

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/11/2022	Time of Crash 1648 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 35	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>				
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:								
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # 316 Name of Roadway/Street LOWELL 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 _____ Landmark _____									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 22-386-AC									
License # S54974380 St MA DOB/Age _____ Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Operator COLTON, ALEXIA UNIQUE Address 17 SCHOOL ST City WOBURN State MA Zip 01801-1523 Insurance Company GOVERNMENT EMPLOYEES INSU 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 # 8MB715 Reg Type PC Reg State MA Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 Owner COLTON, ALEXIA UNIQUE Address 17 SCHOOL ST City WOBURN State MA Zip 01801-1523 Vehicle Action Prior to Crash 1 Damaged Area Code: 2 27 27 27 Event Sequence 35 23 23 23 23 Test Status: 1 28 Most Harmful Event 35 24 Type of Test: 99 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33									
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above		XXXX	X	1	99	4	0	0	10	1	
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33									
Please fill out for operator/non-motorist and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above		XXXX	X	1							

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

Crash Diagram:

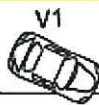
ie: → 1 → 2 → ○ → ☺

Little Sprouts Day Care
310 Lowell St

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Street Sign



Lowell St

Crash Narrative:

On Sunday December 11, 2022 at approximately 4:48pm I, Officer John Fortes was dispatched to the area of 316 Lowell Street for a report of a one car motor vehicle crash in the area. I responded and observed a vehicle off the road that struck a sign. I spoke to the operator and she stated while driving east bound on Lowell Street she lost control due to the snow/icy road conditions and struck a "Right Lane Must Turn Right" sign just off the road causing damage to both her vehicle and the sign. The operator was able to move her vehicle to the Little Sprouts parking lot across the street but it was aparent that her right tire was flat and the vehicle needed to be towed. The operator was able to arrange a ride home and her vehicle was towed by Forrest Towing back to their facility. The operator stated she did not wish to seek medical attention on scene and stated she was not injured.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MA DOT	10 PARK PLZ BOSTON MA 02116		1	RIGHT LANE MUST TURN RIGHT STREET SIGN

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

12/11/2022

Police Officer Name (Please Print)

Signature

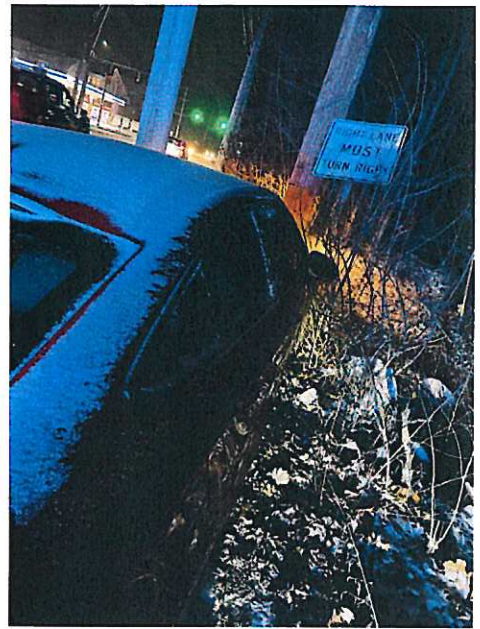
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 22-386-AC



Police Use Only	Date of Crash 12/11/2022	Time of Crash 1707 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____						
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			Mile Marker _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			Route# _____ Intersecting Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____			

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

Crash Report ID# **22-387-AC**

License # S34008665 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Operator AMARAL, WILLIAM T Address 225 MILL ST City BURLINGTON State MA Zip 01803-1849 Insurance Company ARBELLA MUTUAL INSURANCE	Reg # 5RJY20 Reg Type PC Reg State MA Veh Year 2006 Veh Make DODGE Veh Config. 1 21 Owner AMARAL, WILLIAM T Address 225 MILL ST City BURLINGTON State MA Zip 01803-1849 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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 _____	Damaged Area Code: 4 27 3 27 27 Test Status: 1 28 Type of Test: 99 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33

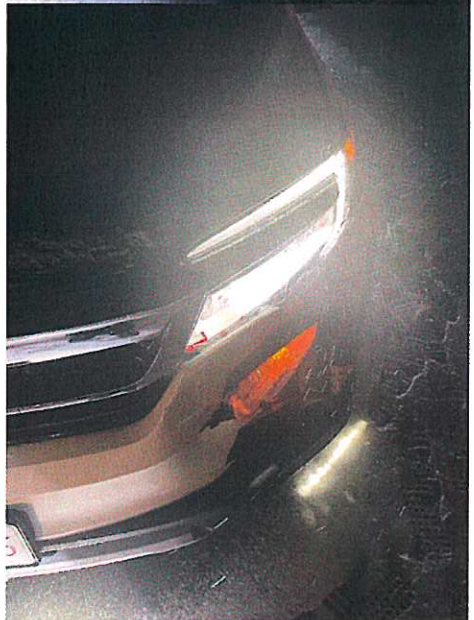
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	

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

License # S18546210 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Operator WHITE, JENNIFER ANN Address 38 LAKE ST City WILMINGTON State MA Zip 01887-3708 Insurance Company SAFETY INSURANCE COMPANY	Reg # 2EWN66 Reg Type PC Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 1 21 Owner WHITE, JENNIFER ANN Address 38 LAKE ST City WILMINGTON State MA Zip 01887-3708 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
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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 _____	Damaged Area Code: 8 27 2 27 27 Test Status: 1 28 Type of Test: 99 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 22-387-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/11/2022	Time of Crash 1644 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>30</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>95</u> Direction _____ Address # _____ Name of Roadway/Street NICHOLS 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 _____ or _____ 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 _____	
	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# **22-388-AC**

License # SA3500902 St MA DOB/Age _____	Reg # BJYX70 Reg Type PC Reg State MA
Sex F Lic. Class <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> Lic. Restrictions B CDL _____ Endorsement _____	Veh Year 2000 Veh Make Jeep Veh Config. 1
Operator DONOVAN, SOFIA ESPERANZA Last First Middle	Owner DONOVAN, MARK CHARLES Last First Middle
Address 5 QUINCY ST	Address 5 QUINCY ST
City WILMINGTON State MA Zip 01887-3739	City WILMINGTON State MA Zip 01887-3739
Insurance Company SAFETY INSURANCE COMPANY	Vehicle Action Prior to Crash 1
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 11 9 27 10 27
Citation # (If Issued) _____	Event Sequence 40 23 43 23 20 23 21 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 43 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 7 25 12 25
	Driver Distracted by 99 26
	BAC Test Result: 30
	Susp. Alcohol: 2 31 Susp. Drug: 2 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			1	1	3	0	1	8	1	

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

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> Lic. Restrictions 20 CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. 21
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: 27 27 27
Citation # (If Issued) _____	Event Sequence 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 25 25
	Driver Distracted by 26
	BAC Test Result: 30
	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			1							

Wilmington Police Department
Images Associated with 22-388-AC



Wilmington Police Department
Images Associated with 22-388-AC



Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only | **RMV Document Number**

Date of Crash: 12/11/2022 | Time of Crash: 1736 24HR | City/Town: **Wilmington**

Number Vehicles: 1 | Number Injured: 0 | Speed Limit: 25

State Police | Local Police | MBTA Police | Campus Police | Other:

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

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

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

Also at Intersection with _____

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

Route# **6** Direction _____ Address # _____ Name of Roadway/Street **NORTH ST**

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

Mile Marker _____ Exit Number _____

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

Route# _____ Intersecting Roadway/Street _____

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

Landmark _____

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

Crash Report ID# **22-389-AC**

License # **S96779551** St **MA** DOB/Age _____ Reg # **6BG333** Reg Type **PC** Reg State **MA**

