

Date of Crash **11/14/2022** Time of Crash **0622** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **25** 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

Route# Direction Address # Name of Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Exit Number  
 Mile Marker  
 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# **22-343-AC**

License # **S25150573** St **MA** DOB/Ag \_\_\_\_\_ Reg # **9PL219** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2008** Veh Make **CHEVROLET** Veh Config. **1** **21**  
 Operator **KENNEDY, ERINN** Owner **KENNEDY, ERINN**  
 Address **21 LINWOOD AVE** Address **21 LINWOOD AVE**  
 City **NORTH READING** State **MA** Zip **01864-2055** City **NORTH READING** State **MA** Zip **01864-2055**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **2** **27** **3** **27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **97** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) **676027AB** Most Harmful Event **97** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **89** **4A** Viol. 2: Ch/Sec/Sub **90** **18** Driver Contributing Code **2** **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	Lahay 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/Ag \_\_\_\_\_ 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							



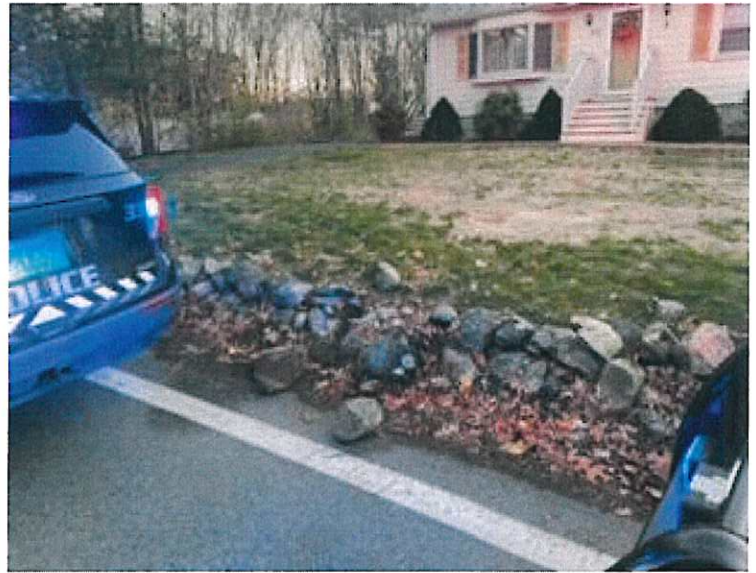


Wilmington Police Department  
Images Associated with 22-343-AC





Wilmington Police Department  
Images Associated with 22-343-AC



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

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

At

93 S I93SBR31 RAMP  
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# **22-344-AC**

License # **S49866555** St **MA** DOB/Age \_\_\_\_\_  
Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement \_\_\_\_\_  
Operator **COOPER, EMILYANNE**  
Address **15 PHILLIPS ST FRNT**  
City **SALEM** State **MA** Zip **01970-1537**  
Insurance Company **PILGRIM INSURANCE COMPANY**  
Vehicle Travel Direction: **N S X 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 # **2JCH38** Reg Type **PC** Reg State **MA**  
Veh Year **2008** Veh Make **HONDA** Veh Config. **1**  
Owner **COOPER, EMILYANNE**  
Address **15 PHILLIPS ST FRNT**  
City **SALEM** State **MA** Zip **01970-1537**  
Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**  
Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Most Harmful Event **1 24** Type of Test: **29**  
Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
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

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>	

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

License # **S82708172** St **MA** DOB/Age \_\_\_\_\_  
Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_  
Operator **THOMAS, MICHELLE A**  
Address **19 LINWOOD AVE**  
City **MELROSE** State **MA** Zip **02176-5405**  
Insurance Company **SAFETY INSURANCE COMPANY**  
Vehicle Travel Direction: **N X 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 # **3GET33** Reg Type **PC** Reg State **MA**  
Veh Year **2016** Veh Make **NISSAN** Veh Config. **1**  
Owner **THOMAS, CORY**  
Address **19 LINWOOD AVE**  
City **MELROSE** State **MA** Zip **02176-5405**  
Vehicle Action Prior to Crash **4** Damaged Area Code: **2 27 27 27**  
Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Most Harmful Event **1 24** Type of Test: **29**  
Driver Contributing Code **13 25 4 25** BAC Test Result: **1 30**  
Driver Distracted by **7 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
<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>	
				<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>4</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 11/17/2022  
 Time of Crash: 0918  
 24HR  
 City/Town: **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles: 1  
 Number Injured: 0  
 Speed Limit: 10  
 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 **HARDEN ST**

