

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
 _____ **223 MAIN ST** _____
 Feet **N S E W** of _____ or _____
 Mile Marker _____ Foot Number _____
 Feet **N S E W** of _____
 Route# Intersecting Roadway/Street _____
 Feet **N S E W** of _____
 Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped
 Crash Report ID# **22-238-AC**

License # **S49870341** St **MA** DOB/Age _____ Reg # **366GT2** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDI _____ Veh Year **2019** Veh Make **DODGE** Veh Config. **1** 21
 Operator **MALANDAIN, MELISSA M** Owner **MALANDAIN, FRANCK**
 Address **212 ANDOVER RD** Address **212 ANDOVER RD**
 City **BILLERICA** State **MA** Zip **01821** City **BILLERICA** State **MA** Zip **01821-1925**
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **7** 27 **6** 27
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** 23 **1** 23 **1** 23 **1** 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? **1** 33

Please fill out for operator and all occupants involved

Name (Last, First, Middle)	Address	DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Eject Code	38 Imp. Code	39 Injury Status	40 Temp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	4	0	0	8	1	
				3	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 # **11521284695** St **OC** DOB/Age _____ Reg # **1WFB37** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **99** 19 19 Lic. Restrictions **1** 20 CDI _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **FERREIRA, ALICE DA SILVA** Owner **SOARES, NILSON DEPAULA**
 Address **871 BROADWAY ST** Address **18 HASKELL AVE**
 City **EVERETT** State **MA** Zip **02149** City **REVERE** State **MA** Zip **02151-3305**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 **1** 27 **7** 27
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1** 23 **1** 23 **1** 23 **1** 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 **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? **1** 33

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

Name (Last, First, Middle)	Address	DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Eject Code	38 Imp. Code	39 Injury Status	40 Temp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	

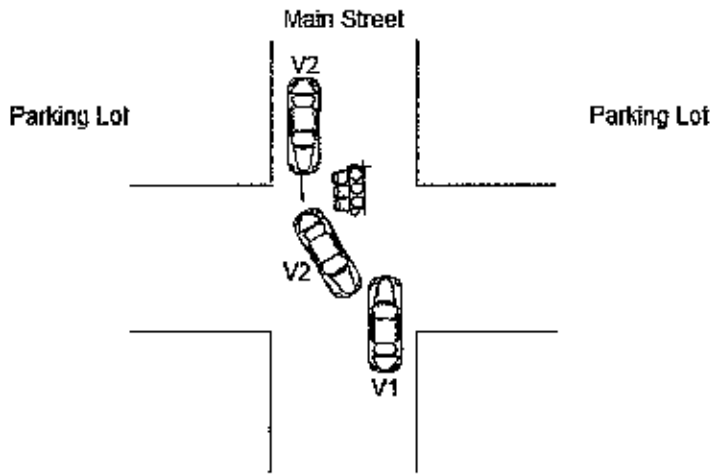
→ = Direction **1** = Vehicle 1 **2** = Vehicle 2 = Pedestrian = Bicycle
 ie: → **1** → **2** → →

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:

Sir, on July 25,2022, I (Officer MacGilvray) was assigned to si in marked unit #31 for the 4-12 tour. At said time I was dispatched to 223 Main street for a two car crash. On location I spoke to both operators. V1 (MAREG 366GT2) stated while travelling south on main street V2 (MAREG 1WFB37) turned left into her causing the crash. V2 stated she was travelling north on main street and hit V1 while turning left into the parking lot. V2 used a translator on scene. On scene it showed V1 had the right of way. No injuries reported on scene. Both vehicles were towed from the scene by Cains 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

Placard Information:

