

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1
 Route# Direction Name of Roadway/Street At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 2
 Route# Direction Name of Intersecting Roadway/Street
 38 N 470 MAIN ST
 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 12 #Occupants Hit/Run Moped
 Crash Report ID# **22-191-AC**

License # **SA2340310** St **MA** DOB/Age _____ Reg # **1TWD98** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **HYUNDAI** Veh Config. **1** 21
 Operator **OLIVAR, CHRISTIAN ULICES** Owner **OLIVAR, CHRISTIAN ULICES**
 Last First Middle Last First Middle
 Address **16 DARTMOUTH ST APT 1** Address **16 DARTMOUTH ST APT 1**
 City **EVERETT** State **MA** Zip **02149-5159** City **EVERETT** State **MA** Zip **02149-5159**
 Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 1 27 5 27 27
 Vehicle Travel Direction: S 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|--------------------------|-----------|-------------------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | XXXXXX | M | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | M | 3 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

7 1 Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # **S79116055** St **MA** DOB/Age _____ Reg # **3GPZ10** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **MAZDA** Veh Config. **1** 21
 Operator **DEVENNE, DANIELLE M** Owner **DEVENNE, DANIELLE M**
 Last First Middle Last First Middle
 Address **753A WOBURN ST** Address **753A WOBURN ST**
 City **WILMINGTON** State **MA** Zip **01887-3426** City **WILMINGTON** State **MA** Zip **01887-3426**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 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 **5** 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **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 |
|------------------------------|-----------|-------------------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator/Non-Motorist | See Above | XXXXXX | F | 1 | 1 | 1 | 0 | 0 | 10 | 1 | |
| | | | F | 6 | 4 | 1 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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|-----------------------------|-------------------------------|-------------------------|--|--|--|----------------------|----------------------------|-----------------------|----------------|-----------------|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | |
| Date of Crash 06/13/2022 | Time of Crash 1657 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>30</u> | Latitude _____ | Longitude _____ | <input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: |

| | | |
|---|---|-----------------------------|
| AT INTERSECTION: | < LOCATION > | NOT AT INTERSECTION: |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | Route# <u>7</u> Direction _____ Address # _____ Name of Roadway/Street <u>EAMES ST</u> | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ | |
| | | Landmark _____ |

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

Crash Report ID# **22-192-AC**

| | |
|--|--|
| License # <u>SA3860016</u> St <u>MA</u> DOB/Age _____ | Reg # <u>2YWB58</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>2005</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> |
| Operator <u>DE LOS SANTOS, KIDIA MARGARITA</u> Last First Middle | Owner <u>DE LOS SANTOS, KIDIA MARGARITA</u> Last First Middle |
| Address <u>21 WOODLAND CT APT 2</u> | Address <u>21 WOODLAND CT APT 2</u> |
| City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-2316</u> | City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-2316</u> |
| Insurance Company <u>THE COMMERCE INSURANCE CO</u> | Vehicle Action Prior to Crash <u>1</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 checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>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>1</u> <u>33</u> |

| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|-----------|---------|-----|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator | See Above | | | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
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Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

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|--|--|
| License # <u>S78621704</u> St <u>MA</u> DOB/Age _____ | Reg # <u>4MZX49</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>2016</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> |
| Operator <u>HARRIS, LINDSEY E</u> Last First Middle | Owner <u>JOHNSON, GARY A III</u> Last First Middle |
| Address <u>23 HAZEL ST</u> | Address <u>151 HARRINGTON ST</u> |
| City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01830</u> | City <u>ATHOL</u> State <u>MA</u> Zip <u>01331-3112</u> |
| Insurance Company <u>THE COMMERCE INSURANCE CO</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 checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> | Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> |
| Citation # (If Issued) _____ | Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code <u>5</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>1</u> <u>33</u> |

| Please fill out for operator/non-motorist and all occupants involved | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|--|-----------|---------|-----|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator/Non-Motorist | See Above | | | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1 Route# Direction Name of Roadway/Street At
 2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 3 1 Route# Direction Name of Intersecting Roadway/Street

38 S 253 MAIN ST
 Route# Direction Address # Name of Roadway/Street
 Feet N S E W of Mile Marker Exit Number
 Feet N S E W of Route# Intersecting Roadway/Street
 Feet N S E W of **WILMINGTON CROSSING** Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped
 Crash Report ID# **22-193-AC**

