

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
 _____ **12 BOUTWELL 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 Hit/Run Moped
 Crash Report ID# **22-277-AC**

License # **unknown** St _____ DOB/Age _____ Reg # **5148692** Reg Type **PC** Reg State **NH**
 Sex **M** Lic. Class **99 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **GONUGUNTLA, SIVARAM BRAHMAM** Owner **NALABOTHULA, VAMSIPRIYA**
 Address **1 CLOCKTOWER PL APT 116** Address **1 CLOCKTOWER PLC APT 1**
 City **NASHUA** State **NH** Zip **03060** City **16 NASHUA** State **NH** Zip **NH03060**
 Insurance Company **GEICO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **4 27 27 27**
 Vehicle Travel Direction: **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 **7 25 9 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Viol. 3: Ch/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 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ 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 _____ 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**

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 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

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 Route# _____ Direction _____ Address # **210** Name of Roadway/Street **BALLARDALE ST**

3 11 _____ Feet **N S E W** of _____ or _____ Exit Number _____

_____ Feet **N S E W** of _____ Mile Marker _____

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

_____ Landmark _____

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

Crash Report ID# **22-278-AC**

License # **S47525501** St **MA** DOB/Age _____ Reg # **7ZA383** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **OPPEDISANO, BRIAN ANTHONY** Owner **TRACY-OPPEDISANO, CELIA A**

Address **4 POPLAR TER** Address **4 POPLAR TER**

City **ANDOVER** State **MA** Zip **01810-4609** City **ANDOVER** State **MA** Zip **01810-4609**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **8** 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: **1** 30

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

Towed from scene? **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 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	0	4	3	0	10	1	

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

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

Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator **unknown** Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **99** 27 27 27

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

Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: **29**

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **99** 31 Susp. Drug: **99** 32

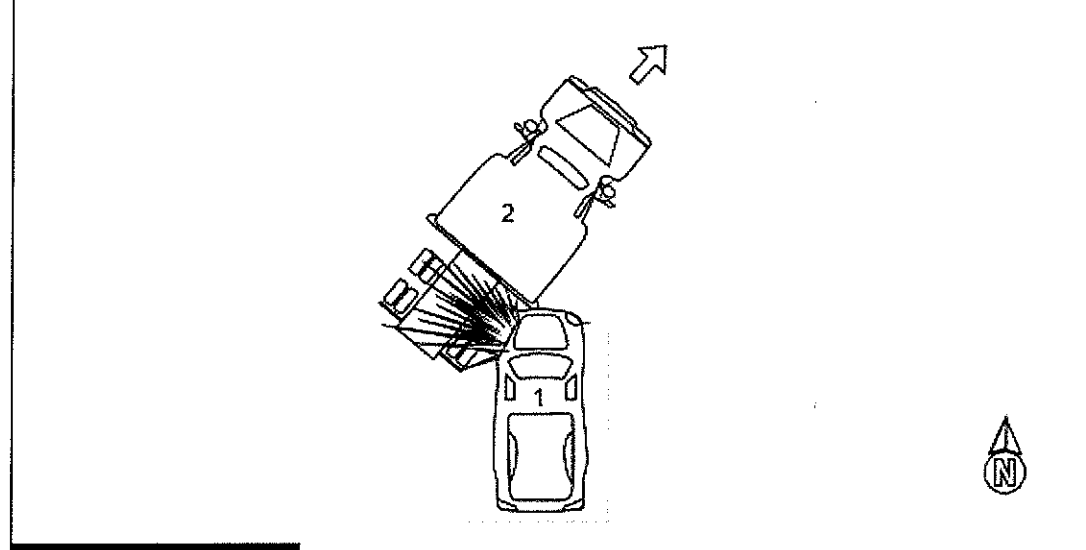
Towed from scene? **2** 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	99	0	0	10	1	

→ = 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:

