

<b>Police Use Only</b>	Date of Crash 01/29/2023	Time of Crash 1836 24HR	City/Town <b>Wilmington</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____
<b>AT INTERSECTION:</b>				<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>									
Route# _____ Direction _____ Name of Roadway/Street _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____										
At _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Mile Marker _____ Exit Number _____										
Also at Intersection with _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Route# _____ Intersecting Roadway/Street _____										
				Landmark _____										

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

Crash Report ID# **23-34-AC**

License # <b>S53614847</b> St <b>MA</b> DOB/Ag. _____	Reg # <b>145VZ4</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>2014</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b>
Operator <b>WALSH, CANDICE E</b>	Owner <b>WALSH, CANDICE E</b>
Address <b>55 SEMINOLE AVE</b>	Address <b>55 SEMINOLE AVE</b>
City <b>WALTHAM</b> State <b>MA</b> Zip <b>02451-0811</b>	City <b>WALTHAM</b> State <b>MA</b> Zip <b>02451-0811</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>6</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>6</b> <b>27</b> <b>5</b> <b>27</b> <b>7</b> <b>27</b>
Citation # (If Issued) _____	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
	Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Towed from scene? <b>2</b> <b>33</b>

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

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

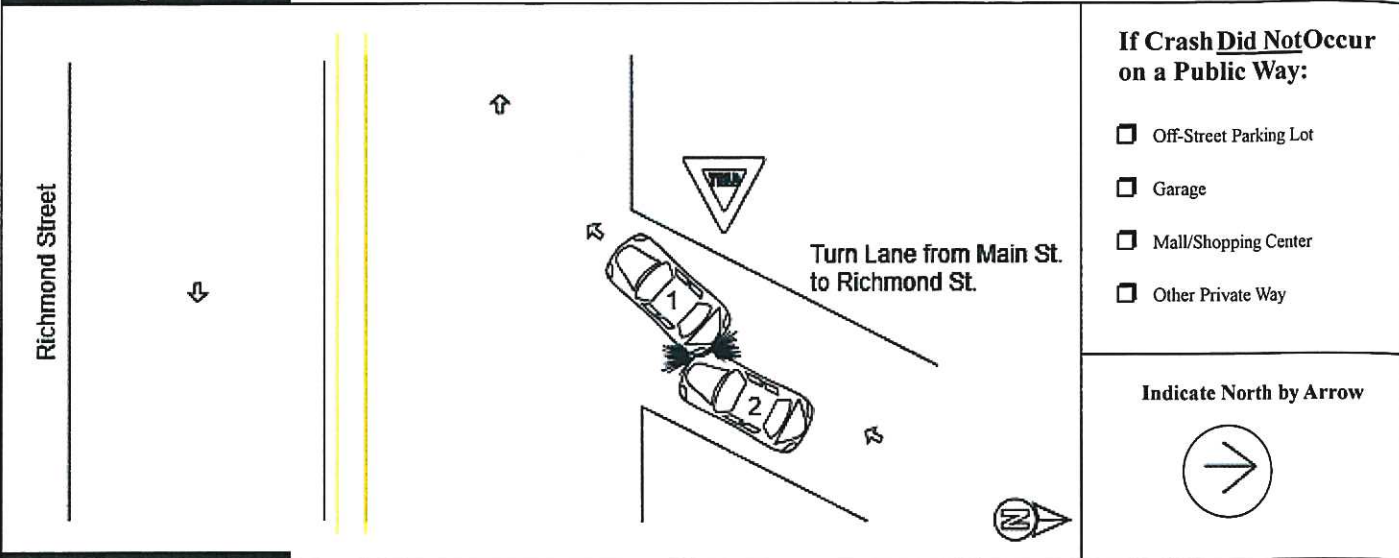
License # <b>S19458771</b> St <b>MA</b> DOB/Ag. _____	Reg # <b>WS9076</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>2009</b> Veh Make <b>MITSUBISHI</b> Veh Config. <b>1</b>
Operator <b>BENOIT, CYNTHIA A</b>	Owner <b>BENOIT, CYNTHIA A</b>
Address <b>2 WALKER ST</b>	Address <b>2 WALKER ST</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3749</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3749</b>
Insurance Company <b>SAFETY INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>1</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>2</b> <b>27</b> <b>3</b> <b>27</b> <b>27</b>
Citation # (If Issued) _____	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>5</b> <b>25</b> <b>19</b> <b>25</b> BAC Test Result: <b>30</b>
	Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Towed from scene? <b>2</b> <b>33</b>

