

Date of Crash 12/06/2022 Time of Crash 1720 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:

1 4
Route# Direction Name of Roadway/Street At
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
2 1
Route# Direction Name of Intersecting Roadway/Street

2 10
Route# Direction Address # Name of Roadway/Street
332 **LOWELL ST**
Feet **N S E W** of _____ of _____ or _____ Mile Marker Exit Number
1 11
Feet **N S E W** of _____ Route# Intersecting Roadway/Street
Feet **N S E W** of _____ Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-379-AC**

4 5
License # **S37017936** St **MA** DOB/Age **07/05/1981** Reg # **4GER54** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement
Veh Year **2022** Veh Make **TOYOTA** Veh Config. **1**
Operator **VARGAS, MARISSA A** Owner **VARGAS, MARISSA A**
Address **21 FAIRVIEW AVE** Address **21 FAIRVIEW AVE**
City **WILMINGTON** State **MA** Zip **01887-2443** City **WILMINGTON** State **MA** Zip **01887-2443**
Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **2** Damaged Area Code: **6 27 5 27 4 27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **99 29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

6 1

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	99	4	0	0	10	1	

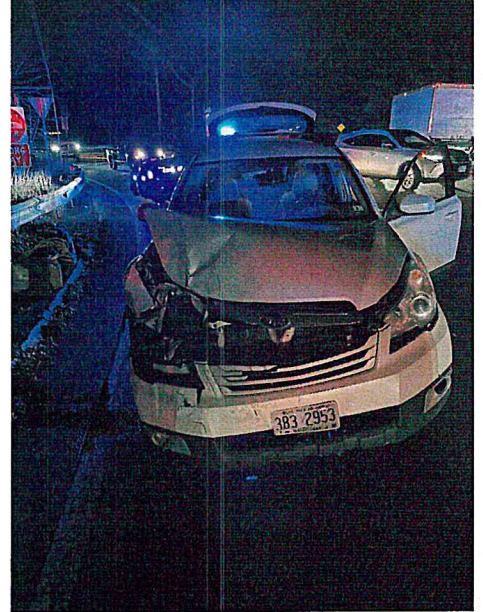
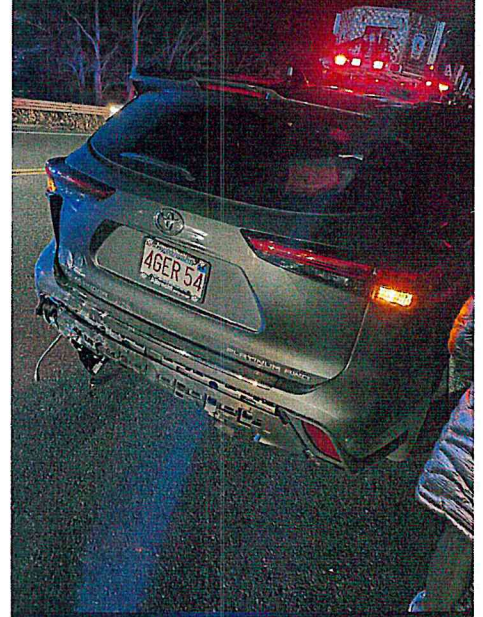
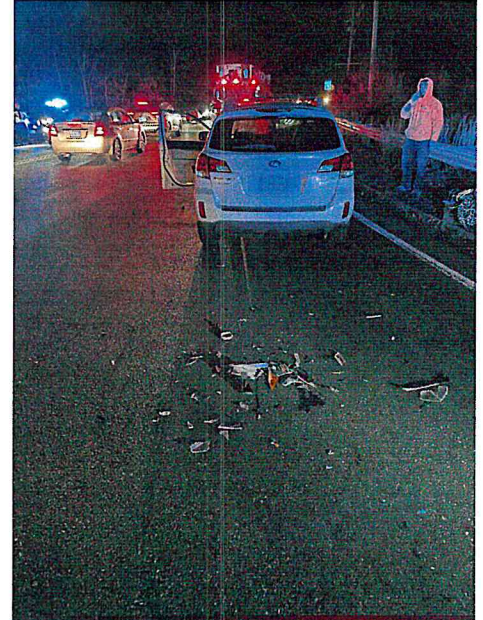
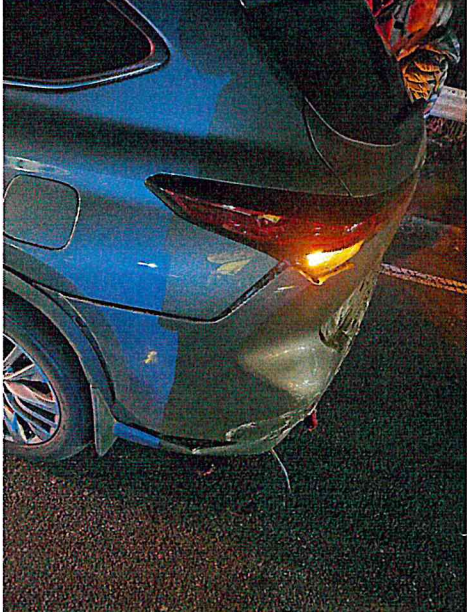
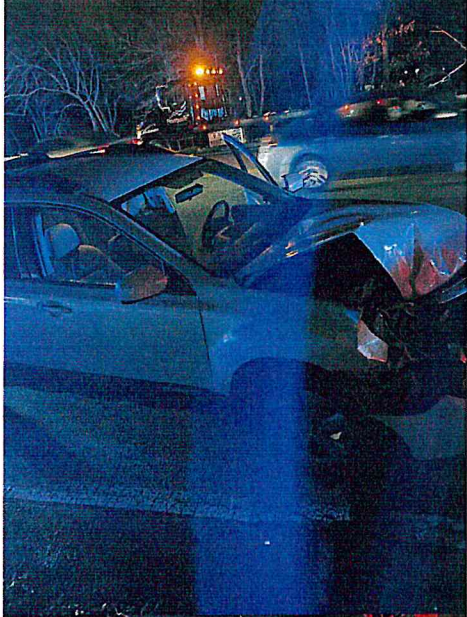
7 6 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 4
License # **S61158334** St **MA** DOB/Age **07/20/1983** Reg # **3832953** Reg Type **PC** Reg State **NH**
Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement
Veh Year **2012** Veh Make **SUBARU** Veh Config. **1**
Operator **STAIRS, CHRISTOPHER CHARLES** Owner **ECONOSAVE AUTOMOBILE LEASING & RENTALS LTD**
Address **15 DEXTER ST** Address **95 PLAISTOW RD ST APT 208**
City **WILMINGTON** State **MA** Zip **01887-3716** City **PLAISTOW** State **NH** Zip **03865**
Insurance Company **MAPRE** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 2 27 8 27**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **99 29**
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4 25 5 25** BAC Test Result: **1 30**
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9 2

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Operator/Non-Motorist	See Above			1	99	1	0	0	10	1	

Wilmington Police Department
Images Associated with 22-379-AC



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