

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 99 \_\_\_\_\_ At \_\_\_\_\_ **80 BURLINGTON AVE**  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Intersecting Roadway/Street  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Intersecting Roadway/Street  
 \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **22-374-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator **unknown** 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 \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							

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 # **1KVS51** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2018** Veh Make **MERCEDES-BENZ** Veh Config. **1 21**  
 Operator **Driverless M.V.** Owner **HAMEL, ALIVIA MAY MISLER**  
 Address \_\_\_\_\_ Address **80 BURLINGTON AVE**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-3904**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 27 27 27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**

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

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



Date of Crash **12/05/2022** Time of Crash **0758** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other

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

Route# _____ Direction _____ Name of Roadway/Street _____ _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # <b>343</b> Name of Roadway/Street <b>MAIN ST</b> _____ _____ Feet <b>N S E W</b> of _____ or _____ _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ _____ Landmark _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **22-375-AC**

License # <b>S41410621</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL Endorsement _____ Operator <b>GATTA, JOHN CHRISTOPHER PE</b> Address <b>21 POOLE ST</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-1514</b> Insurance Company <b>ALLSTATE INSURANCE COMPAN</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>14F390</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2012</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> <b>21</b> Owner <b>GATTA, JOHN CHRISTOPHER PE</b> Address <b>21 POOLE ST</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-1514</b> Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>8</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>99</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	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 # <b>S71072480</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL Endorsement _____ Operator <b>HARDWAY, ALBERT JOSEPH</b> Address <b>277 SHAWSHOEN AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2222</b> Insurance Company <b>PILGRIM INSURANCE COMPANY</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>591ZT6</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2007</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <b>21</b> Owner <b>HARDWAY, ALBERT JOSEPH</b> Address <b>277 SHAWSHOEN AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2222</b> Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>4</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>99</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

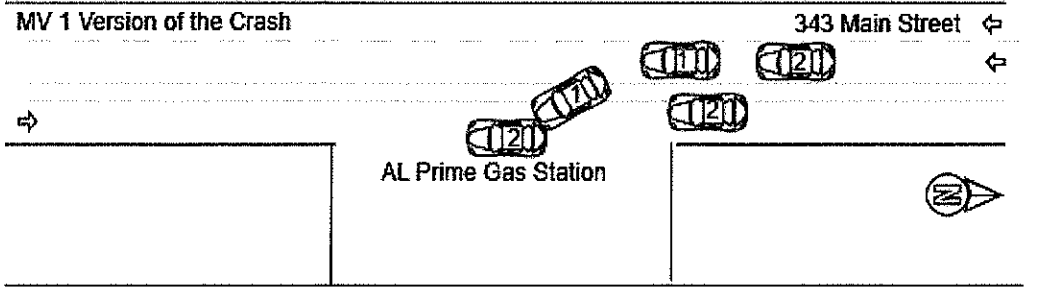
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	1	1	4	0	0	10	1	

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

**Crash Diagram:**

ie: →  1    →  2    → ○    → ☺

**MV 1 Version of the Crash**



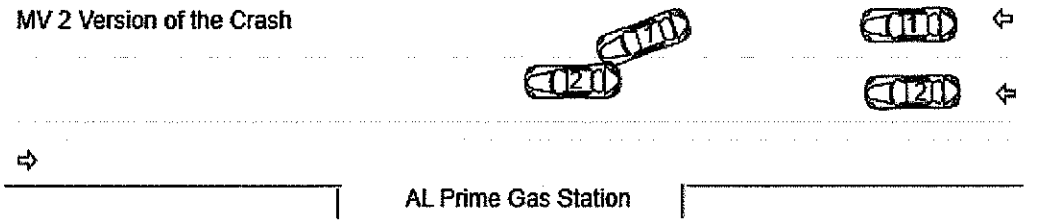
**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**MV 2 Version of the Crash**



**Crash Narrative:**

MV 1 and MV 2 were driving south on Main St. MV 1 stated he was in the left hand lane, stopped attempting to turn left into the AL Prime Gas Station. When he began turning, MV 2 went around him and began driving on the wrong side of the road, causing the accident.