License # **S01034856** St **MA** DOB/Agc Reg # **11MS82** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement
 Operator **WILKES, CYNTHIA JEAN** Owner **WILKES, CYNTHIA JEAN**
 Address **35 DEMING WAY** Address **35 DEMING WAY**
 City **WILMINGTON** State **MA** Zip **01887-3649** City **WILMINGTON** State **MA** Zip **01887-3649**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 0 27 27
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trp Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|--------------------------|--|---------|----------|--------------|------------------|------------------|---------------|-------------|------------------|-----------------|------------------|
| Operator | See Above | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| JESSIE WILKES | 37 DEMING WAY WILMINGTON, MA 01887-3649 | | F | 6 | 1 | 4 | 0 | 0 | 10 | 1 | |

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

License # **S60842061** St **MA** DOB/Agc Reg # **37TV13** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **C** 19 19 Lic. Restrictions **K** 20 CDL Endorsement
 Operator **NICHOLAS, RICHARD GARY** Owner **NICHOLAS, RICHARD GARY**
 Address **9 LONGVIEW RD** Address **9 LONGVIEW RD**
 City **WILMINGTON** State **MA** Zip **01887-1427** City **WILMINGTON** State **MA** Zip **01887-1427**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 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: **1** 28
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **19** 25 25 BAC Test Result: **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 Trp Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|------------------------------|-----------|---------|-----|--------------|------------------|------------------|---------------|-------------|------------------|-----------------|------------------|
| Operator/Non-Motorist | See Above | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |

Wilmington Police Department

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 22-193-AC

| | |
|-----------------------------|------------------|
| Entered: 06/15/2022 @ 0917 | Entry ID: 173 |
| Modified: 06/15/2022 @ 0941 | Modified ID: 173 |
| Approved: 06/18/2022 @ 0553 | Approval ID: 175 |

Crash Narrative:

V1 (Wilkes) was stopped at red light & then proceeded to go with green light to cross intersection into Wilmington Plaza. Opr C. Wilkes and Pass J. Wilkes stated that after proceeding they were suddenly hit on the drivers's side by V2. Opr Wilkes stated she had green light & all Main Street traffic was stopped or slowing to stop except for V2. They indicated no other cars in intersection, suggesting V2 ran red light. V2 (Nicholas), initially claimed he was stopped in left turning lane (Rt.38S) to to enter Wilmington Plaza, & V1 ran red light hitting him. However, Opr. Nicholas subsequently told a second officer on scene that he was hit while going straight. I then spoke to Opr. Nicholas for clarification, and he re-stated he was turning left. I told him I did not think this was consistant with the damages. I also told him that debris from crash was in the lane going straight near his vehicle upwards of 15 feet away from the turning lane. Additonally Mr. Nicholas's vehicle was stopped with broken right wheel assembly in right (straight) portion of split lane. He stated he moved after the crash. However, all debris was in straight lane further away from the turn lane w/ no indication V2 moved (lack of tire marks). I believe this is more supportive for V1 opr/pass explanation indicating V2 in fact ran the red light. Mr. Nicholas then waived on his story, and stated he may have been in the lane going straight. No injuries observed or reported. V2 towed by Cain's Towing.

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 # **374 MAIN ST**
 Name of Roadway/Street
 Feet **NSEW** of _____ or _____ Exit Number
 Mile Marker
 Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 Feet **NSEW** of _____
 Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **22-194-AC**

License # **S62543701** St **MA** DOB/Ag _____ Reg # **1NES52** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2018** Veh Make **TOYOTA** Veh Config. **2** **21**
 Operator **GEORGE, JILS** Owner **GEORGE, JILS**
 Last First Middle Last First Middle
 Address **10 BOND ST** Address **10 BOND ST**
 City **WILMINGTON** State **MA** Zip **01887-3763** City **WILMINGTON** State **MA** Zip **01887-3763**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** **33**

