

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 251 **BALLARDVALE 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# **22-317-AC**

License # **SA6920721** St **MA** DOB/Ag: _____ Reg # **557KG4** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Vch Year **2004** Vch Make **HONDA** Vch Config. **1** 21
 Operator **BURGOS, FERNANDO ALFONSO** Owner **BURGOS, FERNANDO A**
 Address **668 LOWELL ST APT 1** Address **668 LOWELL ST**
 City **LAWRENCE** State **MA** Zip **01841-4863** City **LAWRENCE** State **MA** Zip **01841-4863**
 Insurance Company **GEICO GENERAL INSURANCE C** 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 **40** **23** **22** **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **22** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **21** 25 **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** 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 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	1	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/Ag: _____ 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 _____ 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

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 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street **42 SALEM ST**

2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with _____ Feet **N S E W** of _____ Mile Marker _____ Exit Number

2 Route# Direction Name of Intersecting Roadway/Street _____ Feet **N S E W** of _____ Route# Intersecting Roadway/Street _____ Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-318-AC**

4 License # _____ St _____ DOB/Age _____ Reg # **2DBM32** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2022** Veh Make **GMC** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **CERUOLO, DARYL JAMES**

Address _____ Address **85 MINKRUN RD**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-4548**

Insurance Company **GEICO** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **8 27 27 27**

5 Vehicle Travel Direction: **N X 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**

6 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	X	1	0	4	0	0	10	1	

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

8 License # **S82982918** St **MA** DOB/Age _____ Reg # **522E** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **FORD** Veh Config. **1 21**

Operator **NORMAN, LESLIE K** Owner **NORMAN, LESLIE K**

Address **1 HARRIS ST** Address **1 HARRIS ST**

City **WILMINGTON** State **MA** Zip **01887-3614** City **WILMINGTON** State **MA** Zip **01887-3614**

Insurance Company **ARBELLA** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **6 27 27 27**

9 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) _____ Most Harmful Event **1 24** Type of Test: **29**



Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 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**

9 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	X	1	1	4	0	0	10	1	

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

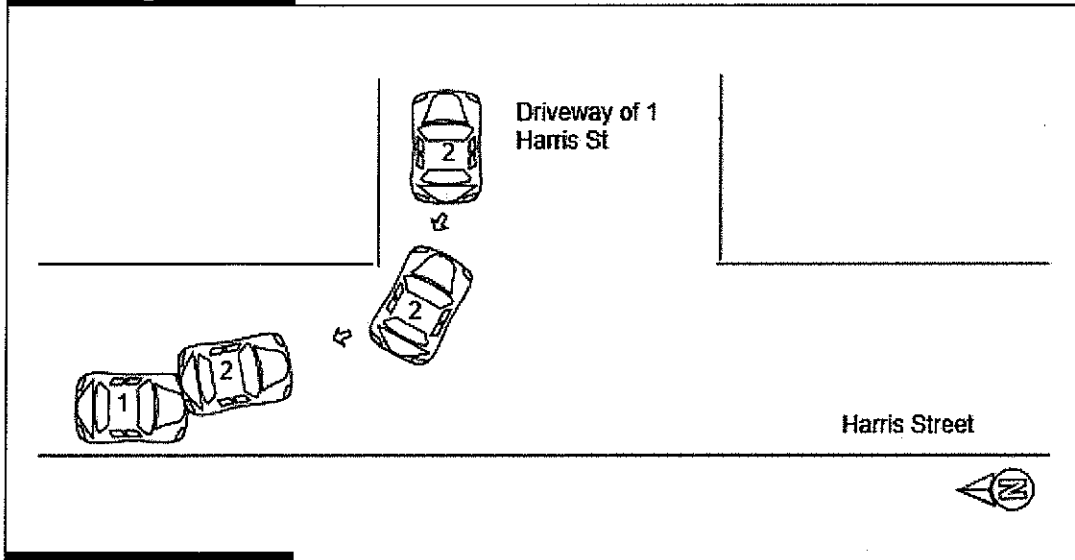
Crash Diagram:

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:

MV 1 was parked on Harris St when it was struck. Initially the operator of MV 2 left the scene and did not leave a note/exchange information. MV 2 later returned and informed MV 1 that she had a doctors appointment she had to get to and that was why she was unable to exchange information. MV 2 stated her hearing aid fell out of her ear and she accidentally backed into MV 1. She initially thought there was no damage but later realized there was damage.

