

AT INTERSECTION: **MIDDLESEX AVE** **< 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# **22-352-AC**

License # **S10489045** St **MA** DOB/Age. Reg # **951AL3** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2008** Veh Make **MAZDA** Veh Config. **1**

Operator **ROCHA, LYDIA** Owner **ROCHA, LYDIA**

Address **221 DOUGLAS RD** Address **221 DOUGLAS RD**

City **LOWELL** State **MA** Zip **01852-3913** City **LOWELL** State **MA** Zip **01852-3913**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **6 27 27 27**

Vehicle Travel Direction: **N S E** 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? **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	XXXX	X	1	1	3	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 # **S29344398** St **MA** DOB/Ag Reg # **2VBB63** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2019** Veh Make **HONDA** Veh Config. **1**

Operator **CEPEDA, JORDANA** Owner **CEPEDA, JORDANA**

Address **10 TEMPLE DR** Address **10 TEMPLE DR**

City **METHUEN** State **MA** Zip **01844-1435** City **METHUEN** State **MA** Zip **01844-1435**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4** 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: **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 **99 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

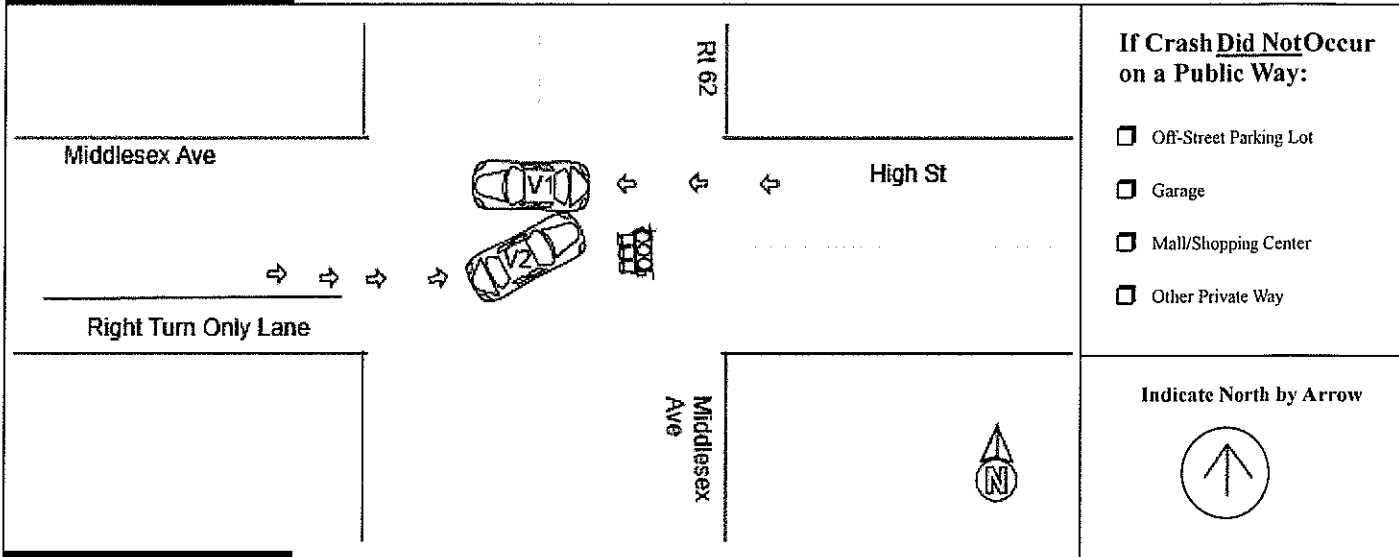
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	X	1	1	3	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:

V1 was traveling straight across the intersection from High St to Middlesex Ave. V2 was taking a left from Middlesex Ave onto Rt 62. The front driver's side of V2 struck the rear driver's side of V1. The operator of V2 stated she did not know what happened or why she collided with V1, but acknowledged that she was the one that caused the crash. The traffic lights were functioning properly. V1 had damage to the side and tire. V2 had significant damage to the front driver's side end. Both vehicles had front and side airbags deploy. There were no injuries. Both operators wore their seat belts. Both vehicles were towed by A&S Towing. Both operators took photos of the vehicles.