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

Operator **STEBBINS, MICHAEL WILLIAM** Owner **STEBBINS, MICHAEL WILLIAM**

Address **10 MARCIA RD** Address **10 MARCIA RD**

City **WILMINGTON** State **MA** Zip **01887-1465** City **WILMINGTON** State **MA** Zip **01887-1465**

Insurance Company **THE COMMERCE INSURANCE CO**

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 _____

Vehicle Action Prior to Crash **1 22** Damaged Area Code: **B 27 27 27**

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

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

Driver Contributing Code **7 25 25** BAC Test Result: **1 30**

Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **99 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 **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 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 _____

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**

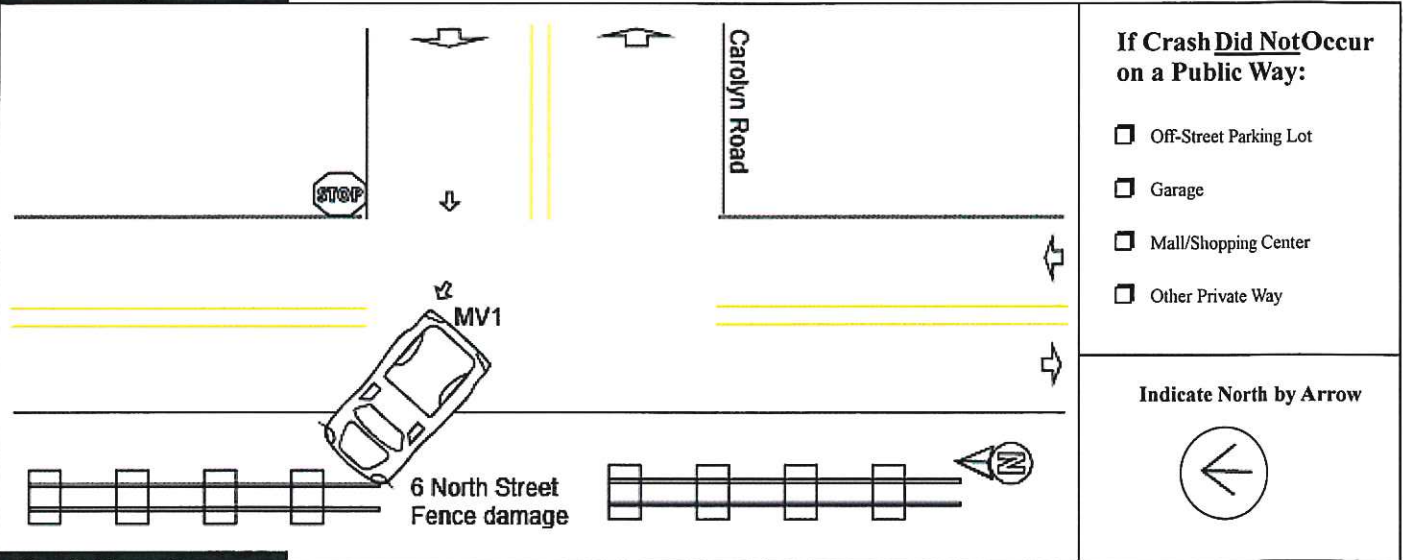
Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

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

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

Crash Diagram:



Crash Narrative:

Operator of motor vehicle 1, Michael Stebbins stated he was traveling west on Carolyn Road towards North Street and attempted to stop for the stop sign at that intersection. He stated his pickup truck slid across the street due to the snow on the ground and he crashed into the wooden fence at 6 North Street (See images). Mr. Stebbins stated no injuries and was evaluated by members of the Wilmington Fire Department. MV1 sustained damage to the driver's side front end, but it was still in drivable condition. The property owners at 6 North Street, Mr. & Mrs. Closson, were on scene. I advised all parties accordingly.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CLOSSON HENRY M	6 NORTH ST WILMINGTON MA 01887-211		97	WOODEN FENCE

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 #: _____

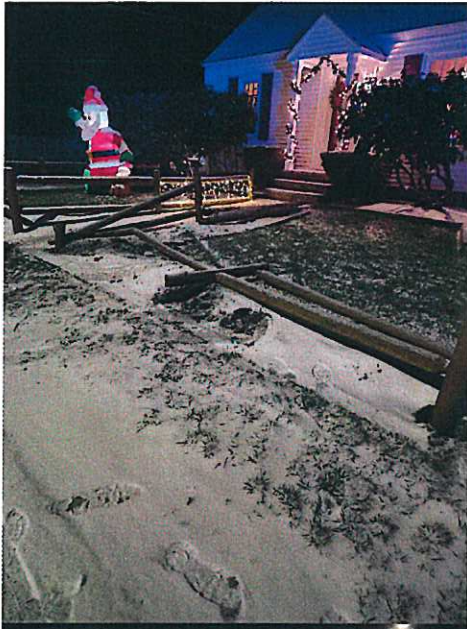
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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 Julio J Quiles 197 Wilmington Police Department 12/11/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-389-AC