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

➔ = Direction      1 = Vehicle 1      2 = Vehicle 2      O = Pedestrian      ☺ = Bicycle

**Crash Diagram:**

ie: ➔ 1 ➔ 2 ➔ O ➔ ☺



**Crash Narrative:**

MV1 as traveling southbound on Main Street towards Richmond Street. MV2 was also traveling southbound on Main Street towards the Richmond Street intersection. MV1 entered the right turning lane to merge onto Richmond Street, slowed down, and yielded to oncoming traffic traveling on Richmond Street. MV2 also entered the right turn lane and was traveling straight ahead. MV1 stopped and MV2 collided with the rear of MV1 causing minor damage. MV1 suffered minor damage to the rear left side and MV2 suffered minor damage to the front right side. Neither operator was injured. Both vehicles were able to be driven 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 #: \_\_\_\_\_

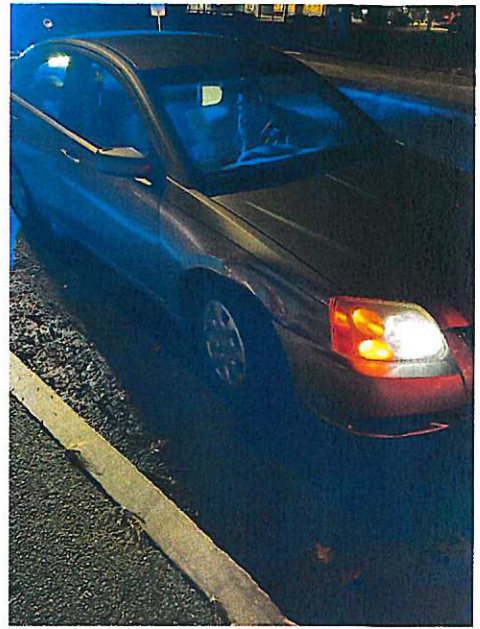
Interstate  43      Cargo Body Type Code  44      GVWR/GCWR  45

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

Wilmington Police Department  
Images Associated with 23-34-AC



**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

RMV Document Number

Police Use Only		City/Town <b>Wilmington</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>35</b>	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"/>
Date of Crash <b>01/30/2023</b>	Time of Crash <b>1050</b> 24HR											

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# <b>390</b> Direction _____ Address # <b>MAIN ST</b> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
		Feet <b>N S E W</b> of _____ Landmark _____

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

Crash Report ID# **23-35-AC**



License # <b>S42098781</b> St <b>MA</b> DOB/Age _____	Reg # <b>1DBW37</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____	Veh Year <b>2010</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>PIERCE, SHAUNA CAROL ANN MARI</b>	Owner <b>PIERCE, SHAUNA CAROL ANN MARI</b>
Address <b>33 HEATH ST</b>	Address <b>33 HEATH ST</b>
City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4017</b>	City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4017</b>
Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>2</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

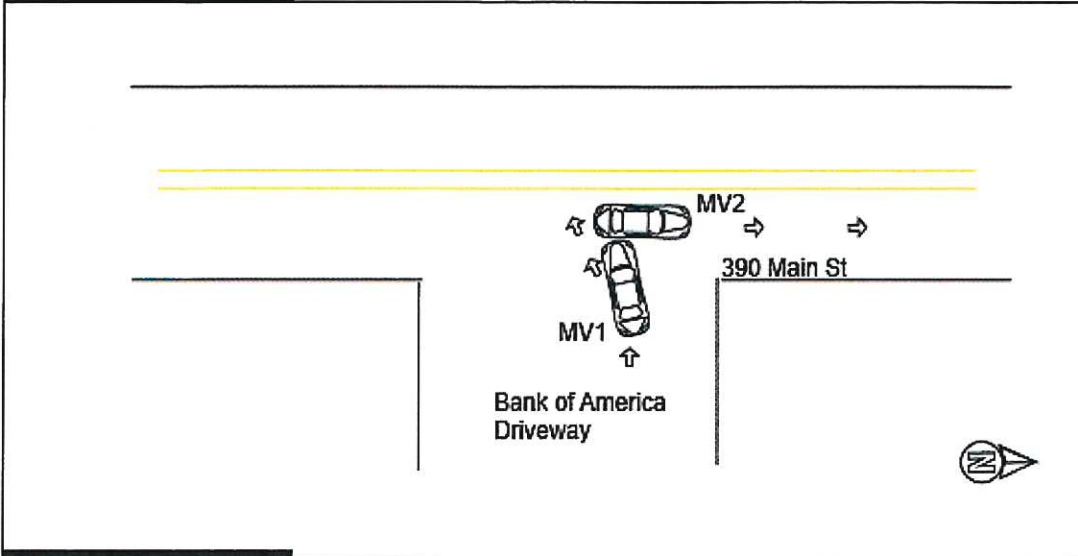
License # <b>S18346208</b> St <b>MA</b> DOB/Age _____	Reg # <b>3AKX23</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>B</b> <b>20</b> CDL _____	Veh Year <b>2022</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>COLLINS, JEFFREY T</b>	Owner <b>COLLINS, JEFFREY T</b>
Address <b>288 SALEM RD</b>	Address <b>288 SALEM RD</b>
City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2105</b>	City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2105</b>
Insurance Company <b>UNITED SERVICES AUTOMOBIL</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>3</b> <b>27</b> <b>4</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>1</b>	

