

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 Name of Intersecting Roadway/Street
 Landmark

424 MIDDLESEX AVE
 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# 22-229-AC

License # 886308238 St MA DOB/Age _____ Reg # 4YS672 Reg Type PC Reg State MA
 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL _____ Vch Year 2018 Vch Make FORD Vch Config 1 21
 Operator GREGORIO, SAMUEL W Owner GREGORIO, SAMUEL W
 Address 699 HAVERHILL ST Address 699 HAVERHILL ST
 City ROWLEY State MA Zip 01969-2326 City ROWLEY State MA Zip 01969-2326
 Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 10 22 Damaged Area Code: 5 27 27 27
 Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 99 25 25 BAC Test Result: 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	24 Seat Belt	25 Safety System	26 Airbag Status	27 Eject Code	28 Trip Code	29 Injury Status	30 Transp. Code	Med. Facility
Operator	See Above			1	1	4	0	0	1.0	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 # S09747307 St MA DOB/Age _____ Reg # NE23XE Reg Type PC Reg State MA
 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL _____ Vch Year 2019 Vch Make BMW Vch Config 1 21
 Operator SANCHORAWALA, HARSH Owner SANCHORAWALA, HARSH
 Address 211 ROSEMONT DR Address 211 ROSEMONT DR
 City NORTH ANDOVER State MA Zip 01845-4738 City NORTH ANDOVER State MA Zip 01845-4738
 Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27
 Vehicle Travel Direction: N S E 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 3 25 25 BAC Test Result: 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/non-motorist and all occupants involved

Name (Last, First, Middle)	Address	DOB/Age	Sex	24 Seat Belt	25 Safety System	26 Airbag Status	27 Eject Code	28 Trip Code	29 Injury Status	30 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	1.0	1	

Wilmington Police Department
Crash Report
Report # **22-230-AC**

Record Requests for Wilmington Police Department
Report 22-230-AC, should be sent to the following
email address:

publicrecords@wpd.org

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

Route# Direction Name of Roadway/Street
 At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
412 CHESTNUT ST
 Feet **N S E W** of _____ of _____ or _____
 Mile Marker _____ East Number _____
 Feet **N S E W** of _____
 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# **22-231-AC**

License # **S77139741** St **MA** DOB/Ag _____ Reg # **3VZK94** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____
 Operator **DOS SANTOS, ITALO FREIRE** Owner **DOS SANTOS, ITALO FREIRE**
 Address **1089 MAIN ST** Address **1089 MAIN ST**
 City **WOBURN** State **MA** Zip **01801-1314** City **WOBURN** State **MA** Zip **01801-1314**
 Insurance Company **PROGRESSIVE DIRECT INSURA**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____
 Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____

Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 10 27 3 27**
 Event Sequence **40 23 27 23 97 23 23** Test Status: **28**
 Most Harmful Event **27 24** Type of Test: **29**
 Driver Contributing Code **20 25 25** BAC Test Result: **30**
 Driver Distracted by **3 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	24 Seat Belt	25 Safety System	26 Airbag Status	27 Seat Code	28 Trip Code	29 Injury Status	40 Prop. Code	Market Entry
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 # _____ St _____ DOB/Ag _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
 Citation # (If Issued) _____
 Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____
 Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____

Vehicle Action Prior to Crash **22** 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**

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

Name (Last First Middle)	Address	DOB/Age	Sex	24 Seat Belt	25 Safety System	26 Airbag Status	27 Seat Code	28 Trip Code	29 Injury Status	40 Prop. Code	Market Entry
Operator/Non-Motorist	See Above	XXXXXX	XX	1							

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

530 **WOBURN ST**
 Feet S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 Feet N S E W of _____
 Feet N S E W of _____
 Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped
 Crash Report ID# **22-232-AC**