MV 2 had a different version of the crash event. MV 2 stated, MV 1 was in the right hand lane while MV 2 was in the left hand lane. MV 2 stated, MV 1 attempted to turn left into the gas station and cutting across multiple lanes of traffic from the right hand lane. The damage is consistent with both version of events so it is unknown how the crash actually occurred.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Kevin J Skinner                                          200                          Wilmington Police Department                          12/05/2022  
 Police Officer Name (Please Print)                                          Signature                          ID/Badge #                          Department                          Precinct/Barracks                          Date

**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 **580 MAIN ST**  
 Address # Name of Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker Exit Number  
 Feet **N S E W** of \_\_\_\_\_  
 Route# Intersecting Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_  
 Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **22-376-AC**

License # **S96927651** St **MA** DOB/Agc \_\_\_\_\_ Reg # **81B338** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2005** Veh Make **HONDA** Veh Config. **1** **21**  
 Operator **SOK, DEVEN ANTHONY** Owner **SOK, PHAL**  
 Address **44 CRAWFORD ST** Address **44 CRAWFORD ST**  
 City **LOWELL** State **MA** Zip **01854-2710** City **LOWELL** State **MA** Zip **01854-2710**  
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1** **33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

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

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

License # **S78666804** St **MA** DOB/Agc \_\_\_\_\_ Reg # **DV8523** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2013** Veh Make **LEXUS** Veh Config. **1** **21**  
 Operator **GALLANT, PAULA MARIE** Owner **GALLANT, PAUL JOSEPH**  
 Address **7 MANNING ST** Address **7 MANNING ST**  
 City **WILMINGTON** State **MA** Zip **01887-3731** City **WILMINGTON** State **MA** Zip **01887-3731**  
 Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** **33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

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

Date of Crash 12/05/2022 Time of Crash 0757 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 3 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

Route# Direction Address # Name of Roadway/Street 580 MAIN ST Feet N S E W of Mile Marker Exit Number

2 10

4 11

2

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

Crash Report ID# 22-376-AC

3

License # S91018280 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Operator KILEY, LAUREEN E Address 14 MARJORIE RD City WILMINGTON State MA Zip 01887-1756 Insurance Company PLYMOUTH ROCK ASSURANCE C

Reg # 51FV92 Reg Type PC Reg State MA Veh Year 2019 Veh Make CHEVROLET Veh Config 1 21 Owner KILEY, KEVIN MICHAEL JR Address 14 MARJORIE RD City WILMINGTON State MA Zip 01887-1756 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29 Type of Test: 1 30 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 Towed from scene? 2 33

1 12

1 13

6

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos, 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator row shows X marks in DOB/Age and Sex columns.

7

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/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 29 Type of Test: 30 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Driver Contributing Code 25 25 Driver Distracted by 26 Towed from scene? 33

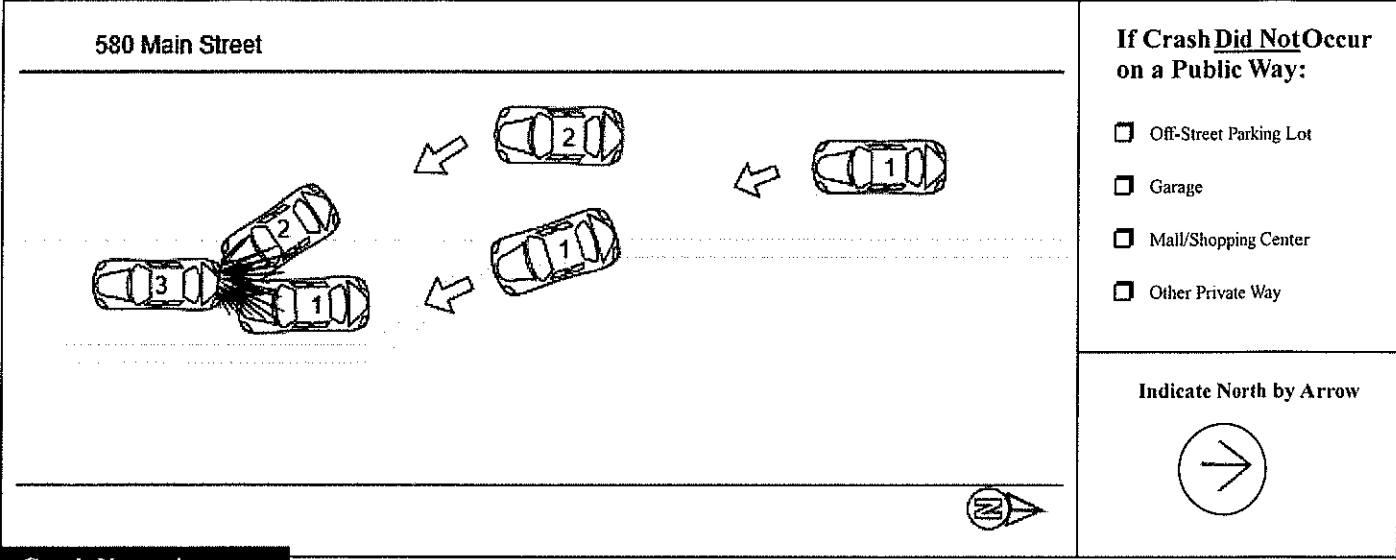
1 14

9

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos, 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator/Non-Motorist row shows X marks in DOB/Age and Sex columns.

