

Date of Crash: 08/14/2022 Time of Crash: 2340 City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number of Vehicles: 1 Number Injured: 0 Speed Limit: 25
 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# 4 Direction _____ Address # _____ Name of Roadway/Street SOUTH 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 _____
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-259-AC**

License # S73178721 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator MARSHALL, ANDREW T Address 16 MOORE ST City WILMINGTON State MA Zip 01887-3734 Insurance Company UNITED SERVICES AUTOMOBIL Vehicle Travel Direction: [N S E W] Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 9LD196 Reg Type PC Reg State MA Veh Year 2007 Veh Make HONDA Veh Config. 1 21 Owner TAYLOR, SALLY J Address 16 MOORE ST City WILMINGTON State MA Zip 01887-3734 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 3 27 Event Sequence 24 23 23 23 23 Test Status: 1 28 Most Harmful Event 24 24 Type of Test: 29 Driver Contributing Code 22 25 25 BAC Test Result: 1 30 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		DOB/Age	Sex	34 Seat Belt	35 Safety Harness	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Injury Code	Medical Facility
Operator		See Above	X	1	1	4	0	0	10	I	

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

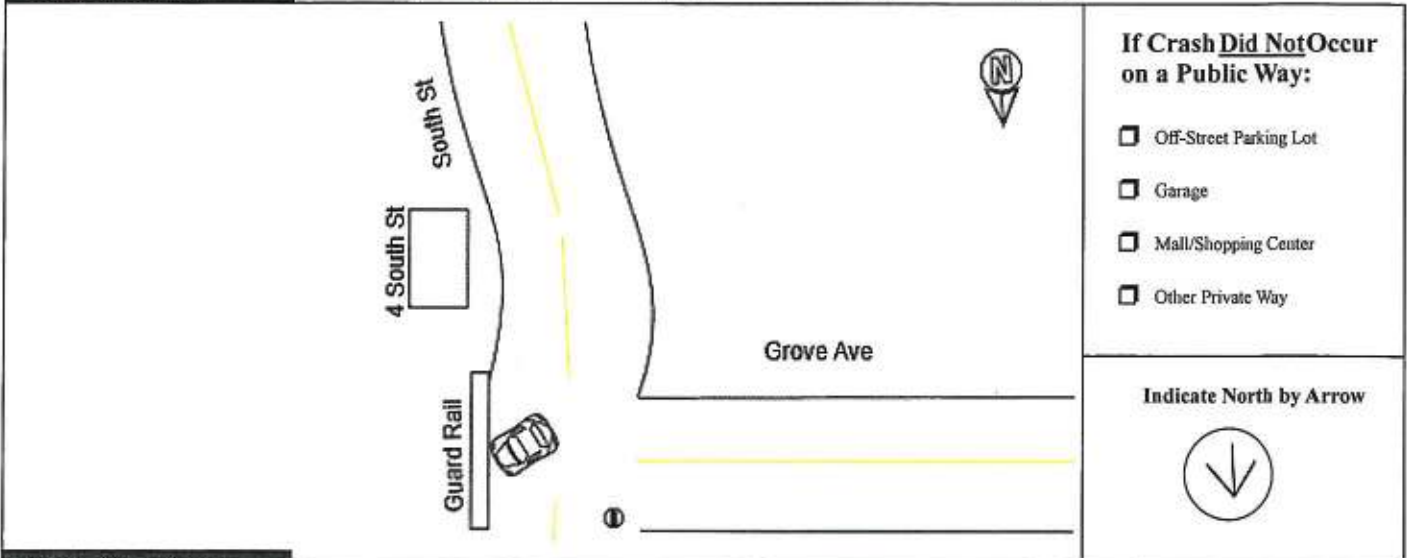
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ 19 19 Lic. Restrictions _____ 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: [N S E W] Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ 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 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Belt	35 Safety Harness	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Injury Code	Medical Facility
Operator/Non-Motorist		See Above	X	I							

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

Crash Diagram:

ie: → 1 → 2 → O X O 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:

The operator was travelling eastbound on Grove Ave. According to the operator he said that he came to a stop at the stop sign. He then proceeded to press the accelerator and he lost control of the vehicle and was unable to stop the car, before eventually crashing into the guardrail. In speaking with the operator he said that he has had issues with the vehicle not functioning properly. He said the brake was not working properly which caused him to not be able to stop the vehicle.