Vehicle 2 attempted to drive past vehicle one which was parked in the parking spot and then turn right. In the process of this vehicle 2 turned too early and collided with vehicle 1. vehicle 2 caused damage to vehicle 1's front driver side bumper. The damage to vehicle 2 was unknown.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DAVID GEARY	7 MARSHFIELD ST GLOUCESTER MA 01930		

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

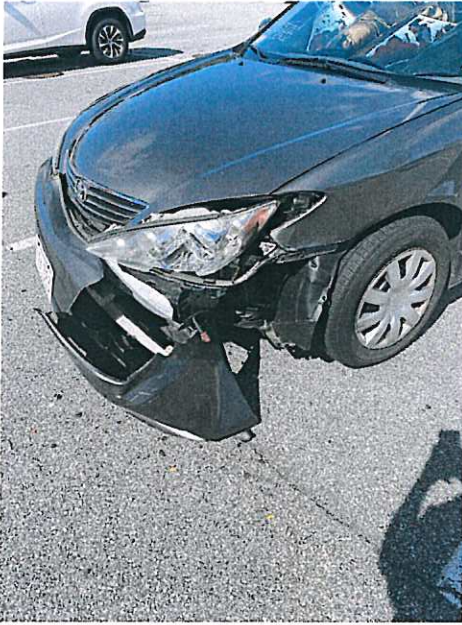
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Thomas Lawrenson **222** **Wilmington Police Department** **09/07/2022**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-278-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 09/08/2022	Time of Crash 1610 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>35</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"/>

AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____				Route# _____ Direction _____ Address # <u>247</u> Name of Roadway/Street <u>LOWELL ST</u>							
At _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Mile Marker _____ Exit Number _____							
Also at Intersection with _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# _____ Intersecting Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				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# 22-279-AC	
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License # <u>S43457240</u> St <u>MA</u> DOB/Age _____		Reg # <u>V58915</u> Reg Type <u>CO</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2002</u> Veh Make <u>Other-not listed</u> Veh Config. <u>2</u>		
Operator <u>HAZIMEH, KHALID S</u>		Owner <u>BANE HAMAD, AHMAD ALI</u>	
Address <u>1123 REVERE BEACH PKWY APT 45 A</u>		Address <u>1123 REVERE BEACH PKWY APT 45</u>	
City <u>REVERE</u> State <u>MA</u> Zip <u>02151-3860</u>		City <u>REVERE</u> State <u>MA</u> Zip <u>02151-3860</u>	
Insurance Company <u>PROGRESSIVE CASUALTY INSU</u>		Vehicle Action Prior to Crash <u>7</u> Damaged Area Code: <u>10</u> <u>27</u> <u>1</u> <u>27</u> <u>8</u> <u>27</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>		Event Sequence <u>44</u> <u>23</u> <u>42</u> <u>23</u> <u>41</u> <u>23</u> <u>30</u> Test Status: <u>28</u>	
Citation # (If Issued) _____		Most Harmful Event <u>30</u> Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>99</u> <u>25</u> <u>22</u> <u>25</u> BAC Test Result: <u>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	
		Towed from scene? <u>1</u> <u>33</u>	