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

**Crash Diagram:**



**Crash Narrative:**

Vehicle 1 was traveling south on Route 38 when it attempted pull into the left turn lane by 580 Main Street that would take them into Lowell St. The operator of vehicle 1 was unaware that vehicle 2 which was traveling in front of vehicle 1 was also about to turn into the left turn lane as well. Both vehicles collided with each other when they entered the left turn lane at the same time. This collision also cause them to be pushed forward accidentally rear ending vehicle 3 who was already in the the left turn lane waiting at the red light. There was no air bag deployment from any three vehicles. Vehicle 1 had recieved damage to its right tire making it impossible to operate and it was towed by Forest Towing from the scene. Vehicle 2 recieved damage to its front left side but was still able to be operated. Vehicle three recieved minor damage to its rear. All three operators had no apparent injuries from the crash.

**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 Thomas Lawrenson      222      Wilmington Police Department      12/05/2022  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 1 1 376 MIDDLESEX AVE  
 Feet N S E W of Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 5 11  
 Route# Direction Name of Intersecting Roadway/Street  
 2 1  
 Feet N S E W of Route# Intersecting Roadway/Street  
 5  
 Feet N S E W of  
 Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# 22-378-AC

License # S25479917 St MA DOB/Ag Reg # FF2442 Reg Type PC Reg State MA  
 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2014 Veh Make CHEVROLET Veh Config. 1 21  
 Operator NANSEL, ERIK JOHN Owner NANSEL, ERIK JOHN  
 Address 22 LINCOLN ST Address 22 LINCOLN ST  
 City WILMINGTON State MA Zip 01887-2517 City WILMINGTON State MA Zip 01887-2517  
 Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 97 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 1 25 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32  
 Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	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 # S55569032 St MA DOB/Ag Reg # 3MZZ78 Reg Type PC Reg State MA  
 Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2015 Veh Make FORD Veh Config. 1 21  
 Operator WINN, ADAM MICHAEL Owner WINN, ADAM MICHAEL  
 Address 30 BARTLETT ST APT 2 Address 30 BARTLETT ST APT 2  
 City BEVERLY State MA Zip 01915-5138 City BEVERLY State MA Zip 01915-5138  
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 97 27 27 27  
 Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32  
 Towed from scene? 2 33

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

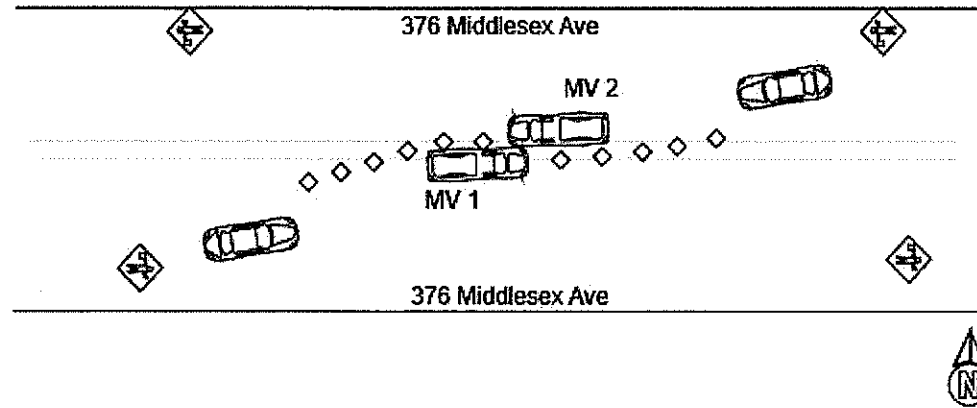
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	



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

**Crash Diagram:**

ie: → 1    → 2    → O X O X    → ☺



**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:**

The operator of MV 1 stated that while he was traveling eastbound on Middlesex Ave he entered a work zone where the road began to narrow. The operator of MV 1 stated that as he made his way through the work zone his truck and another truck side swiped each other causing damage to both driver side mirrors. The operator of MV 2 stated that while he was traveling westbound on Middlesex Ave he entered a work zone and that the cones dividing the road were set up in a way that brought both lanes of travel close together. While navigating through the work zone, the operator of MV 2 stated that his truck and MV 1 side swiped each other damaging his driver side mirror. No injuries reported at the time of the accident.

