

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

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

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

Route# Direction Name of Intersecting Roadway/Street

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

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

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 11 #Occupants Hit/Run Moped Crash Report ID# **23-19-AC**

License # **SA0301163** St **MA** DOB/Age _____ Reg # **2NEM38** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **99** **19** **19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2007** Veh Make **HONDA** Veh Config. **1** **21**

Operator **PEREZ-MARTINEZ, GENSY** Owner **SUAZO MARTINEZ, ONLINE ALTGRACIA**

Address **267 CENTRE ST** Address **267 CENTRE ST APT 218**

City **BOSTON** State **MA** Zip **02130-1627** City **JAMAICA PLAIN** State **MA** Zip **02130-1627**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **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) **775137AB** Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **10** 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	XXXX	1	1	4	0	0	10	1	

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

License # **S13761263** St **MA** DOB/Age _____ Reg # **9CJ642** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2017** Veh Make **NISSAN** Veh Config. **1** **21**

Operator **BOWLEY, PAUL C** Owner **LEELMAN, PATRICIA JEAN**

Address **30 RAILROAD ST APT 401** Address **30 RAILROAD ST APT 401**

City **ANDOVER** State **MA** Zip **01810-3565** City **ANDOVER** State **MA** Zip **01810-3565**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **6** **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: **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**

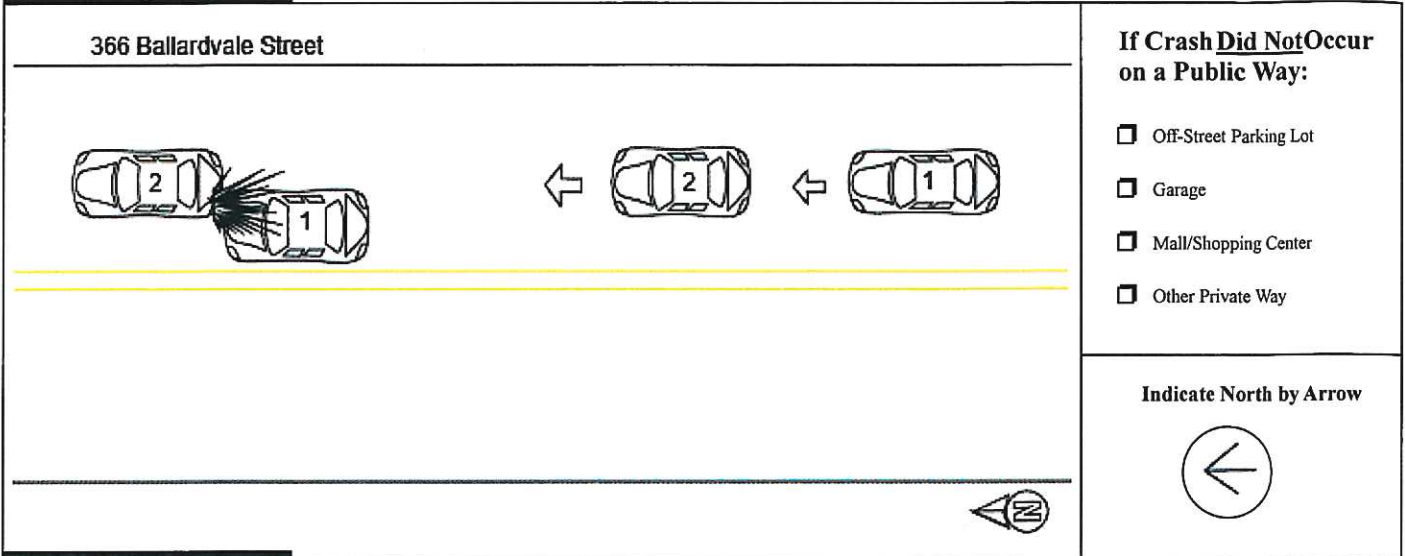
Please fill out for operator/non-motorist and all occupants involved

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	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle 1 and vehicle 2 were traveling North down Ballardvale Street when vehicle 2 had to brake suddenly due to traffic on the road. Due the vehicles being in close proximity to each other on the roadway vehicle 1 did not have enough time to brake themselves and collided with the rear of vehicle 2. Vehicle 1 had recieved minor damage to the front right side of their vehicle and vehicle 2 had minor damage to its left rear side. neither vehicle had airbag deployment from the accident. Both operators had no apparent injuries and declined medical service.

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: 01/23/2023
 Time of Crash: 1020
 City/Town: **Wilmington**

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:

<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 # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____</p> <p>_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</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# **23-20-AC**

<p>License # S43753045 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator MCCARTHY, MICHAEL JOSEPH</p> <p>Address 5 LAWRENCE CT</p> <p>City WILMINGTON State MA Zip 01887-1919</p> <p>Insurance Company FARMERS PROPERTY & CASUAL</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 # 2SD346 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make SUBARU Veh Config. 1</p> <p>Owner MCCARTHY, SHEILA ANN</p> <p>Address 5 LAWRENCE CT</p> <p>City WILMINGTON State MA Zip 01887-1919</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0</p> <p>Damaged Area Code: 5 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 1 30</p> <p>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

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 Action Location Condition Hit/Run Moped

<p>License # SA2960828 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator FERRAIRO, SOPHIE MORAY</p> <p>Address 84 MOODY ST</p> <p>City NORTH ANDOVER State MA Zip 01845-1714</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 # 4KC922 Reg Type PC Reg State MA</p> <p>Veh Year 2014 Veh Make SUBARU Veh Config. 1</p> <p>Owner FERRAIRO, DAVID P JR</p> <p>Address 84 MOODY ST</p> <p>City NORTH ANDOVER State MA Zip 01845-1714</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 19 25 25</p> <p>Driver Distracted by 0</p> <p>Damaged Area Code: 1 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 1 30</p> <p>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

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

Date of Crash: 01/23/2023 | Time of Crash: 1147 | 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:**

