

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 1 5 _____ At _____ **1 ROUTE 125 HWY**
 _____ At _____
 Route# Direction Name of Intersecting Roadway/Street _____ Feet N S W of _____ or _____ Exit Number
 _____ Also at Intersection with _____ Feet N S E W of _____ Mile Marker _____
 Route# Direction Name of Intersecting Roadway/Street _____ Feet N S E W of _____ Route# Intersecting Roadway/Street
 _____ Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-92-AC**

License # **S09829511** St **MA** DOB/Age _____ Reg # **LYDT63** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **HOLLAND, ANDREW CARTER** Owner **HOLLAND, ANDREW CARTER**
 Address **88 WILDWOOD RD** Address **88 WILDWOOD RD**
 City **ANDOVER** State **MA** Zip **01810-5125** City **ANDOVER** State **MA** Zip **01810-5125**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **27** 27
 Vehicle Travel Direction: N S 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: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

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 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **SA0930743** St **MA** DOB/Age _____ Reg # **1GXP72** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **Jeep** Veh Config. **1** 21
 Operator **ABBATE, QUINN LEWIS** Owner **ABBATE, PAUL EDMUND**
 Address **160 STETSON RD** Address **160 STETSON RD**
 City **NORWELL** State **MA** Zip **02061-2818** City **NORWELL** State **MA** Zip **02061-2818**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **27** 27
 Vehicle Travel Direction: N S 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: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **7** 25 **25** BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

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	1	4	0	0	10	1	

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ 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# **23-94-AC**

License # **S25535954** St **MA** DOB/Age _____ Reg # **5RAM40** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2004** Veh Make **FORD** Veh Config. **1**

Operator **WALSH, ARTHUR EDWARD** Owner **WALSH, ARTHUR EDWARD**

Address **17 SHEFFIELD DR** Address **17 SHEFFIELD DR**

City **BILLERICA** State **MA** Zip **01821** City **BILLERICA** State **MA** Zip **01821**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **4** **27** **27** **27**

Vehicle Travel Direction: 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 _____ 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

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	99	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 # **S18669883** St **MA** DOB/Age _____ Reg # **469KY8** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1**

Operator **BOUR, CHANNY** Owner **SOTH, SOPHAL**

Address **93 BLOSSOM ST** Address **93 BLOSSOM ST**

City **LOWELL** State **MA** Zip **01852-4519** City **LOWELL** State **MA** Zip **01852-4519**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **2** **27** **27** **27**

Vehicle Travel Direction: 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** **25** **19** **25** BAC Test Result: **1** **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **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

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	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-94-AC



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

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

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

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

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **23-95-AC**

License # **NHL11301354** St **NH** DOB/Ag. _____ Reg # **5061109** Reg Type **PC** Reg State **NH**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2023** Veh Make _____ Veh Config. **1**

Operator **MARTIN, KIMMARIA GATBONTON** Owner **MARTIN, KIMMARIA GATBONTON**

Address **18 FLINTLOCK RD** Address **18 FLINTLOCK RD**

City **SALEM** State **NH** Zip **03079** City **SALEM** State **NH** Zip **03079**

Insurance Company _____ Vehicle Action Prior to Crash **1** Damaged Area Code: 7 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

Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9** 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		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				1	1	4	0	0	10	1	
						3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **SA5980343** St **MA** DOB/Ag. _____ Reg # **2MKV78** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2014** Veh Make **Jeep** Veh Config. **1**

Operator **BLESSING, NICHOLAS DAVID** Owner **BLESSING, DAVID L JR**

Address **23 PARKWAY RD** Address **23 PARKWAY RD**

City **STONEHAM** State **MA** Zip **02180-2820** City **STONEHAM** State **MA** Zip **02180-2820**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** Damaged Area Code: 2 27 3 27 27

Vehicle Travel Direction: **N S X 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: 29

