

Commonwealth of Massachusetts

RMV Document Number

Police Use Only

Motor Vehicle Crash Police Report

Date of Crash 06/19/2022 Time of Crash 1803 City/Town Wilmington

Number Vehicles 2 Number Injured 0 Speed Limit 25

State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street

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

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped

License # S71376973 St MA DOB/Age Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator MAGA, SCOTT M Address 41 OAKDALE RD City WILMINGTON State MA Zip 01887-4015 Insurance Company SAFETY INSURANCE COMPANY

Crash Report ID# 22-196-AC Reg # 8GX758 Reg Type PC Reg State MA Veh Year 2007 Veh Make DODGE Veh Config 1 Owner MAGA, MICHELE A Address 32 CHAMPA RD City BILLERICA State MA Zip 01821-2915

Table with 10 columns: Name, Address, DOB/Age, Sex, Seat Pos, Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Operator row is filled with 'See Above' and various codes.

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

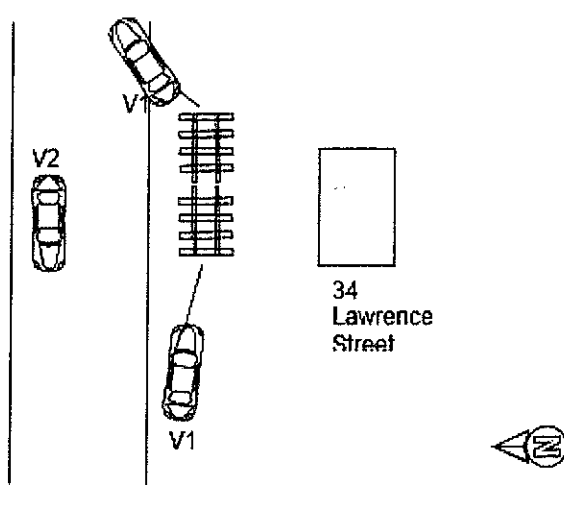
License # S15112315 St MA DOB/Age Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator DUNN, KALEIGH E Address 14 WORCESTER ST City HAVERHILL State MA Zip 01832-5128 Insurance Company CITIZENS INSURANCE COMPAN

Reg # 7YER60 Reg Type PC Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config 1 Owner DUNN, KALEIGH E Address 14 WORCESTER ST City HAVERHILL State MA Zip 01832-5128

Table with 10 columns: Name, Address, DOB/Age, Sex, Seat Pos, Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Operator/Non-Motorist row is filled with 'See Above' and various codes.

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 U X = Pedestrian ⓧ = Bicycle
 ie: → 1 → 2 → U X → ⓧ

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:

Sir, on June 19, 2022, I (Officer MacGilvray) was assigned to s2 in marked unit 32 for the 4-12 tour. At said time I was dispatched to 34 Lawrence St on a report of a hit/run property damage. Off Ceruolo and Off Tavares also responded. On location we spoke to the operator of V2 who stated V1 struck the fence in front of 34 Lawrence and fled the scene. V2 was struck by debris from the fence being hit. V2 was able to give a description and direction of flight of V1. Off Tavares during an area search found V1 on Oakdale Road. While conducting his investigation the operator of V1 (Scott Maga) called Wilmington dispatch and told them he was operating the vehicle in question. He went outside and spoke with Off Tavares. I went to Oakdale and spoke with V1 as well. He stated he fell asleep and struck the fence. Mr. Maga was cited for Leaving the scene property damage (CH 90/24/2). Citation T2446923. see 22-192-AR.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
WHITE JULIE A	34 LAWRENCE ST WILMINGTON MA 01887			FENCE

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** **06/19/2022**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4 HIGH ST
Route# Direction Name of Roadway/Street
At
MIDDLESEX AVE
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with

2 1
Route# Direction Name of Intersecting Roadway/Street

3
Route# Direction Name of Intersecting Roadway/Street
Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# 22-197-AC

License # SA9540659 St MA DOB/Age. Reg # 3APY55 Reg Type PC Reg State MA
Sex M Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL Endorsement
Operator SMITH, CARL ANTHONY Owner SMITH, CARL ANTHONY
Address 200 SWANTON ST APT 533 Address 200 SWANTON ST APT 533
City WINCHESTER State MA Zip 01890 City WINCHESTER State MA Zip 01890
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N X E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ct/Sec/Sub Viol. 2: Ct/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 4 25 25
Driver Distracted by 0 26

Damaged Area Code: 8 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	1	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 # S77152658 St MA DOB/Age. Reg # 2PVG59 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator SMITH, ROBERT FRANCIS Owner SMITH, ROBERT FRANCIS
Address 3 FAIRFIELD RD Address 3 FAIRFIELD RD
City WILMINGTON State MA Zip 01887-1707 City WILMINGTON State MA Zip 01887-1707
Insurance Company THE STANDARD FIRE INSURAN
Vehicle Travel Direction: X S E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26

Damaged Area Code: 6 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

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

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

Date of Crash 06/20/2022 Time of Crash 0515 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

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

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

10

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street 196 SHAWSHOEN AVE

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Mile Marker Exit Number

11

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Route# Intersecting Roadway/Street Landmark

2

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped

Crash Report ID# 22-198-AC

3

License # S14916134 St MA DOB/Ag. Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

Reg # 2FHP68 Reg Type PC Reg State MA Veh Year 2022 Veh Make LINCOLN Veh Config. 1 21

12

Operator LACROIX, JOSEPH M Last First Middle

Owner TRAVERSE, ELIZABETH ANN Last First Middle

4

Address 24 RUSSET RD

Address 22 PARSONS HILL RD

City BILLERICA State MA Zip 01821

City WENHAM State MA Zip 01984-1827

Insurance Company FARMERS PROPERTY & CASUAL

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

Vehicle Travel Direction: N S [X] W Responding to Emergency? 2

Event Sequence 1 23 23 23 23 Test Status: 1 28

5

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 1 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Driver Contributing Code 1 25 25 BAC Test Result: 1 30

13

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

Driver Distracted by 0 26 Towed from scene? 1 33

6

Please fill out for operator and all occupants involved

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 1, 3, 0, 0, 10, 1.

7

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

License # SA6090620 St MA DOB/Ag. Sex Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement

Reg # 94BF44 Reg Type PC Reg State MA Veh Year 2012 Veh Make BMW Veh Config. 1 21

14

Operator Address City State Zip

Owner RIVERA AVELAR, ROBERTO CARLOS Last First Middle

8

Address City State Zip

Address 16 WHIPPLE RD City BILLERICA State MA Zip 01821-2211

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 8 27

Vehicle Travel Direction: N S E [X] Responding to Emergency? 2

Event Sequence 1 23 23 23 23 Test Status: 1 28

9

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 1 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Driver Contributing Code 9 25 99 25 BAC Test Result: 1 30

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

Driver Distracted by 99 26 Towed from scene? 1 33

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

Table with columns: 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, 1, 3, 0, 0, 10, 1.

Date of Crash 06/20/2022 Time of Crash 1325 City/Town WILMINGTON

Motor Vehicle Crash Police Report

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

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street At

Route# Direction Address # MIDDLESEX AVE Name of Roadway/Street

2 10

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

Feet NSEW of Mile Marker Exit Number

3 11

2

Route# Direction Name of Intersecting Roadway/Street

Feet NSEW of Route# Intersecting Roadway/Street

Landmark

3

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped

Crash Report ID# 22-199-AC

4

License # S59085275 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 21BF01 Reg Type PC Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config 1 21

1 12

Operator CAHILL, JANET M Address 64 AGOSTINO DR

Owner CAHILL, JANET M Address 64 AGOSTINO DR

City WILMINGTON State MA Zip 01887-2324

City WILMINGTON State MA Zip 01887-2324

Insurance Company THE STANDARD FIRE INSURAN

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27

5

Vehicle Travel Direction: NSE [X] 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

1 13

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

6

Please fill out for operator and all occupants involved

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1, []

7

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

License # S64429821 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement

Reg # 3VCS64 Reg Type PC Reg State MA Veh Year 2006 Veh Make TOYOTA Veh Config 1 21

1 14

Operator FRIZZELL, DANIEL PAUL Address 8R PERSHING ST

Owner FRIZZELL, DANIEL PAUL Address 8R PERSHING ST

City WILMINGTON State MA Zip 01887

City WILMINGTON State MA Zip 01887

Insurance Company PREFERRED MUTUAL INSURANC

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27

9

Vehicle Travel Direction: NS [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 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? 2 33