<p>1 Route# Direction <u>WILDWOOD ST</u> Name of Roadway/Street</p> <p style="text-align: center;">At</p> <p>1 Route# Direction <u>WOBURN ST</u> Name of Intersecting Roadway/Street</p> <p style="text-align: center;">Also at Intersection with</p> <p>2 Route# Direction _____ Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 15 #Occupants Hit/Run Moped | Crash Report ID# **23-21-AC**

<p>3 License # _____ St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>D</u> Lic. Restrictions <u>97</u> <u>20</u> CDL Endorsement _____</p> <p>4 Operator: Last _____ First _____ Middle _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company <u>NORFOLK & DEDHAM MUTUAL F</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>5 Citation # (If Issued) <u>776136AB</u></p> <p>Viol. 1: Ch/Sec/Sub <u>90</u> <u>8</u> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>2174YH</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2016</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>LAWLER, REBECCA ANN</u></p> <p>Address <u>80 ALDRICH RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2204</u></p> <p>Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>10</u> <u>27</u> <u>8</u> <u>27</u> <u>7</u> <u>27</u></p> <p>Event Sequence <u>20</u> <u>23</u> <u>30</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>30</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>7</u> <u>25</u> <u>20</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>6</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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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	<input checked="" type="checkbox"/> M	<u>1</u>	<u>99</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<input type="checkbox"/> F	<u>5</u>	<u>99</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<input type="checkbox"/> F	<u>3</u>	<u>99</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<input type="checkbox"/> M	<u>6</u>	<u>99</u>	<u>2</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

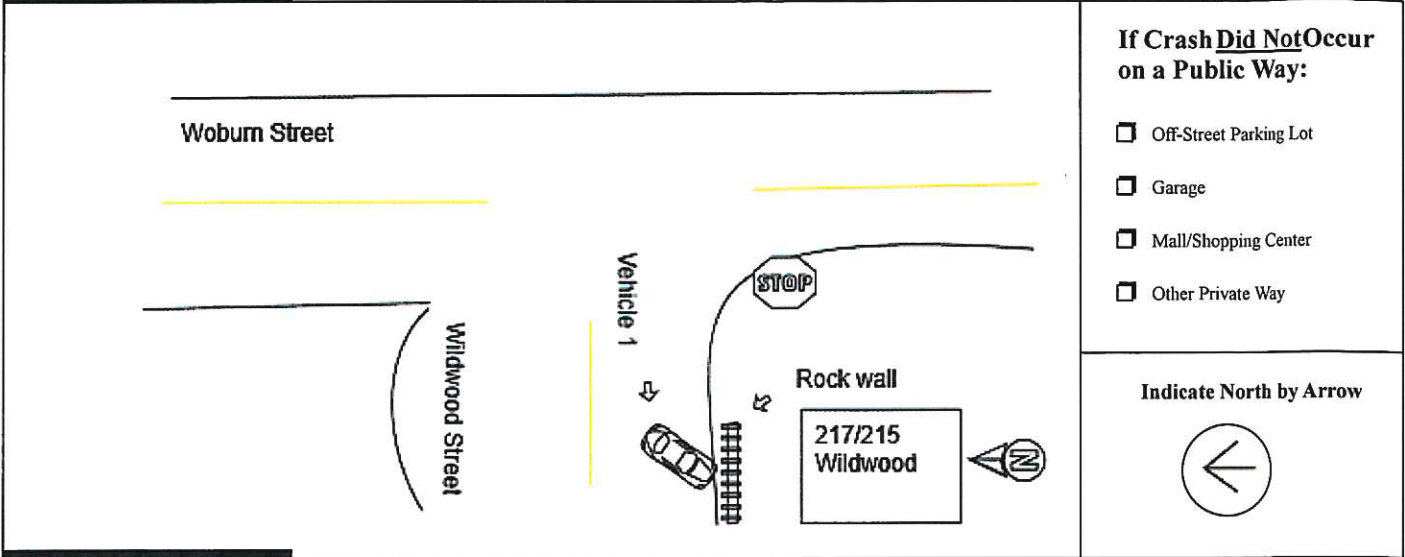
<p>3 License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____</p> <p>8 Operator: Last _____ First _____ Middle _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>9 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 # <u>2174YH</u> 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>2</u> <u>33</u></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	<input checked="" type="checkbox"/> M	<u>1</u>							
			<input type="checkbox"/> F	<u>6</u>	<u>99</u>	<u>2</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 northbound on Woburn Street, when vehicle #1 took a left-hand turn onto Wildwood Street and lost control. Vehicle #1 then crossed the oncoming travel lane and struck a rock wall that is located in front of 215/217 Wildwood Street. The rock wall sustained no damage. Vehicle #1 was occupied 5 times. The 5 occupants of vehicle #1 sustained no injuries. Due to the 5 occupants being juveniles, legal guardians and parents were contacted to come to the scene to refuse medical attention for the juveniles listed. Vehicle #1 sustained front-end, driverside, and undercarriage damage. Both front and side airbags deployed. The operator was cited for junior operator passenger restriction, having multiple passengers in the vehicle. Forest Towing towed the vehicle from the 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 Jonathan L Morales 224 Wilmington Police Department 01/23/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-21-AC



AT INTERSECTION: **LOCATION** **NOT AT INTERSECTION:**

1 BURLINGTON AVE
Route# _____ Direction _____ Name of Roadway/Street _____
At _____

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

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

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

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

_____ Feet N S E W of _____
Landmark _____

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

Crash Report ID# **23-22-AC**

4 License # S45647950 St. MA DOB/Age _____ Reg # SB45967 Reg Type BU Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2019 Veh Make _____ Veh Config. 5 21
Endorsement _____

1 Operator CASHMAN, DAWN MARIE Owner NRT BUS INC
Last First Middle Last First Middle

1 Address 79 FAIRFIELD ST Address 230 MAIN ST

City LOWELL State MA Zip 01851-3910 City NORTH READING State MA Zip 01864-3112

Insurance Company OLD REPUBLIC INSURANCE CO Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 4 27 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: 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

3 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
<i>Operator</i>	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

4 License # SA7010791 St. MA DOB/Age _____ Reg # 2GFG78 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2011 Veh Make NISSAN Veh Config. 1 21
Endorsement _____

