

Date of Crash: 08/07/2022 Time of Crash: 0857 City/Town: **Wilmington** Number Vehicles: 2 Number Injured: 0 Speed Limit: 10 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: **100 FORDHAM RD**  
 Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_  
 Route# Intersecting Roadway/Street \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 13 #Occupants  Hit/Run  Moped  
 Crash Report ID# **22-251-AC**

License # **NH17514330** St **NH** DOB/Age \_\_\_\_\_ Reg # **3VEM59** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **HONDA** Veh Config **1** 21  
 Operator **GOMEZ, CHRISTOPHER DERICK** Owner **GOMEZ, JASON A**  
 Address **53 BELMONT ST APT 2** Address **8 KIMBALL CT APT 711**  
 City **MANCHESTER** State **NH** Zip **03103** City **BURLINGTON** State **MA** Zip **01803-3852**  
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 11 27 27 27  
 Vehicle Travel Direction:  N  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: Cl/Sec/Sub \_\_\_\_\_ Viol. 2: Cl/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 25 BAC Test Result: **30**  
 Viol. 3: Cl/Sec/Sub \_\_\_\_\_ Viol. 4: Cl/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 and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Feet Code	38 Trap Code	39 Injury Status	40 Occup Code	Motorist/No	
<b>Operator</b>	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
<b>MARCAYLA GONZALEZ</b>	270 LITTLETON RD CALR ENFIELD, MA 01524-3326		<b>F</b>	<b>99</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>		
<b>RALPH ROJAS</b>	45 ABBOTT LAWRENCE, MA 01843		<b>M</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>		

Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

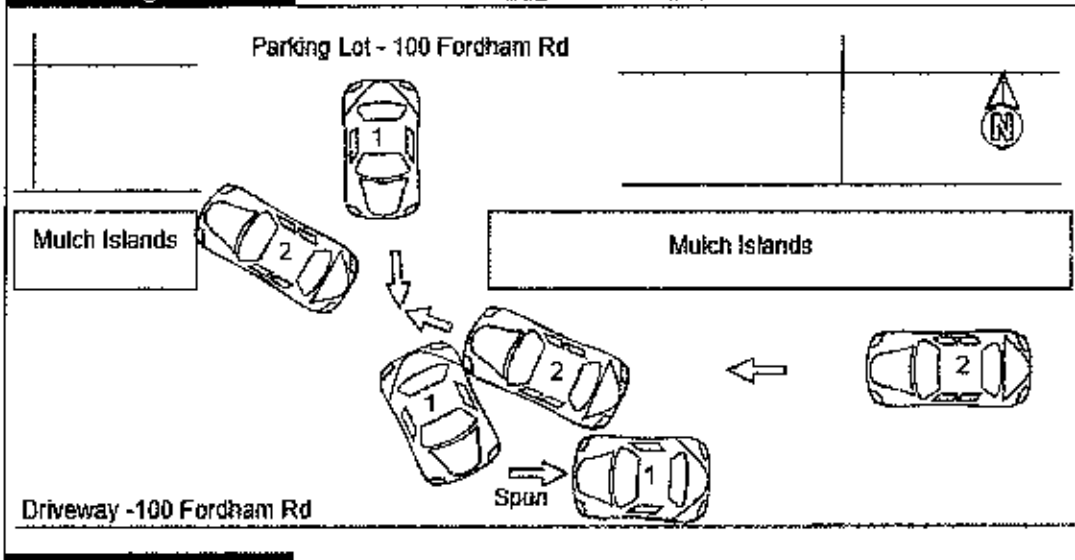
License # **S58060180** St **MA** DOB/Age \_\_\_\_\_ Reg # **1GNJ54** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2003** Veh Make **HONDA** Veh Config **1** 21  
 Operator **DERAS, BENITO E** Owner **VILLANUEVA DE DERAS, ROSA A**  
 Address **83 FARNHAM ST** Address **83 FARNHAM ST**  
 City **LAWRENCE** State **MA** Zip **01843-1522** City **LAWRENCE** State **MA** Zip **01843-1522**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 11 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: **29**  
 Viol. 1: Cl/Sec/Sub \_\_\_\_\_ Viol. 2: Cl/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 25 BAC Test Result: **30**  
 Viol. 3: Cl/Sec/Sub \_\_\_\_\_ Viol. 4: Cl/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 Pos.	35 Safety System	36 Airbag Status	37 Feet Code	38 Trap Code	39 Injury Status	40 Occup Code	Motorist/No	
<b>Operator/Non-Motorist</b>	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

