

Date of Crash 01/16/2023 Time of Crash 0626 24HR City/Town Wilmington Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street Ballardvale St 300

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# 23-13-AC

License # unknown St. DOB/Age Reg # 1VKN16 Reg Type PC Reg State MA Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Sanchez, Jonathan Natiel Inoa Owner Rodriguez, Aracelis

Table with 10 columns: Name, Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility

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

License # 218394749 St. CT DOB/Age Reg # 3031290 Reg Type TL Reg State IN Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator Harper, Tyrone Demetrius Owner FedEx Ground Package System Inc

Table with 10 columns: Name, Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility







Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 01/16/2023 Time of Crash 0831 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Landmark

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

Crash Report ID# 23-15-AC

License # S42953624 St MA DOB/Ag

Reg # 20NL18 Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions L 20 CDL Endorsement

Veh Year 2016 Veh Make KIA Veh Config 1 21

Operator PEARSON, KEITH A Last First Middle

Owner PEARSON, KEITH A Last First Middle

Address 30 MILLER RD

Address 30 MILLER RD

City WILMINGTON State MA Zip 01887-3512

City WILMINGTON State MA Zip 01887-3512

Insurance Company SAFETY INSURANCE COMPANY

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

Vehicle Travel Direction: NSEW Responding to Emergency? 2

Event Sequence 21 23 23 23 23 Test Status: 1 28

Citation # (If Issued)

Most Harmful Event 21 24 Type of Test: 29

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

Driver Contributing Code 11 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? 3 33

Please fill out for operator and all occupants involved

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Row 1: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

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

License # St DOB/Ag

Reg # Reg Type Reg State

Sex Lic. Class 19 19 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 Damaged Area Code: 27 27 27

Vehicle Travel Direction: NSEW 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

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



Wilmington Police Department  
Images Associated with 23-15-AC



**Police Use Only**

Date of Crash: 01/18/2023  
 Time of Crash: 1756  
 City/Town: **Wilmington**

Number Vehicles: **3**  
 Number Injured: **2**

Speed Limit: **45**  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 State Police   
 Local Police   
 MBTA Police   
 Campus Police   
 Other:

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

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **280** Name of Roadway/Street **LOWELL ST**  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **23-16-AC**

License # **S23868326** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_  
 Operator **VILISSOVA, NADEJA**  
 Address **1 LORING AVE APT 107**  
 City **SWAMPSCOTT** State **MA** Zip **01907**  
 Insurance Company **SAFETY INSURANCE COMPANY**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **3JAS61** Reg Type **PC** Reg State **MA**  
 Veh Year **2020** Veh Make **HONDA** Veh Config. **1**  
 Owner **ROLNIK, LEONID**  
 Address **1 LORING AVE APT 107**  
 City **SWAMPSCOTT** State **MA** Zip **01907-1254**  
 Vehicle Action Prior to Crash **1**  
 Event Sequence **1 23 23 23 23**  
 Most Harmful Event **1 24**  
 Driver Contributing Code **1 25 25**  
 Driver Distracted by **0 26**  
 Damaged Area Code: **6 27 5 27 27**  
 Test Status: **1 28**  
 Type of Test: **29**  
 BAC Test Result: **1 30**  
 Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **2 33**