1 Operator _____ Owner CUNNINGHAM, KAYLEIGH SHEA
Last First Middle Last First Middle

1 Address _____ Address 306 BURLINGTON AVE

City _____ State _____ Zip _____ City WILMINGTON State MA Zip 01887-3107

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 8 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 99 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

1 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
<i>Operator/Non-Motorist</i>	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Date of Crash 01/23/2023 Time of Crash 2022 24HR City/Town Wilmington Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 1 Speed Limit 20 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 Feet N S E W of Mile Marker Exit Number

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

License # S84169192 St MA DOB/Age Reg # 73A540 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2019 Veh Make HONDA Veh Config. 1 21 Operator PICANCO, FERNANDO J Owner PICANCO, FERNANDO J Address 82 WILLOW ST City TEWKSBURY State MA Zip 01876-4381

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

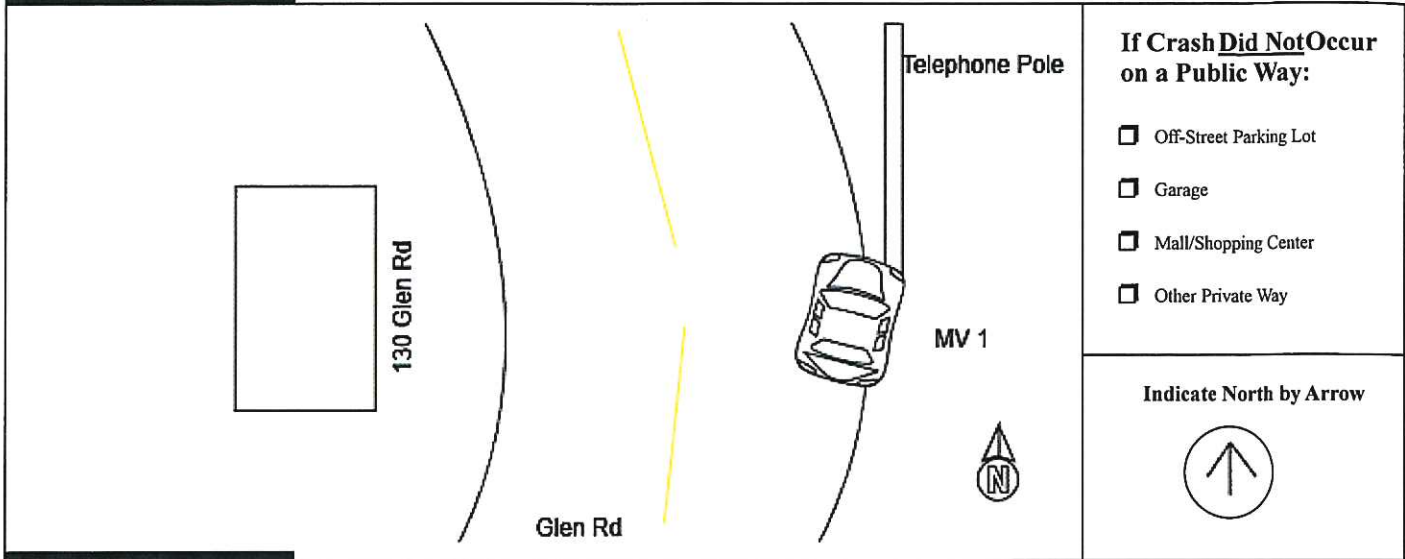
License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year Veh Make Veh Config. 21 Operator Owner Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV 1 was travelling northbound on Glen Rd. At this time it was snowing and the road surface was extremely icy. The operator said that he was travelling around the bend when the car began to slide and he lost control. As a result the vehicle crashed into Verizon Pole 52.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	251 MAIN ST WILMINGTON MA 01887		4	TELEPHONE POLE (52)

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Shane A Foley

211

Wilmington Police Department

01/23/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 01/24/2023	Time of Crash 1006 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	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: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>135</u> Name of Roadway/Street <u>SHAWSHEEN AVE</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p><u>20</u> Feet <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# <u>ALDRICH RD</u> 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# **23-24-AC**

License # <u>240914316</u> St. <u>NY</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 _____ Operator <u>KAUHANE, JESSICA</u> Address <u>45 GRATMAN AVE</u> City <u>MOUNT VERNON</u> State <u>NY</u> Zip <u>10550</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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>1ZJM45</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>JATVA, CRISTIANO EDUARDO</u> Address <u>225 LITTLETON RD APT 304</u> City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-3384</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>5</u> <u>27</u> <u>6</u> <u>27</u> Event Sequence <u>10</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 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	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 # <u>unknown</u> St. _____ DOB/Age <u>07/20/2003</u> Sex <u>M</u> Lic. Class <u>99</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>HERON, LUCAS</u> Address <u>22 JUDSON ST APT 1</u> City <u>MALDEN</u> State <u>MA</u> Zip <u>02196</u> Insurance Company <u>GEICO GENERAL INSURANCE C</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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>4RFS78</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DE SOUZA COELHO, ITALO</u> Address <u>22 JUDSON ST APT 1</u> City <u>MALDEN</u> State <u>MA</u> Zip <u>02148</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>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</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> Towed from scene? <u>1</u> <u>33</u>
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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	X	1	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:

Vehicle #1 stopped in traffic vehicle #2 could not stop and drove into the back of Vehicle

#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 Anthony Fiore

Police Officer Name (Please Print)

Signature

164

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/24/2023

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 01/24/2023	Time of Crash 1655 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police	CRASH
							Latitude _____	Local Police	
							Longitude _____	MBTA Police	
								Campus Police	
								Other: _____	

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>6</u> Direction _____ Address # _____ Name of Roadway/Street <u>JONSPIN RD</u>			
At _____			_____ Feet <u>N S E W</u> of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____			
Also at Intersection with _____			Route# _____ Intersecting Roadway/Street _____			
Route# _____ Direction _____ Name of 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# **23-26-AC**

