

Date of Crash: 08/01/2022 Time of Crash: 1427 City/Town: **Wilmington** Number Vehicles: 2 Number Injured: 0 Speed Limit: 35
 24HR
 Latitude Longitude
 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
 1 At 704 WOBURN ST
 Feet N S E W of Mile Marker Exit Number
 Feet N S E W of Interscoring Roadway/Street
 Feet N S E W of Interscoring Roadway/Street
 Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **22-244-AC**

License # **S47176605** St **MA** DOB/Age: Reg # **2GWS98** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
 Operator **GIRARDI, JAKE ROBERT** Owner **GIRARDI, JAMES M**
 Address **5 KIDDER PL** Address **5 KIDDER PL**
 City **WILMINGTON** State **MA** Zip **01887-2422** City **WILMINGTON** State **MA** Zip **01887-2422**
 Insurance Company **ALLSTATE INSURANCE COMPAN**
 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: 0 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 (SAC 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 | DOB/Age | Sex | 21 Seat Belt | 22 Safety System | 23 Airbag Status | 24 Eject Code | 25 Trap Code | 26 Injury Status | 27 Temp. Code | Market Facility |
|--------------------------|-----------|-------------------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|---------------|-----------------|
| Operator | See Above | XXXXXX | X | 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 # **1997969** St **NH** DOB/Age: Reg # **1997969** Reg Type **PC** Reg State **NH**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
 Operator **STRATZ, DAVID ANTHONY** Owner **STRATZ, DAVID ANTHONY**
 Address **87 PRIEST RD** Address **87 PRIEST RD**
 City **NOTTINGHAM** State **NH** Zip **032906204** City **NOTTINGHAM** State **NH** Zip **032906204**
 Insurance Company **ALLSTATE INSURANCE**
 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: 1 22 Damaged Area Code: 2 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 (SAC Test Result): 30
 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

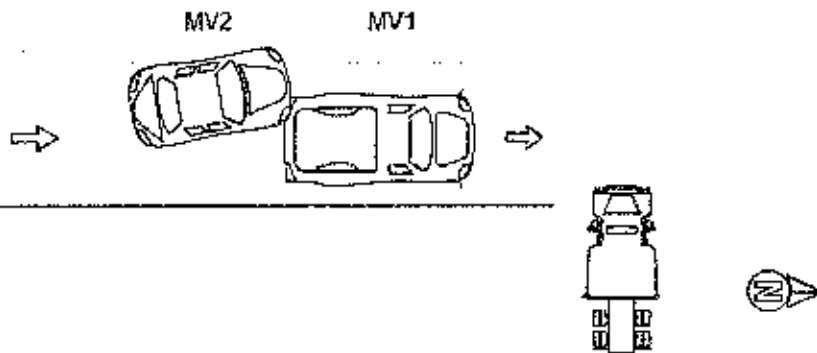
| Name (Last First Middle) | Address | DOB/Age | Sex | 21 Seat Belt | 22 Safety System | 23 Airbag Status | 24 Eject Code | 25 Trap Code | 26 Injury Status | 27 Temp. Code | Market Facility |
|------------------------------|-----------|-------------------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|---------------|-----------------|
| Operator/Non-Motorist | See Above | XXXXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |

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

Crash Diagram:

ic: → 1 → 2 → →

707 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:

MV1 and MV2 were traveling North on Woburn St. Operator of MV1 reported that a truck began to pull out of the Lucci's Parking lot. Operator of MV1 stopped/slowed his vehicle and was struck from behind by MV2. There was damage to the rear drivers side of MV1 and damage to the front passenger side of MV2. No injuries and both vehicles driveable.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Courier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/JCC #: _____

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 Daryl J Ceruolo

212

Wilmington Police Department

08/01/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barricks

Date

Date of Crash: 08/01/2022 Time of Crash: 1209 City/Town: Wilmington

Motor Vehicle Crash Police Report

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

5

| | | |
|---------------------------|-----------|-------------------------------------|
| 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 |

2 **10**

| | | | |
|----------------|-----------|-----------|------------------------------------|
| Route# | Direction | Address # | Name of Roadway/Street |
| 41 FOREST ST | | | |
| Feet | N S E W | of | Mile Marker |
| Feet | N S E W | of | Exit Number |
| Feet | N S E W | of | Route# Intersecting Roadway/Street |
| CLINTON STREET | | | |
| Landmark | | | |