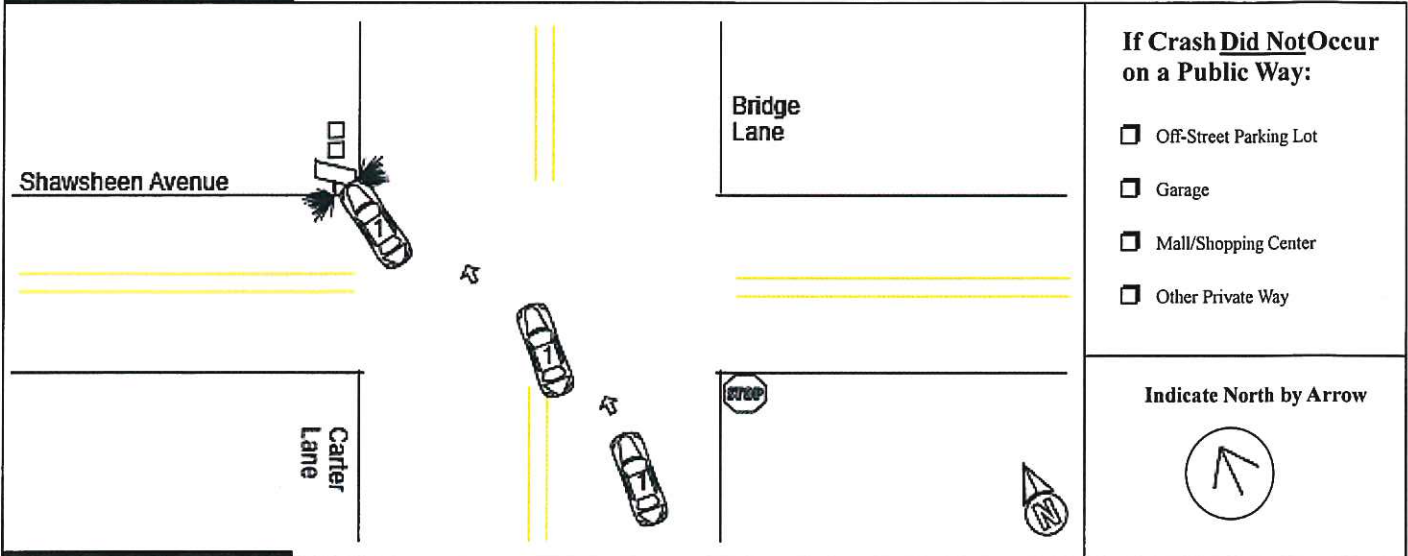


Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 12/11/2022	Time of Crash 1832 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____	
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:												
Route# <u>BRIDGE LN</u> Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		_____ 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 _____ Also at Intersection with _____			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 _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		_____ Landmark _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____																
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 22-390-AC													
License # <u>S50990433</u> St <u>MA</u> DOB/Age _____			Reg # <u>31XT54</u> Reg Type <u>PC</u> Reg State <u>MA</u>		Veh Year <u>2015</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>		Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____		Operator <u>ODONOGHUE, MARK D</u> Last First Middle		Owner <u>ODONOGHUE, MARK D</u> Last First Middle		Address <u>302 BURLINGTON AVE</u>		City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3107</u>	
Operator <u>ODONOGHUE, MARK D</u> Last First Middle			Address <u>302 BURLINGTON AVE</u>		City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3107</u>		Insurance Company <u>THE STANDARD FIRE INSURAN</u>		Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>8</u> <u>97</u> <u>27</u> <u>27</u>		Event Sequence <u>28</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>		Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>		Most Harmful Event <u>28</u> <u>24</u> Type of Test: <u>29</u>	
Citation # (If Issued) _____			Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>7</u> <u>25</u> <u>25</u>		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>		BAC Test Result: <u>30</u>		Towed from scene? <u>2</u> <u>33</u>		30 ¹³	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____																
Please fill out for operator and all occupants involved																
Name (Last First Middle)			Address			DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator			See Above			XXXXXX	XX	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>		
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____		Veh Year _____ Veh Make _____ Veh Config. <u>21</u>		Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____		Operator _____ Last First Middle		Owner _____ Last First Middle		Address _____		City _____ State _____ Zip _____	
Operator _____ Last First Middle			Address _____		City _____ State _____ Zip _____		Insurance Company _____		Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>		Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>		Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____		Most Harmful Event <u>24</u> Type of Test: <u>29</u>	
Citation # (If Issued) _____			Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>25</u> <u>25</u>		Driver Distracted by <u>26</u>		Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>		BAC Test Result: <u>30</u>		Towed from scene? <u>33</u>		4 ¹⁴	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____																
Please fill out for operator/non-motorist and all occupants involved																
Name (Last First Middle)			Address			DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator/Non-Motorist			See Above			XXXXXX	XX	<u>1</u>								

→ = 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:

MV1 was traveling northbound on Carter Lane towards the intersection with Shawsheen Avenue and Bridge Lane. MV1 attempted to stop at the stop sign at the intersection, but was unable to do so due to the icy and snow covered roads. MV1 failed to stop at the intersection, slid across Shawsheen Avenue, and struck the street sign located on the corner of Bridge Lane and Shawsheen Avenue. The force of the collision severed and damaged the street sign and MV1 suffered minor front left end damage and a flat front left tire. The operator of the vehicle was not injured. The operator pulled over to the side of road on Bridge Lane and notified police. The operator also contacted AAA to respond to replace his flat tire. MV1 remained on scene to be repaired by AAA.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	BRIDGE STREET SIGN AND OTHER SIGNAGE

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 Michael A Wilson

209

Wilmington Police Department

12/11/2022

Police Officer Name (Please Print)

Signature

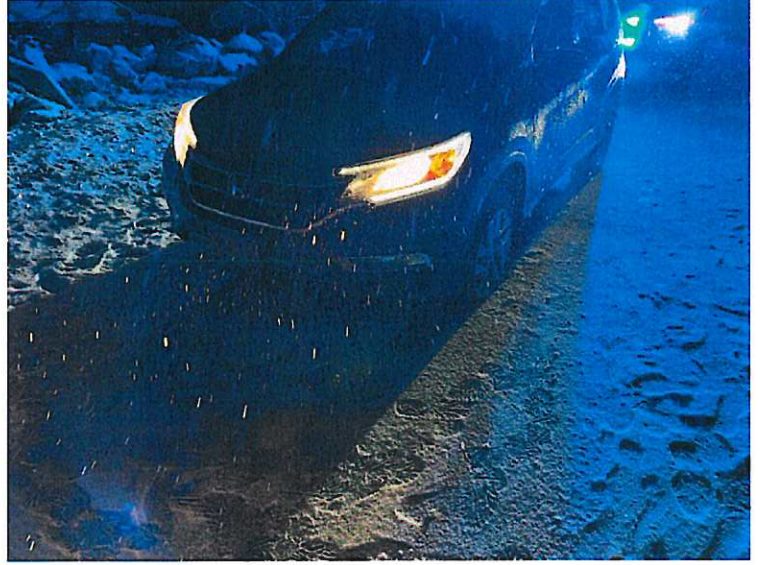
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 22-390-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/12/2022	Time of Crash 0554 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
Route# <u>129</u> Direction <u>E</u> Name of Roadway/Street <u>WOBURN ST</u> At _____ Name of Intersecting Roadway/Street <u>LOWELL ST</u> Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ 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# **22-391-AC**

License # <u>S88652540</u> St <u>MA</u> DOB/Age _____	Reg # <u>22EC75</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>99</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2016</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u>
Operator <u>MARTINEZ, SHEILA L</u>	Owner <u>MARTINEZ, SHEILA L</u>
Address <u>5 OAKHURST TER</u>	Address <u>5 OAKHURST TER</u>
City <u>N READING</u> State <u>MA</u> Zip <u>01864-1132</u>	City <u>N READING</u> State <u>MA</u> Zip <u>01864-1132</u>
Insurance Company <u>CITIZENS INSURANCE COMPAN</u>	Vehicle Action Prior to Crash <u>1</u> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>1</u> 27 <u>8</u> 27 <u>3</u> 27
Citation # (If Issued) _____	Event Sequence <u>1</u> 23 <u>23</u> 23 <u>23</u> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> 25 <u>25</u>
	Driver Distracted by <u>0</u> 26
	Towed from scene? <u>1</u> 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"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	8	2	Winchester Hospital

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>S75620247</u> St <u>MA</u> DOB/Age _____	Reg # <u>2KWX17</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2017</u> Veh Make <u>GMC</u> Veh Config. <u>2</u>
Operator <u>MERCER, WILLIAM E</u>	Owner <u>MERCER, WILLIAM E</u>
Address <u>2 CONNOLLY RD</u>	Address <u>2 CONNOLLY RD</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5036</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5036</u>
Insurance Company <u>PROGRESSIVE CASUALTY INSU</u>	Vehicle Action Prior to Crash <u>1</u> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>3</u> 27 <u>27</u> 27
Citation # (If Issued) <u>T2749548</u>	Event Sequence <u>1</u> 23 <u>23</u> 23 <u>23</u> 23
Viol. 1: Ch/Sec/Sub <u>89</u> <u>9</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>17</u>	Most Harmful Event <u>1</u> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>2</u> 25 <u>3</u> 25
	Driver Distracted by <u>99</u> 26
	Towed from scene? <u>1</u> 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"/>	<input checked="" type="checkbox"/>	1	1	2	0	0	10	1	

< **LOCATION** >

AT INTERSECTION: | **NOT AT INTERSECTION:**

1 1 Route# Direction Name of Roadway/Street At

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

3 3 Route# Direction Name of Intersecting Roadway/Street

1 10 Route# Direction Address # Name of Roadway/Street

34 ROUTE 62 HWY

Feet [N][S][E][W] of _____ or _____

Mile Marker _____ Exit Number _____

1 11 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# **22-392-AC**

License # **SA2230826** St **MA** DOB/Age _____ Reg # **1ZJS77** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make **Other-not listed** Veh Config. **1**

Operator **MONTANEZ, ANGEL LUIS III** Owner **MONTANEZ, ANGEL LUIS JR**

Address **60 BREWSTER RD** Address **60 BREWSTER RD**

City **WEYMOUTH** State **MA** Zip **02191-1426** City **NORTH WEYMOUTH** State **MA** Zip **02191-1426**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **6** Damaged Area Code: 2 27 4 27 27

Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? **99** Event Sequence 24 23 97 23 23 23 Test Status: 28

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **2** 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	X	1	99	2	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **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**