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 Emily L Stebbins 210 **Wilmington Police Department** 11/20/2022

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

11 **UPTON DR**
 2 11 _____ Feet N S E W of _____ Mile Marker _____ Exit Number
 2 _____ 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# **22-353-AC**

1 License # **S80025507** St **MA** DOB/Agc _____ Reg # **R742** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement _____ Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **FOWLER, JONATHAN RICHARD** Owner **FOWLER, JOHN RAYMOND**
 4 1 Address **900 OLD SHAWSHEEN ST** Address **900 OLD SHAWSHEEN ST**
 City **TEWKSBURY** State **MA** Zip **01876-2143** City **TEWKSBURY** State **MA** Zip **01876-2143**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 4 27 3 27
 5 Vehicle Travel Direction: N 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 **13** 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
 6 1 Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Agc	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	1	4	0	0	10	1	

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

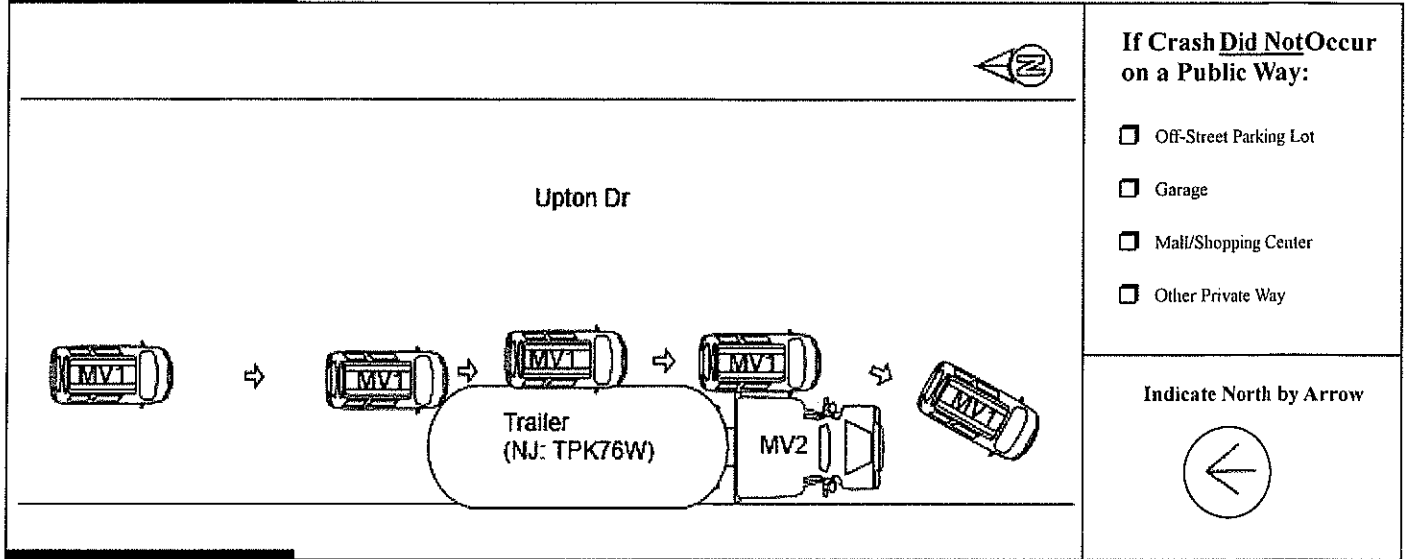
8 1 License # **I106379200010622** St **NJ** DOB/Agc _____ Reg # **AX472D** Reg Type **CO** Reg State **NJ**
 Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **99** 20 CDL Endorsement _____ Veh Year **2016** Veh Make **Other-not listed** Veh Config. **10** 21
 Operator **ZAKARI, IBRAHIM** Owner **ZAKARI, IBRAHIM**
 Address **10 PENSDALE LN** Address **10 PENSDALE LN**
 City **WILLINGBORO** State **NJ** Zip **08046-2714** City **WILLINGBORO** State **NJ** Zip **08046-2714**
 Insurance Company _____ Vehicle Action Prior to Crash **11** 22 Damaged Area Code: 0 27 27 27
 9 2 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 _____ 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