**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 Robert M DeGragorio III

Police Officer Name (Please Print)

Signature

223

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/06/2022

Date

Wilmington Police Department  
Images Associated with 22-378-AC



Date of Crash **12/06/2022** Time of Crash **1720** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other

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

Route# **4** Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

Route# **1** Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_

Route# **1** Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **332** Name of Roadway/Street **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# **22-379-AC**

License # **S37017936** St **MA** DOB/Ag \_\_\_\_\_ Reg # **4GER54** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2022** Veh Make **TOYOTA** Veh Config. **1**

Operator **VARGAS, MARISSA A** Owner **VARGAS, MARISSA A**

Address **21 FAIRVIEW AVE** Address **21 FAIRVIEW AVE**

City **WILMINGTON** State **MA** Zip **01887-2443** City **WILMINGTON** State **MA** Zip **01887-2443**

Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **2** Damaged Area Code: **6 27 5 27 4 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 99 29**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **1 30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Towed from scene? **2 33**

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

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S61158334** St **MA** DOB/Ag \_\_\_\_\_ Reg # **3832953** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **SUBARU** Veh Config. **1**

Operator **STAIRS, CHRISTOPHER CHARLES** Owner **ECONOSAVE AUTOMOBILE LEASING & RENTALS LTD**

Address **15 DEXTER ST** Address **95 PLAISTOW RD ST APT 208**

City **WILMINGTON** State **MA** Zip **01887-3716** City **PLAISTOW** State **NH** Zip **03865**

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

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 99 29**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **1 30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4 25 5 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Towed from scene? **1 33**

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

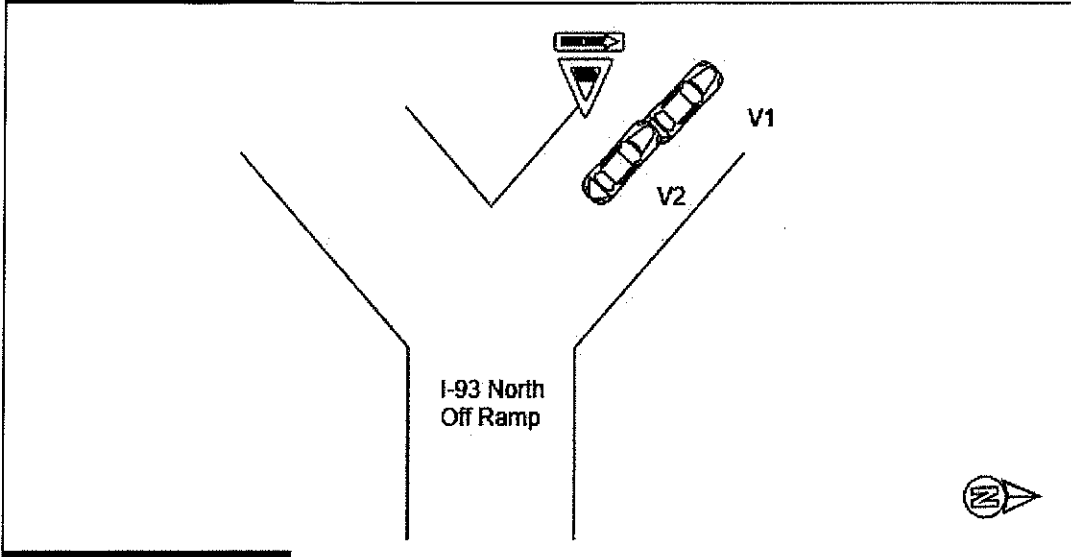
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = 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:**

At approximately 5:20pm on Tuesday December 6, 2022 I, Officer Fortes was dispatched to a two car motor vehicle crash at 332 Lowell Street at the I93 North off ramp. I spoke to Op2 who stated he was attempting to exit the off ramp and did not notice V1 in front of him and struck her vehicle from behind. I then spoke to Op1 who stated she was stopped at the off ramp waiting to safely merge onto Lowell St and while waiting her vehicle was struck from behind by V2. The rear bumper on V1 was knocked off into the roadway along with more damage to the rear of the vehicle. Op1 stated she felt comfortable driving the vehicle home and did so. V2 had major damage to the front of the vehicle leaving debris in the roadway. V2 was undrivable and towed from the scene by Forrest Towing and brought back to their lot. Neither operator was injured and both signed medical refusals with the WFD.