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

Patrol Officer Paul Macgilvray 221 Wilmington Police Department 07/25/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/26/2022	Time of Crash 1200 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	Scale Police Loss Police MVA Police Campus Police Other		
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:								
Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u>MIDDLESEX AVE</u>				Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u>				Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> or <u> </u> or <u> </u>		Mile Marker <u> </u> Exit Number <u> </u>			
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u>HIGH ST</u>				Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> of <u> </u>				Route# <u> </u> Intersecting Roadway/Street <u> </u>		Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> of <u> </u>			
Also at Intersection with <u> </u>				Landmark <u> </u>									
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>													
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# 22-239-AC									
License # <u>S20468717</u> St <u>MA</u> DOB/Age <u> </u>				Reg # <u>1NWW25</u> Reg Type <u>PC</u> Reg State <u>MA</u>									
Sex <u>M</u> Lic. Class <u>b</u> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <u>1</u> <input type="checkbox"/> 20 CDL Endorsement <u> </u>				Veh Year <u>2016</u> Veh Make <u>MAZDA</u> Veh Config <u>1</u> <input type="checkbox"/> 21									
Operator <u>MACRI, DARREN RAYMOND</u>				Owner <u>MACRI, DARREN RAYMOND</u>									
Address <u>17 NYLANDER WAY</u>				Address <u>17 NYLANDER WAY</u>									
City <u>ACTON</u> State <u>MA</u> Zip <u>01720-3568</u>				City <u>ACTON</u> State <u>MA</u> Zip <u>01720-3568</u>									
Insurance Company <u>THE COMMERCE INSURANCE CO</u>				Vehicle Action Prior to Crash <u>1</u> <input type="checkbox"/> 22				Damaged Area Code: <u>3</u> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>				Event Sequence <u>1</u> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23				Test Status: <u>1</u> <input type="checkbox"/> 28					
Citation # (If Issued) <u> </u>				Most Hazardous Event <u>1</u> <input type="checkbox"/> 24				Type of Test: <u> </u> <input type="checkbox"/> 29					
Viol. 1: Clr/Sec/Sub <u> </u> Viol. 2: Clr/Sec/Sub <u> </u>				Driver Contributing Code <u>1</u> <input type="checkbox"/> 25 <input type="checkbox"/> 25				BAC Test Result: <u> </u> <input type="checkbox"/> 30					
Viol. 3: Clr/Sec/Sub <u> </u> Viol. 4: Clr/Sec/Sub <u> </u>				Driver Distracted by <u>0</u> <input type="checkbox"/> 26				Susp. Alcohol: <u>2</u> <input type="checkbox"/> 31 Susp. Drug: <u>2</u> <input type="checkbox"/> 32					
				Towed from scene? <u>1</u> <input type="checkbox"/> 33									
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 Driver Code	Medical Facility
Operator		See Above		 	 	 	 	 	 	 	 	 	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 15 Action <input type="checkbox"/> 16 Location <input type="checkbox"/> 17 Condition <input type="checkbox"/> 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # <u>S70796855</u> St <u>MA</u> DOB/Age <u> </u>				Reg # <u>508499</u> Reg Type <u>PC</u> Reg State <u>MA</u>									
Sex <u>F</u> Lic. Class <u>b</u> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <u>1</u> <input type="checkbox"/> 20 CDL Endorsement <u> </u>				Veh Year <u>2014</u> Veh Make <u>HYUNDAI</u> Veh Config <u>1</u> <input type="checkbox"/> 21									
Operator <u>SPENCER, MARJORY H</u>				Owner <u>SPENCER, MARJORY H</u>									
Address <u>32 PUTNAM LN</u>				Address <u>32 PUTNAM LN</u>									
City <u>DANVERS</u> State <u>MA</u> Zip <u>01923-1013</u>				City <u>DANVERS</u> State <u>MA</u> Zip <u>01923-1013</u>									
Insurance Company <u>THE COMMERCE INSURANCE CO</u>				Vehicle Action Prior to Crash <u>1</u> <input type="checkbox"/> 22				Damaged Area Code: <u>2</u> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>				Event Sequence <u>1</u> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23				Test Status: <u>1</u> <input type="checkbox"/> 28					
Citation # (If Issued) <u>T000000</u>				Most Hazardous Event <u>1</u> <input type="checkbox"/> 24				Type of Test: <u> </u> <input type="checkbox"/> 29					
Viol. 1: Clr/Sec/Sub <u>89</u> <u>9</u> Viol. 2: Clr/Sec/Sub <u> </u>				Driver Contributing Code <u>19</u> <input type="checkbox"/> 25 <input type="checkbox"/> 3 <input type="checkbox"/> 25				BAC Test Result: <u> </u> <input type="checkbox"/> 30					
Viol. 3: Clr/Sec/Sub <u> </u> Viol. 4: Clr/Sec/Sub <u> </u>				Driver Distracted by <u>99</u> <input type="checkbox"/> 26				Susp. Alcohol: <u>2</u> <input type="checkbox"/> 31 Susp. Drug: <u>2</u> <input type="checkbox"/> 32					
				Towed from scene? <u>2</u> <input type="checkbox"/> 33									
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 Driver Code	Medical Facility
Operator/Non-Motorist		See Above		 	 	 	 	 	 	 	 	 	