10

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

\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

11

2

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

\_\_\_\_ Feet  N  S  E  W of **38 MAIN ST**  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

Landmark

3

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

Crash Report ID# **22-345-AC**

4

License # **S66162804** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_

Reg # **2YN870** Reg Type **PC** Reg State **MA**  
 Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1**

7

Operator **SMITH, ELIZABETH E**  
 Last First Middle

Owner **SMITH, WARREN E JR**  
 Last First Middle

Address **27 LINDA RD**

Address **27 LINDA RD**

City **WILMINGTON** State **MA** Zip **01887-1439**

City **WILMINGTON** State **MA** Zip **01887**

Insurance Company **NGM INSURANCE COMPANY**

Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27 8 27**

5

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

Event Sequence **30 23 21 23 23 23** Test Status: **1 28**

Citation # (If Issued) \_\_\_\_\_

Most Harmful Event **30 24** Type of Test: **29**

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

Driver Contributing Code **18 25 1 25** BAC Test Result: **30**

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

Driver Distracted by **5 26** Susp. Alcohol: **31** Susp. Drug: **32**

30

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

7

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

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

8

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
 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**

9

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**

99

9

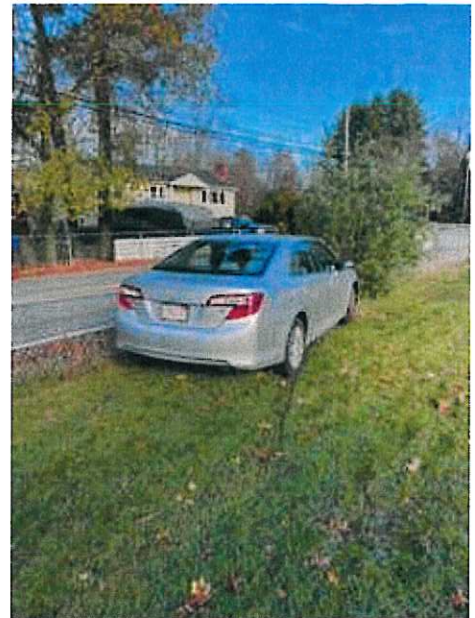
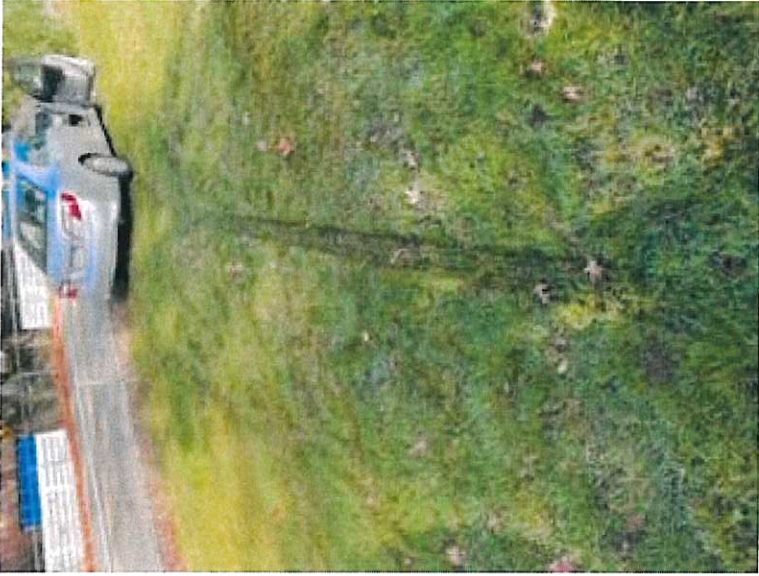
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>							