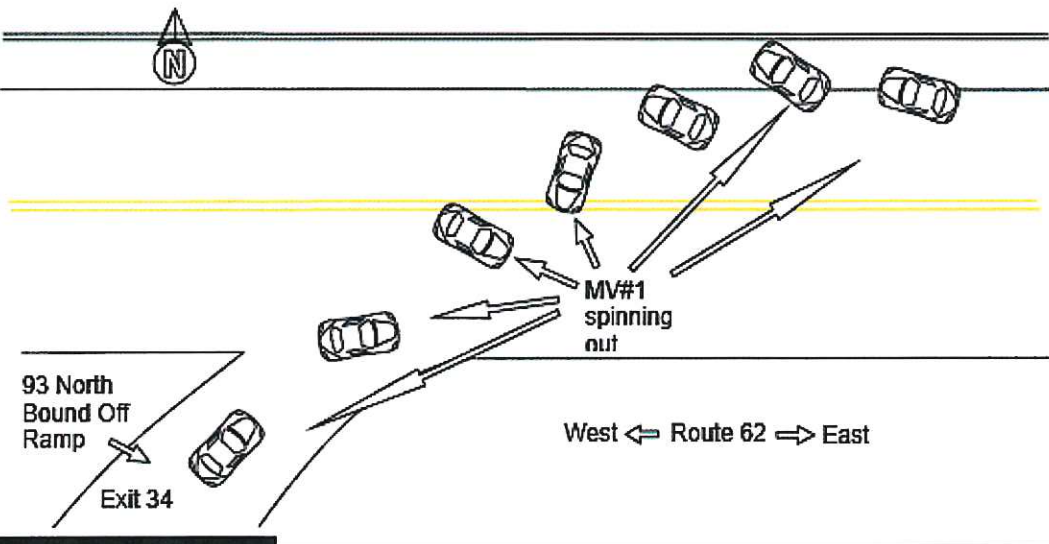
Towed from scene? **33**

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

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							

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 MV#1 was exiting the 93 north bound off ramp at exit 34. As MV#1 was entering route 62 his motor vehicle began to spin out. MV#1 spun out into the oncoming lane and struck the curb, guardrail and then came to a stop.

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

Date of Crash: 12/13/2022 Time of Crash: 1155 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:

<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 # 442 Name of Roadway/Street MAIN ST</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>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-393-AC**

<p>License # S63421888 St. MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator PARK, SAERO</p> <p>Address 38 GREY COACH LN</p> <p>City READING State MA Zip 01867-1366</p> <p>Insurance Company AMERICAN FAMILY CONNECT P</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</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 # 3LCG95 Reg Type PC Reg State MA</p> <p>Veh Year 2022 Veh Make FORD Veh Config. 1 21</p> <p>Owner LEE, JUN HEE</p> <p>Address 38 GREY COACH LN</p> <p>City READING State MA Zip 01867-1366</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 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: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 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	<input checked="" type="checkbox"/>	1	1	4	0	0	8	2	Lahey Clinic

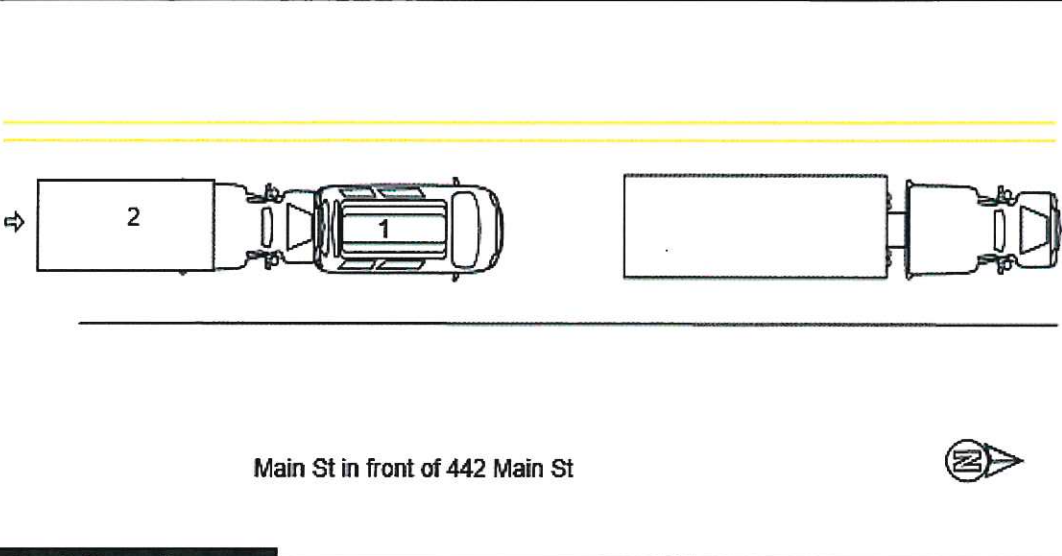
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # S84527965 St. MA DOB/Age _____</p> <p>Sex M Lic. Class D M Lic. Restrictions B 20 CDL _____</p> <p>Operator SHUKIS, BRIAN D</p> <p>Address 30 ANGLE ST APT 1</p> <p>City LOWELL State MA Zip 01851-3341</p> <p>Insurance Company EMPLOYERS MUTUAL CASUALTY</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) 718710AB</p> <p>Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 2672E Reg Type CO Reg State MA</p> <p>Veh Year 2011 Veh Make Kenworth Veh Config. 6 21</p> <p>Owner AUTO BODY CLINIC INC</p> <p>Address 17-19 HIGH ST</p> <p>City READING State MA Zip 01867-0000</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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 10 25 19 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 99 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	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	

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

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:

On 12/13/22, I responded to a motor vehicle crash on Main St in front of 442 Main St. Dispatch reported that one of the vehicle's (Veh 2) fled the scene. Upon arrival, I observed Veh 1 still stopped in the lane where the accident occurred. The vehicle had rear end damage. The back windshield had been blown out the glass was scattered on the ground. Rear door to trunk damaged. Spoke with the Operator of Veh 1. She reported she was stopped at a red light and a white tow truck slammed into the back of her. She stated Veh 2 then went around her and continued north. Video from 442 Main St helped identify Veh 2. Operator and Veh 2 located. Operator of Veh 2 denied any knowledge of crash. He reported he was not injured. Veh 2 damage matched that of crash and video. Veh 1 operator transported to Lahey by Wilmington FD. Oper of Veh 2 summoned for leaving scene of personal injury. A&S Towing towed Veh 1.

