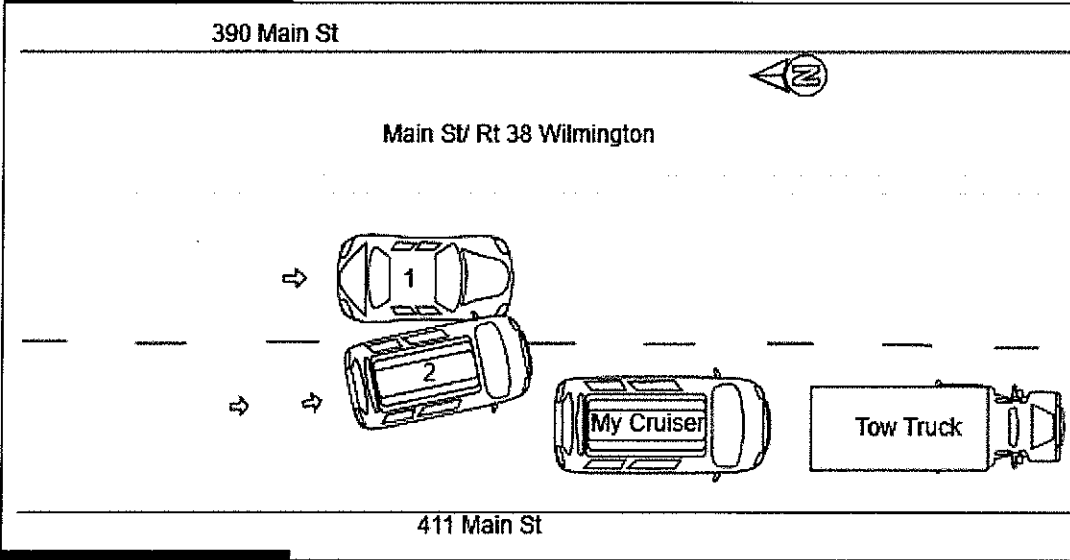
<p>License # <b>S92448258</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>SPRY, SUSAN SAMANTHA</b></p> <p>Address <b>46 GROVE AVE</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2082</b></p> <p>Insurance Company <b>SAFETY INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>3LGC31</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2017</b> Veh Make <b>SUBARU</b> Veh Config. <b>1</b></p> <p>Owner <b>SPRY, JEFFREY P</b></p> <p>Address <b>46 GROVE AVE</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2082</b></p> <p>Vehicle Action Prior to Crash <b>5</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>19</b> <b>25</b> <b>4</b> <b>25</b></p> <p>Driver Distracted by <b>99</b> <b>26</b></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	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction     = Vehicle 1     = Vehicle 2    = Pedestrian    = Bicycle

**Crash Diagram:**

ie: →  1    →  2    →    →



**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:**

On 6/9/22, I responded to a two vehicle crash. I was in a line of traffic behind a tow truck waiting for the red light at the intersection of Main St at Church St. Veh 2 had moved up behind me. The left SB lane had less traffic in it. I heard a crunch and observed Veh 2 had tried to change lanes and collided with veh 1 who was in the lane. There was no injuries. Veh 2 had no visible damage. The front bumper and grill had come off of Veh 1. Operator of Veh 1 stated he was traveling straight on the left lane and Veh 2 cut out into his car. Veh 2 operator did not have anything further to add. Veh 1 was towed by AAA.