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

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

License # **S20797774** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_  
 Operator **COMTOIS, NICHOLAS GANLEY**  
 Address **12 GORHAM ST**  
 City **CHELMSFORD** State **MA** Zip **01824-2913**  
 Insurance Company **PROGRESSIVE CASUALTY 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 # **84S660** Reg Type **PC** Reg State **MA**  
 Veh Year **2012** Veh Make **HYUNDAI** Veh Config. **1**  
 Owner **COMTOIS, NICHOLAS GANLEY**  
 Address **12 GORHAM ST**  
 City **CHELMSFORD** State **MA** Zip **01824-2913**  
 Vehicle Action Prior to Crash **1**  
 Event Sequence **1 23 1 23 23 23**  
 Most Harmful Event **1 24**  
 Driver Contributing Code **1 25 25**  
 Driver Distracted by **0 26**  
 Damaged Area Code: **4 27 6 27 5 27**  
 Test Status: **1 28**  
 Type of Test: **29**  
 BAC Test Result: **1 30**  
 Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **1 33**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 01/18/2023	Time of Crash 1756 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 3	Number Injured 2	Speed Limit 45 Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____		<b>CRASH</b>			
<b>AT INTERSECTION:</b>			<b>LOCATION</b>				<b>NOT AT INTERSECTION:</b>							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____				Feet [N][S][E][W] of _____ of _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N][S][E][W] of _____ of _____ Route# _____ Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of 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# <b>23-16-AC</b>											
License # <b>S76559502</b> St <b>MA</b> DOB/Agc _____			Reg # <b>811AM9</b> Reg Type <b>PC</b> Reg State <b>MA</b>				Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL Endorsement _____							
Operator <b>COOLIDGE, CHARLES E</b>			Veh Year <b>2009</b> Veh Make <b>FORD</b> Veh Config. <b>1</b>											
Address <b>8 PARK AVE</b>			Owner <b>COOLIDGE, CHARLES E</b>											
City <b>WAKEFIELD</b> State <b>MA</b> Zip <b>01880-2173</b>			Address <b>8 PARK AVE</b>				City <b>WAKEFIELD</b> State <b>MA</b> Zip <b>01880-2173</b>							
Insurance Company <b>SAFETY INSURANCE COMPANY</b>			Vehicle Action Prior to Crash <b>1</b>				Damaged Area Code: <b>8</b> <b>27</b> <b>27</b> <b>1</b> <b>27</b>							
Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b>			Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b>				Test Status: <b>1</b> <b>28</b>							
Citation # (If Issued) _____			Most Harmful Event <b>1</b> <b>24</b>				Type of Test: <b>29</b>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <b>99</b> <b>25</b> <b>25</b>				BAC Test Result: <b>1</b> <b>30</b>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <b>99</b> <b>26</b>				Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>							
Towed from scene? <b>1</b> <b>33</b>														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address		DOB/Agc	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>			See Above		<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	
Please Select One of the Following: <input type="checkbox"/> Vehicle 4 Occupants <input type="checkbox"/> Non-Motorist A Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped														
License # _____ St _____ DOB/Agc _____			Reg # _____ Reg Type _____ Reg State _____				Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL Endorsement _____							
Operator _____			Veh Year _____ Veh Make _____ Veh Config. <b>21</b>											
Address _____			Owner _____											
City _____ State _____ Zip _____			Address _____				City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <b>22</b>				Damaged Area Code: <b>27</b> <b>27</b> <b>27</b>							
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____			Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b>				Test Status: <b>28</b>							
Citation # (If Issued) _____			Most Harmful Event <b>24</b>				Type of Test: <b>29</b>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <b>25</b> <b>25</b>				BAC Test Result: <b>30</b>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <b>26</b>				Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>							
Towed from scene? <b>33</b>														
Please fill out for operator/non-motorist and all occupants involved														
Name (Last First Middle)			Address		DOB/Agc	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>			See Above		<del>XXXXXX</del>	<del>X</del>	<b>1</b>							

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

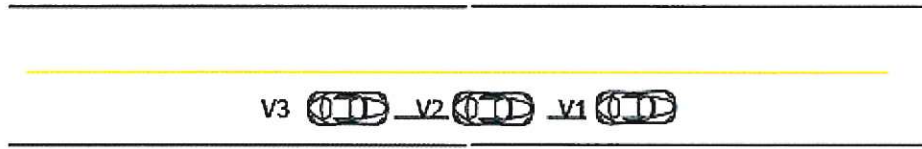
**Crash Diagram:**

ie: → 1 → 2 → ○ → ⚡

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

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

**Indicate North by Arrow**



**Crash Narrative:**

Sir, on January 18, 2023, I was assigned to s2 in marked unit 32 during the 4-12 tour. At said time I responded to the area of 280 Lowell Street for a three car motor vehicle crash. On location I spoke to all three operators. V3 stated while following the flow of traffic he struck V2 which as a result struck V1. V1 and V2 stated the same as V3. V2 and V3 were towed by A&S Tow. No injuries reported on scene. Ems was on scene on my arrival. All parties declined medical attention on scene.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Paul Macgilvray

Police Officer Name (Please Print)

Signature

221

ID/Badge #

Wilmington Police Department

Department

01/18/2023

Date

Date of Crash 01/19/2023 Time of Crash 1605 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 35 State Police  Local Police  MBTA Police  Campus Police  Other

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

<p>1 <b>1</b></p> <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>2 <b>2</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 <b>10</b></p> <p>Route# _____ Direction _____ Address # <u>585</u> Name of Roadway/Street <u>WOBURN ST</u></p> <p>_____ Feet <u>N S E W</u> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>1 <b>11</b></p> <p>_____ Feet <u>N S E W</u> of _____</p> <p>_____ Feet <u>N S E W</u> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
---	--