→ = 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:**

08/07/22, 8:57am, dispatched to 100 Fordham Rd parking lot for 2 car MVC w/ air bag deployment no injuries reported. On arrival, all occupants out of MVs, both MVs totaled in driveway of 100 Fordham Rd. MV1 was spun to opposite direction. OPP2 stated he was following driveway towards Amazon, OPP1 was exiting empty parking lot and cut in front of MV2. OPP1 confirmed story. Damage to MV2 was front driverside bumper. Damage to MV1 was rear driverside wheel well. Both MVs front and side airbag deployment. Both MVs towed by Forrest Towing. Everyone refused treatment from WFD.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT # \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC # \_\_\_\_\_

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazard Information:**

Hazard #  47 Material 1 digit #  48 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

Patrol Officer Joseph A Fitzgerald      215      Wilmington Police Department      08/07/2022  
 Police Officer Name (Please Print)      Signature      IIM/Idge #      Department      Precinct/Barracks      Date

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

**1** Route# **1** Direction **MAIN ST** Name of Roadway/Street  
 At  
 Route# Direction **CHURCH ST** Name of Intersecting Roadway/Street  
 Also at Intersection with  
**2** 1 Route# Direction Name of Intersecting Roadway/Street  
**3** 1 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# 22-252-AC**

License # **S00297800** St **MA** DOB/Age \_\_\_\_\_ Reg # **L32035** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh. Year **2017** Veh. Make **CHEVROLET** Veh. Config **1** 21  
 Operator **NATALE, JOHN D III** Owner **NATALE COMPANY AND SAFETYCARE LLC**  
 Address **97 10TH ST** Address **5 WEST DEXTER AVE**  
 City **TEWKSBURY** State **MA** Zip **01876-3331** City **WOBURN** State **MA** Zip **01801-1617**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 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: **1** 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? **1** 33

Please fill out for operator and all occupants involved

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

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

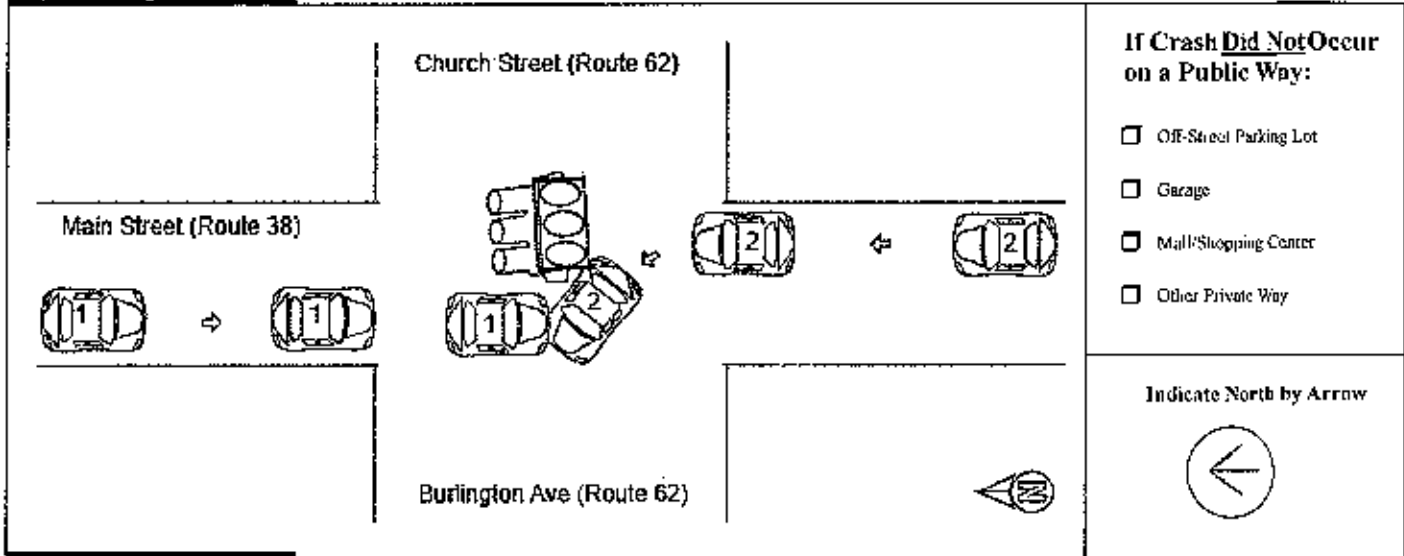
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **SNDS12** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh. Year **2016** Veh. Make **Jeep** Veh. Config **1** 21  
 Operator \_\_\_\_\_ Owner **FOURNIER, SHANNA L**  
 Address \_\_\_\_\_ Address **58 ALDRICH RD**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-4543**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 27 27  
 Vehicle Travel Direction: **X 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: Cl/Sec/Sub \_\_\_\_\_ Viol. 2: Cl/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** 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? **1** 33