Date of Crash 07/27/2022	Time of Crash 0739 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit 25	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>
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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# 91 Direction _____ Address # _____ Name of Roadway/Street GLEN RD _____ Feet N S E W of _____ Mile Marker _____ or _____ Line 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# **22-240-AC**

License # S31975468 St MA DOB/Age _____ Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ Operator TAKS-HERNANDEZ, CRUZ N Address 7 AUBURN ST City METHUEN State MA Zip 01844-4511 Insurance Company ZURICH AMERICAN INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input 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 # T60089 Reg Type CO Reg State MA Veh Year 2016 Veh Make ISUZU Veh Config 6 21 Owner DEC TAM CORPORATION Address 50 CONCORD ST City N READING State MA Zip 01864-2602 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 22 24 Type of Test: 29 Driver Contributing Code 9 25 11 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											
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 Trap Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	1.0	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 _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 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
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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 Trap Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

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

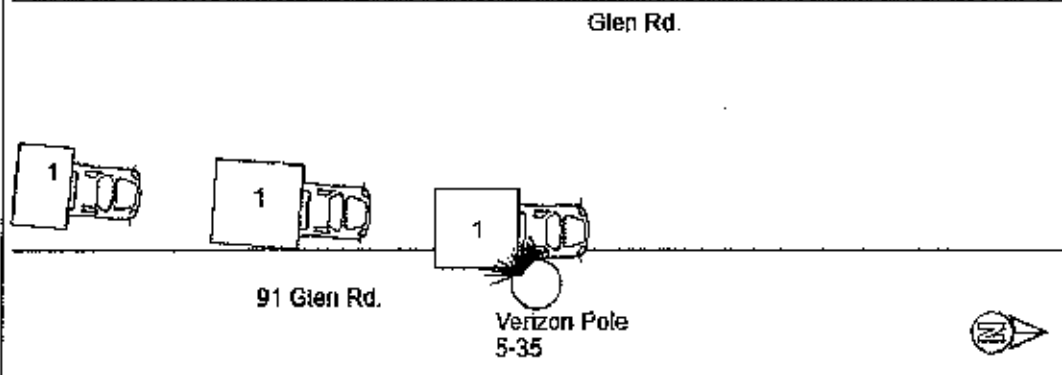
Crash Diagram:

ic: → 1 → 1 → ○ → ○

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 07/28/22 Car 1 while travelling Northbound on Glen Rd. crashed into Verizon Pole #5-35. The truck struck the pole with its left (passenger side) mirror and rear portion of the truck. Verizon Notified and RMLD also notified. No injuries were sustained to the Operator. Operator stated a MV had gone over the double yellow line and pushed him over into the utility pole. A witness to the crash stated the truck was travelling past the posted 25mph speed limit and was travelling around 40-45mph.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MOULARAS ELENI	91 GLEN RD WILMINGTON MA 01887-1880		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE VERIZON 5-35

Truck and Bus Information:

Registration # **T60089** (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: **241937** State Number _____ Issuing State _____ MC/MX/IC # _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

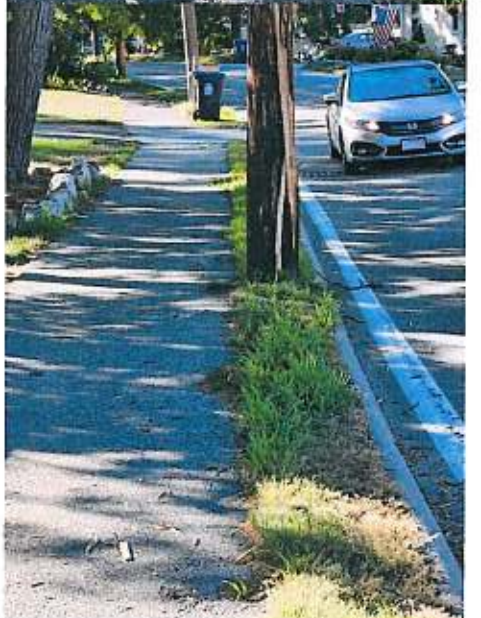
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