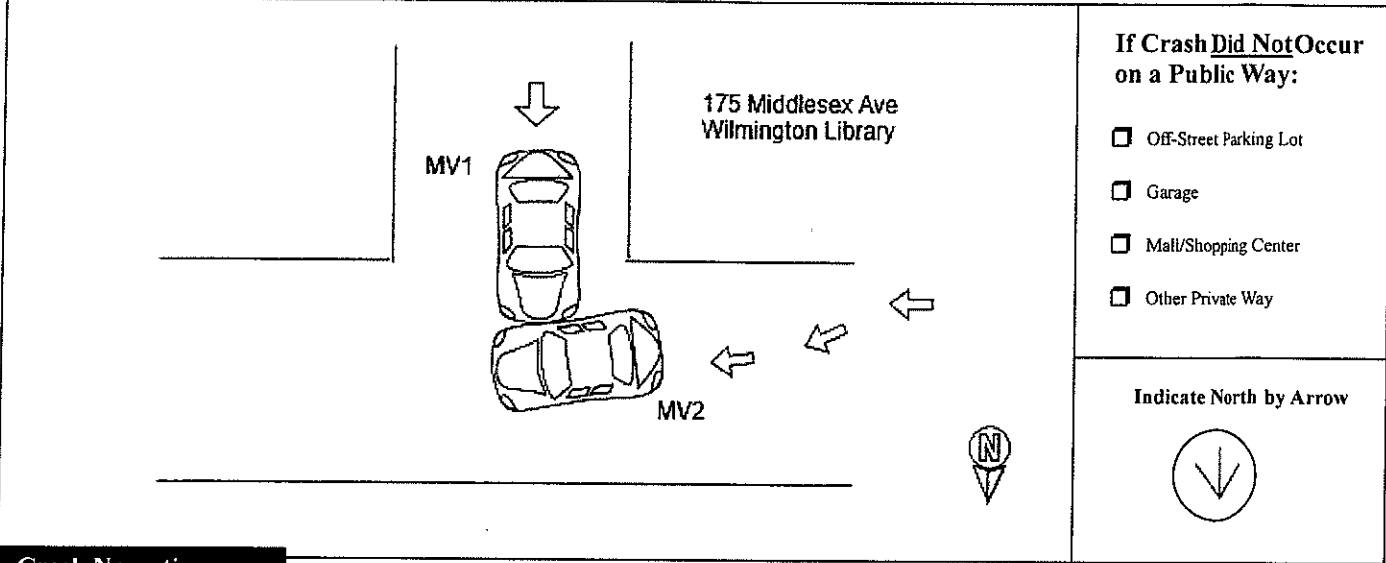
Please fill out for operator/non-motorist and all occupants involved

Table with columns: 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1, []

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 $\begin{matrix} O \\ \diagdown \\ \diagup \\ X \end{matrix}$ = Pedestrian $\text{B} = \text{Bicycle}$

Crash Diagram:

ie: → 1 → 2 → $\begin{matrix} O \\ \diagdown \\ \diagup \\ X \end{matrix}$ → B



Crash Narrative:

MV2 was traveling east on Middlesex Ave. As MV2 approached the area of 175 Middlesex Ave, the operator allowed MV1 to exit the driveway and pull out onto the roadway. Operator of MV1 slowly pulled out onto Middlesex Ave and was waiting for an opportunity to take a left into the westbound lane. Traffic continued on the westbound side making it difficult for MV1 to safely merge into the lane. Operator of MV2 decided not to wait any longer and attempted to go around the front end of MV1. Collision occurred resulting in damage to the passenger side of MV2 and front end damage (bumper & license plate) to MV1. Operator of MV2 admitted to both officers on scene that he allowed MV1 to pull out onto Middlesex Ave. No injuries and both vehicles driveable.

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 Daryl J Ceruolo 212 Wilmington Police Department 06/20/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

Police Use Only, Date of Crash 06/21/2022, Time of Crash 1103, City/Town Wilmington, Motor Vehicle Crash Police Report, Number Vehicles 2, Number Injured 0, Speed Limit 5, RMV Document Number

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, 316 LOWELL ST, Feet NSEW of, Mile Marker, Exit Number, Route# Intersecting Roadway/Street, Landmark

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped, Crash Report ID# 22-200-AC





License # S36865716, St MA, DOB/Ag, Reg # 3212485, Reg Type AP, Reg State IN, Sex M, Lic. Class D, Lic. Restrictions 1, CDL Endorsement, Veh Year 2022, Veh Make International, Veh Config. 6, Operator ANTONELLIS, JESSE IAN, Owner RYDER TRUCK RENTAL LLC, Address 11 JENISON ST, Address 11690 NW 105TH ST, City NEWTON, State MA, Zip 02460-1413, City MIAMI, State FL, Zip 33178, Vehicle Action Prior to Crash 10, Damaged Area Code: 6 27 27 27, Event Sequence 2 23 23 23 23, Test Status: 1 28, Most Harmful Event 2 24, Type of Test: 29, Driver Contributing Code 99 25 25, BAC Test Result: 1 30, Driver Distracted by 99 26, Susp. Alcohol: 2 31, Susp. Drug: 2 32, Towed from scene? 2 33

Table with columns: 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 row: Operator, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 1

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

License # S54069768, St MA, DOB/Age, Reg # 3222448, Reg Type AP, Reg State IN, Sex M, Lic. Class D, Lic. Restrictions 1, CDL Endorsement, Veh Year 2022, Veh Make International, Veh Config. 6, Operator CUC, COSMIN F, Owner RYDER TRUCK RENTAL LLC, Address 45 RANTOUL ST APT 309, Address 11690 NW 105TH ST, City BEVERLY, State MA, Zip 01915-7316, City MIAMI, State FL, Zip 33178, Vehicle Action Prior to Crash 11, 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 1 25 25, BAC Test Result: 1 30, Driver Distracted by 0 26, Susp. Alcohol: 2 31, Susp. Drug: 2 32, Towed from scene? 2 33

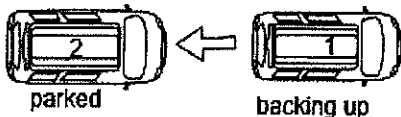
Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator/Non-Motorist row: Operator/Non-Motorist, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 1

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

Crash Diagram:

Parking lot of 316 Lowell street

Mobile Gas Station



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:

Video Camera Showed Vehicle #1 Backed up several Feet into Vehicle #2

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 06/21/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 06/21/2022	Time of Crash 1555 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>
-----------------------------	-------------------------------	-------------------------	--	----------------------	---------------------	--	--

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# _____ Direction _____	Name of Roadway/Street <u>GLEN RD</u>	Route# _____ Direction _____	Address # _____	Name of Roadway/Street _____
	At _____		Feet <u>N S E W</u> of _____	_____	or _____
	Route# _____ Direction _____	Name of Intersecting Roadway/Street <u>LAWRENCE ST</u>	_____	Mile Marker _____	Exit Number _____
		Also at Intersection with _____	Feet <u>N S E W</u> of _____	Route# _____	Intersecting Roadway/Street _____
2	Route# _____ Direction _____	Name of Intersecting Roadway/Street _____	Feet <u>N S E W</u> of _____	Landmark _____	

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

Crash Report ID# **22-201-AC**

License # <u>S92454033</u> St <u>MA</u> DOB/Age _____	Reg # <u>3769LG</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>2013</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>PROTOPAPAS, GAIL ANNE</u>	Owner <u>PROTOPAPAS, GAIL ANNE</u>
Address <u>10 PILLING RD</u>	Address <u>10 PILLING RD</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1446</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1446</u>
Insurance Company <u>USAA GENERAL INDEMNITY CO</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>3</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <u>N S X W</u> 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>

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

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

License # <u>SA3050340</u> St <u>MA</u> DOB/Age _____	Reg # <u>1VCL12</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2006</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>SANBORN, BRAYDAN LEE</u>	Owner <u>SANBORN, DAN LEE JR</u>
Address <u>10 3RD ST</u>	Address <u>169 ANDOVER RD</u>
City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-3952</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1946</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>5</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>

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
EMMA GREEN	169 ANDOVER RD BILLERICA, MA 01821		<u>F</u>	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 22-201-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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# **22-202-AC**

License # **S08848668** St **MA** DOB/Age _____ Reg # **6HL325** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2015** Veh Make **Jeep** Veh Config. **1** 21

