

Police Use Only: Date of Crash 01/11/2023, Time of Crash 0915, City/Town **Wilmington**, Number Vehicles 2, Number Injured 0, Speed Limit 35, State Police Local Police MBTA Police Campus Police Other.

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1
Route# Direction Name of Roadway/Street At
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
2
Route# Direction Name of Intersecting Roadway/Street

2 10
8 11

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
Crash Report ID# **23-6-AC**

License # **S54918755** St **MA** DOB/Age _____ Reg # **7HX853** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2008** Veh Make **HONDA** Veh Config. **1** 21
Operator **BARRERA-AMBROCIO, FELIPE ANTONIO** Owner **BARRERA-AMBROCIO, FELIPE ANTONIO**
Address **287 WASHINGTON ST** Address **287 WASHINGTON ST**
City **WOBURN** State **MA** Zip **01801-2738** City **WOBURN** State **MA** Zip **01801-2738**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 27 27 27
Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 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? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	0	4	0	0	10	1	Brigham & Womans 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 # **S43067183** St **MA** DOB/Age _____ Reg # **2LA959** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2012** Veh Make **HONDA** Veh Config. **1** 21
Operator **LARSSON, BRAD EVAN** Owner **LARSSON, KATIE ELIZABETH**
Address **4 EDWARDS RD** Address **4 EDWARDS RD**
City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-2808**
Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 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/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	99	99	0	0	10	1	

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>316</u> Direction _____ Address # <u>LOWELL ST</u> Name of Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____ At _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ 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 _____ Landmark _____

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

Crash Report ID# **23-7-AC**

License # <u>S47770783</u> St. <u>MA</u> DOB/Age _____	Reg # <u>3ACK43</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>1</u> <u>20</u> CDL _____	Veh Year <u>2022</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>AMPOLOS, DANIELLE MARIE</u>	Owner <u>AMPOLOS, DANIELLE MARIE</u>
Address <u>18 PINWOOD RD</u>	Address <u>18 PINWOOD RD</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>
Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</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 _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <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	XXXX	<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 # <u>S89775530</u> St. <u>MA</u> DOB/Age _____	Reg # <u>1LS894</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>B</u> <u>20</u> CDL _____	Veh Year <u>2011</u> Veh Make <u>MITSUBISHI</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>LOVAS, EDWARD</u>	Owner <u>HORTOPAN, GABRIELA ANA</u>
Address <u>157 HIGH ST</u>	Address <u>157 HIGH ST</u>
City <u>READING</u> State <u>MA</u> Zip <u>01867</u>	City <u>READING</u> State <u>MA</u> Zip <u>01867-2420</u>
Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>	Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>1</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) <u>757466AB</u>	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub <u>89</u> <u>9</u> Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>6</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <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/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Date of Crash 01/11/2023 Time of Crash 1539 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# 85 Direction _____ Address # _____ Name of Roadway/Street MARION ST</p> <p>_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-8-AC**

<p>License # S85538346 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator VOZZELLA, STEFANIA C</p> <p>Address 19 MURRAY HILL CIR</p> <p>City WILMINGTON State MA Zip 01887-4200</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: N E 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 # 4DPG21 Reg Type PC Reg State MA</p> <p>Veh Year 2018 Veh Make GMC Veh Config. 1</p> <p>Owner VOZZELLA, MICHAEL C</p> <p>Address 19 MURRAY HILL CIR</p> <p>City WILMINGTON State MA Zip 01887</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code: 7 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>
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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	XXXXXX	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

<p>License # 16275555 St TX DOB/Age _____</p> <p>Sex M Lic. Class C Lic. Restrictions 1 CDL _____</p> <p>Operator VAUGHN, JEREMIAH JOHN</p> <p>Address 5402 FM 1488 ED APT 913</p> <p>City MAGNOLIA State TX Zip 77354</p> <p>Insurance Company OLD REPUBLIC INSURANCE CO</p> <p>Vehicle Travel Direction: S E 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 # V77564 Reg Type CO Reg State MA</p> <p>Veh Year 2020 Veh Make DODGE Veh Config. 2</p> <p>Owner AMAZON LOGISTICS INC</p> <p>Address 410 TERRY N AVE</p> <p>City SEATTLE State WA Zip 98109-5210</p> <p>Vehicle Action Prior to Crash 4 Damaged Area Code: 8 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 6 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? 2 33</p>
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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	1	0	4	0	0	10	1	

Date of Crash 01/11/2023 Time of Crash 1559 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 15 State Police Local Police MBTA Police Campus Police Other: 0000