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

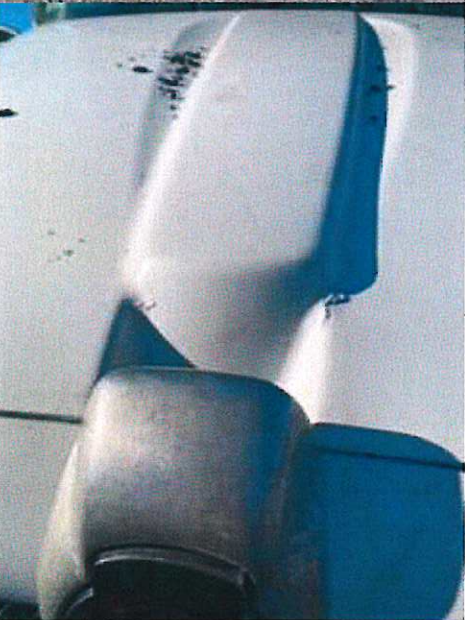
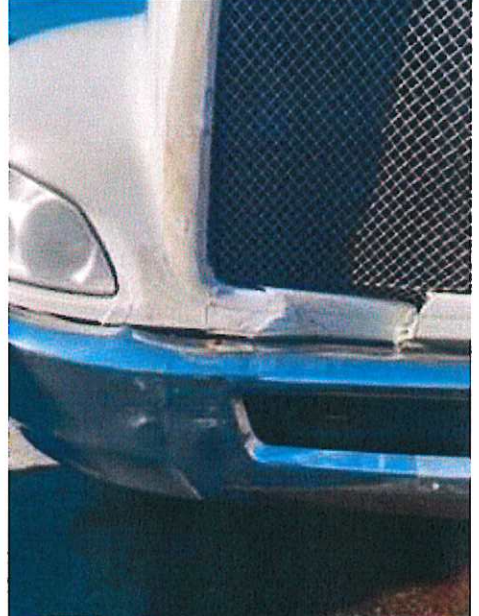
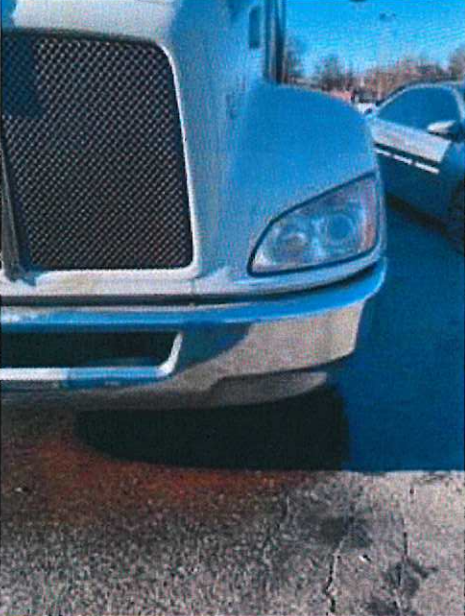
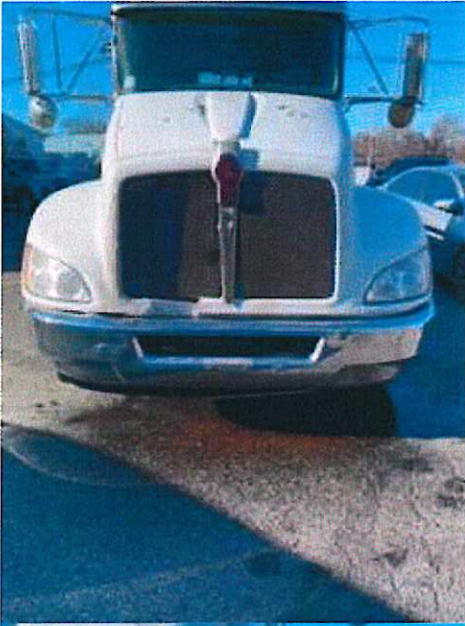
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Daniel P Furbush 196 Wilmington Police Department 12/13/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

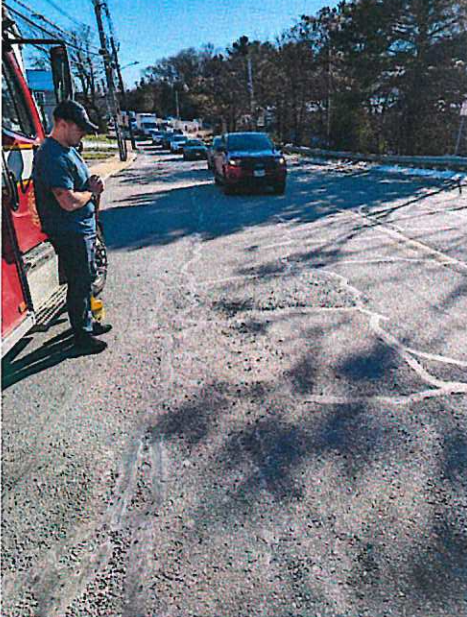
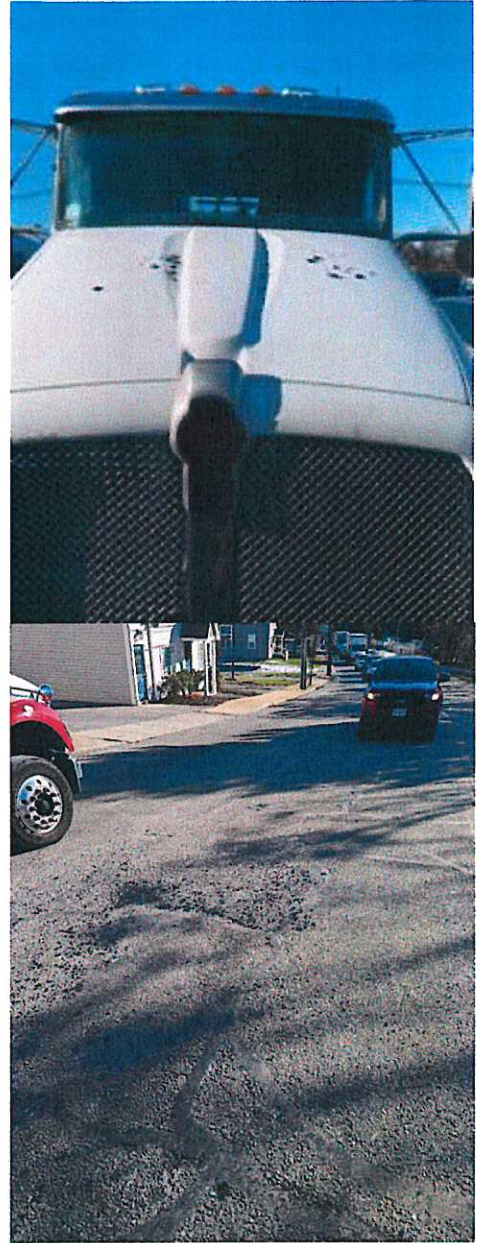
Wilmington Police Department
Images Associated with 22-393-AC



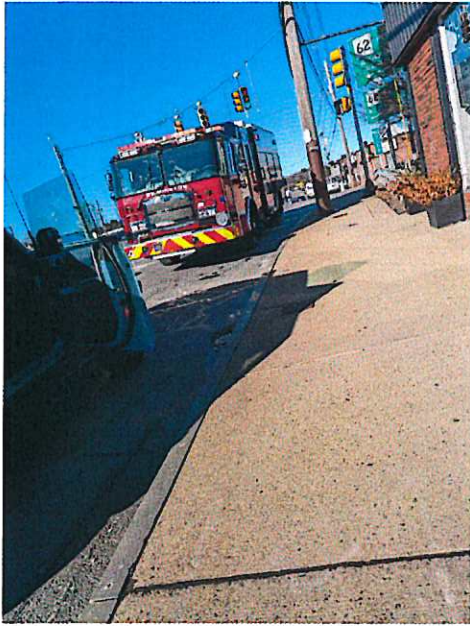
Wilmington Police Department
Images Associated with 22-393-AC



Wilmington Police Department
Images Associated with 22-393-AC



Wilmington Police Department
Images Associated with 22-393-AC



Wilmington Police Department
Images Associated with 22-393-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/14/2022	Time of Crash 1402 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>187</u> Direction _____ Address # _____ Name of Roadway/Street <u>MIDDLESEX AVE</u>			
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____			
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-394-AC**