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	

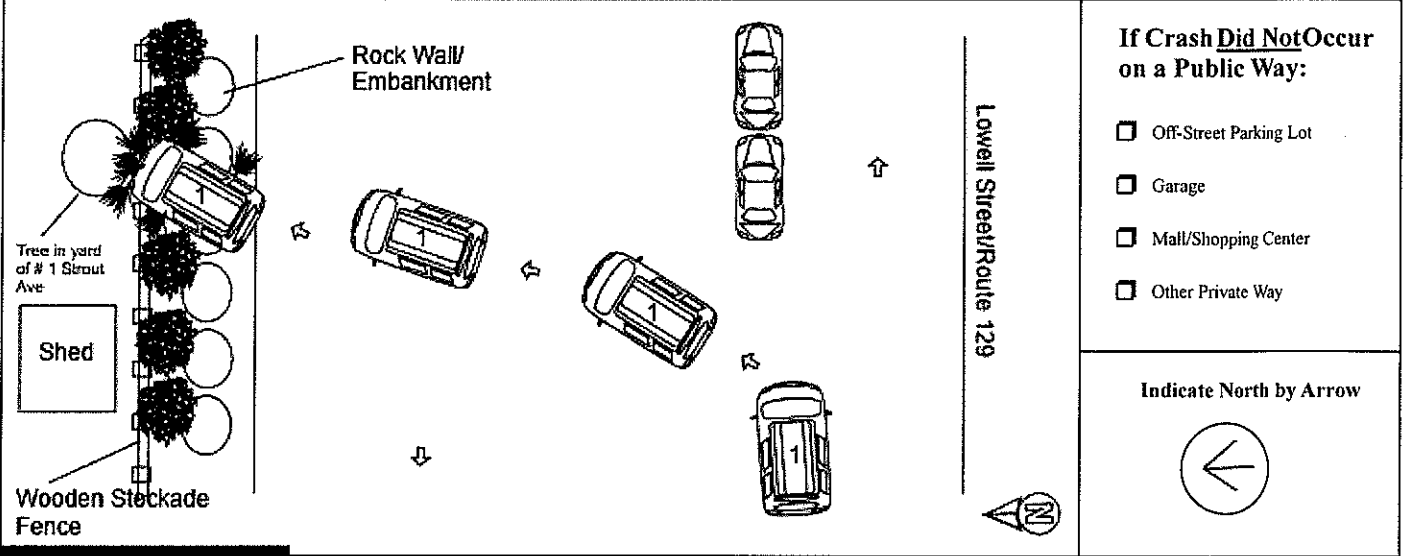
Please Select One of the Following:		<input type="checkbox"/> Vehicle 2 #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____		Reg # _____ Reg Type _____ Reg State _____	
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>		
Operator _____		Owner _____	
Address _____		Address _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Insurance Company _____		Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____		Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>	
Citation # (If Issued) _____		Most Harmful Event <u>24</u> Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>	
		Towed from scene? <u>33</u>	

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>							

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

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:

MV1, a Tony's Ice Cream Truck, was traveling eastbound on Lowell Street/Route 129. MV1 was traveling straight ahead in traffic. The traffic in front of MV1 came to a stop, and the driver of MV1 claimed he attempted to apply the brakes, but they failed. The driver claimed he was unable to stop the vehicle due to a brake failure, and that he swerved left, into the oncoming westbound travel lane to avoid a collision with the other stopped vehicles. The driver stated that he continued to try and brake, but MV1 continued left, across the double yellow line, went off the road, and collided with a rock wall, embankment, wooden stockade fence, and finally a large tree in the yard of #1 Strout Avenue. MV1 suffered significant front end and undercarriage damage and was towed from the scene by A&S Towing. The operator suffered minor injuries, but signed a medical refusal with the WFD. The rock wall, fence, and tree of #1 Strout Ave. suffered damages.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
KINGSTON JOSEPH ROULSTON JR	11 KEYES RD BILLERICA MA 01821-2116		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VIVEIROS JONATHAN P	1 STROUT AVE WILMINGTON MA 01887-3		97	WOODEN STOCKADE FENCE, ROCKWALL

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

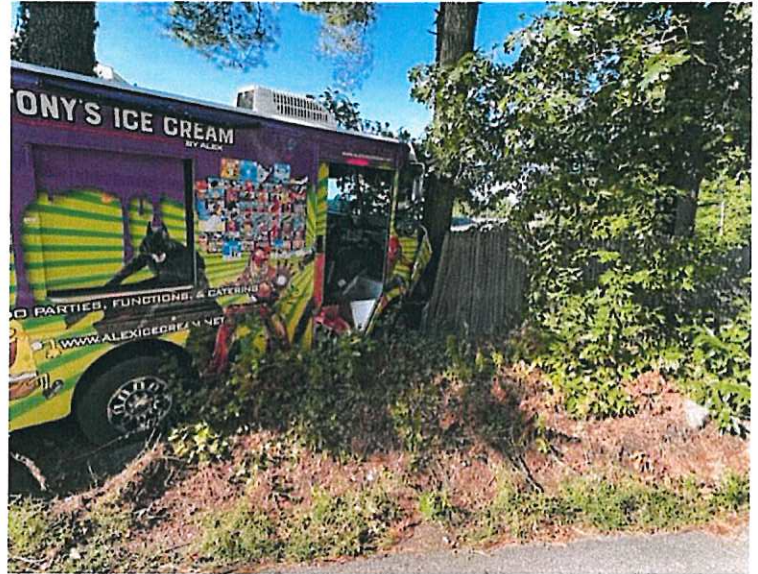
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