Name (Last First Middle)	Address	DOB/Agc	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	99	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle
 ie: → 1 → 2 → ○ → 🚲

Crash Diagram:



Crash Narrative:

On 11/21/22 at appx 7:21am, I was dispatched to a 2 car MVC, car v. TT-Unit with no injuries in the area of 11 Upton Dr. On arrival, MV1 had heavy R-side damage and was in front of MV2. OPP1 stated he was traveling SB on Upton Dr. OPP1 was blinded by glare from sun. I noticed strong glare from sun while on scene. OPP1 went to lower sun visor in MV. OPP1 could not see MV2 parked on shoulder. It is common for TT-Units to idle in area. OPP2 stated was parked for appx 10min. MV1 struck back L corner of MV2's trailer with front R. MV1 continued forward side swiping trailer. No damage to trailer, heavy damage to MV1. No injuires reported. MV1 towed by A&S. MV2 left under own power.

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

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 11/21/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 11/22/2022 Time of Crash 1448 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 1 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other
 Latitude N42.32.34 Longitude W71.08.3

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

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

Route# Direction Address # Name of Roadway/Street
 316 **LOWELL 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# **22-354-AC**

License # **S63483786** St **MA** DOB/Age _____ Reg # **5HB568** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **19 19** Lic. Restrictions **1 20** CDL Endorsement _____ Veh Year **1996** Veh Make **MERCURY** Veh Config. **1 21**
 Operator **HILLIS, MAURICE F JR** Owner **HILLIS, MAURICE F JR**
 Address **54 BOWEN AVE** Address **54 BOWEN AVE**
 City **MEDFORD** State **MA** Zip **02155-6130** City **MEDFORD** State **MA** Zip **02155-6130**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **35 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **35 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

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	9	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							

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian ⚡ = Bicycle
 ie: → [1] → [2] → ○ → ⚡

Crash Diagram:

The diagram shows a scene at the intersection of Lowell Street and West Street. On the west side of West Street is a Mobil gas station. A gas pump is located at the corner. Two vehicles are depicted: one is in a parking lot labeled 'Mobil on the Run' and the other is shown colliding with the gas pump. Lowell Street runs north-south to the east of the gas station. A north arrow is present in the lower right corner of the diagram 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:

Vehicle 1 was approaching the light at Lowell And West Street when its brakes failed.
 Vehicle swerved into Parking lot at 316 (Mobil on the Run) hoping to avoid a collision
 with other vehicles. Vehicle 1 unable to stop Colided with a gas pump.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
SONNY'S MOBILE ON THE RUN	316 LOWELL ST WILMINGTON MA 01887			GAS PUMP

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 Anthony Fiore 164 Wilmington Police Department 11/22/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 11/22/2022 Time of Crash 1439 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1 Speed Limit 30

State Police Local Police ABTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