1 **11**

3

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

Crash Report ID# **22-245-AC**

4 **1**

License # **S78108192** St **MA** DOB/Age _____ Reg # **4VE848** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Vch Year **2018** Vch Make **HONDA** Vch Config. **1**

Operator **KITCHEN, ASHLEY A** Owner **KITCHEN, ASHLEY A**

Address **230 CUMBERLAND RD ST APT 1** Address **230 CUMBERLAND RD ST APT 1**

City **LOWELL** State **MA** Zip **01850-1466** City **LOWELL** State **MA** Zip **01850-1466**

Insurance Company **FARMERS PROPERTY & CASUAL**

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

Event Sequence: **41 23 35 23 23** Damaged Area Code: **1 27 10 27 97 27**

Most Harmful Event **35 24** Test Status: **1 28**

Driver Contributing Code **9 25 25** Type of Test: **29**

Driver Distracted by **99 26** BAC Test Result: **30**

Susp. Alcohol: **99 31** Susp. Drug: **99 32**

Towed from scene? **1 33**

27 **13**

6 **1**

Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address | License No. | 34 Seat Pos | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Trap Code | Vehicle/Party |
|--------------------------|-----------|-------------|--------------|------------------|------------------|---------------|--------------|------------------|--------------|---------------|
| Operator | See Above | | I | 99 | 4 | 0 | 0 | 99 | 1 | |

7 **1**

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

8 **1**

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

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**

9 **2**

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

| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Trap Code | Vehicle/Party |
|--------------------------|-----------|---------|-----|--------------|------------------|------------------|---------------|--------------|------------------|--------------|---------------|
| Operator/Non-Motorist | See Above | | | 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:

Registered owner V1 called police on 08/01/22 to assist in locating her vehicle somewhere on Forest St or surrounding area. Ms. Kitchen claimed she parked car in a ditch sometime after midnight on 07/30/22 after she was lost in area and had no cell signal. She then walked away from car and called someone for a ride without returning to car or calling police. She returned following day and could not locate vehicle. Officer found vehicle some 20-30 feet in woods mostly concealed from view across from Clinton Street on 08/01/22. Vehicle had front end damage consistent crash after suddenly running off roadway on sharp turn. Forrest Towing arrived and winched vehicle from woods and towed it to impound yard. R/O advised by phone. Refer WPD report 22-986-OF.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Richard DiPerri 173 Wilmington Police Department 08/02/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-245-AC



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

1 1
 2 1
 3 1

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
 64 **BOUTWELL ST**
 Feet N S E W of _____ or _____
 Mile Marker _____ Exit 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# **22-246-AC**

License # **unknown** St _____ DOB/Age _____ Reg # **2XDN43** Reg Type **PC** Reg State **MA**
 Sex **U** Lic. Class **99** ¹⁹ ¹⁹ Lic. Restrictions **99** ²⁰ CDL Endorsement _____ Veh Year **2016** Veh Make **Jeep** Veh Config. **1** ²¹
 Operator **DE PAULA SOUZA DOS S, ELIANA** Owner **DE PAULA SOUZA DOS S, ELIANA**
 Address **506 CONCORD ST** Address **506 CONCORD ST**
 City **LOWELL** State **MA** Zip **01852-3669** City **LOWELL** State **MA** Zip **01852-3669**
 Insurance Company **FOREMOST INSURANCE COMPAN** Vehicle Action Prior to Crash **97** ²² Damaged Area Code: 1 ²⁷ 2 ²⁷ 3 ²⁷
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **10** ²³ ²³ ²³ ²³ Test Status: 1 ²⁸
 Citation # (If Issued) **539521AB** Most Harmful Event **10** ²⁴ Type of Test: 2 ²⁹
 Viol. 1: Ch/Sec/Sub **90** ¹⁰ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **11** ²⁵ ²⁵ BAC Test Result: 3 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 Sec. Pos. | 35 Ready Signal | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Eject Status | 40 Tether Code | Notes/Status |
|--------------------------|-----------|-------------------|-----------------|-----------------|--------------------|---------------------|------------------|-----------------|--------------------|-------------------|--------------|
| Operator | See Above | XXXXXX | XXXX | 1 | 1 | 9 | 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/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** ¹⁹ Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **13** 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 **28** ²⁵ ²⁵ BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: 31 Susp. Drug: 32
 Towed from scene? 33