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

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

→ 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:**

MV 1 was driving south on Main Street. MV 2 was driving north on Main Street attempting to take a left turn onto Burlington Ave. MV 2 stated he had a blinking yellow light when he attempted to turn left. Witness 1 confirmed the series of events. No injuries. Forrest Towing towed both vehicles.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
LANGONE CRYSTAL LEIGH	74 ALEXANDER RD BILLERICA MA 01821		

**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/JCC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

Incident Information:

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

Patrol Officer Kevin J Skinner    200    Wilmington Police Department    08/08/2022  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

**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

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# **22-253-AC**

License # **S58478435** St. **MA** DOB/Age \_\_\_\_\_ Reg # **P7861** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Vch Year **2019** Vch Make **TOYOTA** Vch Config. **1** 21  
 Operator **POLCARI, RACHELLE ANN** Owner **POLCARI, RACHELLE ANN**  
 Address **106 LOWELL RD APT 310** Address **106 LOWELL RD APT 310**  
 City **NORTH READING** State **MA** Zip **01864-1680** City **NORTH READING** State **MA** Zip **01864-1680**  
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 27 27 27  
 Vehicle Travel Direction:  N  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: **2** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	11 Seat Belt Use	15 Safety Status	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Transport Code	Medical Facility
<b>Operator</b>	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>

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

License # **S56677712** St. **MA** DOB/Age \_\_\_\_\_ Reg # **4DCELL** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Vch Year **2019** Vch Make **TOYOTA** Vch Config. **1** 21  
 Operator **REIS, AMANDA BETH** Owner **FOSS, ROBERT M JR**  
 Address **42 GROVE AVE** Address **19 NICHOLS ST**  
 City **WILMINGTON** State **MA** Zip **01887-2015** City **TEWKSBURY** State **MA** Zip **01876-3320**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: 27 27 27  
 Vehicle Travel Direction:  N  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: **2** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 25 BAC Test Result: **1** 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

Name (Last First Middle)	Address	DOB/Age	Sex	11 Seat Belt Use	15 Safety Status	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Transport Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>JACQUELINE LAFLEUR</b>	70 BOSTON RD CHELSEA, MA 01824-3087		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

Route# 1 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 # 195 Name of Roadway/Street BALLARDVALE ST  
 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 1  Hit/Run  Moped **Crash Report ID# 22-254-AC**

License # S5B977242 St MA DOB/Age \_\_\_\_\_ Reg # 56707 Reg Type CO Reg State MA  
 Sex M Lic. Class A Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2002 Veh Make Mack Truck Veh Config 10  
 Operator RICH, WALTER D Owner BALDWIN CRANE AND EQUIPMENT CORP  
 Address 64 SQUANNA COOK RD Address 232 ANDOVER ST  
 City SHIRLEY State MA Zip 01464-2323 City WILMINGTON State MA Zip 01887-1022  
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 27  
 Vehicle Travel Direction:  N  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 \_\_\_\_\_ 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

