

Wilmington Police Department
Images Associated with 22-413-AC



Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number

Police Use Only

Date of Crash: 12/27/2022 | Time of Crash: 1129 | City/Town: **Wilmington**

Number Vehicles: **3** | Number Injured: **1** | Speed Limit: **25**

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

< LOCATION >

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

1 1 **LOWELL ST**
Route# Direction Name of Roadway/Street

2 10

1 1 **WOBURN ST**
Route# Direction Name of Intersecting Roadway/Street

2 11

2 1 **WOBURN ST**
Route# Direction Name of Intersecting Roadway/Street

3 11

3 Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped | Crash Report ID# **22-414-AC**

4 3 License # **NHN16253398** St **NH** DOB/Age _____ Reg # **5067148** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **99** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2017** Veh Make **NISSAN** Veh Config. **1**

Operator **SYLVESTER, SHANE MICHAEL** Owner **SORIANO, CARMEN M**

4 3 Address **280 GROVE ST APT 1** Address **280 GROVE ST APT 1**

City **MANCHESTER** State **NH** Zip **03103-7448** City **MANCHESTER** State **NH** Zip **03103**

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

5 1 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **1** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) **T2749106** Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub **89** **9** Driver Contributing Code **13** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **7** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

6 1 Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/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	1	0	0	10	1	
ANN MARIE GAGNON	615 UNION ST MANCHESTER, NH 03104-6076	08/21/1976	F	3	99	1	0	0	10	1	

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

8 2 License # **S18308352** St **MA** DOB/Age _____ Reg # **9TP187** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____ Veh Year **2009** Veh Make **NISSAN** Veh Config. **1**

Operator **SINGH, DILBAGH** Owner **SINGH, DILBAGH**

8 2 Address **949 MAIN ST APT 4** Address **949 MAIN ST APT 4**

City **WOBURN** State **MA** Zip **01801-1255** City **WOBURN** State **MA** Zip **01801-1255**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **5** **27** **4** **27** **6** **27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

9 2 Towed from scene? **1** **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	8	2	Lahay Clinic

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number _____

Date of Crash: 12/27/2022 Time of Crash: 1129 City/Town: **Wilmington**

Number Vehicles: 3 Number Injured: 1 Speed Limit: 25

State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **LOWELL ST**

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

2 1 **WOBURN ST**

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

Also at Intersection with _____

3 1 _____

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 34 #Occupants Hit/Run Moped

Crash Report ID# **22-414-AC**

License # **S36834591** St **MA** DOB/Age _____ Reg # **3XLV87** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement _____ Veh Year **2022** Veh Make **DODGE** Veh Config. **1**

Operator **TRIMARCHI, LEE MICHAEL** Owner **TRIMARCHI, LEE MICHAEL**

Address **7 FERNVIEW AVE APT 7** Address **7 FERNVIEW AVE APT 7**

City **NORTH ANDOVER** State **MA** Zip **01845-4458** City **NORTH ANDOVER** State **MA** Zip **01845-4458**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **2** Damaged Area Code: **8 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Driver Distracted by **0 26** Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	M	1	1	4	0	0	10	1	
DONNA TRIMARCHI	57 GLEN RD WILMINGTON, MA 01887	01/25/1949	F	3	1	4	0	0	10	1	
			M	4	1	4	0	0	10	1	
			M	6	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