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

| Name (Last First Middle) | Address | DOB/Age | Sex | 31 Sec. Pos. | 32 Ready Signal | 33 Airbag Status | 34 Eject Code | 35 Trap Code | 36 Eject Status | 37 Tether Code | Notes/Status |
|------------------------------|-----------|-------------------|-----------------|-----------------|--------------------|---------------------|------------------|-----------------|--------------------|-------------------|--------------|
| Operator/Non-Motorist | See Above | XXXXXX | XXXX | 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Wilmington Police Department
Images Associated with 22-246-AC



Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number: 0000

Police Use Only: Date of Crash: 08/03/2022 Time of Crash: 1526 24HR City/Town: **Wilmington**

Number Vehicles: **2** Number Injured: **0** Speed Limit: **30** State Police: Local Police: MP/PA Police: Campus Police: Other:

LOCATION

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

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

2 11
Route# Direction Address # Name of Roadway/Street: **355 MIDDLESEX AVE**

2 1
Route# Direction Name of Intersecting Roadway/Street: **At**

2 1
Route# Direction Name of Intersecting Roadway/Street: **At**

3
Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Mapped
Crash Report ID# **22-247-AC**

1 12
License # **S76337593** St **MA** DOB/Age _____ Reg # **2M1246** Reg Type **MC** Reg State **MA**

Sex **M** Lic. Class 19 19 Lic. Restrictions **99** 20 CDL Endorsement _____ Veh. Year **2016** Veh. Make **HONDA** Veh. Config. **3** 21

2 Operator **JONES, TERRELL D** Owner **JONES, TYRESE R**

Address **111 LOCUST ST** Address **111 LOCUST ST APT TH-9**

City **WOBURN** State **MA** Zip **01801-3865** City **WOBURN** State **MA** Zip **01801-6615**

Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **3** 27 **7** 27 **5** 27

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

Citation # (If Issued) **T2446456** Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **30**

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

Towed from scene? **1** 33

1 13

6 1
Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address | DOB/Age | Sex | 31 Seat Pos. | 32 Safety System | 33 Airbag Status | 34 Trip Code | 35 Trap Code | 36 Injury Status | 37 Thrust Code | 38 Malfunction |
|--------------------------|-----------|-------------------|-----------------|--------------|------------------|------------------|--------------|--------------|------------------|----------------|----------------|
| Operator | See Above | XXXXXX | XXXX | 1 | 5 | 4 | 0 | 0 | 1.0 | 1 | |

3
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Mapped

1 14
License # **S10259128** St **MA** DOB/Age _____ Reg # **272GSS** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class 19 19 Lic. Restrictions **B** 20 CDL Endorsement _____ Veh. Year **2018** Veh. Make **HYUNDAI** Veh. Config. **1** 21

2 Operator **CROSSEN, MATTHEW ANTHONY** Owner **CROSSEN, MATTHEW ANTHONY**

Address **5 KIERNAN AVE** Address **5 KIERNAN AVE**

City **WILMINGTON** State **MA** Zip **01887-3206** City **WILMINGTON** State **MA** Zip **01887-3206**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **27** 27

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 **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 **99** 26 Susp. Alcohol **2** 31 Susp. Drug: **2** 32

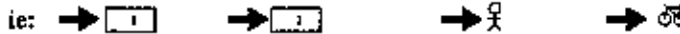
Towed from scene? **2** 33

2 14
Please fill out for operator/non-motorist and all occupants involved

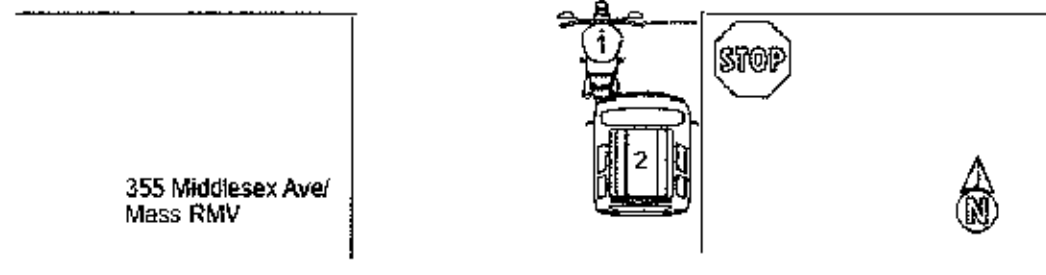
| Name (Last First Middle) | Address | DOB/Age | Sex | 31 Seat Pos. | 32 Safety System | 33 Airbag Status | 34 Trip Code | 35 Trap Code | 36 Injury Status | 37 Thrust Code | 38 Malfunction |
|------------------------------|-----------|-------------------|-----------------|--------------|------------------|------------------|--------------|--------------|------------------|----------------|----------------|
| Operator/Non-Motorist | See Above | XXXXXX | XXXX | 1 | 99 | 4 | 0 | 0 | 1.0 | 1 | |