Operator **ASKENBURG, WILLIAM D III** Owner **ASKENBURG, WILLIAM D III**

Address **185 WESTFORD ST** Address **185 WESTFORD ST**

City **CHELMSFORD** State **MA** Zip **01824-2038** City **CHELMSFORD** State **MA** Zip **01824-2038**

Insurance Company **STATE FARM MUTUAL AUTOMOB** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 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: **1** 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	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 # **S44199455** St **MA** DOB/Age _____ Reg # **8FF175** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2018** Veh Make **LEXUS** Veh Config. **1** 21

Operator **KIM, AMY S** Owner **KIM, AMY S**

Address **52 REDGATE RD** Address **52 REDGATE RD**

City **DRACUT** State **MA** Zip **01826-1900** City **DRACUT** State **MA** Zip **01826-1900**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **8** 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: **1** 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 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

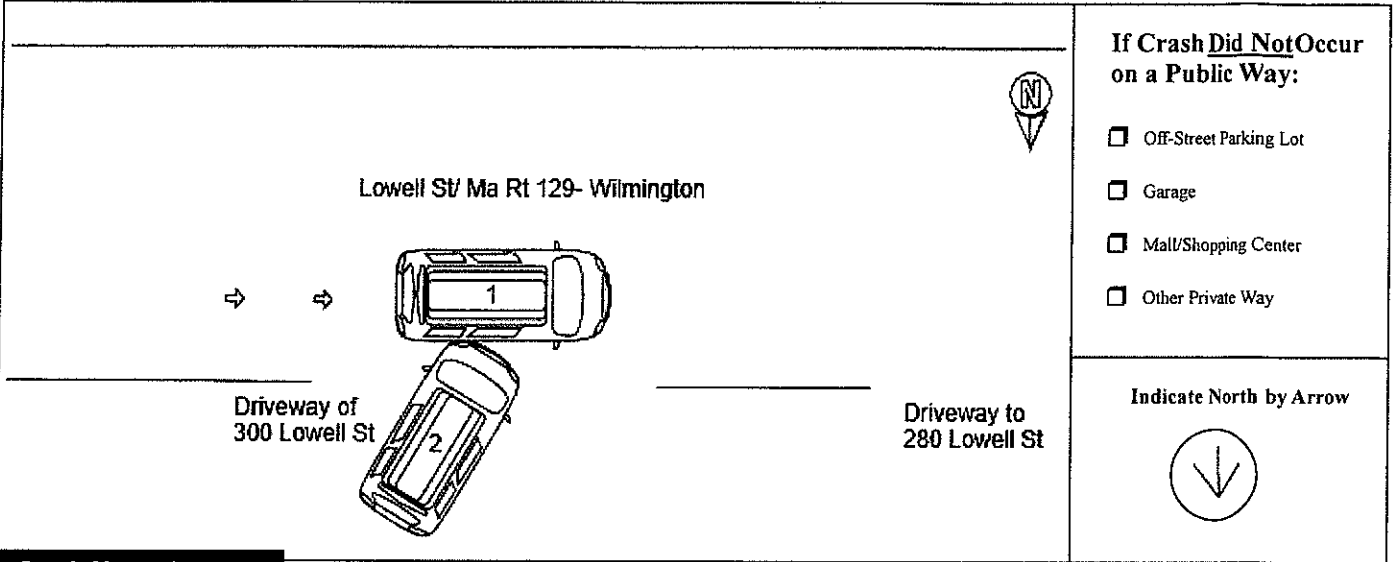
Towed from scene? **2** 33

Please fill out for operator/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	XX	1	1	4	0	0	10	1	

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

Crash Diagram:



Crash Narrative:

ON 06/23/22, I RESPONDED TO A TWO VEHICLE CRASH IN FRONT OF 300 LOWELL ST. THERE WAS NO INJURIES OR AIRBAG DEPLOYMENT. IT WAS REPORTED BY VEH 1 THAT HE TURNED LEFT ONTO LOWELL ST FROM WEST ST. HE STATED HIS LEFT DIRECTIONAL DID NOT TURN OFF. HE ATTEMPTED TO TURN OFF DIRECTIONAL BUT MUST HAVE ACTIVATED RIGHT BLINKER THOUGH HE WAS TRAVELING STRAIGHT. HIS VEH WAS STRUCK BY VEH 2 STARTING AT PASSENGER'S FRONT DOOR. VEH 2 OPERATOR STATED SHE SAW THE DIRECTIONAL AND THOUGHT VEH 1 WAS GOING TO TURN RIGHT. SHE PULLED OUT STRIKING VEH 1. VEH 1 HAD DAMAGE TO BOTH PASSENGER DOORS AND REAR PASSENGER QUARTER. VEH 2 HAD DAMAGE TO DRIVERS SIDE BUMPER AND FRONT QUARTER PANEL. NO TOW WAS REQUIRED. ALL PARTIES WERE WEARING SEATBELTS.

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 #: _____

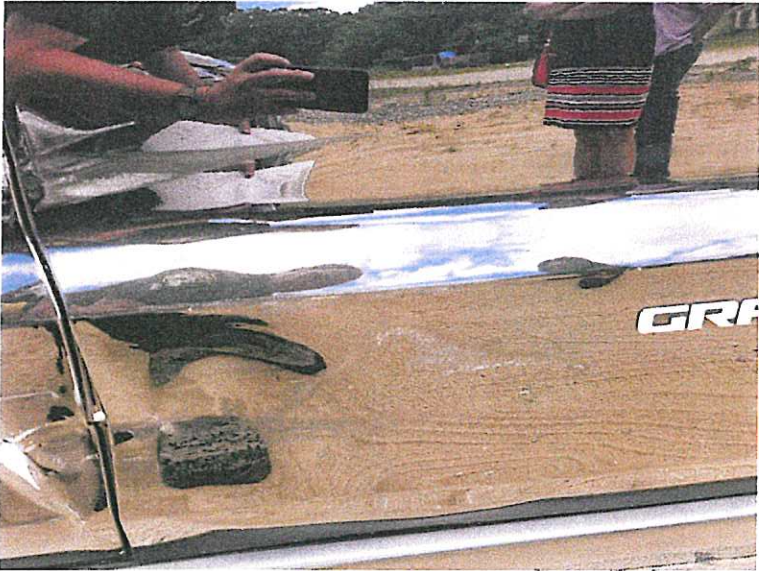
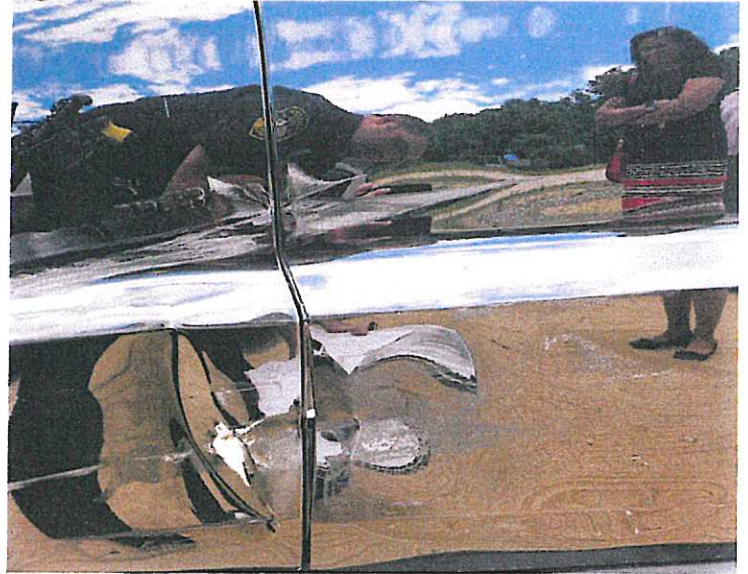
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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 F Furbush 196 Wilmington Police Department 06/23/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-202-AC



Wilmington Police Department
Images Associated with 22-202-AC



Date of Crash **06/23/2022** Time of Crash **1503** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other
 24HR **Police Report**

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # 331 Name of Roadway/Street LOWELL ST
	At _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
2	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 _____
	Also at Intersection with _____	Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 22-203-AC**

License # S43439230 St MA DOB/Age _____	Reg # 862YS7 Reg Type PC Reg State MA
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2007 Veh Make CHEVROLET Veh Config. 1
Operator LINNANE, JOHN P	Owner LINNANE, JOHN P
Address 18 CRESCENT ST	Address 18 CRESCENT ST
City LYNN State MA Zip 01902-1914	City LYNN State MA Zip 01902-1914
Insurance Company THE HANOVER INSURANCE COM	Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 8 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol 2 31 Susp. Drug 2 32
	Towed from scene? 1 33

