

<b>Police Use Only</b>	Date of Crash 02/26/2023	Time of Crash 1839 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>10</u>	Latitude _____	Longitude _____	<input type="checkbox"/> 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# <u>260</u> Direction <u>MAIN ST</u> Address # _____ Name of Roadway/Street _____						
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# _____ Intersecting Roadway/Street _____ Landmark _____						

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

Crash Report ID# **23-61-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>unknown</u> Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____	Reg # <u>unknown</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner <u>unknown</u> 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>2</u> <u>33</u>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<u>1</u>	<u>99</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>S63807146</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 _____ Endorsement _____ Operator <u>FIorenza, SHARY A</u> Last First Middle Address <u>13 FIORENZA DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4421</u> Insurance Company <u>LM GENERAL</u>	Reg # <u>2SCC77</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>FIorenza, SHARY A</u> Last First Middle Address <u>13 FIORENZA DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4421</u> Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>7</u> <u>27</u> <u>27</u> Event Sequence <u>2</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>2</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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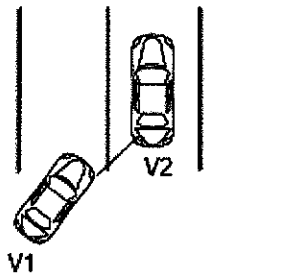
Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<u>1</u>	<u>99</u>	<u>4</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 → ○ → ○

Market Basket Lot



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

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

Indicate North by Arrow



**Crash Narrative:**

Sir, on February 26, 2023, I (Officer MacGilvray) was assigned as the station officer for the 4-12 tour. At said time Shary Fiorenza came to Headquarters and reported an unknown vehicle struck her vehicle and fled. Shary's vehicle (MAREG 2SCC77) was parked at Market Basket when it was hit. It showed damage to the left side rear bumper and quarter panel. The surveillance doesn't cover where her vehicle was parked. No further solvability factors at this time.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Paul Macgilvray

221

Wilmington Police Department

02/26/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

**Police Use Only**

Date of Crash: 02/27/2023  
 Time of Crash: 1200  
 City/Town: **Wilmington**

Number Vehicles: 2  
 Number Injured: 1  
 Speed Limit: 45  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_

State Police   
 Local Police   
 MBTA Police   
 Campus Police   
 Other:

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

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ 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# **23-62-AC**

License # **S09241843** St **MA** DOB/Age \_\_\_\_\_ Reg # **1DC142** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **SUBARU** Veh Config. **1**  
 Operator **BOLT, MARIANNE LOUISE** Owner **BOLT, MARIANNE LOUISE**  
 Address **44 CHARNWOOD RD** Address **44 CHARNWOOD RD**  
 City **MEDFORD** State **MA** Zip **02155-5409** City **MEDFORD** State **MA** Zip **02155-5409**  
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **3** Damaged Area Code: **6 27 4 27 5 27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	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 # **NHL12079506** St **NH** DOB/Age \_\_\_\_\_ Reg # **95315** Reg Type **AP** Reg State **MA**  
 Sex **F** Lic. Class **A** Lic. Restrictions **1** CDL **T** Veh Year **2016** Veh Make **Kenworth** Veh Config. **7**  
 Operator **COLLINS, ASHLEY MEGAN** Owner **ALBANESE D AND S INC**  
 Address **132 LANCASTER FARM RD** Address **66 SILVA LN**  
 City **SALEM** State **NH** Zip **03079** City **DRACUT** State **MA** Zip **01826-2894**  
 Insurance Company **UNITED STATES FIRE INSURA** Vehicle Action Prior to Crash **3** Damaged Area Code: **0 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 29**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: \_\_\_\_\_  
 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**

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>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

RMV Document Number

<b>Police Use Only</b>		Date of Crash 02/28/2023	Time of Crash 1421 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>
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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>222</u> Name of Roadway/Street <u>MAIN ST</u></p> <p>_____ Feet <u>N S E W</u> of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <u>N S E W</u> of _____</p> <p>_____ Feet <u>N S E W</u> of _____ 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# **23-63-AC**

License # _____ 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 _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Reg # <u>1BVJ29</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LAGUNILLA, SHARON B</u> Address <u>7 REVERE AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-6217</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>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>1</u> <u>29</u> Driver Contributing Code <u>3</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator and all occupants involved		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			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