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	31 Seat Belt	35 Safety System	36 Air Bags	37 Eject Code	38 Trap Code	39 Injury Status	40 Injury Code	Medical Facility	
<b>Operator</b>	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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 1  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # SA0390644 St MA DOB/Age \_\_\_\_\_ Reg # 1RLR68 Reg Type PC Reg State MA  
 Sex F Lic. Class D Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2007 Veh Make TOYOTA Veh Config 1  
 Operator CENTENO, MADELYN MARIE Owner CENTENO, MADELYN MARIE  
 Address 176 EAST ST APT 213B Address 176 EAST ST APT 213B  
 City METHUEN State MA Zip 01844-5495 City METHUEN State MA Zip 01844-5495  
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 4 Damaged Area Code: 6 27 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 28  
 Citation # (If Issued) T2748824 Most Harmful Event 1 24 Type of Test: 29  
 Viol. 1: Cl/Sec/Sub 89 4A Viol. 2: Cl/Sec/Sub \_\_\_\_\_ Driver Contributing Code 9 25 4 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? 1 33

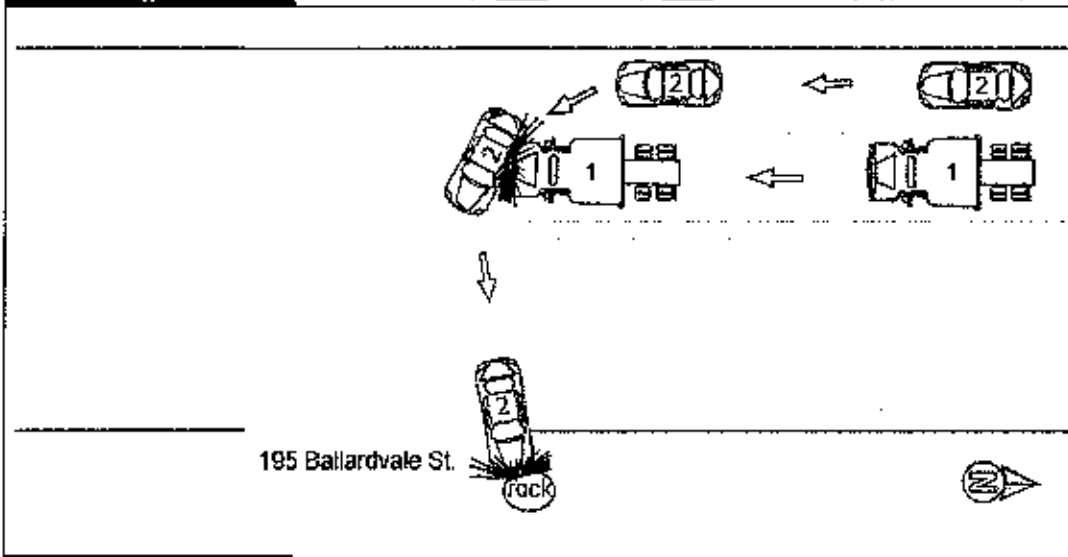
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	31 Seat Belt	35 Safety System	36 Air Bags	37 Eject Code	38 Trap Code	39 Injury Status	40 Injury Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>8</u>	<u>2</u>
JEBILEEN TASCA	63 BOWSER ST METHUEN, MA 01844-5439		F	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>

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

**Crash Diagram:**

ic: → 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:**

On 08/09/22 Car 2 while travelling Southbound in the right most lane, in the area of 195 Ballardvale St, attempted to take a left hand turn. Car 1 while travelling straight in the left most lane, crashed into car 2's rear driver side. Car 2 continued across two more lanes of travel and into a rock at 195 Ballardvale St. The operator of Car 2 was transported to Lahey Hospital with reported minor injuries. A&S towed car 2 from the scene to their yard. A completely burnt marijuana cigarette bud was found in close vicinity to the operators seat. It collected, brought back to the station and disposed of. The operator stated she had smoked it around 0600hrs this morning, she showed no signs of impairment. All other parties declined medical treatment. Massachusetts uniform citation # T2748624 was issued for marked lanes violation and placed at the front desk for the operator of car 1.