License # **S20314940** St **MA** DOB/Age _____ Reg # **4PVC20** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class 19 19 Lic. Restrictions B 20 CDL _____
 Operator **GILLIGAN, PAUL JOSEPH** Owner **GILLIGAN, PAUL JOSEPH**
 Address **203 PLEASANT ST APT A** Address **203 PLEASANT ST APT A**
 City **MELROSE** State **MA** Zip **02176-5172** City **MELROSE** State **MA** Zip **02176-5172**
 Insurance Company **AMICA MUTUAL INSURANCE CO**
 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 _____

Please fill out for operator and all occupants involved		DOB/Age	Sex	31 Seat Belt	32 Safety System	33 Airbag Status	34 Eject Code	35 Trip Code	36 Injury Status	37 Injury Code	38 Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	99	4	0	0	1.0	1
ELAINE CASEY		101 COTTAGE ST MELROSE, MA 02176-2733	F	2	1	4	0	0	1.0	1	

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

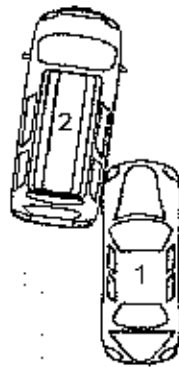
License # **SA9790058** St **MA** DOB/Age _____ Reg # **2VRC96** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class 99 99 Lic. Restrictions 99 20 CDL _____
 Operator **GONZALEZ SUAZO, ANDERSON ADALBERTO** Owner **GONZALEZ SUAZO, ANDERSON ADALBERTO**
 Address **77 S UNION ST APT 322** Address **77 S UNION ST APT 322**
 City **LAWRENCE** State **MA** Zip **01843** City **LAWRENCE** State **MA** Zip **01843**
 Insurance Company **PERMANENT GENERAL ASSURAN**
 Vehicle Travel Direction: S E W Responding to Emergency? **2**
 Citation # (If Issued) **522148AB**
 Viol. 1: Ch/Sec/Sub **90 10** Viol. 2: Ch/Sec/Sub **89 4A**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	31 Seat Belt	32 Safety System	33 Airbag Status	34 Eject Code	35 Trip Code	36 Injury Status	37 Injury Code	38 Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	99	4	0	0	1.0	1
MILAGROS SANTANA		77 S UNION ST LAWRENCE, MA 01840	F	2	99	4	0	0	1.0	1	

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

Crash Diagram:

ie: → 1 → 2 → O X O X → B



530 Woburn St



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:

MV 1 was travelling North on Woburn St. MV 2 was also travelling North bound on Woburn St. behind MV 1. MV 2 entered the other lane to pass MV 1. As MV 2 was passing MV 1 another MV was coming South bound, in the correct lane, towards MV 2. MV 2 then entered the North bound lane and struck MV 1. It should be noted that Woburn St. in the area of the accident the lane is a solid double yellow line.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CATANIA DIANNE STEWART	11 CHESTER ST N READING MA 01864-1204		2

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/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 Brian Tavares

206

Wilmington Police Department

07/20/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Baracks

Date

Date of Crash **07/20/2022** Time of Crash **1812** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MEPA Police Campus Police Other

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

Route# **1** Direction _____ Name of Roadway/Street _____ At _____

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

Route# **1** Direction _____ Name of Intersecting Roadway/Street _____

Route# **210** Direction _____ Address # **BALLARDVALE ST** Name of Roadway/Street _____

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

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

Feet **N S E W** of _____ of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 22-233-AC**

License # **S71364064** St **MA** DOB/Age _____ Reg # **AE20088** Reg Type **CO** Reg State **CT**

Sex **M** Lic. Class **D** '19 '19 Lic. Restrictions **B** '20 CDL _____ Veh Year **2019** Veh Make **Other-not listed** Veh Config **13** '21

Operator **WILSON, MARK LLOYD** Owner **FRITO LAY SALES LIMITED PARTNERSHIP**

Address **18 WILSON AVE** Address **7701 LEGACY DR**

City **WAKEFIELD** State **MA** Zip **01880-5116** City **PLANO** State **TX** Zip **75024**

