

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **11/27/2022** Time of Crash **1423** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **1** Speed Limit **40**
 Latitude _____ Longitude _____
 State Police Local Police MBTA Police Campus Police Other _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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# **33** Direction _____ Address # **CONCORD ST** 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 _____

10

11

2

3

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **22-360-AC**

3

License # **S36345490** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____
 Endorsement _____
 Operator **NOVACON, ALEXANDER P**
 Last First Middle
 Address **21 BLUENOSE LN**
 City **OSTERVILLE** State **MA** Zip **02655-1558**

Reg # **JSAONE** Reg Type **CO** Reg State **MA**
 Veh Year **2018** Veh Make **DODGE** Veh Config. **2** **21**
 Owner **JSA ENTERPRISES INC**
 Last First Middle
 Address **16 ARTHUR AVE**
 City **DRACUT** State **MA** Zip **01826-5009**

12

5

Insurance Company **PROTECTIVE INSURANCE COMP**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
 Citation # (If Issued) **696073AB**
 Viol. 1: Ch/Sec/Sub **89** **9** Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **2** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **4** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **5** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

13

6

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	1	4	0	0	10	1	

7

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

8

License # **S08814398** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____
 Endorsement _____
 Operator **DIAZ, AUBREY L**
 Last First Middle
 Address **137 HANCOCK ST**
 City **LAWRENCE** State **MA** Zip **01841-5011**

Reg # **2FND98** Reg Type **PC** Reg State **MA**
 Veh Year **2020** Veh Make **HYUNDAI** Veh Config. **1** **21**
 Owner **DIAZ, AUBREY L**
 Last First Middle
 Address **137 HANCOCK ST**
 City **LAWRENCE** State **MA** Zip **01841-5011**

14

9

Insurance Company **SAFETY INSURANCE COMPANY**
 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 _____

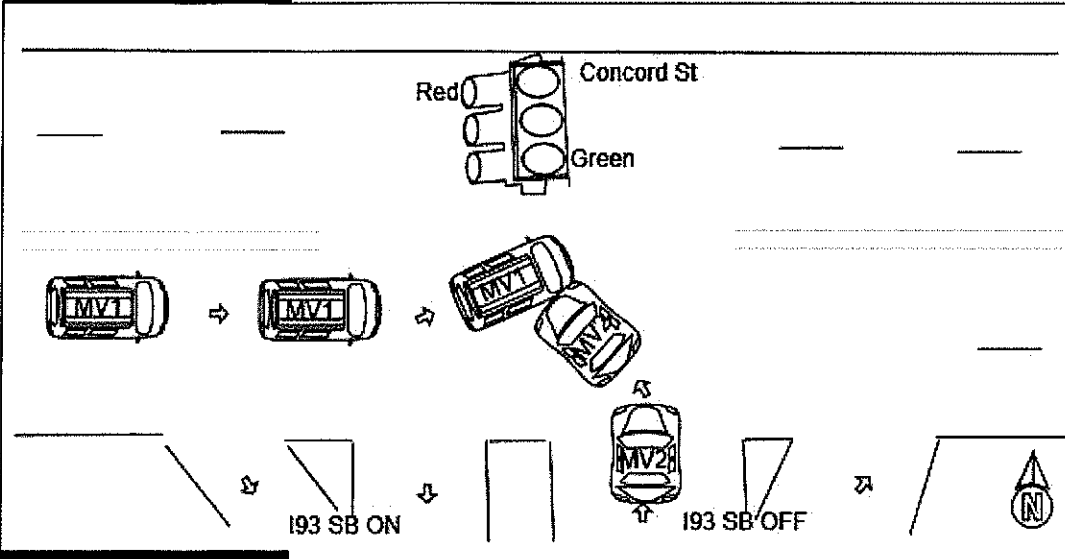
Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **2** **27** **8** **27** **1** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

Please fill out for operator/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	1	1	0	0	8	2	Winchester Hospital

→ = 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:

11/27/22 at appx. 1423hrs, dispatched to 2 car mvc at Concord St @ I93 SB. OPP1 admitted he was traveling EB on Concord St and was not paying attention and ran red light. MV2 exiting ramp and turning L on Concord St (green light). MV1 struck front of MV2 with front R of vehicle. Heavy front end damage to MV2. MV1 disabled. OPP1 no injury. OPP2 leg pain, transported WED to Winchester Hosp. Both MVs towed by Cains. OPP1 recieved written warning for red light violation (696073AB).