Form No. 1004-CRA-051903

Crash Diagram:



Middlesex Ave/MA-62



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:

8/3/22, dispatched to 355 Middlesex Ave (RMV) for a mvc car v motorcycle. Motorcycle/MV1 was exiting RMV lot, L-turn onto Middlesex Ave. MV2 was exiting behind MV1, MV1 stop and go looking for break in traffic. MV2 believed MV1 was going and rear-ended MV1. OPP1 jumped from bike before contact and bike fell to left side. OPP1 picked up bike and dropped on right side. Damage on both sides of bike. Both OPPs drove to Wilm. Library to exchange paperwork. OPP1 not in possession of active motorcycle license. OPP issued criminal app MGL 90/10 Unlicensed Operation (22-242-AR). MV1 towed by A&S Towing. No reported injuries.

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

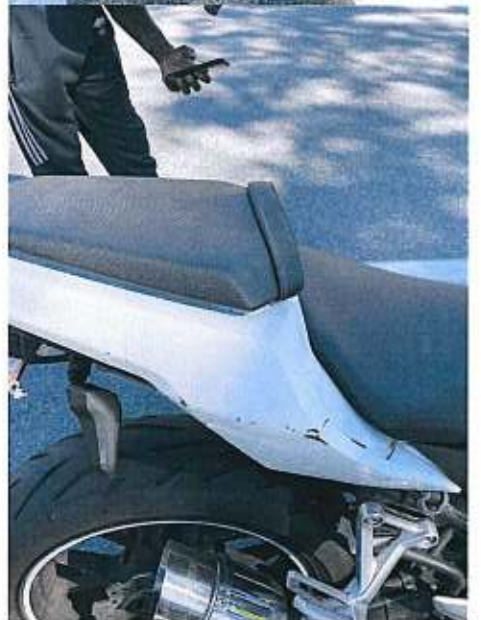
Trailer Reg # _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazard Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 08/03/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Baracks Date

Wilmington Police Department
Images Associated with 22-247-AC



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

Route# Direction Name of Roadway/Street **129 W 331 LOWELL ST**
 Route# Direction Name of Roadway/Street
 At
 Feet N S E W of Mile Marker or Box Number
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Feet N S E 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 ID# **22-248-AC**

License # **S45639446** St. **MA** DOB/Age _____ Reg # **2625DD** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2007** Veh Make **TOYOTA** Veh Config **1** 21
 Operator **SCHECTER, MELISSE C** Owner **SCHECTER, MELISSE C**
 Address **4 GROVE ST** Address **4 GROVE ST**
 City **TEWKSBURY** State **MA** Zip **01876-2420** City **TEWKSBURY** State **MA** Zip **01876-2420**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **B** 27 **2** 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: **20** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **4** 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 | 24 Seat Belt Use | 25 Safety Belt | 26 Airbag Status | 27 Eject Code | 28 Imp Code | 29 Injury Status | 40 Impair Code | Medical Facility |
|--------------------------|-----------|---------|-----|------------------|----------------|------------------|---------------|-------------|------------------|----------------|------------------|
| Operator | See Above | | | 1 | 1 | 1 | 0 | 0 | 9 | 2 | Lahay 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 # **S72293495** St. **MA** DOB/Age _____ Reg # **3XF656** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **CHEVROLET** Veh Config **1** 21
 Operator **PAPAGEORGIU, KONSTANDINA** Owner **PAPAGEORGIU, KONSTANDINA**
 Address **6 LENOX RD** Address **6 LENOX RD**
 City **PEABODY** State **MA** Zip **01960-1817** City **PEABODY** State **MA** Zip **01960-1817**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **27** 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 **23** 23 **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code: **1** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