Insurance Company **Ace American** Vehicle Action Prior to Crash **1** '22 Damaged Area Code: **4** '27 '97 '27 '27

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** '23 '23 '23 '23 Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** '24 Type of Test: **29**

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

Viol. 2: Cl/Sec/Sub _____ Driver Distracted by **0** '26 Susp. Alcohol: **2** '31 Susp. Drug: **2** '32

Viol. 3: Cl/Sec/Sub _____ Towed from scene? **2** '33

Viol. 4: Cl/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	14 Seat Inv.	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Trap Code	Medical Facility
Operator	See Above			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

License # **S69319741** St **MA** DOB/Age _____ Reg # **769ZR5** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** '19 '19 Lic. Restrictions _____ Veh Year **2011** Veh Make **HONDA** Veh Config **1** '21

Operator **MARTIN, EMMA ELIZABETH** Owner **MARTIN, AMY WALKER**

Address **31 SHIPMAN RD** Address **31 SHIPMAN RD**

City **ANDOVER** State **MA** Zip **01810-1715** City **ANDOVER** State **MA** Zip **01810-1715**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **6** '22 Damaged Area Code: **8** '27 '27 '1 '27

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** '23 '23 '23 '23 Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1** '24 Type of Test: **29**

Viol. 1: Cl/Sec/Sub _____ Driver Contributing Code **3** '25 **4** '25 BAC Test Result: **30**

Viol. 2: Cl/Sec/Sub _____ Driver Distracted by **99** '26 Susp. Alcohol: **2** '31 Susp. Drug: **2** '32

Viol. 3: Cl/Sec/Sub _____ Towed from scene? **1** '33

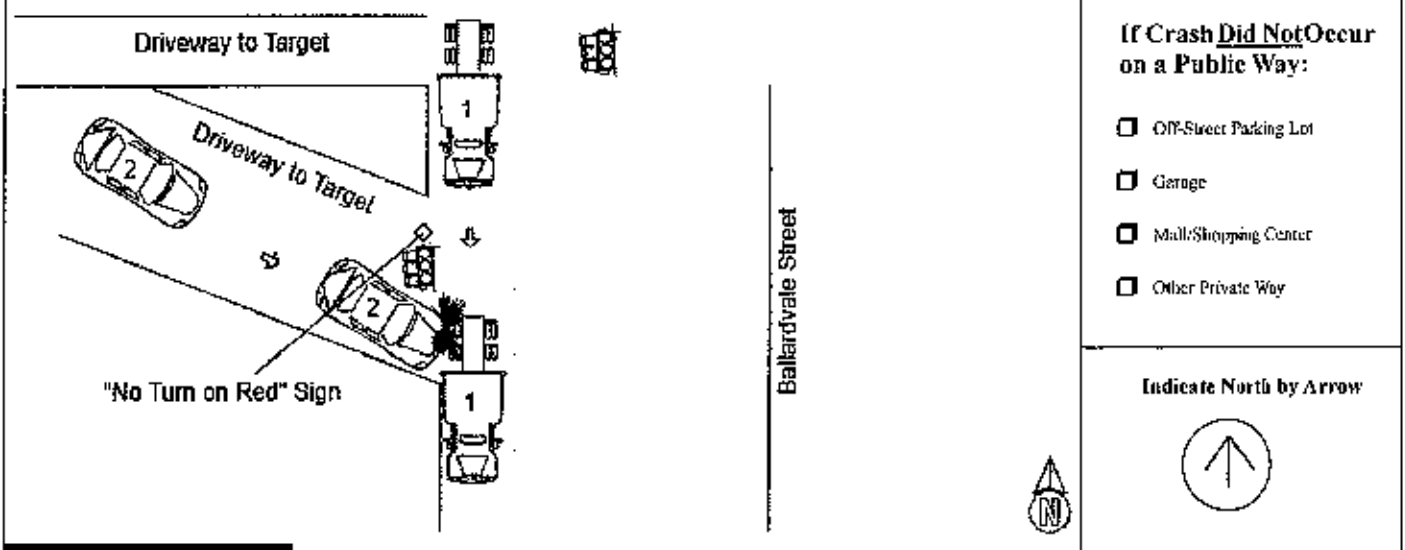
Viol. 4: Cl/Sec/Sub _____

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 Injury Status	20 Trap Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	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:

