

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 # **113 WEST ST** 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 13 #Occupants Hit/Run Moped Crash Report ID# **22-332-AC**

License # **S49054496** St **MA** DOB/Age _____ Reg # **3BTS66** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2015** Veh Make **DODGE** Veh Config. **1**
 Operator **CRAVEN, BRIAN JAMES** Owner **CRAVEN, BRIAN JAMES**
 Address **79 GLENMERE CIR** Address **79 GLENMERE CIR**
 City **READING** State **MA** Zip **01867-2845** City **READING** State **MA** Zip **01867-2845**
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** Damaged Area Code: **11 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **22 23 23 23 23** Test Status: **28**
 Citation # (If Issued) **T2749389** Most Harmful Event **22 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **10 25 2 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub **89 4A** Viol. 4: Ch/Sec/Sub **90 17** Driver Distracted by **99 26** Susp. Alcohol: **99 31** Susp. Drug: **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	1	1	0	0	99	1	
IAN MACDONNELL	8 W HILL CIR READING, MA 01867-2246		M	6	99	1	0	0	7	1	
CAMERON MACDONNELL	12 CALIFORNIA AVE ALBANY, NY 12205		M	3	1	1	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/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 _____ 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			1							

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 11/06/2022 Time of Crash 1608 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit Latitude Longitude State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

Route# Direction Name of Roadway/Street At

Route# Direction Address # Name of Roadway/Street 210 BALLARDVALE ST

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

Please Select One of the Following: [X] Vehicle 10 #Occupants [] Hit/Run [] Moped

Crash Report ID# 22-333-AC

4

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # BC15BA Reg Type PC Reg State MA Veh Year 2004 Veh Make HONDA Veh Config. 1 21

Operator Driverless M.V. Last First Middle

Owner KACAMBURAS, LORINDA JEAN Last First Middle

Address City State Zip

Address 49 PARK ST City WILMINGTON State MA Zip 01887-1510

Insurance Company USAA GENERAL INDEMNITY CO

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27

Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency?

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 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

6

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 0, 5, 3, 0, 10, 1.

7

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

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # unknown Reg Type Reg State 21 Veh Year Veh Make Veh Config.

Operator unknown Last First Middle

Owner Last First Middle

Address City State Zip

Address City State Zip

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

Event Sequence 23 23 23 23 Test Status: 28

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency?

Most Harmful Event 24 Type of Test: 29

Citation # (If Issued)

Driver Contributing Code 25 25 BAC Test Result: 30

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

Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

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

Towed from scene? 33

9

Table with columns: 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1.

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# **22-334-AC**

License # **S82481350** St **MA** DOB/Age _____ Reg # **AL49717** Reg Type **AP** Reg State **AZ**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **FORD** Veh Config. **1** 21

Operator **FERNANDES, BELMIRO M** Owner **U-HAUL COMPANY**

Address **76 OCALLAGHAN WAY** Address **2727 N CENTRAL AVE**

City **BOSTON** State **MA** Zip **02127-3605** City **PHOENIX** State **AZ** Zip **85004-1120**

Insurance Company _____ Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 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: **1** 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	XXXXXX	M	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 # **S86483974** St **MA** DOB/Age _____ Reg # **993RT3** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **DIRUPO, LOUIS STEPHEN** Owner **DIRUPO, LOUIS STEPHEN**

Address **14 REDWOOD TER** Address **14 REDWOOD TER**

City **WILMINGTON** State **MA** Zip **01887-3046** City **WILMINGTON** State **MA** Zip **01887-3046**

Insurance Company **FARMERS PROPERTY & CASUAL** 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: **1** 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

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	M	1	1	4	0	0	10	1	

AT INTERSECTION: **LOCATION** **NOT AT INTERSECTION:**

MAIN ST

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 1 #Occupants Hit/Run Moped
 Crash Report ID# **22-335-AC**

