

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number

Police Use Only		Date of Crash 02/20/2023	Time of Crash 1844 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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:
Route# _____ Direction _____ Name of Roadway/Street _____		Route# <u>91</u> Direction _____ Name of Roadway/Street <u>SALEM ST</u>		Route# _____ Direction _____ 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 _____				

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

Crash Report ID# **23-48-AC**

License # <u>S98961854</u> St <u>MA</u> DOB/Age _____	Reg # <u>777KK5</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2014</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>FOOKSON, SLAVA O</u> Last First Middle	Owner <u>FOOKSON, SLAVA O</u> Last First Middle
Address <u>59 CALIFORNIA RD</u>	Address <u>59 CALIFORNIA RD</u>
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4112</u>	City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4112</u>
Insurance Company <u>THE HANOVER INSURANCE COM</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>1</u> <u>27</u> <u>8</u> <u>27</u>
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? <u>2</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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	<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>S43156664</u> St <u>MA</u> DOB/Age _____	Reg # <u>5CS586</u> Reg Type <u>PC</u> Reg State <u>MA</u>
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 _____	Veh Year <u>2014</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>DOHERTY, COLIN J</u> Last First Middle	Owner <u>DOHERTY, COLIN J</u> Last First Middle
Address <u>2 ACORN DR</u>	Address <u>2 ACORN DR</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1560</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1560</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>7</u> <u>27</u> <u>0</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</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>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

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

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only: Date of Crash 02/20/2023, Time of Crash 2056 24HR, City/Town **Wilmington**

RMV Document Number: Speed Limit 25, State Police , Local Police , MBTA Police , Campus Police , Other

Number Vehicles 1, Number Injured 0, Latitude _____, Longitude _____

LOCATION

AT INTERSECTION: HOPKINS ST

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

MINKRUN RD

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

Also at Intersection with _____

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

NOT AT INTERSECTION:

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

Feet N S E W of _____ Mile Marker _____ or _____ 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# **23-49-AC**

License # _____ St. _____ DOB/Age _____ Reg # 4LVF11 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2011 Veh Make HONDA Veh Config. 1 21

Operator _____ Owner REALEJO, ALICE MARY

Address _____ Address 65 GEDDES DR

City _____ State _____ Zip 01876-3468 City TEWKSBURY State MA Zip 01876-3468

Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 35 23 23 23 23 Test Status: 1 28

Citation # (If Issued) T2749735 Most Harmful Event 35 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 17 Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 7 25 6 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<u>M</u>	<u>4</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<u>M</u>	<u>6</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<u>M</u>	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: Vehicle 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 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			<u>1</u>							

Wilmington Police Department
Images Associated with 23-49-AC



Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only | **RMV Document Number**

Date of Crash: 02/22/2023 | Time of Crash: 1018 24HR | City/Town: **Wilmington**

Number Vehicles: 1 | Number Injured: 0 | Speed Limit: 10

State Police | Local Police | MBTA Police | Campus Police | Other:

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

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

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

Crash Report ID# **23-50-AC**

License # **SA1811241** St **MA** DOB/Age _____ Reg # **4WYD81** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **GMC** Veh Config. **1**

Operator **JUNGA VANI, SREEMANTH** Owner **JUNGA VANI, SREEMANTH**

Address **9223 AVALON DR** Address **9223 AVALON DR**

City **WILMINGTON** State **MA** Zip **01887-1172** City **WILMINGTON** State **MA** Zip **01887-1172**

Insurance Company **ARBELLA MUTUAL INSURANCE**

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

Event Sequence **35** **23** **23** **23** **23**

Most Harmful Event **35** **24**

Driver Contributing Code **97** **25** **25**

Driver Distracted by **0** **26**

Damaged Area Code: **2** **27** **27** **27**

Test Status: **1** **28**

Type of Test: **29**

BAC Test Result: **1** **30**

Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	4	0	0	10	1
SETTY VENKATAUMAPATHI	9223 AVALON DR WILMINGTON, MA 01887	05/21/1996	M	3	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 # _____ 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 Travel Direction: N S E W Responding to Emergency? _____

Event Sequence **23** **23** **23** **23**

Most Harmful Event **24**

Driver Contributing Code **25** **25**

Driver Distracted by **26**

Damaged Area Code: **27** **27** **27**

Test Status: **28**

Type of Test: **29**

BAC Test Result: **30**

Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

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

Wilmington Police Department
Images Associated with 23-50-AC



Wilmington Police Department
Images Associated with 23-50-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 02/22/2023	Time of Crash 2239 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 2	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: <input type="checkbox"/>