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

**Crash Diagram:**

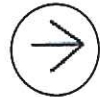
ie: → 1 → 2 →  → 



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

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

**Indicate North by Arrow**



**Crash Narrative:**

The operator of MV1 stated that when she was leaving the driveway of Bank of America, the vehicle in the Northbound travel lane stopped and waved her on so she could make a left hand turn onto the Southbound side of Main St. The operator of MV1 stated that when she was making the left hand turn, the operator of MV2 went around the vehicle that had stopped for her causing the Operator of MV1 to make contact with MV2. It should be noted, it is a one lane road in front of 390 Main St. MV 1 sustained front center damage and right front damage. Via a telephonic interview, the operator of MV2 stated that he was traveling in the Northbound lane in the vicinity of 390 Main St. The operator of MV2 said that as he approached the driveway of Bank of America, the operator of MV1 pulled out of the driveway and made contact with his right rear passenger side. The operator of MV2 stated that there was no vehicle stopped in front of him waving MV1 on.

**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 #: \_\_\_\_\_

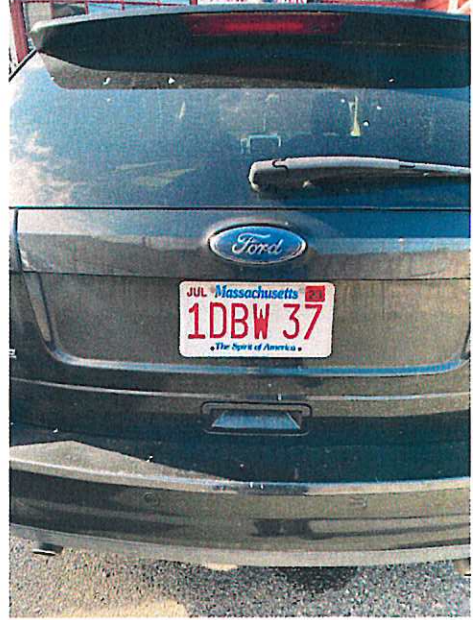
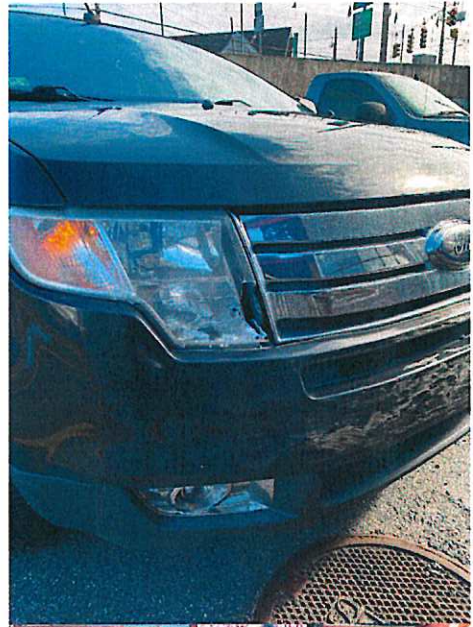
Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