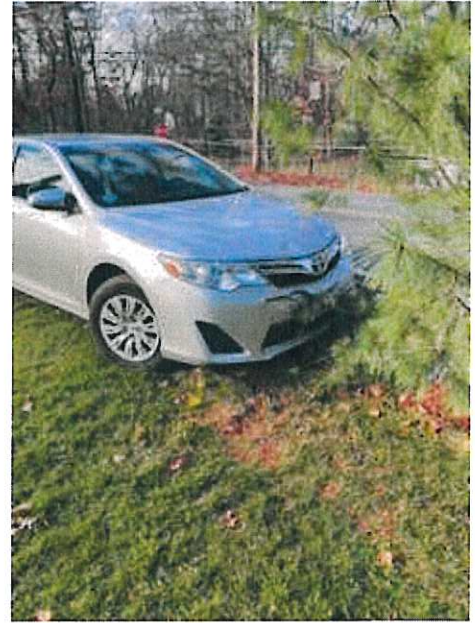


Wilmington Police Department  
Images Associated with 22-345-AC





Wilmington Police Department  
Images Associated with 22-345-AC



Date of Crash 11/17/2022 Time of Crash 1244 24HR 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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route#	Direction	Name of Roadway/Street	At	Route#	Direction	Address #	Name of Roadway/Street	2	10
							208	MAIN ST		
							Feet	N S E W	of	
								Mile Marker		Exit Number
							Feet	X 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# 22-346-AC

3	License #	S43429026	St	MA	DOB/Age		Reg #	6PV523	Reg Type	PC	Reg State	MA		
	Sex	F	Lic. Class	D	19	19	Lic. Restrictions	1	20	CDL Endorsement				
	Operator	MADIGAN, NATALIE A												
	Address	50 FARRAR AVE												
	City	WORCESTER	State	MA	Zip	01604-3220	Reg #	6PV523	Reg Type	PC	Reg State	MA		
	Insurance Company	ARBELLA MUTUAL INSURANCE												
	Vehicle Travel Direction	X 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													
	Event Sequence	1	23	23	23	23	Vehicle Action Prior to Crash	1	22	Damaged Area Code:	8	27	27	27
	Most Harmful Event	1	24											
	Driver Contributing Code	1	25	25										
	Driver Distracted by	0	26											
	BAC Test Result:													
	Susp. Alcohol:	31	Susp. Drug:	32										
	Towed from scene?	2	33											

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

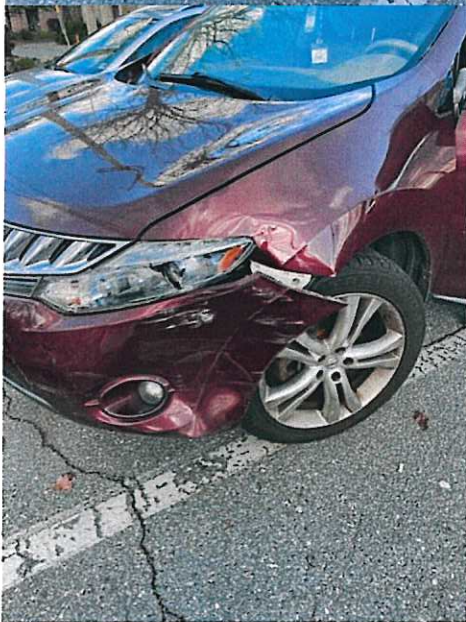
7	License #	S00315655	St	MA	DOB/Age		Reg #	4ZT999	Reg Type	PC	Reg State	MA		
	Sex	M	Lic. Class	D	19	19	Lic. Restrictions	1	20	CDL Endorsement				
	Operator	FISKE, PRESTON M												
	Address	131 MAGAZINE ST APT 2												
	City	CAMBRIDGE	State	MA	Zip	02139-4768	Reg #	4ZT999	Reg Type	PC	Reg State	MA		
	Insurance Company	UNITED SERVICES AUTOMOBIL												
	Vehicle Travel Direction	X 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													
	Event Sequence	1	23	23	23	23	Vehicle Action Prior to Crash	5	22	Damaged Area Code:	4	27	27	27
	Most Harmful Event	1	24											
	Driver Contributing Code	18	25	25										
	Driver Distracted by	0	26											
	BAC Test Result:													
	Susp. Alcohol:	31	Susp. Drug:	32										
	Towed from scene?	2	33											