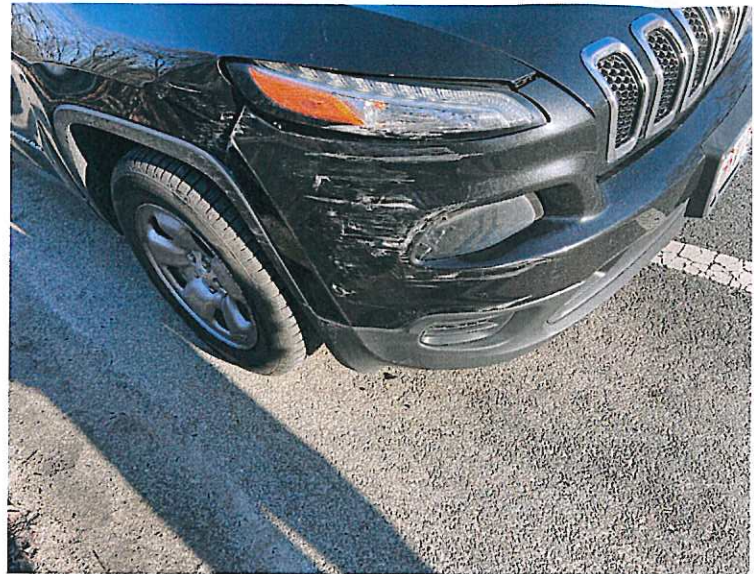
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **18** 25 25 BAC Test Result: 1 30

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		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				1	1	4	0	0	10	1	
					F	3	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-95-AC



Date of Crash 03/29/2023 Time of Crash 1710 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 2 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>BUTTERSROW</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>MAIN ST</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 <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>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **23-96-AC**

<p>License # <u>S23059226</u> St <u>MA</u> DOB/Ag _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>99</u> CDL _____</p> <p>Operator <u>FITCH, JACOB E</u></p> <p>Address <u>6 BAY ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2940</u></p> <p>Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>2SNT84</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>1991</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u></p> <p>Owner <u>FITCH, JACOB E</u></p> <p>Address <u>6 BAY ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2940</u></p> <p>Vehicle Action Prior to Crash <u>1</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>0</u></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	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>3</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 22 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

<p>License # <u>S12210760</u> St <u>MA</u> DOB/Ag _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>99</u> CDL _____</p> <p>Operator <u>JAGELER, SABINA SCHILLER</u></p> <p>Address <u>45 TOWPATH DR</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3917</u></p> <p>Insurance Company <u>LIBERTY MUTUAL INSURANCE</u></p> <p>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></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>6KE921</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2017</u> Veh Make <u>KIA</u> Veh Config. <u>1</u></p> <p>Owner <u>JAGELER, SABINA SCHILLER</u></p> <p>Address <u>45 TOWPATH DR</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3917</u></p> <p>Vehicle Action Prior to Crash <u>6</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>1</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>0</u></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	<u>1</u>	<u>99</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	
				<u>3</u>	<u>99</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Date of Crash 03/29/2023 Time of Crash 1710 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 2 Speed Limit 40 Latitude Longitude State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

BUTTERSROW
Route# Direction Name of Roadway/Street
At
MAIN ST
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# **23-96-AC**

License # **S87945824** St **MA** DOB/Ag _____ Reg # **1FJL11** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1** 21
Operator **FENTON, PHILIP ALAN SR** Owner **FENTON, PATRICIA ANN**
Address **111 CHESTNUT ST** Address **111 CHESTNUT ST**
City **WILMINGTON** State **MA** Zip **01887-3913** City **WILMINGTON** State **MA** Zip **01887-3913**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **7** 27 **27** 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: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **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	XXXXXX	XXXX	1	99	3	0	0	8	2	Lahey Clinic

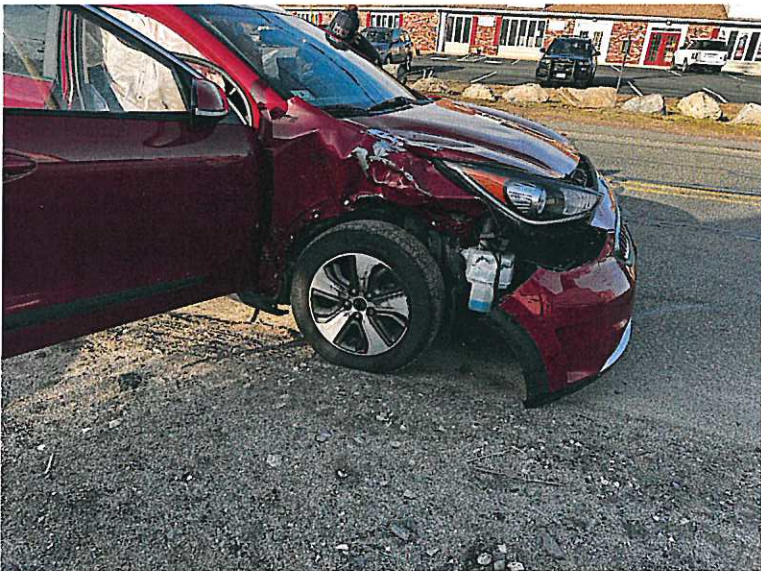
Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Ag _____ 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	XXXXXX	XXXX	1							