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

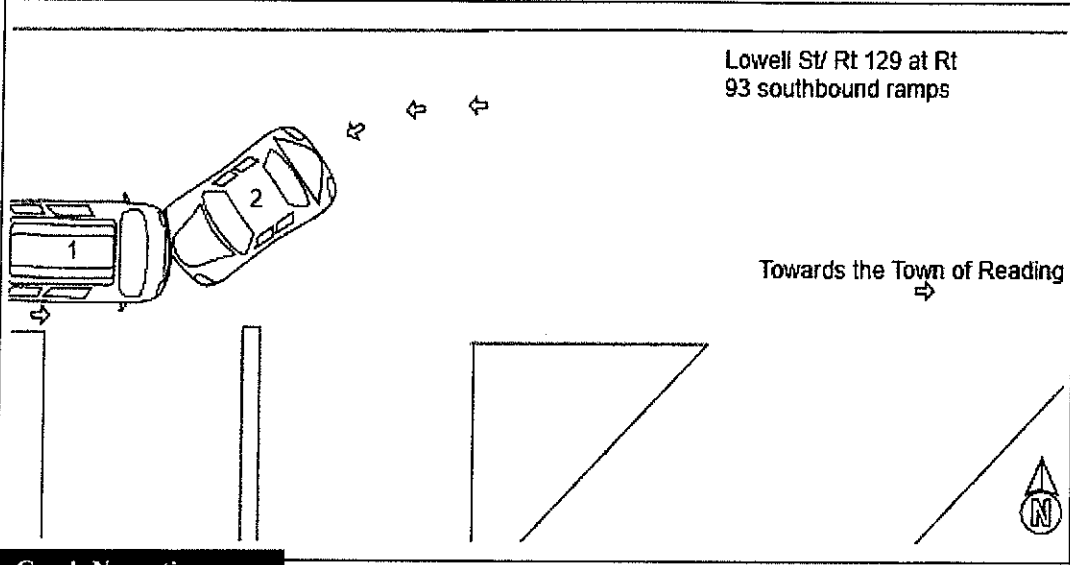
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # S54755500 St MA DOB/Age _____	Reg # 88006 Reg Type PC Reg State MA
Sex F Lic. Class D Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2001 Veh Make LINCOLN Veh Config. 1
Operator KELLEY, ERIN M	Owner KELLEY, RICHARD A
Address 6 MARTIN LOUIS WAY	Address 6 MARTIN LOUIS WAY
City STONEHAM State MA Zip 02180-4233	City STONEHAM State MA Zip 02180-4233
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 4 Damaged Area Code: 1 27 2 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 4 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
Operator/Non-Motorist	See Above	XXXX	XX	1	1	1	0	0	10	1	
ASHLEIGH KELLEY	6 MARTIN LOUIS WAY STONEHAM, MA 02180-4233		F	3	1	1	0	0	10	1	

→ = 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:

ON 06/23/22, I RESPONDED TO A TWO VEHICLE CRASH ON LOWELL ST IN THE AREA OF RT 93 SOUTHBOUND RAMP. THERE WERE NO INJURIES AND ALL INVOLVED WERE WEARING SEATBELTS. IT WAS REPORTED BY VEH 1 OPERATOR THAT HE WAS TRAVELING STRAIGHT ON LOWELL ST TOWARDS THE READING WHEN THE VEH 2 TURNED LEFT AND CUT IN FRONT OF HIM. HE WAS UNABLE TO AVOID CRASH. VEH 2 OPERATOR ADMITTED TO TURNING LEFT IN FRONT OF VEH 1 BUT CLAIMED VEH 1 WAS SPEEDING. THERE IS NO EVIDENCE SPEED WAS THE CAUSE OF THE CRASH BUT RATHER VEH 2 FAILED TO YIELD TO ONCOMING TRAFFIC. VEH 1 SUFFERED FRONT END DAMAGE TO FRONT BUMPER (DRIVER'S SIDE) GRILL, HOOD AND DRIVER'S FRONT QUARTER PANEL AS WELL AS DAMAGE TO A DRIVER'S SIDE DOOR. VEH 2 SUFFERED HEAVY DAMAGE TO HOOD, FRONT BUMPER AND RIGHT FRONT QUARTER PANEL. BOTH VEHICLES WERE TOWED BY A&s TOWING. THERE WAS AIRBAG DEPLOYMENT. VEH 2 PASSENGER WAS ALSO NOT INJURED.

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

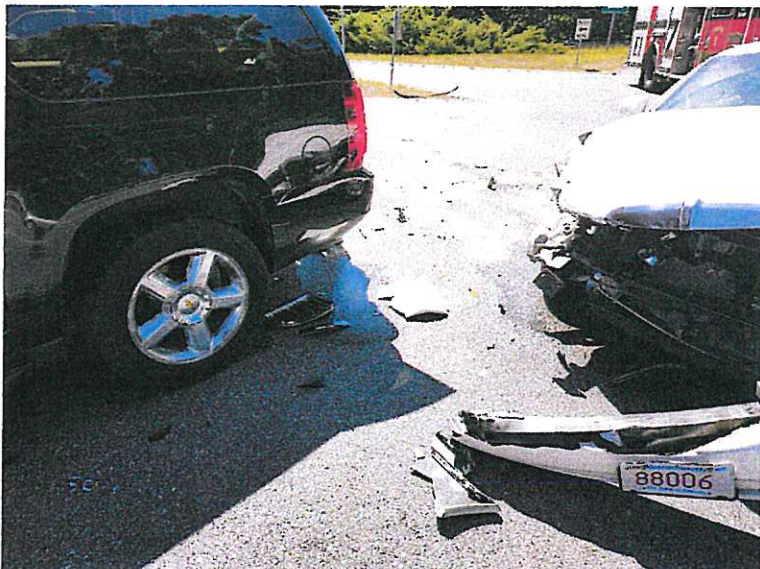
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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** 06/23/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-203-AC



Wilmington Police Department
Images Associated with 22-203-AC



Date of Crash **06/23/2022** Time of Crash **1552** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# 301 Direction _____ Address # _____ Name of Roadway/Street BALLARDVALE ST	10
	At _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	11
	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 _____ Route# _____ Intersecting Roadway/Street _____	6
2	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: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 22-205-AC**

3	License # S89227580 St MA DOB/Age _____	Reg # REFUSE Reg Type PC Reg State MA	12
	Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____	Veh Year 2018 Veh Make HONDA Veh Config. 1 21	
4	Operator NEOGY, HONORIUS MAXIMUS	Owner NEOGY, ABHIJIT	13
	Address 7 WAINRIGHT RD APT 20	Address 7 WAINWRIGHT RD APT 20	
5	City WINCHESTER State MA Zip 01890-2372	City WINCHESTER State MA Zip 01890-2372	13
	Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 8 27 2 27	
6	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 27 23 35 23 23	13
	Citation # (If Issued) _____	Most Harmful Event 1 24	
6	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 99 25 25	13
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Towed from scene? 1 33	

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above		<input checked="" type="checkbox"/>	1	99	3	0	0	8	2	Winchester Hospital

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

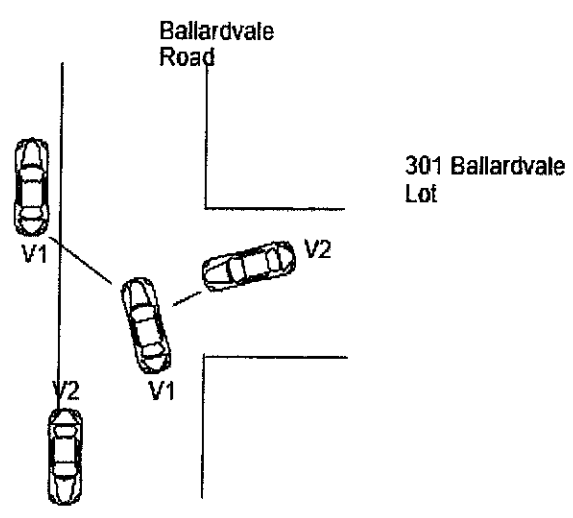
7	License # S19777526 St MA DOB/Aj _____	Reg # 1YV831 Reg Type PC Reg State MA	14
	Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____	Veh Year 2012 Veh Make HONDA Veh Config. 1 21	
8	Operator MARTELLUCCI, BRAYDON LEE	Owner MARTELLUCCI, BRAYDON LEE	14
	Address 24 HALE ST	Address 24 HALE ST	
9	City LAWRENCE State MA Zip 01843-1930	City LAWRENCE State MA Zip 01843-1930	14
	Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 8 27 1 27	
9	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 1 23 23 23	14
	Citation # (If Issued) _____	Most Harmful Event 1 24	
9	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 99 25 25	14
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Towed from scene? 2 33	