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	





Wilmington Police Department  
Images Associated with 22-346-AC



Date of Crash 11/17/2022 Time of Crash 1444 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 1 Speed Limit 35 State Police  Local Police  MBTA Police  Campus Police  Other:

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

**1** Route# Direction **SHAWSHEEN AVE** Name of Roadway/Street  
 At  
 Route# Direction **NICHOLS ST** Name of Intersecting Roadway/Street  
 Also at Intersection with  
**2** Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **22-347-AC**

License # **S86587660** St **MA** DOB/Age \_\_\_\_\_ Reg # **9PS186** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2022** Veh Make **SUBARU** Veh Config. **1**  
 Operator **DELGADO, DESTINIE** Owner **DELGADO, DESTINIE**  
 Address **29 SPARE ST** Address **29 SPARE ST**  
 City **DRACUT** State **MA** Zip **01826-2324** City **DRACUT** State **MA** Zip **01826-2324**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**  
 Vehicle Travel Direction: **NSE** 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? **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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S40531434** St **MA** DOB/Age \_\_\_\_\_ Reg # **VTE545** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2017** Veh Make **GMC** Veh Config. **1**  
 Operator **JOHNSTON, CARL WILLIAM** Owner **JOHNSTON, NANCY I**  
 Address **1 S OLIVER ST** Address **1 S OLIVER ST**  
 City **TEWKSBURY** State **MA** Zip **01876-3222** City **TEWKSBURY** State **MA** Zip **01876-3222**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 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: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19 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? **1 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	<b>Lahey Clinic</b>





**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 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# **22-348-AC**

License # **S70144985** St **MA** DOB/Ag: Reg # **6ZR182** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2013** Veh Make **TOYOTA** Veh Config. **1**

Operator **CARDONA ORTIZ, RUBEN DARIO** Owner **CARDONA ORTIZ, RUBEN DARIO**

Address **52 HUNTOON AVE APT 3** Address **52 HUNTOON AVE APT 3**

City **LOWELL** State **MA** Zip **01852-5445** City **LOWELL** State **MA** Zip **01852-5445**

Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 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 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**

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
<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>	

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

License # **S49393803** St **MA** DOB/Ag: Reg # **S46832** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2016** Veh Make **FORD** Veh Config. **1**

Operator **HANAFIN, DANIEL A** Owner **ARI FLEET LT**

Address **5 EDITH DRIVE EXT** Address **4001 LEADENHALL RD**

City **TEWKSBURY** State **MA** Zip **01876-3254** City **MT LAUREL** State **NJ** Zip **08054-0000**

Insurance Company **NATIONAL UNION FIRE INSUR** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 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 Viol. 2: Ch/Sec/Sub Driver Contributing Code **19 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**

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





AT INTERSECTION: **WEST ST** 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 Feet N S E W of Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/Street  
 Landmark

Please Select One of the Following:  Vehicle 13 #Occupants  Hit/Run  Moped Crash Report ID# **22-349-AC**