**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

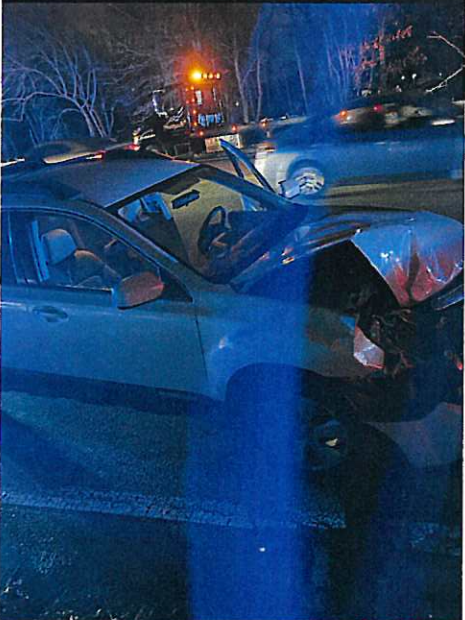
**Hazmat Information:**

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

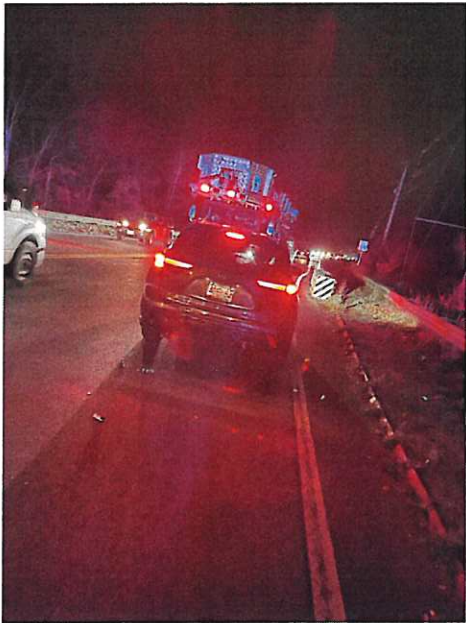
Patrol Officer John A Fortes                      228                      Wilmington Police Department                      12/06/2022  
 Police Officer Name (Please Print)                      Signature                      ID/Badge #                      Department                      Precinct/Barracks                      Date



Wilmington Police Department  
Images Associated with 22-379-AC



Wilmington Police Department  
Images Associated with 22-379-AC



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash **12/07/2022** Time of Crash **0613** City/Town **Wilmington**  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **35**  
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 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 \_\_\_\_\_

**129 E** **I93SB HWY**  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_  
 Landmark \_\_\_\_\_

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

Crash Report ID# **22-380-AC**

License # **S78986120** St **MA** DOB/Ag \_\_\_\_\_  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator **BALICKI, SCOTT F**  
 Last First Middle  
 Address **40 CRITERION RD**  
 City **READING** State **MA** Zip **01867-1627**  
 Insurance Company **GEICO GENERAL INSURANCE C**  
 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 # **9LZ748** Reg Type **PC** Reg State **MA**  
 Veh Year **2016** Veh Make **HONDA** Veh Config. **1** **21**  
 Owner **BALICKI, SCOTT F**  
 Last First Middle  
 Address **40 CRITERION RD**  
 City **READING** State **MA** Zip **01867-1627**  
 Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **B** **27** **7** **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 **18** **25** **25** Susp. Alcohol: **31** Susp. Drug: **32**  
 Driver Distracted by **7** **26** Towed from scene? **2** **33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

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

License # **S53668400** St **MA** DOB/Ag \_\_\_\_\_  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_  
 Operator **KENNEDY, CHRISTOPHER SCOTT**  
 Last First Middle  
 Address **45 HIGH ST**  
 City **WILMINGTON** State **MA** Zip **01887-1466**  
 Insurance Company **SAFETY 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 \_\_\_\_\_

Reg # **1YHX31** Reg Type **PC** Reg State **MA**  
 Veh Year **2021** Veh Make **Jeep** Veh Config. **1** **21**  
 Owner **KENNEDY, CHRISTOPHER SCOTT**  
 Last First Middle  
 Address **45 HIGH ST**  
 City **WILMINGTON** State **MA** Zip **01887-1466**  
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **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**

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





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

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

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

Route# Direction Name of Intersecting Roadway/Street

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

Feet  N  S  E  W of \_\_\_\_\_ Route# Intersecting Roadway/Street

Feet  N  S  E  W of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **22-381-AC**

License # **NHL10787605** St **NH** DOB/Ag \_\_\_\_\_ Reg # **4762001** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **CHEVROLET** Veh Config. **1**

Operator **HOWELL, JEREMY PAUL** Owner **HOWELL, JEREMY PAUL**

Address **2 GAMACHE RD** Address **2 GAMACHE RD**

City **DERRY** State **NH** Zip **030382729** City **DERRY** State **NH** Zip **030382729**

Insurance Company **HANOVER INSURANCE** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 27 6 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **1 30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**

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

Please fill out for operator and all occupants involved

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

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

License # **S73315591** St **MA** DOB/Ag \_\_\_\_\_ Reg # **3AJR17** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1**

Operator **AIKEN, DAVID W** Owner **JACOBSON, LISA B**

Address **218 EVERETT ST** Address **218 EVERETT ST**

City **EAST BOSTON** State **MA** Zip **02128-2269** City **BOSTON** State **MA** Zip **02128-2269**

Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** Damaged Area Code: **8 27 1 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **1 30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Towed from scene? **2 33**