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 Joseph A Fitzgerald 215 Wilmington Police Department 11/27/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash: 11/27/2022 Time of Crash: 1454 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 2 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 _____ Address # 500 Name of Roadway/Street MAIN ST
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 _____ Mile Marker _____ Exit Number _____
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 _____
		Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-361-AC**

License # unknown St _____ DOB/Age _____ Sex M Lic. Class 99 <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Operator ALVES, IGOR Address 5 FOLEY ST City WOBURN State MA Zip 01801 Insurance Company PROGRESSIVE DIRECT INSURA	Reg # 1GYT23 Reg Type PC Reg State MA Veh Year 2009 Veh Make TOYOTA Veh Config. 1 Owner FERREIRA SANTOS, LEONARDO Address 159 BEDFORD RD City WOBURN State MA Zip 01801 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 8 25 21 25 Driver Distracted by 0 26	Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 1 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 1 32 Towed from scene? 1 33
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 _____		

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	1	0	0	7	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 # S46636167 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 MALLAIYASAMY, SIVAKUMAR Address 2 EAGLEVIEW DR City WILMINGTON State MA Zip 01887-4203 Insurance Company THE COMMERCE INSURANCE CO	Reg # 9BP158 Reg Type PC Reg State MA Veh Year 2019 Veh Make MERCEDES-BENZ Veh Config. 1 Owner MALLAIYASAMY, SIVAKUMAR Address 2 EAGLEVIEW DR City WILMINGTON State MA Zip 01887-4203 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26	Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 1 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" 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 _____		

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	1	0	0	8	2	Lahey Clinic

Date of Crash **11/28/2022** Time of Crash **1111** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **30** Latitude _____ Longitude _____
 24HR **Wilmington** **Police Report** State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 447 Name of Roadway/Street MIDDLESEX AVE</p> <p>_____ Feet N S E W of _____ or _____</p> <p>_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
---	---

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **22-362-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator unknown</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N X E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # unknown Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 99 27 27 27</p> <p>Event Sequence 2 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 2 24 Type of Test: 29</p> <p>Driver Contributing Code 99 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32</p> <p>Towed from scene? 2 33</p>
--	--

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	XXXX	XX	1	99	99	99	99	99	99	

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

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator Driverless M.V.</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # KSC12 Reg Type AP Reg State NH</p> <p>Veh Year 2017 Veh Make ISUZU Veh Config. 21</p> <p>Owner KIDDER CONCRETE CUTTING & CORING INC</p> <p>Address 22 DANVILLE RD</p> <p>City PLAISTOW State NH Zip 03865</p> <p>Vehicle Action Prior to Crash 11 22 Damaged Area Code: 4 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
--	--

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	XXXX	XX	1							

Wilmington Police Department
Images Associated with 22-362-AC



Date of Crash 11/29/2022 Time of Crash 1323 City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police MBTA Police Campus Police Other:

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

Route# Direction **LOWELL ST** Name of Roadway/Street

Route# Direction **PARKER ST** Name of Intersecting Roadway/Street

Route# Direction _____ Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **22-363-AC**

License # **S45899470** St **MA** DOB/Age _____ Reg # **863PE9** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1**

Operator **GOEMPEL, JOHN JOSEPH JR** Owner **GOEMPEL, JOHN JOSEPH JR**

Address **50 GLENWOOD RD** Address **50 GLENWOOD RD**

City **TEWKSBURY** State **MA** Zip **01876-4450** City **TEWKSBURY** State **MA** Zip **01876-4450**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 4 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: _____

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Susp. Alcohol: **31** Susp. Drug: **32**

Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** 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	
DEBRA GOEMPEL	50 GLENWOOD RD TEWKSBURY, MA 01876-4450		F	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 # **S85377017** St **MA** DOB/Age _____ Reg # **415YGM** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2013** Veh Make **SUBARU** Veh Config. **1**

Operator **LOWELL, PATRICIA A** Owner **LOWELL, PATRICIA A**

Address **50A MOUNTAIN ST** Address **50A MOUNTAIN ST**

City **WOBURN** State **MA** Zip **01801-1230** City **WOBURN** State **MA** Zip **01801-1230**

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

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: _____

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Susp. Alcohol: **31** Susp. Drug: **32**

Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** 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	1	4	0	0	10	1	

Wilmington Police Department

NARRATIVE FOR PATROL OFFICER ROBERT M DEGREGORIO III

Ref: 22-363-AC

Entered: 11/30/2022 @ 0739 Entry ID: 223
Modified: 11/30/2022 @ 0739 Modified ID: 223
Approved: 12/05/2022 @ 0906 Approval ID: 159

The operator of MV 1 stated that while he was traveling Northbound on Lowell St, the operator of MV 2 started to pull out of Parker St and make a right-hand turn onto Lowell St. The operator of MV 1 stated that he began to brake and press his horn prior to the collision. MV 1 sustained damage to the right rear quarter panel and the right rear bumper.

