

Date of Crash: 07/01/2022 Time of Crash: 1257 City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 0 Speed Limit: 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # 305 Name of Roadway/Street BURLINGTON AVE _____ Feet N S E W of _____ of _____ Mile Marker _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-204-AC**

License # S20624470 St MA DOB/Age: _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement _____ Operator MANGANO, MATTHEW JAMES Last First Middle Address 6 NELSON WAY City WILMINGTON State MA Zip 01887-1486 Insurance Company INTEGON NATIONAL INSURANC Vehicle Travel Direction: N 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 _____	Reg # 9PZ166 Reg Type PC Reg State MA Veh Year 2018 Veh Make GMC Veh Config 1 21 Owner MANGANO, MATTHEW JAMES Last First Middle Address 6 NELSON WAY City WILMINGTON State MA Zip 01887-1486 Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 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
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Please fill out for operator and all occupants involved											
Name (Last, First, Middle)	Address	DOB/Age	Sex	14 Seat Pos	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injur. Status	20 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

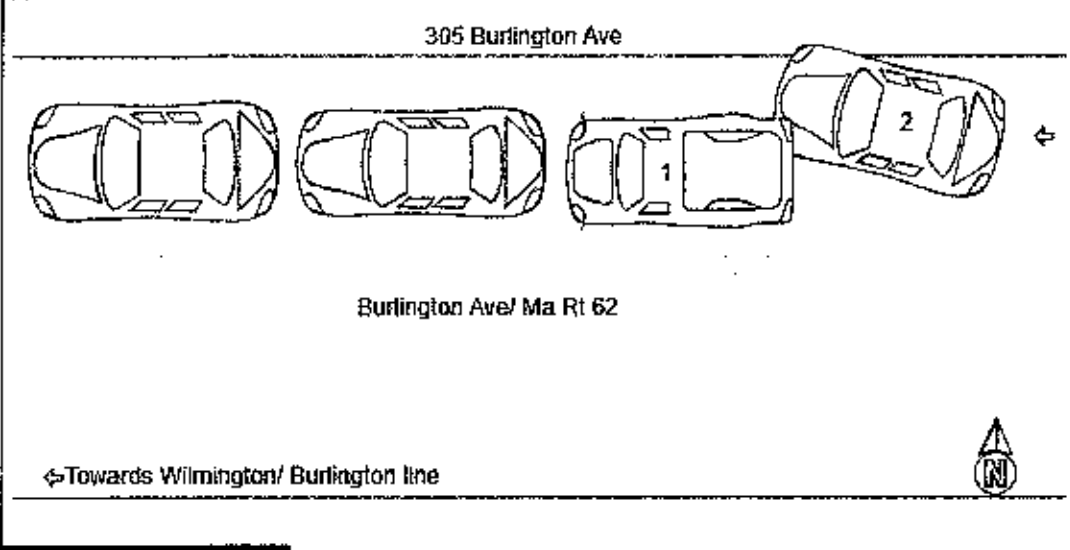
License # S57102377 St MA DOB/Age: _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement _____ Operator GALLEGUILLOS, DANIEL RUDOLPH Last First Middle Address 6 OLD COLONY RD City BURLINGTON State MA Zip 01803 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: N S E W 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 _____	Reg # CS6642 Reg Type EC Reg State MA Veh Year 2006 Veh Make HONDA Veh Config 1 21 Owner GALLEGUILLOS, ALBERT JAY Last First Middle Address 6 OLD COLONY RD City BURLINGTON State MA Zip 01803-3637 Vehicle Action Prior to Crash 1 22 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 19 25 25 BAC Test Result: 1 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last, First, Middle)	Address	DOB/Age	Sex	14 Seat Pos	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injur. Status	20 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	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:

ON 07/01/22, I RESPONDED TO A TWO VEHICLE CRASH IN FRONT OF 305 BURLINGTON AVE. THERE WERE NO INJURIES. EVERYONE WAS WEARING SEAT BELTS. NO AIRBAG DEPLOYMENT. VEH 1 OPER REPORTED THAT THERE WAS TWO CARS TRAVELING IN FRONT OF HIM. THE LEAD CAR STOPPED SHORT AS TO TURN LEFT INTO A DRIVEWAY. THE VEHICLE IN FRONT OF HIM STOPPED SHORT AS DID HE. HE WAS HIT FROM BEHIND. VEH 2 OPER REPORTED SEEING THE SAME ABOUT THE FRONT TWO CARS AND TRIED TO AVOID CRASH WHEN HE SAW THE OTHER VEHICLES COME TO A STOP. HE SWERVED RIGHT BUT STILL HIT VEH 1. THE LEAD VEHICLE ENDED UP TAKING OFF TOWARDS BURLINGTON. VEH 1 SUFFERED DAMAGE TO REAR BUMPER (RIGHT SIDE) AND RIGHT SIDE OF PICK UP BED. VEH 2 SUFFERED DAMAGE TO FRONT LEFT HEADLIGHT, LEFT SIDE FRONT BUMPER AND FRONT LEFT QUARTER PANEL. VEH 2 WAS TOWED BY CAINS TOWING.