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

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

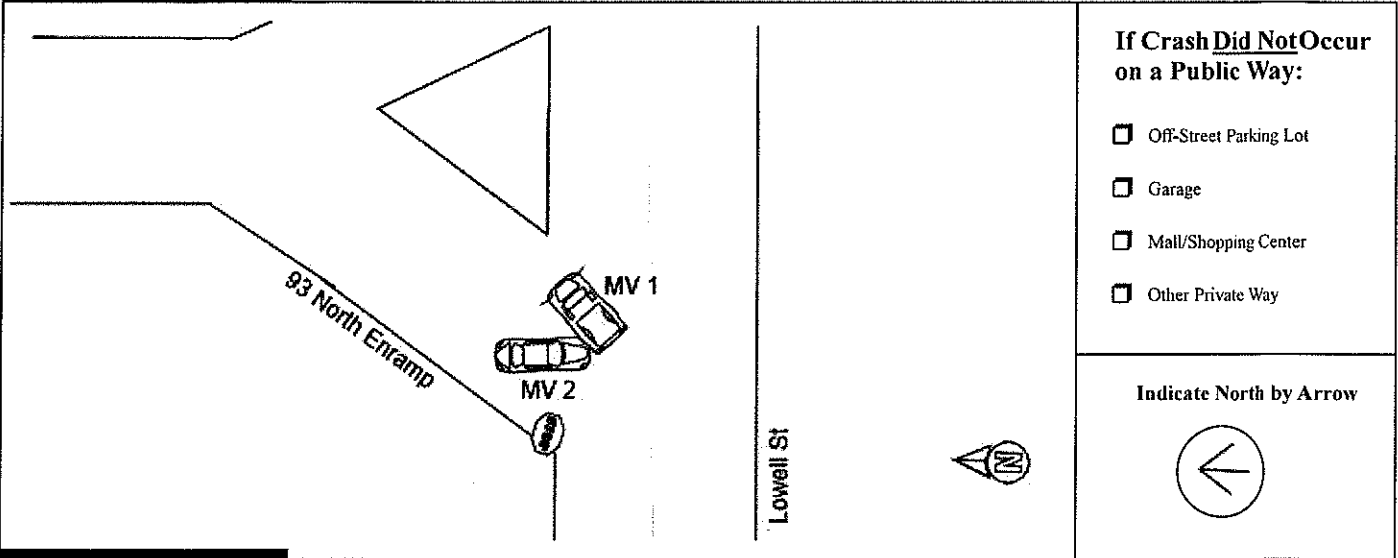
Please fill out for operator/non-motorist and all occupants involved

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

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ☺



**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

MV 1 was travelling eastbound on Lowell St. The operator engaged his left turn signal preparing to make the turn onto the 93N enramp. When he deemed it safe to do so he began to take the left hand turn. MV 2 was stopped at the stop sign on the 93N off ramp. Through his own admission he stated that he looked to his left and right and said that he didn't see the truck trying to take the left hand turn. Due to his inattention he proceeded to turn onto Lowell St and collided with MV 1. The operator of MV 2 stated that the accident was his fault.

**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 Shane A Foley**    211    **Wilmington Police Department**    12/07/2022  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

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

Route# Direction Name of Roadway/Street **129 E 144 LOWELL ST**

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **22-382-AC**

License # **S42202405** St **MA** DOB/Age \_\_\_\_\_ Reg # **3EET77** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL \_\_\_\_\_ Veh Year **2009** Veh Make **NISSAN** Veh Config. **1**

Operator **ROGUL, FERDAOUSS** Owner **ROGUL, FERDAOUSS**

Address **100 LEISURE LN APT 56** Address **100 LEISURE LN APT 56**

City **STONEHAM** State **MA** Zip **02180-4032** City **STONEHAM** State **MA** Zip **02180-4032**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **5 27 3 27 4 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator **unknown** 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 \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

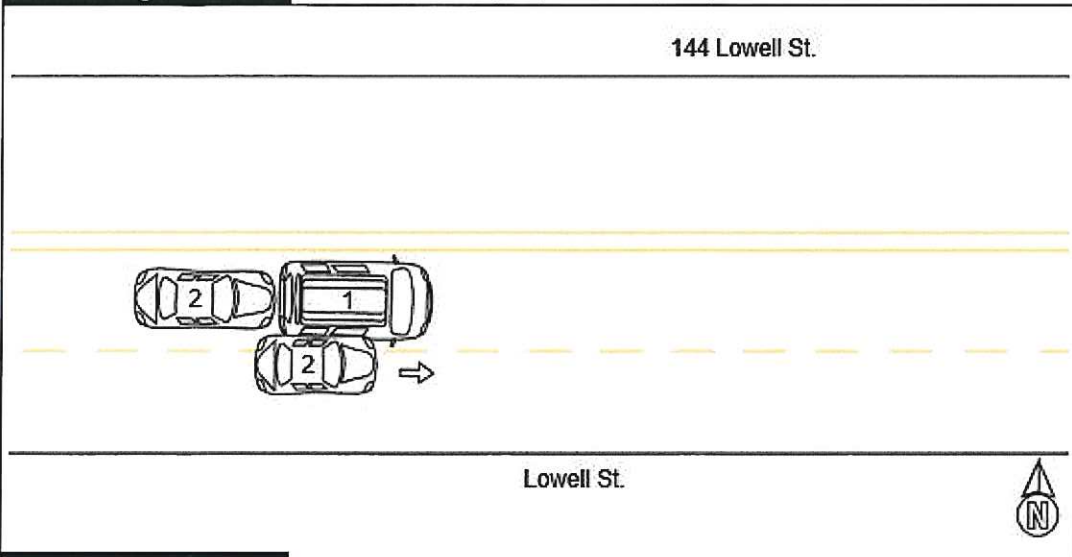
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **33**