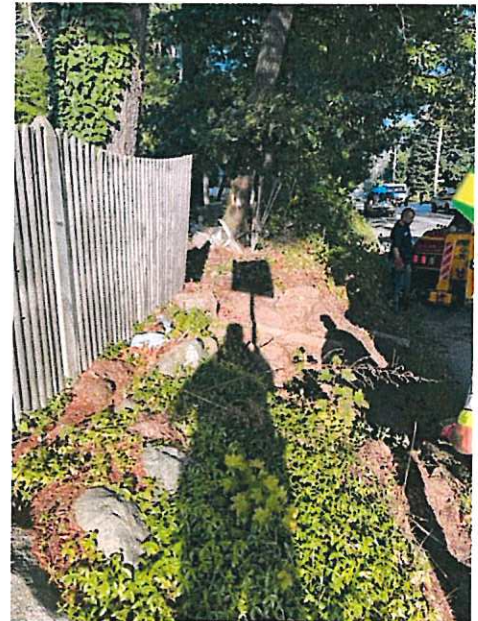
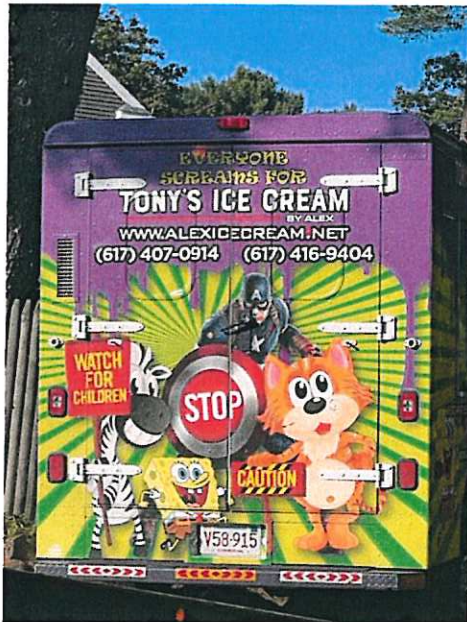
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Michael A Wilson 209 Wilmington Police Department 09/08/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-279-AC



Wilmington Police Department
Images Associated with 22-279-AC



Date of Crash **09/10/2022** Time of Crash **0115** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:

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 # 21 Name of Roadway/Street BOUTWELL ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p>_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E 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# 22-280-AC**

<p>License # S77922473 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 99 CDL _____</p> <p>Operator GEANAKAKIS, SHAWN GEORGE</p> <p>Address 15 PRESIDENTIAL DR</p> <p>City WILMINGTON State MA Zip 01887-2813</p> <p>Insurance Company ARBELLA MUTUAL INSURANCE</p> <p>Vehicle Travel Direction: N S X 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 # 9AT525 Reg Type PC Reg State MA</p> <p>Veh Year 2018 Veh Make TOYOTA Veh Config. 1</p> <p>Owner GEANAKAKIS, SHAWN GEORGE</p> <p>Address 15 PRESIDENTIAL DR</p> <p>City WILMINGTON State MA Zip 01887-2813</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 2 27 27</p> <p>Event Sequence 22 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 22 Type of Test: 29</p> <p>Driver Contributing Code 9 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 5 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	2	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

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	X	1						

Wilmington Police Department
Images Associated with 22-280-AC