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

| Name (Last First Middle) | Address | DOB/Age | Sex | 24 Seat Belt Use | 25 Safety Belt | 26 Airbag Status | 27 Eject Code | 28 Imp Code | 29 Injury Status | 40 Impair Code | Medical Facility |
|------------------------------|-----------|---------|-----|------------------|----------------|------------------|---------------|-------------|------------------|----------------|------------------|
| Operator/Non-Motorist | See Above | | | 1 | 1 | 2 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 OKOK = Pedestrian ⚙️ = Bicycle

Crash Diagram:

ie: → 1 → 2 → OKOK → ⚙️

331 Lowell Street



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



193 south on ramp



Crash Narrative:

Vehicle 2 was traveling west bound on Lowell Street when it had pulled to a complete stop waiting to turn left on to the 193 south on ramp. Vehicle 1 was traveling the same direction down Lowell street with the intention of continuing straight pass the ramp. Vehicle 1, unaware of Vehicle 2 coming to a stop does not slow down and collides with the rear of vehicle 2. After the collision, Vehicle 1 managed to pull away from Vehicle 2 and pulled the vehicle to the side of the road in front of vehicle one.

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 _____

LIS DOT #: _____ State Number _____ Issuing State _____ MCMEX/ICC #:

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Insurance Information:

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

Patrol Officer Thomas Lawrenson 222 Wilmington Police Department 08/03/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash: 08/05/2022 Time of Crash: 2122 City/Town: **Wilmington** Motor Vehicle Crash Police Report
 Number Vehicles: 1 Number Injured: 1 Speed Limit: 40 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 _____ 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 12 #Occupants Hit/Run Moped Crash Report ID# **22-249-AC**

| | |
|--|---|
| License # NH13853538 S: NH DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____ Operator VITALE, BRIAN J Address 3 KOPER LN City PELHAM State NH Zip 030762608 Insurance Company UNKNOWN Vehicle Travel Direction: [N S E X] Responding to Emergency? 2 Citation # (If Issued) T2446478 Viol. 1: Cl/Sec/Sub 90 24K Viol. 2: Cl/Sec/Sub 90 24E Viol. 3: Cl/Sec/Sub 90 24C Viol. 4: Cl/Sec/Sub 90 17E | Reg # 4674979 Reg Type PC Reg State NH Veh Year 2020 Veh Make FORD Veh Config. 1 Owner VITALE, BRIAN J Address 3 KOPER LN City PELHAM State NH Zip 030762608 Vehicle Action Prior to Crash 9 Event Sequence 42 23 23 23 43 Most Harmful Event 43 Driver Contributing Code 10 9 Driver Distracted by 6 Damaged Area Code: 1 10 11 Test Status: 2 2 2 1 Type of Test: 2 29 HAC Test Result: 1 30 Susp. Alcohol: 1 31 Susp. Drug: 99 32 Towed from scene? 1 33 |
|--|---|

| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 14 Seat No. | 15 Safety System | 16 Airbag Status | 17 Eject Code | 18 Inj. Code | 19 Inj. Status | 20 Trunc. Code | Medical Facility | |
|---|------------------------------|------------|--------------|--------------|------------------|------------------|---------------|--------------|----------------|----------------|------------------|--|
| Operator | | See Above | X | X | 1 | 99 | 3 | 0 | 0 | 10 | 1 | |
| FRANCES RICHARDS | 612 BAYBOND AUBURN, NH 03032 | 09/24/1986 | F | 3 | 99 | 3 | 0 | 0 | 9 | 2 | Lahey Clinic | |