The operator of MV 2 stated that while she was at the stop sign at the intersection of Parker St and Lowell St, she observed MV 1 traveling Northbound on Lowell St with their right directional on. The operator of MV 2 stated that as MV 1 approached, it began to slow as if it was going to make a right-hand turn onto parker street. The operator of MV 2 stated that as she began to make a right-hand turn onto Lowell St, MV 1 continued straight on Lowell St causing the two vehicle to impact. MV 2 sustained damage to the front center and front right of the bumper. No injuries reported at the time and both motor vehicle were operable.

Attachments for 22-363-AC

Description	Type
JJ GOEMPEL OPER CRASH RPT	PDF
Attachment#: B50D6AA544544085B819420C1B3E276E	

Wilmington Police Department
Images Associated with 22-363-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 11/29/2022
 Time of Crash: 1509 24HR
 City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: 40
 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 _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # **206** Name of Roadway/Street **BALLARDVALE ST**
 _____ Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet N S E W of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet N S E W of _____
 Landmark _____

2 10

3 11

2

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

Crash Report ID# **22-364-AC**

3

License # **S35821504** St **MA** DOB/Age _____
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____

Reg # **8EJ854** Reg Type **PC** Reg State **MA**
 Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1** 21

1 12

4

Operator **WHATLEY, JULIE M**
 Last First Middle
 Address **25 HERITAGE DR**

Owner **WHATLEY, JULIE M**
 Last First Middle
 Address **25 HERITAGE DR**

5

City **N TEWKSBURY** State **MA** Zip **01876-2780**
 Insurance Company **LIBERTY MUTUAL INSURANCE**
 Vehicle Travel Direction: N 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 _____

City **N TEWKSBURY** State **MA** Zip **01876-2780**
 Vehicle Action Prior to Crash **1** 22
 Damaged Area Code: **3** 27 27 27
 Event Sequence **1** 23 23 23 23
 Test Status: 28
 Type of Test: 29
 Most Harmful Event **1** 24
 BAC Test Result: 30
 Driver Contributing Code **1** 25 25
 Susp. Alcohol: 31 Susp. Drug: 32
 Driver Distracted by **0** 26
 Towed from scene? **2** 33

1 13

6

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	4	0	0	10	1	

7

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

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

8

License # **S92533488** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____

Reg # **6YK658** Reg Type **PC** Reg State **MA**
 Veh Year **2010** Veh Make **SUBARU** Veh Config. **1** 21

1 14

9

Operator **JAYASINGHE, LALITH K**
 Last First Middle
 Address **24 WILD ROSE DR**
 City **ANDOVER** State **MA** Zip **01810-4613**
 Insurance Company **AMICA MUTUAL INSURANCE CO**
 Vehicle Travel Direction: N 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 _____

Owner **KASTURIARACHCHI, TAROSHANI DEEPA**
 Last First Middle
 Address **24 WILD ROSE DR**
 City **ANDOVER** State **MA** Zip **01810-4613**
 Vehicle Action Prior to Crash **6** 22
 Damaged Area Code: **2** 27 27 27
 Event Sequence **1** 23 23 23 23
 Test Status: 28
 Type of Test: 29
 Most Harmful Event **1** 24
 BAC Test Result: 30
 Driver Contributing Code **19** 25 **1** 25
 Susp. Alcohol: 31 Susp. Drug: 32
 Driver Distracted by **0** 26
 Towed from scene? **2** 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Date of Crash: 11/29/2022 | Time of Crash: 1726 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 2 | 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 _____	Route# _____ Direction _____ Address # <u>534</u> Name of Roadway/Street <u>SHAWSHOEN AVE</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ 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: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# **22-365-AC**

License # <u>S72973725</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>FLYNN, ERIN MARIE</u> Address <u>25 HIGH ST</u> City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-2414</u> Insurance Company <u>THE STANDARD FIRE INSURAN</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>BR56XD</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>FLYNN, ERIN MARIE</u> Address <u>25 HIGH ST</u> City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-2414</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>11</u> <u>27</u> <u>0</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>1</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
--	--