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

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**

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

Driver Distracted by **26** Towed from scene? **33**

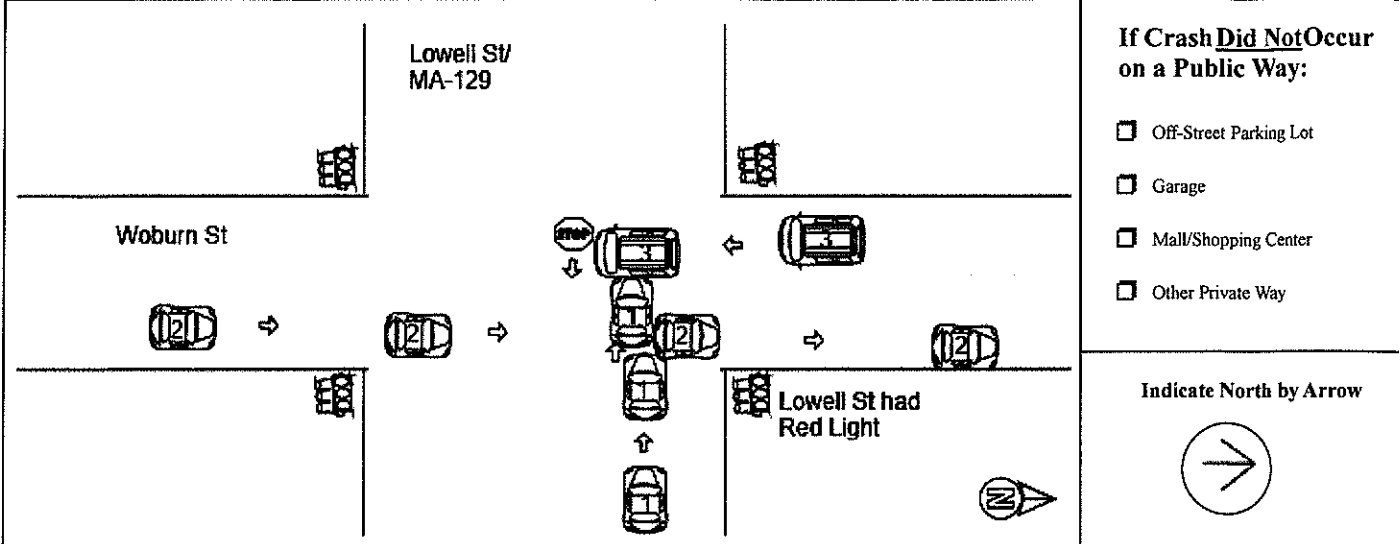
Please fill out for operator/non-motorist and all occupants involved

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	M	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:

12/27/22 appx 1129hrs, dispatched to 3 car MVC Lowell St @ Woburn St. According to OPP3, MV1 ran red light and stuck their vehicle that was stopped in intersection waiting to take a left SB onto Lowell St. OPP 2 stated he was driving through intersestion heading EB on Woburn St and was rear ended in intersection, unknown how. OPP1 stated he could not see the traffic light due to sun glare. OPP2 transpored to Lahey via WFD. OPP1 was issued summons for 90/10 unlicensed opp and 89/9 red light. MV1 and MV2 towed by Cain's. MV3 left under own power.

Witnesses:

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

Property Damage:

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

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MCMX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 12/27/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 12/27/2022
 Time of Crash: 1541
 City/Town: **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: 25
 Latitude: _____
 Longitude: _____
 State Police
 Local Police
 MBTA Police
 Campus Police
 Other:

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

10

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

Route# _____ Direction _____ Address # **160** **GROVE AVE**
 Name of Roadway/Street _____

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

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

11

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

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

12

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

Crash Report ID# **22-415-AC**

2

3

License # **S47226336** St **MA** DOB/Age _____

Reg # **2BMS97** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement _____

Veh Year **2021** Veh Make **VOLKSWAGEN** Veh Config. **1** 21

Operator **LOMBARDI, KRISTEN J**
 Last First Middle

Owner **LOMBARDI, KRISTEN J**
 Last First Middle

1

4

Address **50 WINTER ST**

Address **50 WINTER ST**

City **TEWKSBURY** State **MA** Zip **01876**

City **TEWKSBURY** State **MA** Zip **01876**

Insurance Company **PLYMOUTH ROCK ASSURANCE C.**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 27 **2** 27

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

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

Citation # (If Issued) _____

Most Harmful Event **1** 24 Type of Test: **29**

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

Driver Contributing Code **19** 25 25 BAC Test Result: **30**

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

Driver Distracted by **5** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

1

6

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	1.0	1	

7

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

Reg # **R47319** Reg Type **CO** Reg State **MA**

License # **SA0171344** St **MA** DOB/Age _____

Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1** 21

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement _____

Operator **OLIVEIRA, DOMINIC THOMAS**
 Last First Middle

Owner **MASSACHUSETTS AUTO SCHOOL LLC**
 Last First Middle

1

8

Address **345 WOBURN ST**

Address **2 PARK DR. - APT E 3**

City **WILMINGTON** State **MA** Zip **01887-2107**

City **WESTFORD** State **MA** Zip **01886**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **4** 27 **5** 27 **6** 27

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

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

Citation # (If Issued) _____

Most Harmful Event **1** 24 Type of Test: **29**

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

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

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

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

1

9

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	1.0	1	
GREGORY FAWCETT	756 WESTFORD ST LOWELL, MA 01851-2939	07/06/1953	M	3	1	4	0	0	1.0	1	
			M	6	1	4	0	0	1.0	1	