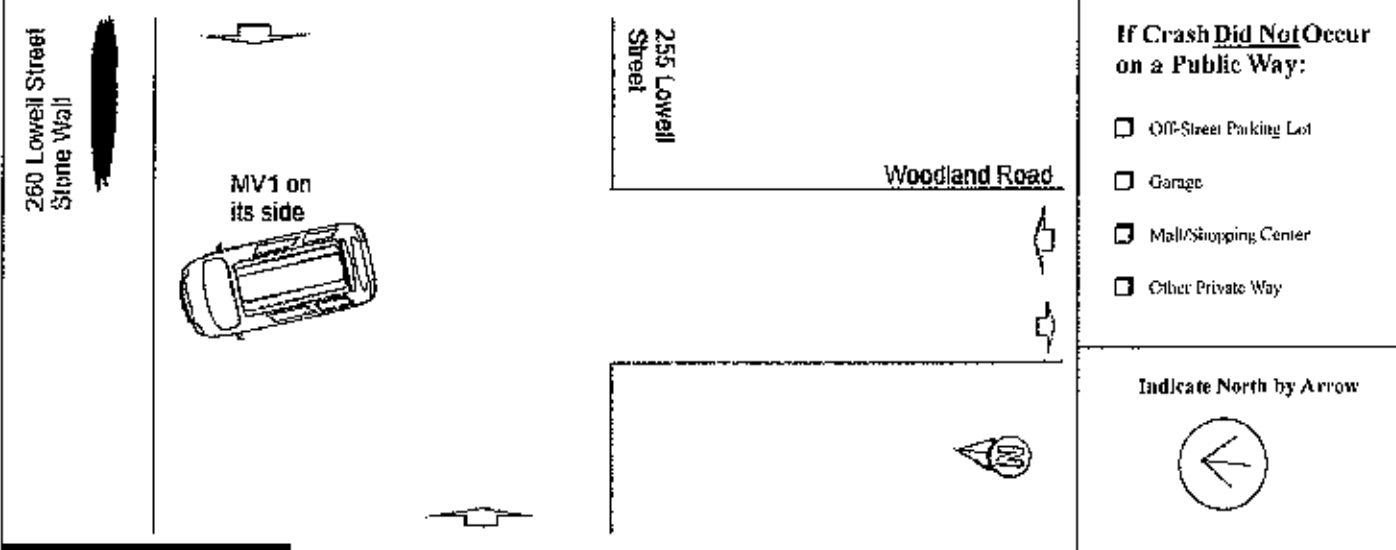
Please Select One of the Following: Vehicle 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

| | |
|---|--|
| License # _____ S: _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____ Operator _____ Address _____ 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 _____ | Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26 Damaged Area Code: 17 27 17 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33 |
|---|--|

| Please fill out for operator/non-motorist and all occupants involved | | DOB/Age | Sex | 14 Seat No. | 15 Safety System | 16 Airbag Status | 17 Eject Code | 18 Inj. Code | 19 Inj. Status | 20 Trunc. Code | Medical Facility |
|--|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|----------------|----------------|------------------|
| Operator/Non-Motorist | | See Above | X | X | 1 | | | | | | |

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

Crash Diagram:



Crash Narrative:

Operator of motor vehicle number 1, Brian Vitale stated that he was traveling west on Lowell Street (Route 129). He stated that he was having a verbal argument with his front seat passenger, Frances Richards. He stated that she grabbed the steering wheel, shortly after he lost control of the car and the vehicle rolled over on its side (See damages via images). Mr. Vitale failed to mention that he struck the stone wall/fence at 260 Lowell street and continued traveling, prior to the vehicles rollover. He also failed to mention that he was just involved in approximately 4 motor vehicle crashes that occurred on the Route 93 north bound highway. Mr. Vitale was arrested and issued Massachusetts uniform citations #T2446478 (Page 1) and T2446479 (Marked Lanes). MSP Trooper Zahoruiko also issued Massachusetts uniform citations (543305AB and 543307AB). Please see my arrest report 22-243-AR. Cains towed MV1 (See attachments for inventory).

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|--|---------|-----------|
| KULIS SUSAN | 11 CENTRAL ST WILMINGTON MA 01887 | | 1 |
| MASCIAVE-DENNETT NOREEN | 1 OLSON ST Apt. #15 WILMINGTON MA 01887-2458 | | 1 |

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|------------------------------------|---------|---------|---------------------------------|
| FROST CAROL ANNE | 260 LOWELL ST WILMINGTON MA 01887- | | 97 | STONE WALL/FENCE |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/JCC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazard Information:

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

Patrol Officer Julio J Quiles 197 Wilmington Police Department 08/05/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Baracks Date

Wilmington Police Department
Images Associated with 22-249-AC



Wilmington Police Department
Images Associated with 22-249-AC



LOCATION

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

Route# **63** Direction **LOWELL ST** Address # _____ Name of Roadway/Street _____

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

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

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped

Crash Report ID# **22-250-AC**

License # **S61007822** St **MA** DOB/Age _____ Reg # **7VD341** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Vch Year **2021** Vch Make **Jeep** Vch Config. **1**