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above		<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	

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

ie: → 1 → 2 → ○X○X → ○B

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:

Sir, on June 23, 2022, I (Officer MacGilvray) was assigned to s2 in marked unit 32 during the 4-12 tour. At said time I was dispatched to said location on a two car crash with air bag deployment. Officer Foley also responded. On location I spoke to both operators involved. Operator of V1 stated while travelling north on Ballardvale V2 pulled out of the lot and struck him causing the accident. V1 swerved after being struck and veered into the embankment striking a boulder. V1 operator complained of arm and pelvic pain on scene and was transported to Winchester Hospital via EMS. V2 operator stated he believes V1 was travelling too fast which caused the accident. He pulled out of the lot taking a left and the accident occurred. V2 operator signed a medical refusal on scene. V1 (air bag deployment) was towed by A&S Tow.

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 06/23/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 06/24/2022 Time of Crash 0549 24HR City/Town Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 5

State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street 66 CONCORD ST

At

Feet NSEW of Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street

Feet NSEW of Route# Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet NSEW of

Landmark

2

3

Please Select One of the Following:

Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# 22-206-AC

4

License # St DOB/Age

Reg # 4731923 Reg Type PC Reg State NH

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Veh Year 2017 Veh Make MAZDA Veh Config. 1 21

Operator Driverless M.V. Last First Middle

Owner HARRINGTON, DEVEN S Last First Middle

Address

Address 40 TALLANT RD

City State Zip

City PELHAM State NH Zip 03076

Insurance Company TRAVELERS

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 5 27 6 27 4 27

Vehicle Travel Direction: NSEW 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 26 Susp. Alcohol: 31 Susp. Drug: 32

6

Please fill out for operator and all occupants involved

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, []

7

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 # unknown Reg Type PC Reg State MA

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Veh Year Veh Make Veh Config. 21

Operator unknown Last First Middle

Owner Last First Middle

Address

Address

City State Zip

City State Zip

Insurance Company

Vehicle Action Prior to Crash 10 22 Damaged Area Code: 99 27 27 27

Vehicle Travel Direction: NSXW Responding to Emergency? 2

Event Sequence 2 23 23 23 23 Test Status: 1 28

Citation # (If Issued)

Most Harmful Event 2 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Driver Contributing Code 99 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

9

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

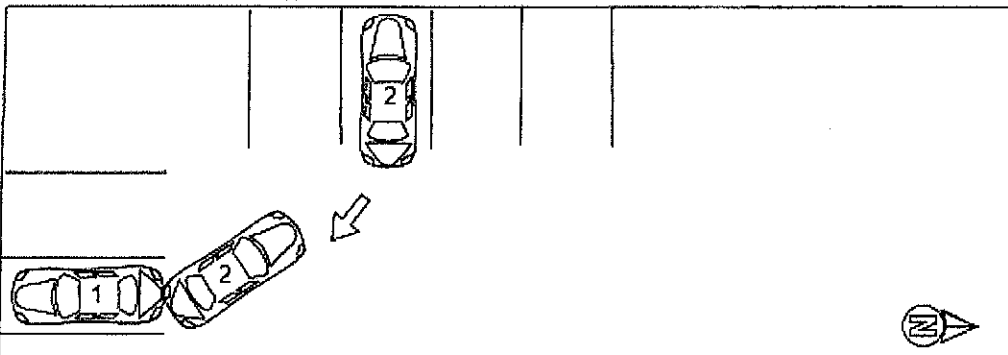
Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, 99, 4, 0, 0, 10, 1

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

Crash Diagram:

66 Concord St
Dunkin Donuts

HP HP



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 6/24 @ appx 5:50a, I was dispatched to Amazon (110 Fordham Rd) for a past report of a hit and run crash in the parking lot of Dunkin Donuts 66 Concord St. The RP/Opp1, Deven Harrington, stated that while he was in Dunkin Donuts, MV2 backed into his vehicle and drove away. Opp1 stated he was stopped by an unknown witness who gave the plate and description of MV2. NH:1072095 - Black Ford. Damage to rear fender of MV1. MV2 was found in Amazon lot, unable to speak to driver. Discrepancy between plate and VIN(see 22-795-OF) .

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)

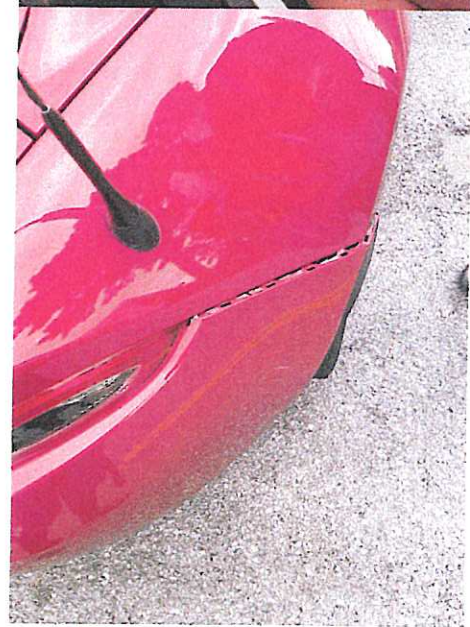
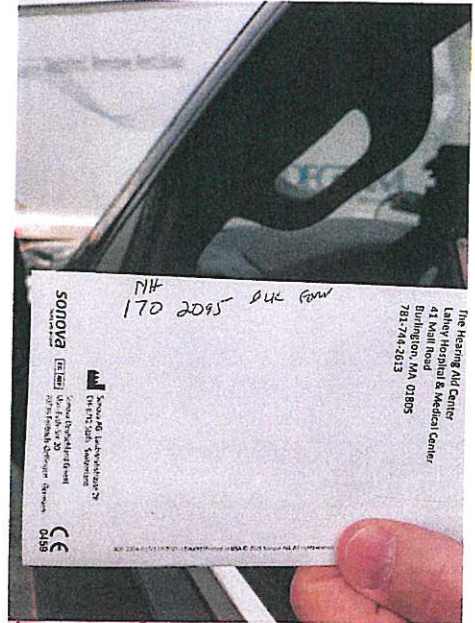
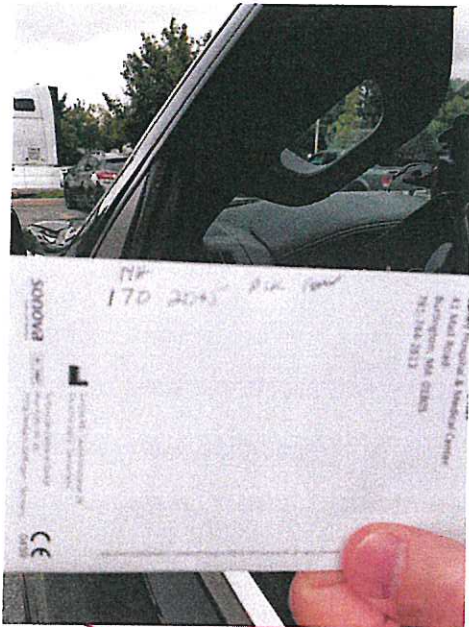
Carrier Name _____ Bus Use 42
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 06/24/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-206-AC