License # <u>S72956340</u> St <u>MA</u> DOB/Age <u>19</u> / <u>19</u>		Reg # <u>9VL736</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____	Veh Year <u>2002</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u>		
Operator <u>GRENIER, THOMAS MICHAEL</u>		Owner <u>GRENIER, THOMAS MICHAEL</u>	
Address <u>3 LONG HILL RD</u>		Address <u>3 LONG HILL RD</u>	
City <u>ROWLEY</u> State <u>MA</u> Zip <u>01969-2206</u>		City <u>ROWLEY</u> State <u>MA</u> Zip <u>01969-2206</u>	
Insurance Company <u>THE COMMERCE INSURANCE CO</u>		Vehicle Action Prior to Crash <u>1</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>S E W</u> Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	
Citation # (If Issued) _____		Most Harmful Event <u>1</u> <u>24</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <u>0</u> <u>26</u>	
		Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>	
		Test Status: <u>1</u> <u>28</u>	
		Type of Test: <u>29</u>	
		BAC Test Result: <u>1</u> <u>30</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>	

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>1</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>S61703368</u> St <u>MA</u> DOB/Age _____		Reg # <u>21CS91</u> Reg Type <u>PC</u> Reg State <u>MA</u>	
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____	Veh Year <u>2012</u> Veh Make <u>GMC</u> Veh Config. <u>1</u>		
Operator <u>STAMATEAS, JORDAN NICHOLAS</u>		Owner <u>STAMATEAS, JORDAN NICHOLAS</u>	
Address <u>57 LANSING AVE</u>		Address <u>57 LANSING AVE</u>	
City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-3759</u>		City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-3759</u>	
Insurance Company <u>GEICO GENERAL INSURANCE C</u>		Vehicle Action Prior to Crash <u>8</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> <u>S E W</u> Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	
Citation # (If Issued) _____		Most Harmful Event <u>1</u> <u>24</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>6</u> <u>25</u> <u>25</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <u>0</u> <u>26</u>	
		Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u>	
		Test Status: <u>1</u> <u>28</u>	
		Type of Test: <u>29</u>	
		BAC Test Result: <u>1</u> <u>30</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>	

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>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: 01/24/2023
 Time of Crash: 1755
 City/Town: **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles: 1
 Number Injured: 0
 Speed Limit: 40
 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 # **825** MAIN ST
 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# **23-27-AC**

License # **S92262832** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Endorsement _____
 Operator **GELVEZ, RODOLFO H**
 Last First Middle
 Address **3 BRANDON CT APT 3**
 City **WOBURN** State **MA** Zip **01801-4167**
 Insurance Company **PROGRESSIVE DIRECT INSURA**
 Vehicle Travel Direction: N E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **1868LO** Reg Type **PC** Reg State **MA**
 Veh Year **2019** Veh Make **MITSUBISHI** Veh Config. **1** 21
 Owner **GELVEZ, RODOLFO H**
 Last First Middle
 Address **3 BRANDON CT APT 3**
 City **WOBURN** State **MA** Zip **01801-4167**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **1** 27 **2** 27
 Event Sequence **40** 23 **35** 23 **23** 23 Test Status: **1** 28
 Most Harmful Event **35** 24 Type of Test: **29**
 Driver Contributing Code **99** 25 **25** 25 BAC Test Result: **1** 30
 Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **3** 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	XXXX	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 _____
 Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
 Endorsement _____
 Operator _____
 Last First Middle
 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 _____
 Last First Middle
 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		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	1							

Date of Crash: 01/24/2023 | Time of Crash: 1948 | 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:

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 # 260 Name of Roadway/Street MAIN 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 _____ Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **10** #Occupants Hit/Run Moped | Crash Report ID# **23-28-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 PLYMOUTH ROCK ASSURANCE C</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 # 3RE122 Reg Type PC Reg State MA</p> <p>Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21</p> <p>Owner GAMBLE, NICHOLAS JAMES</p> <p>Address 8 ELDORA RD</p> <p>City BILLERICA State MA Zip 01821-3212</p> <p>Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 8 27 27</p> <p>Event Sequence 2 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 2 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 style="text-align: right;">Towed from scene? 2 33</p>
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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	XXXX	1	1	4	0	0	10	1	

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

<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? _____</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</p> <p>Most Harmful Event 2 24 Type of Test: 29</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 style="text-align: right;">Towed from scene? 2 33</p>
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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	XXXX	1	99	4	0	0	10	1	

Date of Crash 01/25/2023 Time of Crash 0812 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

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

Route# Direction Name of Intersecting Roadway/Street

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

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

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **23-29-AC**

License # **NHL10118220** St **NH** DOB/Age _____ Reg # **4703642** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **B** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2023** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **MACAULAY, AARON JASON** Owner **MACAULAY, AARON JASON**

Address **121 CLUFF XING RD APT 7** Address **121 CLUFF XING RD APT 7**

City **SALEM** State **NH** Zip **03079** City **SALEM** State **NH** Zip **03079**

Insurance Company **GEICO INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 27 **5** 27 **27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **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	1	4	0	0	10	1	
			F	4	4	4	0	0	10	1	

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

License # **S25160167** St **MA** DOB/Age _____ Reg # **3TLE74** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **FORD** Veh Config. **1** 21

Operator **MCCAULEY, BRIAN** Owner **MCCAULEY, BRIAN**

Address **31 SALEM ST** Address **31 SALEM ST**

City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 **27** 27

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **22** 25 BAC Test Result: **1** 30