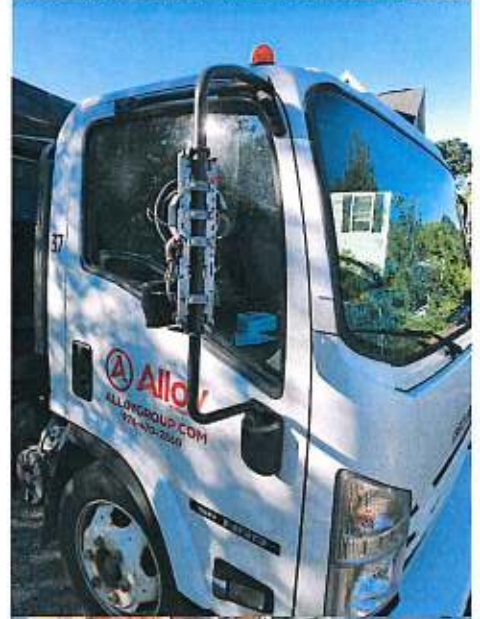
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Dillon Halliday 205 Wilmington Police Department 07/27/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-240-AC



Wilmington Police Department
Images Associated with 22-240-AC



Wilmington Police Department
Images Associated with 22-240-AC



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

1 **38 S MAIN ST**
Route# Direction Name of Roadway/Street

2 **CROSS ST**
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with

2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet **N S E W** of _____ or _____
Mile Marker _____ Esh 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# **22-241-AC**

License # **S76504087** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____
Operator **COLLINS, ANNA PAULA**
Address **8 GATEHOUSE LN**
City **WILMINGTON** State **MA** Zip **01887-0000**
Insurance Company **THE HANOVER INSURANCE COM**

Reg # **241FW0** Reg. Type **PC** Reg. State **MA**
Veh Year **2020** Veh Make **HONDA** Veh Config **1**
Owner **COLLINS, ANNA PAULA**
Address **8 GATEHOUSE LN**
City **WILMINGTON** State **MA** Zip **01887-0000**

Vehicle Action Prior to Crash **1** Damaged Area Code: **7 27 27 27**
Event Sequence **1 23 23 23 23** Test Status: **25**
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**

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 _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Head Crsk	38 Torq Crsk	39 Injury Status	40 Group 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 # **SA0430546** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____
Operator **BROUSSARD, ALYSON NICOLE**
Address **134 MARION ST**
City **WILMINGTON** State **MA** Zip **01887-3396**
Insurance Company **LIBERTY MUTUAL INSURANCE**

Reg # **922DZ2** Reg. Type **PC** Reg. State **MA**
Veh Year **2010** Veh Make **TOYOTA** Veh Config **1**
Owner **BROUSSARD, THOMAS J**
Address **134 MARION ST**
City **WILMINGTON** State **MA** Zip **01887-3396**

Vehicle Action Prior to Crash **6** Damaged Area Code: **2 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 **18 25 25** BAC Test Result: **30**
Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **2 33**

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

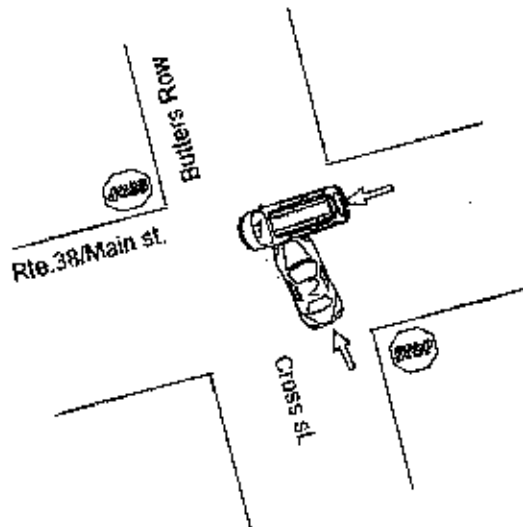
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Head Crsk	38 Torq Crsk	39 Injury Status	40 Group Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Crash Diagram:

ie: → → → →



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. #1 related she was traveling south on Main st./Rte. 38, When m/v#2 came out of Cross st. and struck her m/v#1.