License # _____ St. _____ DOB/Age _____ Reg # **2VTT36** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2000** Veh Make **BMW** Veh Config. **1** 21
 Operator **MWANGI, PAUL CHEGE**
 Address **20 PATTEN RD**
 City **TEWKSBURY** State **MA** Zip **01876-3924**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 5 27 6 27 4 27
 Vehicle Travel Direction: N 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: **1** 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: **31** Susp. Drug: **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	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 # **S30547527** St. **MA** DOB/Age _____ Reg # **2PAT53** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **CHRYSLER** Veh Config. **1** 21
 Operator **ST CYR, LEXCIA LEEANN**
 Address **170 COUNTY RD**
 City **TEWKSBURY** State **MA** Zip **01876-2445**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **B** 27
 Vehicle Travel Direction: N 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: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** 33

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

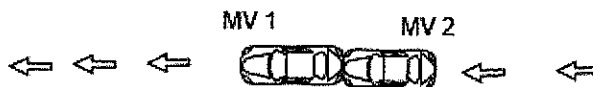
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

321 Main St



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 traveling South on Rt.38 on Main St. MV 2 was traveling directly behind MV 1. The operator of MV 1 stated that a truck in front of him activated their right turn signal and began to brake to turn into 321 Main St. The operator of MV 1 stated that he began to brake quickly but, never made contact with the truck in front of him. The operator of MV 1 stated while he was braking, the operator of MV 2 rear-ended him. Following the accident, the operator of MV 1 was unable to start his vehicle after causing it to be towed. The vehicle was towed by A&S towing. No injuries were reported.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
TADDIA TIMOTHY LEO	98 WILLOW ST TEWKSBURY MA 01876-4381		

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

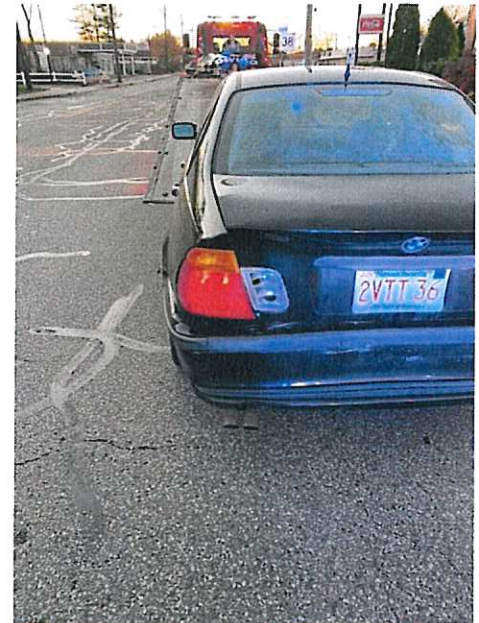
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III 223 Wilmington Police Department 11/08/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-335-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/08/2022

Time of Crash
1237
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number Vehicles
2

Number Injured
2

Speed Limit **35**
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

SHAWSHEEN AVE

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

ALDRICH RD

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 _____ 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# **22-336-AC**

License # **S37373770** St **MA** DOB/Ag _____

Reg # **1EKP92** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____
Endorsement _____

Veh Year **2014** Veh Make **HYUNDAI** Veh Config. **1**

Operator **NEWELL, BARBARA EILEEN**
Last First Middle

Owner **NEWELL, BARBARA EILEEN**
Last First Middle

Address **7 JORDAN RD**

Address **7 JORDAN RD**

City **BILLERICA** State **MA** Zip **01821-2218**

City **BILLERICA** State **MA** Zip **01821-2218**

Insurance Company **ARBELLA MUTUAL INSURANCE**

Vehicle Action Prior to Crash **1** Daged 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 **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**

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	XXXXXX	XXXX	1	1	3	0	1	8	2	Lahey Clinic

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A

Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **SA4480713** St **MA** DOB/Ag _____

Reg # **EV157X** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____
Endorsement _____