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

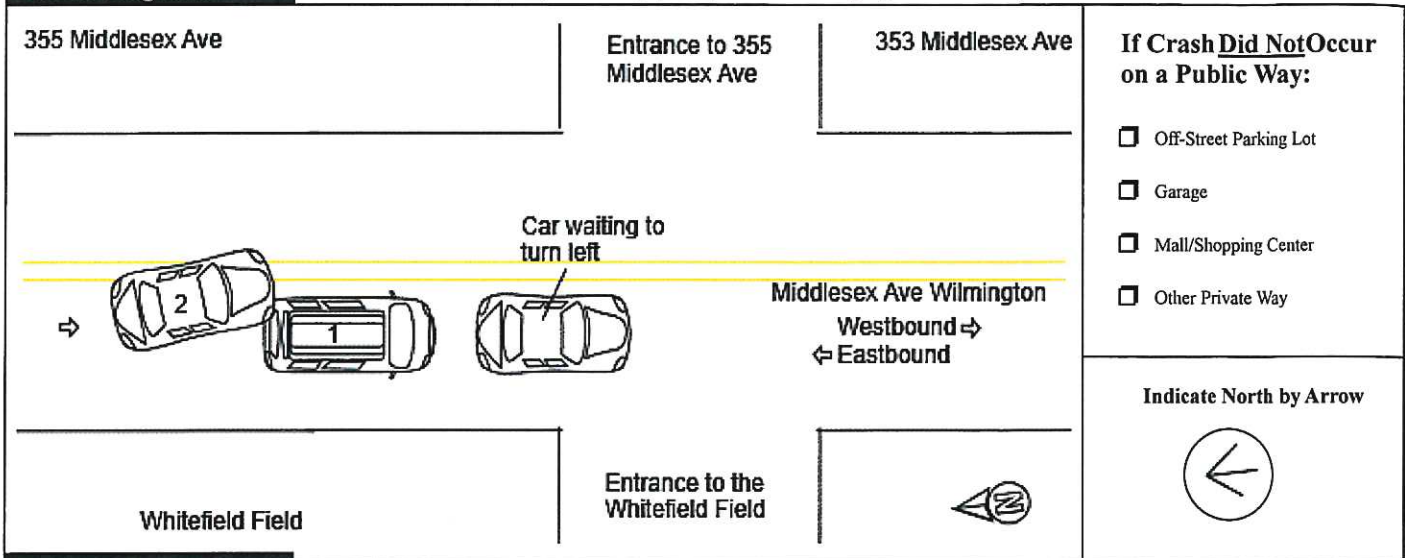
Towed from scene? **1** 33

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		X	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

ON 1/25/23 I RESPONDED TO A 2 CAR CRASH. THERE WERE NO INJURIES AND ALL INVOLVED WERE WEARING SEATBELTS. IT WAS REPORTED BY OPERATOR OF VEH 1 THAT HE WAS STOPPED FOR A CAR THAT WAS IN FRONT OF HIM WHICH WAS WAITING TO TURN LEFT INTO THE LOT OF 355 MIDDLESEX. HE STATED THAT VEH 2 REAR ENDED HIM. VEH 2 OPERATOR REPORTED THAT HE WAS TRAVELING STRAIGHT AND WAS UNABLE TO STOP IN TIME. HE REPORTED A POSSIBLE MECHANICAL ISSUE WITH HIS TIE ROD AS THE CAUSE FOR NOT BEING ABLE TO AVOID THE CRASH. VEH 1 HAD TODDLER PASSENGER WHO WAS IN THE PROPER CAR SEAT (NO INJURIES). VEH 1 HAD DAMAGE TO THE REAR BUMPER, TRUCK, REAR DRIVERS QUARTER PANEL AND POSSIBLY EXHAUST. VEH 2 HAD DAMAGE TO HOOD, FRONT PASSENGER HEADLIGHT, FRONT PASSENGER QUARTER PANEL AND FRONT BUMPER. BOTH VEHICLES WERE DRIVABLE AND VEH 2 WAS DRIVEN TO NEARBY GARAGE.

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

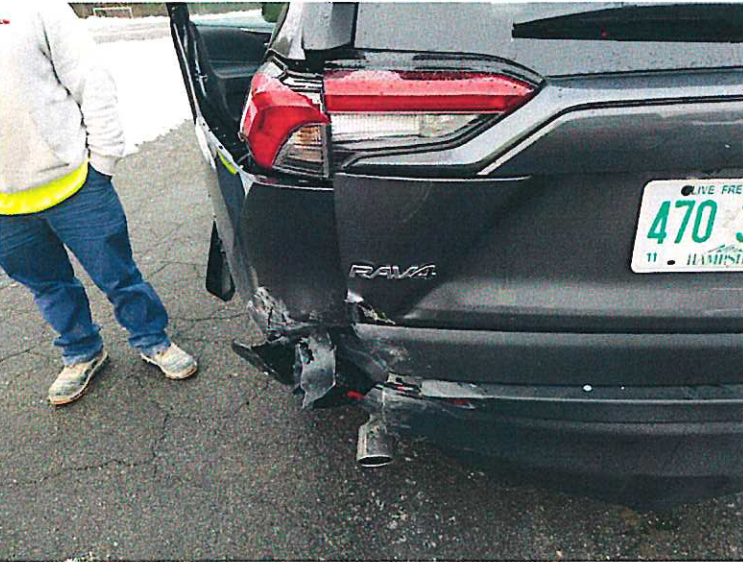
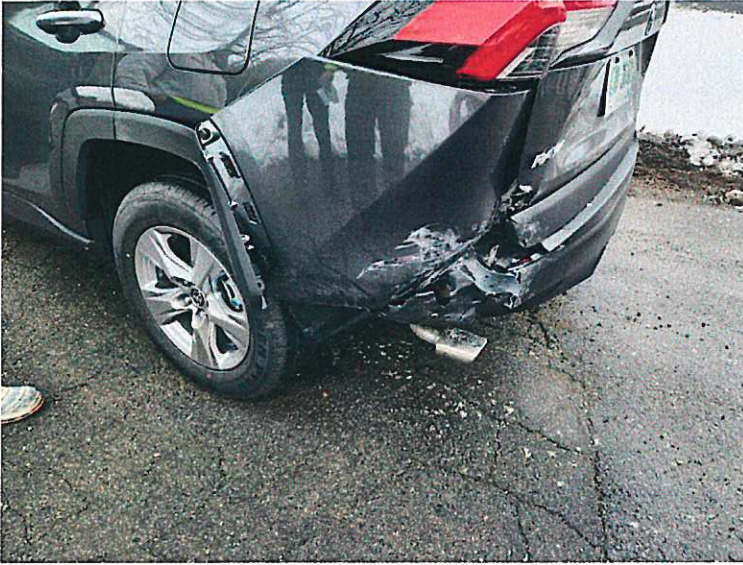
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