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 200 Name of Roadway/Street RESEARCH DR</p> <p>_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle **10** #Occupants Hit/Run Moped Crash Report ID# **23-9-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator Driverless M.V.</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>Vehicle Travel Direction: N S E 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 # 5KMG29 Reg Type PC Reg State MA</p> <p>Veh Year 2013 Veh Make HYUNDAI Veh Config. 1</p> <p>Owner MIRANDA, YESIRE</p> <p>Address 7 STEDMAN RD APT 106</p> <p>City LEXINGTON State MA Zip 02421-7100</p> <p>Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28 29</p> <p>Most Harmful Event 1 24 Type of Test: 1 30</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? 2 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	XX	1	0	4	0	0	10	1	

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

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator unknown</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E 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 # unknown Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 99 22 Damaged Area Code: 99 27 27 27</p> <p>Event Sequence 2 23 23 23 23 Test Status: 1 28 29</p> <p>Most Harmful Event 2 24 Type of Test: 1 30</p> <p>Driver Contributing Code 99 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1	99	99	0	0	99	1	

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>93</u> Direction _____ Address # _____ Name of Roadway/Street <u>MINKRUN RD</u>	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <u>N S E W</u> of _____ Mile Marker _____ or _____ Exit Number _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____	
	Feet <u>N S E W</u> of _____ Landmark _____	

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

Crash Report ID# **23-10-AC**

License # _____ St <u>MA</u> DOB/Age _____ Sex _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>3BVP38</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2008</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>TILDSLEY, BRIAN M</u> Address <u>16 ARAKELIAN DR</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2911</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>8</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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 <u>MA</u> DOB/Age _____ Sex _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>2VL256</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>ACURA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CROAK, ROBERT J</u> Address <u>2 CHISHOLM WAY</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-6250</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/14/2023	Time of Crash 0247 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit <u>35</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# _____ Direction _____ Address # _____ Name of Roadway/Street BALLARDVALE ST												
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____				Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# _____ Intersecting Roadway/Street _____								
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Landmark _____								
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# 23-11-AC								
License # SA9150738 St MA DOB/Age _____			Reg # 3YDL54		Reg Type PC		Reg State MA								
Sex U Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____			Veh Year 2008		Veh Make HONDA		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21								
Operator NEPTUNE, GUITO			Owner NEPTUNE, GUITO												
Address 126 VINE ST			Address 126 VINE ST												
City EVERETT State MA Zip 02149			City EVERETT		State MA Zip 02149										
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22		Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27										
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 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23		Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28										
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 24 <input type="checkbox"/> 24		Type of Test: <input type="checkbox"/> 1 <input type="checkbox"/> 29										
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25		BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26		Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32										
Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 10	<input type="checkbox"/> 1	
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants															
<input type="checkbox"/> Non-Motorist A		Type <input type="checkbox"/> 15	Action <input type="checkbox"/> 16	Location <input type="checkbox"/> 17	Condition <input type="checkbox"/> 18	<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped							
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____								
Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 21								
Operator _____			Owner _____												
Address _____			Address _____												
City _____ State _____ Zip _____			City _____		State _____ Zip _____										
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 22		Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27										
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23		Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28										
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 24		Type of Test: <input type="checkbox"/> 1 <input type="checkbox"/> 29										
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25		BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <input type="checkbox"/> 26		Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32										
Towed from scene? <input type="checkbox"/> 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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1							

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

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

Feet **N S E W** of Landmark

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

Crash Report ID# **23-12-AC**

License # **S60112535** St **MA** DOB/Age _____ Reg # **8FB963** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1**

Operator **SHERPA, NGAWANG TENJIN** Owner **LAMA, MHENDO DHOMA**

Address **172 PARK AVE** Address **172 PARK AVENUE SECOND FLOOR**

City **REVERE** State **MA** Zip **02151-5215** City **REVERE** State **MA** Zip **02151-5215**

Insurance Company **ESURANCE INSURANCE COMPAN** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** **27** **27** **27**

Vehicle Travel Direction: **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**

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

Please fill out for operator and all occupants involved

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

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

License # **S10657208** St **MA** DOB/Age _____ Reg # **3TR289** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **Jeep** Veh Config. **1**

Operator **PATTEN, PAUL A** Owner **PATTEN, PAUL A**

Address **5 GEORGIANNA RD** Address **5 GEORGIANNA RD**

City **BILLERICA** State **MA** Zip **01821-2004** City **BILLERICA** State **MA** Zip **01821-2004**

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

Vehicle Travel Direction: **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 **5** **25** **1** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

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

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

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