Veh Year **2020** Veh Make **HYUNDAI** Veh Config. **1**

Operator **HEALY, PHYLLIS FOSTER**
Last First Middle

Owner **HEALY, PHYLLIS FOSTER**
Last First Middle

Address **4 BRADFORD RD**

Address **4 BRADFORD RD**

City **WILMINGTON** State **MA** Zip **01887-1661**

City **WILMINGTON** State **MA** Zip **01887-1661**

Insurance Company **PLYMOUTH ROCK ASSURANCE C**

Vehicle Action Prior to Crash **4** Daged Area Code: **7 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 **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**

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	XXXXXX	XXXX	1	1	3	0	1	8	2	Lahey Clinic

Date of Crash 11/08/2022 Time of Crash 1500 24HR 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	Route#	Direction	Name of Roadway/Street	At	Route#	Direction	Address #	Name of Roadway/Street	2
	Route#	Direction	Name of Intersecting Roadway/Street	Also at Intersection with	Route#	Direction	Address #	Name of Intersecting Roadway/Street	11
2	Route#	Direction	Name of Intersecting Roadway/Street		Route#	Direction	Address #	Name of Intersecting Roadway/Street	8
	Route#	Direction	Name of Intersecting Roadway/Street		Route#	Direction	Address #	Name of Intersecting Roadway/Street	11

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-337-AC**

3	License #	SA8110219	St	MA	DOB/Age	Reg #	AG57179	Reg Type	AP	Reg State	PA	7	
	Sex	M	Lic. Class	D	Lic. Restrictions	1	CDL Endorsement	Veh Year	2017	Veh Make	Other-not listed		Veh Config.
4	Operator	ARIAS ALVAREZ, JEYSI A			Owner	A DUIE PYLE INC							
	Address	16 LAUREL ST APT 1105			Address	650 WESTTOWN RD PO BOX 564 APT 19381							
5	City	WORCESTER	State	MA	Zip	01608-1083	City	CHESTER	State	PA	Zip		
	Insurance Company	UNITED STATES FIRE			Vehicle Action Prior to Crash	10	Damaged Area Code:	5	27	27	27	13	
6	Vehicle Travel Direction:	N S E		Responding to Emergency?	2	Event Sequence	1	23	23	23	23		Test Status:
	6	Citation # (If Issued)				Most Harmful Event	1	24	Type of Test:	29	BAC Test Result:	30	Susp. Alcohol:
6		Viol. 1: Ch/Sec/Sub				Driver Contributing Code	18	25	19	25	Susp. Drug:	2	32
	6	Viol. 2: Ch/Sec/Sub				Driver Distracted by	0	26					2
6		Viol. 3: Ch/Sec/Sub				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			1	3	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