Wilmington Police Department
Images Associated with 23-96-AC



Wilmington Police Department
Images Associated with 23-96-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/30/2023	Time of Crash 1416 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>45</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 _____

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# _____ Direction _____ Address # <u>34</u> Name of Roadway/Street <u>ROUTE 62 HWY</u>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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 _____
		_____ 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 1 #Occupants Hit/Run Moped

Crash Report ID# **23-97-AC**

License # <u>S37322516</u> St <u>MA</u> DOB/A _____	Reg # <u>TC4880</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> ¹⁹ / ₉₉ Lic. Restrictions <u>1</u> ²⁰ / _{_____} CDL _____	Veh Year <u>2012</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> ²¹ / _{_____}
Operator <u>CUSHING, SUZANNE S</u> Last First Middle	Owner <u>CUSHING, SUZANNE S</u> Last First Middle
Address <u>9 BRIDLE PATH LN</u>	Address <u>9 BRIDLE PATH LN</u>
City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-1571</u>	City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-1571</u>
Insurance Company <u>THE HANOVER INSURANCE COM</u>	Vehicle Action Prior to Crash <u>1</u> ²² / _{_____} Damaged Area Code: <u>5</u> ²⁷ / ₂₇ ²⁷ / ₂₇
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> ²³ / ₂₃ ²³ / ₂₃ ²³ / ₂₃ Test Status: <u>1</u> ²⁸ / _{_____}
Citation # (If Issued) _____	Most Harmful Event <u>1</u> ²⁴ / _{_____} Type of Test: <u>29</u> / _{_____}
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> ³⁰ / _{_____} Susp. Alcohol: <u>2</u> ³¹ / _{_____} Susp. Drug: <u>2</u> ³² / _{_____}
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> ²⁵ / ₂₅ Driver Distracted by <u>0</u> ²⁶ / _{_____} Towed from scene? <u>2</u> 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	_____	_____	<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>SA5560746</u> St <u>MA</u> DOB/A _____	Reg # <u>4HJ946</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> ¹⁹ / ₉₉ Lic. Restrictions <u>1</u> ²⁰ / _{_____} CDL _____	Veh Year <u>2013</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> ²¹ / _{_____}
Operator <u>FITZGERALD, SHAE MAIRE</u> Last First Middle	Owner <u>FITZGERALD, STEPHANIE RENEE</u> Last First Middle
Address <u>8 MARIE DR</u>	Address <u>8 MARIE DR</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1414</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-0000</u>
Insurance Company <u>THE STANDARD FIRE INSURAN</u>	Vehicle Action Prior to Crash <u>1</u> ²² / _{_____} Damaged Area Code: <u>1</u> ²⁷ / ₂₇ ²⁷ / ₂₇
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> ²³ / ₂₃ ²³ / ₂₃ ²³ / ₂₃ Test Status: <u>1</u> ²⁸ / _{_____}
Citation # (If Issued) _____	Most Harmful Event <u>1</u> ²⁴ / _{_____} Type of Test: <u>29</u> / _{_____}
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> ³⁰ / _{_____} Susp. Alcohol: <u>2</u> ³¹ / _{_____} Susp. Drug: <u>2</u> ³² / _{_____}
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>20</u> ²⁵ / ₅ ²⁵ / ₂₅ Driver Distracted by <u>5</u> ²⁶ / _{_____} Towed from scene? <u>1</u> 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	_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Route# Direction **SHAWSHEEN AVE** Name of Roadway/Street
 At
 Route# Direction **MOORE ST** Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street
 Landmark

Please Select One of the Following: Vehicle 18 #Occupants Hit/Run Moped Crash Report ID# **23-98-AC**

License # **S54970626** St **MA** DOB/Age _____ Reg # **SB1A1BD** Reg Type **SB** Reg State **MA**
 Sex **M** Lic. Class **B** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2024** Veh Make **Other-not listed** Veh Config. **4** 21
 Operator **GRIMES, MICHAEL SCOTT** Owner **MIDWEST BUS SALES INC**
 Address **440 FOSTER RD** Address **23889 W 40TH ST**
 City **TEWKSBURY** State **MA** Zip **01876** City **SHAWNEE** State **KS** Zip **66226-2284**
 Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 27 10 27 27
 Vehicle Travel Direction: **N S X 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: **2** 29
 Viol. 1: Cl/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 2: Cl/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Cl/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Cl/Sec/Sub _____