License # <u>S20635821</u> St. <u>MA</u> DOB/Age _____	Reg # <u>N93030</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> ¹⁹ ¹⁹ Lic. Restrictions <u>1</u> ²⁰ CDL _____	Veh Year <u>2021</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> ²¹
Operator <u>TAYLOR, PATRICIA H</u> Last First Middle	Owner <u>TAYLOR EXCAVATION AND DEVELOPMENT INC</u> Last First Middle
Address <u>27 HERITAGE RD</u>	Address <u>27 HERITAGE RD</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1131</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1131</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>2</u> ²² Damaged Area Code: <u>6</u> ²⁷ <u>27</u> ²⁷
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> ²³ <u>23</u> ²³ <u>23</u> ²³ Test Status: <u>1</u> ²⁸
Citation # (If Issued) _____	Most Harmful Event <u>1</u> ²⁴ Type of Test: <u>1</u> ²⁹
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> ³⁰
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> ²⁵ <u>25 Susp. Alcohol: <u>2</u> ³¹ Susp. Drug: <u>2</u> ³²</u>
	Driver Distracted by <u>0</u> ²⁶ Towed from scene? <u>2</u> 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	X	<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S98847778</u> St. <u>MA</u> DOB/Age _____	Reg # <u>SM89792</u> Reg Type <u>TL</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>A</u> ¹⁹ ¹⁹ Lic. Restrictions <u>20</u> CDL <u>T</u>	Veh Year <u>2013</u> Veh Make _____ Veh Config. <u>10</u> ²¹
Operator <u>STUPAK, JEFFREY ALAN</u> Last First Middle	Owner <u>FERREIRA TOWING INC</u> Last First Middle
Address <u>154 GREAT RD LOT APT 26</u>	Address <u>293 LITTLETON RD</u>
City <u>SHIRLEY</u> State <u>MA</u> Zip <u>01464-2833</u>	City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-3307</u>
Insurance Company <u>ZURICH AMERICAN INSURANCE</u>	Vehicle Action Prior to Crash <u>4</u> ²² Damaged Area Code: <u>97</u> ²⁷ <u>27</u> ²⁷
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> ²³ <u>23</u> ²³ <u>23</u> ²³ Test Status: <u>1</u> ²⁸
Citation # (If Issued) _____	Most Harmful Event <u>1</u> ²⁴ Type of Test: <u>1</u> ²⁹
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> ³⁰
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> ²⁵ <u>25 Susp. Alcohol: <u>2</u> ³¹ Susp. Drug: <u>2</u> ³²</u>
	Driver Distracted by <u>0</u> ²⁶ Towed from scene? <u>2</u> 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	X	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>7</u>	<u>1</u>	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 272 Direction LOWELL ST Address # _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

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

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# **22-395-AC**

License # S62095532 St MA DOB/Age _____ Reg # 7845EY Reg Type PC Reg State MA

Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Veh Year 2018 Veh Make HONDA Veh Config. 1

Operator VERRIER, MARIELLE Owner VERRIER, PETER F

Address 30 KURCHIAN Address 30 KURCHIAN LN

City READING State MA Zip 01867 City READING State MA Zip 01867-1070

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 _____

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			1	1	4	0	0	10	1	

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

License # 018985986 St CT DOB/Age _____ Reg # AF79642 Reg Type PC Reg State CT

Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Veh Year 2022 Veh Make NISSAN Veh Config. 1

Operator KENNEY, JORDAN ARCANGELA Owner NISSAN INFINITI LT LLC

Address 6 TRANQUILITY CT Address 8900 FREEPORT PKWY

City DANBURY State CT Zip 06811 City IRVING State TX Zip 75063

Insurance Company American Commerce Insuran

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

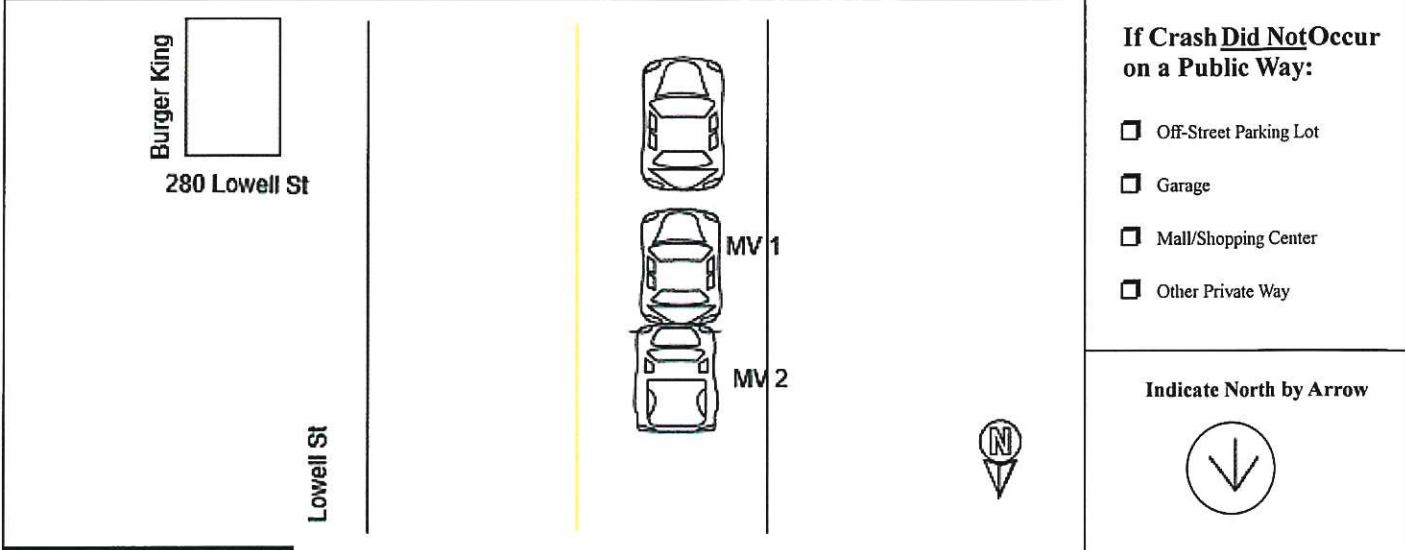
Citation # (If Issued) _____

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

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

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			1	1	4	0	0	10	1	

Crash Diagram:



Crash Narrative:

MV 1 was travelling Southbound on Lowell St slowly approaching the intersection at Lowell @ West St. MV 2 was also travelling Southbound on Lowell St directly behind MV 1. At this time Lowell st was congested, as it was rush hour. At this time there was a disabled motor vehicle on the northbound side of Lowell St perpendicular to both MV 1/ MV 2. The operator of MV 2 was distracted by the hazards and failed to recognize that MV 1 had engaged their brakes, which led to MV 2 rear ending MV 1 causing center rear damage to MV 1.

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

Police Use Only	Date of Crash 12/15/2022	Time of Crash 0704 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				LOCATION	NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____				Route# <u>7</u> Direction _____ Address # _____ Name of Roadway/Street <u>CLARK ST</u>					
At _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____					
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 _____				Mile Marker _____ Exit Number _____	
Also at Intersection with _____				Route# _____ Intersecting Roadway/Street _____					
Route# _____ Direction _____ Name of intersecting Roadway/Street _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Landmark _____	

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

Crash Report ID# **22-396-AC**

License # _____ St <u>MA</u> DOB/Age _____	Reg # <u>4PMK99</u>	Reg Type <u>PC</u>	Reg State <u>MA</u>		
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>I</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2007</u>	Veh Make <u>HONDA</u>	Veh Config. <u>1</u> <u>21</u>		
Operator _____ Last First Middle	Owner <u>DE FEO, JENNIFER JOYCE</u> Last First Middle				
Address _____	Address <u>25 LIBERTY ST</u>				
City _____ State _____ Zip _____	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2545</u>				
Insurance Company <u>USAA CASUALTY INSURANCE C</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u>	Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>27</u>			
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>	Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	Test Status: <u>1</u> <u>28</u>			
Citation # (If Issued) _____	Most Harmful Event <u>22</u> <u>24</u>	Type of Test: _____			
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u>	BAC Test Result: <u>30</u>			
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u>	Susp. Alcohol: <u>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											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