Operator **BALLARD, ROBERT A** Owner **BALLARD, ROBERT A**

Address **27 NAHANT ST** Address **27 NAHANT ST**

City **WAKEFIELD** State **MA** Zip **01880-3301** City **WAKEFIELD** State **MA** Zip **01880-3301**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2**

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

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 | DOB/Age | Sex | 14 Seat Belt | 15 Safety System | 16 Airbag Status | 17 Ejector Seat | 18 Trip Code | 19 Injury Status | 20 Occup Code | Medical Facility |
|--------------------------|-----------|---------|----------|-------------------------------------|-------------------------------------|------------------|-----------------|--------------|------------------|---------------|------------------|
| Operator | See Above | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 4 | 0 | 10 | 1 | |
| BRENDA BALLARD | | | F | 3 | 1 | 4 | 0 | 0 | 7 | 1 | |
| | | | | 6 | 1 | 4 | 0 | 0 | 10 | 1 | |

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

License # **S61554466** St **MA** DOB/Age _____ Reg # **4KXH79** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Vch Year **2008** Vch Make **BMW** Vch Config. **1**

Operator **STANCATO, JAKE TYLER** Owner **STANCATO, JOSEPH R**

Address **123 GLEN RD** Address **123 GLEN RD**

City **WILMINGTON** State **MA** Zip **01887-3541** City **WILMINGTON** State **MA** Zip **01887-3541**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1**

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

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

Most Harmful Event **1** **24** Type of Test: **29**

Driver Contributing Code **5** **25** **19** **15** BAC Test Result: **30**

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 | 14 Seat Belt | 15 Safety System | 16 Airbag Status | 17 Ejector Seat | 18 Trip Code | 19 Injury Status | 20 Occup Code | Medical Facility |
|------------------------------|-----------|---------|-----|-------------------------------------|-------------------------------------|------------------|-----------------|--------------|------------------|---------------|------------------|
| Operator/Non-Motorist | See Above | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 1 | 0 | 10 | 1 | |

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

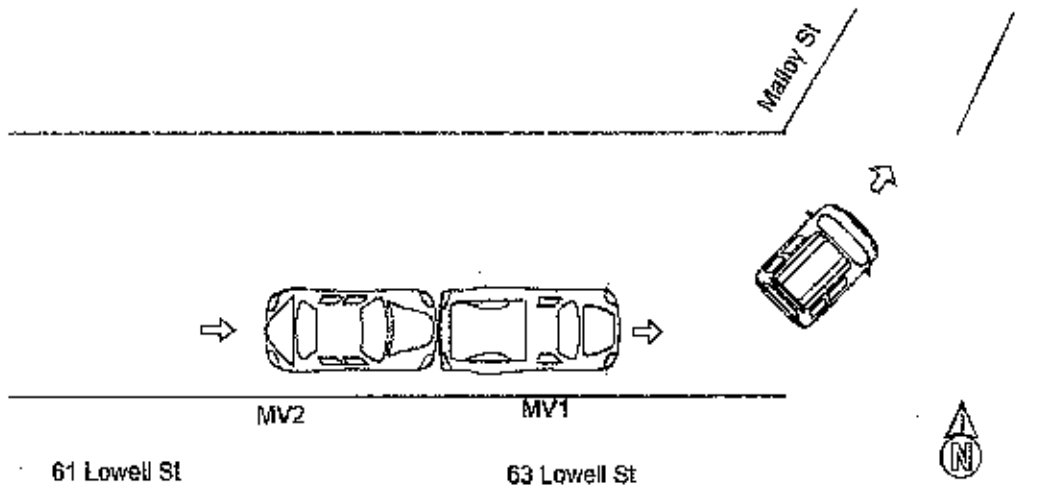
Crash Diagram:

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:

MV1 and MV2 were both traveling east on Lowell St (R129). MV1 slowed/stopped as the vehicle in front of them was turning left onto Malloy St. MV1 was struck from behind by MV2. There was damage to the rear end of MV1 and heavy front end damage on MV2. There was also front air bag deployment on MV2. No reported injuries, MV2 towed by Cains Towing.

Operator of MV2 was issued MASS Uniform Citation T2447224 for Unlicensed Operation and Following Too Close. Charges filed through Woburn District Court (reference 22-245-AR).

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/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 Daryl J Ceruolo 212 Wilmington Police Department 08/06/2022

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