**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

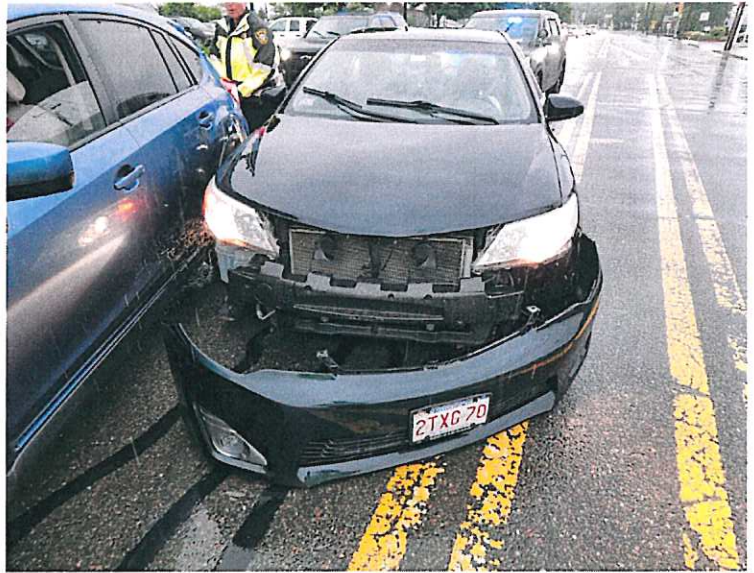
**Hazmat Information:**

Placard  47    Material 1 digit #  48    Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

Patrol Officer Daniel P Furbush    196    Wilmington Police Department    06/09/2022  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date



Wilmington Police Department  
Images Associated with 22-185-AC





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

1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

3 Route# Direction Name of Intersecting 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# **22-186-AC**

License # **S61461962** St **MA** DOB/Age \_\_\_\_\_ Reg # **865KP4** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **KIA** Veh Config. **1**

Operator **GRANESE, STACY LEA** Owner **SAULNIER, NANCY J**

Address **115 MYSTIC AVE** Address **40 NAVILLUS RD**

City **TEWKSBURY** State **MA** Zip **01876-4321** City **TEWKSBURY** State **MA** Zip **01876-2540**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **2** **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: **2** **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 **7** **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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</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 # **S53387880** St **MA** DOB/Age \_\_\_\_\_ Reg # **45XW81** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2005** Veh Make **ACURA** Veh Config. **1**

Operator **NAYAK, RADHIKA** Owner **RAO, PRASHANTH**

Address **98 PARK AVE** Address **98 PARK AVE**

City **WILMINGTON** State **MA** Zip **01887-3754** City **WILMINGTON** State **MA** Zip **01887-3754**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** Damaged Area Code: **7** **27** **8** **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: **2** **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**

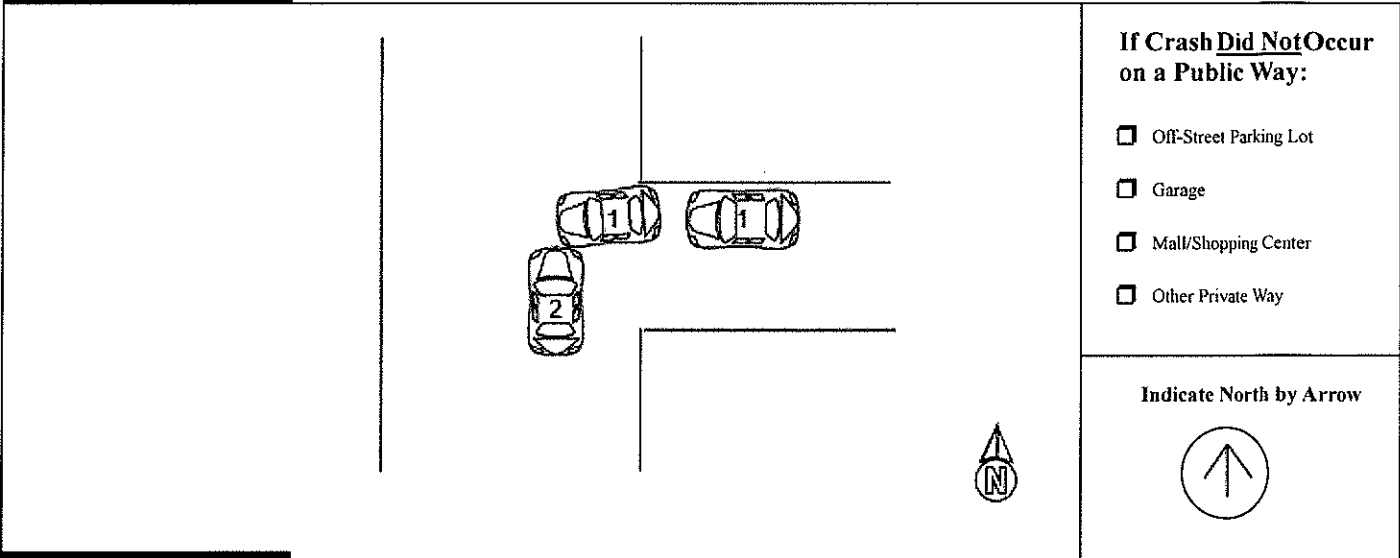
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ☺ = Bicycle

