





Date of Crash: 02/06/2023 Time of Crash: 1105 24HR City/Town: **Wilmington** Motor Vehicle Crash Police Report Number Vehicles: 2 Number Injured: 0 Speed Limit: 25 Latitude: Longitude: State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street <b>LOWELL ST</b>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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# <b>LEE ST</b> Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **23-41-AC**

License # <b>S16505665</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Operator <b>NEDOMA, JIRI</b> Address <b>34 HOPKINS ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4527</b> Insurance Company <b>SAFECO INSURANCE COMPANY</b>	Reg # <b>2ST674</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2013</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b> Owner <b>NARLA, LALITHYA</b> Address <b>34 HOPKINS ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4527</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>1</b> Most Harmful Event <b>1</b> Driver Contributing Code <b>1</b> Driver Distracted by <b>0</b>
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>	Damaged Area Code: <b>6</b> <b>27</b> <b>3</b> <b>27</b> <b>4</b> <b>27</b> Test Status: <b>1</b> <b>28</b> Type of Test: <b>99</b> <b>29</b> BAC Test Result: <b>1</b> <b>30</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	14 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>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

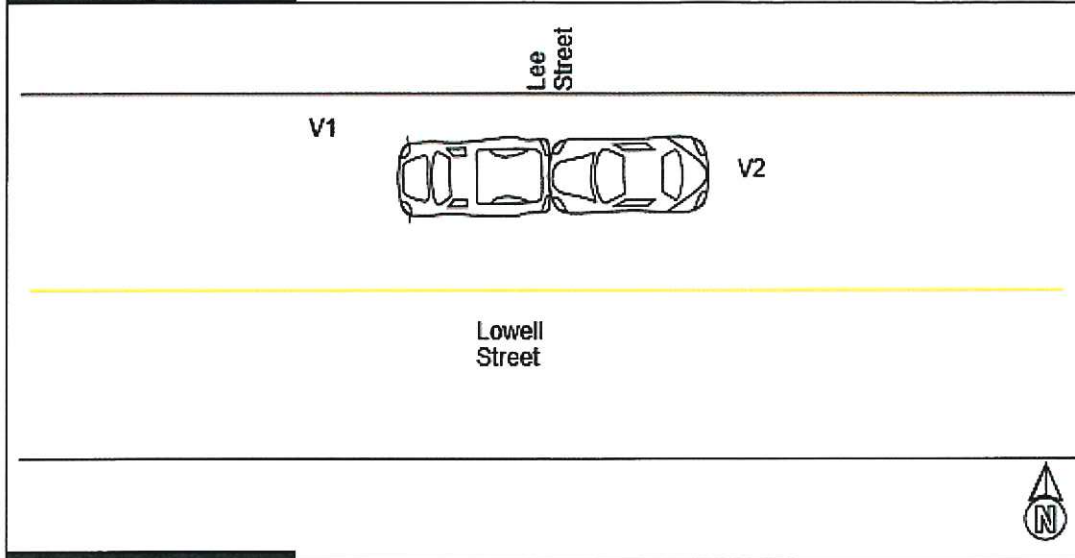
License # <b>S31766858</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Operator <b>MIHALI, ANDRE O</b> Address <b>75 WALDEMAR AVE APT 403</b> City <b>EAST BOSTON</b> State <b>MA</b> Zip <b>02128-1003</b> Insurance Company <b>PROGRESSIVE DIRECT INSURA</b>	Reg # <b>2GZV35</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2009</b> Veh Make <b>SUBARU</b> Veh Config. <b>1</b> Owner <b>MIHALI, ANDRE O</b> Address <b>75 WALDEMAR AVE APT 403</b> City <b>EAST BOSTON</b> State <b>MA</b> Zip <b>02128-1003</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>1</b> Most Harmful Event <b>1</b> Driver Contributing Code <b>5</b> <b>19</b> Driver Distracted by <b>99</b>
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>	Damaged Area Code: <b>2</b> <b>27</b> <b>1</b> <b>27</b> <b>B</b> <b>27</b> Test Status: <b>1</b> <b>28</b> Type of Test: <b>99</b> <b>29</b> BAC Test Result: <b>1</b> <b>30</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>1</b> <b>33</b>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	14 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>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</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:**