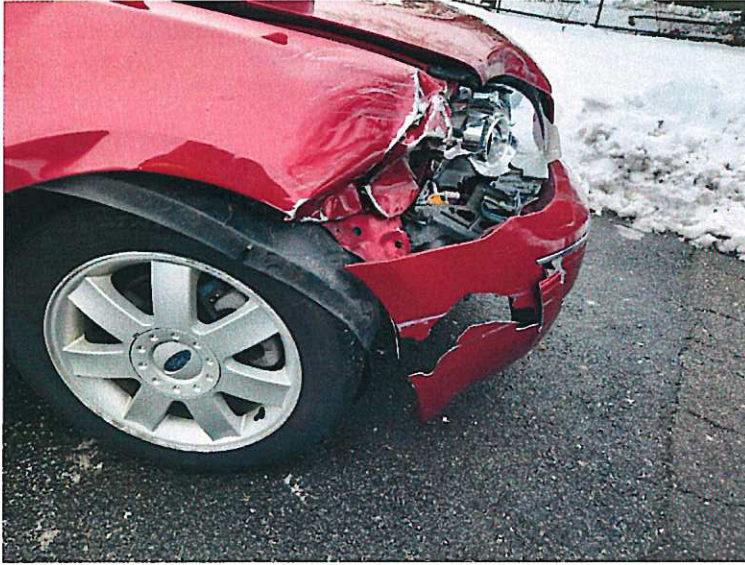
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Daniel P Furbush 196 Wilmington Police Department 01/25/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-29-AC



Wilmington Police Department
Images Associated with 23-29-AC



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

1 1
 Route# Direction Name of Roadway/Street At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 1
 Route# Direction Name of Intersecting Roadway/Street
 3
 Route# Direction Name of Intersecting Roadway/Street
 7 11
 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

3
 Please Select One of the Following: Vehicle 11 #Occupants Hit/Run Moped
 Crash Report ID# **23-30-AC**

4 1
 License # **S22915102** St **MA** DOB/Age
 Sex **F** Lic. Class **D M** Lic. Restrictions **99** CDL Endorsement
 Operator **VAREY, CHERYL MARIE**
 Address **397 CHESTNUT ST**
 City **WILMINGTON** State **MA** Zip **01887-3360**
 Insurance Company **QUINCY MUTUAL FIRE INSURA**
 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 # **2BA177** Reg Type **PC** Reg State **MA**
 Veh Year **2015** Veh Make **CHEVROLET** Veh Config. **1**
 Owner **VAREY, CHERYL MARIE**
 Address **397 CHESTNUT ST**
 City **WILMINGTON** State **MA** Zip **01887-3360**
 Vehicle Action Prior to Crash **10** Damaged Area Code: **5 27 27 27**
 Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Most Harmful Event **1 24** Type of Test: **99 29**
 Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

6 1
 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	0	4	0	0	10	1	

7 1
 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 # **SA1511038** St **MA** DOB/Age
 Sex **M** Lic. Class **99** Lic. Restrictions **20** CDL Endorsement
 Operator **LOUSADA-ROCHA, CARLOS HENRIQUE**
 Address **1084 SARATOGA ST**
 City **EAST BOSTON** State **MA** Zip **02128**
 Insurance Company **CDR INSURANCE GROUP INC**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2**
 Citation # (If Issued) **778903AB**
 Viol. 1: Ch/Sec/Sub **90 10** Viol. 2: Ch/Sec/Sub
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub
 Reg # **AV15553** Reg Type **PC** Reg State **CT**
 Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1**
 Owner **CAREFAST RENTALS LLC**
 Address **434 CONGRESS AVE**
 City **WATERBURY** State **CT** Zip **06708-4151**
 Vehicle Action Prior to Crash **3** Damaged Area Code: **6 27 7 27 27**
 Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Most Harmful Event **1 24** Type of Test: **99 29**
 Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

9 2
 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	0	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-30-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 01/27/2023 | Time of Crash: 1245 | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 20 | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:

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

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

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

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

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

Route# 320 Direction _____ Address # SALEM ST Name of Roadway/Street _____

Feet NSEW of _____ or _____

Feet NSEW of _____ Mile Marker _____ Exit Number _____

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

Feet NSEW of _____ Landmark _____

Please Select One of the Following: Vehicle L2 #Occupants Hit/Run Moped

Crash Report ID# **23-31-AC**

License # S82470481 St MA DOB/Age _____ Reg # W29899 Reg Type CO Reg State MA

Sex M Lic. Class A Lic. Restrictions B CDL Endorsement _____ Veh Year 2021 Veh Make FORD Veh Config. 6

Operator MAYO, MICHAEL FRANCIS Owner MT MAYO CORPORATION

Address 9 FARM ST Address 27 BEAR HILL RD

City WAKEFIELD State MA Zip 01880-3501 City STONEHAM State MA Zip 02180-1074

Insurance Company CONTINENTAL CASUALTY COMP Vehicle Action Prior to Crash 1 Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: NSEW Responding to Emergency? 2 Event Sequence 97 23 23 23 23 Test Status: 1 28

Citation # (If Issued) 782295AB Most Harmful Event 97 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 16 Viol. 2: Ch/Sec/Sub 90 9 Driver Contributing Code 19 25 2 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub 90 18 Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 99 26 Susp. Alcohol: 1 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	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
MATTHEW MAYO	99 COLLINCOTE ST STONEHAM, MA 02180-1601		<u>M</u>	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: Vehicle 20 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # D34730 Reg Type TR Reg State MA

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year 1988 Veh Make _____ Veh Config. 97

Operator Driverless M.V. Owner MT MAYO CORPORATION

Address _____ Address _____

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

Insurance Company CONTINENTAL CASUALTY COMP Vehicle Action Prior to Crash 1 Damaged Area Code: 8 27 7 27 27

Vehicle Travel Direction: NSEW Responding to Emergency? 2 Event Sequence 35 23 43 23 23 23 Test Status: 28

Citation # (If Issued) _____ Most Harmful Event 43 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? 3 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	XXXX	<u>1</u>							

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 23-31-AC

Entered: 01/31/2023 @ 1056 Entry ID: 196
Modified: 01/31/2023 @ 1238 Modified ID: 196

The following is a brief summary of events that occurred on 01/27/23 during a motor vehicle crash.