**Crash Diagram:**

ie: → 1 → 2 → ○ → ☺



**Crash Narrative:**

Vehicle #1 was traveling straight and had turned her directional on to turn left then decided to go straight. Vehicle # 2 saw that vehicle # 1 had its directional on and tried to turn left.

**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 \_\_\_\_\_ MCMX/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 Anthony Fiore**

164

**Wilmington Police Department**

06/09/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only		City/Town <b>Wilmington</b>	Date of Crash 06/09/2022		Time of Crash 1742 24HR	Number Vehicles 2	Number Injured 0	Speed Limit <u>5</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 _____						Route# <u>2</u> Direction _____ Address # <u>LOWELL ST</u> Name of Roadway/Street _____									
At						_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____									
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 _____			Mile Marker _____ Exit Number _____						
Also at Intersection with						_____ 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 1 #Occupants  Hit/Run  Moped

Crash Report ID# **22-187-AC**

License # _____ St _____ DOB/Age _____				Reg # <b>RS244M</b> Reg Type <b>PC</b> Reg State <b>MA</b>			
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____				Veh Year <b>2011</b> Veh Make <b>Infinity</b> Veh Config. <u>1</u> <u>21</u>			
Operator <b>Driverless M.V.</b>				Owner <b>HILTZ, ALLEN F</b>			
Address _____				Address <b>6 PUNCHARD AVE APT B</b>			
City _____ State _____ Zip _____				City <b>ANDOVER</b> State <b>MA</b> Zip <b>01810-3833</b>			
Insurance Company <b>THE COMMERCE INSURANCE CO</b>				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>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</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>	
Citation # (If Issued) _____				Most Harmful Event <u>2</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											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<input checked="" type="checkbox"/>							

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

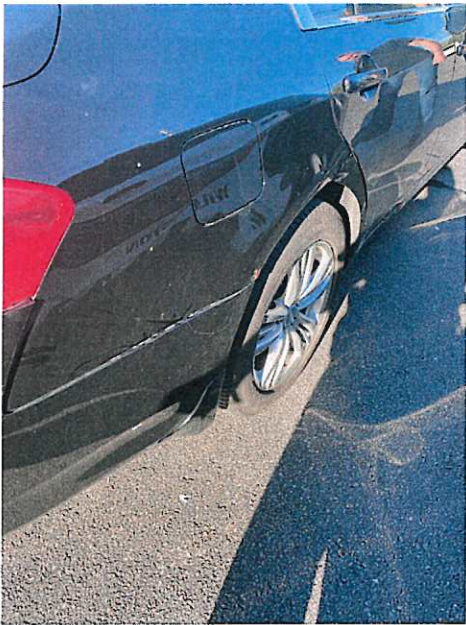
License # <b>S34463687</b> St <b>MA</b> DOB/Age _____				Reg # <b>2BCF86</b> Reg Type <b>PC</b> Reg State <b>MA</b>			
Sex <b>M</b> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____				Veh Year <b>2017</b> Veh Make <b>FORD</b> Veh Config. <u>1</u> <u>21</u>			
Operator <b>MCLAUGHLIN, JOHN J</b>				Owner <b>MCLAUGHLIN, JOHN J</b>			
Address <b>19 ELLEN RD</b>				Address <b>19 ELLEN RD</b>			
City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1323</b>				City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1323</b>			
Insurance Company <b>THE COMMERCE INSURANCE CO</b>				Vehicle Action Prior to Crash <u>10</u> <u>22</u>		Damaged Area Code: <u>99</u> <u>27</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</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>	
Citation # (If Issued) _____				Most Harmful Event <u>2</u> <u>24</u>		Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code <u>99</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>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>			

