

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

|   |   |
|---|---|
| <p>1 1<br/>Route# Direction Name of Roadway/Street<br/>At<br/>Route# Direction Name of Intersecting Roadway/Street<br/>Also at Intersection with<br/>2 1<br/>Route# Direction Name of Intersecting Roadway/Street</p> | <p>2 10<br/>Route# Direction Address # <b>381 MIDDLESEX AVE</b> Name of Roadway/Street<br/>Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____<br/>10 11<br/>Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street<br/>Feet <b>N S E W</b> of _____<br/>Landmark _____</p> |
|---|---|

3 Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-68-AC**

|  |   |
|--|---|
| <p>4 1<br/>License # <b>S46934973</b> St <b>MA</b> DOB/A _____<br/>Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____<br/>Operator <b>MANCIA, FRANCISCO R</b><br/>Address <b>3 MARSHALL CIR LOWR</b><br/>City <b>PEABODY</b> State <b>MA</b> Zip <b>01960-4548</b><br/>Insurance Company <b>GEICO GENERAL INSURANCE C</b><br/>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b><br/>Citation # (If Issued) _____<br/>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____<br/>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p> | <p>1 12<br/>Reg # <b>1FEL91</b> Reg Type <b>PC</b> Reg State <b>MA</b><br/>Veh Year <b>2005</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> 21<br/>Owner <b>MANCIA, FRANCISCO R</b><br/>Address <b>3 MARSHALL CIR LOWR</b><br/>City <b>PEABODY</b> State <b>MA</b> Zip <b>01960-4548</b><br/>Vehicle Action Prior to Crash <b>10</b> 22 Damaged Area Code: <b>7</b> 27 <b>27</b> 27<br/>Event Sequence <b>1</b> 23 <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> 28<br/>Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b><br/>Driver Contributing Code <b>1</b> 25 <b>25</b> BAC Test Result: <b>30</b><br/>Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>1</b> 31 Susp. Drug: <b>32</b><br/>Towed from scene? <b>2</b> 33</p> |
|--|---|

6 1 Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address   | DOB/Age          | Sex              | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|--------------------------|-----------|------------------|------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <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>10</b>        | <b>1</b>        |                  |
|                          |           |                  |                  |              |                  |                  |               |              |                  |                 |                  |
|                          |           |                  |                  |              |                  |                  |               |              |                  |                 |                  |
|                          |           |                  |                  |              |                  |                  |               |              |                  |                 |                  |

7 9 Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

|  |   |
|--|---|
| <p>8 99<br/>License # <b>S48499542</b> St <b>MA</b> DOB/Agt _____<br/>Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____<br/>Operator <b>DIBACCO, JULIA MARIE</b><br/>Address <b>195 SALEM ST APT 1306</b><br/>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4032</b><br/>Insurance Company <b>SAFETY INSURANCE COMPANY</b><br/>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b><br/>Citation # (If Issued) _____<br/>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____<br/>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p> | <p>1 14<br/>Reg # <b>4JSD38</b> Reg Type <b>PC</b> Reg State <b>MA</b><br/>Veh Year <b>2019</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> 21<br/>Owner <b>DIBACCO, JULIA MARIE</b><br/>Address <b>195 SALEM ST APT 1306</b><br/>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4032</b><br/>Vehicle Action Prior to Crash <b>10</b> 22 Damaged Area Code: <b>7</b> 27 <b>6</b> 27 <b>27</b><br/>Event Sequence <b>1</b> 23 <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> 28<br/>Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b><br/>Driver Contributing Code <b>19</b> 25 <b>25</b> BAC Test Result: <b>30</b><br/>Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b><br/>Towed from scene? <b>2</b> 33</p> |
|--|---|

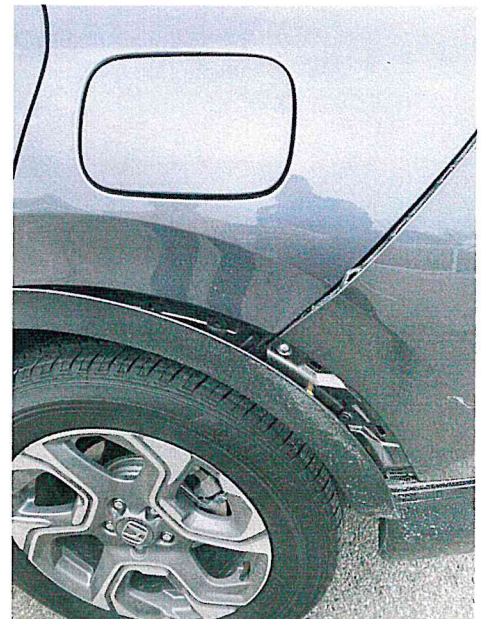
9 2 Please fill out for operator/non-motorist and all occupants involved

| Name (Last First Middle)     | Address   | DOB/Age          | Sex              | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|------------------------------|-----------|------------------|------------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <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>        |                  |
|                              |           |                  |                  |              |                  |                  |               |              |                  |                 |                  |
|                              |           |                  |                  |              |                  |                  |               |              |                  |                 |                  |
|                              |           |                  |                  |              |                  |                  |               |              |                  |                 |                  |