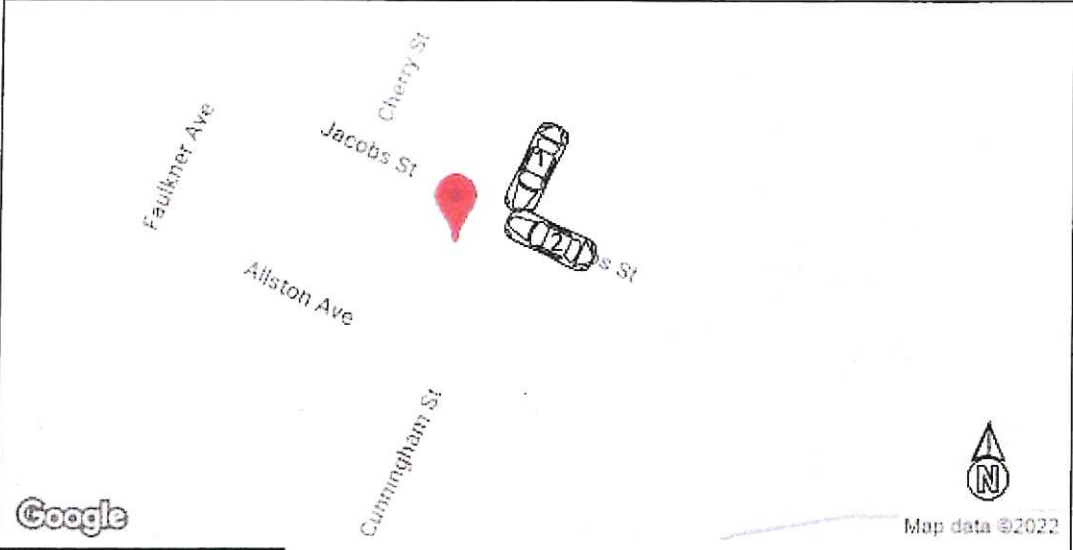


Wilmington Police Department
Images Associated with 22-206-AC



→ = 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:

Vehicle 1 was traveling south on Cunningham Street. Vehicle 2 was pulling onto Cunningham Street from Jacobs Street and failed to yield to vehicle 1 and the vehicles collided. Vehicle 1 sustained damage to the front left and Vehicle 2 sustained damage to the front right. No airbags were deployed and all involved parties declined medical attention. Both vehicles were driven from the 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 #: _____

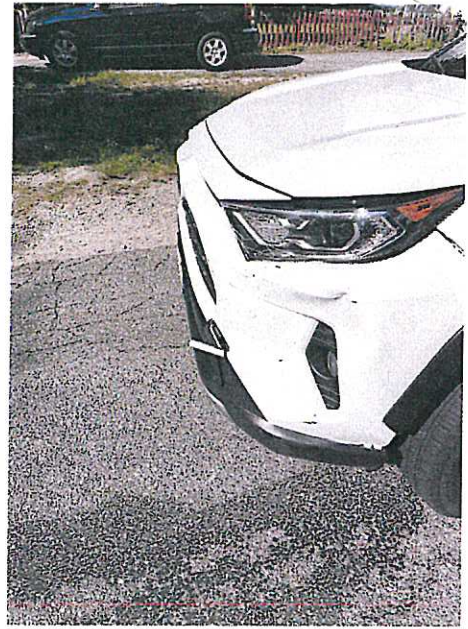
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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 Michael R DiLorenzo 217 Wilmington Police Department 06/24/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

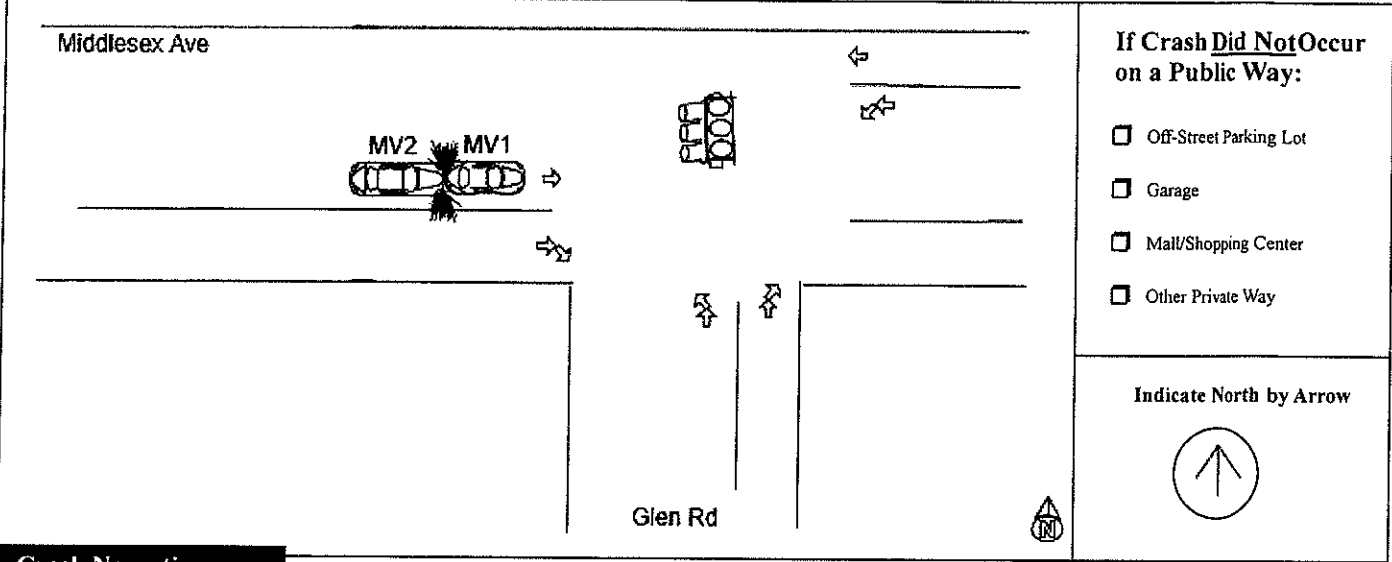
Wilmington Police Department
Images Associated with 22-207-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/25/2022	Time of Crash 0955 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	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:									
MIDDLESEX AVE Route# Direction Name of Roadway/Street At GLEN RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					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 _____ 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 _____ Intersecting Roadway/Street Landmark								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					Crash Report ID# 22-208-AC								
License # S09814496 St MA DOB/Agc _____ Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 99 <u>20</u> CDL _____ Operator SANTIAGO, FIDELINA Last First Middle Address 20 BOEHM ST City LAWRENCE State MA Zip 01841-2008 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input 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 # 558WT9 Reg Type PC Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 1 <u>21</u> Owner RIVAS REYES, GERMAN Last First Middle Address 20 BOEHM ST City LAWRENCE State MA Zip 01841-2008 Vehicle Action Prior to Crash 2 <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>								
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Agc	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	XXXX	1	1	4	0	0	10	1	
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 # S68870684 St MA DOB/Agc _____ Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 99 <u>20</u> CDL _____ Operator FLAHERTY, WILLIAM FRANCIS Last First Middle Address 6 KELLEY RD City WILMINGTON State MA Zip 01887-2421 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input 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 # 8218RB Reg Type PC Reg State MA Veh Year 2007 Veh Make MERCURY Veh Config. 1 <u>21</u> Owner FLAHERTY, ELAINE M Last First Middle Address 6 KELLEY RD City WILMINGTON State MA Zip 01887-2421 Vehicle Action Prior to Crash 2 <u>22</u> Damaged Area Code: <u>1</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>20</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>								
Please fill out for operator/non-motorist and all occupants involved													
Name (Last First Middle)		Address		DOB/Agc	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	XXXX	1	1	1	0	0	10	1	

→ = 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:

MV1 and MV2 were stopped at the red light on Middlesex ave with Glen road on their right. Op of MV2 stated that he saw the turn right only green arrow for Glen road activate and he subconsciously hit the gas not realizing that he still had a red light subsequently rear-ending MV1. No injuries were observed or reported. Information was exchanged. Both vehicles sustained minor damage and were able to drive away from the 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 Scott Dunnett 202 Wilmington Police Department 06/25/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1 MIDDLESEX AVE
 Route# Direction Name of Roadway/Street
 At
SCHOOL ST
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 1 Route# Direction Name of Intersecting Roadway/Street
 3 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# **22-209-AC**

License # **S33815106** St **MA** DOB/Age **04/17/1981** Reg # **4342LY** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2002** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **LONG, BRIAN JOSEPH** Owner **LONG, BRIAN JOSEPH**
 Last First Middle Last First Middle
 Address **67 LAWRENCE ST** Address **67 LAWRENCE ST**
 City **WILMINGTON** State **MA** Zip **01887-1927** City **WILMINGTON** State **MA** Zip **01887-1927**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **0** 27 **27** 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **4** 23 **23** 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **4** 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? **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			1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **2** 15 Action **1** 16 Location **1** 17 Condition **1** 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Last First Middle Last First Middle
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **6** 22 Damaged Area Code: **1** 27 **0** 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 **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