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			1	1	4	0	0	10	1	
				11	7	5	0	0	10	1	
				11	7	5	0	0	10	1	
				11	7	5	0	0	10	1	

Please Select One of the Following: Vehicle 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **SB1A1BD** 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: Cl/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**
 Viol. 2: Cl/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Cl/Sec/Sub _____ Towed from scene? **1** **33**
 Viol. 4: Cl/Sec/Sub _____

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			1							
				11	7	5	0	0	10	1	
				11	7	5	0	0	10	1	
				11	7	5	0	0	10	1	

Date of Crash 03/31/2023	Time of Crash 0856 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	State Police Local Police MBTA Police Campus Police 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>				2 10	
At <u> </u>			Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> • <u> </u> or <u> </u>				3 11	
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 <u> </u>			Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u>				3 11	
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 18 #Occupants Hit/Run Moped Crash Report ID# **23-98-AC**

License # <u> </u> St <u> </u> DOB/Age <u> </u>	Reg # <u>SBI1A1BD</u> Reg Type <u> </u> Reg State <u> </u>
Sex <u> </u> Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL <u> </u> Endorsement <u> </u>	Veh Year <u> </u> Veh Make <u> </u> Veh Config. <u>21</u>
Operator <u> </u> Last <u> </u> First <u> </u> Middle <u> </u>	Owner <u> </u> Last <u> </u> First <u> </u> Middle <u> </u>
Address <u> </u>	Address <u> </u>
City <u> </u> State <u> </u> Zip <u> </u>	City <u> </u> State <u> </u> Zip <u> </u>
Insurance Company <u> </u>	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27 27 27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u> </u>	Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u>
Citation # (If Issued) <u> </u>	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u>	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Driver Contributing Code <u>25 25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>26</u> Towed from scene? <u>1 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	<input checked="" type="checkbox"/>	<u>1</u>							
				<u>11</u>	<u>7</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S95373544</u> St <u>MA</u> DOB/Age <u> </u>	Reg # <u>5DC528</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D 19 19</u> Lic. Restrictions <u>1 20</u> CDL <u> </u> Endorsement <u> </u>	Veh Year <u>2017</u> Veh Make <u>SUBARU</u> Veh Config. <u>1 21</u>
Operator <u>LEARY, EDWARD FRANCIS</u> Last <u> </u> First <u> </u> Middle <u> </u>	Owner <u>LEARY, MARY L</u> Last <u> </u> First <u> </u> Middle <u> </u>
Address <u>14 MOORE ST</u>	Address <u>14 MOORE ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3734</u>
Insurance Company <u>LIBERTY MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>6 22</u> Damaged Area Code: <u>1 27 2 27 8 27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1 23 23 23 23</u> Test Status: <u>1 28</u>
Citation # (If Issued) <u>889106AB</u>	Most Harmful Event <u>1 24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub <u>89 8</u> Viol. 2: Ch/Sec/Sub <u> </u>	BAC Test Result: <u>1 30</u>
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Driver Contributing Code <u>4 25 25</u> Susp. Alcohol: <u>2 31</u> Susp. Drug: <u>2 32</u>
	Driver Distracted by <u>99 26</u> Towed from scene? <u>1 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	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Date of Crash 03/30/2023	Time of Crash 2257 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 15	State Police Local Police MBTA Police Campus Police Other: _____
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# 5121 Direction EVERGREEN DR 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# **23-99-AC**