MV1 was traveling southbound on Ballardvale Street towards the intersection with Route 125. MV2 was merging right onto Ballardvale Street from the Target parking lot driveway. MV1 was traveling straight ahead through the Target driveway intersection, and the operator stated that "the stop light was green" for his travel lane. MV2 was turning right from the Target driveway into the right hand, southbound travel lane of Ballardvale Street. The operator of MV1 stated that as he was traveling through the intersection he saw MV2 pulling out into his travel lane & not stopping. He stated that he attempted to swerve out of the way, but MV2 crashed into the rear right side of his vehicle. MV1 suffered front end, front left side, and left side damage. MV2 suffered damage to the rear right rim/wheel. The operator of MV2 was unsure of the color of her stop light & there is a no turn on red sign posted. Neither operator was injured & Forrest Towing arrived & took possession of MV2.

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 _____ MO/MX/ACC # _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael A Wilson 209 **Wilmington Police Department** 07/20/2022

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

Wilmington Police Department
Images Associated with 22-233-AC



AT INTERSECTION: **LOCATION** **NOT AT INTERSECTION:**

Route# AI Direction _____ Name of Roadway/Street _____

Route# 296 Direction _____ Address # SHAWSHOEN AVE Name of Roadway/Street _____

Feet N S E W of _____ 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 1 Hit/Run Moped

Crash Report ID# **22-234-AC**

License # 885044457 St MA DOB/Age _____ Reg # 3MV743 Reg Type PC Reg State MA

Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Vch Year 2015 Vch Make MAZDA Vch Config. 1

Operator KOSTOLIAS, VASILIKI Owner KOSTOLIAS, KATHRYN I

Address 39 ARCHER ST Address 39 ARCHER ST

City LYNN State MA Zip 01902-1202 City LYNN State MA Zip 01902-1202

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 11 Damaged Area Code: 6 27 27 27

Vehicle Travel Direction: S E W 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: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/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 Imp Code	39 Injury Status	40 Thrup Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	<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 # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Vch Year _____ Vch Make _____ Vch Config. 21

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued) _____ Most Harmful Event 24 Type of Test: 29

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

Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

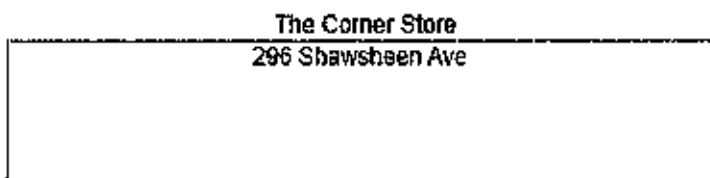
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Imp Code	39 Injury Status	40 Thrup Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	<u>1</u>							

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

Crash Diagram:

ie: → 1 → 2 → X → ☺



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:

MV 1 was parked in front of the nail Salon, Carma Salon and Spa. The operator of the vehicle was inside of the store and another patron said that someone had just hit her car, and taken off. When she went outside she noticed a few scuffs on the rear left side of her vehicle that were not there prior. (See Images)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42
 Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MCMX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazard Information:

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

Patrol Officer Shane A Foley 211 Wilmington Police Department 07/20/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-234-AC