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

Hazard Information:

Hazard 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 22-204-AC



Wilmington Police Department
Images Associated with 22-204-AC



Date of Crash: 06/27/2022 Time of Crash: 0756 City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 3 Number Injured: 1 Speed Limit: 35 State Police Local Police MBTA Police Campus Police Other

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # 250 Name of Roadway/Street ANDOVER ST Foot <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-212-AC**

License # NH13669462 St NH DOB/Age _____ Sex M Lic. Class A Lic. Restrictions 1 CDL _____ Operator SPAETH, TERRENCE J Address 1116 MAMMOTH RD City PELHAM State NH Zip 03076 Insurance Company NGM INSURANCE COMPANY Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 1AD41M Reg Type AP Reg State MA Veh Year 1996 Veh Make Mack Truck Veh Config. 7 Owner SAAB, JOHN G Address 19 NORTH ST City METHUEN State MA Zip 01844-1213 Vehicle Action Prior to Crash 1 Damaged Area Code: 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	14 Seat Pos.	15 Safety System	16 Airbag Status	17 Eject Code	18 Trip Code	19 Injury Status	20 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	99	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 # S49414173 St MA DOB/Age 1 Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Operator LEE, EUGENIE T Address 100 BALDWIN AVE APT 17 City WOBURN State MA Zip 01801-1413 Insurance Company IM GENERAL INSURANCE COMP Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 7XR228 Reg Type PC Reg State MA Veh Year 2018 Veh Make VOLVO Veh Config. 1 Owner LEE, EUGENIE T Address 100 BALDWIN AVE APT 17 City WOBURN State MA Zip 01801-1413 Vehicle Action Prior to Crash 4 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 4 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	14 Seat Pos.	15 Safety System	16 Airbag Status	17 Eject Code	18 Trip Code	19 Injury Status	20 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	99	3	0	0	9	2	Lahoy Clinic

Police Use Only	City/Town Wilmington	Number Vehicles 3	Number Injured 1	Speed Limit 35	State Police <input type="checkbox"/>
Date of Crash 06/27/2022	Time of Crash 0756 24HR	LOCATION		Latitude	Local Police <input type="checkbox"/>
AT INTERSECTION:				Longitude	MBTA Police <input type="checkbox"/>
Route# _____ Direction _____ Name of Roadway/Street _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____		Other <input type="checkbox"/>	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____			
				Mile Marker _____ Exit Number _____	
				Route# _____ Intersecting Roadway/Street _____	
				Landmark _____	

Please Select One of the Following: Vehicle 3 Occupants Hit/Run Moped

Crash Report ID# **22-212-AC**

License # S29537196 St MA DOB/Age _____ Sex F Lic. Class P 19 19 Lic. Restrictions 1 20 CDL _____ Operator FITZMAURICE, KELLY A Address 158 CONCORD RD APT H30 City BILLERICA State MA Zip 01821-4639 Insurance Company AMICA PROPERTY & CASUALTY Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 1KKP13 Reg Type PC Reg State MA Veh Year 2010 Veh Make FORD Veh Config. 1 21 Owner FITZMAURICE, KELLY A Address 158 CONCORD RD APT H30 City BILLERICA State MA Zip 01821-4639 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 6 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Temp Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 4 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 23 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
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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 Temp Code	Medical Facility
Operator/Non-Motorist	See Above			1							

Wilmington Police Department
Images Associated with 22-212-AC



Wilmington Police Department
Images Associated with 22-212-AC



Wilmington Police Department
Images Associated with 22-212-AC



Date of Crash: 06/27/2022 Time of Crash: 1229 City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 0 Speed Limit: 35 State Police: Local Police: MRTA Police: Campus Police: Other:

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 114 Name of Roadway/Street WEST ST</p> <p>_____ Feet N S E W of _____ of _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-213-AC**

<p>License # S86942951 St. MA DOB/Age _____</p> <p>Sex M Lic. Class B Lic. Restrictions 1 20 CDE Endorsement _____</p> <p>Operator MORGAN, CHARLES T</p> <p>Address 1 EATON LN</p> <p>City WOBURN State MA Zip 01801-2314</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Clr/Sec/Sub _____ Viol. 2: Clr/Sec/Sub _____</p> <p>Viol. 3: Clr/Sec/Sub _____ Viol. 4: Clr/Sec/Sub _____</p>	<p>Reg # V42296 Reg Type CO Reg State MA</p> <p>Veh Year 2019 Veh Make CHEVROLET Veh Config. 1 21</p> <p>Owner CTM LANDCARE INC</p> <p>Address BX 2764</p> <p>City WOBURN State MA Zip 01801-0000</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator and all occupants involved											
Name (Last, First, Middle)	Address	DOB/Age	Sex	12 Seat Pos.	13 Safety System	14 Air Bag Status	15 Eject Code	16 Trap Code	19 Injury Status	40 Trap Code	Motor Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