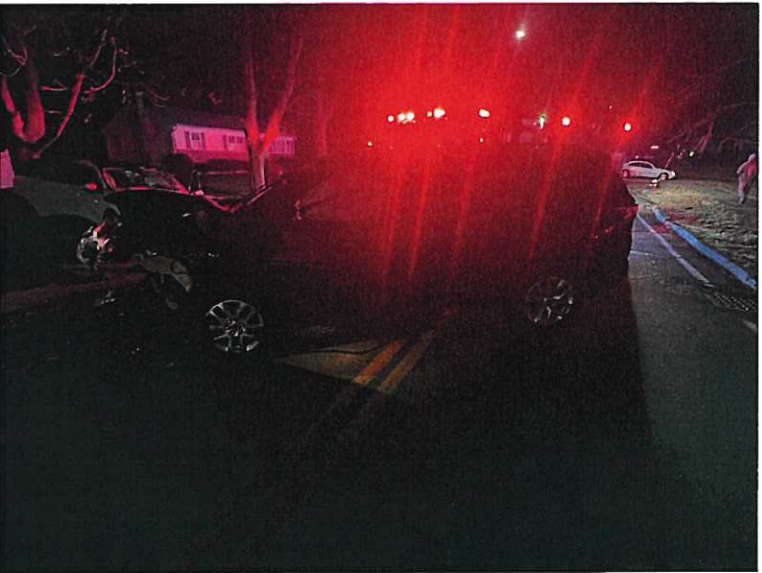
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	99	3	0	0	9	2	Lahey Clinic

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

License # <u>S25063651</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>SAWYER, HEATHER</u> Address <u>32 HOBSON AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2061</u> Insurance Company <u>QUINCY MUTUAL FIRE INSURA</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2749496</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>13</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>6HL585</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SAWYER, BRIAN A</u> Address <u>32 HOBSON AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2061</u> Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>11</u> <u>27</u> <u>27</u> Event Sequence <u>42</u> <u>23</u> <u>1</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>20</u> <u>25</u> <u>9</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>1</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
---	---

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	99	3	0	0	9	2	Lahey Clinic

Wilmington Police Department
Images Associated with 22-365-AC



Wilmington Police Department
Images Associated with 22-365-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 11/30/2022 Time of Crash 1442 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 10 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

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 # **275 MAIN 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 _____

2 10

7 11

2 1

3

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

Crash Report ID# **22-366-AC**

4 1

License # **S87483888** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____
Operator **DURANT, JO ANN**
Address **8 CROWNINSHIELD ST APT 211**
City **PEABODY** State **MA** Zip **01960-8204**
Insurance Company **ELECTRIC INSURANCE COMPAN**
Vehicle Travel Direction: N S 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 # **41YE07** Reg Type **PC** Reg State **MA**
Veh Year **2018** Veh Make **MERCEDES-BENZ** Veh Config. **1**
Owner **DURANT, JO ANN**
Address **8 CROWNINSHIELD ST APT 211**
City **PEABODY** State **MA** Zip **01960-8204**
Vehicle Action Prior to Crash **11 22** Damaged Area Code: **4 27 27 27**
Event Sequence **1 23 23 23 23** Test Status: **1 28 29**
Most Harmful Event **1 24** Type of Test: **1 30**
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? **2 33**

7 12

2 13

6 1

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	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

Crash Report ID# **22-366-AC**

8 99

License # **SA7160547** St **MA** DOB/Age _____
Sex _____ Lic. Class **D** Lic. Restrictions **1** CDL _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company **VERMONT MUTUAL INSURANCE**
Vehicle Travel Direction: N S 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 # **346GT9** Reg Type **PC** Reg State **MA**
Veh Year **2014** Veh Make **Jeep** Veh Config. **1**
Owner **DRISCOLL, ROBERT JOHN**
Address **14 EVANS DR**
City **WILMINGTON** State **MA** Zip **01887-1518**
Vehicle Action Prior to Crash **97 22** Damaged Area Code: **0 27 27 27**
Event Sequence **2 23 23 23 23** Test Status: **1 28 29**
Most Harmful Event **2 24** Type of Test: **1 30**
Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

1 14

9 2

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	2	4	0	0	10	1	

Date of Crash **12/01/2022** Time of Crash **1222** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **2** 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 _____	Route# _____ Direction _____ Address # 222 Name of Roadway/Street ANDOVER ST
	At _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
2	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 _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 22-367-AC**