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number **0080**

Date of Crash: **12/28/2022** Time of Crash: **0733** City/Town: **Wilmington**

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

Police: State Police, Local Police, MBTA Police, Campus Police, Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# **128** Direction **GLEN RD** Name of Roadway/Street **GLEN RD**

Route# _____ Direction _____ Name of Roadway/Street _____

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

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# **22-416-AC**

License # **S89397691** St **MA** DOB/Age _____ Reg # **1MXR18** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **19 19** Lic. Restrictions **99 20** CDL Endorsement _____ Veh Year **2019** Veh Make **Jeep** Veh Config. **1 21**

Operator **LAWRENSON, JAMES C** Owner **LAWRENSON, ELIZABETH M**

Address **3 DEXTER ST** Address **3 DEXTER ST**

City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-3716**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 3 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **10 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **10 24** Type of Test: **99 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

Please fill out for operator and all occupants involved		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	X	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 # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**

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

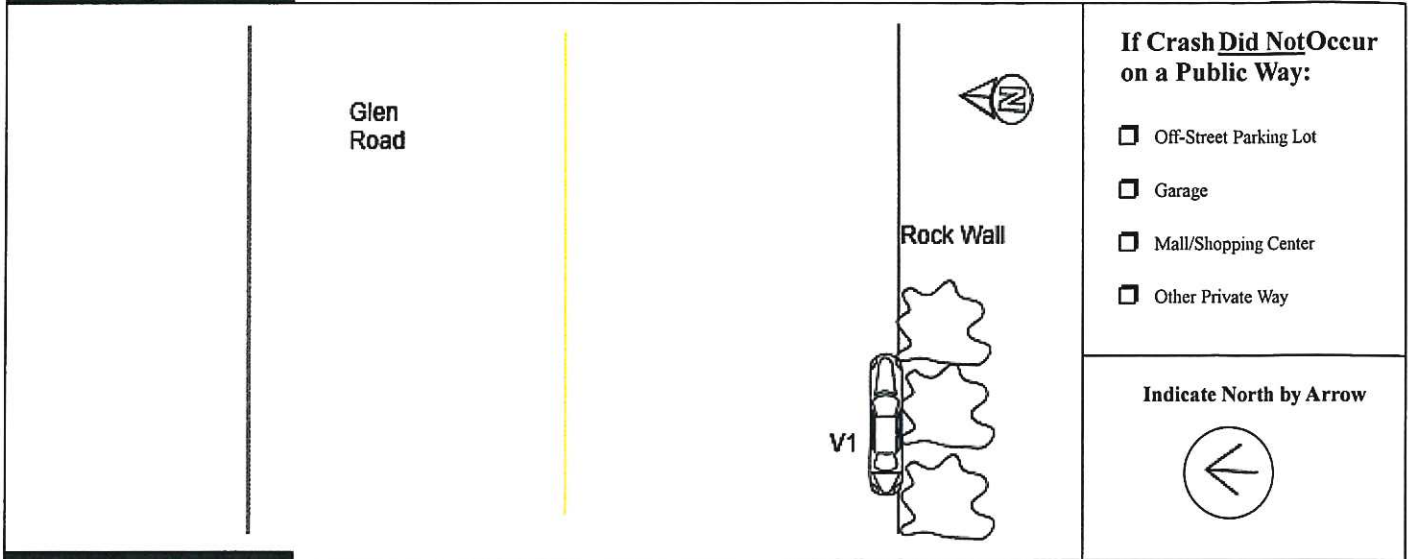
Towed from scene? **33**

Please fill out for operator/non-motorist and all occupants involved		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	X	1							

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

Crash Diagram:

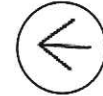
ie: → 1 → 2 → ○ → ☇



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:

On Wednesday December 28, 2022 I, Officer Fortes was dispatched to the area of 128 Glen Road for a report of a single car crash. Upon arrival, I observed Op1 standing outside his vehicle. I observed major damage to the right side of the vehicle and the right front tire had been removed. Op1 stated he crashed into a rock wall on Glen Road after taking the turn too tight to the right side. The wall appeared to be intact upon my arrival. Cain's Towing towed the vehicle back to their lot.