On Friday January 27, 2023, I, Officer Furbush was assigned uniformed patrol in marked cruiser 39, Traffic and Safety Unit, working the 7a-3p shift. At approximately 1245 hrs, I was dispatched to the area of 320/337 Salem St for a report of a crash. Dispatch reported that an excavator tipped over and was now laying in the roadway. There were no reported injuries. Officer Fiore (Car S-1/ Traffic and Safety) also responded.

Upon arrival, I observed a yellow Caterpillar 306CR on its side in front of 337 Salem St. There was a trailer (Veh 2) sitting in the driveway to the North Intermediate School (320 Salem St). There was a dump truck (Veh 1) backed up to the excavator with a chain attached and the operator and passenger were trying to flip the excavator. The excavator was on its side and had suffered heavy damage. The operator of the truck was Mr. Michael Mayo of Wakefield. His passenger was Mr. Matthew Mayo of Stoneham. Both are owners of the vehicles/equipment involved and both are owners of MT Mayo Corporation listed out Woburn but based out of 71 Alexander Rd Billerica.

Michael reported he driving the 2021 Ford F750 Dump truck with Ma commercial tags W29899 (Veh 1) and was traveling on Ballardvale St towards Salem St. When he came up to the bend, which the Ballardvale St turns into Salem St, the excavator rolled off the 1988 black TR utility trailer with Ma trailer tags D34730 (Veh 2). Michael reported that the excavator was properly chained to the trailer but he was not sure how the excavator fell off the trailer. I observed several small gouges in the pavement. I also observed a large deep gouge. These gouges were in the same lane as the direction the truck and trailer were traveling (see photos). The trailer (Veh 2) had some damage especially near the tie down areas like the area gave a little from the force of the excavator being pulled from the trailer. The Truck had damage at the trailer hitch. The top part of the hitch was broken and bent in the same direction showing the trailer leaned hard to the left on the bend.

Based on the damage to the trailer and the trailer hitch of the truck adding the fact that the excavator was thrown to the left, it was clear the truck was traveling way to fast (over the speed limit) which caused the accident when the truck and trailer entered the bend. Based on evidence from damage to the equipment and the road, it is clear that the vehicle was traveling at least 10 mph over the posted speed limit. I estimated speed at 35+ MPH in a 25 MPH. The vehicle then entered a 20 MPH zone right before the bend. The truck entered the bend and the trailer lost control. The trailer leaned hard to the left digging into the roadway causing the damage to the road. At the same time, the chains, still attached to the trailer, started to pull hard on the trailer causing the damage I observed. This was supported by the top part of the trailer hitch bending and actually snapping left as the trailer was leaning to the left. Finally the chains gave away and the excavator was thrown from the trailer.

Michael did not deny going faster than the posted limit. He also did not deny passing a no truck sign meaning he was not supposed to be on that road. He just told me that he was trying to get to his shop. The RMV showed the trailer was expired. Cains Towing was notified and towed the trailer. Matthew and Michael was able to right the excavator and a private tow was called. Wilmington Department of Public Works was notified and the Highway Division sent a crew for clean up. They also filled the gouges in with hot top. Massachusetts State Police truck team was contacted but were unable to respond due to call volume. Michael was issued Massachusetts Uniformed Citation 782295AB for speed, unregistered motor vehicle and for restricted way.

On Monday January 30, 2023, Mr. John Larocca came into the lobby of the Police Station requesting to speak with any of the involved officers who booked the crash. John reported that he was traveling on Salem St at the same time as the crash. He stated he was at the end traveling to opposite direction of the truck and trailer.

NARRATIVE FOR PATROL OFFICER DANIEL P FURBUSH

Ref: 23-31-AC

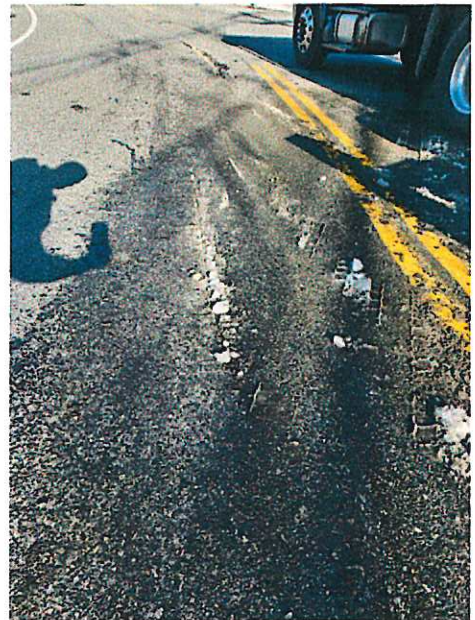
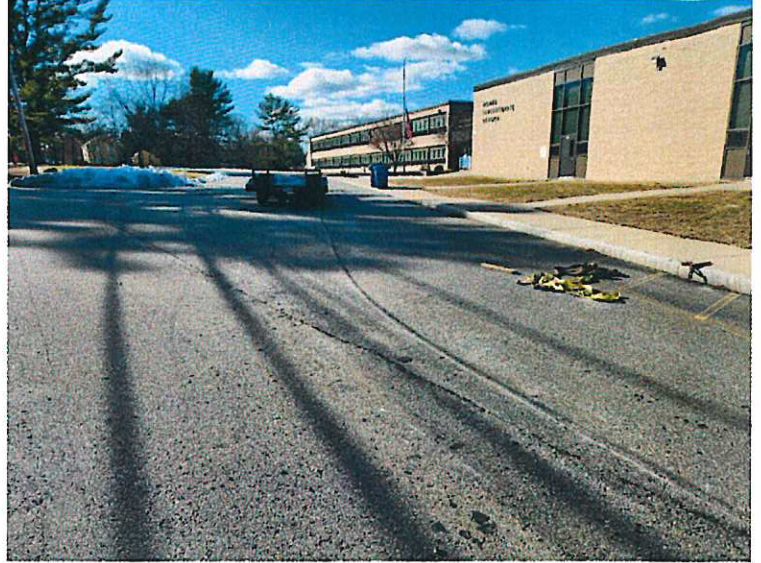
Entered: 01/31/2023 @ 1056 Entry ID: 196
Modified: 01/31/2023 @ 1238 Modified ID: 196

He stated he witnessed the truck traveling very fast for the area. He stated he believed the truck was going almost double the limit when the vehicle entered the 20 MPH zone. He stated he witnessed the truck take the bend too fast and witnessed the crash. He stated the excavator actually was thrown directly behind his vehicle missing it by only a few feet.