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>56</u> Name of Roadway/Street <u>GLEN RD</u></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 1 2 #Occupants Hit/Run Moped Crash Report ID# **23-51-AC**

License # <u>SA6970651</u> St <u>MA</u> DOB/Age _____	Reg # <u>1GLE12</u> Reg Type <u>PC</u> Reg State <u>MA</u>
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 _____	Veh Year <u>2002</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MATOS, JEAN VICTOR OLIVEIRA</u> Last First Middle	Owner <u>DASILVA, ADRIANO LOPES</u> Last First Middle
Address <u>57 GOLDIE ST</u>	Address <u>3121 EVERGREEN DR APT 3121</u>
City <u>REVERE</u> State <u>MA</u> Zip <u>02151-1904</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1176</u>
Insurance Company <u>SAFECO INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>1</u> <u>27</u> <u>2</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>42</u> <u>23</u> <u>40</u> <u>23</u> <u>22</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>7</u> <u>25</u> <u>11</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: 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>

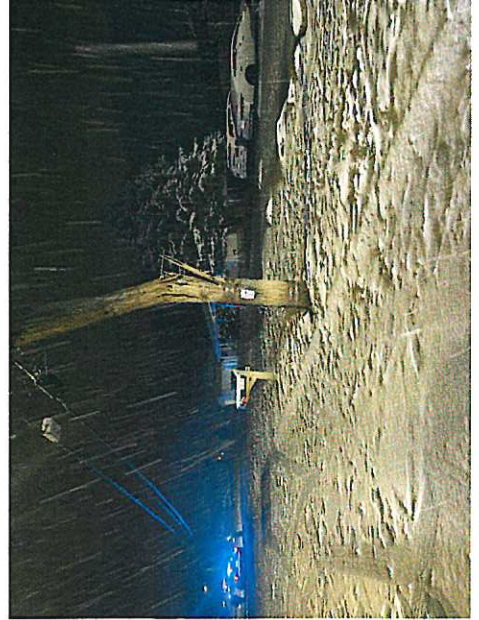
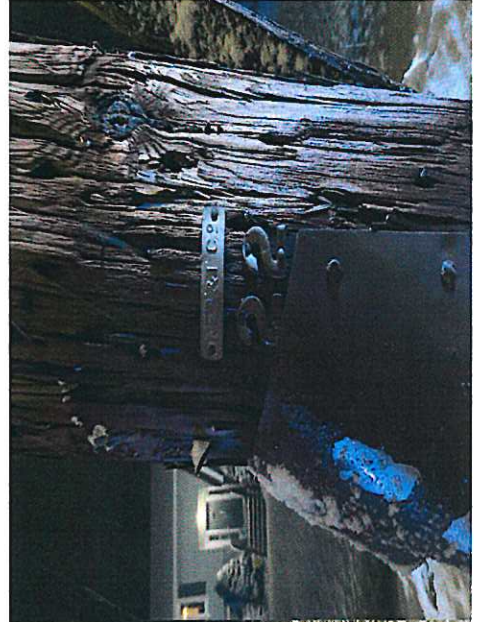
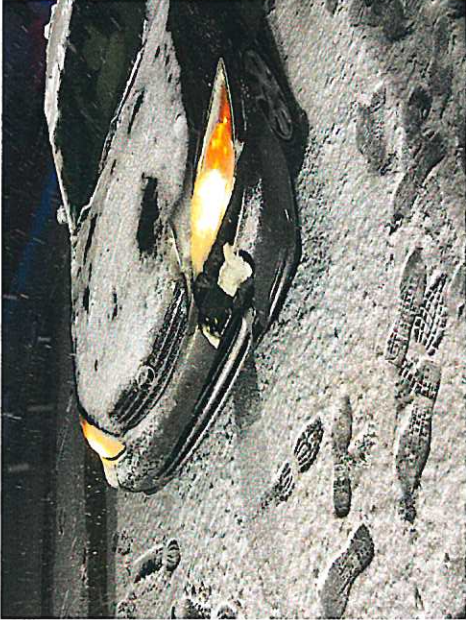
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	
			<u>M</u>	<u>3</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	