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 Shane A Foley

211

Wilmington Police Department

08/14/2022

Police Officer Name (Please Print)

Signature

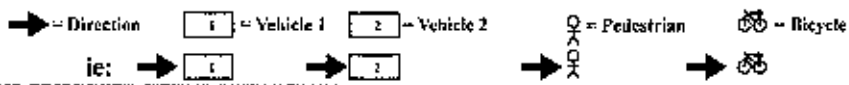
ID/Badge #

Department

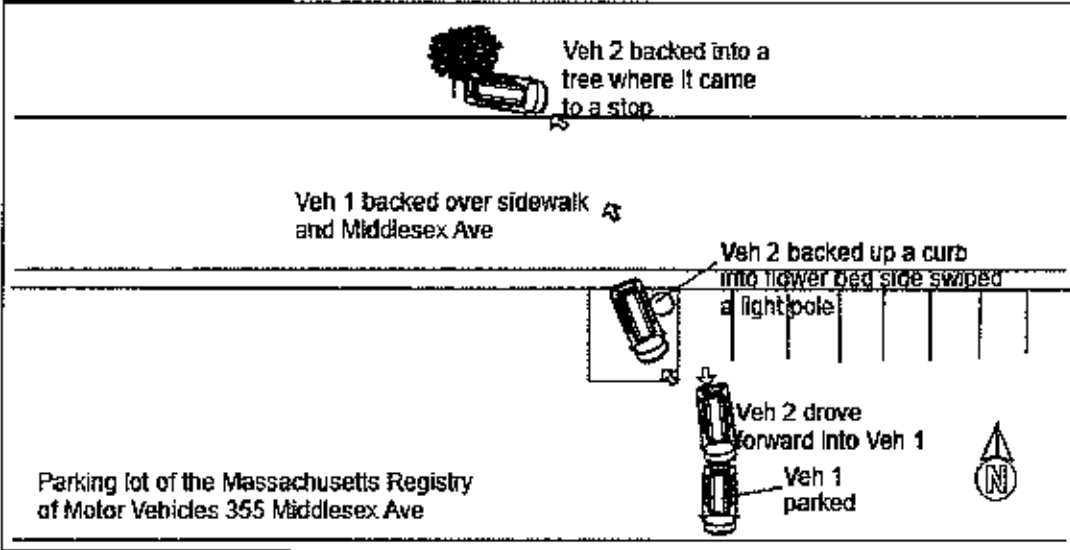
Precinct/Barracks

Date

Police Use Only		Commonwealth of Massachusetts				RMV Document Number																																								
Date of Crash 08/16/2022	Time of Crash 0859 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit _____ Latitude _____ Longitude _____	State Police _____ Local Police _____ MSTA Police _____ Campus Police _____ Other _____	<input type="checkbox"/> CRASH																																				
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:																																										
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 355 MIDDLESEX AVE							2 10																																				
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement _____ Operator Driverless M.V. Address _____ City _____ State _____ Zip _____			Reg # 2YHN13 Reg Type PC Reg State MA Veh Year 2019 Veh Make TOYOTA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner MARCELLUS, ROLANDE C Address 37A RICHARDSON AVE City WAKEFIELD State MA Zip 01880-2912							7 14																																				
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 2 <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"/> W Responding to Emergency? <input type="checkbox"/> 2 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Citation # (If Issued) _____ Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 1 <input type="checkbox"/> 29 Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____ Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33							2 13																																				
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License # S10953840 St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement _____ Operator BANKER, DANIEL P Address 3 GRANDVIEW AVE City LYNN State MA Zip 01904-2343			Reg # 2BAN22 Reg Type PC Reg State MA Veh Year 2003 Veh Make CHRYSLER Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner BANKER, SARAH ELIZABETH Address 22 COWDREY AVE City LYNN State MA Zip 01904-2214							7 16																																				
Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 10 <input type="checkbox"/> 27 <input type="checkbox"/> 5 <input type="checkbox"/> 27 <input type="checkbox"/> 8 <input type="checkbox"/> 27 Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> 2 Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 23 <input type="checkbox"/> 20 <input type="checkbox"/> 23 <input type="checkbox"/> 21 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Citation # (If Issued) _____ Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 1 <input type="checkbox"/> 29 Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____ Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 22 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33							2 15																																				
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Operator/Non-Motorist	See Above	XXXXXX	XXXX	<input checked="" type="checkbox"/> 1	1	4	0	0	10	1																																				