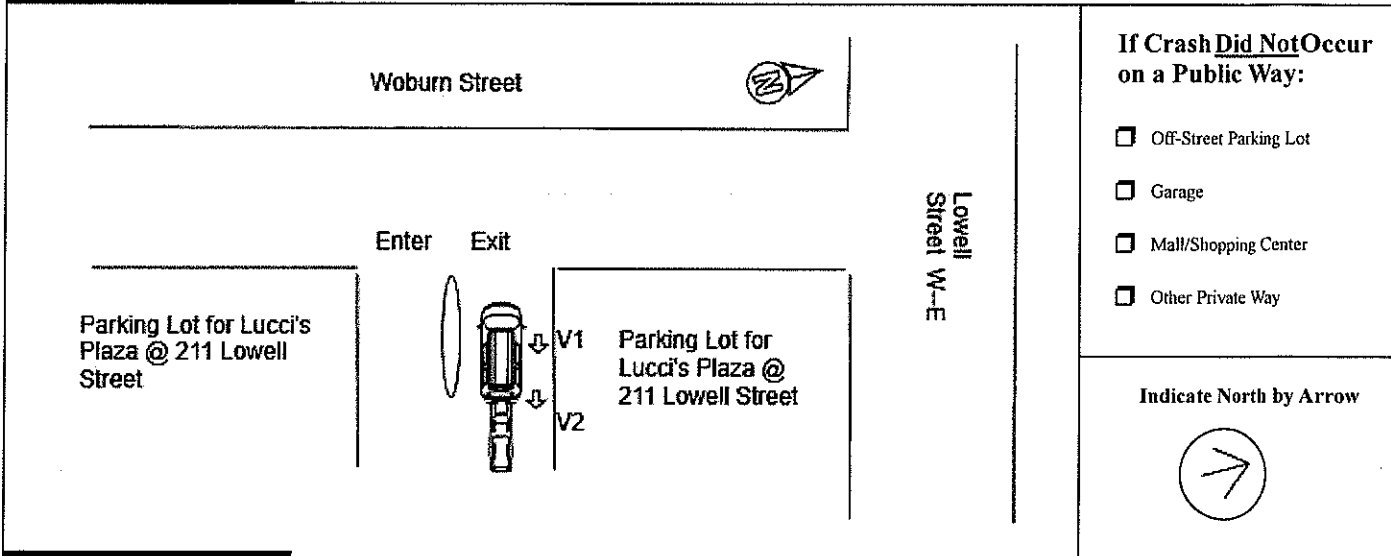
7	License #	S91014204	St	MA	DOB/Age	Reg #	7MP780	Reg Type	PC	Reg State	MA	14	
	Sex	F	Lic. Class	D	Lic. Restrictions	1	CDL Endorsement	Veh Year	2019	Veh Make	TOYOTA		Veh Config.
8	Operator	MCARDLE, CHRISTINE PATRICIA			Owner	MCARDLE, CHRISTINE PATRICIA							
	Address	18 ALFRED ST			Address	18 ALFRED ST							
9	City	WOBURN	State	MA	Zip	01801-1902	City	WOBURN	State	MA	Zip	01801-1902	
	Insurance Company	SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash	1	Damaged Area Code:	1	27	27	27	14	
9	Vehicle Travel Direction:	N S E		Responding to Emergency?	2	Event Sequence	1	23	23	23	23		Test Status:
	9	Citation # (If Issued)				Most Harmful Event	1	24	Type of Test:	29	BAC Test Result:	30	Susp. Alcohol:
9		Viol. 1: Ch/Sec/Sub				Driver Contributing Code	1	25	25	Susp. Drug:	2	32	Towed from scene?
	9	Viol. 2: Ch/Sec/Sub				Driver Distracted by	0	26					2
9		Viol. 3: Ch/Sec/Sub				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			1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → O → ☺



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:

V1 (A Duie Pyle Box Truck) back up in Woburn Street driveway exit from 211 Street and hit V2 (Mcardle) which was also waiting to exit. Metal lift gate on rear of box truck over-rode hood of V2 causing a crubled hood and front end damage. No obvious damage to metal lift gate of box truck. V1 operator was lost and trying to back up to park. He did not see V2 while backing from driveway exit. Failure to use care in backing and failure to see V2 (obstructed truck view) probable factor in crash. No injuries observed or reported. No obvious damage to metal lift gate on back of truck. V2 sustained damaged front end and crumpled hood.

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 # **AG57179** (From Vehicle Section)

Carrier Name **A. Duie Pyle Express Solutions**

Bus Use 42

Address **210 BARTLETT ST** City **NORTHBOROUGH** St **MA** Zip **01532**

US DOT #: **113594** State Number _____ Issuing State **PA** MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 97 44 GVWR/GCWR 2 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 **Richard DiPerri** Signature **173** ID/Badge # **Wilmington Police Department** Department **11/08/2022** Date
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 11/11/2022 Time of Crash 1650 24HR City/Town WILMINGTON Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

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

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 22-339-AC

License # S32531816 St MA DOB/Age Reg # 9XD495 Reg Type PC Reg State MA Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement Veh Year 2008 Veh Make TOYOTA Veh Config. 1 Operator MORETTO, GARY M Owner MORETTO, GARY M Address 3 ARLENE AVE City WILMINGTON State MA Zip 01887-1111 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 2 27 Event Sequence 5 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 5 24 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with columns: 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 row: See Above, 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 # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class Lic. Restrictions CDL Endorsement Veh Year Veh Make Veh Config. Operator Owner Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 Most Harmful Event 24 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with columns: 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 row: See Above, 1.