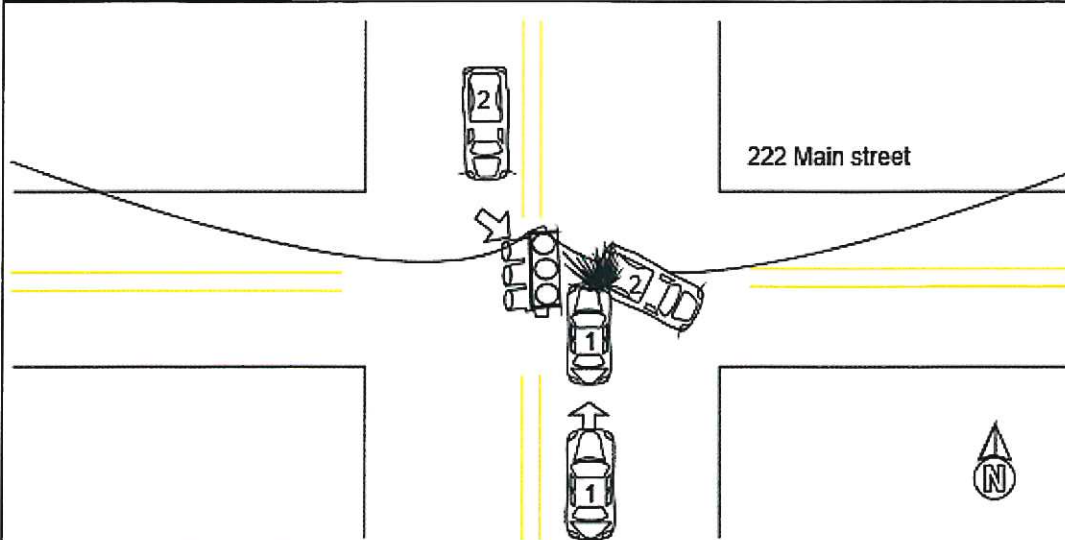
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # <u>S64465905</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 _____ Operator <u>ALMEIDA, KEVIN FRANCIS</u> Address <u>6 HARVARD RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1407</u> Insurance Company <u>CITIZENS INSURANCE COMPAN</u>	Reg # <u>4VJE79</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>ALMEIDA, KEVIN FRANCIS</u> Address <u>6 HARVARD RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1407</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>4</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>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		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			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

**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:**

Vehicle 1 was traveling north on Main street when it approached the intersection at 222 Main Street. Vehicle 2 was in the south bound lane attempting to go left into the parking lot of the Market Basket plaza. Vehicle 2 reported that they saw the light turn green and began to turn in front of the intersection. Vehicle 1 was not aware that their light had turn red and passed into the intersection. Vehicle 1 could not stop in time and collided with the rear of vehicle 2. Vehicle 2 recieved minor damage to its rear but vehicle 1 recieved enough damage to the front rendering the vehicle unsafe to drive and was towed by Forest Towing. Both operators had no apparent injuries from the crash and their was no airbag deployment from both vehicles.

**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**

Police Officer Name (Please Print)

Signature

**222**

ID/Badge #

**Wilmington Police Department**

Department

**02/28/2023**

Precinct/Barracks

Date

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

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

Route# Direction Address # Name of Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_ 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# **23-64-AC**

License # **SA1390971** St **MA** DOB/Age **05/06/2003** Reg # **1GKH38** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement **20** Veh Year **2011** Veh Make **MERCURY** Veh Config. **1**  
 Operator **WILSON, ZACHARY ALAN** Owner **FAUCI, DEBORAH J**  
 Address **14 GOVERNOR HUTCHINSON RD** Address **190 ESSEX ST**  
 City **BILLERICA** State **MA** Zip **01821** City **SAUGUS** State **MA** Zip **01906-4250**  
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 1 27 2 27**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **40 23 23 23 23** Test Status: **1 28 29**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **27 24** Type of Test: **1 30**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **21 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** 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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>3</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

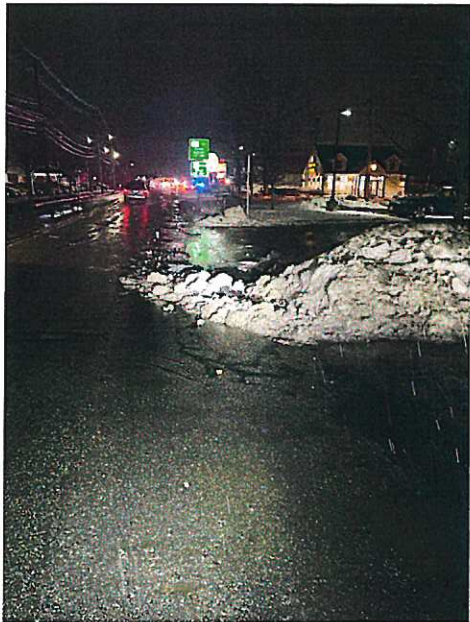
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ 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		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>							