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

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

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

Wilmington Police Department
Images Associated with 23-51-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/23/2023	Time of Crash 1012 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
								Latitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
								Longitude _____	Other: _____	

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# <u>25</u> Direction _____ Address # _____ Name of Roadway/Street WILLIAMS AVE
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 _____ Mile Marker _____ or _____ 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 _____
		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped Crash Report ID# **23-52-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator Driverless M.V. Address _____ City _____ State _____ Zip _____ Insurance Company SAFETY 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 # 2YWT58 Reg Type PC Reg State MA Veh Year 2008 Veh Make HYUNDAI Veh Config. <u>1</u> <u>21</u> Owner RICE-BOUDREAU, HUNTER J Address 23 WILLIAMS AVE City WILMINGTON State MA Zip 01887-3525 Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>7</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>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	0	4	0	0	10	1	

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

License # S19917636 St MA DOB/Age _____ Sex M Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator JENNINGS, SAMUEL A Address 135 ANDOVER ST City WILMINGTON State MA Zip 01887 Insurance Company MIIA Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # M3441A Reg Type CI Reg State MA Veh Year 2019 Veh Make FORD Veh Config. <u>2</u> <u>21</u> Owner WILMINGTON TOWN OF TOWN HALL Address 121 GLEN RD City WILMINGTON State MA Zip 01887-3500 Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</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>19</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
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-52-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 02/23/2023	Time of Crash 1118 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	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

AT INTERSECTION:	<	LOCATION	>	NOT AT INTERSECTION:
Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u> </u>		Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u>		
At		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> • <u> </u> or <u> </u>		
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>		Mile Marker <u> </u> Exit Number <u> </u>		
Also at Intersection with		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u>		
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>		Route# <u> </u> Intersecting Roadway/Street <u> </u>		
		Landmark <u> </u>		

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

Crash Report ID# **23-53-AC**

License # S16935511 St. MA DOB/Age <u> </u>	Reg # 2JNR45 Reg Type PC Reg State MA
Sex M Lic. Class D Lic. Restrictions 1 CDL H	Veh Year 2020 Veh Make CHEVROLET Veh Config. 1
Operator GUERRINI, TREY J	Owner DONLEN TRUST
Address 16 WALNUT ST	Address 3000 LAKESIDE DR
City FOXBOROUGH State MA Zip 02035-2730	City BANNOCKBURN State IL Zip 60015-0000
Insurance Company ACE AMERICAN INSURANCE CO	Vehicle Action Prior to Crash 2
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 1 27 27 27
Citation # (If Issued) <u> </u>	Event Sequence 1 23 23 23 23 Test Status: 1 28
Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u>	Most Harmful Event 1 24 Type of Test: 29
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Driver Contributing Code 1 25 25 BAC Test Result: 30
	Susp. Alcohol: 1 31 Susp. Drug: 1 32
	Driver Distracted by 0 26 Towed from scene? 2 33

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

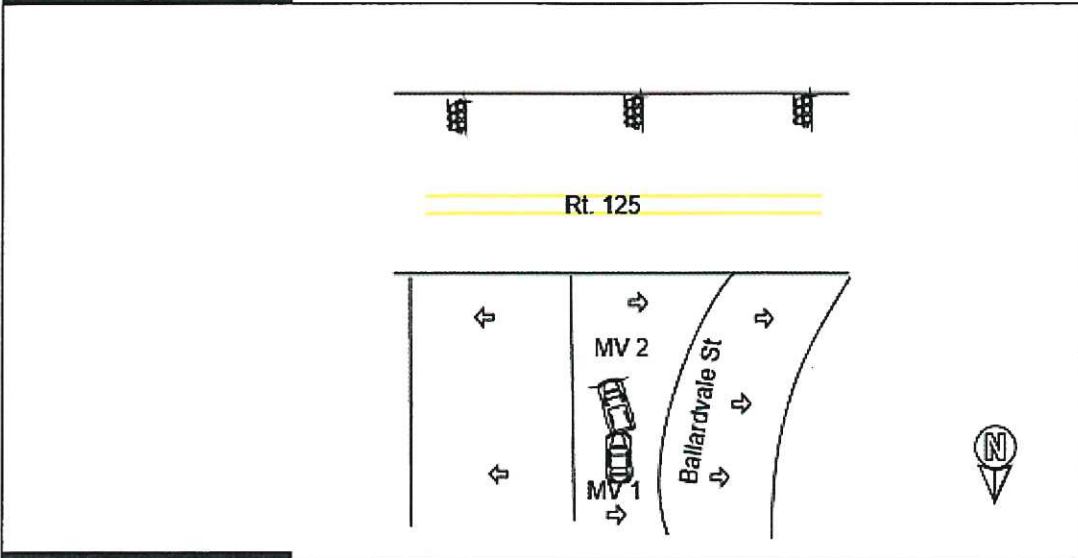
License # NHL12342071 St. NH DOB/Age <u> </u>	Reg # V55809 Reg Type CO Reg State MA
Sex M Lic. Class D Lic. Restrictions 99 CDL <u> </u>	Veh Year 2019 Veh Make FORD Veh Config. 2
Operator HALLIDAY, MICHAEL R	Owner DW LEASING CORP
Address 8 MEMORY LN	Address 100 BURTT RD ST APT G01
City HANCOCK State NH Zip 03449	City ANDOVER State MA Zip 01810-5920
Insurance Company ALLMERICA FINANCIAL BENE	Vehicle Action Prior to Crash 10
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 99 27 27 27
Citation # (If Issued) 829476AB	Event Sequence 1 23 23 23 23 Test Status: 1 28
Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub <u> </u>	Most Harmful Event 1 24 Type of Test: 29
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Driver Contributing Code 18 25 19 25 BAC Test Result: 30
	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 99 26 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
Operator/Non-Motorist	See Above	 	 	1	99	99	99	99	99	99	

