

Date of Crash **09/26/2022** Time of Crash **0712** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other: **0000**

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <b>603</b> Direction _____ Address # <b>WOBURN ST</b> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped Crash Report ID# **22-291-AC**

License # \_\_\_\_\_ S \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **4VTW29** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Vch Year **2022** Vch Make **HYUNDAI** Vch Config. **1** **21**  
 Operator \_\_\_\_\_ Owner **GREENHALGH, SARAH ANN**  
 Address \_\_\_\_\_ Address **35 FOXRUN DR**  
 City \_\_\_\_\_ State **MA** Zip **01887**  
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **8** **27** **27** **27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** **25** **25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **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	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<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>	

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

License # **S71969824** St **MA** DOB/Age \_\_\_\_\_ Reg # **5WR692** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Vch Year **2019** Vch Make **TOYOTA** Vch Config. **1** **21**  
 Operator **SULLIVAN, GLENN P** Owner **SULLIVAN, GLENN P**  
 Address **534 WOBUEN ST** Address **534 WOBUEN ST**  
 City **WILMINGTON** State **MA** Zip **01887-2922** City **WILMINGTON** State **MA** Zip **01887-2922**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**  
 Vehicle Travel Direction:  **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 \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **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	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 22-291-AC





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

220 MAIN ST

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# 22-292-AC

License # S72026836 St MA DOB/Age

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator DRISCOLL, DEVIN P

Address 99 MYSTIC AVE

City TEWKSBURY State MA Zip 01876-4321

Insurance Company THE COMMERCE INSURANCE CO

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

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 3DG425 Reg Type PC Reg State MA

Veh Year 2005 Veh Make ACURA Veh Config. 1 21

Owner DRISCOLL, DEVIN P

Address 99 MYSTIC AVE

City TEWKSBURY State MA Zip 01876-4321

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 99 25 25

Driver Distracted by 0 26

Damaged Area Code: 1 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

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 Transp. Code	Medical Facility
Operator	See Above			1	99	1	0	0	10	1	

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

License # S79085997 St MA DOB/Age

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator CHOU, LARYSA

Address 306R BURLINGTON AVE

City WILMINGTON State MA Zip 01887-3107

Insurance Company PROGRESSIVE DIRECT INSURANCE

Vehicle Travel Direction:  N  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 # 3DBP67 Reg Type PC Reg State MA

Veh Year 2021 Veh Make HONDA Veh Config. 1 21

Owner CHOU, LARYSA

Address 306R BURLINGTON AVE

City WILMINGTON State MA Zip 01887-3107

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 99 25 25

Driver Distracted by 99 26

Damaged Area Code: 3 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

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 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	2	0	0	10	1	
				6	99	2	0	0	10	1	





Date of Crash: 09/30/2022 | Time of Crash: 1758 | City/Town: Wilmington | Motor Vehicle Crash Police Report | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 30 | State Police:  | Local Police:  | MBTA Police:  | Campus Police:  | Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 129 LOWELL ST  
Route# Direction Name of Roadway/Street

At

93 I93SBR31 RAMP  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1  
Route# Direction Name of Intersecting Roadway/Street

2  
Route# Direction Address # Name of Roadway/Street

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# 22-293-AC

License # S78394207 St MA DOB/Age \_\_\_\_\_ Reg # 6EE853 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2017 Veh Make FORD Veh Config. 1 21

Operator FINGFING, BEAHN HENRY Owner FINGFING, BEATRIX TENTIE

Address 18 CROSBY RD Address 18 CROSBY RD

City READING State MA Zip 01867-3530 City READING State MA Zip 01867-3530

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: N S  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 Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Tramp. Code	Medical Facility
Operator	See Above	<del>XXXXXX</del>	<del>M</del>	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 # S41370123 St MA DOB/Age \_\_\_\_\_ Reg # 1JE374 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2007 Veh Make VOLVO Veh Config. 1 21

Operator ANTONUCCI, BIANCA F Owner ANTONUCCI, KENNETH G

Address 14 SPRUCE ST Address 14 SPRUCE ST

City MALDEN State MA Zip 02148-4417 City MALDEN State MA Zip 02148-4417

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: N S  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 19 25 5 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 Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Tramp. Code	Medical Facility
Operator/Non-Motorist	See Above	<del>XXXXXX</del>	<del>M</del>	1	1	4	0	0	10	1	
NICHOLAS ANTONUCCI	187 WATER ST SAUGUS, MA 01906-1948		M	3	1	4	0	0	10	1	





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

1 4  
 Route# Direction Name of Roadway/Street At  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 2 1  
 Route# Direction Name of Intersecting Roadway/Street

2 10  
**34 WEST ST**  
 Route# Direction Address # Name of Roadway/Street  
 Feet N S E W of Mile Marker Exit Number  
 1 11  
 Feet N S E W of Route# Intersecting Roadway/Street  
 Feet N S E W of Landmark

3 Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **22-294-AC**

4 1  
 License # St DOB/Age Reg # **2FCJ53** Reg Type **PC** Reg State **MA**  
 Sex Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement  
 Operator Last First Middle Owner **PATTERSON, CHRISTOPHER K**  
 Address **31 OAKRIDGE CIR**  
 City **WILMINGTON** State **MA** Zip **01887-1509**  
 Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 3 27 27**  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **22 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) Most Harmful Event **22 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub Driver Contributing Code **19 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** **22 13**  
 Viol. 3: Ch/Sec/Sub Towed from scene? **1 33**

6 1 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 Temp Code	19 Injury Status	20 Transp. 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>	

7 1 Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

8 1  
 License # St DOB/Age Reg # Reg Type Reg State  
 Sex Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement  
 Operator Last First Middle Owner Last First Middle  
 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** **1 14**  
 Viol. 3: Ch/Sec/Sub Towed from scene? **33**

9 2 Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	14 Seat Pos.	15 Safety System	16 Airbag Status	17 Eject Code	18 Temp Code	19 Injury Status	20 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							