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 Kevin J Skinner 200 Wilmington Police Department 10/24/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# ROUTE 62 HWY Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Feet N S E W of _____ of _____ or _____

Feet N S E W of _____ Mile Marker _____ Exit Number _____

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# **22-319-AC**

License # S24111752 St MA DOB/Age _____ Reg # 3BJE59 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2004 Veh Make HONDA Veh Config. 1 21

Operator ZAMUTO, DAVID C Owner ZAMUTO, DAVID C

Address 47 BROAD ST Address 47 BROAD ST

City BILLERICA State MA Zip 01821-6339 City BILLERICA State MA Zip 01821-6339

Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 27

Vehicle Travel Direction: N S X 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? 1 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	1	99	3	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 # NHL14628197 St NH DOB/Age _____ Reg # 5132361 Reg Type PC Reg State NH

Sex M Lic. Class D 19 19 Lic. Restrictions _____ CDL _____ Veh Year 2023 Veh Make SUBARU Veh Config. 1 21

Operator BALUTA, WALTER J Owner BALUTA, COLLEEN

Address 58 LAWRENCE RD Address 58 LAWRENCE RD

City HUDSON State NH Zip 03051 City HUDSON State NH Zip 03051

Insurance Company AAA INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 5 27 4 27

Vehicle Travel Direction: N S X 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

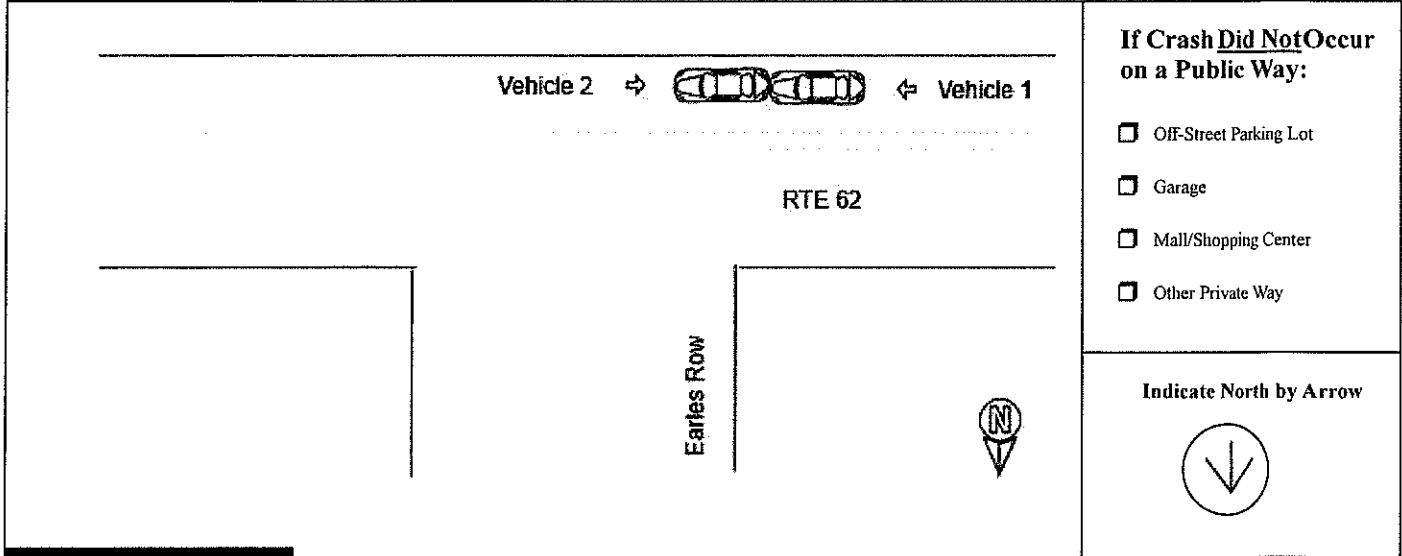
Towed from scene? 2 33

Please fill out for operator/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	1	99	5	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian Ⓜ = Bicycle

Crash Diagram:

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:

Vehicle 1 and 2 were traveling eastbound on Rte 62 approaching Earles row. When Vehicle 1 struck the rear end of vehicle 2. Which resulted in significant damage to the front left fender, bumper, headlight, and grill of vehicle 1. Vehicle 2 had rear end damage to the bumper and exhaust system. Both parties refused medical attention offered to them. Vehicle 1 was towed from the scene by Forest Towing.