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:

On 08/16/22, I RESPONDED TO A CRASH AT 355 MIDDLESEX AVE. IT WAS REPORTED VEH1 WAS PARKED IN THE LOT IN FRONT OF RMV. VEH2 OPER WAS PARKING IN A SPOT. OPER PULLED FORWARD TO ADJUST VEH IN SPOT. OPER STATED THE VEH LOST CONTROL AND SLAMMED INTO VEH1. VEH1 OWNER WAS SITTING IN PASSENGER SEAT. OPER OF VEH2 TRIED TO BACK UP AND VEH2 OPER STATED VEHICLE LOST CONTROL AGAIN BACKING UP A CURB, THROUGH A FLOWER BED SIDE SWIPED A LIGHT POLE. VEH2 CONTINUED BACKING OVER SIDEWALK, CROSSING OVER MIDDLESEX AVE ONTO A TOWN OF WILMINGTON PARKING LOT BACKING INTO A TREE WHERE THE CAR CAME TO A STOP. HE TRIED TO BRAKE BUT NOTHING HAPPENED STATING GAS PEDAL WAS STUCK TO FLOOR. VEH1 SUFFERED SOME MINOR DAMAGE TO REAR OF CAR. OWNER OF VEH1 TRANSPORTED TO LAHEY AFTER REPORTING MINOR INJURIES. VEH2 OPER NOT INJURED. VEH2 SUFFERED DAMAGE TO REAR OF VEHICLE, REAR WINDSHIELD, UNDERCARRIAGE AND TIRES. VEH2 EQUIPPED WITH HANDICAP OPERATIONAL CONTROLS. EQUIPMENT FAILURE MAY BE A CAUSE.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CHANNEL BUILDING CO	355 MIDDLESEX AVE WILMINGTON MA 01		97	LIGHT POLE, LAWN AND FLOWER BED
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	LAWN AND TREE

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

Patrol Officer Daniel P Furbush 196 Wilmington Police Department 08/16/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Baracks Date

Wilmington Police Department
Images Associated with 22-260-AC



Wilmington Police Department
Images Associated with 22-260-AC



Wilmington Police Department
Images Associated with 22-260-AC



Wilmington Police Department
Images Associated with 22-260-AC



Wilmington Police Department
Images Associated with 22-260-AC



Date of Crash: 08/16/2022 Time of Crash: 1114 24HR City/Town: **Wilmington** Motor Vehicle Crash Police Report Number Vehicles: 2 Number Injured: 0 Speed Limit: 35 Latitude: Longitude: 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

Foot **N S E W** of Mile Marker or Exit Number

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

Foot **N S E W** of Landmark

Please Select One of the Following: Vehicle 14 #Occupants Hit/Run Moped Crash Report ID# **22-261-AC**

License # **NHL15414223** St **NH** DOB/Age _____ Reg # **82P39** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Vch Year **2014** Vch Make **CHEVROLET** Vch Config. **2** 21

Operator **CAFUA, JASON** Owner **CAFUA, JASON**

Address **1 ALADDIN RD** Address **1 ALADDIN RD**

City **WINDHAM** State **NH** Zip **030871300** City **WINDHAM** State **NH** Zip **030871300**

Insurance Company **GEICO INS** Vehicle Action Prior to Crash **4** 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: 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: **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	24 Seat Belt	25 Safety System	26 Airbag Status	27 Eject Code	28 Trap Code	29 Injury Status	30 Trauma Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	
				6	1	4	0	0	10	1	
				5	1	4	0	0	10	1	
				4	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 # **S49071278** St **MA** DOB/Age _____ Reg # **3RPW41** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions _____ CDL _____ Vch Year **2012** Vch Make **HONDA** Vch Config. **1** 21

Operator **O'BRIEN, CONNOR ST PATRICK** Owner **O'BRIEN, CONNOR ST PATRICK**

Address **394 SALEM ST** Address **394 SALEM ST**

City **WILMINGTON** State **MA** Zip **01887-1209** City **WILMINGTON** State **MA** Zip **01887-1209**

Insurance Company **ALLSTATE INSURANCE COMPAN** 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: 28