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





Wilmington Police Department  
Images Associated with 22-187-AC

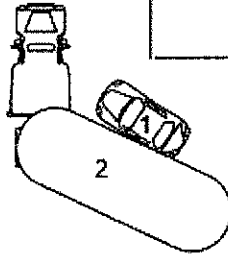


<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>																	
Date of Crash 06/10/2022	Time of Crash 0835 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>									
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>																	
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # <u>298</u> Name of Roadway/Street <u>SHAWSHEEN AVE</u>																					
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____																					
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 _____ Mile Marker _____ Exit Number _____																					
Also at Intersection with _____			Route# _____ Intersecting Roadway/Street _____																					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				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# <b>22-188-AC</b>															
License # <u>S72199762</u> St <u>MA</u> DOB/Age _____			Reg # <u>682RS6</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 _____			Veh Year <u>2009</u>		Veh Make <u>HONDA</u>		Veh Config. <u>1</u> <u>21</u>																	
Endorsement _____			Operator <u>WHITEMAN, KAITLIN SARAH</u>		Owner <u>WHITEMAN, KATHLEEN RITA</u>																			
Address <u>512 SHAWSHEEN AVE</u>			Address <u>512 SHAWSHEEN AVE</u>		Address _____																			
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1640</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1640</u>		City _____ State _____ Zip _____																			
Insurance Company <u>VERMONT MUTUAL INSURANCE</u>			Vehicle Action Prior to Crash <u>3</u> <u>22</u>		Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u>																			
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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>1</u> <u>29</u>																			
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>99</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>99</u> <u>26</u>		Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>																			
Please fill out for operator and all occupants involved			Driver Distracted by _____		Towed from scene? <u>2</u> <u>33</u>																			
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
<b>Operator</b>			See Above		<del>_____</del>		<del>_____</del>		<u>1</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:			<input checked="" 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 # <u>8660129</u> St <u>ME</u> DOB/Age <u>1</u>			Reg # <u>AW981B</u>		Reg Type <u>CO</u>		Reg State <u>NJ</u>																	
Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL <u>T</u>			Veh Year <u>2020</u>		Veh Make <u>VOLVO</u>		Veh Config. <u>10</u> <u>21</u>																	
Endorsement _____			Operator <u>DEWITT, RICKY J</u>		Owner <u>BKG LEASING CORP</u>																			
Address <u>POST OFFICE BOX 366</u>			Address <u>55 CARTER DR STE 200</u>		Address _____																			
City <u>WATERBORO</u> State <u>ME</u> Zip <u>04087</u>			City <u>EDISON</u> State <u>NJ</u> Zip <u>08817</u>		City _____ State _____ Zip _____																			
Insurance Company _____			Vehicle Action Prior to Crash <u>3</u> <u>22</u>		Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>																			
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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>1</u> <u>29</u>																			
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>99</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>99</u> <u>26</u>		Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>																			
Please fill out for operator/non-motorist and all occupants involved			Driver Distracted by _____		Towed from scene? <u>2</u> <u>33</u>																			
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
<b>Operator/Non-Motorist</b>			See Above		<del>_____</del>		<del>_____</del>		<u>1</u> <u>99</u>		<u>4</u>		<u>3</u>		<u>0</u>		<u>10</u>		<u>1</u>					

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    O = Pedestrian    B = Bicycle

**Crash Diagram:**

ie: → 1    → 2    → O    → B



**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:**

Vehicle #1 was taking a right hand Turn from the right hand turn lane.  
 Vehicle #2 was making a wide turn from the middle lane. Both vehicle colided during turn.