**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 # **56707** (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  **42**

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT # **440259** State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MCMX/ICC # \_\_\_\_\_

Interstate  **43** Cargo Body Type Code  **44** GVWR/GCWR  **45**

Trailer Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  **46**

Hazmat Information:

Hazard  **47** Material 1 digit #  **48** Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  **49**

Patrol Officer Dillon Halliday  
 Police Officer Name (Please Print)      Signature

205  
 ID/Badge #

Wilmington Police Department  
 Department      Precinct/Barracks

08/09/2022  
 Date



Date of Crash **08/10/2022** Time of Crash **1543** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police  Local Police  MP/PA Police  Campus Police  Other

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14

Route# Direction Name of Roadway/Street At 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 **2** #Occupants  Hit/Run  Mapped **Crash Report ID# 22-255-AC**

1  
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14

License # **S09872945** St **MA** DOB/Age \_\_\_\_\_ Reg # **8VMR70** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **B** **20** C.D.L. \_\_\_\_\_ Veh Year **2015** Veh Make **FORD** Veh Config. **1** **21**  
 Operator **SEMENZA, DAVID JOSEPH JR** Owner **SEMENZA, DAVID JOSEPH JR**  
 Address **2 KNEELAND RD** Address **2 KNEELAND RD**  
 City **TEWKSBURY** State **MA** Zip **01876-3315** City **TEWKSBURY** State **MA** Zip **01876-3315**  
 Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code **3** **27** **27** **27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

Name (Last, First, Middle)	Address	DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Trauma Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>SHAUNA SEMENZA</b>	<b>205 HILL STREET EXT TEWKSBURY, MA 01875</b>			<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **36** Location **17** Condition **18**  Hit/Run  Mapped

1  
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License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **3LYR81** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** C.D.L. \_\_\_\_\_ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1** **21**  
 Operator \_\_\_\_\_ Owner **ASHDOWN, ELAINE PEARL**  
 Address \_\_\_\_\_ Address **47R BUTTERSROW**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-3340**  
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **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? **1** **33**

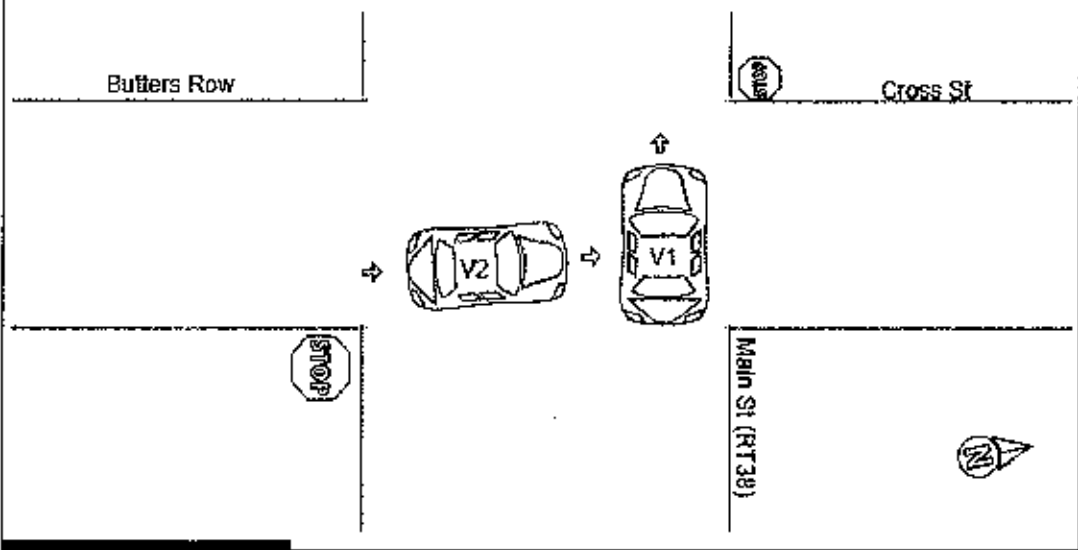
Please fill out for operator/non-motorist and all occupants involved