WEST ST LOWELL ST

Route# Direction Address # Name of Roadway/Street

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

Crash Report ID# 22-355-AC

License # SA4640770 St MA DOB/Ag... Operator GRYLLAKIS, CHLOE ANNE

Reg # 2SF623 Reg Type PC Reg State MA Veh Year 2015 Veh Make Jeep

Table with columns: Name, 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

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

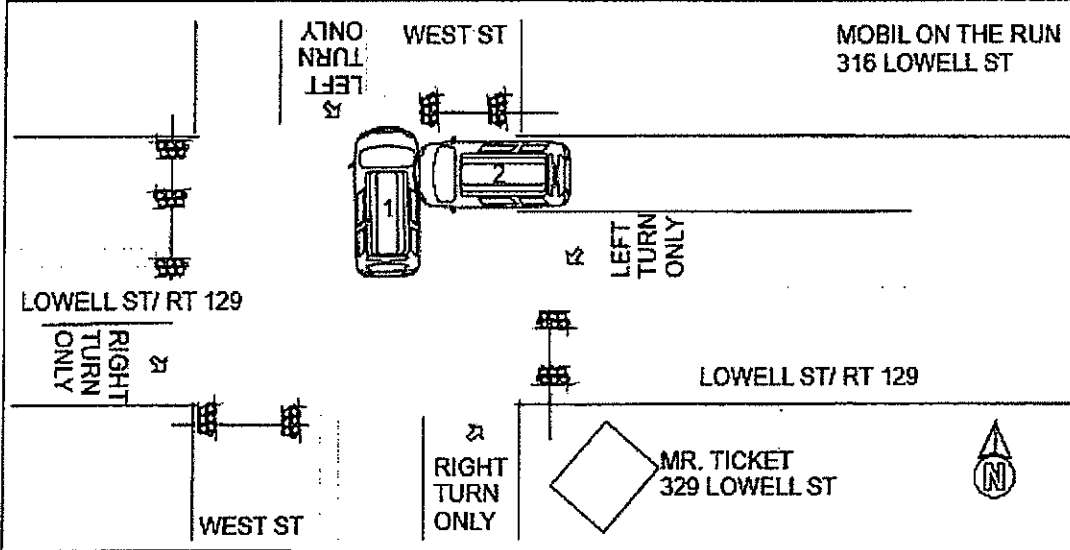
License # S94185460 St MA DOB/Ag... Operator DUNIA, SOLANGE

Reg # 7XY839 Reg Type PC Reg State MA Veh Year 2006 Veh Make FORD

Table with columns: Name, 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

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle
 ie: → 1 → 2 → ○ → ☺

Crash Diagram:



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:

See supplemental narrative

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MEUSE LAWRENCE WILLAIM III	217 LOWELL ST READING MA 01867-2053		
ZORRILLA JOAN M	12 HARTUNG ST METHUEN MA 01844-5210		

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 Daniel P Furbush 196 Wilmington Police Department 11/22/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 22-355-AC

Entered: 11/23/2022 @ 1145 Entry ID: 196
Modified: 11/23/2022 @ 1328 Modified ID: 196
Approved: 11/28/2022 @ 0025 Approval ID: 204

The following is a brief summary of events that occurred on 11/22/22 during a motor vehicle crash.

On Tuesday November 22, 2022, I, Officer Furbush was assigned uniformed patrol in marked cruiser 39, Sector 3, working the 8a-4p shift. At approximately 1439 hrs, I was dispatched to the area of Lowell St and West St for a two car crash. There were reported injuries. Wilmington Fire and Officers Cadigan (Car 34/ Sector 2), Officer Fiore (Car 31/Sector 1) and Sgt. Nofle (Car 35/OIC) were responding.

Upon arrival, I observed a Ford Explorer up against the back end of a Jeep Wrangler. The Jeep was on the lawn of Little Sprouts 310 Lowell St. The Ford Explorer was blocking the south lane of West St (portion between Woburn St and Lowell St). The driver of the Ford, Ms Solange Dunia of 92A Tenney St Apt. #2. Methuen, was sitting on the grass. She appeared hurt and when asked, complained about her head and neck being injured. I applied C-spine to support her head and neck until Wilmington FD could arrive and render aid. She had her phone in her hand when I arrived and it was set up for face time. There were several witnesses around. Also present was the operator of the Jeep Wrangler Ms. Chloe Gryllakis. She reported no injuries but was visibly shaken and was crying. Both operators were wearing seat belts at the time of crash.

I asked Solange what had happened. She stated she was coming from the direction of the highway (westbound) toward West St on Lowell St/Rt 129. She stated she thought she had a green light and was struck by the Jeep. After the Fire Department arrived and took over care, I spoke with Chloe. She stated she didn't know exactly what happened. She stated she thought she had a green light. She stated she entered the intersection on a green light. There was no one in front of her. She stated as she entered the intersection, her vehicle was struck by the Ford.

The damage was consistent to the Ford striking the Jeep. The damage to the Ford was front bumper, grill, hood, front driver's side quarter panel. The damage to Jeep was the passenger quarter panel and front passenger door. The front airbags for the Ford did activate. Wilmington Fire transported Solange to Lahey Clinic. Tows were requested and Cains responded. Cains towed both cars.