Citation # (if issued) _____ Most Harmful Event **1** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **3** 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **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	24 Seat Belt	25 Safety System	26 Airbag Status	27 Eject Code	28 Trap Code	29 Injury Status	30 Trauma Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Date of Crash: 08/16/2022 Time of Crash: 1250 24HR City/Town: **Wilmington** Motor Vehicle Crash Police Report Number of Vehicles: 2 Number Injured: 0 Speed Limit: 45 State Police Local Police MBTA Police Campus Police Other: 0000

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 62 Direction _____ Name of Roadway/Street ROUTE 62 HWY	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Route# I93 Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____
Also at Intersection with _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name 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# **22-262-AC**

License # NHL17601373 St NH DOB/Age _____ Reg # 1446981 Reg Type: PC Reg State NH	Reg # _____ Reg Type: _____ Reg State _____
Sex F Lic. Class D Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2010 Veh Make TOYOTA Veh Config. 2
Operator DRAKE, SUZANNE CAROL	Owner DRAKE, SUZANNE CAROL
Address 6 DUSTON AVE	Address 6 DUSTON AVE
City HAMPTON State NH Zip 038423211	City HAMPTON State NH Zip 038423211
Insurance Company Plymouth Rock Insurance	Vehicle Action Prior to Crash 8 Damaged Area Code: 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: 19
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 4 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Action Status	37 Eject Code	38 Top Code	39 Injury Status	40 Trauma Code	Mailed Facility
Operator	See Above	XXXXXX	X	1	99	4	0	0	10	1	

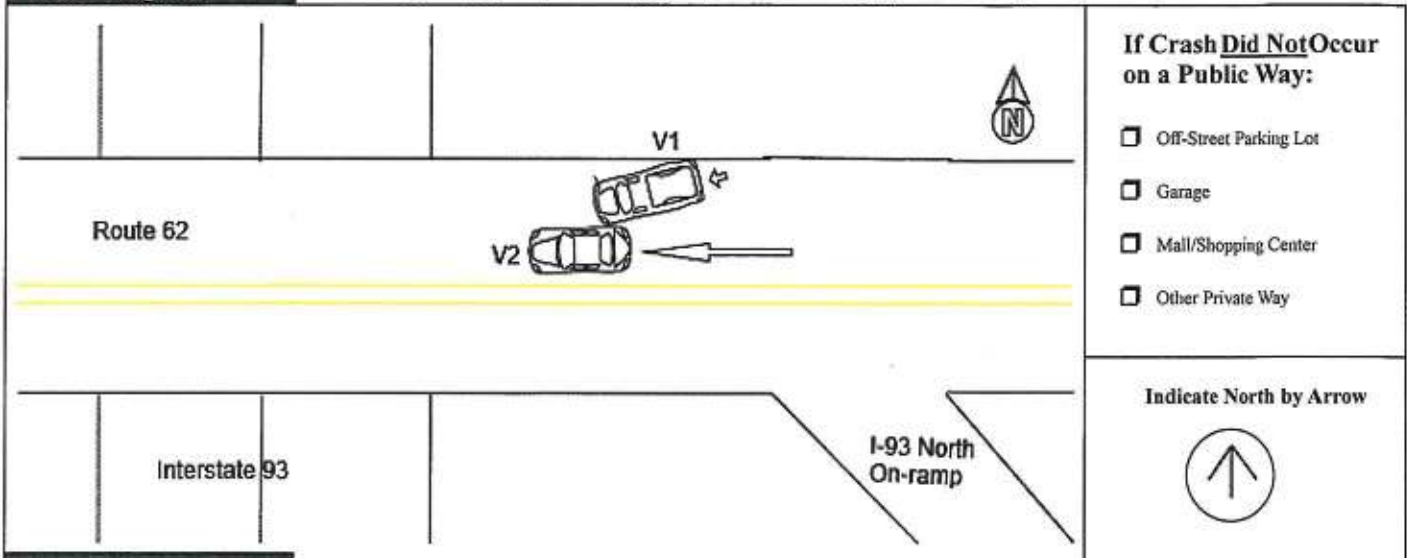
Please Select One of the Following: Vehicle 1 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # 31322135 St PA DOB/Age _____ Reg # LXV5345 Reg Type: PC Reg State PA	Reg # _____ Reg Type: _____ Reg State _____
Sex M Lic. Class C Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2015 Veh Make CHEVROLET Veh Config. 1
Operator TAFT, CHAD BENJAMIN	Owner TAFT, CHAD BENJAMIN
Address 113 E HIGHLAND AVE	Address 113 E HIGHLAND AVE
City ELKLAND State PA Zip 16920	City ELKLAND State PA Zip 16920
Insurance Company Mutual Benefit Insurance	Vehicle Action Prior to Crash 1 Damaged Area Code: 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: 19
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/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Action Status	37 Eject Code	38 Top Code	39 Injury Status	40 Trauma Code	Mailed Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	