Name (Last, First, Middle)	Address	DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Trauma Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ic: →  →  →  →



**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**

**Crash Narrative:**

V1 was traveling on Main St. V2 was stopped on Butters Row and attempting to go onto Cross St. The driver of V2 stated she looked both ways twice before proceeding. While crossing the intersection she stated she saw a TT unit and it startled her. She then collided with the passenger side of V1. V1 stated he was traveling straight and when he saw V2 he attempted to swerve to avoid the crash, but it did not prevent it. V1 had damage to the rear driver's side door. V2 had heavy front end damage and was towed by A&S Towing. No parties were injured and all denied evaluation by WFD. All parties were wearing their seatbelts. This intersection has crashes often due to the poor visibility for people exiting Butters Row.

**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:**

Hazard  47 Material 1 digit #  48 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

Patrol Officer Emily L. Stabbins      210      Wilmington Police Department      08/10/2022  
 Police Officer Name (Please Print)      Signature      ILM/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 22-255-AC



Wilmington Police Department  
Images Associated with 22-255-AC



Date of Crash: 08/10/2022 Time of Crash: 1:00 City/Town: **Wilmington** Number Vehicles: 2 Number Injured: 0 Speed Limit: 30 State Police:  Local Police:  MARCA Police:  Campus Police:  Other:

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 Address # Name of Roadway/Street  
 Feet N S E W of Mile Marker Exit Number  
 Feet N S E W of 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# **22-256-AC**

License # **S11160425** St. **MA** DOB/Age  
 Sex **F** Lic. Class **19 19** Lic. Restrictions **20** CDI Endorsement  
 Operator **HALLY, FAITH S**  
 Address **43 RENO AVE**  
 City **WILMINGTON** State **MA** Zip **01887-1646**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU**  
 Vehicle Travel Direction: **N S X 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 # **2GMG26** Reg Type **PC** Reg State **MA**  
 Veh Year **2021** Veh Make **SUBARU** Veh Config. **1 21**  
 Owner **HALLY, FAITH S**  
 Address **43 RENO AVE**  
 City **WILMINGTON** State **MA** Zip **01887-1646**  
 Vehicle Action Prior to Crash **2 22** Damaged Area Code: **5 27 27 27**  
 Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Most Harmful Event **1 24** Type of Test: **19**  
 Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **2 33**

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 Inj'n Status	40 Trauma Code	Medical Profile
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>1</b>	

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

License # **S55156312** St. **MA** DOB/Age  
 Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDI Endorsement  
 Operator **DAYE, TIMOTHY HOWARD**  
 Address **9 GREENLEAF PL**  
 City **MELROSE** State **MA** Zip **02176-1815**  
 Insurance Company **CITIZENS INSURANCE COMPAN**  
 Vehicle Travel Direction: **N S X 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 # **WS3386** Reg Type **PC** Reg State **MA**  
 Veh Year **2009** Veh Make **NISSAN** Veh Config. **1 21**  
 Owner **DAYE, TIMOTHY HOWARD**  
 Address **9 GREENLEAF PL**  
 City **MELROSE** State **MA** Zip **02176-1815**  
 Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 27 27**  
 Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Most Harmful Event **1 24** Type of Test: **19**  
 Driver Contributing Code **99 25 25** BAC Test Result: **1 30**  
 Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **1 33**

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Inj'n Status	40 Trauma Code	Medical Profile
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>1</b>	



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 253 **MIDDLESEX AVE**

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 Route# Direction Name of Intersecting 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# **22-257-AC**

License # **SA4140716** St. **MA** DOB/Age \_\_\_\_\_ Reg # **2JDB88** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class 19 19 Lic. Restrictions 99 20 CDL \_\_\_\_\_ Vch Year **2006** Vch Make **HONDA** Vch Config. 1 21  
 Operator **BLOOM, DILLON RICHARD** Owner **BLOOM, KARIN FRANCES KANE**  
 Address **4 PITMAN ST** Address **4 PITMAN ST**  
 City **WILMINGTON** State **MA** Zip **01887-2874** City **WILMINGTON** State **MA** Zip **01887-2874**  
 Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2 Event Sequence 42 23 40 23 30 23 31 Test Status: 1 28  
 Citation # (If Issued) **T2446459** Most Harmful Event 30 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub 90 24E Viol. 2: Ch/Sec/Sub 89 4A Driver Contributing Code 10 25 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub 90 18 Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 7 20 Susp. Alcohol: 99 31 Susp. Drug: 2 32  
 Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last, First, Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Seat Code	38 Imp Code	39 Injury Status	40 Injpt Code	Medical Facility		
<b>Operator</b>	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	Lahay Clinic