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 Jonathan L Morales 224 Wilmington Police Department 10/24/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

2 3 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 _____

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-320-AC**

4 2 License # **S73132916** St **MA** DOB/Age: _____ Reg # **6LY873** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2013** Veh Make **HONDA** Veh Config. **1** 21
 Operator **ENGLISH, JOSEPH ANDREW** Owner **ENGLISH, JOSEPH ANDREW**
 Address **484 LOWELL ST** Address **484 LOWELL ST**
 City **ANDOVER** State **MA** Zip **01810-5305** City **ANDOVER** State **MA** Zip **01810-5305**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 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: **1** 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: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 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
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

7 2 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 # **S56311434** St **MA** DOB/Age: _____ Reg # **8839RY** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions _____ Veh Year **2014** Veh Make **LINCOLN** Veh Config. **1** 21
 Operator **SPERANZA, MARGARET M** Owner **SPERANZA, DANA J**
 Address **68 COOK AVE** Address **68 COOK AVE**
 City **WILMINGTON** State **MA** Zip **01887-3333** City **WILMINGTON** State **MA** Zip **01887-3333**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: **3** 27 **4** 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 _____ Driver Contributing Code **18** 25 **25** BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

Date of Crash 10/26/2022	Time of Crash 1454 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA 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# <u>129</u> Direction <u>W</u> Address # <u>280</u> Name of Roadway/Street <u>LOWELL ST</u></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 style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</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# **22-321-AC**

License # <u>S18629008</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>MUCICA, CAROL ANN</u> Address <u>223 ROGERS ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2641</u> Insurance Company <u>THE HANOVER INSURANCE COM</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>604GEH</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MUCICA, CAROL ANN</u> Address <u>223 ROGERS ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2641</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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	<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>	

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

License # <u>S58215187</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>LODER, ANTHONY JOHN</u> Address <u>95 TENNIS PLAZA RD APT 27</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-6324</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>231FX8</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>DODGE</u> Veh Config. <u>2</u> <u>21</u> Owner <u>LODER, ANTHONY JOHN</u> Address <u>95 TENNIS PLAZA RD APT 27</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-6324</u> Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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	<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>	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/27/2022	Time of Crash 0751 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 35	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# 38 S Direction _____ Address # 687 Name of Roadway/Street MAIN ST									
At _____				_____ Feet N S E W of _____ or _____		_____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet N S E W of _____		Route# _____ Intersecting Roadway/Street _____							
Also at Intersection with _____				_____ Feet N S E W of _____		_____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
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# 22-322-AC									
License # S13033847 St MA DOB/Agc _____				Reg # 4ES266 Reg Type PC Reg State MA									
Sex F Lic. Class D Lic. Restrictions 20 CDL _____				Veh Year 2008 Veh Make CADILLAC Veh Config. 1									
Operator OHARA, KELLY JEAN				Owner OHARA, KELLY JEAN									
Address 52 PORTER RD				Address 52 PORTER RD									
City ANDOVER State MA Zip 01810-4806				City ANDOVER State MA Zip 01810-4806									
Insurance Company GOVERNMENT EMPLOYEES INSU				Vehicle Action Prior to Crash 1		Damaged Area Code: 7 27 27 27							
Vehicle Travel Direction: N X E W Responding to Emergency? 2				Event Sequence 5 23 23 23 23		Test Status: 28							
Citation # (If Issued) _____				Most Harmful Event 5 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							
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		XXXX	X	1	1	4	0	0	10	1	
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #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 # _____ St _____ DOB/Agc _____				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							
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		XXXX	X	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 X = Pedestrian B = Bicycle

Crash Diagram:

ie: → 1 → 2 → X → B

U-Haul

Galante's

Main st./Rte.38s

DEER →

← Swamp Area →

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:

Oper. #1 Related she was traveling south on Main st./Rte.38, when a deer came out of know where and struck the left front side fender, ripped her driver's side mirror off, slid down the side of her m/v, caused damage to the rear passanger door. Then ran back into the swamp area. (PWJ/142)

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 Paul W Jepson

Police Officer Name (Please Print)

Signature

142

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/27/2022

Date

Date of Crash **10/28/2022** Time of Crash **0835** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other

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

Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # 330 Name of Roadway/Street BALLARDVALE ST
At _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
Also at Intersection with _____	_____ Feet N S E W of _____ Landmark _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 22-323-AC**

License # SA4060174 St MA DOB/Age _____	Reg # 3LYX34 Reg Type PC Reg State MA
Sex M Lic. Class D Lic. Restrictions 20 CDL _____	Veh Year 2018 Veh Make HONDA Veh Config. 1
Operator RODRIGUEZ, WILBER R	Owner RODRIGUEZ, WILBER R
Address 47 COLLINS ST APARTMENT	Address 47 COLLINS ST APARTMENT
City LYNN State MA Zip 01902-0000	City LYNN State MA Zip 01902-0000
Insurance Company GEICO GENERAL INSURANCE C	Vehicle Action Prior to Crash 11 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: N X 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		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 # S60557070 St MA DOB/Age _____	Reg # 5BC851 Reg Type PC Reg State MA
Sex M Lic. Class D Lic. Restrictions 20 CDL _____	Veh Year 2019 Veh Make CHEVROLET Veh Config. 1
Operator LIM, BRIAN HUY	Owner LIM, CHRISTINE
Address 4 AMES PL	Address 4 AMES PL
City LOWELL State MA Zip 01851	City LOWELL State MA Zip 01851-1857
Insurance Company ALLSTATE INSURANCE COMPAN	Vehicle Action Prior to Crash 3 Damaged Area Code: 3 27 27 27
Vehicle Travel Direction: N X 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 12 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/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	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 22-323-AC