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 12/28/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-416-AC



Date of Crash: 12/28/2022 | Time of Crash: 1817 | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 1 | Number Injured: 1 | Speed Limit: 35 | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:

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 # 48 Name of Roadway/Street PARK ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: right;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: right;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **22-417-AC**

<p>License # S45988896 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator FARRELL, JOAN DOROTHY</p> <p>Address 29 FREEPORT DR</p> <p>City WILMINGTON State MA Zip 01887-1532</p> <p>Insurance Company QUINCY MUTUAL FIRE INSURA</p> <p>Vehicle Travel Direction: N S X 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 # 1477YM Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make AUDI Veh Config. 1</p> <p>Owner FARRELL, JOAN DOROTHY</p> <p>Address 29 FREEPORT DR</p> <p>City WILMINGTON State MA Zip 01887-1532</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 2 27 8 27</p> <p>Event Sequence 22 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 22 24 Type of Test: 29</p> <p>Driver Contributing Code 21 25 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? 1 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	X	1	1	3	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

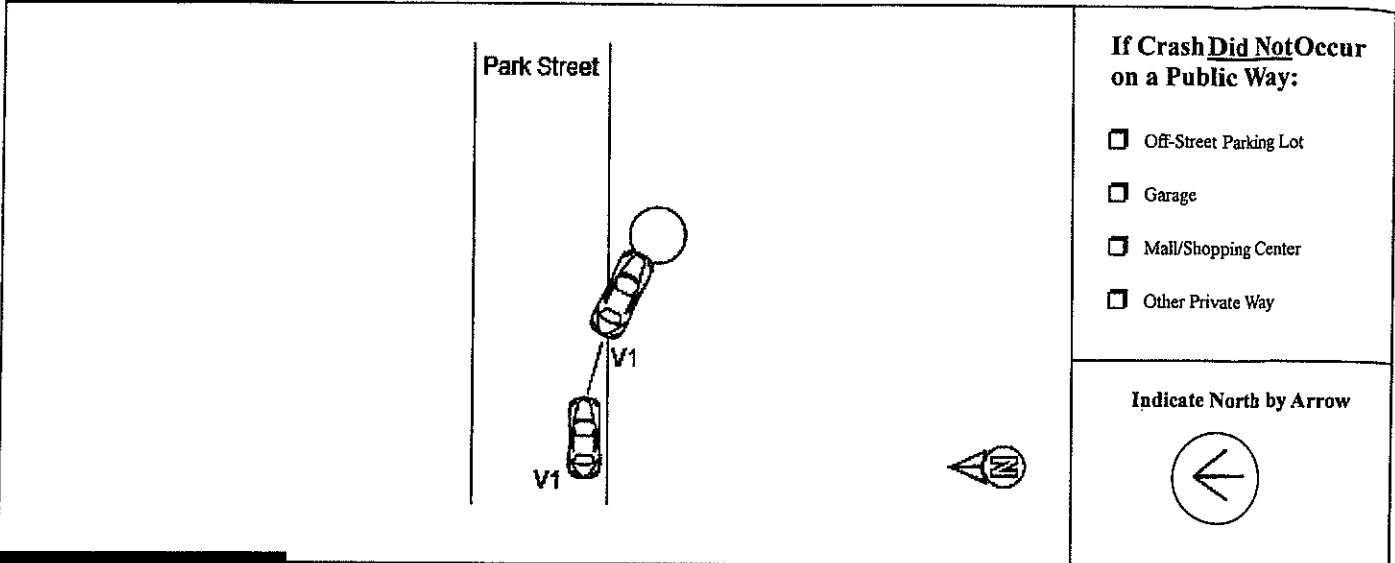
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 Lic. Restrictions 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>Citation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

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	X	1	1	3	0	0	8	2	Lahey Clinic

→ = 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:

Sir, on December 28, 2022, I was assigned to s2 in marked unit 32 during the 4-12 tour. At said time I was dispatched to said location for a motor vehicle into a pole. On arrival MAREG 1477YM had struck utility pole VZ16. The operator was the registered owner Joan Farrell. Ms. Farrell was conscious and able to answer questions and I kept her seated in the vehicle until EMS arrived on scene and took over medical care. Ms. Farrell was vomiting on scene and was transported by EMS to The Lahey Clinic. The pole was compromised and Reading Light and Verizon were notified. It is suspected the operator fell asleep.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	CHURCH ST WILMINGTON MA 01897			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 Paul Macgilvray 221 Wilmington Police Department 12/28/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only RMV Document Number

Date of Crash: 12/31/2022 | Time of Crash: 1635 24HR | City/Town: **Wilmington** | Number Vehicles: 2 | Number Injured: 1 | Speed Limit: 35 | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4 Route# Direction RICHMOND ST Name of Roadway/Street