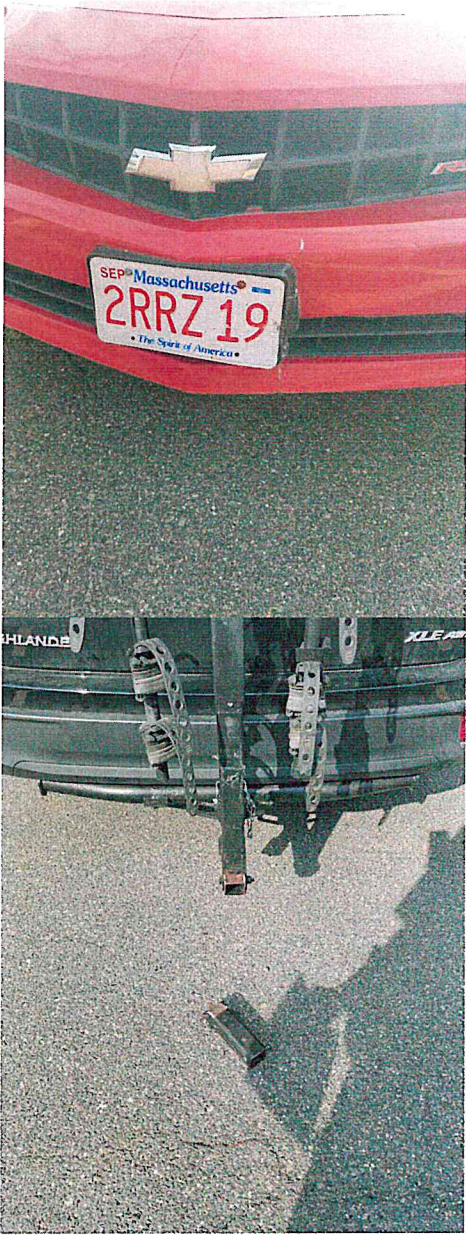
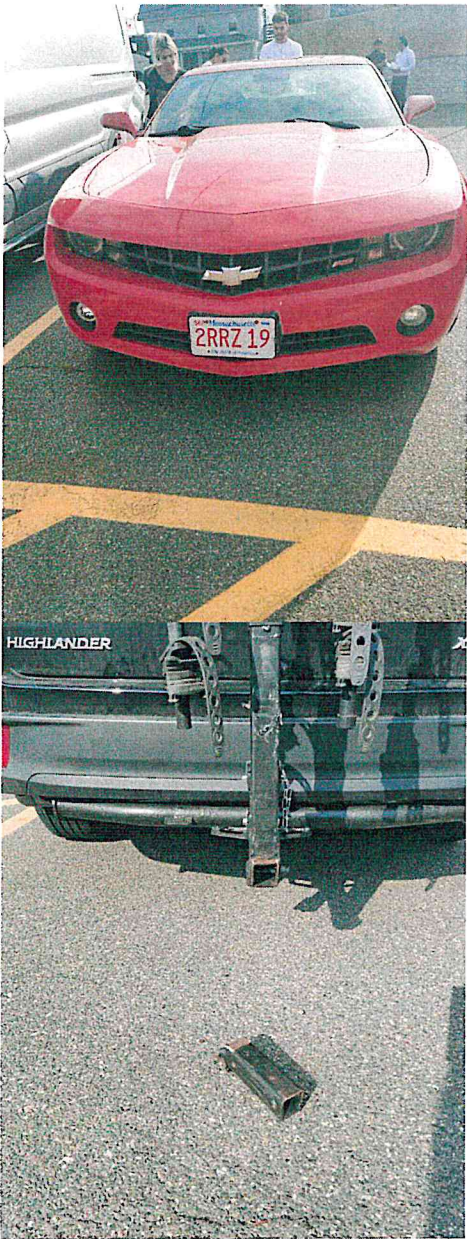
| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|-----------|-----------------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | XXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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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/Ag _____ Reg # **2RRZ19** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **99** **19** **19** Lic. Restrictions **97** **20** CDL Endorsement _____ Veh Year **2010** Veh Make **CHEVROLET** Veh Config. **1** **21**
 Operator **DEARAUJO, DHOVANA** Owner **DEARAUJO, OSMAR BORGES**
 Last First Middle Last First Middle
 Address **70 SHAW SHEEN AVE APT 308** Address **70 SHAW SHEEN AVE**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887**
 Insurance Company **PERMANENT GENERAL ASSURAN** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **N** **X** **E** **W** Responding to Emergency? **99** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) **T1683729** Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** **33**

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

Wilmington Police Department
Images Associated with 22-194-AC



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

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

2 20
 Route# _____ Direction _____ Address # **220** Name of Roadway/Street **MAIN ST**
 _____ Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 3 11
 _____ Feet N S E W of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet N S E W of _____
 Landmark _____