License # NHL10148180 St NH DOB/Age _____	Reg # 5081209 Reg Type PC Reg State NH
Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL Endorsement _____	Veh Year 2022 Veh Make HONDA Veh Config. 1 <input type="checkbox"/> 21
Operator DOLAN, LIAM T	Owner DOLAN, LIAM T
Address 1 ZACHERY LN	Address 1 ZACHERY LN
City NEWTON State NH Zip 03858	City NEWTON State NH Zip 03858
Insurance Company STATE FARM	Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: <input type="checkbox"/> 5 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26
	Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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	XXXXXX	XXXX	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 # O632160802700 St FL DOB/Age _____	Reg # 3CVJ45 Reg Type PC Reg State MA
Sex M Lic. Class 99 <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement _____	Veh Year 2007 Veh Make HONDA Veh Config. 1 <input type="checkbox"/> 21
Operator ORTIZ, DAVID	Owner VIDAL, APRIL MARIA
Address 15 LENOX ST	Address 16 GRIGGS ST
City LOWELL State MA Zip 01852	City DRACUT State MA Zip 01826-5021
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 5 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26
	Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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	XXXXXX	XXXX	1	99	4	0	0	9	1	
				3	99	4	0	0	9	1	

Date of Crash: 12/01/2022 | Time of Crash: 1222 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 3 | Number Injured: 2 | Speed Limit: 30 | State Police | Local Police | MBTA Police | Campus Police | Other

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# _____ Direction _____ Address # 222 Name of Roadway/Street ANDOVER ST
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 _____
		_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped | Crash Report ID# **22-367-AC**

License # S77932678 St MA DOB/Ag _____	Reg # USCX97 Reg Type PC Reg State MA
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____	Veh Year 2014 Veh Make FORD Veh Config. 1
Operator RAMOS-SANTIAGO, ROBERTO	Owner RAMOS-SANTIAGO, ROBERTO
Address 169 MAIN ST APT 2	Address 169 MAIN ST APT 2
City WINTHROP State MA Zip 02152-2778	City WINTHROP State MA Zip 02152-2778
Insurance Company PROGRESSIVE DIRECT INSURA	Vehicle Action Prior to Crash 4 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: 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 97 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											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 4 #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 _____ Lic. Restrictions _____ 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	XXXXXX	XXXX	1							

Date of Crash 12/01/2022 Time of Crash 1457 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 10 State Police Local Police MBTA Police Campus Police Other

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

<p>1 1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>2 2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10 Route# _____ Direction <u>240</u> Address # <u>BALLARDVALE ST</u> 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 _____ Mile Marker _____ Exit Number _____</p> <p>3 11 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p>
---	---

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-368-AC**

<p>4 1 License # <u>9514999</u> St <u>RI</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>KINNER, ALLEN CLARK</u> Last First Middle Address <u>1415 MAIN ST</u> City <u>WEST WARWICK</u> State <u>RI</u> Zip <u>02893</u> Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>7 12 Reg # <u>3117751</u> Reg Type <u>TL</u> Reg State <u>IN</u> Veh Year <u>2022</u> Veh Make <u>Other-not listed</u> Veh Config. <u>8</u> <u>21</u> Owner <u>PENSKE TRUCK LEASING CO L P</u> Last First Middle Address <u>2675 MORGANTOWN RD</u> City <u>OUT OF STATE</u> State <u>PA</u> Zip <u>19607</u> Vehicle Action Prior to Crash <u>97</u> <u>22</u> Damaged Area Code: <u>97</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u></p>
---	---

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	99	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

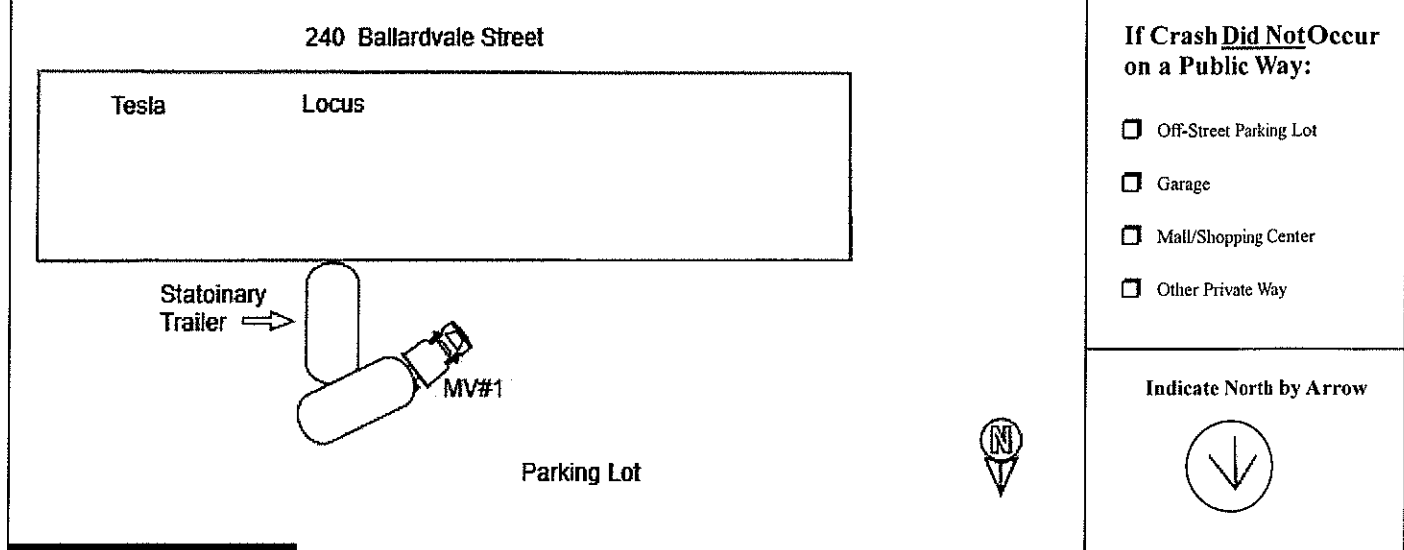
<p>8 99 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 _____</p>	<p>14 Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u></p>
--	--