I spoke with one witness, Mr. Harun Islek of 2437 US 206 Mount Holly NJ. He stated he was in the line of cars behind the Jeep. He stated he didn't see the traffic lights in regards to what color they were but felt the Jeep should have yielded to the Ford. I spoke to another witness, Mr Lawrence Meuse of 217 Lowell St Reading. Lawrence stated he too was behind the Jeep. He stated he clearly saw that the Jeep had the green light and that as the Jeep entered the intersection, the Ford ran the red light and collided with the Jeep.

I also spoke with Mr. Joan Zorrilla of 12 Hartung St Methuen. Unknown to us as it was blocked from view by Joan's work truck, a second accident had occurred moments before this accident. A Mercury sedan lost its brakes coming down Lowell St from the direction of the Town of Reading and coasted into the parking lot of Mobil on the Run slamming into a gas pump. Joan was on the other side of the pump refueling his box truck. The operator of the sedan was Mr. Maurice Hillis of 54 Bowen Ave Medford. Both Joan and Maurice were witnesses. Joan stated that he witnessed the Ford run the light and crash into the Jeep. He stated he saw that the operator (Solange) had a cell phone in her hand just before the crash. Maurice stated he didn't see the actual crash but saw the Ford traveling in the straight/right turn lane. I asked if traffic in the left turn lane westbound was moving and he stated the left lane was stopped.

The way the intersection works, traffic lights for West St both directions are on the same cycle. Traffic

Wilmington Police Department

Page: 2

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 22-355-AC

Entered: 11/23/2022 @ 1145 Entry ID: 196

Modified: 11/23/2022 @ 1328 Modified ID: 196

Approved: 11/28/2022 @ 0025 Approval ID: 204

lights for Lowell St westbound will then get a green after West St turns red. Both lanes westbound, the left lane only and the straight/ right turn lane will go green at the same time. The left turn only lane will turns red and the Westbound straight/right turn lane stays green and the eastbound lane Lowell St turns green. Both the Eastbound lane and the westbound straight/right turn lane turns red and then West St turns green. With this information plus the fact that the witness Maurice, witnessed the Ford traveling stright but the left turn only lane was stopped (due to a red light) it makes it more believable the Ford ran the red light. If the Jeep ran the red, it would have had to cross Lowell St with both West and East bound traffic going. There was heavy traffic at the time of the crash. With the witness statements claiming the Ford ran the light, the light cycle backs the story. If the Jeep saw she had a green light, that would be after Westbound and Eastbound light turned red. If Solange was distracted, as Joan stated he saw her with a cell phone in her hand and she was face timing when I arrived or if she was looking at the previous crash which was visible to her lane of traffic, she may not have seen the change of lights and ran the light. Plus the damage to the cars show the Ford struck the Jeep.

Respectfully submitted,

Officer Daniel Furbush, Badge #196
Wilmington Police Department

Wilmington Police Department
Images Associated with 22-355-AC



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

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

Route# Direction Address # Name of Roadway/Street
 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# **22-356-AC**