Please Select One of the Following:  Vehicle 20 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1WLJ52** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Vch Year **2014** Vch Make **HYUNDAI** Vch Config. 1 21  
 Operator **Driverless M.V.** Owner **ANDRADE, ALIETE P**  
 Address \_\_\_\_\_ Address **257 MIDDLESEX AVE**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash 11 22 Damaged Area Code: 27 27 27  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_ Event Sequence 30 23 23 23 23 Test Status: 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 30 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 25 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 20 Susp. Alcohol: 31 Susp. Drug: 32  
 Towed from scene? 2 33

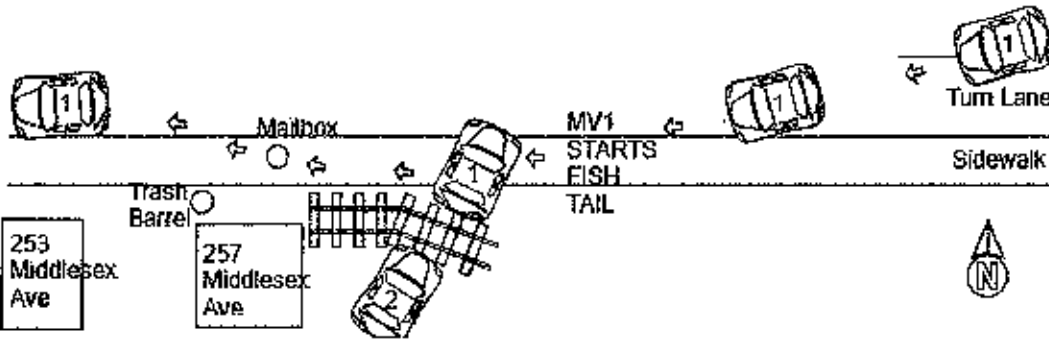
Please fill out for operator/non-motorist and all occupants involved

Name (Last, First, Middle)	Address	DOB/Age	Sex	31 Seat Pos.	32 Safety System	33 Airbag Status	34 Seat Code	35 Imp Code	36 Injury Status	37 Injpt Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>					

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

**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:**

08/11/22, appx 1:35am, found damaged MV on patrol, 253 Middlesex Ave. MV1 traveling high rate of speed Middlesex Ave. MV1 lost control intersection of Federal St. MV1 crossed over double yellow, across opp lane and off roadway. Stated to fish tail and struck fence at 257 Middlesex Ave. Behind fence was parked MV2. MV1 drove across yard of 257 and struck mailbox and trash barrel. MV1 stopped on E-bound shoulder facing W-bound. Light damage to MV2, MV1 totaled. MV1 towed by A&S. Oppl transported vol to Lahey via WFD. Oppl admitted to speeding. Reviwed security footage 263 Middlesex Ave. MV1 seen traveling high rate of speed, leave lane and strike fence. Oppl charged with 90/24/E Negligent Opp, 89/4A Marked Lanes, 90/18 Speed Greater Posted. See 22-255-AR.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MIKALIXEN JOEL	257 MIDDLESEX AVE WILMINGTON MA 01			MAILBOX
MIKALIXEN JOEL	257 MIDDLESEX AVE WILMINGTON MA 01			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

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald      215      Wilmington Police Department      08/11/2022  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date