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

Route# Direction Name of Roadway/Street
 _____ At _____

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
431 ANDOVER ST

Feet **N S E W** of _____ or _____

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# **22-235-AC**

License # **S11381880** St **MA** DOB/Age _____ Reg # **94JW04** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
 Operator **MCGUIRE, MICHAEL P** Owner **MCGUIRE, MICHAEL P**
 Address **17 ADAMS RD** Address **17 ADAMS RD**
 City **DRACUT** State **MA** Zip **01826-1275** City **DRACUT** State **MA** Zip **01826-1275**
 Insurance Company **SAFECO INSURANCE COMPANY** Vehicle Action Prior to Crash **7** **22** Damaged Area Code: **27** **27** **27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) **T2446865** Most Harmful Event **21** **24** Type of Test: **29**
 Viol. 1: Cl/Sec/Sub **90** **17** Viol. 2: Cl/Sec/Sub **89** **4A** Driver Contributing Code **2** **25** **9** **25** BAC Test Result: **30**
 Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **99** **31** Susp. Drug: **99** **32**
 Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

Name (Last, First, Initial)	Address	DOB/Age	Sex	14 Seat Pos.	15 Safety Status	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Trauma Code	Mechanism/Injury
Operator	See Above	XXXXXX	XXXX	1	99	1	0	0	9	2	Lakey Clinica

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 _____
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**
 Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

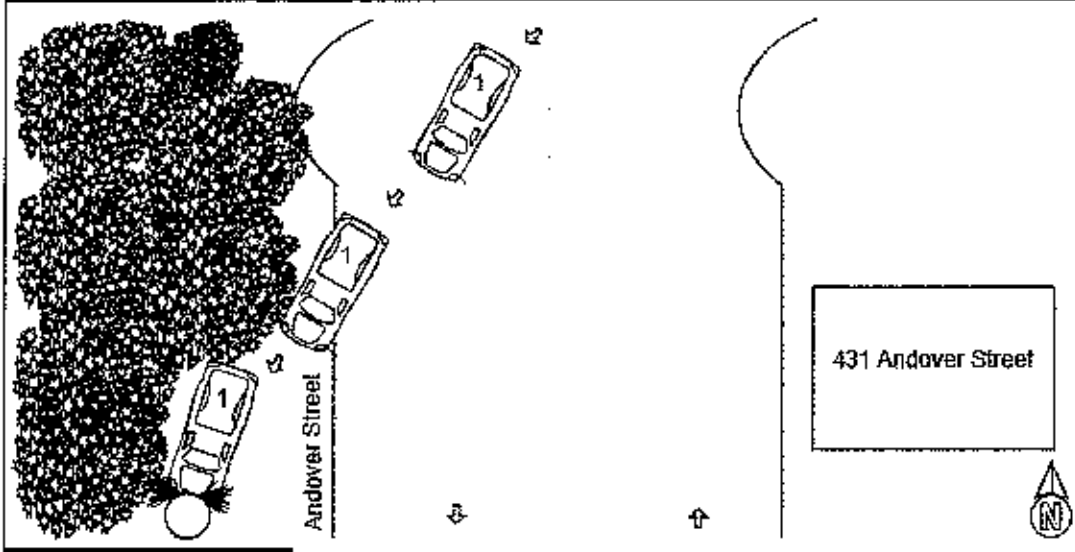
Please fill out for operator/non-motorist and all occupants involved

Name (Last, First, Mi/Ma)	Address	DOB/Age	Sex	14 Seat Pos.	15 Safety Status	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Trauma Code	Mechanism/Injury
Operator/Non-Motorist	See Above	XXXXXX	XXXX	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:

MV1 was traveling southbound on Andover Street towards White Oak Drive. MV1 was traveling straight ahead, in the southbound travel lane, at a high rate of speed as it came around a bend in the roadway. MV1 crossed the fog line, left the travel lane, and struck a tree head on. MV1 suffered significant front end damage as well as damage to the entire pickup truck. The front airbag deployed and the driver suffered significant injuries to the face from the airbag and collision. The operator was transported to Lahey Hospital by the WFD for treatment of his injuries. MV1 was disabled as a result of the crash, Forrest Towing arrived, and towed the vehicle from the scene. The operator was cited for speed greater than reasonable and marked lanes violation for traveling at such a high speed that he was unable to navigate the roadway and remain in his designated travel lane. Citation was mailed. The posted speed limit on this section of Andover Street is posted at 20 MPH.