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

Wilmington Police Department  
Images Associated with 23-35-AC



Date of Crash 02/01/2023 Time of Crash 2030 City/Town Wilmington **Motor Vehicle Crash** Number Vehicles 1 Number Injured 0 Speed Limit 35 State Police   
 24HR **Police Report** Latitude \_\_\_\_\_ Local Police   
 Longitude \_\_\_\_\_ 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 # <u>298</u> Name of Roadway/Street <u>MAIN ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-36-AC**

License # <u>S34738335</u> St. <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>DAMPOLO, LOUIS ANTHONY</u> Last First Middle Address <u>9 BRADFORD RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-1501</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2749288</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>24F</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24C</u> Viol. 3: Ch/Sec/Sub <u>90</u> <u>24E</u> Viol. 4: Ch/Sec/Sub _____	Reg # <u>2ZGX16</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DAMPOLO, LOUIS ANTHONY</u> Last First Middle Address <u>9 BRADFORD RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-1501</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>35</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>35</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>10</u> <u>25</u> <u>21</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>1</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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	Winchester Hospital

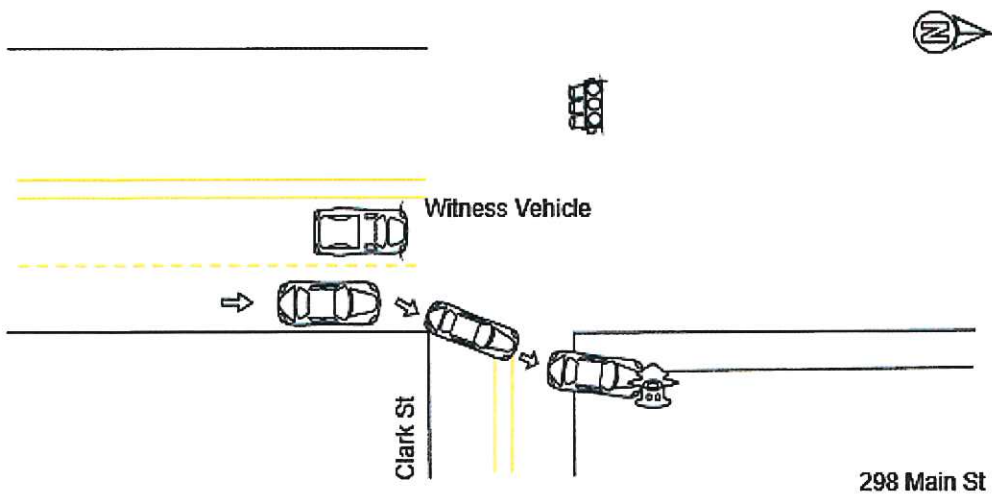
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # _____ St. _____ DOB/Age _____ Sex _____ Lic. Class _____ <u>19</u> <u>19</u> Lic. Restrictions _____ <u>20</u> CDL _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>							

→ = Direction     [1] = Vehicle 1     [2] = Vehicle 2     ○ = Pedestrian     ⚙ = Bicycle  
 ie: → [1]     → [2]     → ○     → ⚙

**Crash Diagram:**



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

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

Indicate North by Arrow



**Crash Narrative:**

MV (Green Mustang) was travelling North on Main Street. In the area of 298 Main Street the witness vehicle observed the Green Mustang drive off the road and strike a fire hydrant. The vehicle (Green Mustang) didn't stop and continued North on Main Street until stopped by Police. Operator of vehicle (Green Mustang) was registered owner Louis Dampolo. Louis Dampolo was issued Massachusetts Uniform Citation T2749288

Heavy passenger side front end damage on the vehicle which was towed by Cains Towing. DPW notified to assess the damage to the fire hydrant.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
SHAMON MICHAEL RICHARD	12 CASTLEWOOD DR BILLERICA MA 01821-3234		2

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	FIRE HYDRANT

**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 Daryl J Ceruolo     212     Wilmington Police Department     02/01/2023  
 Police Officer Name (Please Print)     Signature     ID/Badge #     Department     Precinct/Barracks     Date



<b>Police Use Only</b>		Date of Crash 02/02/2023		Time of Crash 1416 24HR		City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2		Number Injured 0		Speed Limit <b>40</b>		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"/>	
<b>AT INTERSECTION:</b>										<b>NOT AT INTERSECTION:</b>																			
Route# _____ Direction _____ Name of Roadway/Street _____										Route# <b>30</b> Direction _____ Address # <b>LOWELL ST</b> Name of Roadway/Street _____																			
At _____										Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____																			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										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 _____										Landmark _____																			