On February 6, 2023 I, Officer Fortes was dispatched to a report of a 2 vehicle crash on Lowell Street. Upon arrival I observed Op1 and Op2 by their vehicles, I escorted both operators to the side of the road for safety. Op1 and Op2 were evaluated by the Wilmington Fire Department and both declined transport. Op1 stated he was stopped on Lowell Street due to the traffic ahead of him being stopped at a red light at the intersection of Lowell St and Woburn St when V2 struck his vehicle. Op2 stated he was driving on Lowell street when he saw V1 stop in front of him and he was unable to stop in time before striking V1 in front of him. A Vehicle Exchange Form was completed and both operators were given a copy. V2 was undriveable and towed from the scene by A&S Towing and brought back to their yard.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer John A Fortes

228

Wilmington Police Department

02/06/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

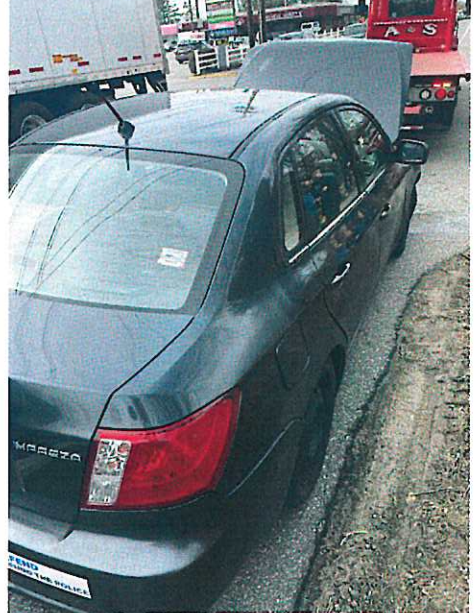
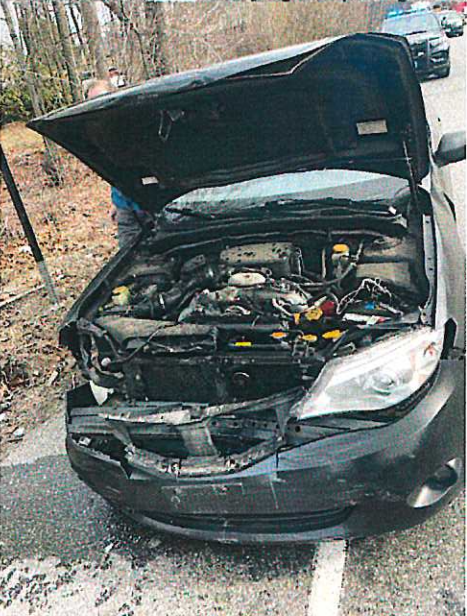
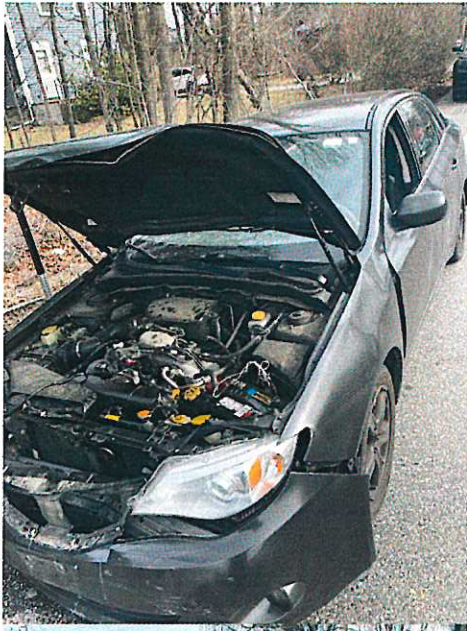
Department

Precinct/Barracks

Date



Wilmington Police Department  
Images Associated with 23-41-AC





Wilmington Police Department  
Images Associated with 23-41-AC



Date of Crash **02/08/2023** Time of Crash **1050** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **10** 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# <b>211</b> Direction _____ Address # <b>LOWELL ST</b> Name of Roadway/Street _____</p> <p>Feet <b>N S E W</b> of _____ of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet <b>N S E W</b> of _____ of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <b>N S E W</b> of _____ 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# **23-42-AC**