Crash Diagram:

ie: → 1 → 2 → ○



Crash Narrative:

V1 had pulled over to the side of the road on the west side of Route 62 approaching the I-93 overpass. V2 was traveling west on Route 62. As V2 was passing V1, V1 pulled out attempting to do a U-Turn. V1 struck V2. V1 sustained minor left front corner damage. V2 sustained moderate right side damage along the length of the vehicle. No parties complained of injury. No tows were necessary.

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

Date of Crash: 08/16/2022 Time of Crash: 1414 City/Town: **Wilmington** Motor Vehicle Crash Police Report
 Number Vehicles: 1 Number Injured: 0 Speed Limit: 25
 Latitude: Longitude: Sim: Police Local Police MBTA Police Campus Police Other:

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

1 1 Route# Direction Name of Roadway/Street At
 2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 3 1 Route# Direction Name of Intersecting Roadway/Street

2 10 **3 BRATTLE ST**
 Feet **N S E W** of _____ or _____ Mile Marker: _____ Exit Number: _____
 1 11 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# 22-263-AC**

License # _____ St _____ DOB/Age _____ Reg # **1F411C** Reg Type **PC** Reg State **FL**
 Sex _____ Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Vch Year **1999** Vch Make **CHEVROLET** Vch Config. **1 11**
 Operator: _____ Owner **TOSCANO, ANTHONY ERNEST**
 Address: _____ Address **2039 SUNSET GROVE LN**
 City _____ State _____ Zip _____ City **CLEARWATER** State **FL** Zip **33765-1214**
 Insurance Company **ALLSTATE FIRE AND CASUAL** Vehicle Action Prior to Crash **97 22** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **31 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **31 24** Type of Test: **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 **20** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **3 33**
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	14 Seat Pos.	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	99	99	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 **19 19** Lic. Restrictions **20** CDL _____ Vch Year _____ Vch Make _____ Vch Config. **21**
 Operator: _____ Owner _____
 Address: _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **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	24 Seat Pos.	25 Safety System	26 Airbag Status	27 Eject Code	28 Trap Code	29 Injury Status	30 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1							

Date of Crash **08/19/2022** Time of Crash **1711** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MDTA Police Campus Police Other

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

<p>CONCORD ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>I93NBR33 RAMP</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-264-AC**

<p>License # unknown St. _____ DOB/Age _____</p> <p>Sex M Lic. Class 99 Lic. Restrictions 1 CDL H Endorsement _____</p> <p>Operator DOS SANTOS SOUZA, VINICIUS</p> <p>Address 102 WAVERLY ST</p> <p>City FRAMINGHAM State MA Zip 01701</p> <p>Insurance Company NATIONAL CONTINENTAL INSU</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) T2446891</p> <p>Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # V66171 Reg Type CO Reg State MA</p> <p>Veh Year 2003 Veh Make GMC Veh Config. 1</p> <p>Owner LOCAL CARPENTRY SERVICES INC</p> <p>Address 510 EDGELL RD</p> <p>City FRAMINGHAM State MA Zip 01701-3933</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator and all occupants involved											
Name (Last, First, Middle)	Address	DOB/Age	Sex	14 Seat Belt	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Triage Code	Medical Facility
Operator	See Above			<input checked="" type="checkbox"/>	1	99	4	0	1.0	1	