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

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

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

Route# Direction Name of Intersecting Roadway/Street

38 N 490 MAIN ST
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# **22-340-AC**

License # **S81915023** St **MA** DOB/Age _____ Reg # **8088XZ** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **2**

Operator **KWOK, MAN KEUNG** Owner **KWOK, MAN KEUNG**

Address **8 MADISON ST** Address **8 MADISON ST**

City **WOBURN** State **MA** Zip **01801-5227** City **WOBURN** State **MA** Zip **01801-5227**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 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 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	
GABRIEL PINCEIRO	15 OAK ST TEWKSBURY, MA 01876	03/04/2011	M	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 # **SA3900397** St **MA** DOB/Age _____ Reg # **3VVW44** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2011** Veh Make **DODGE** Veh Config. **1**

Operator **HARDIMON, IZABELLA ALEXIS** Owner **HARDIMON, IZABELLA ALEXIS**

Address **148 WILDWOOD ST** Address **148 WILDWOOD ST**

City **WILMINGTON** State **MA** Zip **01887-2527** City **WILMINGTON** State **MA** Zip **01887-2527**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **6** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction: N 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 **4 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
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

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

SALEM ST

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 . 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# **22-341-AC**

License # **SA0881616** St **MA** DOB/Age _____ Reg # **3FGW13** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **99 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2007** Veh Make **HONDA** Veh Config. **1 21**

Operator **PEGUERO PEREZ, SANDRO** Owner **CADETE PENA, ELIN ESMERALDA**

Address **88 DORCHESTER ST APT 1** Address **88 DORCHESTER ST APT 1**

City **LAWRENCE** State **MA** Zip **01842** City **LAWRENCE** State **MA** Zip **01843-2348**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** 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 **30 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) **T1683092 & T16830** Most Harmful Event **22 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 10** Driver Contributing Code **10 25 8 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub **90 24** Viol. 4: Ch/Sec/Sub **89 4A** Driver Distracted by **5 26** Susp. Alcohol: **2 31** Susp. Drug: **1 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	<input checked="" type="checkbox"/>	1	99	1	0	0	99	2	Lahey Clinic

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	<input checked="" type="checkbox"/>	1							

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 11/12/2022 Time of Crash 2318 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WOBURN ST
Route# Direction Name of Roadway/Street
At
BRENTWOOD AVE
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: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 22-342-AC

License # S14931458 St MA DOB/Age
Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL
Operator DALIO, SHARON LEE
Address 39 BRENTWOOD AVE
City WILMINGTON State MA Zip 01887-3442
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? 2
Citation # (If Issued) T2749479
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24
Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub

Reg # 6GH466 Reg Type PC Reg State MA
Veh Year 2003 Veh Make FORD Veh Config. 1 21
Owner DALIO, ROGER LEONARD
Address 39 BRENTWOOD AVE
City WILMINGTON State MA Zip 01887-3442
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27
Event Sequence 20 23 30 23 40 23 23 Test Status: 2 28
Most Harmful Event 30 24 Type of Test: 2 29
Driver Contributing Code 10 25 14 25 BAC Test Result: 1 30
Driver Distracted by 99 26 Susp. Alcohol: 1 31 Susp. Drug: 99 32
Towed from scene? 1 33

Table with columns: 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 row is filled with data.

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 19 19 Lic. Restrictions 20 CDL
Operator
Address
City State Zip
Insurance Company
Vehicle Travel Direction: [N][S][E][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. 21
Owner
Address
City State Zip
Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
Event Sequence 23 23 23 23 Test Status: 28
Most Harmful Event 24 Type of Test: 29
Driver Contributing Code 25 25 BAC Test Result: 30
Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

Table with columns: 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 row is filled with data.