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>X</del>	<b>1</b>							

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

**Crash Diagram:**

ie: → [ 1 ]    → [ 2 ]    → ○    → ○



**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**



**Crash Narrative:**

MV 1 was travelling eastbound on Lowell St. According to the operator of MV1, MV2 rear-ended MV1, while on Lowell St., went around MV1 on the passenger side and side swiped MV1, and fled the scene going east bound on Lowell St. MV2 is described to be a dark colored sedan, a piece of the bumper was left behind and a photo was attached.

**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 Brian Tavares**      206      **Wilmington Police Department**      12/09/2022  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 22-382-AC



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/09/2022 Time of Crash 1712 24HR City/Town **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other.

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

ROUTE 62 HWY  
Route# Direction Name of Roadway/Street  
At  
WOBURN ST  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

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

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

Crash Report ID# **22-383-AC**

License # **S32459438** St **MA** DOB/Ag  
Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement  
Operator **ETHIER, ANN FERRIS**  
Address **337 WOBURN ST**  
City **WILMINGTON** State **MA** Zip **01887-2107**  
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 # **653XPN** Reg Type **PC** Reg State **MA**  
Veh Year **2010** Veh Make **SUBARU** Veh Config. **1**  
Owner **ETHIER, ANN FERRIS**  
Address **337 WOBURN ST**  
City **WILMINGTON** State **MA** Zip **01887-2107**  
Vehicle Action Prior to Crash **4**  
Event Sequence **1 23 23 23 23**  
Most Harmful Event **1 24**  
Driver Contributing Code **99 25 25**  
Driver Distracted by **99 26**  
Damaged Area Code: **1 27 2 27 27**  
Test Status: **1 28**  
Type of Test: **29**  
BAC Test Result: **1 30**  
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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

Crash Report ID#

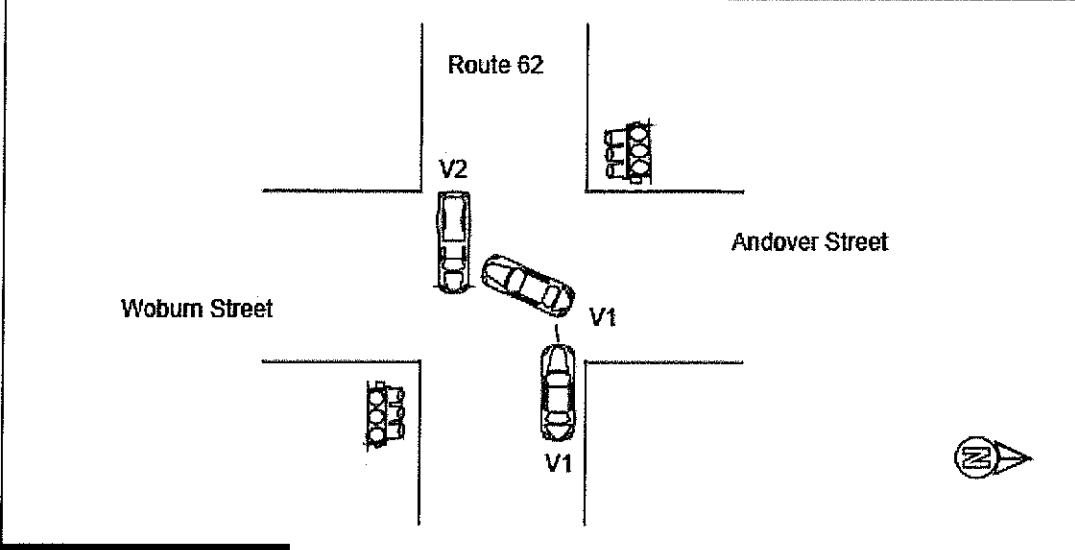
License # **S91400340** St **MA** DOB/Ag  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement  
Operator **RIO, MATTHEW A**  
Address **74 RIVERSIDE DR**  
City **READING** State **MA** Zip **01867-3512**  
Insurance Company **THE COMMERCE INSURANCE CO**  
Vehicle Travel Direction:  N  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 # **8XPM40** Reg Type **PC** Reg State **MA**  
Veh Year **2018** Veh Make **HONDA** Veh Config. **1**  
Owner **RIO, MATTHEW A**  
Address **74 RIVERSIDE DR**  
City **READING** State **MA** Zip **01867-3512**  
Vehicle Action Prior to Crash **1**  
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: **3 27 2 27 27**  
Test Status: **1 28**  
Type of Test: **29**  
BAC Test Result: **1 30**  
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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	