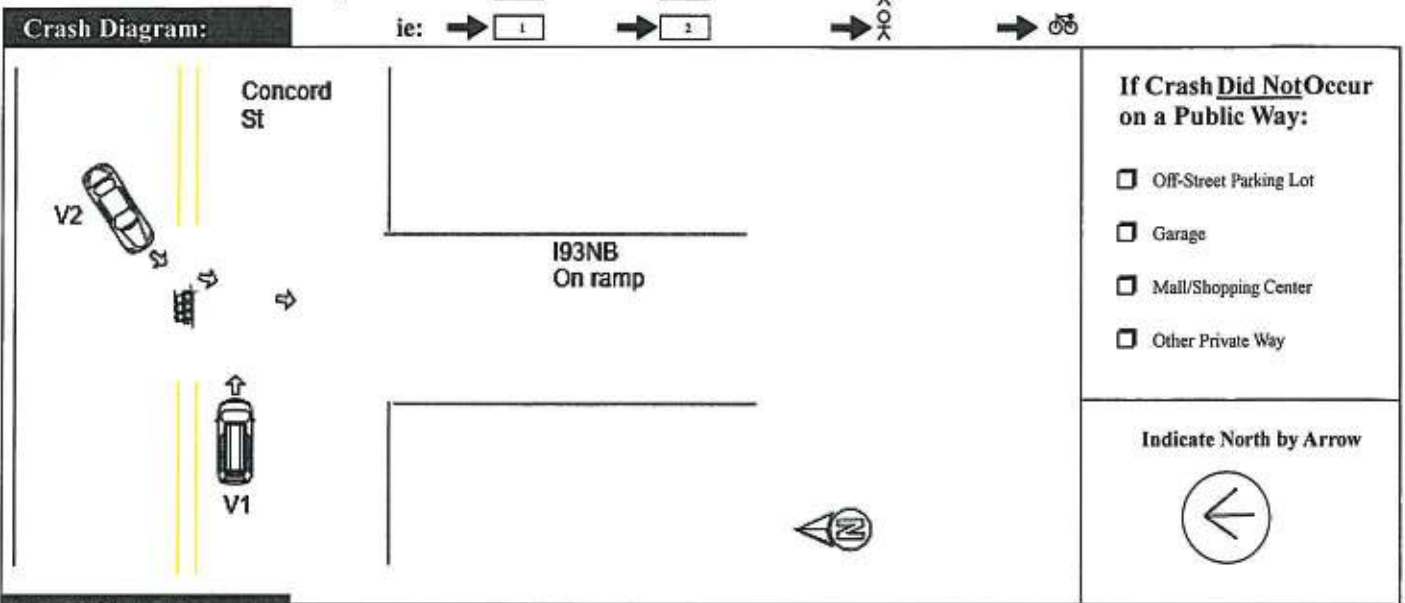
Please Select One of the Following: Vehicle **1** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # S36435138 St. MA DOB/Age _____</p> <p>Sex F Lic. Class 9 Lic. Restrictions 1 CDL _____ Endorsement _____</p> <p>Operator FORD, SHARYN ANN</p> <p>Address 13 COTTAGE ST</p> <p>City METHUEN State MA Zip 01844-1129</p> <p>Insurance Company USAA GENERAL INDEMNITY CO</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 2YKF29 Reg Type PC Reg State MA</p> <p>Veh Year 2016 Veh Make FORD Veh Config. 1</p> <p>Owner FORD, DAVID A</p> <p>Address 13 COTTAGE ST</p> <p>City METHUEN State MA Zip 01844-1129</p> <p>Vehicle Action Prior to Crash 4 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 4 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last, First, Middle)	Address	DOB/Age	Sex	14 Seat Belt	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Triage Code	Medical Facility
Operator/Non-Motorist	See Above			<input checked="" type="checkbox"/>	1	99	2	0	10	2	Lakey Clinic

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

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:

V1 was traveling EB on Concord St approaching the on ramps to I93 NB. V1 traveled through the light and Collided with V2, which was turning left on to the I93 NB on ramp. Both vehicles sustained damage to their front ends, which required towing. The OPR of V2 was out of the vehicle upon my arrival and sustained minor injury to her arms and chest due to airbag deployment. Due to this, OPR2 was transported by WFD for medical to the Lahey Hospital for medical treatment. The OPR of V1 was uninjured and refused medical treatment offered to him by WFD. During my investigation, I learned that OPR1 did not have a valid drivers license. Due to this OPR1 was summonsed for unlicensed operation of a motor vehicle. Both vehicles were towed from the scene by Forrest Towing to thier facility.

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 Michael E Johnson 199 Wilmington Police Department 08/19/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date