Oper. #2 related she was on Cross st., stopped at the stop sign, waiting for traffic to clear. She thought at the time traffic had cleared and it was safe to cross over to Butters row.

*** It should be noted that this four way intersection has a jog to it and it is not a true four way. This is a dangerous intersection with many accidents. It is difficult to see traffic coming frm both direction and on one side there is a slight rise in the roadway on main st.. At times you need to creep out from Cross st. onto Main st. to get out of Cross st.. Same thing happens on Butters row.*** (PWJ/142)

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 OVWR/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 Paul W Jepson 142 Wilmington Police Department 07/29/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1 **1** Route# Direction Name of Roadway/Street: **AI**

2 **1** Route# Direction Address # Name of Roadway/Street: **20 SHAWSHOEN AVE**

3 **1** Route# Direction Name of Intersecting Roadway/Street: **Also at Intersection with**

4 **1** Route# Direction Name of Intersecting Roadway/Street: _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **22-242-AC**

License # **S97805676** St **MA** DOB/Age: _____ Reg # **V68614** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2003** Veh Make **CHEVROLET** Veh Config. **1**

Operator **FORTIN, TIMOTHY WAYNE** Owner **THERIAULT, LISA ANN**

Address **73 HITCHCOCK ST EL APT 1** Address **59 LOWELL ST**

City **HOLYOKE** State **MA** Zip **01040-2932** City **WILMINGTON** State **MA** Zip **01887-2910**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **11 27 27 27**

Vehicle Travel Direction: **N 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 _____ Driver Contributing Code **10 25 25** BAC Test Result: **5 30**

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

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

Viol. 4: Cl/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag System	37 Rest Seat	38 Trip Code	39 Injury Status	40 Eject Code	Medical Facility
Operator	See Above		1	0	3	0	0	9	2		Lehey Clinic

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 # **9HK372** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1**

Operator **Driverless M.V.** Owner **HAIMOFF, LEERON LEE**

Address _____ Address **20 SHAWSHOEN AVE**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-2629**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **11 27 27 27**

Vehicle Travel Direction **N S E W** Responding to Emergency? _____ 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 _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 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/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag System	37 Rest Seat	38 Trip Code	39 Injury Status	40 Eject Code	Medical Facility
Operator/Non-Motorist	See Above		1								

Date of Crash: 07/28/2022, Time of Crash: 1728, City/Town: Wilmington

Motor Vehicle Crash Police Report

Number Vehicles: 3, Number Injured: 1, Speed Limit: 30

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 # Name of Roadway/Street, Feet N S E W of, Mile Marker, Exit Number, Feet N S E W of, Route# Intersecting Roadway/Street, Landmark

Please Select One of the Following: Vehicle 10 #Occupants, Hit/Run, Moped

Crash Report ID# 22-242-AC

License #, Sex, Lic. Class, Juv. Restrictions, CDL, Endorsement, Operator: Driverless M.V., Address, City, State, Zip, Insurance Company: GOVERNMENT EMPLOYEES INSU, Vehicle Travel Direction, Responding to Emergency?, Citation #, Viol. 1-4

Reg # 1TZZ48, Reg Type PC, Reg State MA, Veh Year 2020, Veh Make MAZDA, Veh Config 1, Owner: RUSSELL, NINA K, Address 20 SHAWSHEN AVE APT 3, City WILMINGTON, State MA, Zip 01887, Vehicle Action Prior to Crash, Damaged Area Code, Event Sequence, Test Status, Most Harmful Event, Type of Test, Driver Contributing Code, BAC Test Result, Driver Distracted by, Susp. Alcohol, Susp. Drug, Towed from scene?

Table with columns for Name, Address, DOB/Age, Sex, and various license status checkboxes (14-20).