Route# Direction _____ Name of Roadway/Street

2 3 Route# Direction _____ Name of Intersecting Roadway/Street

Route# Direction _____ Name of Intersecting Roadway/Street

Route# Direction Address # _____ Name of Roadway/Street

Feet NSEW of _____ or _____ Mile Marker _____ Exit Number _____

Feet NSEW of _____ Route# _____ Intersecting Roadway/Street _____

Feet NSEW of _____

Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **22-418-AC**

License # S64509217 St MA DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____

Operator PURINGTON, MICHAEL JAMES

Address 163 WHITTEMORE ST

City TEWKSBURY State MA Zip 01876-1543

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: NSEW 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 # 6CA511 Reg Type PC Reg State MA

Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 21

Owner PURINGTON, MICHAEL JAMES

Address 163 WHITTEMORE ST

City TEWKSBURY State MA Zip 01876-1543

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 1 27

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

Most Harmful Event 1 24 Type of Test: _____ 29

Driver Contributing Code 1 25 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		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"/>	<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: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # NHL17582998 St NH DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement _____

Operator PHRAKONEKHAM, KAREN J

Address 26 PINE LN

City MANCHESTER State NH Zip 03109

Insurance Company CNAC INSURANCE

Vehicle Travel Direction: NSEW 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 # 4884781 Reg Type PC Reg State NH

Veh Year 2011 Veh Make NISSAN Veh Config. 1 21

Owner PHRAKONEKHAM, KAREN J

Address 26 PINE LN

City MANCHESTER State NH Zip 03109

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 8 27 0 27

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

Most Harmful Event 1 24 Type of Test: _____ 29

Driver Contributing Code 4 25 25 25 BAC Test Result: 1 30

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

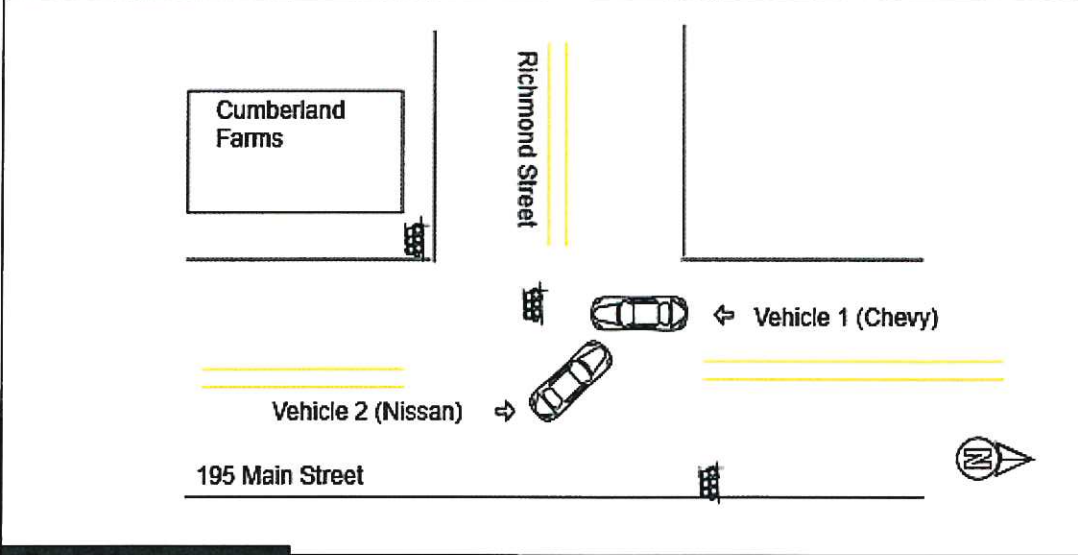
Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>99</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahay Clinic
KAI MARCHSI		26 PINE LN MANCHESTER, NH 01087		<u>3</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>6</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:

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:

Vehicle 1 was traveling southbound on Main Street, when Vehicle 2, which was traveling Northbound on Main street, attempted to take a left-hand turn onto Richmond Street and struck Vehicle 1. Operator 1 declined medical attention. Operator 2 reported head pain and had a lump on her forehead. Operator 2 was transported to Lahey Clinic via ambulance for a medical evaluation. The passengers of Vehicle 2 declined medical attention. Vehicle 1 had front-end and driver side damage from the crash. Vehicle 2 had front-end/ front-left damage from the crash. Both vehicles were towed from the scene by A&S, due to both vehicle's being inoperable.

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 _____

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Hazmat Information:

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

Wilmington Police Department
Images Associated with 22-418-AC