Wilmington Police Department  
Images Associated with 23-64-AC



Date of Crash 03/02/2023	Time of Crash <b>2152</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>1</b>	Number Injured <b>2</b>	Speed Limit <b>30</b>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>
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**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 # <b>414</b> Name of Roadway/Street <b>WOBURN ST</b> _____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ Landmark _____
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Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped Crash Report ID# **23-65-AC**

License # <b>RP122702</b> St. <b>OH</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____ Operator <b>GREEN, OWEN LUTHER</b> Address <b>6363 UPPERRIDGE DR</b> City <b>CANAL WNCHESTER</b> State <b>OH</b> Zip <b>43110</b> Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>JKP9554</b> Reg Type <b>PC</b> Reg State <b>OH</b> Veh Year <b>2019</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> Owner <b>EAN HOLDINGS LLC</b> Address <b>11783 READING RD</b> City <b>CINCINNATI</b> State <b>OH</b> Zip <b>45241</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>35</b> Most Harmful Event <b>35</b> Driver Contributing Code <b>18</b> Driver Distracted by <b>7</b>
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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"/>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>2</b>	Lahey Clinic
			<input type="checkbox"/>								Winchester Hospital

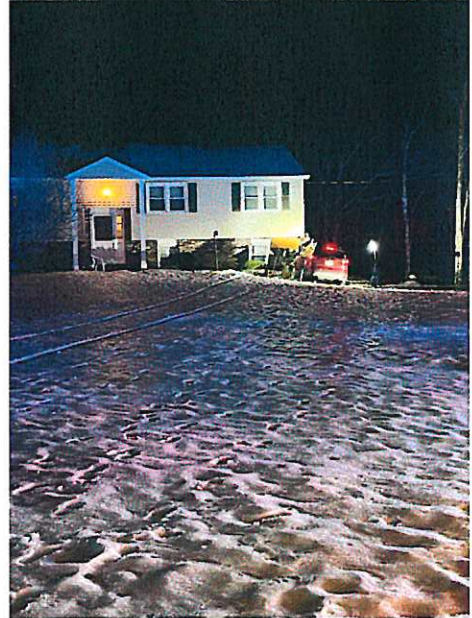
Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # _____ St. _____ DOB/Age _____ Sex _____ Lic. Class <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> <b>N S E W</b> 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. <b>21</b> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>22</b> Event Sequence <b>23</b> Most Harmful Event <b>24</b> Driver Contributing Code <b>25</b> Driver Distracted by <b>26</b>
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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"/>	<b>1</b>							



Wilmington Police Department  
Images Associated with 23-65-AC



Wilmington Police Department  
Images Associated with 23-65-AC



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

Route# Direction Name of Roadway/Street At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet **N S E W** of \_\_\_\_\_ 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# **23-66-AC**

License # **S92877288** St **MA** DOB/Age \_\_\_\_\_ Reg # **L5135** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2011** Veh Make **CHEVROLET** Veh Config. **1**

Operator **OBRIEN, WILLIAM JOSEPH JR** Owner **OBRIEN, WILLIAM JOSEPH JR**

Address **38 CRIMSON RD** Address **38 CRIMSON RD**

City **BILLERICA** State **MA** Zip **01821-5420** City **BILLERICA** State **MA** Zip **01821-5420**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **11 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **40 23 24 23 23 23** Test Status: **1 28**

Citation # (If Issued) **841209AB** Most Harmful Event **24 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 17** Driver Contributing Code **10 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **7 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent 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>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1</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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19 19** 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**

