

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/29/2022	Time of Crash 1234 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MDTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:								
FEDERAL ST													
Route#	Direction	Name of Roadway/Street		Route#	Direction	Address #	Name of Roadway/Street						
At													
MIDDLESEX AVE													
Route#	Direction	Name of Intersecting Roadway/Street		Feet		N S E W of		or		Mile Marker		Exit Number	
Also at Intersection with													
Route#	Direction	Name of Intersecting Roadway/Street		Feet		N S E W of		Route#		Intersecting Roadway/Street			
				Landmark									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 22-270-AC									
License # S86643970 St MA DOB/Age				Reg # 55NR14 Reg Type PC Reg State MA									
Sex F Lic. Class D Lic. Restrictions 99 CDL Endorsement				Veh Year 2019 Veh Make FORD Veh Config. 1									
Operator SHAW, TRACY JEAN				Owner SHAW, TERENCE M									
Address 46 PARK ST				Address 46 PARK ST									
City NORTH READING State MA Zip 01864-2826				City NORTH READING State MA Zip 01864-2826									
Insurance Company PLYMOUTH ROCK ASSURANCE C				Vehicle Action Prior to Crash 1				Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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				Driver Contributing Code 99 25 25				BAC Test Result: 30					
Viol. 2: Cl/Sec/Sub				Driver Distracted by 5 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Cl/Sec/Sub								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 Foot Cnd	38 Trip Cnd	39 Injury Status	40 Injpt Code	Medical Facility
Operator		See Above		XXXXXX	XXXX	1	1	4	0	0	10	1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # 29205855 St TX DOB/Age				Reg # 3WVC14 Reg Type PC Reg State MA									
Sex F Lic. Class C Lic. Restrictions 99 CDL Endorsement				Veh Year 2018 Veh Make NISSAN Veh Config. 1									
Operator LUANGLATH, SAVANH				Owner LUANGLATH, AMY									
Address 512 BRIAROAKS DR				Address 24 PARIS ST APT 1									
City LAKE DALLAS State TX Zip 75065				City EVERETT State MA Zip 02149-4408									
Insurance Company GOVERNMENT EMPLOYEES INSU				Vehicle Action Prior to Crash 2				Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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				Driver Contributing Code 1 25 25				BAC Test Result: 30					
Viol. 2: Cl/Sec/Sub				Driver Distracted by 0 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Cl/Sec/Sub								Towed from scene? 3 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 Foot Cnd	38 Trip Cnd	39 Injury Status	40 Injpt Code	Medical Facility
Operator/Non-Motorist		See Above		XXXXXX	XXXX	1	1	4	0	0	6	2	W/Inchwater Hospital

Requests for Wilmington Police Department Crash Report 22-271-AC

DATE: 8-29-22

LOCATION: 211 Lowell Street

May be made via the department Public Records Request Email:

publicrecords@wpd.org

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

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

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 12 #Occupants Hit/Run Moped

Crash Report ID# **22-272-AC**

License # **SA9560114** St **MA** DOB/Age: Reg # **2XAX73** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement Veh. Year **2015** Veh. Make **FORD** Veh. Config. **1 21**

Operator **BEZERRA ARMOND, EDCLEIDE GOMES** Owner **BEZERRA ARMOND, EDCLEIDE GOMES**

Address **15 HERITAGE LN APT 7** Address **15 HERITAGE LN APT 7**

City **LEOMINSTER** State **MA** Zip **01453-1648** City **LEOMINSTER** State **MA** Zip **01453-1648**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 1 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **24 23 23 23** Test Status: **1 28**

Citation # (If Issued) **576998AB** Most Harmful Event **24 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 10** Viol. 2: Ch/Sec/Sub Driver Contributing Code **99 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub Driver Distracted by **99 26** Susp. Alcohol? **2 31** Susp. Drug? **2 32**

Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	3- Seat Pos.	25 Safety System	26 Airbag Status	27 Rest Code	28 Trip Code	29 Injury Status	40 Group Code	Mobility Facility
Operator	See Above			1	1	3	0	0	1.0	1	
ADILSON COSMEARMOND	3634 31ST ST FL 4 ASTORIA, NY 11206	12/17/1976	M	2	1	1	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 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 **23 23 23 23** Test Status: **28**

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

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

Viol. 3: Ch/Sec/Sub Driver Distracted by **26** Susp. Alcohol? **31** Susp. Drug? **32**