→ = 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:

Operator of MV 1 stated that while he was stopped at the red light at the intersection of Ballardvale St and Rt 125, MV2 began to backup and backed into his vehicle. The operator of MV 1 was on the Southbound side of Ballardvale St in the right turn only lane behind the MV2. The operator of MV 1 stated that the truck backed up into the front of his vehicle and began to move into the left-hand turn lane at the intersection. The vehicle had damage to the front center.

I spoke to the Operator of MV 2 over the phone. The operator of MV 2 stated that while in the right turn only lane at the intersection of Ballardvale St and Rt. 125, he began to backup so he could move into the left-hand turn lane. The Operator of MV 2 stated that his backup camera was blurry due to the inclement weather and could not see behind him very well causing him to back into MV 1.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Wilmington Police Department
Images Associated with 23-53-AC



Police Use Only	Date of Crash 02/23/2023	Time of Crash 1425 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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"/>	
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>640</u> Direction _____ Address # <u>WOBURN ST</u> Name of Roadway/Street _____					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 _____					3 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 _____					3 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 _____ Landmark _____					3 11

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

Crash Report ID# **23-54-AC**

License # <u>S71288405</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 Endorsement _____ Operator <u>YOUNG, ROBERT WILLIAM</u> Address <u>640 WOBBURN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2963</u> Insurance Company <u>GREEN MOUNTAIN 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) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>876LN9</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>Jeep</u> Veh Config. <u>2</u> <u>21</u> Owner <u>YOUNG, ROBERT WILLIAM</u> Address <u>640 WOBBURN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2963</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>1</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>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>30</u> Driver Distracted by <u>0</u> <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
<i>Operator</i>	See Above	XXXXXX	XX	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>S93937633</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 Endorsement _____ Operator <u>DOBENS, JOSHUA LEE</u> Address <u>84 RUMFORD ST</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-5768</u> Insurance Company <u>LIBERTY MUTUAL PERSONAL I</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1VHL26</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>1998</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DOBENS, JOSHUA LEE</u> Address <u>84 RUMFORD ST</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-5768</u> Vehicle Action Prior to Crash <u>1</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>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>30</u> Driver Distracted by <u>0</u> <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/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<i>Operator/Non-Motorist</i>	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

Date of Crash: 02/23/2023 | Time of Crash: 1431 | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 1 | Number Injured: 0 | Speed Limit: 25 | State Police Local Police MBTA Police Campus Police Other:

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **23-55-AC**

<p>License # S12561597 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator DOHERTY, DAVID</p> <p>Address 65 FOREST ST</p> <p>City WILMINGTON State MA Zip 01887-2854</p> <p>Insurance Company THE HANOVER INSURANCE COM</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____</p> <p>Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____</p>	<p>Reg # 5GHN89 Reg Type PC Reg State MA</p> <p>Veh Year 2016 Veh Make NISSAN Veh Config. 1</p> <p>Owner DOHERTY, DAVID</p> <p>Address 65 FOREST ST</p> <p>City WILMINGTON State MA Zip 01887-2854</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 22 23 23 23 23</p> <p>Most Harmful Event 22 24</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0 26</p> <p>Damaged Area Code: 2 27 27 27</p> <p>Test Status: 1 28 29</p> <p>Type of Test: 1 30</p> <p>BAC Test Result: 1 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