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

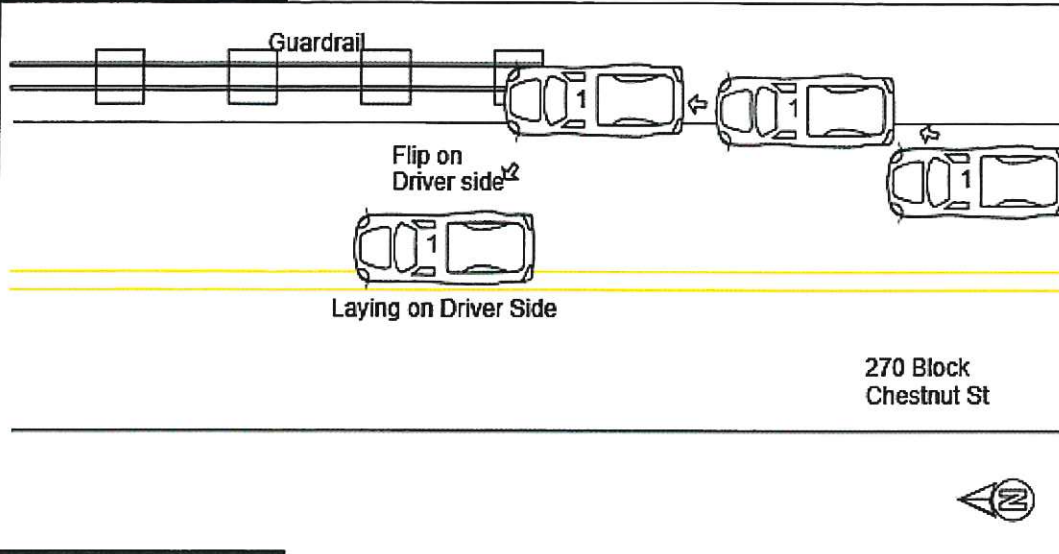
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent 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>	<b>1</b>							

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

**Crash Diagram:**

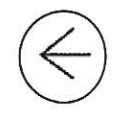
ie: → 1 → 2 → O → 🚲



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

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

Indicate North by Arrow



270 Block Chestnut St



**Crash Narrative:**

Dispatched to 276 Chestnut St, 1 car MVC rollover w/ entrapment. Oppl cut out of car by WFD. No signs of impairment. MV1 towed by A&S, no apparant injury. Accoding to OP1, traveling NB at appx 30mph swerved to avoid animal and struck guardrail. Damsge to truck/guardrail and no skid marks show speed greater than admitted. OP1 issued Mass Unif. Citation 841209AB for 90/24/E Neg Opp and 90/17/A Speed Greater Posted. Op1 issued criminal app. See 23-81-AR.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

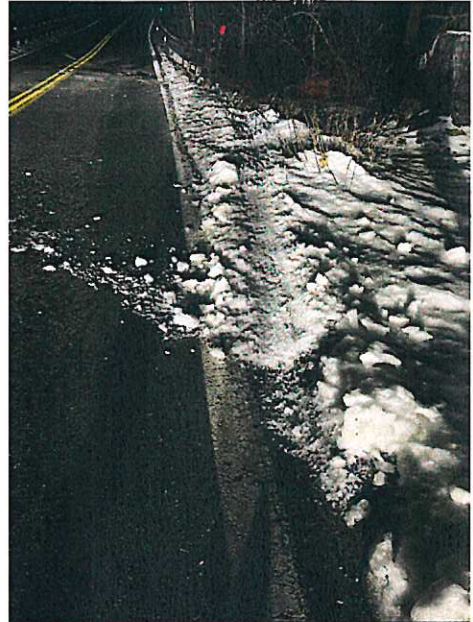
Registration # \_\_\_\_\_ (From Vehicle Section)

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:**

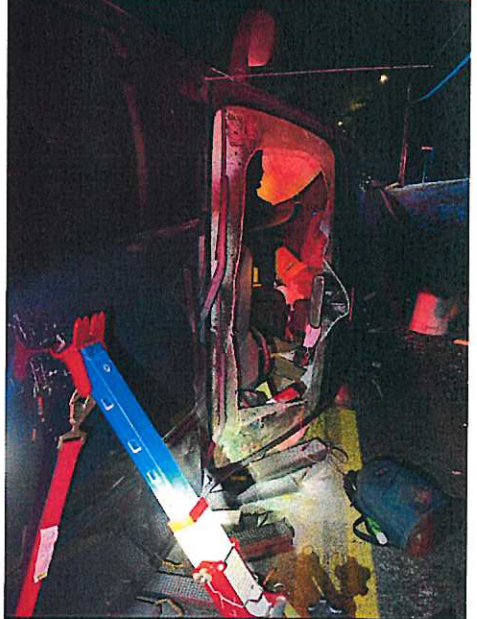
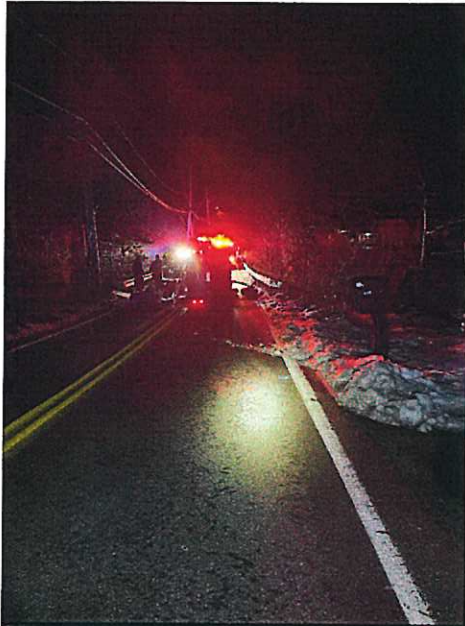
Placard  47 Material 1 digit #  48 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