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

Crash Report ID# **23-37-AC**

License # <b>S15170235</b> St <b>MA</b> DOB/Age _____				Reg # <b>84A890</b> Reg Type <b>PC</b> Reg State <b>MA</b>			
Sex <b>M</b> Lic. Class <b>D</b> 19 19		Lic. Restrictions <b>20</b> CDL _____		Veh Year <b>2006</b> Veh Make <b>GMC</b>		Veh Config. <b>1</b> 21	
Operator <b>CALLANAN, DANIEL PAUL</b>				Owner <b>CALLANAN, DANIEL PAUL</b>			
Last First Middle		Last First Middle		Last First Middle		Last First Middle	
Address <b>107 ADAMS RD</b>				Address <b>107 ADAMS RD</b>			
City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-3650</b>				City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-3650</b>			
Insurance Company <b>THE COMMERCE INSURANCE CO</b>				Vehicle Action Prior to Crash <b>1</b> 22		Damaged Area Code: <b>3</b> 27 27 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>				Event Sequence <b>1</b> 23 23 23 23		Test Status: <b>1</b> 28	
Citation # (If Issued) _____				Most Harmful Event <b>1</b> 24		Type of Test: <b>1</b> 29	
Viol. 1: Ch/Sec/Sub _____		Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <b>1</b> 25 25		BAC Test Result: <b>1</b> 30	
Viol. 3: Ch/Sec/Sub _____		Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <b>0</b> 26		Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32	
				Towed from scene? <b>2</b> 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
<b>Operator</b>	See Above		<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

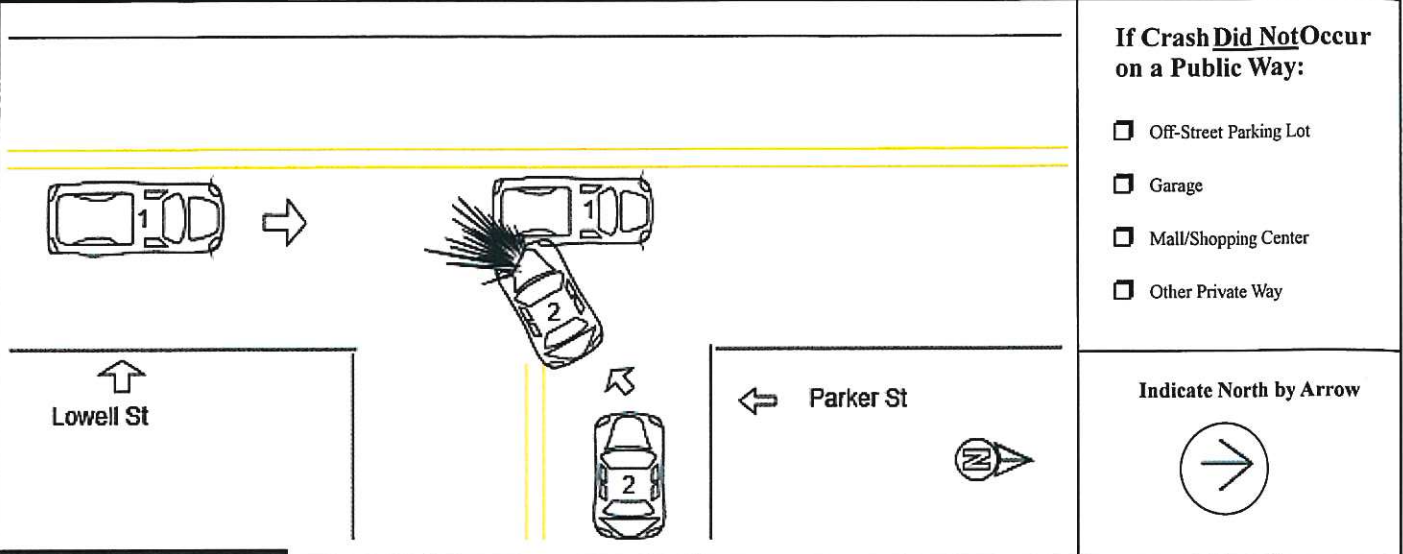
Please Select One of the Following:  Vehicle **2** 1 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # <b>S46706893</b> St <b>MA</b> DOB/Age _____				Reg # <b>83WK54</b> Reg Type <b>PC</b> Reg State <b>MA</b>			
Sex <b>F</b> Lic. Class <b>D</b> 19 19		Lic. Restrictions <b>20</b> CDL _____		Veh Year <b>2018</b> Veh Make <b>FORD</b>		Veh Config. <b>1</b> 21	
Operator <b>LANGONE, CARLY A</b>				Owner <b>LANGONE, CARLY A</b>			
Last First Middle		Last First Middle		Last First Middle		Last First Middle	
Address <b>14 GREEN MEADOW DR</b>				Address <b>14 GREEN MEADOW DR</b>			
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4618</b>				City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4618</b>			
Insurance Company <b>THE COMMERCE INSURANCE CO</b>				Vehicle Action Prior to Crash <b>4</b> 22		Damaged Area Code: <b>1</b> 27 27 27	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>				Event Sequence <b>1</b> 23 23 23 23		Test Status: <b>1</b> 28	
Citation # (If Issued) _____				Most Harmful Event <b>1</b> 24		Type of Test: <b>1</b> 29	
Viol. 1: Ch/Sec/Sub _____		Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <b>4</b> 25 25		BAC Test Result: <b>1</b> 30	
Viol. 3: Ch/Sec/Sub _____		Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <b>0</b> 26		Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32	
				Towed from scene? <b>1</b> 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
<b>Operator/Non-Motorist</b>	See Above		<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    O = Pedestrian    🚲 = Bicycle  
 ie: → 1    → 2    → O    → 🚲