<p>License # <b>NHL17908550</b> St. <b>NH</b> DOB/Agc _____</p> <p>Sex <b>M</b> Lic. Class <b>A 19 19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>CUQUA, CARL M</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>1 ROCK ISLAND RD</b></p> <p>City <b>NASHUA</b> State <b>NH</b> Zip <b>03062</b></p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>3178735</b> Reg Type <b>AP</b> Reg State <b>IN</b></p> <p>Veh Year <b>2020</b> Veh Make _____ Veh Config. <b>10 21</b></p> <p>Owner <b>TFORCE FREIGHT</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>3343 COLISEUM BLVD</b></p> <p>City <b>FORT WAYNE</b> State <b>IN</b> Zip <b>46808</b></p> <p>Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>7 27 27 27</b></p> <p>Event Sequence <b>35 23 23 23 23</b> Test Status: <b>1 28</b></p> <p>Most Harmful Event <b>35 24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>1 30</b></p> <p>Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>2 33</b></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
<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

<p>License # _____ St. _____ DOB/Agc _____</p> <p>Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____</p> <p>Operator _____</p> <p style="text-align: center;">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>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <b>21</b></p> <p>Owner _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27 27 27</b></p> <p>Event Sequence <b>23 23 23 23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>25 25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>33</b></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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							





<b>Police Use Only</b>	Date of Crash 02/08/2023	Time of Crash 1131 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____	
<b>AT INTERSECTION:</b>				<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # <u>579</u> Name of Roadway/Street <u>MAIN ST</u>					2 10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____					2 11
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 _____ Landmark _____					2 11

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

Crash Report ID# **23-43-AC**

License # <u>S81322767</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>20</u> CDL _____ Endorsement _____ Operator <u>GUGLIELMI, STEVEN M</u> Last First Middle Address <u>45 HOUGHTON RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2245</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Reg # <u>2GNV76</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>GUGLIELMI, STEVEN M</u> Last First Middle Address <u>45 HOUGHTON RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2245</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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 _____	

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>XXXX</del>	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>771642988</u> St <u>NY</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 _____ Endorsement _____ Operator <u>LAWHON, BRETT WILLIAM</u> Last First Middle Address <u>300 BERNHARDT DR</u> City <u>AMHERST</u> State <u>NY</u> Zip <u>14226</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>	Reg # <u>2YYC51</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LAWHON, BRETT WILLIAM</u> Last First Middle Address <u>300 BERNHARDT DR</u> City <u>AMHERST</u> State <u>NY</u> Zip <u>14226</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>5</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>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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 _____	

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>XXXX</del>	1	1	1	0	0	10	1	



<b>Police Use Only</b>	Date of Crash 02/08/2023	Time of Crash 1601 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____	
<b>AT INTERSECTION:</b>				<b>LOCATION</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 checked="" 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 checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# _____ Intersecting Roadway/Street _____	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____					
				Landmark _____					

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

Crash Report ID# **23-44-AC**

License # <u>S15506666</u> St <u>MA</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 _____ Operator <u>CAMPELLI, ELIZABETH ROSE</u> Address <u>5 NICHOLD ST</u> City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2907</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>	Reg # <u>8AT877</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CAMPELLI, ELIZABETH ROSE</u> Address <u>5 NICHOLD ST</u> City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2907</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>4</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>
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 _____	

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>XXXX</del>	1	3	4	0	0	10	1	

Please Select One of the Following:  Vehicle 23 #Occupants  Non-Motorist A Type  Action  Location  Condition  Hit/Run  Moped

License # <u>105384711</u> St <u>DC</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>99</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>BELLASTEROS, MARIA</u> Address <u>11 MILL RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u>	Reg # <u>849XP1</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>ACURA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SHKOLNIK, LAUREN ELIZABETH</u> Address <u>11 MILL RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3347</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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 _____	

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>XXXX</del>	1	1	4	0	0	10	1	





Date of Crash 02/10/2023 Time of Crash 1127 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:  0080

**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>166</u> Name of Roadway/Street <u>LAKE ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-45-AC**

<p>License # <u>179939487</u> St <u>CT</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>PERUZZI, JESSICA</u> Last First Middle</p> <p>Address <u>11 FAIRVIEW DR APT 2</u></p> <p>City <u>DANBURY</u> State <u>CT</u> Zip <u>06810</u></p> <p>Insurance Company <u>FOREMOST INSURANCE COMPAN</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>2FAX99</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2016</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>KAMURA LEITE, GILVAN</u> Last First Middle</p> <p>Address <u>38 FRED ST APT 1</u></p> <p>City <u>LOWELL</u> State <u>MA</u> Zip <u>01850</u></p> <p>Vehicle Action Prior to Crash <u>10</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>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></p> <p>Towed from scene? <u>1</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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	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