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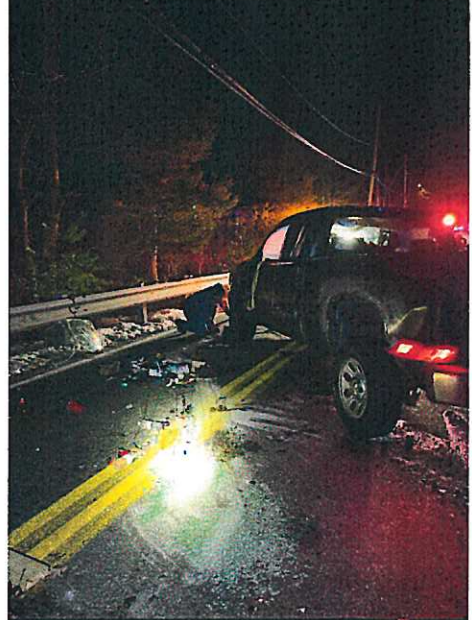




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<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 03/03/2023	Time of Crash 1758 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>		
Route# _____	Direction _____	Name of Roadway/Street _____	Route# <u>102</u>	Direction _____	Address # <u>LOWELL ST</u>	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# **23-67-AC**

License # <u>S33016075</u>	St <u>MA</u>	DOB/Age _____	Reg # <u>5HZ284</u>	Reg Type <u>PC</u>	Reg State <u>MA</u>
Sex <u>M</u>	Lic. Class <u>D</u>	19 19	Lic. Restrictions <u>20</u>	CDL Endorsement _____	Veh Year <u>2020</u>
Operator <u>VELIZ, ROCKY M</u>			Owner <u>VELIZ, MELISSA ANN</u>		
Address <u>84 SYCAMORE ST APT 2</u>			Address <u>84 SYCAMORE ST APT 2</u>		
City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145-3720</u>			City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145-3720</u>		
Insurance Company <u>THE COMMERCE INSURANCE CO</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>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	Test Status: <u>2</u> <u>28</u>	
Citation # (If Issued) <u>T3190310</u>			Most Harmful Event <u>1</u> <u>24</u>	Type of Test: <u>2</u> <u>29</u>	
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u>			Driver Contributing Code <u>10</u> <u>25</u> <u>97</u> <u>25</u>	BAC Test Result: <u>30</u>	
Viol. 2: Ch/Sec/Sub <u>90</u> <u>24</u>			Driver Distracted by <u>0</u> <u>26</u>	Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</u>	
Viol. 3: Ch/Sec/Sub _____			Towed from scene? <u>3</u> <u>33</u>		
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	<input checked="" type="checkbox"/>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S62662744</u>	St <u>MA</u>	DOB/Age _____	Reg # <u>9DB373</u>	Reg Type <u>PC</u>	Reg State <u>MA</u>
Sex <u>M</u>	Lic. Class <u>D</u>	19 19	Lic. Restrictions <u>20</u>	CDL Endorsement _____	Veh Year <u>2012</u>
Operator <u>MAREIRO, JUSTIN DAVIS</u>			Owner <u>MAREIRO, JUSTIN DAVIS</u>		
Address <u>72 LOWELL ST</u>			Address <u>72 LOWELL ST</u>		
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2911</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2911</u>		
Insurance Company <u>GEICO GENERAL INSURANCE C</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>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	Test Status: <u>1</u> <u>28</u>	
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>	Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>	BAC Test Result: <u>30</u>	
Viol. 2: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	
Viol. 3: Ch/Sec/Sub _____			Towed from scene? <u>2</u> <u>33</u>		
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	<input checked="" type="checkbox"/>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



Wilmington Police Department  
Images Associated with 23-67-AC