**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 Anthony Fiore**

**164**

**Wilmington Police Department**

**06/10/2022**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 06/11/2022	Time of Crash <b>0743</b> 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>40</b>	State Police Local Police MBTA Police Campus Police Other: <input type="checkbox"/>
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p><b>62 E 800 SALEM ST</b></p> <p>Route# _____ Direction _____ Address # _____ 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 _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **22-189-AC**

<p>License # <b>S75306801</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____</p> <p>Operator <b>HUI, JAMIE</b></p> <p>Address <b>1400 GORHAM ST APT 18</b></p> <p>City <b>LOWELL</b> State <b>MA</b> Zip <b>01852-5248</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>5CS286</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2013</b> Veh Make <b>LEXUS</b> Veh Config. <b>1</b></p> <p>Owner <b>HUI, JAMIE</b></p> <p>Address <b>1400 GORHAM ST APT 18</b></p> <p>City <b>LOWELL</b> State <b>MA</b> Zip <b>01852-5248</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>5</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>5</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b></p> <p>Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>30</b></p> <p>Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

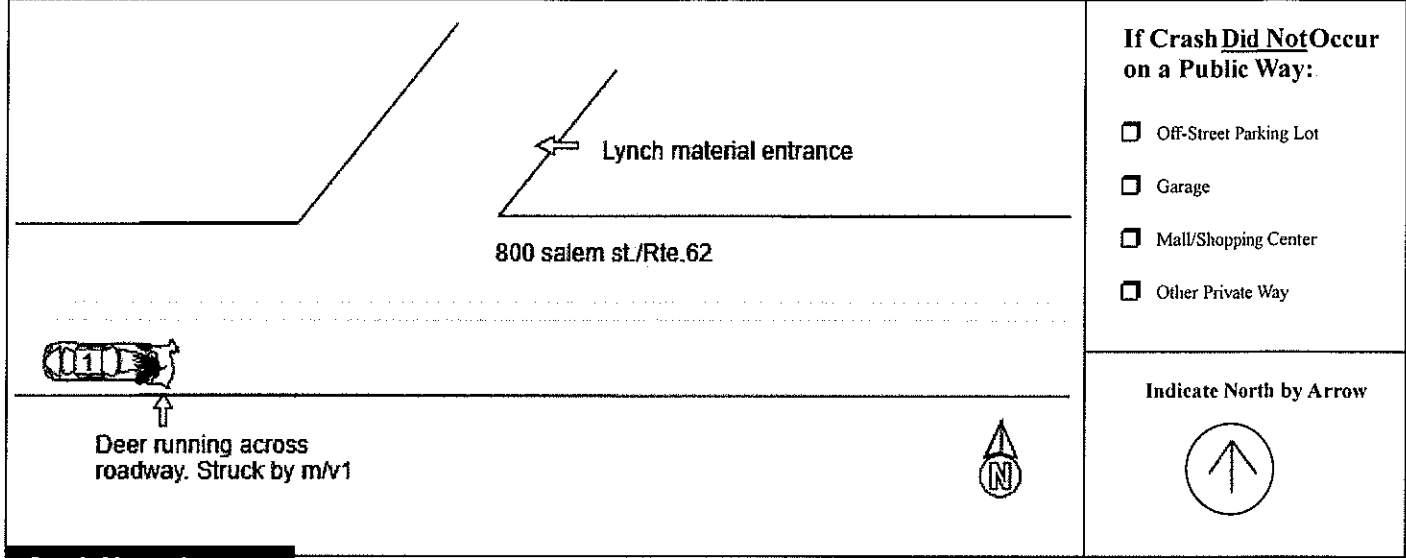
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/>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