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 43

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MCMX/JCC #: _____

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 A Wilson 209 Wilmington Police Department 07/20/2022
 Police Officer Name (Please Print) Signature IIS/Radge # Department Precinct/Barracks Date

Date of Crash 07/22/2022 Time of Crash 2253 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 **CRASH**

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

Route# <u>4</u> Direction <u>At</u> Name of Roadway/Street <u>At</u>	Route# <u>316</u> Direction <u>LOWELL ST</u> Address # <u>LOWELL ST</u> Name of Roadway/Street <u>LOWELL ST</u>
Route# <u>1</u> Direction <u>At</u> Name of Intersecting Roadway/Street <u>At</u>	Route# <u>316</u> Direction <u>LOWELL ST</u> Address # <u>LOWELL ST</u> Name of Roadway/Street <u>LOWELL ST</u>
Route# <u>1</u> Direction <u>At</u> Name of Intersecting Roadway/Street <u>At</u>	Route# <u>316</u> Direction <u>LOWELL ST</u> Address # <u>LOWELL ST</u> Name of Roadway/Street <u>LOWELL ST</u>

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 22-236-AC**

License # <u>SA4340880</u> St <u>MA</u> DOB/Age <u>19/19</u>	Reg # <u>AL77374</u> Reg Type <u>PC</u> Reg State <u>AZ</u>
Sex <u>M</u> Lic. Class <u>19/19</u> Lic. Restrictions <u>20</u> CDL Endorsement <u>20</u>	Veh Year <u>2022</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>OTONI, EVANDRO JUNIOR</u>	Owner <u>U-HAUL TITLING 1, LLC</u>
Address <u>17 COLUMBUS RD</u>	Address <u>2727 N CENTRAL AVE</u>
City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-3815</u>	City <u>PHEONIX</u> State <u>AZ</u> Zip <u>85036</u>
Insurance Company <u>U-HAUL COMPANY OF ARIZONA</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trip Code	39 Injury Status	40 Eject Code	Medical Facility
Operator	See Above	XXXXXX	X	<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>9297112</u> St <u>ME</u> DOB/Age <u>19/19</u>	Reg # <u>6702XF</u> Reg Type <u>PC</u> Reg State <u>ME</u>
Sex <u>M</u> Lic. Class <u>C</u> Lic. Restrictions <u>20</u> CDL Endorsement <u>20</u>	Veh Year <u>2014</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>THEBARGE, JOHN E</u>	Owner <u>THEBARGE, JOHN E</u>
Address <u>78 GRACE LN</u>	Address <u>78 GRACE LN</u>
City <u>SANFORD</u> State <u>ME</u> Zip <u>04073</u>	City <u>SANFORD</u> State <u>ME</u> Zip <u>04073</u>
Insurance Company <u>PROGRESSIVE</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>10</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

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

Wilmington Police Department
Images Associated with 22-236-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 62 E SALEM ST
 Route# Direction Name of Roadway/Street
 At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 1 WOBURN ST
 Route# Direction Name of Intersecting Roadway/Street

2 10
 3 11
 3 12

Please Select One of the Following: Vehicle 2 #Occupants Hit/Run Moped
 Crash Report ID# 22-237-AC

License # S78393487 St MA DOB/Age _____ Reg # 2AGV86 Reg Type PC Reg State MA
 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2016 Veh Make CHEVROLET Veh Config 2 21
 Operator PETERS, JAMES ROBERT Owner PETERS, JAMES ROBERT
 Last First Middle Last First Middle
 Address 9 ROBERT CIR Address 9 ROBERT CIR
 City TEWKSBURY State MA Zip 01876-3903 City TEWKSBURY State MA Zip 01876-3903
 Insurance Company THE HANOVER INSURANCE COM Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 27 27 27
 Vehicle Travel Direction: N S X W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 30
 Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
 Towed from scene? 2 33