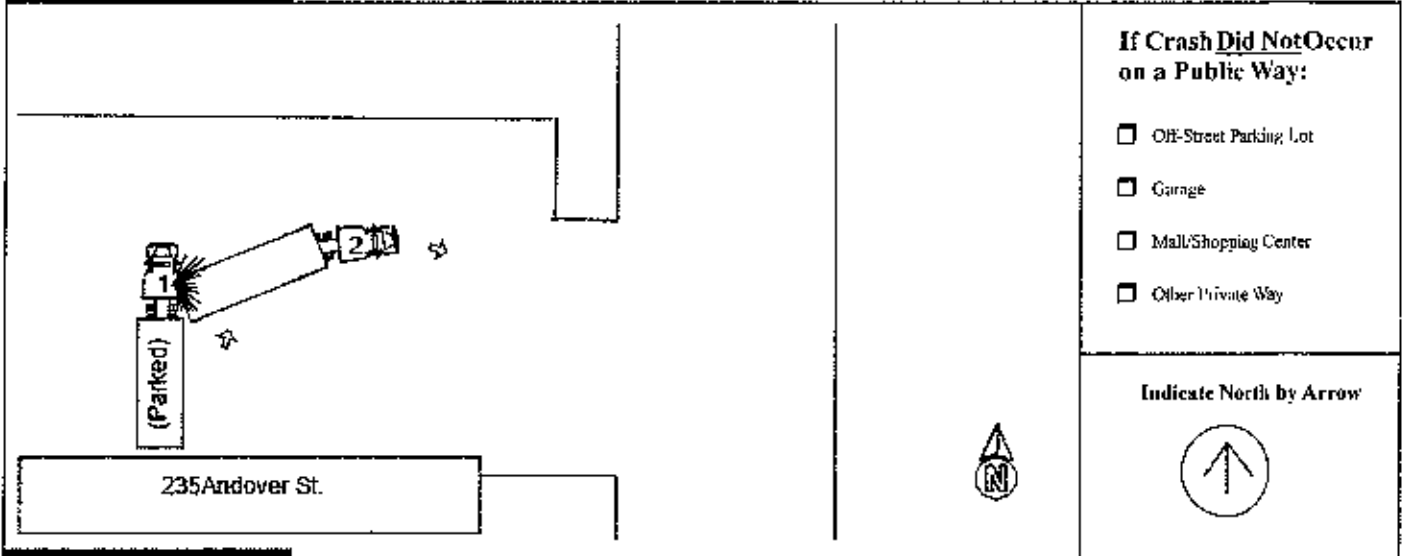
Towed from scene? **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	3- Seat Pos.	25 Safety System	26 Airbag Status	27 Rest Code	28 Trip Code	29 Injury Status	40 Group Code	Mobility Facility
Operator/Non-Motorist	See Above			1							

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

Crash Diagram:



Crash Narrative:

On 08/31/22 Car 2 while attempting to take a right hand turn in the parking lot of 235 Andover St., crashed into the side of Car 1. A 30 gallon diesel fuel tank was ruptured as a result. Car 1 was driverless and parked when it was struck. MASSDEP, SAFE HARBOURS, WILMINGTON DPW and WILMINGTON FD all responded as a response for the contamination.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # 5042044 (From Vehicle Section)

Carrier Name Bolster & Laurel Trans. Inc. Bus Use 43

Address 30 LAUREL LN City READING St MA Zip 01867

US DOT # 3145745 State Number _____ Issuing State MA MCMEX/ICC # _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg # 504-2044 Reg Type TR Reg State ME Reg Year 2016 Trailer Length 46

Hazard Information:

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

Patrol Officer Dillon Halliday 205 Wilmington Police Department 08/31/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Baracks Date

Date of Crash 09/01/2022 Time of Crash 1241 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25 Latitude +42.5619 Longitude -071.188

AT INTERSECTION: FEDERAL ST MIDDLESEX AVE LOCATION NOT AT INTERSECTION:

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# 22-274-AC

License # S73599833 St MA DOB/Age Reg # 7RYB91 Reg Type PC Reg State MA

Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2013 Veh Make FORD Valt Config. 1 21

Operator SOLIS-HEBBERT, KENDRA YOVIRA Owner SOLIS-HEBBERT, KENDRA YOVIRA

Address 62 DIX ST APT 2 Address 62 DIX ST APT 2

City BOSTON State MA Zip 02122-2777 City BOSTON State MA Zip 02122-2777

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

Vehicle Travel Direction: N S E F 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 5 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 Triage Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	
RAMONA BENNETT	384 PARK ST DORCHESTER, MA 02124-1302		F	3	1	4	0	0	10	1	

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

License # S71465216 St MA DOB/Age Reg # MP86 Reg Type LF Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2020 Veh Make FORD Valt Config. 2 21

Operator FIORE, ANTHONY Owner WILMINGTON TOWN OF DEPT POLICE

Address 1 ADELAIDE ST Address 1 ADELAIDE ST

City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887-2719

Insurance Company MIIA Vehicle Action Prior to Crash 2 22 Damaged Area Code: 99 27 27 27

Vehicle Travel Direction: N S E F 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/non-motorist and all occupants involved