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Oper. of of MV#1 was drviing in the parking lot of 240 Ballardvale Street and struck a stationary trailer that was parked at the loading dock for Locus.

Locus contact person David Brown 978-601-4895.

Ower of Stationary Trailer-Pac Van 888-848-2726 or 800-546-1050

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
PAC VAN	9155 HARRISON PARK CT INDIANAPLIS		97	SEMI-TRAILER

Truck and Bus Information:

Registration # 3117751 (From Vehicle Section)

Carrier Name Penske Bus Use ⁴²

Address READING City OUT OF STATE St PA Zip 19607

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

Interstate ⁴³ Cargo Body Type Code ⁴⁴ GVWR/GCWR ⁴⁵

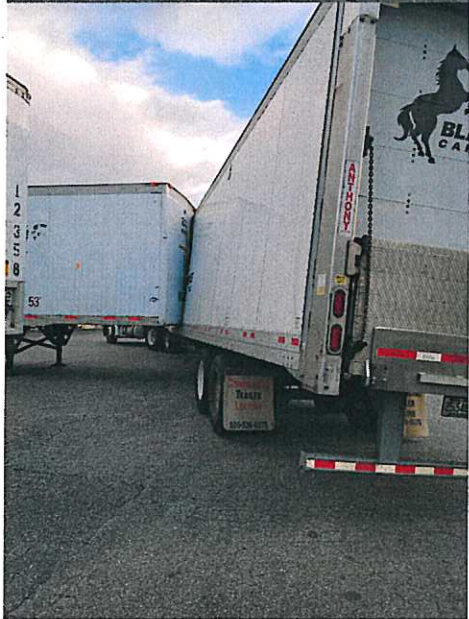
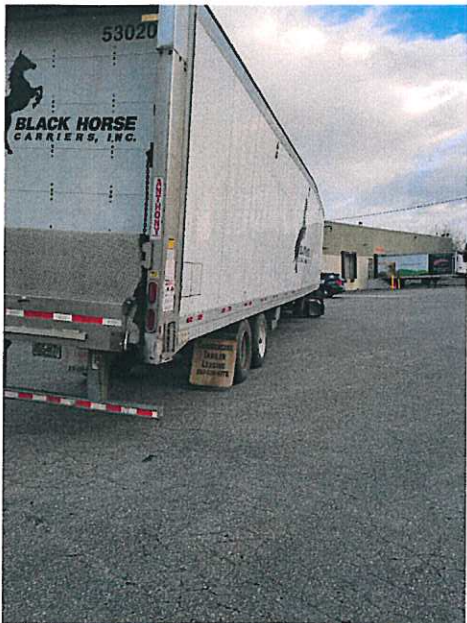
Trailer Reg #: 25TRL54837 Reg Type TL Reg State ME Reg Year _____ Trailer Length ⁴⁶

Hazmat Information:

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

Patrol Officer Daniel C Cadigan 178 Wilmington Police Department 12/01/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-368-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 12/02/2022
 Time of Crash: 0735
 City/Town: **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: 25
 Latitude: _____
 Longitude: _____