3
 Please Select One of the Following: Vehicle 11 #Occupants Hit/Run Moped
 Crash Report ID# **22-195-AC**

4 1
 License # **S02898966** St **MA** DOB/Age Reg # **VT362W** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____
 Operator **MAROTTA, ALBERT JOHN LOUIS** Owner **MAROTTA, ALBERT JOHN LOUIS**
 Last First Middle Last First Middle
 Address **13 GRACE DR** Address **13 GRACE DR**
 City **WILMINGTON** State **MA** Zip **01887-1618** City **WILMINGTON** State **MA** Zip **01887-1618**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 7 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

6 1
 Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|--------------------------|-----------|---------------|---------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator | See Above | | | 1 | 1 | 3 | 0 | 1 | 9 | 2 | Lahey Clinic |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

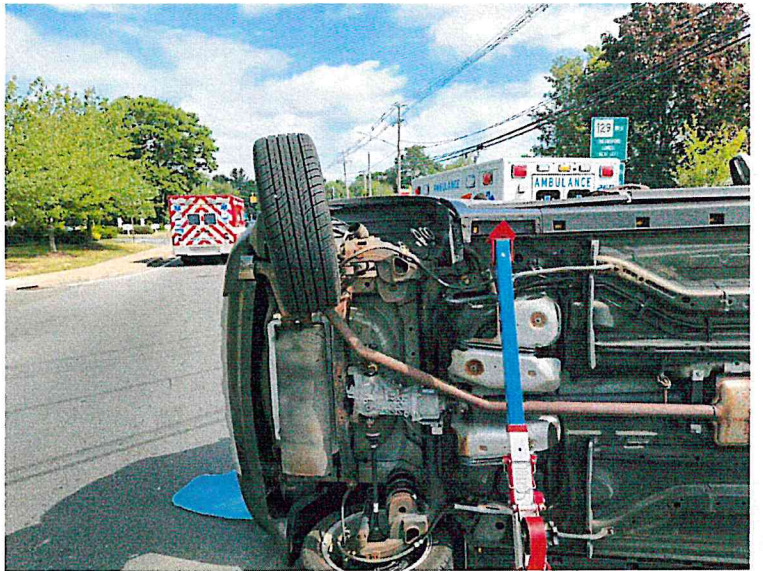
7 1
 Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 1
 License # **S34675600** St **MA** DOB/Age Reg # **482VR5** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____
 Operator **DEANE, MELISSA A** Owner **DEANE, MELISSA A**
 Last First Middle Last First Middle
 Address **9 CHARLOTTE DR** Address **9 CHARLOTTE DR**
 City **ANDOVER** State **MA** Zip **01810-6001** City **ANDOVER** State **MA** Zip **01810-6001**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 18 25 4 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

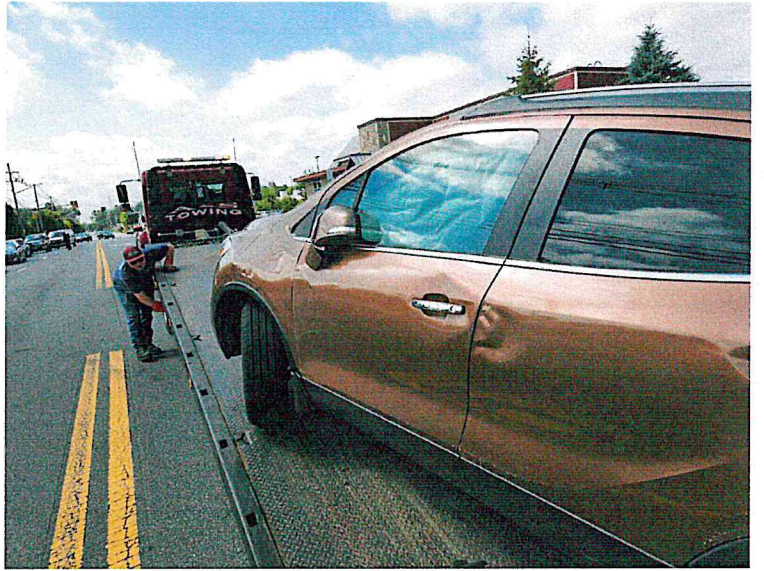
9 2
 Please fill out for operator/non-motorist and all occupants involved

| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|------------------------------|-----------|---------------|---------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|---------------------|
| Operator/Non-Motorist | See Above | | | 1 | 1 | 4 | 0 | 0 | 10 | 97 | Winchester Hospital |
| | | | F | 1 | 4 | 4 | 0 | 0 | 8 | 2 | Winchester Hospital |
| | | | | | | | | | | | |

Wilmington Police Department
Images Associated with 22-195-AC



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