<p>License # _____ St. _____ DOB/Age _____</p> <p>Sex _____ Lic. Class B Lic. Restrictions 1 20 CDE Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company PROGRESSIVE DIRECT INSURA</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Clr/Sec/Sub _____ Viol. 2: Clr/Sec/Sub _____</p> <p>Viol. 3: Clr/Sec/Sub _____ Viol. 4: Clr/Sec/Sub _____</p>	<p>Reg # 2NKC78 Reg Type PC Reg State MA</p> <p>Veh Year 2019 Veh Make HONDA Veh Config. 1 21</p> <p>Owner KNEE, MICHELE A</p> <p>Address 3133 HORSESHOE LN</p> <p>City WILMINGTON State MA Zip 01887-3098</p> <p>Vehicle Action Prior to Crash 4 22 Damaged Area Code: B 27 1 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 19 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last, First, Middle)	Address	DOB/Age	Sex	12 Seat Pos.	13 Safety System	14 Air Bag Status	15 Eject Code	16 Trap Code	19 Injury Status	40 Trap Code	Motor Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Police Use Only	Date of Crash 06/27/2022	Time of Crash 1425 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MDTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>18</u> Direction _____ Address # _____ Name of Roadway/Street <u>CHURCH ST</u>							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ED# **22-214-AC**

License # <u>S55012580</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>1</u> <u>20</u> CDL _____ Operator <u>BROWN, ROBERT JOSEPH</u> Address <u>31 CHURCH ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2701</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>62122</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>CHRYSLER</u> Veh Config <u>1</u> <u>21</u> Owner <u>BROWN, ROBERT JOSEPH</u> Address <u>31 CHURCH ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2701</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>25</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>1</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	31 Seat Belt	32 Safety Harness	33 Airbag Status	34 Eject Seat	35 Trap Code	36 Injury Status	37 Towery Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	D	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>S74977852</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>1</u> <u>20</u> CDL _____ Operator <u>BAILEY, BRUCE A</u> Address <u>3 DALE ST</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6322</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>9XM332</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>HYUNDAI</u> Veh Config <u>1</u> <u>21</u> Owner <u>BAILEY, BRUCE A</u> Address <u>3 DALE ST</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6322</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>5</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>26</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>1</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	31 Seat Belt	32 Safety Harness	33 Airbag Status	34 Eject Seat	35 Trap Code	36 Injury Status	37 Towery Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	1	D	0	10	1	
MARIA TAGGARAS	3 DALE ST BILLERICA, MA 01821	F	3	1	1	D	0	0	10	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 06/27/2022
 Time of Crash: 1425
 City/Town: **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles: 3
 Number Injured: 0
 Speed Limit: 30
 State Police
 Local Police
 MVA Police
 Campus Police
 Other
 Latitude: _____
 Longitude: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

Route# _____ Direction _____ Name of Roadway/Street _____

Route# 18 Direction _____ Address # _____ Name of Roadway/Street CHURCH ST

At _____

Feet N S E W of _____ of _____ or _____
 Mile Marker _____ Exit Number _____

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

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

Also at Intersection with _____

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

Feet N S E W of _____ of _____
 Landmark _____

2

3

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

Crash Report ID# **22-214-AC**

4

License # _____ DOB/Ag _____
 Sex _____ Lic. Class 19 19 Lic. Restrictions 1 20 CDL _____
 Endorsement _____

Reg # 791JS8 Reg Type PC Reg State MA
 Veh. Year 2004 Veh. Make GMC Veh. Config. 1 21

Operator _____ Last _____ First _____ Middle _____

Owner SOUSA, JOSEPH P Last _____ First _____ Middle _____

Address _____

Address 33 ARLENE AVE

City _____ St _____ Zip _____

City WILMINGTON State MA Zip 01887-1111

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 1 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: 1 29

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

Driver Contributing Code 19 25 25 H/C 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

6

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Ag	Sex	21 Seat Belt	15 Safety System	22 Airbag Status	21 Eject. Out	28 Trap Code	29 Injury Status	32 Temp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

7

Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

Reg # _____ Reg Type _____ Reg State _____

License # _____ St _____ DOB/Ag _____
 Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____
 Endorsement _____