State Police
 Local Police
 MBTA Police
 Campus Police
 Other: _____

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

Route# Direction **LOWELL ST**
 Name of Roadway/Street

At

Route# Direction **WOBURN ST**
 Name of Intersecting Roadway/Street

Also at Intersection with

2

Route# Direction _____
 Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

_____ Feet **N S E W** of _____ or _____

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

_____ Feet **N S E W** of _____ Route# Intersecting Roadway/Street

_____ Feet **N S E W** of _____ Landmark

3

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

Crash Report ID# **22-369-AC**

4

License # **S70091811** St **MA** DOB/Age _____

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

Operator **QUINTERO, JOSHUA D**
 Last First Middle

Address **46 CUNNINGHAM ST**

City **WILMINGTON** State **MA** Zip **01887-1365**

Insurance Company **SAFETY INSURANCE COMPANY**

Vehicle Travel Direction: N 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 # **52TA43** Reg Type **PC** Reg State **MA**

Veh Year **2022** Veh Make **GMC** Veh Config. **1**

Owner **QUINTERO, JOSHUA D**
 Last First Middle

Address **46 CUNNINGHAM ST**

City **WILMINGTON** State **MA** Zip **01887-1365**

Vehicle Action Prior to Crash **1** Damaged Area Code: **8** **27** **0** **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 **99** **25** **25** BAC Test Result: **1** **30**

Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

6

Please fill out for operator and all occupants involved

Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

Operator See Above **1** **99** **4** **0** **0** **10** **1**

7

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

License # **S80277718** St **MA** DOB/Age _____

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

Operator **REZK, MOAMEN MOUSTAFA**
 Last First Middle

Address **1543 N SHORE RD**

City **REVERE** State **MA** Zip **02151-3282**

Insurance Company **EVEREST NATIONAL INSURANC**

Vehicle Travel Direction: N 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 _____

Reg # **LVA5486** Reg Type **RV** Reg State **MA**

Veh Year **2022** Veh Make **MERCEDES-BENZ** Veh Config. **5**

Owner **NORTH AMERICA CAR SERVICE CORPORATION**
 Last First Middle

Address **2716 S QUINN AVE**

City **GILBERT** State **AZ** Zip **85295-2376**

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: **30**

Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2** **33**

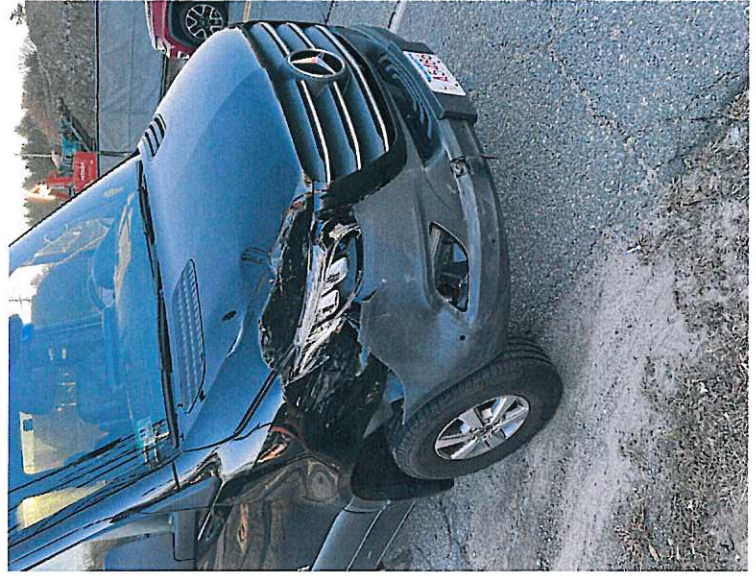
9

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

Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

Operator/Non-Motorist See Above **1** **0** **4** **0** **0** **10** **1**

Wilmington Police Department
Images Associated with 22-369-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
12/02/2022

Time of Crash
0750
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number Vehicles
2

Number Injured
1

Speed Limit 40
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 _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
2
1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2
Route# _____ Direction _____ Address # 251 Name of Roadway/Street BALLARDVALE ST
____ Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____
2
____ 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# **22-370-AC**

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

Reg # unknown Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. 1 21

Operator unknown
Last First Middle
Address _____
City _____ State _____ Zip _____

Owner _____
Last First Middle
Address _____
City _____ State _____ Zip _____

Insurance Company _____
Vehicle Travel Direction: N S 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 _____

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 99 27 27 27
Event Sequence 1 23 23 23 23 Test Status: 1 28
Type of Test: 29
Most Harmful Event 1 24 BAC Test Result: 30
Driver Contributing Code 5 25 25 Susp. Alcohol: 31 Susp. Drug: 32
Driver Distracted by 99 26 Towed from scene? 99 33

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	99	99	99	99	99	

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

Reg # 9KD226 Reg Type PC Reg State MA
Veh Year 2003 Veh Make HONDA Veh Config. 1 21