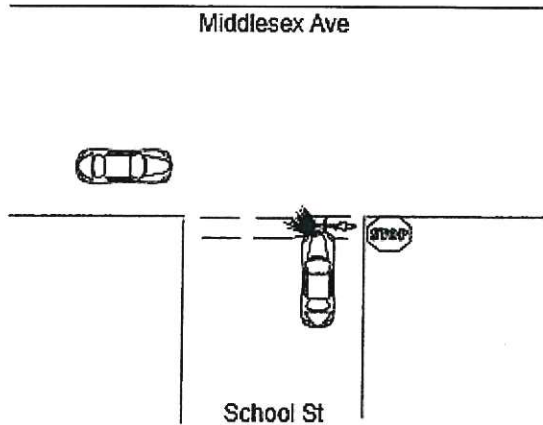
Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above			1	6				10	1	

→ = 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:

motor vehicle Vs bicyclist. Cyclist stated he was riding on the sidewalk along Middlesex Ave. As he approached the School street crosswalk he stopped due to a vehicle approaching the School street stop sign. Cyclist stated that the driver came to a complete stop and then waved on a passing motorist on Middlesex Ave. At this point the cyclist entered the crosswalk on his bike and began crossing School St. The vehicle started driving (turning right) subsequently colliding with the cyclist. Cyclist stated that the bike fell over but he was able keep his balance and remain standing without sustaining any injuries. The bicycles front tired got warped and the handlebars were broken during the collision. Upon speaking with the MV operator, he stated that he did not see the bicyclist on his right.

See further details in 22-801-OF

Witnesses:

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

Property Damage:

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

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 Scott Dunnett 202 Wilmington Police Department 06/25/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **LOWELL ST** At **WEST ST**

Route# Direction Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

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 Landmark

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

Crash Report ID# **22-210-AC**

3 License # **S24643386** St **MA** DOB/Age _____ Reg # **74T860** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1**

4 3 Operator **SILVA, SHYHEIM A** Owner **SILVA, SHYHEIM A**

Address **39 HAMILTON ST APT 1** Address **39 HAMILTON ST APT 1**

City **EVERETT** State **MA** Zip **02149-5323** City **EVERETT** State **MA** Zip **02149-5323**

Insurance Company **FOREMOST INSURANCE COMPAN** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 2 27**

5 1 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: **30**

6 1 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

Please fill out for operator and all occupants involved

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

7 2 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # **S55018058** St **MA** DOB/Age _____ Reg # **9RY735** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1**

Operator **LIEKWEG, SARAH ELIZABETH** Owner **LIEKWEG, SARAH ELIZABETH**

Address **14 ELM CT** Address **14 ELM CT**

City **ANDOVER** State **MA** Zip **01810-0000** City **ANDOVER** State **MA** Zip **01810-0000**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27**

9 2 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 **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? **1 33**

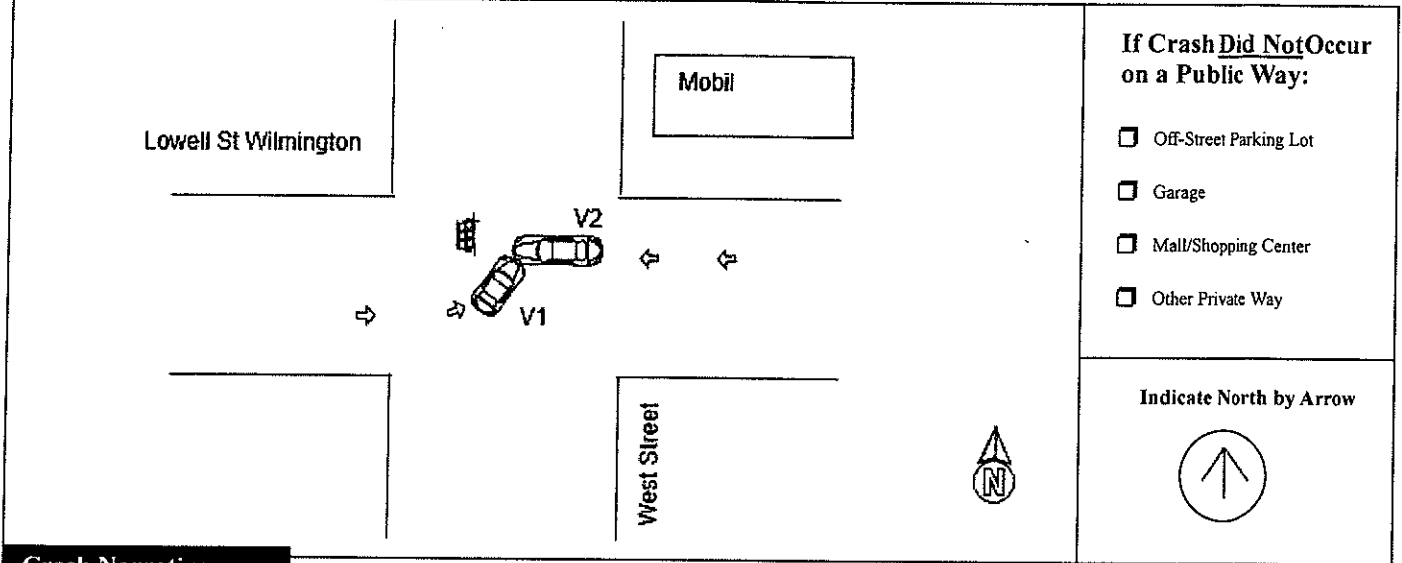
Please fill out for operator/non-motorist and all occupants involved

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	XXXX	1	1	3	0	0	10	1	
				99	4	3	0	0	10	1	
				99	4	3	0	0	10	1	

→ = 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:

V1 was traveling on Lowell Street and took a left turn onto West Street before Mobil. V2 was traveling straight on Lowell Street through the intersection of Lowell St @ West Street from the vicinity of I93. V1 and V2 collided in the intersection of Lowell @ West resulting in V2 traveling over a curb into the grass of a nearby business. Op1 stated he had a green light and began to turn onto West Street when he was struck by V2. Op2 stated she had a green light and was traveling straight through the intersection. Op2 stated she did not see V1. W1 stated he was driving behind V2. W1 stated they were both traveling straight through the intersection when "the light turned yellow and Op2 sped up to get through the intersection." W1 stated Op1 was already in the intersection taking his turn when Op2 went through. W2 stated "the black toyota had the green light when V2 came "flying" through the intersection. W3 stated Op1&Op2 both had green lights. No injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
KNIGHT STEVEN SCOTT	95 CAPTAIN LINNELL RD ORLEANS MA 02653-3012		
GIFFORD RONALD C	24 WATER ST WOBURN MA 01801-4824		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	4I-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

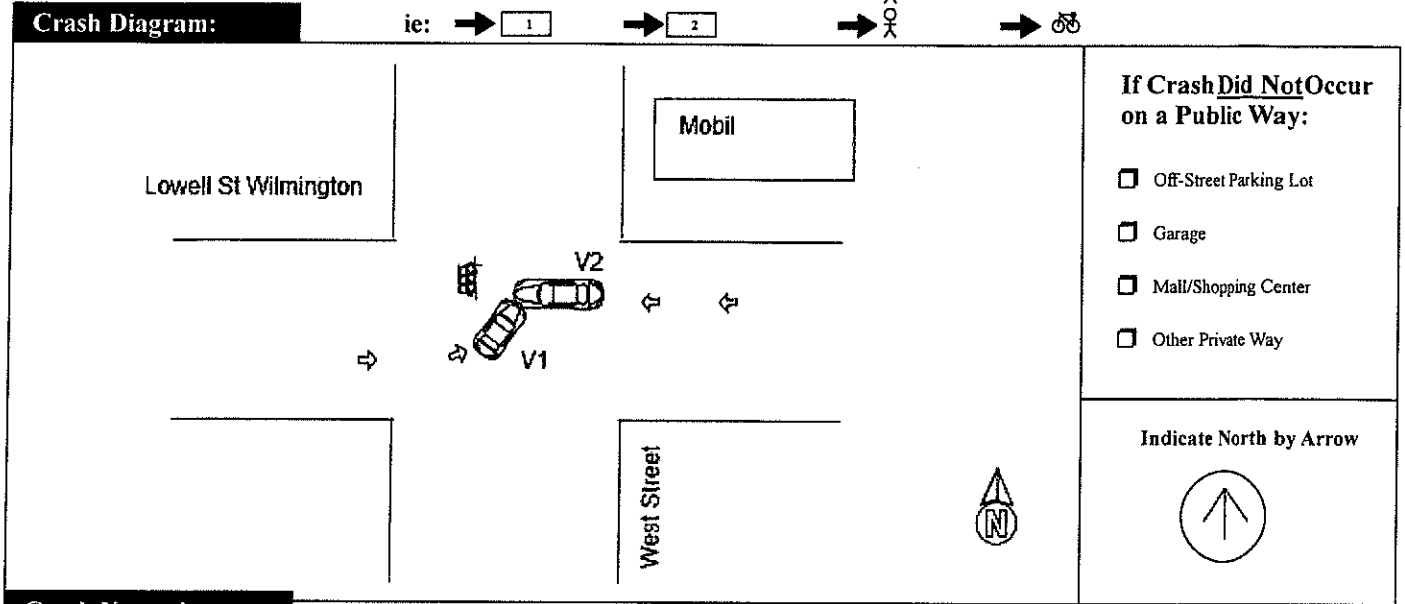
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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 06/25/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian ⚡ = Bicycle
 ic: → [1] → [2] → ○ → ⚡