Wilmington Police Department  
Images Associated with 23-68-AC





Date of Crash 03/09/2023 Time of Crash 0546 24HR City/Town WILMINGTON Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Form section for location details including Route#, Direction, Name of Roadway/Street, and various intersection points like LOWELL ST and WOBURN ST.

Please Select One of the Following: [X] Vehicle 1 Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 23-69-AC

Operator and Owner information for Vehicle 1, including License # S51114551, Reg # 2JW272, Name CLARK, JAMES MICHAEL JR, and Address 39 BELLFLOWER RD.

Table with 13 columns for operator and occupant details: Name, Address, DOB/Age, Sex, Seat Pos, Safety System, Airbag Status, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility.

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

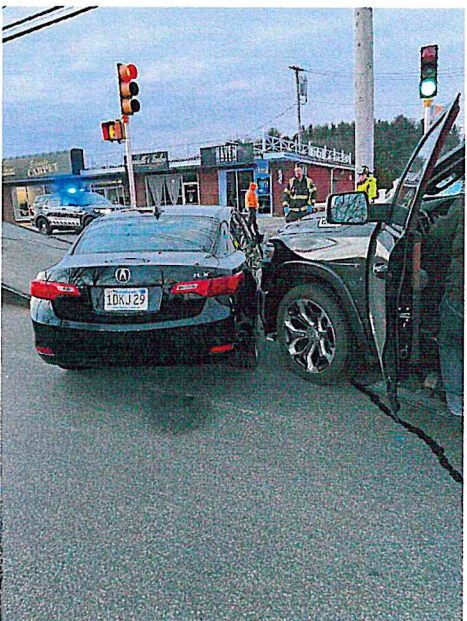
Operator and Owner information for Vehicle 2, including License # S16684414, Reg # 1DKJ29, Name PARE, COLE ALBERT, and Address 34 MARSHALL AVE.

Table with 13 columns for operator and occupant details for Vehicle 2, similar to the first table.





Wilmington Police Department  
Images Associated with 23-69-AC





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

**1** 1 LOWELL ST  
Route# Direction Name of Roadway/Street

**1** 1 PARKER ST  
Route# Direction Name of Intersecting Roadway/Street

**2** 1 FOX, DILLON SAWYER  
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
Crash Report ID# **23-70-AC**

License # SA7350197 St MA DOB/Age: 19/19  
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement 20  
Operator FOX, DILLON SAWYER  
Address 4232 HORSESHOE LN  
City WILMINGTON State MA Zip 01887  
Insurance Company PROGRESSIVE CASUALTY INSU

Reg # 2VKY95 Reg Type PC Reg State MA  
Veh Year 2005 Veh Make TOYOTA Veh Config. 1  
Owner FOX, ALISON JANE  
Address 4232 HORSESHOE LN  
City WILMINGTON State MA Zip 01887-6005  
Vehicle Action Prior to Crash 4  
Event Sequence 1 23 23 23 23  
Most Harmful Event 1  
Driver Contributing Code 19 25 25  
Driver Distracted by 7

| 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                | 5                | 0             | 0            | 10               | 1               |                  |

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

License # S93355120 St MA DOB/A: 19/19  
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement 20  
Operator MARTIN, JERELEEN R  
Address 135 NICHOLS ST  
City WILMINGTON State MA Zip 01887-1627  
Insurance Company THE HANOVER INSURANCE COM

Reg # 1AP638 Reg Type PC Reg State MA  
Veh Year 2018 Veh Make FORD Veh Config. 2  
Owner MARTIN, STEPHEN P  
Address 135 NICHOLS ST  
City WILMINGTON State MA Zip 01887-1627  
Vehicle Action Prior to Crash 1  
Event Sequence 1 23 23 23 23  
Most Harmful Event 1  
Driver Contributing Code 1 25 25  
Driver Distracted by 0

| 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                | 5                | 0             | 0            | 10               | 1               |                  |