→ = 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:**

Sir, On December 9, 2022, I (Officer MacGilvray) was assigned to s2 in marked unit 32 for the 4-12 tour. At said time I was dispatched to Route 62/Woburn street for a motor vehicle crash. On location I spoke to V2 who stated while travelling east towards No Reading he was struck by a vehicle attempting to turn left on Woburn Street. V1 was not on scene and located a short time later. V1 stated she pulled over a little ways up the street and when no one approached her she went home and called WFD to report the accident. V1 stated while turning left she struck V2. Neither party involved reported any injury. V2 towed from the scene by Cains Tow.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Paul Macgilvray                                  221                                  Wilmington Police Department                                  12/09/2022  
 Police Officer Name (Please Print)                                  Signature                                  ID/Badge #                                  Department                                  Precinct/Barracks                                  Date

Date of Crash **12/10/2022** Time of Crash **1031** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**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 # <b>175</b> Name of Roadway/Street <b>MIDDLESEX AVE</b></p> <p>_____ Feet <b>N S E W</b> of _____ • _____ or _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____ Mile Marker _____</p> <p>_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Crash Report ID# **22-384-AC**

<p>License # <b>S70565541</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>DONNELL, RYAN P</b>  <small>Last First Middle</small></p> <p>Address <b>24 LINCOLN ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2517</b></p> <p>Insurance Company <b>GEICO GENERAL INSURANCE C</b></p> <p>Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) <b>T2446830</b></p> <p>Viol. 1: Ch/Sec/Sub <b>90</b> <b>13B/A</b> Viol. 2: Ch/Sec/Sub <b>89</b> <b>4A</b></p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>2TG547</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2012</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>DONNELL, DAVID PAUL</b>  <small>Last First Middle</small></p> <p>Address <b>24 LINCOLN ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2517</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>6</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></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	<del>XXXXXX</del>	<del>X</del>	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

<p>License # <b>S36024070</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>BRITO, RAFAEL ANTONIO</b>  <small>Last First Middle</small></p> <p>Address <b>52 MELVIN ST APT 10-1</b></p> <p>City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01841-4382</b></p> <p>Insurance Company <b>SAFETY INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b></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 # <b>W60920</b> Reg Type <b>CO</b> Reg State <b>MA</b></p> <p>Veh Year <b>2014</b> Veh Make <b>GMC</b> Veh Config. <b>97</b> <b>21</b></p> <p>Owner <b>EMBARQUE PATON GOMEZ CORP</b>  <small>Last First Middle</small></p> <p>Address <b>57 CHASE ST APT 2B</b></p> <p>City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-3771</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>6</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>20</b> <b>25</b> <b>9</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b></p> <p>Driver Distracted by <b>1</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></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	<del>XXXXXX</del>	<del>X</del>	1	99	4	0	0	10	1	





Date of Crash: 12/10/2022 Time of Crash: 1340 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 0 Speed Limit: 30 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<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 # <u>316</u> Name of Roadway/Street <u>LOWELL ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ 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>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **22-385-AC**

<p>License # <u>S41461771</u> St <u>MA</u> DOB/Agc _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>SILVA, FABIO GONCALVES</u></p> <p>Address <u>8 JORDAN RD</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2219</u></p> <p>Insurance Company <u>GEICO GENERAL INSURANCE C</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____</p> <p>Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____</p>	<p>Reg # <u>7EE742</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2019</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>CARVALHO SILVA, VANIA CRISTINA</u></p> <p>Address <u>8 JORDAN RD</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2219</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>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></p> <p>Towed from scene? <u>2</u> <u>33</u></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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
ARTHUR SILVA		8 JORDAN RD BILLERICA, MA 01821-2219	M	3	1	4	0	0	10	1	

Please Select One of the Following:  Vehicle 23 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

<p>License # <u>S48315466</u> St <u>MA</u> DOB/Agc _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions _____ CDL _____</p> <p>Operator <u>TEJADA, GERARDO A</u></p> <p>Address <u>17 DIRLAM CIR</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3359</u></p> <p>Insurance Company <u>GEICO GENERAL INSURANCE C</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____</p> <p>Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____</p>	<p>Reg # <u>144BC6</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2018</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>CHACON, ENMA A</u></p> <p>Address <u>17 DIRLAM CIR</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3359</u></p> <p>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></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
				3	1	4	0	0	10	1	
				4	1	4	0	0	10	1	