License # **S69395864** St **MA** DOB/Age _____ eg # **171YB2** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **A** Lic. Restrictions **M** CDL **P** Endorsement
 Operator **ABEL, JEANDRE A** Owner **SAINT-ELME, LINDA**
 Address **276 CHESTNUT ST** Address **276 CHESTNUT ST**
 City **WILMINGTON** State **MA** Zip **01887-3304** City **WILMINGTON** State **MA** Zip **01887-3304**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **10** Damaged Area Code: 7 27 6 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 _____ 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	X	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 # _____ St _____ DOB/Age _____ Reg # **SB45757** Reg Type **SB** Reg State **MA**
 Sex _____ Lic. Class **19** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **Thomas** Veh Config. **5**
 Operator **Driverless M.V.** Owner **NRT BUS INC**
 Address _____ Address **230 MAIN ST**
 City _____ State _____ Zip _____ City **NORTH READING** State **MA** Zip **01864-3112**
 Insurance Company **OLD REPUBLIC INSURANCE** Vehicle Action Prior to Crash **11** 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 _____ 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 **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	X	1							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 11/22/2022	Time of Crash 2136 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:									
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>276</u> <u>CHESTNUT ST</u>									
At _____			At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____									
Also at Intersection with _____			Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 22-356-AC												
License # <u>032722589</u> St <u>MA</u> DOB/Age _____			Reg # <u>2ZCS16</u> Reg Type <u>PC</u> Reg State <u>MA</u>												
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____			Veh Year <u>2010</u> Veh Make <u>FORD</u> Veh Config. <u>1</u>												
Operator <u>DEERING, BRIAN J</u>			Owner <u>DEERING, BRIAN J</u>												
Address <u>18 LOWELL ST</u>			Address <u>18 LOWELL ST</u>												
City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-1023</u>			City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-1023</u>												
Insurance Company <u>GEICO GENERAL INSURANCE C</u>			Vehicle Action Prior to Crash <u>1</u>			Damaged Area Code: <u>7</u> <u>27</u> <u>3</u> <u>27</u> <u>10</u> <u>27</u>									
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>10</u> <u>23</u> <u>1</u> <u>23</u> <u>2</u> <u>23</u> <u>31</u>			Test Status: <u>1</u> <u>28</u>									
Citation # (If Issued) <u>692090AB</u>			Most Harmful Event <u>1</u> <u>24</u>			Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24</u>			Driver Contributing Code <u>19</u> <u>25</u> <u>7</u> <u>25</u>			BAC Test Result: <u>1</u> <u>30</u>									
Viol. 3: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 4: Ch/Sec/Sub <u>90</u> <u>18</u>			Driver Distracted by <u>99</u> <u>26</u>			Susp. Alcohol: <u>99</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</u>									
Viol. 5: Ch/Sec/Sub _____ Viol. 6: Ch/Sec/Sub _____			Towed from scene? <u>1</u> <u>33</u>												
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	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>99</u>	<u>1</u>			
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>4</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____												
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			Veh Year _____ Veh Make _____ Veh Config. <u>21</u>												
Operator _____			Owner _____												
Address _____			Address _____												
City _____ State _____ Zip _____			City _____ State _____ Zip _____												
Insurance Company _____			Vehicle Action Prior to Crash <u>22</u>			Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Test Status: <u>28</u>									
Citation # (If Issued) _____			Most Harmful Event <u>24</u>			Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>25</u> <u>25</u>			BAC Test Result: <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>26</u>			Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>									
Viol. 5: Ch/Sec/Sub _____ Viol. 6: Ch/Sec/Sub _____			Towed from scene? <u>33</u>												
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	<u>1</u>									

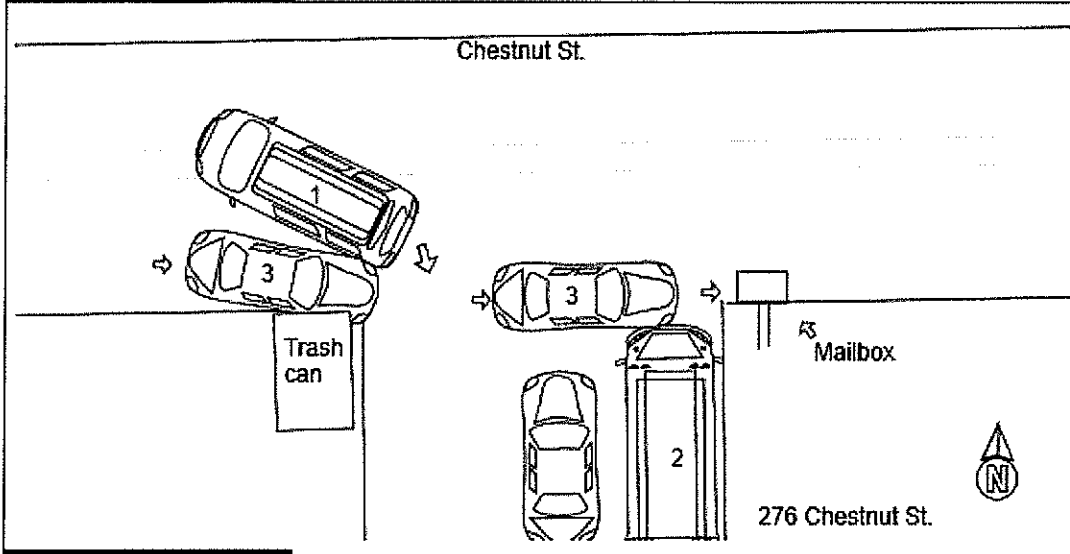
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