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

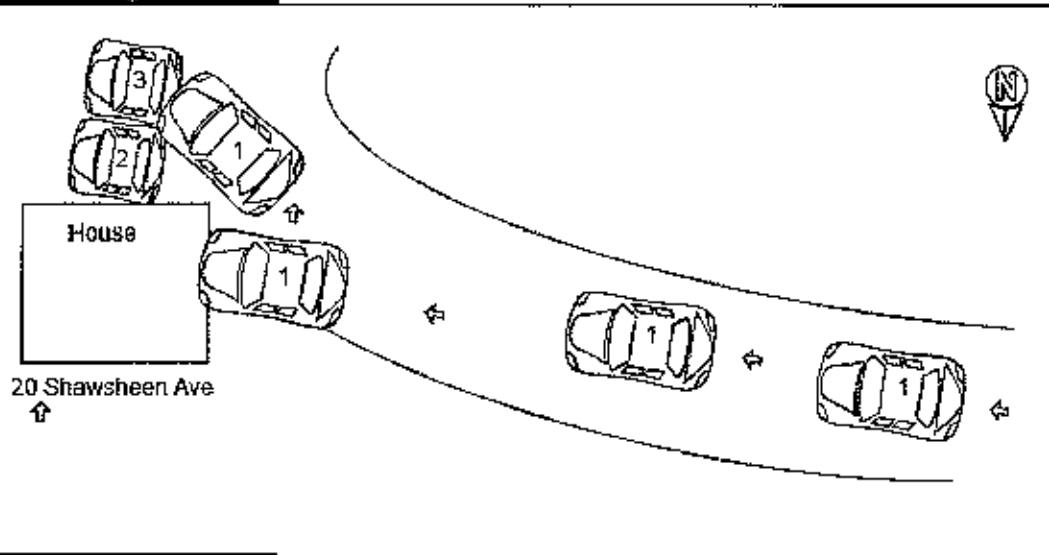
License #, Sex, Lic. Class, Juv. Restrictions, CDL, Endorsement, Operator, Address, City, State, Zip, Insurance Company, Vehicle Travel Direction, Responding to Emergency?, Citation #, Viol. 1-4

Reg #, Reg Type, Reg State, Veh Year, Veh Make, Veh Config, Owner, Address, City, State, Zip, Vehicle Action Prior to Crash, Damaged Area Code, Event Sequence, Test Status, Most Harmful Event, Type of Test, Driver Contributing Code, BAC Test Result, Driver Distracted by, Susp. Alcohol, Susp. Drug, Towed from scene?

Table with columns for Name, Address, DOB/Age, Sex, and various license status checkboxes (24-30).

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

Refer to 22-239-AR report.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HAINOFF LEBRON LEE	20 SHAWSBEEEN AVE WILMINGTON NR DLB		97	HOUSE/SCREENED IN PORCH

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:

Pincard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49] _____

Patrol Officer Kevin J Skinner 200 Wilmington Police Department 07/28/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Baracks Date

Date of Crash: 07/30/2022 | Time of Crash: 11:02 24HR | City/Town: Wilmington | Number Vehicles: 1 | Number Injured: 0 | Speed Limit: 30 | Latitude: | Longitude: | State: Police Local Police MBTA Police Campus Police Other: 0000

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

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# 22-243-AC

License # SB2241944 | St MA | DOB/Age | Reg # 1443A | Reg Type AP | Reg State MA

Sex M | Lic. Class B | Lic. Restrictions B | CDL T | Veh Year 2018 | Veh Make | Veh Config. 8

Operator MACMILLAN, MICHAEL A | Owner M S INTERNATIONAL INC

Address 20 BELVOIR AVE | Address 1050/1 UNIVERSITY AVE

City TAUNTON | State MA | Zip 02780-4002 | City NORWOOD | State MA | Zip 02062-2644

Insurance Company ZURICH AMERICAN INSURANCE | Vehicle Action Prior to Crash 4 | Damaged Area Code: 27 27 27

Vehicle Travel Direction: [X] S E W | Responding to Emergency? 2 | Event Sequence 23 23 23 23 | Test Status: 28

Citation # (If Issued) | Most Harmful Event 23 24 | Type of Test: 29

Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub | Driver Contributing Code 99 23 28 | BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Driver Distracted by 99 20 | 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 Belt	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Trauma Code	Medical Facility
Operator	See Above			1	99	4	0	0	1.0	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/Age | Reg # | Reg Type | Reg State

Sex | Lic. Class | Lic. Restrictions | CDL | Veh Year | Veh Make | Veh Config.