3 **3** Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-17-AC**

<p>4 <b>1</b></p> <p>License # <u>S65543395</u> St <u>MA</u> DOB/Age _____</p> <p>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 _____</p> <p>Operator <u>Puccio, Sofia</u></p> <p>Address <u>13 Arlene Ave</u></p> <p>City <u>Wilmington</u> State <u>MA</u> Zip <u>01887-1111</u></p> <p>Insurance Company <u>The Commerce Insurance Co</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>N S E W</u> Responding to Emergency? <u>2</u></p> <p>5 <b>2</b> Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>6 <b>2</b> Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>2RKA36</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2018</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>Puccio, Sofia</u></p> <p>Address <u>13 Arlene Ave</u></p> <p>City <u>Wilmington</u> State <u>MA</u> Zip <u>01887-1111</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>3</u> <u>27</u> <u>7</u> <u>27</u></p> <p>Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>99</u> <u>28</u></p> <p>Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p> <p style="text-align: right;">22 <b>13</b></p>
--	---

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

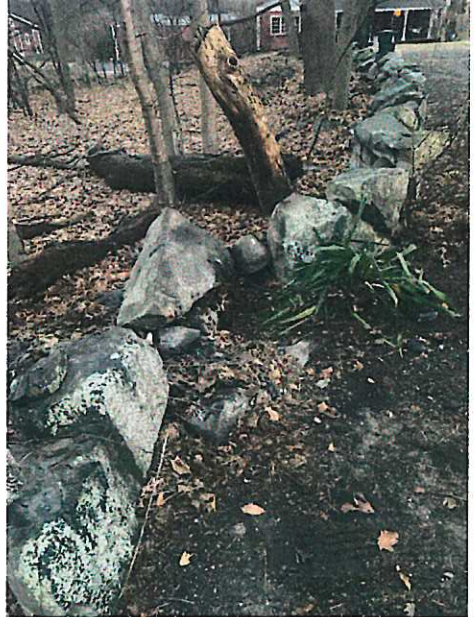
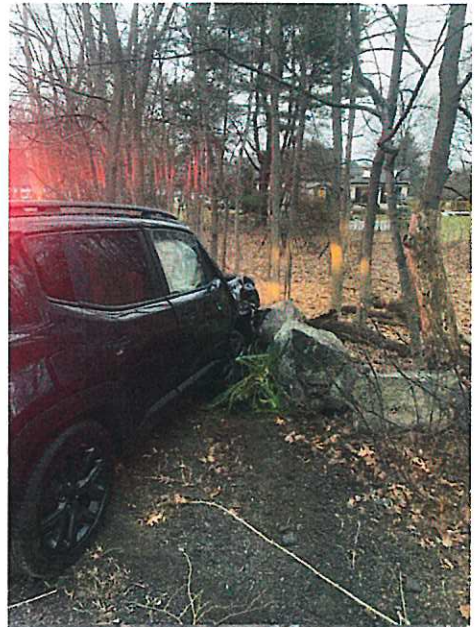
7 **1** Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

<p>8 <b>1</b></p> <p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> <u>N S E W</u> Responding to Emergency? _____</p> <p>9 <b>2</b> 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. <u>21</u></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>33</u></p> <p style="text-align: right;">4 <b>14</b></p>
--	--

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



Wilmington Police Department  
Images Associated with 23-17-AC



Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 01/19/2023 Time of Crash 1858 City/Town 24HR WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 Latitude Longitude

State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street 442 MAIN ST Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 13 #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 23-18-AC

License # SAB790146 St MA DOB/Ag

Reg # 2BB925 Reg Type PC Reg State MA

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

Veh Year 2011 Veh Make NISSAN Veh Config. 1 21

Operator Last First Middle

Owner LAFFEY, MEGHAN BETH Last First Middle

Address

Address 264 APACHE WAY

City State Zip

City TEWKSBURY State MA Zip 01876-4627

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 3 27

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

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

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 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

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

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

License # S23944940 St MA DOB/Ag

Reg # V18650 Reg Type PC Reg State MA

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

Veh Year 2019 Veh Make FORD Veh Config. 1 21

Operator LUTHER, MATTHEW KENT Last First Middle

Owner MKL STONE LLC Last First Middle

Address 9 CHESTERFIELD AVE

Address 625 MAIN ST

City BILLERICA State MA Zip 01821-6206

City WILMINGTON State MA Zip 01887-3215

Insurance Company GREEN MOUNTAIN INSURANCE

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 99 27 27 27

Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? 2

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

Citation # (If Issued) T2749176

Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 24C Viol. 2: Ch/Sec/Sub 89 8

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

Viol. 3: Ch/Sec/Sub 90 17 Viol. 4: Ch/Sec/Sub

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33

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

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