License # S82364908 St MA DOB/Age _____	Reg # 1713B Reg Type DL Reg State MA
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2006 Veh Make Other-not listed Veh Config. 1 21
Operator SMITH, BRYAN CHRISTOPHER Last First Middle	Owner DISCOUNT AUTO SALES Last First Middle
Address 5131 EVERGREEN DR	Address 73 N MAIN ST
City WILMINGTON State MA Zip 01887-1181	City MIDDLETON State MA Zip 01949-1718
Insurance Company REPUBLIC-FRANKLIN INS. CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2	Event Sequence 41 23 20 23 2 23 23 Test Status: 2 28
Citation # (If Issued) 888695AB	Most Harmful Event 2 24 Type of Test: 2 29
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24	BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 10 25 9 25 Susp. Alcohol: 1 31 Susp. Drug: 99 32
	Driver Distracted by 5 26 Towed from scene? 3 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			1	99	4	0	0	10	2	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 _____	Reg # 86L540 Reg Type PC Reg State MA
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2006 Veh Make KIA Veh Config. 1 21
Operator Driverless M.V. Last First Middle	Owner GIANNELLI, TERRY MARIE Last First Middle
Address _____	Address 19 LAKE ST APT 2
City _____ State _____ Zip _____	City WAKEFIELD State MA Zip 01880-3129
Insurance Company PROGRESSIVE DIRECT INSURA	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 8 27 7 27 6 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2	Event Sequence 2 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 2 24 Type of Test: 2 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 0 26 Towed from scene? 2 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			1	0	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/01/2023	Time of Crash 0105 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	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:		
129 W LOWELL ST Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			
At						
38 N MAIN ST 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 _____ or _____ Mile Marker Exit Number			
Also at Intersection with						
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 12 #Occupants Hit/Run Moped

Crash Report ID# **23-100-AC**

License # SA0300559 St MA DOB/Ag _____	Reg # 4SKR11 Reg Type PC Reg State MA
Sex F Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____	Veh Year 2023 Veh Make TOYOTA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21
Operator ASSILA, KARIMA	Owner ASSILA, FOUAD
Address 65 FOUNTAIN LN APT 5	Address 65 FOUNTAIN LN APT 2
City WEYMOUTH State MA Zip 02190-2130	City WEYMOUTH State MA Zip 02190-2130
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E	Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 97 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Responding to Emergency? <u>2</u>	Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Citation # (If Issued) _____	Test Status: <input type="checkbox"/> 28
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Type of Test: <input type="checkbox"/> 29
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	BAC Test Result: <input type="checkbox"/> 30
Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 12 <input type="checkbox"/> 25	Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32
Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26	Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33

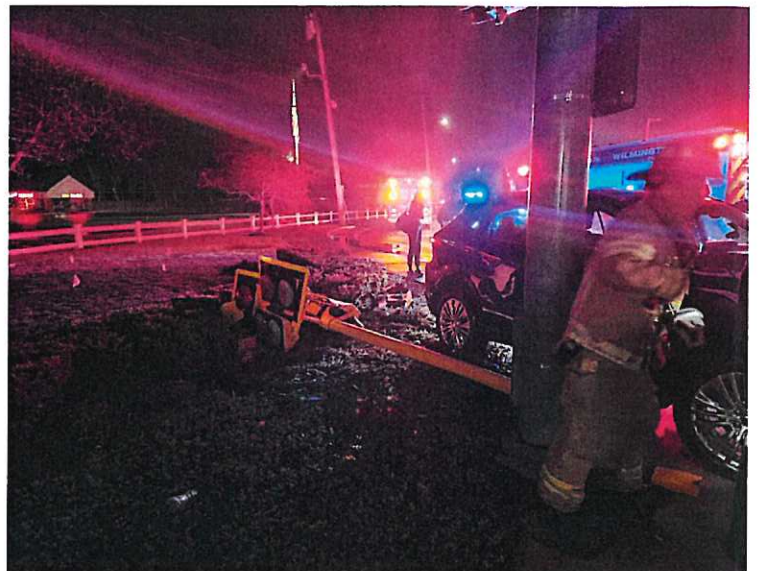
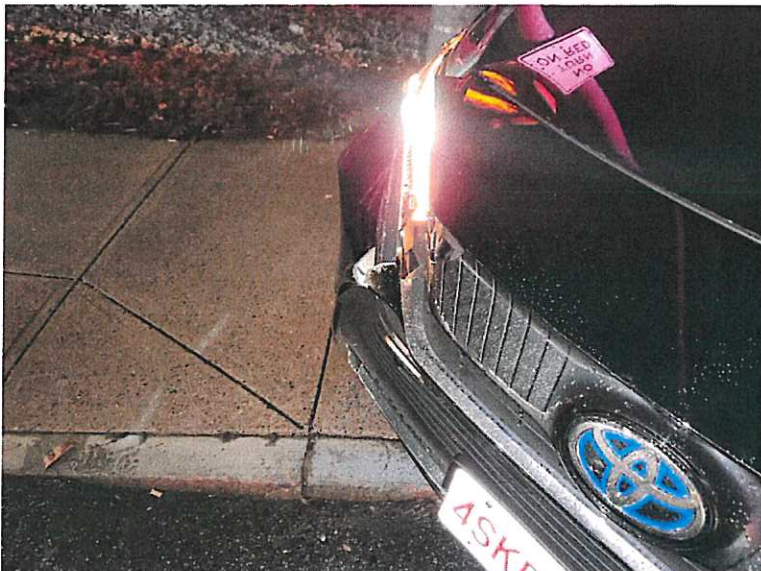
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1
DARCY SILVA		15 BUCKINGHAM DR BILLERICA, MA 01821-3201			6	0	4	0	0	8	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/Ag _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____	Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Responding to Emergency? _____	Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Citation # (If Issued) _____	Test Status: <input type="checkbox"/> 28
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Type of Test: <input type="checkbox"/> 29
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	BAC Test Result: <input type="checkbox"/> 30
Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25	Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32
Driver Distracted by <input type="checkbox"/> 26	Towed from scene? <input type="checkbox"/> 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1						