→ = Direction    [1] = Vehicle 1    [2] = Vehicle 2    O = Pedestrian    B = Bicycle

**Crash Diagram:**

ie: → [1]    → [2]    → O    → B



**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:**

Oper. #1 related while he was traveling on rte.62 a deer came out of no where, ran in front of his m/v and he was unable to stop and struck the deer. (PWJ/142)

**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 Paul W Jepson**    142    **Wilmington Police Department**    06/11/2022  
Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date



Police Use Only: Date of Crash 06/11/2022, Time of Crash 1822, City/Town **Wilmington**, Number Vehicles 2, Number Injured 1, Speed Limit 25, Latitude, Longitude, State Police , Local Police , MBTA Police , Campus Police , Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**62 SALEM ST**  
Route# Direction Name of Roadway/Street

At

**WOBURN ST**  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting 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# **22-190-AC**

License # **SA3510792** St **MA** DOB/Age \_\_\_\_\_  
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_  
Operator **HANAFIN, LAURYN KATHLEEN**  
Address **38 MARCUS RD**  
City **WILMINGTON** State **MA** Zip **01887-1547**  
Insurance Company **THE COMMERCE INSURANCE CO**

Reg # **2WVS25** Reg Type **PC** Reg State **MA**  
Veh Year **2012** Veh Make **FORD** Veh Config. **1**  
Owner **HANAFIN, STEPHEN P**  
Address **38 MARCUS RD**  
City **WILMINGTON** State **MA** Zip **01887-1547**

Vehicle Action Prior to Crash **4** Damaged Area Code: **8** **27** **7** **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 and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	Lahey Clinic

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

License # **S27769507** St **MA** DOB/Age \_\_\_\_\_  
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_  
Operator **RICUPERO, THOMAS ALVA**  
Address **63 CENTRAL ST**  
City **TOPSFIELD** State **MA** Zip **01983-1825**  
Insurance Company **LIBERTY MUTUAL INSURANCE**

Reg # **628BR7** Reg Type **PC** Reg State **MA**  
Veh Year **2010** Veh Make **TOYOTA** Veh Config. **1**  
Owner **RICUPERO, PAMELA ANNE**  
Address **63 CENTRAL ST**  
City **TOPSFIELD** State **MA** Zip **01983-1825**

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** **25** BAC Test Result: **30**  
Driver Distracted by **7** **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
<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>	
<b>PAMELA RICUPERO</b>	63 CENTRAL ST TOPSFIELD, MA 01983-1825		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    = Pedestrian    = Bicycle

**Crash Diagram:**

ie: → 1    → 2    →    →

Salem Street/Route 62

Woburn Street

Woburn Street

Salem Street/Route 62

Woburn Street

**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:**

MV1 was traveling northbound on Woburn Street towards the Salem Street intersection. MV1 arrived at the intersection, stopped at the red light, and prepared to turn left onto Salem Street. MV2 was traveling eastbound on Salem Street towards North Reading. MV2 was traveling straight ahead. The stop light turned green, an approaching vehicle (Witness) stopped to allow MV1 to turn, and MV1 began to turn left through the intersection. MV2 did not stop at the red light and collided with the front and left side of MV1. The operator of MV2 stated he did not see the red light because of the sun's glare, slammed on the brakes, and collided with MV1. MV1 suffered front left side damage. MV2 suffered front left end damage. Neither vehicle was towed and both were driven from the scene. The operator of MV1 was transported to Lahey Hospital for medical treatment. Operator of MV2 was issued a written warning for red light. Witness stated he and MV1 had a green light, MV2 had a red.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
O'CONNELL NICHOLAS JONATHAN	76 LOWELL ST WILMINGTON MA 01887-2911		2

**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/ACC # \_\_\_\_\_

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 Thomas Lawrenson                      222                      Wilmington Police Department                      06/11/2022

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