

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

3 1 Route# Direction Name of Intersecting Roadway/Street

4 1 222 MAIN ST

4 11 Feet N S E W of Mile Marker Exit Number

4 11 Feet N S E W of Route# Intersecting Roadway/Street

4 11 Feet N S E W of Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-311-AC**

License # **S93549790** St **MA** DOB/Age Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement

Operator **DONAHUE, EMILY ROSE** Owner **DONAHUE, MICHAEL T**

Address **396 TRULL RD** Address **396 TRULL RD**

City **TEWKSBURY** State **MA** Zip **01876-1655** City **TEWKSBURY** State **MA** Zip **01876-1655**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **5** 22 Damaged Area Code: **8** 27 **7** 27 **6** 27

Vehicle Travel Direction: 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 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	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 # **S72279246** St **MA** DOB/Age Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement

Operator **MAHER, DENNIS** Owner **MAHER, DENNIS**

Address **131 FRASIER LN** Address **131 FRASIER LN**

City **TEWKSBURY** State **MA** Zip **01876-5006** City **TEWKSBURY** State **MA** Zip **01876-5006**

Insurance Company **LM GENERAL INSURANCE COMP** 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: **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 **6** 25 **9** 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 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	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

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

3

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

Crash Report ID# **22-312-AC**

4 1

License # _____ St _____ DOB/Age _____ Reg # **3474848** Reg Type **PC** Reg State **NH**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **CHRYSLER** Veh Config. **1 21**

Operator **unknown** Owner **RAPAGLIA, MARY E**

Address _____ Address **264 DEPOT RD**

City _____ State **NH** Zip **03034**

Insurance Company _____ Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 5 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 **10 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 _____ Viol. 4: Ch/Sec/Sub _____ Towed from scene? **2 33**

6 1

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	99	4	0	0	10	1	

7 1

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

8 1

License # **S53291598** St **MA** DOB/Age _____ Reg # **MPF721** Reg Type **LF** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **FORD** Veh Config. **1 21**

Operator **HALLIDAY, DILLON K** Owner **WILMINGTON TOWN OF DEPT POLICE**

Address **1 ADELAIDE ST** Address **1 ADELAIDE ST**

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

Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: N E W Responding to Emergency? **1** 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 _____ Viol. 4: Ch/Sec/Sub _____ Towed from scene? **2 33**

9 2

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	1	4	0	0	10	1	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street: At

Route# Direction Name of Roadway/Street: 22 HOPKINS ST

Route# Direction Name of Intersecting Roadway/Street: _____

Route# Direction Name of Intersecting Roadway/Street: _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 22-313-AC

License # S95846858 St MA DOB/Age _____ Reg # 2HVN79 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2010 Veh Make CHEVROLET Veh Config. 1 21

Operator SWANSON, SAMANTHA O Owner TODISCO, PAULA MARIE

Address 15 CRIMSON RD Address 31 MACDOUGALL ST

City BILLERICA State MA Zip 01821 City BILLERICA State MA Zip 01821-5133

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 3 27

Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 20 23 31 23 30 23 23 Test Status: 1 28

Citation # (If Issued) _____ Most Harmful Event 31 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 9 25 20 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 5 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32

Towed from scene? 99 33

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			1	99	99	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

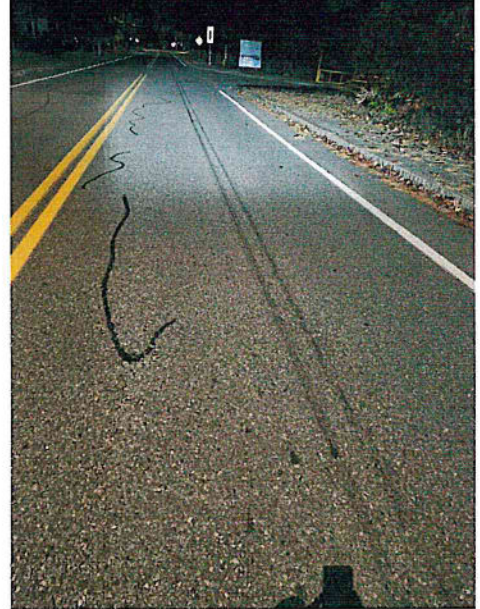
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 25 25 BAC Test Result: 30

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

Towed from scene? 33

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			1							

Wilmington Police Department
Images Associated with 22-313-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 10/20/2022	Time of Crash 0815 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
							Latitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
							Longitude _____	Other: _____	

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>293</u> Direction _____ Address # <u>SHAWSHOEN AVE</u> Name of Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____