<b>Police Use Only</b>	Date of Crash 08/13/2022	Time of Crash 1006 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>	
<b>AT INTERSECTION:</b>				<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>				
Route# _____ Direction _____ Name of Roadway/Street _____				Route# <u>93</u> Direction <u>S</u> Address # <u>331</u> Name of Roadway/Street <u>LOWELL ST</u>					2 10
At _____				Foot <u>N S E W</u> of _____ or <u>31</u>					2 11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Mile Marker _____ Exit Number _____					2
Also at Intersection with _____				Foot <u>N S E W</u> of _____					2
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Route# _____ Intersecting Roadway/Street _____					2
				Landmark _____					2

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Mapped  Crash Report ID# **22-258-AC**

License # <u>S15343540</u> St <u>MA</u> DOB/Age _____	Reg # <u>8SW393</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> 19/19 Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2020</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> 21
Operator <u>BOYS, LISA A</u> Last First Middle	Owner <u>BOYS, LISA A</u> Last First Middle
Address <u>48 FREDONIAN ST</u>	Address <u>48 FREDONIAN ST</u>
City <u>SHIRLEY</u> State <u>MA</u> Zip <u>01464-2837</u>	City <u>SHIRLEY</u> State <u>MA</u> Zip <u>01464-2837</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>2</u> 22 Damaged Area Code: <u>5</u> 27 27 27
Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> 23 23 23 23 Test Status: _____
Citation # (If Issued) _____	Most Harmful Event <u>1</u> 24 Type of Test: _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> 25 25 BAC Test Result: _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> 26 Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</u> 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Eject. Code	38 Trap Code	39 Injury Status	40 Death Code	Medical Facility
Operator	See Above	<del>XXXX</del>	<del>XX</del>	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  Mapped

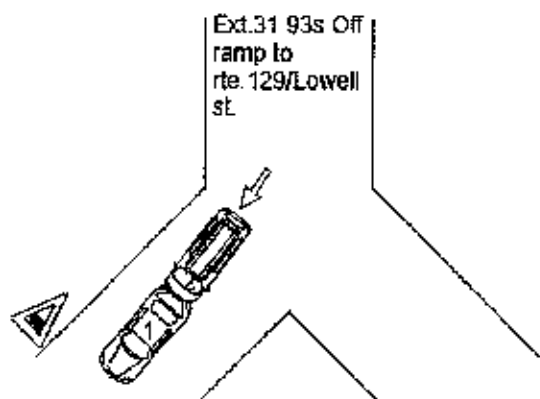
License # <u>S16345597</u> St <u>MA</u> DOB/Age _____	Reg # <u>W91783</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> 19/19 Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2021</u> Veh Make <u>FORD</u> Veh Config. <u>6</u> 21
Operator <u>SABIO, GERSON MIGUEL</u> Last First Middle	Owner <u>AMAZON LOGISTICS INC</u> Last First Middle
Address <u>75 AMORY AVE APT 311</u>	Address <u>410 TERRY N AVE</u>
City <u>ROXBURY</u> State <u>MA</u> Zip <u>02119-1056</u>	City <u>SEATTLE</u> State <u>WA</u> Zip <u>98109-5210</u>
Insurance Company <u>OLD REPUBLIC INSURANCE CO</u>	Vehicle Action Prior to Crash <u>2</u> 22 Damaged Area Code: <u>1</u> 27 27 27
Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> 23 23 23 23 Test Status: _____
Citation # (If Issued) _____	Most Harmful Event <u>1</u> 24 Type of Test: _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>5</u> 25 25 BAC Test Result: _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> 26 Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</u> 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Eject. Code	38 Trap Code	39 Injury Status	40 Death Code	Medical Facility
Operator/Non-Motorist	See Above	<del>XXXX</del>	<del>XX</del>	1	1	4	0	0	10	1	

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

ie: → 1 → 2 → O → 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:**

Oper. #1 related she was attempting to exit from the ramp #31 onto rte.129/Lowell st., when m/v #2 struck her m/v#1 from behind.

Oper. #2 related he was behind m/v#1 and thought she had pulled out onto Lowell st., when he realized she hadn't pulled out, it was too late and he struck m/v#1 from behind.

(FWJ/142)

**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)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

US DOT # \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC # \_\_\_\_\_

Intrastate  43 Cargo Body Type Code  44 GVWR/GCWR  45

Trailer Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Paul W Jepson      142      Wilmington Police Department      08/13/2022  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Baracks      Date