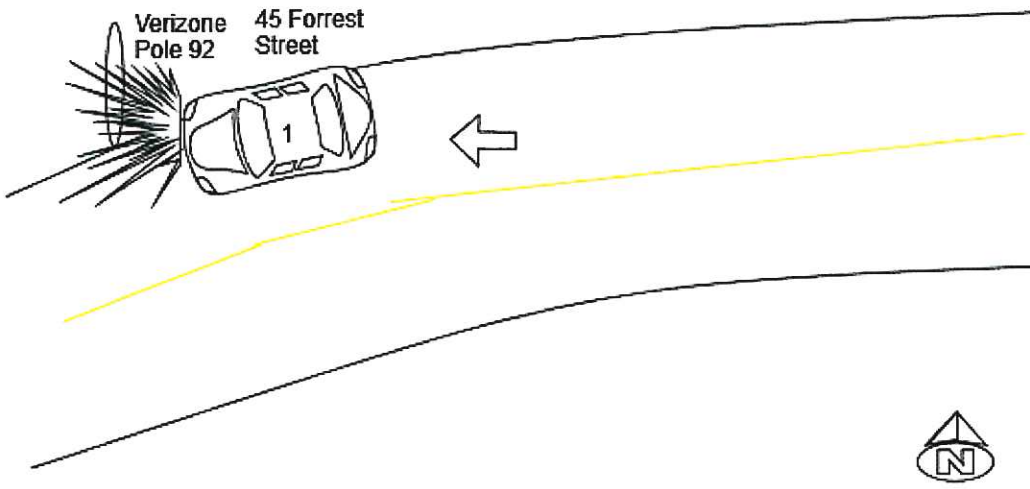
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____</p> <p>Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22</p> <p>Event Sequence 23 23 23 23</p> <p>Most Harmful Event 24</p> <p>Driver Contributing Code 25 25</p> <p>Driver Distracted by 26</p> <p>Damaged Area Code: 27 27 27</p> <p>Test Status: 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</p>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

→ = 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:

Motor vehicle 1 was traveling North on 45 Forrest Street and struck a utility pole causing damage to the front right side of the vehicle. Motor vehicle 1 stated he struck the front right passenger side of the utility pole due to the icy road.

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 Zachary A Leighton 227 Wilmington Police Department 02/23/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-55-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/23/2023	Time of Crash 2224 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		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 <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# <u>SALEM ST</u> 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 _____			_____ Feet _____ 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# **23-56-AC**

License # <u>S86694805</u> St <u>MA</u> DOB/Age _____	Reg # <u>5AZ256</u> Reg Type <u>PC</u> Reg State <u>MA</u>
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 _____	Veh Year <u>2018</u> Veh Make <u>CADILLAC</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>BENEDETTO, JASON MATTHEW</u> Last First Middle	Owner <u>BENEDETTO, JASON MATTHEW</u> Last First Middle
Address <u>4134 EVERGREEN DR APT 4134</u>	Address <u>4134 EVERGREEN DR APT 4134</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1179</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1179</u>
Insurance Company <u>INTEGON NATIONAL INSURANC</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>10</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>20</u> <u>23</u> <u>35</u> <u>23</u> <u>1</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) <u>T2749589</u>	Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Contributing Code <u>7</u> <u>25</u> <u>10</u> <u>25</u> Towed from scene? <u>1</u> <u>33</u>
	Driver Distracted by <u>99</u> <u>26</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<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>S62816040</u> St <u>MA</u> DOB/Age _____	Reg # <u>35VT86</u> Reg Type <u>PC</u> Reg State <u>MA</u>
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 _____	Veh Year <u>2017</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MOSCONE, DANIEL HENRY</u> Last First Middle	Owner <u>MOSCONE, DANIEL HENRY</u> Last First Middle
Address <u>176 MCCARTHY WAY</u>	Address <u>176 MCCARTHY WAY</u>
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876</u>	City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</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>
Citation # (If Issued) _____	Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Towed from scene? <u>2</u> <u>33</u>
	Driver Distracted by <u>0</u> <u>26</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/24/2023	Time of Crash 1336 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>212</u> Direction _____ Address # <u>MAIN 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# **23-57-AC**