License # **S21704583** St **MA** DOB/Age **19/19** Reg # **2WVP99** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1 21**  
 Operator **GARCIA, RAMON** Owner **GARCIA, RAMON**  
 Address **128 HAVERHILL ST APT 1** Address **128 HAVERHILL ST APT 1**  
 City **LAWRENCE** State **MA** Zip **01840-1671** City **LAWRENCE** State **MA** Zip **01840-1671**  
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 27 27**  
 Vehicle Travel Direction: **N S X 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 Viol. 2: Ch/Sec/Sub Driver Contributing Code **99 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**  
 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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>CHAD TREMAROLI</b>	486 CROSSWIND DR FERNANDINA BEACH, FL 32034	12/06/1973	M	6	1	4	0	0	10	1	
<b>PAIGE TREMAROLI</b>	486 CROSSWIND DR FERNANDINA BEACH, FL 32034	07/07/2007	F	4	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 # **S42192690** St **MA** DOB/Age **19/19** Reg # **3NZ895** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2007** Veh Make **LEXUS** Veh Config. **1 21**  
 Operator **NUNEZ, OMEIDY K** Owner **NUNEZ, OMEIDY K**  
 Address **13 HALL ST APT 2** Address **13 HALL ST APT 2**  
 City **LAWRENCE** State **MA** Zip **01841-1825** City **LAWRENCE** State **MA** Zip **01841-1825**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **3 22** Damaged Area Code: **7 27 27 27**  
 Vehicle Travel Direction: **X 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 Viol. 2: Ch/Sec/Sub Driver Contributing Code **99 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**  
 Towed from scene? **1 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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **SHAWSHEEN AVE** At **HOPKINS ST**

2 1 Route# Direction Name of Intersecting Roadway/Street

4 1 Route# Direction Name of Intersecting Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street

3 Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **22-350-AC**

1 12 License # **S81793358** St **MA** DOB/Age \_\_\_\_\_ Reg # **6YR868** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2010** Veh Make **NISSAN** Veh Config. **1**

4 1 Operator **FEBBO, ISABELLA MARA** Owner **FEBBO, KIMBERLY RENEE**

Address **29 DORCHESTER ST** Address **29 DORCHESTER ST**

City **WILMINGTON** State **MA** Zip **01887-2272** City **WILMINGTON** State **MA** Zip **01887-2272**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **3** Damaged Area Code: **8 27 27 27**

5 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**

6 1 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**

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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>CHRISTIAN FEBBO</b>	<b>29 DORCHESTER ST WILMINGTON, MA 01887</b>	<b>07/20/2006</b>	<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

7 2 Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

8 1 License # **S84499033** St **MA** DOB/Age \_\_\_\_\_ Reg # **J334** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement \_\_\_\_\_ Veh Year **1995** Veh Make **LINCOLN** Veh Config. **1**

Operator **CLEARY, ELIZABETH M** Owner **CLEARY, ELIZABETH M**

Address **308 SALEM RD** Address **308 SALEM RD**

City **BILLERICA** State **MA** Zip **01821** City **BILLERICA** State **MA** Zip **01821**

Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**

9 2 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: **31** Susp. Drug: **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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER ROBERT M DEGREGORIO III