Wilmington Police Department
Images Associated with 23-100-AC



Wilmington Police Department
Images Associated with 23-100-AC



Date of Crash 04/01/2023 Time of Crash 0926 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 0 Speed Limit 10 Latitude Longitude State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# <u>31</u> Direction _____ Address # <u>FOXRUN DR</u> Name of Roadway/Street _____	2 10
	_____ 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 _____	7 11
	Also at Intersection with _____	Route# _____ Intersecting Roadway/Street _____	
2 3	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 _____	

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-101-AC**

License # **SA4850785** St **MA** DOB/Age _____ Reg # **1TCR49** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2011** Veh Make **FORD** Veh Config. **2**

Operator **GARCIA JUAREZ, ELBA B** Owner **GOMEZ-MENDEZ, MARIA CRISANTA**

Address **81 HAWTHORNE ST APT 2** Address **37 BAY VIEW AVE APT 1**

City **LYNN** State **MA** Zip **01902-3775** City **LYNN** State **MA** Zip **01902-3732**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10** Damaged Area Code: **99 27 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **23 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **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	XXXX	XX	1	99	99	99	99	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 _____ Lic. Restrictions _____ 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		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	XXXX	XX	1							

Wilmington Police Department
Images Associated with 23-101-AC



Police Use Only	Date of Crash 04/01/2023	Time of Crash 1151 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude +042.5219	Longitude -071.159	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:				LOCATION	NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>38</u> Direction <u>943</u> Address # <u>MAIN ST</u> 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 2 #Occupants Hit/Run Moped

Crash Report ID# **23-102-AC**

License # <u>SA7150359</u> St <u>MA</u> DOB/Age _____	Reg # <u>3PBJ94</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>I</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2009</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>BEALS, TYLER ROBERT</u> Last First Middle	Owner <u>BEALS, ROBERT DAVID</u> Last First Middle
Address <u>69 WEST ST</u>	Address <u>69 WEST ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3038</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3038</u>
Insurance Company <u>VERMONT MUTUAL INSURANCE</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>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>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 _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>5</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</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>

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>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</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 # <u>S11074811</u> St <u>MA</u> DOB/Age _____	Reg # <u>8LHW40</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>M</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2006</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>RYOU, TAESUNG MICHAEL</u> Last First Middle	Owner <u>RYOU, TAESUNG MICHAEL</u> Last First Middle
Address <u>3202 POULIOT PL</u>	Address <u>3202 POULIOT PL</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-0000</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-0000</u>
Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>2</u> <u>27</u> <u>1</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>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 _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <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>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>

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>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
<u>HYEONGU KANG</u>	<u>3202 POULIOT PL WILMINGTON, MA 01887</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>	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

945 Main St

Main Street (Route 38)



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:

MV1 and MV2 were both traveling north on Main Street in the area of 945. MV2 slowed due to stopped traffic ahead and MV1 rear ended MV2. MV2 was pushed off of the road into the brush where it struck stumps and shrubbery as a result of the collision. No parties complained of injury. MV 1 sustained moderate front end damage. MV2 sustained moderate front end damage and heavy rear end damage. Both vehicles were towed by A&S Towing.

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

Sergeant Matthew D Stavro

Police Officer Name (Please Print)

Signature

180

ID/Badge #

Wilmington Police Department

Department

04/01/2023

Date