Name (Last First Middle)	Address	Injury	Sec	34 Seat Belt	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Triage Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Date of Crash 09/01/2022	Time of Crash 1717 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>10</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> M/T/A Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>5100</u> Name of Roadway/Street <u>AVALON DR</u></p> <p>_____ Feet <u>N S E W</u> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <u>N S E W</u> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <u>N S E W</u> 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# **22-275-AC**

License # <u>S83227110</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>19 19</u> Lic. Restrictions <u>1 20</u> CDL _____ Endorsement _____ Operator <u>RICHARD, WAYNE ALLAN</u> Last First Middle Address <u>6112 AVALON DR</u> City <u>N WILMINGTON</u> State <u>MA</u> Zip <u>01887-1165</u> Insurance Company <u>PILGRIM INSURANCE COMPANY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (if Issued) <u>T2748792</u> Viol. 1: Ch/Sec/Sub <u>90 4A</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1BGE33</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1 21</u> Owner <u>RICHARD, WAYNE ALLAN</u> Last First Middle Address <u>6112 AVALON DR</u> City <u>N WILMINGTON</u> State <u>MA</u> Zip <u>01887-1165</u> Vehicle Action Prior to Crash <u>1 22</u> Damaged Area Code <u>20 27 27 27</u> Event Sequence <u>24 23 23 23 23</u> Test Status: <u>1 28</u> Most Harmful Event <u>24 24</u> Type of Test: <u>29</u> Driver Contributing Code <u>17 25 25</u> BAC Test Result: <u>3 30</u> Driver Distracted by <u>99 26</u> Susp. Alcohol <u>2 31</u> Susp. Drug <u>2 32</u> Towed from scene? <u>1 33</u>
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Please fill out for operator and all occupants involved											
Name (Last, First, Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Foot Cnt.	38 Trip Code	39 Injury Status	40 Unexp. Code	Mailed Facility
Operator	See Above	XXXXXX	XX	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (if Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code <u>27 27 27</u> Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol <u>31</u> Susp. Drug <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last, First, Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Foot Cnt.	38 Trip Code	39 Injury Status	40 Unexp. Code	Mailed Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	<u>1</u>							

Wilmington Police Department
Images Associated with 22-275-AC



Date of Crash 09/02/2022 Time of Crash 1034 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 2 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street
 2 10 Route# Direction Address # Name of Roadway/Street
 2 11 Route# Direction Name of Intersecting Roadway/Street
 2 11 Route# Direction Name of Intersecting Roadway/Street
 2 1 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# 22-276-AC

1 License # 937278256 St. MA DOB/Age Reg # 7HW533 Reg Type PC Reg State MA
 1 12 Sex F Lic. Class 19 19 Lic. Restrictions D 20 CDL Endorsement Veh. Year 2016 Veh. Make TOYOTA Veh. Config. 1 21
 4 1 Operator GERMANY, AMANDA LEIGH Owner GERMANY, AMANDA LEIGH
 5 Address 104 LOWELL RD APT 206 Address 104 LOWELL RD APT 206
 City NORTH READING State MA Zip 01864-1676 City NORTH READING State MA Zip 01864-1676
 Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Action Prior to Crash 2 22 Damaged Area Code 5 27 0 27 27
 5 Vehicle Travel Direction: N S E X Responding to Emergency? 1 Event Sequence 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
 6 1 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol 2 31 Susp. Drug 2 32
 Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Eject Code	38 Trip Code	39 Inj. Status	40 Eject Code	Medical Facility		
Operator	See Above			X	X	1	1	4	0	0	9	2	Wilmington Hospital

3 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 # 719258321 St. NY DOB/Age Reg # V47072 Reg Type CO Reg State MA
 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh. Year 2005 Veh. Make CHEVROLET Veh. Config. 1 21
 Operator COSMEARMOND, ADILSON Owner TWO POINT O TRUCK REPAIR INC
 Address 3634 31ST ST FL 4 Address 238 ANDOVER ST
 City ASTORIA State NY Zip 11106 City WILMINGTON State MA Zip 01887-1022
 Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code 1 27 27 27
 9 2 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status 1 28
 Citation # (If Issued) 580419AB Most Harmful Event 1 24 Type of Test 29
 Viol. 1: Ch/Sec/Sub 85 36 Viol. 2: Ch/Sec/Sub Driver Contributing Code 19 25 25 BAC Test Result 30
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol 2 31 Susp. Drug 2 32
 Towed from scene? 2 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Belt	35 Safety System	36 Airbag Status	37 Eject Code	38 Trip Code	39 Inj. Status	40 Eject Code	Medical Facility		
Operator/Non-Motorist	See Above			X	X	1	1	4	0	0	9	1	

Wilmington Police Department
Images Associated with 22-276-AC