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

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

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

Route# Direction Name of Intersecting 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# 22-324-AC**

License # **S80592994** St **MA** DOB/Ag: _____ Reg # **7SA299** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2015** Veh Make **Jeep** Veh Config. **1**

Operator **DUNDERDALE, DEBORAH M** Owner **DUNDERDALE, DEBORAH M**

Address **171 WOBURN ST** Address **171 WOBURN ST**

City **ANDOVER** State **MA** Zip **01810-6024** City **ANDOVER** State **MA** Zip **01810-6024**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27 8 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 _____ 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: **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	XXXXXX	XX	1	1	3	0	0	8	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/Ag: _____ 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**

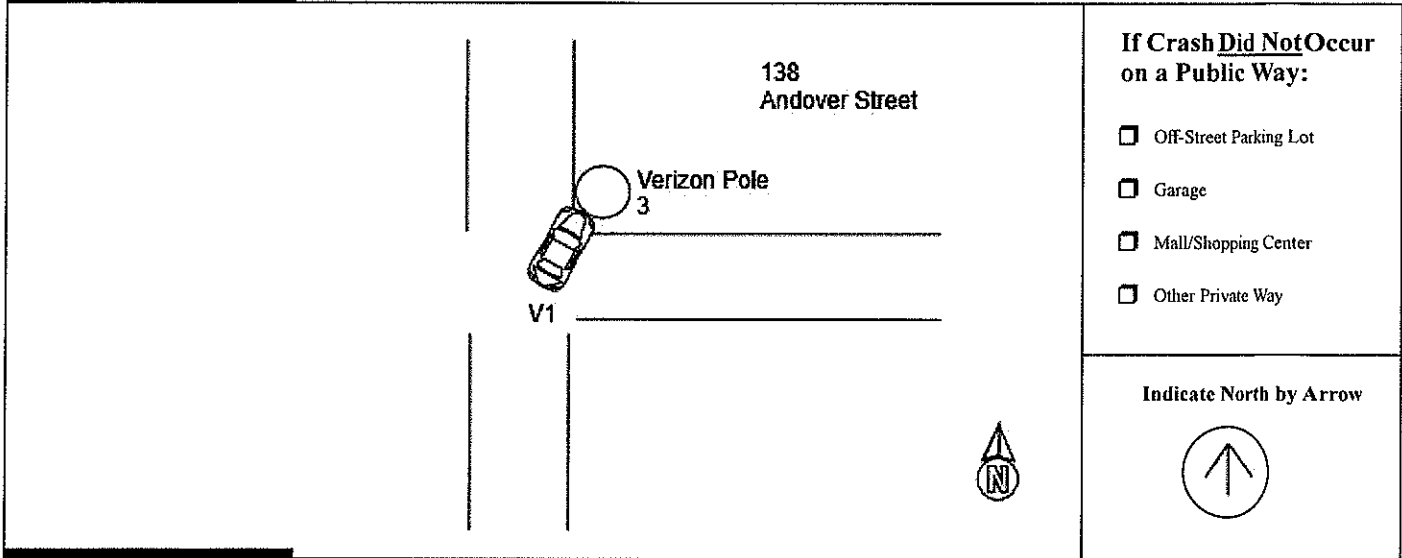
Please fill out for operator/non-motorist and all occupants involved

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	XX	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

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:

Sir, on October 28, 2022 I, Officer MacGilvray, was assigned to s2 in marked unit 37 during the 8-4 tour. At said time I was dispatched to 138 Andover St for a single vehicle crash into a pole. On location I spoke to the operator of V1 who stated she looked down for a second and the crash occurred. Operator showed minor injury to her face from air blag deployment and a laceration to her hand. Both injuries were bleeding. Wilmington Fire responded and the operator signed a refusal. V1 struck Verizon pole 3. The utility pole had superficial damage. Vehicle had full deployment and was towed from the scene by Cains Tow.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	CHURCH ST WILMINGTON MA 01887			UTILITY POLE #3

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 Paul Macgilvray

221

Wilmington Police Department

10/28/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date