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

Crash Report ID# **22-314-AC**

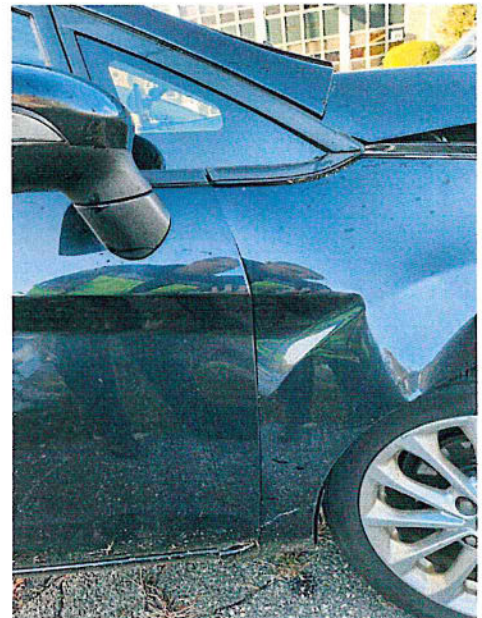
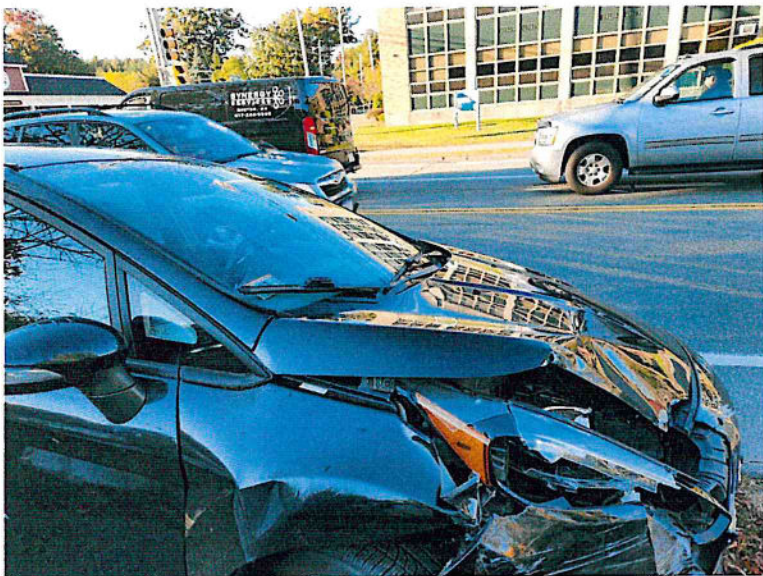
License # _____ St _____ DOB/Age _____	Reg # <u>unknown</u> Reg Type _____ Reg State _____
Sex _____ Lic. Class <u>99</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <u>1</u> <u>21</u>
Operator <u>unknown</u> Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <u>N</u> <u>S</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>4</u> <u>25</u> <u>1</u> <u>25</u> BAC Test Result: <u>1</u> <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>99</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</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>							

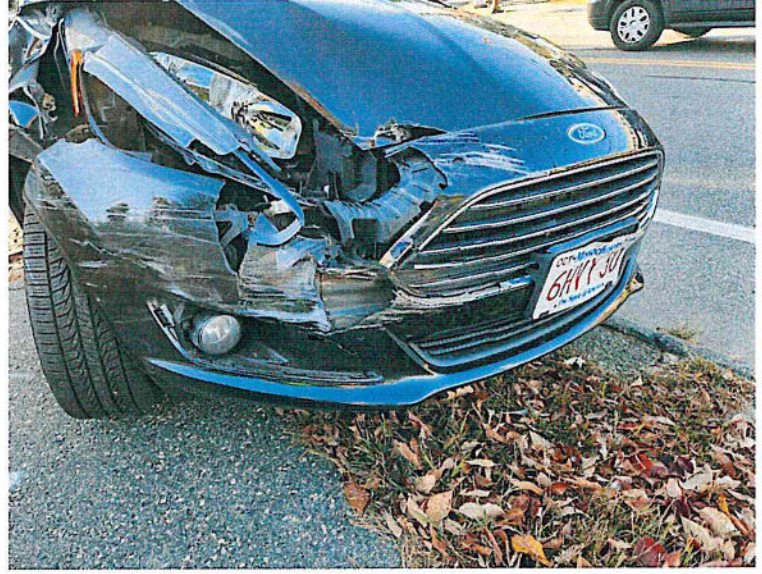
License # <u>S27556180</u> St <u>MA</u> DOB/Age _____	Reg # <u>6HVY30</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2014</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>SAVINI, WILLIAM ANTHONY</u> Last First Middle	Owner <u>SAVINI, WILLIAM ANTHONY</u> Last First Middle
Address <u>6 BURNAP ST</u>	Address <u>6 BURNAP ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3712</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3712</u>
Insurance Company <u>FARMERS PROPERTY & CASUAL</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <u>N</u> <u>S</u> <u>E</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</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>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 22-314-AC



Wilmington Police Department
Images Associated with 22-314-AC



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
 522 SHAWSHEEN AVE
 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# **22-315-AC**

License # S DOB/Age Reg # **9FG718** Reg Type **PC** Reg State **MA**
 Sex Lic. Class **19 19** Lic. Restrictions **1 20** CDL Endorsement Veh Year **2012** Veh Make **Infinity** Veh Config. **1 21**
 Operator Last First Middle Owner **GHAZAL, DIALA M**
 Address **69 BICKNELL RD**
 City **BILLERICA** State **MA** Zip **01821-5453**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 99 27 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **6 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) Most Harmful Event **6 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 **99 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 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	X	X	1	99	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 # S 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 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 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 **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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							