**Crash Diagram:**



**Crash Narrative:**

Vehicle 1 was traveling North on Lowell Street when it was approaching parker Street. Vehicle 2 attempted to turn left on to Lowell Street when it believed vehicle 1 was going to let her go. Vehicle 1 continued on straight on when vehicle 2 had begun to turn onto Lowell Street. Both vehicles were unable to stop in time and vehicle 2 struck the side of vehicle 1. Vehicle 2 had damage to its center front and right front side and vehicle 1 had damage to its right side. There was no airbag deployment from either vehicle. Neither operator had any apparent injuries and vehicle 2 was towed by Cains Towing as the damage made it too dangerous to drive.

**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 Thomas Lawrenson**      **222**      **Wilmington Police Department**      **02/02/2023**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Police Use Only** | **RMV Document Number**

Date of Crash: 02/02/2023 | Time of Crash: 1544 (24HR) | City/Town: **Wilmington**

Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 35

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# 113 Direction \_\_\_\_\_ Address # WEST 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# **23-38-AC**

License # S83357014 St MA DOB/Ag: \_\_\_\_\_ Reg # VT2P31 Reg Type PC Reg State MA

Sex M Lic. Class D Lic. Restrictions 1 CDL \_\_\_\_\_ Veh Year 2013 Veh Make LINCOLN Veh Config: 1

Operator VISCIONE, FRANCIS ANTHONY III Owner VISCIONE, CAROL J

Address 26 BELMONT RD Address 26 BELMONT RD

City BILLERICA State MA Zip 01821-2030 City BILLERICA State MA Zip 01821-2030

Insurance Company ALLSTATE INSURANCE COMPAN

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

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 1

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 0

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			1	1	1	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 # S13516457 St MA DOB/Ag: \_\_\_\_\_ Reg # 1PHD71 Reg Type PC Reg State MA

Sex F Lic. Class D Lic. Restrictions 1 CDL \_\_\_\_\_ Veh Year 2019 Veh Make BMW Veh Config: 1

Operator SULEMA, DARIA Owner CHEKMAREV, MIKHAIL

Address 3 LEDGE ST Address 3 LEDGE ST

City STONEHAM State MA Zip 02180-3109 City STONEHAM State MA Zip 02180-3109

Insurance Company PLYMOUTH ROCK ASSURANCE C

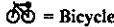
Vehicle Travel Direction:  N  E  S  W Responding to Emergency? 2