Operator | Owner

Address | Address

City | State | Zip | City | State | Zip

Insurance Company | Vehicle Action Prior to Crash 23 | 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 28 | BAC Test Result: 30

Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub | Driver Distracted by 20 | Susp. Alcohol: 31 | Susp. Drug: 32

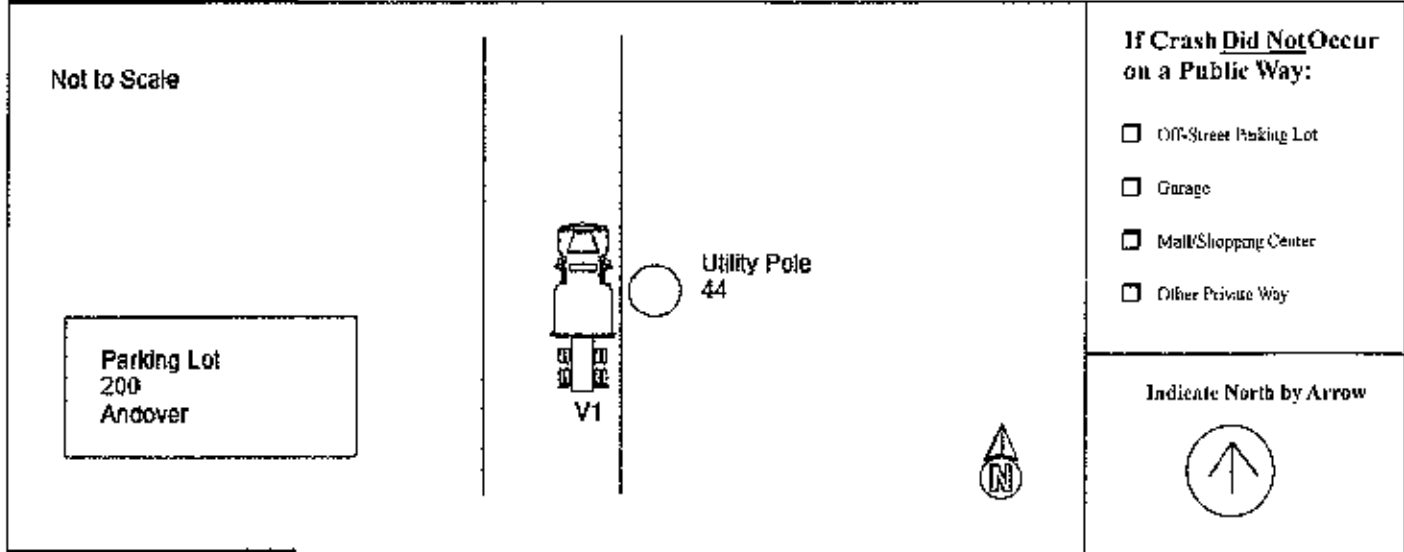
Towed from scene? 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Belt	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			1							

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

Crash Diagram:



Crash Narrative:

Sir, on July 30, 2022 I (Officer MacGilvray) was assigned to e2 during the 8-4 tour. At said time I was dispatched to said location on a truck hitting a pole. On location spoke to the operator of V1. V1 stated he forgot to secure the stabilizing arm of V1 causing the crash. The arm grazed the pole causing superficial damage to pole 44. Reading Light responded and cleared stating the pole had not been compromised. Coady's Tow moved V1 off the roadway to the lot.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING LIGHT	230 ASH ST READING MA			UTILITY POLE

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/TCC # _____

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 Paul Macgilvray 221 Wilmington Police Department 07/30/2022
 Police Officer Name (Please Print) Signature (Officer #) Department Precinct/Blocks Date

Wilmington Police Department
Images Associated with 22-243-AC