Veh. Year _____ Veh. Make _____ Veh. Config. 21

Operator _____ Last _____ First _____ Middle _____

Owner _____ Last _____ First _____ Middle _____

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 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 H/C Test Result: 30

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

Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

9

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

Name (Last First Middle)	Address	DOB/Ag	Sex	21 Seat Belt	15 Safety System	22 Airbag Status	21 Eject. Out	28 Trap Code	29 Injury Status	32 Temp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

8

9

2 10

2 11

1 12

1 13

4 14

Date of Crash **06/30/2022** Time of Crash **1724** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number of Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other

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

Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street
		At	159		CHURCH ST	
Route#	Direction	Name of Intersecting Roadway/Street	Feet	N S E W	of	Mile Marker
		Also at Intersection with				Exit Number
Route#	Direction	Name of Intersecting Roadway/Street	Feet	N S E W	of	Route#
						Intersecting Roadway/Street
						Landmark

Please Select One of the Following: Vehicle **1** Occupants Hit/Run Moped **Crash Report ID# 22-215-AC**

License # S57102377 St MA DOB/Age _____	Reg # CS6642 Reg Type PC Reg State MA
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2006 Veh Make HONDA Veh Config. 1 21
Operator GALLEGUILLIOS, DANIEL RUDOLPH	Owner GALLEGUILLIOS, ALBERT JAY
Address 6 OLD COLONY RD	Address 6 OLD COLONY RD
City BURLINGTON State MA Zip 01803	City BURLINGTON State MA Zip 01803-3637
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 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
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	31 Seat Belt	32 Safety Seatbelt	33 Airbag Status	34 Eject Code	35 Trap Code	36 Injury Status	37 Towed Code	Medical Facility
Operator	See Above			1	0	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 # S34425348 St MA DOB/Age _____	Reg # 2SZW51 Reg Type PC Reg State MA
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2019 Veh Make MERCEDES-BENZ Veh Config. 1 21
Operator MILLER, ISABELA SUSAN	Owner MILLER, PAUL EDWARD
Address 217 GRAY ST	Address 217 GRAY ST
City NORTH ANDOVER State MA Zip 01845-6337	City NORTH ANDOVER State MA Zip 01845-6337
Insurance Company PRIVILEGE UNDERWRITERS RE	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 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
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 5 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 5 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	31 Seat Belt	32 Safety System	33 Airbag Status	34 Eject Code	35 Trap Code	36 Injury Status	37 Towed Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number

Police Use Only: Date of Crash 07/01/2022, Time of Crash 1430, City/Town **Wilmington**

Number Vehicles: 2, Number Injured: 0, Speed Limit: 25, Latitude: _____, Longitude: _____

Size Police: Local Police, RMV/PA Police, Campus Police, Other

LOCATION

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

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

Crash Report ID# **22-216-AC**

License # **S91169362** St **MA** DOB/Ag _____ Reg # **95KA66** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Vch Year **2020** Vch Make **TOYOTA** Vch Config **1** 21

Operator **PELLEGRINI, FRANCO PAUL** Owner **PELLEGRINI, FRANCO PAUL**

Address **160 BURLINGTON AVE** Address **160 BURLINGTON AVE**

City **WILMINGTON** State **MA** Zip **01887-3154** City **WILMINGTON** State **MA** Zip **01887-3154**

Insurance Company **PLYMOUTH ROCK ASSURANCE C**

Vehicle Travel Direction: 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 _____

Vehicle Action Prior to Crash: **2** 22 Damaged Area Code: **7** 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: **30**

Driver Distracted by: **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last, First, Middle)	Address	Damage	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Ejector Seat	38 Trap Code	39 Injury Status	40 Death Code	Major Facility
Operator	See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 1 Occupants, Non-Motorist A

Type **15** Action **16** Location **17** Condition **18**

Hit/Run Moped

License # **S10333118** St **MA** DOB/Ag _____ Reg # **V79816** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement _____ Vch Year **2020** Vch Make **ISUZU** Vch Config **2** 21

Operator **DAVIS, JESS** Owner **MARKET SERVICE INC**

Address **3 KEARSAGE AVE** Address **192 NEW BOSTON RD**

City **WOBURN** State **MA** Zip **01801** City **WOBURN** State **MA** Zip **01801**

Insurance Company **ALL AMERICAN**

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

Citation # (If Issued) _____

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

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

Vehicle Action Prior to Crash: **1** 22 Damaged Area Code: **99** 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: **99** 25 **25** BAC Test Result: **30**

Driver Distracted by: **99** 26 Susp. Alcohol: **99** 31 Susp. Drug: **99** 32

Towed from scene? **2** 33

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

Name (Last, First, Middle)	Address	Damage	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Ejector Seat	38 Trap Code	39 Injury Status	40 Death Code	Major Facility
Operator/Non-Motorist	See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	99	0	0	99	1	