Ref: 22-350-AC

Entered: 11/19/2022 @ 1026

Entry ID: 223

Modified: 11/19/2022 @ 1026

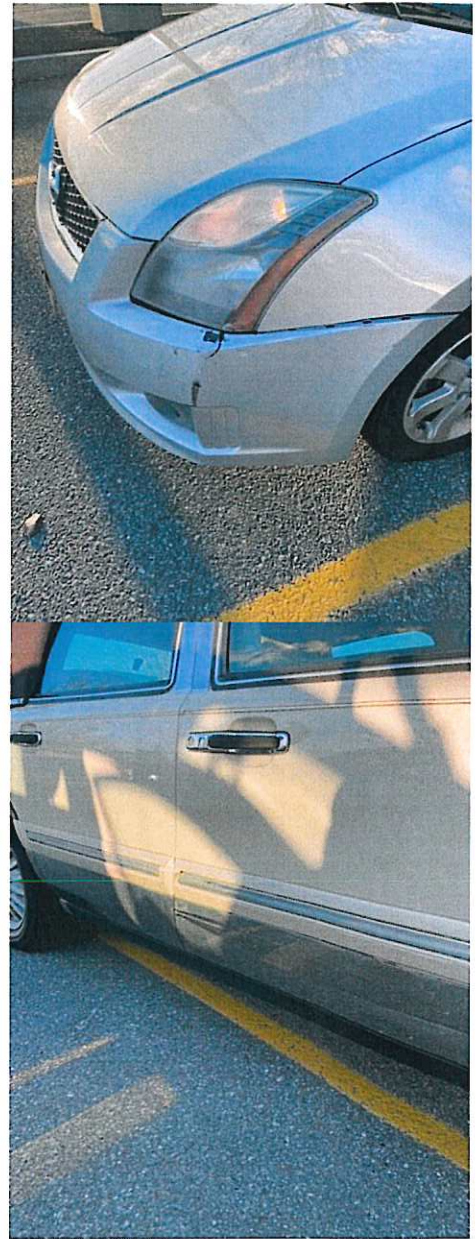
Modified ID: 223

The operator of MV 1 stated she was traveling Northbound on Hopkins St and came to a stop at the red-light at the intersection of Hopkins St and Shawsheen Ave. The operator stated that the light turned green and she began to take a right hand turn onto Shawsheen Ave. The operator of MV 1 stated that while she was turning onto Shawsheen Ave, MV 2 began to pass her on the left-hand side causing MV 1 and MV 2 to make contact with each other. MV 1 sustained damage to the left front driver side headlight and quarter panel.

The Operator of MV 2 stated that she was traveling Eastbound on Shawsheen Ave and came to a stop at the red-light at the intersection of Shawsheen Ave and Hopkins St. The operator stated that when the light turned green, she continued to travel straight ahead on Shawsheen Ave when she made contact with what she thought was a curb. The Operator of MV 2 was informed she struck another motorist. The operator of MV 2 stated she was going to check the damage on her vehicle when she pulled into a parking lot. MV 2 sustained damage on the front passenger to the rear passenger door.

No injuries were reported at the time of the accident. Both vehicles were operable.

Wilmington Police Department  
Images Associated with 22-350-AC



Date of Crash: 11/19/2022 Time of Crash: 1407 24HR City/Town: **Wilmington** Motor Vehicle Crash Police Report Number Vehicles: 2 Number Injured: 1 Speed Limit: 35 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street	2	10		
	At			38 N 520 MAIN ST							
2	Route#	Direction	Name of Intersecting Roadway/Street	Feet		N S E W	of	Mile Marker	Exit Number	8	11
	Also at Intersection with			Feet		N S E W	of	Route#	Intersecting Roadway/Street		
2	Route#	Direction	Name of 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# 22-351-AC

License #	S00423491	St	MA	DOB/Age		Reg #	1VBX69	Reg Type	PC	Reg State	MA	1	12
Sex	F	Lic. Class	D	Lic. Restrictions	20	Veh Year	2021	Veh Make	GMC	Veh Config.	1	21	
Operator	CRESCIO, SHARON ANN			Owner			CRESCIO, SHARON ANN						
Address	8 DUBY DR			Address			8 DUBY DR						
City	BILLERICA MA Zip 01821-3773			City			BILLERICA MA Zip 01821-3773						
Insurance Company	ALLSTATE INSURANCE COMPAN			Vehicle Action Prior to Crash			2			Damaged Area Code: 5 27 27 27			
Vehicle Travel Direction:	<input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> 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		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>X</del>	<del>X</del>	1	1	4	0	0	10	1
CHRISTINE PRIOR	39 LINDSAY RD BILLERICA, MA 01821-4427	10/12/1965	F	3	1	4	0	0	9	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 #		St		DOB/Age		Reg #	5EGZ29	Reg Type	PC	Reg State	MA	2	14
Sex		Lic. Class	D	Lic. Restrictions	20	Veh Year	2014	Veh Make	FORD	Veh Config.	1	21	
Operator				Owner			POLITANO, REGINA MARIE						
Address				Address			206 SALEM RD APT 1						
City				City			TEWKSBURY MA Zip 01876-3187						
Insurance Company	THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash			2			Damaged Area Code: 1 27 97 27 27			
Vehicle Travel Direction:	<input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> 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			5 25 20 25			BAC Test Result: 30			
Viol. 2: Ch/Sec/Sub				Driver Distracted by			5 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		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>X</del>	<del>X</del>	1	1	4	0	0	10	1