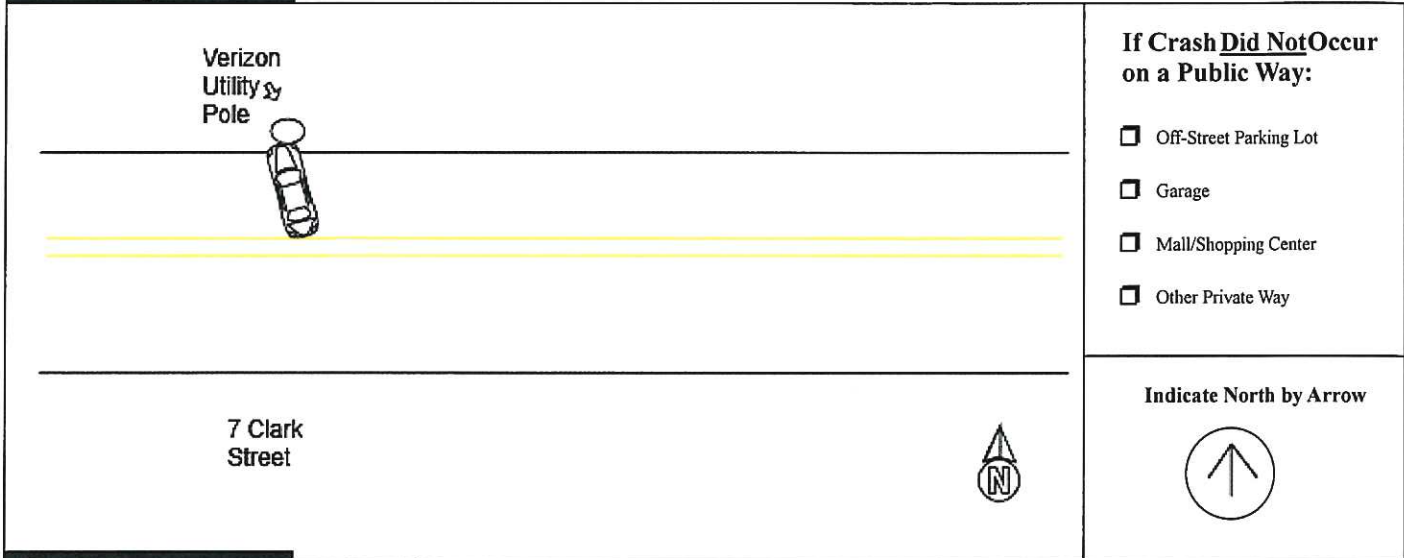
License # _____ St _____ DOB/Age _____	Reg # _____	Reg Type _____	Reg State _____		
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year _____	Veh Make _____	Veh Config. <u>21</u>		
Operator _____ Last First Middle	Owner _____ Last First Middle				
Address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

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle was traveling West on Clark Street toward Main Street. Vehicle left the roadway to the right side where it collided with Verizon Wooden Utility Pole #3. Operator stated the vehicle pulled to the right just prior to the crash. Operators mother was on scene and stated that the vehicle was just worked on and had axle issues. Mother signed a medical refusal for her son. Front airbags were deployed and vehicle was towed due to being disabled. Pole sustained minor damage and Verizon was notified.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	404 MAIN ST WILMINGTON MA 01887		4	WOODEN UTILITY POLE

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 Michael R DiLorenzo 217 Wilmington Police Department 12/15/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-396-AC



Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only		RMV Document Number			
Date of Crash 12/15/2022	Time of Crash 1141 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit <u>10</u> Latitude _____ Longitude _____
				State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
				MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
				Other: _____	

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____	Route# <u>355</u> Direction _____ Address # <u>MIDDLESEX AVE</u> Name of Roadway/Street _____	
At _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Mile Marker _____ Exit Number _____	
Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Intersecting Roadway/Street _____	
	Landmark _____	

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

Crash Report ID# **22-397-AC**

License # <u>S68814431</u> St <u>MA</u> DOB/Age _____	Reg # <u>T89122</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____	Veh Year <u>2018</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>CRESCIO, DAVID M</u>	Owner <u>D CRESCIO TRUCKING CO INC</u>
Address <u>8 DUBY DR</u>	Address <u>100 BILLERICA AVE</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3773</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-0000</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>10</u> <u>22</u> Damaged Area Code: <u>97</u> <u>27</u> <u>27</u> <u>27</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>	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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>2</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	XXXXXX	X	<u>1</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

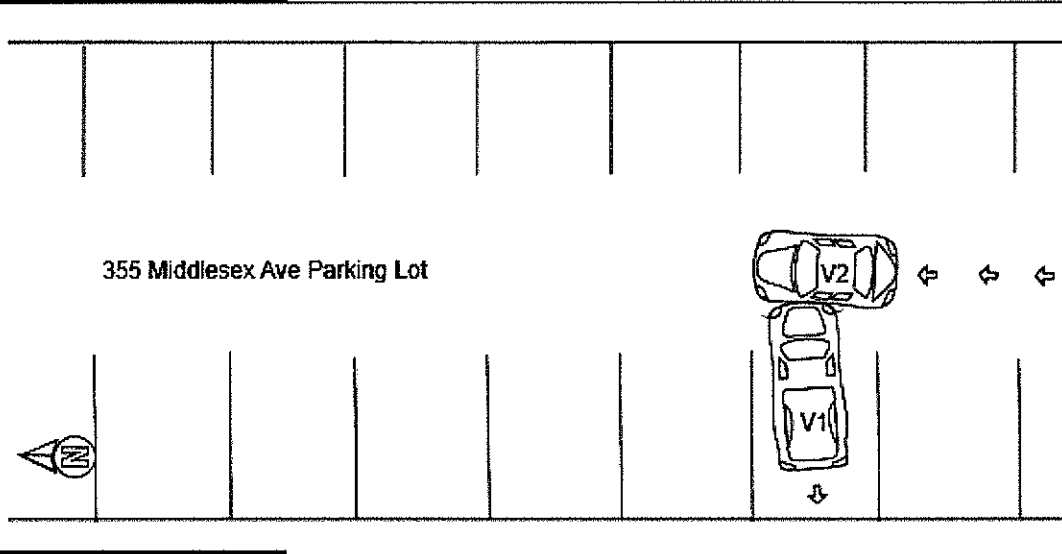
License # <u>S47366235</u> St <u>MA</u> DOB/Age _____	Reg # <u>595WPE</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____	Veh Year <u>2013</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>DAVIS, JOY ANNE</u>	Owner <u>DAVIS, JAMES MATTHEW</u>
Address <u>41 SHADY LANE DR</u>	Address <u>41 SHADY LANE DR</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1931</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1931</u>
Insurance Company <u>FARMERS PROPERTY & CASUAL</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</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>	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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>2</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	XXXXXX	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
VIRGINIA MORDUE	41 SHADY LANE DR WILMINGTON, MA 01887	10/27/1951	F	3	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚲ = Bicycle

Crash Diagram:

ie: → [1] → [2] → ♂ → ⚲



If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow

Crash Narrative:

V1 was backing into a parking spot at the 355 Middlesex Ave parking lot. He was stopped halfway out of the parking spot while backing in and he reports that V2 pulled around him and struck the front end of his vehicle. V2 reports that she had just pulled into the parking lot and V1 suddenly pulled forward, striking her vehicle. The damage to both vehicles is consistent with V2 continuing forward while V1 was in a nearly or totally stopped position as shown by the drag marks. V1 had scrapes and paint damage to the hook on the front passenger side of the vehicle. V2 had a large dent on the front and rear driver's side doors. There are no cameras in the area. No parties were injured and no vehicles were towed.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use **42**

Address _____ City _____ St _____ Zip _____

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

Interstate **43** Cargo Body Type Code **44** GVWR/GCWR **45**

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

Hazmat Information:

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

Patrol Officer Emily L Stebbins 210 Wilmington Police Department 12/15/2022

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

Wilmington Police Department
Images Associated with 22-397-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/15/2022	Time of Crash 2139 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit <u>5</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

AT INTERSECTION:	<	LOCATION	>	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# <u>298</u> Direction _____ Address # _____ Name of Roadway/Street <u>SHAWSHEEN AVE</u>		Route# _____ Direction _____ Name of Roadway/Street _____ 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 _____ Also at Intersection with _____		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 _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-398-AC**