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



Police Use Only: Date of Crash 02/11/2023, Time of Crash 1909, City/Town **Wilmington**, Number Vehicles 1, Number Injured 1, Speed Limit 35, 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 Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

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

Crash Report ID# **23-46-AC**

License # **S54361586** St **MA** DOB/Age \_\_\_\_\_ Reg # **2AZF34** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1**

Operator **AUCIELLO, GRACY** Owner **AUCIELLO, MARIO**

Address **32 AUBURN AVE** Address **32 AUBURN AVE**

City **WILMINGTON** State **MA** Zip **01887-2611** City **WILMINGTON** State **MA** Zip **01887-2611**

Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **3 23 23 23 23** Test Status: **1 28 29**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **3 24** Type of Test: **1 30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** Susp. Alcohol: **31** Susp. Drug: **32**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>DOB/Age</del>	<del>Sex</del>	<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 **1** Action **1** Location **4** Condition **1**  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

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

Operator \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_ Event Sequence **23 23 23 23** Test Status: **28 29**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** Susp. Alcohol: **31** Susp. Drug: **32**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Towed from scene? **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>DOB/Age</del>	<del>Sex</del>	<b>1</b>	<b>10</b>				<b>8</b>	<b>2</b>	<b>Winchester Hospital</b>





NARRATIVE FOR PATROL OFFICER MEGHAN SOUSA

Ref: 23-46-AC

Entered: 02/11/2023 @ 2153  
Modified: 02/11/2023 @ 2200Entry ID: 214  
Modified ID: 214

I, Officer Meghan Sousa, of the Wilmington Police Department report the following brief summary of facts:

On Saturday, February 11, 2023, I was assigned to the 4:00pm-12:00am uniformed patrol shift in marked cruiser 31, sector 1. At approximately 7:09PM I was dispatched to 195 Main St for a report of a motor vehicle crash involving a pedestrian. Officer Wilson (cruiser 32), Officer Johnson, and Officer Hill (cruiser 33), Sergeant Furbush (cruiser 35), and Lieutenant Fiore (cruiser 23) also responded.

Upon my arrival, the pedestrian who was involved in the crash was sitting on the island located in the middle of Richmond St which separates the lanes of traffic heading EB towards Main St and WB towards Shawsheen Ave. The pedestrian was later identified as [REDACTED] was walking with her boyfriend [REDACTED] who stated they were coming from the Dollar Tree located on Main St. When I asked [REDACTED] what direction they were walking, he stated across Richmond St towards the Dunkin Donuts. [REDACTED] further reported [REDACTED] ran across the street without stopping to look to traffic. [REDACTED] complained of pain to her head and appeared to have minor cuts on her arms. When I asked [REDACTED] if she pressed the button for the walk signal she denied doing so. I also asked [REDACTED] if she stopped prior to crossing to look for traffic which she denied. [REDACTED] mother, [REDACTED] was contacted and responded to the scene. Wilmington Fire Department treated [REDACTED] for her injuries and later transported [REDACTED] and her mother to Winchester Hospital.

The operator of MV1 was identified as Gracy Auciello. Gracy stated she was traveling NB on Main St and was taking a left onto Richmond St prior to the crash. Gracy was unable to state how fast she was going but reported she was traveling at a slow rate of speed and the arrow was green at the time she took the turn. There was a second motor vehicle present which was not involved however, they witnessed the crash. The passenger of MV2 was identified as Penny McGuire. Penny reported she did not see the pedestrian until just prior to the crash and also stated that the pedestrian ran across the roadway into their lane of travel. When I asked Penny if she noticed how fast MV1 was traveling she stated not very fast. Penny was the passenger of MV2 which was traveling behind MV1 taking a left turn onto Richmond St. Penny also reported at the time they took the turn the arrow traffic signal was green.

All traffic signals were functioning at the time of the crash. MV1 also appeared to have minor damage to the hood.

Wilmington Police Department  
Images Associated with 23-46-AC