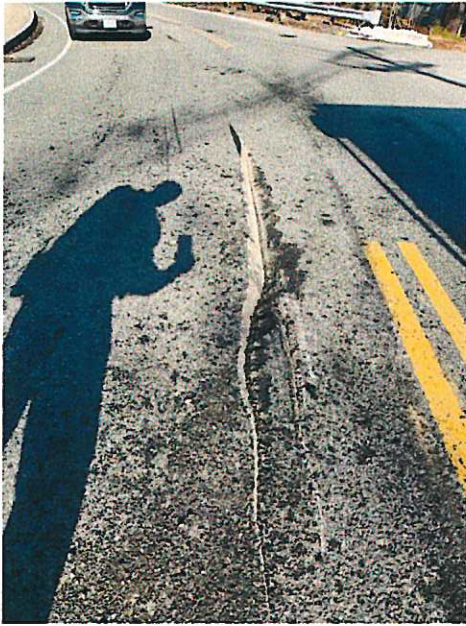
Respectfully submitted,

Officer Daniel Furbush, Badge #196
Wilmington Police Department

Wilmington Police Department
Images Associated with 23-31-AC



Wilmington Police Department
Images Associated with 23-31-AC



Wilmington Police Department
Images Associated with 23-31-AC



Wilmington Police Department
Images Associated with 23-31-AC



Date of Crash 01/27/2023 Time of Crash 2010 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other:

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

Route# 4 Direction _____ Name of Roadway/Street _____ At _____	Route# 2 Direction _____ Address # _____ Name of Roadway/Street DADANT DR
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____
Route# 1 Direction _____ Name of Intersecting Roadway/Street _____	_____ 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# **23-32-AC**

License # S95805488 St MA DOB/Age _____ Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ Operator MORIARTY, CALEB T Address 10 BEACON ST City STONEHAM State MA Zip 02180-1402 Insurance Company PROGRESSIVE CASUALTY INSU Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 2WSX75 Reg Type PC Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 1 21 Owner MORIARTY, CALEB T Address 10 BEACON ST City STONEHAM State MA Zip 02180-1402 Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 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? 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
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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ 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		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							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Dadant Drive

V1



2 Dadant Drive



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 Friday January 27, 2023 At approximately 8:12pm I, Officer Fortes was dispatched to 2 Dadant Drive for a report of a parked vehicle struck with damage. Upon arrival I observed Op1 exiting the residence of 2 Dadant Drive. Op1 stated he parked his vehicle outside 2 Dadant Drive at approximately 7:30pm and when he went to his vehicle at approximately 8:00pm he noticed damage to his left side by his drivers side door. There were also pieces of red plastic possibly from a tail light or other reflective light found on the ground by the drivers side door on the ground.

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

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

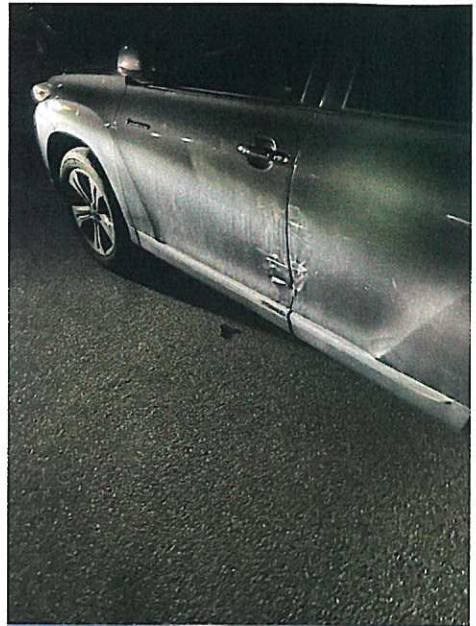
Department

Precinct/Barracks

01/27/2023

Date

Wilmington Police Department
Images Associated with 23-32-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/28/2023

Time of Crash
0233
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number Vehicles
1

Number Injured
0

Speed Limit 20
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# 129 Direction W Address # 2 Name of Roadway/Street LOWELL ST

_____ 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# **23-33-AC**

License # SA1850657 St MA DOB/Age _____
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____
Endorsement _____
Operator HERNANDEZ, JOANDY
Last First Middle
Address 52 MYRTLE ST APT 3R
City LAWRENCE State MA Zip 01841
Insurance Company ARBELLA MUTUAL INSURANCE

Reg # 2VHM43 Reg Type PC Reg State MA
Veh Year 2017 Veh Make HONDA Veh Config. 1 21
Owner HERNANDEZ, YOSARY
Last First Middle
Address 52 MYRTLE ST APT 3R
City LAWRENCE State MA Zip 01841-3162

Vehicle Travel Direction: NSEW Responding to Emergency? 2
Citation # (If Issued) T2749661
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 23
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 10 27 27
Event Sequence 20 23 21 23 23 23 Test Status: 28
Most Harmful Event 20 24 Type of Test: 29
Driver Contributing Code 19 25 9 25 BAC Test Result: 30
Driver Distracted by 99 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	_____	_____	<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 _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____
Endorsement _____
Operator _____
Last First Middle
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: NSEW 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 _____
Last First Middle
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	_____	_____	<u>1</u>							

