

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/07/2022	Time of Crash 1413 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	Latitude _____	Longitude _____	State Police Local Police MBTA Police Campus Police Other _____

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-220-AC**

License # <u>S60773711</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>B</u> <u>20</u> CDL _____ Operator <u>RAMIRO, HECTOR</u> Address <u>4 TIGER ROW</u> City <u>GEORGETOWN</u> State <u>MA</u> Zip <u>01833</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" 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>16V140</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>VANWASSENHOVE, DOUGLAS JAMES</u> Address <u>4 TIGER ROW</u> City <u>GEORGETOWN</u> State <u>MA</u> Zip <u>01833-1248</u> Vehicle Action Prior to Crash <u>5</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>99</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</u> Towed from scene? <u>99</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	X	X	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

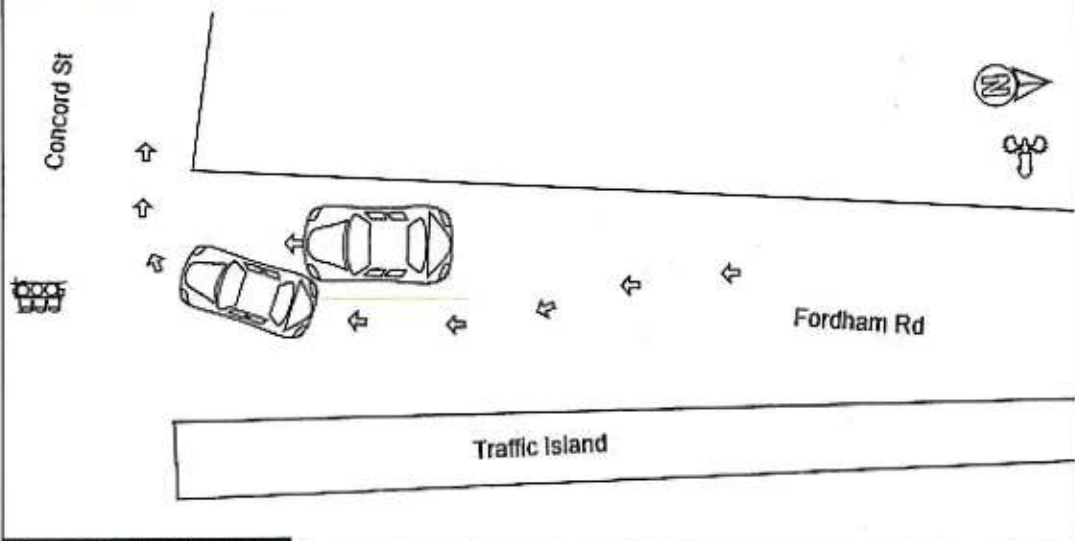
License # <u>S66452833</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>SIQUEIRA, CINIRA A</u> Address <u>52 TAYLOR ST APT 2</u> City <u>GLOUCESTER</u> State <u>MA</u> Zip <u>01930-2984</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" 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>436NK3</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SIQUEIRA, CINIRA A</u> Address <u>52 TAYLOR ST APT 2</u> City <u>GLOUCESTER</u> State <u>MA</u> Zip <u>01930-2984</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>99</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	X	X	1	99	4	0	0	10	1	

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

Crash Diagram:

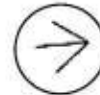
ic: → 1 → 2 → ○ → ☺



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:

At about 2:15 PM I spoke with operator of V2 over the phone. She stated that while she was traveling southbound in the right lane on Fordham Rd when V1 cut her off and struck the front of V2. V1 then left the scene. Georgetown PD made contact with the owner who stated his partner was operating V1 today. The operator of V1 called me back around 4:30 PM. He stated that V2 was driving very slowly and so he decided to go around it by going into the left lane at the end of Fordham Rd, then back into the right lane before taking a right on to Concord St. He stated he was not aware of any crash and V1 had no damage. V2 has paint damage and a small red/orange paint smudge on the front driver's side bumper. Photos are attached.

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 Emily L Stebbins

210

Wilmington Police Department

07/07/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department

Page: 1

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER EMILY L STEBBINS

Ref: 22-220-AC

Entered: 07/19/2022 @ 0924 Entry ID: 210
Modified: 07/19/2022 @ 0937 Modified ID: 210

On July 19, 2022 I, Officer Stebbins, added photos of the Camero to this report. Mr. Ramrio emailed them to Clerk Susan O'Neil and requested they be added. I am unsure when the photos were taken or if any repairs were possibly made prior to the photos being taken. It appears there is no damage on the Camero from the photos.

Respectfully,
Officer Emily Stebbins #210

Wilmington Police Department
Images Associated with 22-220-AC



Wilmington Police Department
Images Associated with 22-220-AC