License # <u>S31734384</u> St <u>MA</u> DOB/Age _____	Reg # <u>3APA97</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____	Veh Year <u>2008</u> Veh Make <u>FORD</u> Veh Config. <u>1</u>
Operator <u>DESANTIS, ALAINA MARIE</u>	Owner <u>DESANTIS, ALAINA MARIE</u>
Address <u>8 EVERETT AVE</u>	Address <u>8 EVERETT AVE</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1706</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1706</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>
	Driver Distracted by <u>0</u> <u>26</u>
	BAC Test Result: <u>1</u> <u>30</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	<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>S98200295</u> St <u>MA</u> DOB/Age _____	Reg # <u>2BYX70</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____	Veh Year <u>2007</u> Veh Make <u>MERCURY</u> Veh Config. <u>1</u>
Operator <u>MCPHEE, DONALD JOSEPH</u>	Owner <u>MCPHEE, MICHAEL ANTHONY</u>
Address <u>54 BOYLSTON LN APT 6</u>	Address <u>71 LYNN ST</u>
City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-5562</u>	City <u>PEABODY</u> State <u>MA</u> Zip <u>01960-5706</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>4</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) <u>830957AB</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub <u>89</u> <u>8</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24</u>	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub <u>90</u> <u>23</u> Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>4</u> <u>25</u> <u>25</u>
	Driver Distracted by <u>0</u> <u>26</u>
	BAC Test Result: <u>1</u> <u>30</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

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

Police Use Only

Date of Crash: 02/24/2023
 Time of Crash: 1806
 City/Town: **Wilmington**

Number Vehicles: 2
 Number Injured: 0

Speed Limit: 40
 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

280 **LOWELL ST**

Feet N S E W of _____ or _____

Mile Marker _____ Exit Number _____

Feet N S E W of _____

Route# _____ Intersecting Roadway/Street _____

Feet N S E W of _____

Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped

Crash Report ID# **23-58-AC**

License # **S87433685** St **MA** DOB/Age _____

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____

Operator **ALMARANTE, LUIS A**

Address **321 PROSPECT ST**

City **LAWRENCE** State **MA** Zip **01841-2022**

Insurance Company **GEICO GENERAL INSURANCE C**

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

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **2PVL97** Reg Type **PC** Reg State **MA**

Veh Year **2018** Veh Make **HONDA** Veh Config. **1**

Owner **ALMARANTE, LUIS A**

Address **321 PROSPECT ST**

City **LAWRENCE** State **MA** Zip **01841-2022**

Vehicle Action Prior to Crash **1**

Event Sequence **1** **23** **23** **23** **23**

Most Harmful Event **1** **24**

Driver Contributing Code **1** **25** **25**

Driver Distracted by **0** **26**

Damaged Area Code: **5** **27** **4** **27** **6** **27**

Test Status: **1** **28**

Type of Test: **29**

BAC Test Result: **1** **30**

Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **2** **33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	
CESAR CANELA	CARRUPHERS PL LAWRENCE, MA 01841		M	3	1	4	0	0	10	1	

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

License # **S17714324** St **MA** DOB/Age _____

Sex **M** Lic. Class **99** Lic. Restrictions **99** CDL Endorsement _____

Operator **BARRETO, RAFAEL**

Address **131 CHESTNUT ST APT 1**

City **EVERETT** State **MA** Zip **02149**

Insurance Company **GEICO GENERAL INSURANCE C**

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

Citation # (If Issued) **831392AB**

Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **2JVP73** Reg Type **PC** Reg State **MA**

Veh Year **2013** Veh Make **FORD** Veh Config. **1**

Owner **BARRETO, RAFAEL**

Address **131 CHESTNUT ST APT 1**

City **EVERETT** State **MA** Zip **02149**

Vehicle Action Prior to Crash **1**

Event Sequence **1** **23** **23** **23** **23**

Most Harmful Event **1** **24**

Driver Contributing Code **19** **25** **25**

Driver Distracted by **99** **26**

Damaged Area Code: **1** **27** **2** **27** **27**

Test Status: **1** **28**

Type of Test: **29**

BAC Test Result: **1** **30**

Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

Towed from scene? **1** **33**

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