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:

MV1 was backing into their driveway from chestnut St. into 276 Chestnut St. As MV1 was backing in MV3 was driving eastbound on Chestnut St. at a high rate of speed. MV1 did not have enough time to get out of the way of MV3. MV3 crossed over the fog line colliding into a trashcan, MV1, MV2 School bus, mailbox, and driving over a large rock. MV3 continued eastbound on Chestnut street leaving a trail of oil. I followed the oil down butters row, right onto Main St. to the back of Jimmy's Gas station located at 945 Main St. about 2.7 miles away. The vehicle had matching damage and a large puddle of oil under it. MV3 was towed by Cain's towing. Video from a ring camera of the crash and photos of the damaged vehicles are attached.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ABEL JEANDRE A	276 CHESTNUT ST WILMINGTON MA 0188		97	TRASH CAN AND MAILBOX

Truck and Bus Information:

Registration # **SB45757** (From Vehicle Section)

Carrier Name **NRT Bus INC**

Bus Use **99**⁴²

Address **230 MAIN ST**

City **NORTH READING**

St **MA**

Zip **01864**

US DOT #: **1166825**

State Number _____

Issuing State **MA**

MC/MX/ICC #: _____

Interstate **2**⁴³

Cargo Body Type Code **2**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 **Brian Tavares**

206

Wilmington Police Department

11/22/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 22-356-AC



Wilmington Police Department
Images Associated with 22-356-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/23/2022	Time of Crash 0557 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>			
						Latitude _____	Longitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____			
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:								
Route# _____ Direction _____ Name of Roadway/Street _____				Route# <u>38</u> Direction <u>N</u> Address # <u>904</u> Name of Roadway/Street <u>MAIN ST</u>									
At _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____		Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____							
Also at Intersection with _____				Route# _____ Intersecting Roadway/Street _____		Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 22-357-AC									
License # <u>S64605701</u> St <u>MA</u> DOB/Ag _____				Reg # <u>7VK190</u> Reg Type <u>PC</u> Reg State <u>MA</u>									
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____				Veh Year <u>2009</u> Veh Make <u>ACURA</u> Veh Config. <u>1</u> <u>21</u>									
Operator <u>GUEVARA, JOEL O</u>				Owner <u>GUEVARA, JOEL O</u>									
Address <u>1 WOODLAND S</u>				Address <u>1 WOODLAND S</u>									
City <u>LYNN</u> State <u>MA</u> Zip <u>01904-1403</u>				City <u>LYNN</u> State <u>MA</u> Zip <u>01904-1403</u>									
Insurance Company <u>LM GENERAL INSURANCE COMP</u>				Vehicle Action Prior to Crash <u>1</u> <u>22</u>		Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>				Event Sequence <u>5</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>28</u>							
Citation # (If Issued) _____				Most Harmful Event <u>5</u> <u>24</u>		Type of Test: <u>29</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>		BAC Test Result: <u>30</u>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				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>							
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	<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: <input type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St _____ DOB/Ag _____				Reg # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____				Veh Year _____ Veh Make _____ Veh Config. <u>21</u>									
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash <u>22</u>		Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>28</u>							
Citation # (If Issued) _____				Most Harmful Event <u>24</u>		Type of Test: <u>29</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code <u>25</u> <u>25</u>		BAC Test Result: <u>30</u>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by <u>26</u>		Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>							
						Towed from scene? <u>33</u>							
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	<u>1</u>							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 11/23/2022	Time of Crash 0704 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u>	Latitude _____	Longitude _____	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# <u>206</u> Direction _____ Address # <u>BALLARDVALE ST</u> Name of Roadway/Street _____												
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____												
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 22-358-AC												
License # <u>S46679374</u> St <u>MA</u> DOB/Ag. _____			Reg # <u>72649</u> Reg Type <u>PC</u> Reg State <u>MA</u>			Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____			Veh Year <u>2015</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u>						
Operator <u>PATENAUDE, MICHELLE TERESA</u>			Owner <u>ANDERSON, ROSANNE T</u>												
Address <u>43 BAILEY LN</u>			Address <u>3223 AVALON DR</u>												
City <u>GEORGETOWN</u> State <u>MA</u> Zip <u>01833-1328</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>			Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>			Vehicle Action Prior to Crash <u>1</u>			Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>			
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Test Status: <u>1</u> <u>28</u>			Type of Test: <u>1</u> <u>29</u>			BAC Test Result: <u>1</u> <u>30</u>			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>			Driver Contributing Code <u>20</u> <u>25</u> <u>25</u>			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>			Towed from scene? <u>2</u> <u>33</u>			
Viol. 1: Ctl/Sec/Sub _____ Viol. 2: Ctl/Sec/Sub _____			Driver Distracted by <u>6</u> <u>26</u>												
Viol. 3: Ctl/Sec/Sub _____ Viol. 4: Ctl/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		XXXX	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # <u>S60741920</u> St <u>MA</u> DOB/Ag. _____			Reg # <u>8BR156</u> Reg Type <u>PC</u> Reg State <u>MA</u>			Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____			Veh Year <u>2021</u> Veh Make <u>KIA</u> Veh Config. <u>1</u>						
Operator <u>HUBER, THOMAS PHILIP</u>			Owner <u>HUBER, THOMAS PHILIP</u>												
Address <u>403 MILLVILLE RD</u>			Address <u>403 MILLVILLE RD</u>												
City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-1637</u>			City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-1637</u>			Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>			Vehicle Action Prior to Crash <u>2</u>			Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>			
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Test Status: <u>1</u> <u>28</u>			Type of Test: <u>1</u> <u>29</u>			BAC Test Result: <u>1</u> <u>30</u>			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>			Towed from scene? <u>2</u> <u>33</u>			
Viol. 1: Ctl/Sec/Sub _____ Viol. 2: Ctl/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>												
Viol. 3: Ctl/Sec/Sub _____ Viol. 4: Ctl/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		XXXX	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>			