License # _____ St <u>MA</u> DOB/Age _____	Reg # <u>1YZM17</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2017</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>21</u>
Operator _____ Last _____ First _____ Middle _____	Owner <u>MAGUIRE, JENNIFER JOANNE</u> Last _____ First _____ Middle _____
Address _____	Address <u>110 NICHOLS ST</u>
City _____ State _____ Zip _____	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1628</u>
Insurance Company <u>ALLSTATE INSURANCE COMPAN</u>	Vehicle Action Prior to Crash <u>97</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>B</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>97</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) <u>T2749286</u>	Most Harmful Event <u>97</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub <u>90</u> <u>17</u> Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>7</u> <u>25</u> <u>10</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

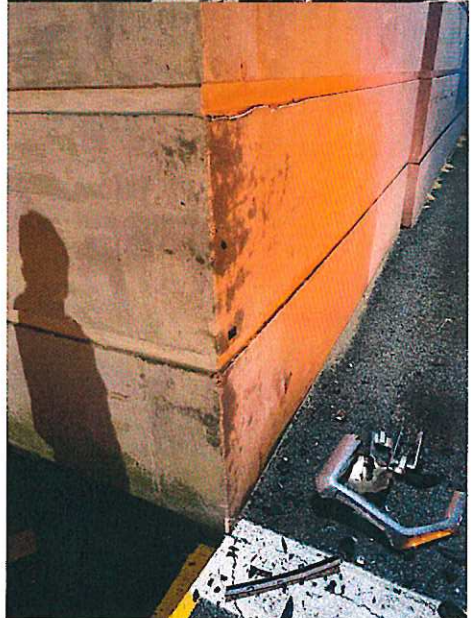
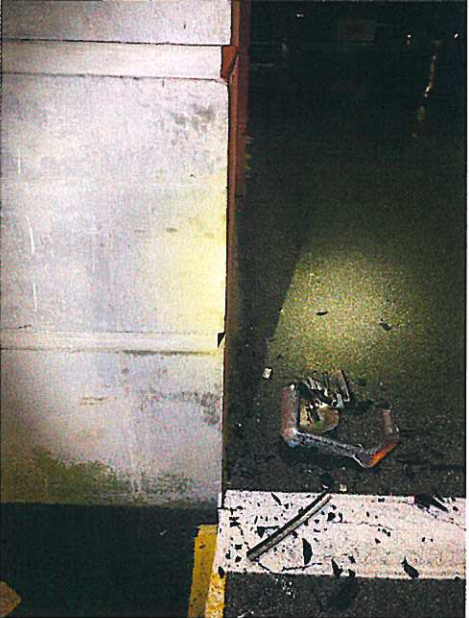
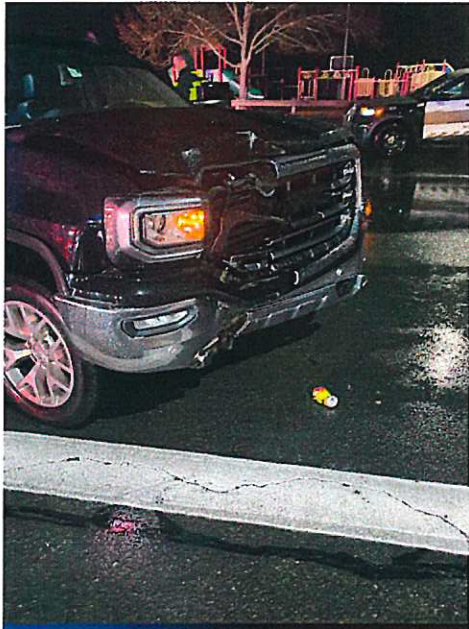
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	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

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 <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____ Last _____ First _____ Middle _____	Owner _____ Last _____ First _____ Middle _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>26</u> Towed from scene? <u>33</u>

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

Wilmington Police Department
Images Associated with 22-398-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/16/2022	Time of Crash 1851 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>48</u> Direction _____ Address # _____ Name of Roadway/Street <u>GRACE DR</u>	
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 _____ or _____ 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 10 #Occupants Hit/Run Moped
Crash Report ID# **22-399-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Reg # <u>B65907</u> Reg Type <u>TR</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>Other-not listed</u> Veh Config. <u>97</u> <u>21</u>
Operator <u>Driverless M.V.</u> Last First Middle	Owner <u>TKACHUK EXCAVATING INC</u> Last First Middle
Address _____ City _____ State _____ Zip _____	Address <u>124 POND ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3768</u>
Insurance Company <u>SAFETY INSURANCE</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</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	XXXX	XX	<u>1</u>							

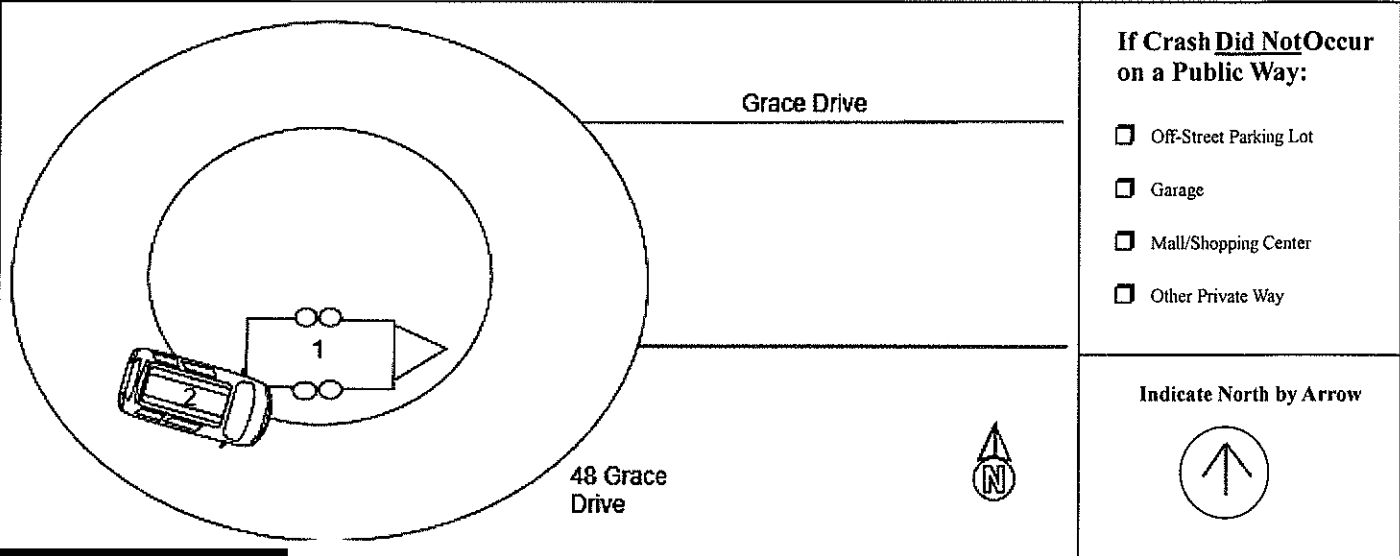
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # <u>S31151254</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>1</u> <u>20</u> CDL _____ Endorsement _____	Reg # <u>2EFE37</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>CHEN, MIA ANITA</u> Last First Middle	Owner <u>CHEN, MIA ANITA</u> Last First Middle
Address <u>111 LOCUST ST APT 47-A</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-3889</u>	Address <u>111 LOCUST ST APT 47-A</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-3889</u>
Insurance Company <u>ESURANCE INSURANCE COMPAN</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>6</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>12</u> <u>25</u> <u>9</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>2</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	XXXX	XX	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:



Crash Narrative:

Operator of MV2 was following the cul-de-sac of Grace drive. When MV2 got 3/4 of the way through the cul-de-sac she stated she went over the curb and struck MV1. MV1 is a construction trailer which was parked in the center of the cul-de-sac. The trailer was off the roadway on the grass. MV2 struck the rear right corner of the trailer with the front left of her vehicle and sideswiped it to the rear of her motor vehicle.

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

12/16/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date