Operator ROSADO, ALANNA M
Last First Middle
Address 1209 WHIPPLE RD
City TEWKSBURY State MA Zip 01876

Owner ROSADO, ALANNA M
Last First Middle
Address 1209 WHIPPLE RD
City TEWKSBURY State MA Zip 01876

Insurance Company ARBELLA MUTUAL INSURANCE
Vehicle Travel Direction: N S 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 _____

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 6 27 27
Event Sequence 1 23 23 23 23 Test Status: 1 28
Type of Test: 29
Most Harmful Event 1 24 BAC Test Result: 30
Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32
Driver Distracted by 0 26 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	XXXX	1	1	4	0	0	8	1	

Wilmington Police Department
Images Associated with 22-370-AC



Date of Crash **12/03/2022** Time of Crash **0811** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **20** State Police Local Police MBTA Police Campus Police Other:

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

1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 2 Direction _____ Address # _____ Name of Roadway/Street SOUTH ST	2	10
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____	1	11
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____		

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 22-371-AC**

4	License # SA3880137 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator WARFORD, JAKE EDWARD Address 40 LAKE ST City WILMINGTON State MA Zip 01887-3708 Insurance Company SAFETY 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 # 1VDC12 Reg Type PC Reg State MA Veh Year 2000 Veh Make VOLKSWAGEN Veh Config. 1 Owner WARFORD, JAKE EDWARD Address 40 LAKE ST City WILMINGTON State MA Zip 01887-3708 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 22 23 23 23 23 Test Status: 1 28 Most Harmful Event 22 24 Type of Test: 1 29 Driver Contributing Code 2 25 25 BAC Test Result: 1 30 Driver Distracted by 1 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33	1	12	22	13
----------	---	--	----------	-----------	-----------	-----------

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	7	2	Lahey Clinic

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

8	License # _____ 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	1	14
----------	---	---	----------	-----------

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							

Wilmington Police Department
Images Associated with 22-371-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **22-372-AC**

License # **S15363396** St **MA** DOB/Age _____ Reg # **9RJ629** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **Jeep** Veh Config. **1**

Operator **TODISCO, TAYLOR LEE** Owner **O'KEEFE, ROBERT EDWIN**

Address **14 SUNSET AVE** Address **21 FRANCIS ST**

City **NORTH READING** State **MA** Zip **01864-1427** City **NORTH READING** State **MA** Zip **01864-3121**

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

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **21 23 23 23 23** Test Status: **28**

Citation # (If Issued) **T2749547** Most Harmful Event **21 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 24J** Viol. 2: Ch/Sec/Sub **90 24I** Driver Contributing Code **10 25 14 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub **90 24E** Viol. 4: Ch/Sec/Sub **90 18** Driver Distracted by **5 26** Susp. Alcohol: **1 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
Operator		See Above	<input checked="" type="checkbox"/>	1	1	3	0	0	10	2	Winchester Hospital
KAYLEE CALDER	47R BUTTERSROW WILMINGTON, MA 01887	08/26/1993	F	3	1	3	0	0	10	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							

Date of Crash 12/03/2022 Time of Crash 1908 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 5 State Police Local Police MBTA Police Campus Police Other:

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **260 MAIN ST** 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 1 #Occupants Hit/Run Moped Crash Report ID# **22-373-AC**

License # **S82693354** St **MA** DOB/Age _____ Reg # **1CV849** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **FORD** Veh Config. **1**

Operator **BRESNAHAN, MORGAN ROSE** Owner **BRESNAHAN, JOHN JOSEPH**

Address **2 LEONARD LN** Address **2 LEONARD LN**

City **WILMINGTON** State **MA** Zip **01887-4553** City **WILMINGTON** State **MA** Zip **01887-4553**

Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **3** Damaged Area Code: **4** **27** **27** **27**

Vehicle Travel Direction: **N** **X** **E** **W** Responding to Emergency? **2** Event Sequence **2** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) _____ Most Harmful Event **2** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** **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? **2** **33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Sent 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	0	4	0	0	10	1	

Please Select One of the Following: Vehicle 20 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **RSS955** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **HONDA** Veh Config. **1**

Operator **Driverless M.V.** Owner **MULVANEY, KATELYN MARIE**

Address _____ Address **6133 AVALON DR**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-1165**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11** Damaged Area Code: **8** **27** **1** **27** **2** **27**

Vehicle Travel Direction: **N** **X** **E** **W** Responding to Emergency? **2** Event Sequence **2** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) _____ Most Harmful Event **2** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **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/non-motorist and all occupants involved		DOB/Age	Sex	34 Sent 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	10	4	0	0	10	1	