5 1
 6 1
 1 13

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 Trauma Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	4	0	0	10	1	
PAUL TOMASELLI	5 15TH AVE HAVERHILL, MA 01830-3229	M	3	99	1	0	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 # S94075861 St MA DOB/Age 10/13/1989 Reg # NE30PC Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2018 Veh Make DODGE Veh Config 2 21
 Operator REED, DAVID MATTHEW Owner REED, DAVID MATTHEW
 Last First Middle Last First Middle
 Address 11 HOPKINS ST Address 11 HOPKINS ST
 City WILMINGTON State MA Zip 01887-2209 City WILMINGTON State MA Zip 01887-2209
 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 7 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: 28
 Citation # (If Issued) T1683730 Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Cl/Sec/Sub 90 24 Viol. 2: Cl/Sec/Sub 90 24 Driver Contributing Code 10 25 6 28 BAC Test Result: 30
 Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
 Towed from scene? 1 33

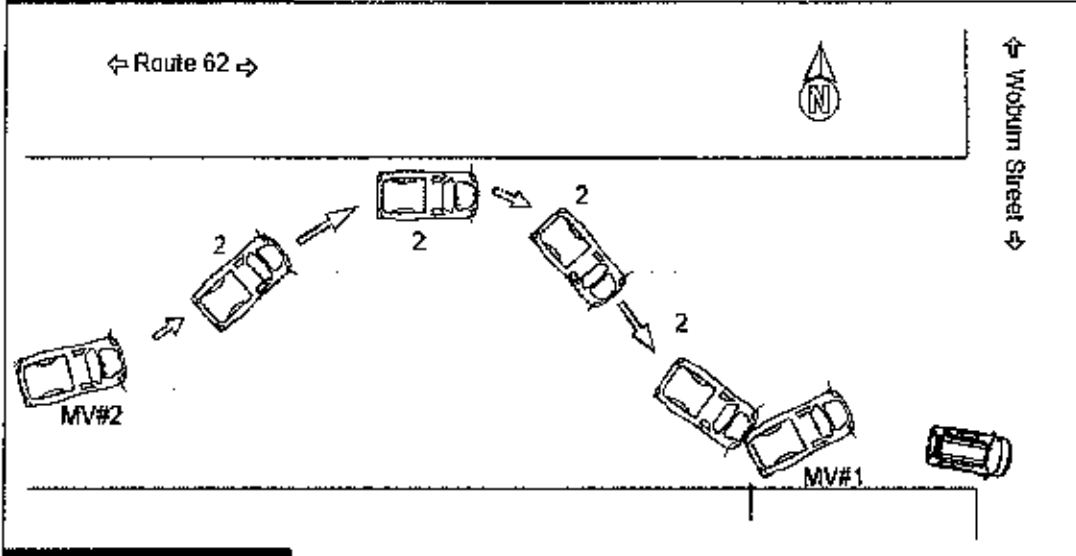
8 1
 9 2
 1 14

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 Trauma Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	

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

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:

Oper. of MV#1 was traveling on Route 62 east approaching the intersection at Route 62 and Woburn Street. MV#1 stopped for a red light at the intersection. As MV#1 was stopped Oper. of MV#2 was also traveling on Route 62 east. As MV#2 approached the intersection at Route 62 and Woburn Street he swerved out his lane and into the oncoming lane. He then turned right and drove into the left rear corner of MV#1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HUGHES MEGAN M	6 JORDAN LN Apt. #B MIDDLETON MA 01949-1722		
WOEKE RALPH F	138 BURGET AVE MEDFORD MA 02155-5431		

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 43

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 C Cadigan 178 Wilmington Police Department 07/23/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-237-AC



Wilmington Police Department
Images Associated with 22-237-AC