Date of Crash 11/26/2022	Time of Crash 1621 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 35	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other
-----------------------------	-------------------------------	--------------------------------	--	-----------------------------	----------------------------	-----------------------	--

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>CHURCH ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>CENTRAL ST</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# _____ Direction _____ Address # _____ Name of Roadway/Street _____</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>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</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# **22-359-AC**

License # S52908153 St MA DOB/Age _____ Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL _____ Operator WASZCZUK, ALEXANDER EDWARD Address 1 OLSON ST APT 1 City WILMINGTON State MA Zip 01887-2455 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # 463GR5 Reg Type PC Reg State MA Veh Year 2018 Veh Make NISSAN Veh Config. 1 <input type="checkbox"/> 21 Owner WASZCZUK, ALEXANDER EDWARD Address 1 OLSON ST APT 1 City WILMINGTON State MA Zip 01887-2455 Vehicle Action Prior to Crash 2 <input type="checkbox"/> 22 Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event 1 <input type="checkbox"/> 24 Driver Contributing Code 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by 99 <input type="checkbox"/> 26 Damaged Area Code: 5 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: 1 <input type="checkbox"/> 30 Susp. Alcohol: 2 <input type="checkbox"/> 31 Susp. Drug: 2 <input type="checkbox"/> 32 Towed from scene? 2 <input type="checkbox"/> 33
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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	XXXXXX	XXXX	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 # S17586047 St MA DOB/Age _____ Sex F Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL _____ Operator GEORGIAN, CAROLYN M Address 285 CONCORD RD City BILLERICA State MA Zip 01821-3431 Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # 664ZMK Reg Type PC Reg State MA Veh Year 2010 Veh Make HONDA Veh Config. 1 <input type="checkbox"/> 21 Owner GEORGIAN, CAROLYN M Address 285 CONCORD RD City BILLERICA State MA Zip 01821-3431 Vehicle Action Prior to Crash 1 <input type="checkbox"/> 22 Event Sequence 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event 1 <input type="checkbox"/> 24 Driver Contributing Code 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by 99 <input type="checkbox"/> 26 Damaged Area Code: 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: 1 <input type="checkbox"/> 30 Susp. Alcohol: 2 <input type="checkbox"/> 31 Susp. Drug: 2 <input type="checkbox"/> 32 Towed from scene? 1 <input type="checkbox"/> 33
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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	XXXXXX	XXXX	1	99	4	0	0	10	1	