Crash Narrative:

V1 was traveling on Lowell Street and took a left turn onto West Street before Mobil. V2 was traveling straight on Lowell Street through the intersection of Lowell St @ West Street from the vicinity of I93. V1 and V2 collided in the intersection of Lowell @ West resulting in V2 traveling over a curb into the grass of a nearby business. Op1 stated he had a green light and began to turn onto West Street when he was struck by V2. Op2 stated she had a green light and was traveling straight through the intersection. Op2 stated she did not see V1. W1 stated he was driving behind V2. W1 stated they were both traveling straight through the intersection when "the light turned yellow and Op2 sped up to get through the intersection." W1 stated Op1 was already in the intersection taking his turn when Op2 went through. W2 stated "the black toyota had the green light when V2 came "flying" through the intersection. W3 stated Op1&Op2 both had green lights. No injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SACKS LEE WILLIAM	28 WEST ST WILMINGTON MA 01887-3008		

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 #: _____

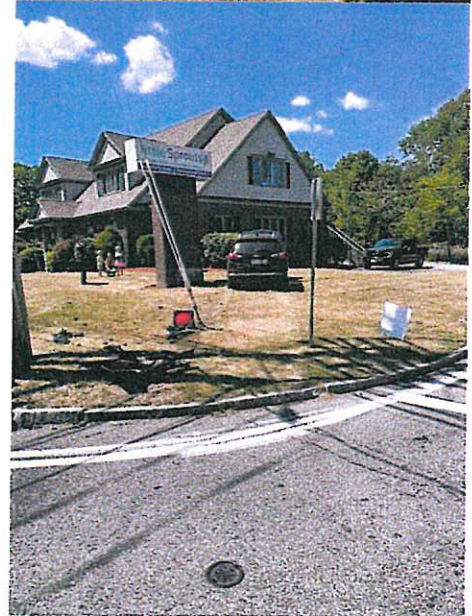
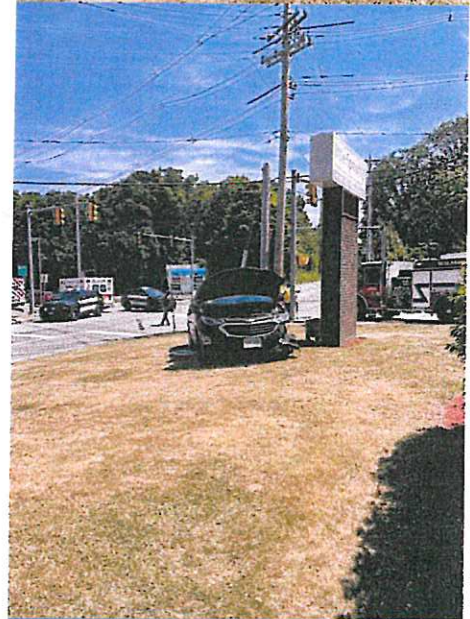
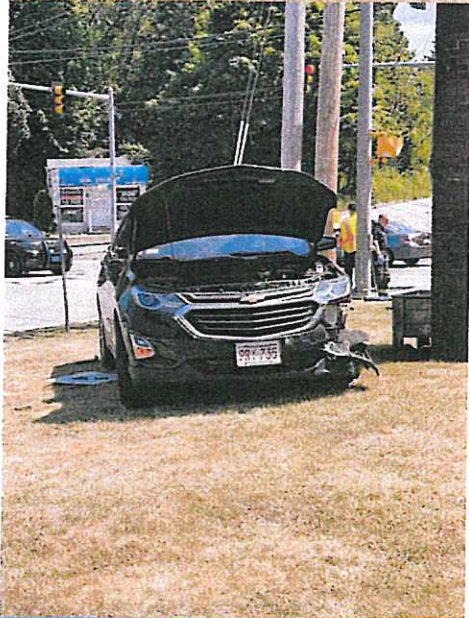
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Wilmington Police Department
Images Associated with 22-210-AC



Wilmington Police Department
Images Associated with 22-210-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 06/25/2022 Time of Crash 1459 City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

2 10

Route# Direction Name of Roadway/Street

Route# Direction Address # **9 ADAMS ST** Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Mile Marker Exit Number

1 11

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Route# Intersecting Roadway/Street

Landmark

2

3 97

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

Crash Report ID# **22-211-AC**

4 2

License # **SA1710143** St **MA** DOB/Age

Reg # **87K870** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement

Veh Year **2006** Veh Make **FORD** Veh Config. **1**

Operator **SMOLINSKY, STEPHEN**

Owner **SMOLINSKY, MARGARET**

Address **20 BIGGAR AVE**

Address **20 BIGGAR AVE**

City **WILMINGTON** State **MA** Zip **01887**

City **WILMINGTON** State **MA** Zip **01887-4001**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **3** Damaged Area Code: **2 27 3 27 1 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2**

Event Sequence **22 23 23 23 23** Test Status: **1 28**

Citation # (If Issued)

Most Harmful Event **22 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Driver Contributing Code **12 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**

22 13

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	1	0	0	10	1	

7 2

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: 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**

1 14

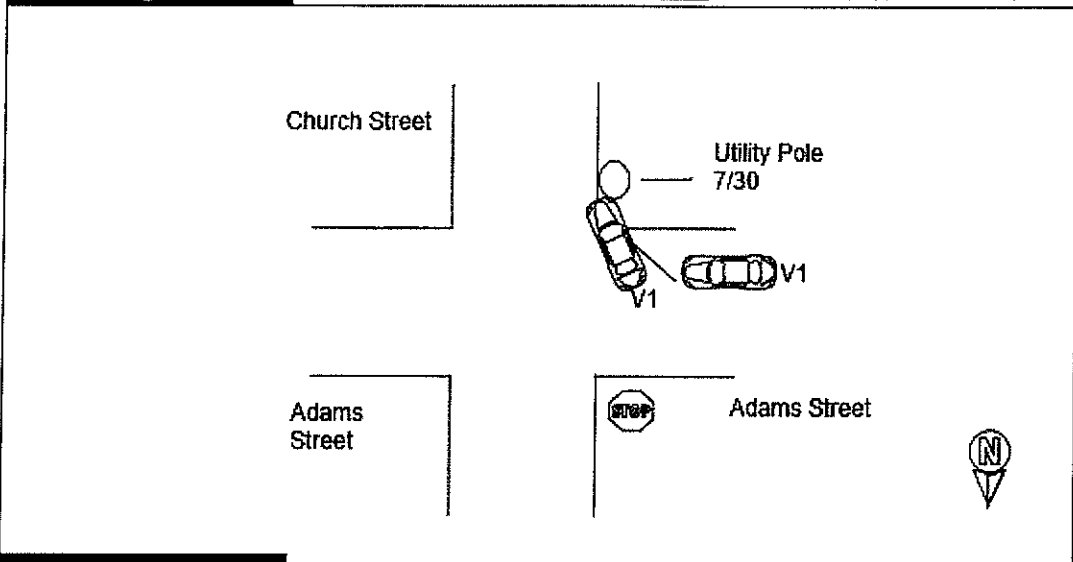
9 2

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							

→ = 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:

Sir, on June 25, 2022, I (Officer MacGilvray) was assigned to s2 in marked unit 32 during the 8-4 tour. On location I spoke to the operator of V1 who stated he over compensated/ misjudged the right turn from Adams to Church Street and struck the utility pole on the corner as a result. (Pole #7/30). V1 was towed from scene by a personal Triple a Tow. No injury to operator.

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** 06/25/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date