Citation # (If Issued) \_\_\_\_\_


Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 19

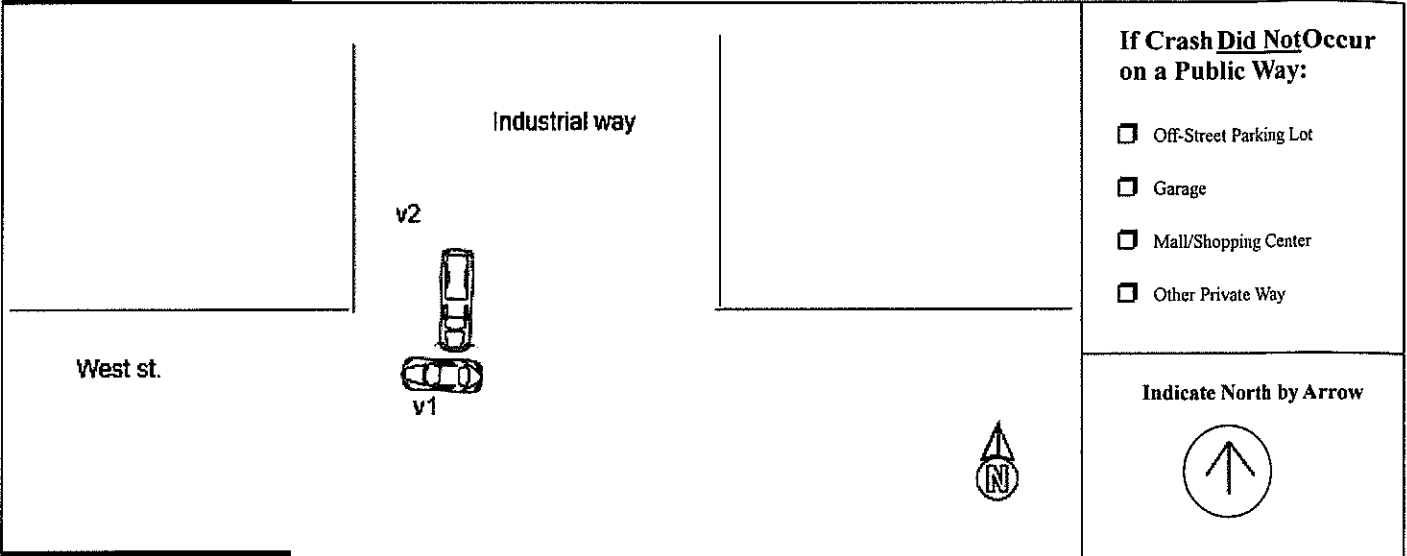
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 4

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			1	1	4	0	0	99	1	
			M	5	4	4	0	0	99	1	

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

**Crash Diagram:**

ie: → 1     → 2     → ○     → 



**Crash Narrative:**

The driver of V1 was traveling West on West Street. V2 pulled out of Industrial Way and struck his Vehicle on the right side. Driver of v2 stated that she was looking at her navigation and was not sure which way to go. She pulled out and hit V1

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate 43    Cargo Body Type Code 44    GVWR/GCWR 45

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

**Hazmat Information:**

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

Patrol Officer Brian D Thornton     190     Wilmington Police Department     02/02/2023  
 Police Officer Name (Please Print)     Signature     ID/Badge #     Department     Precinct/Barracks     Date

**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Police Use Only** | **RMV Document Number**

Date of Crash: 02/03/2023 | Time of Crash: 1714 | City/Town: **Wilmington** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 35 | Latitude: | Longitude: | State Police:  | Local Police:  | MBTA Police:  | Campus Police:  | Other:

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

**HIGH ST**

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 \_\_\_\_\_ or \_\_\_\_\_

Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

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# **23-39-AC**

License # **S54886263** St **MA** DOB/Age \_\_\_\_\_ Reg # **8TE955** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **B** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **PENNEY, WILLIAM CLARK** Owner **PENNEY, WILLIAM CLARK**

Address **76 HAMILTON AVE** Address **76 HAMILTON AVE**

City **HAVERHILL** State **MA** Zip **01830-3314** City **HAVERHILL** State **MA** Zip **01830-3314**

Insurance Company **SAFECO INSURANCE COMPANY** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **6 27 5 27 4 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **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 **99 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>REBECCA PENNEY</b>	<b>76 HAMILTON AVE HAVERHILL, MA 01830-3314</b>		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S21892325** St **MA** DOB/Age \_\_\_\_\_ Reg # **9PD286** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **JACOBS, JULIA A** Owner **JACOBS, CHARLES S**

Address **59 HYDE AVE** Address **59 HYDE AVE**

City **NEWTON** State **MA** Zip **02458-2333** City **NEWTON** State **MA** Zip **02458-2333**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **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 19 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? **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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 23-39-AC

