

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 04/09/2023 Time of Crash 2041 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 Latitude Longitude

State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street 49 MARION ST Feet N S E W of Mile Marker Exit Number

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

Crash Report ID# 23-114-AC

License # SA9600934 St MA DOB/Age Sex F Lic. Class D Lic. Restrictions 99 CDL Endorsement Operator MEEHAN, HELEN VICTORIA Address 14 BEECHING AVE City WILMINGTON State MA Zip 01887-1323 Insurance Company ARBELLA MUTUAL INSURANCE

Reg # 283HH6 Reg Type PC Reg State MA Veh Year 2017 Veh Make BUICKS Veh Config. 1 Owner MEEHAN, PATRICIA J Address 14 BEECHING AVE City WILMINGTON State MA Zip 01887-1323

Vehicle Travel Direction: N X E 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

Vehicle Action Prior to Crash 10 Damaged Area Code: 6 27 27 27 Event Sequence 20 23 23 23 23 Test Status: 1 28 29 30 Most Harmful Event 23 BAC Test Result: 30 Driver Contributing Code 99 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 Towed from scene? 2 33

Table with columns: 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 row shows 'Operator' and 'See Above'.

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

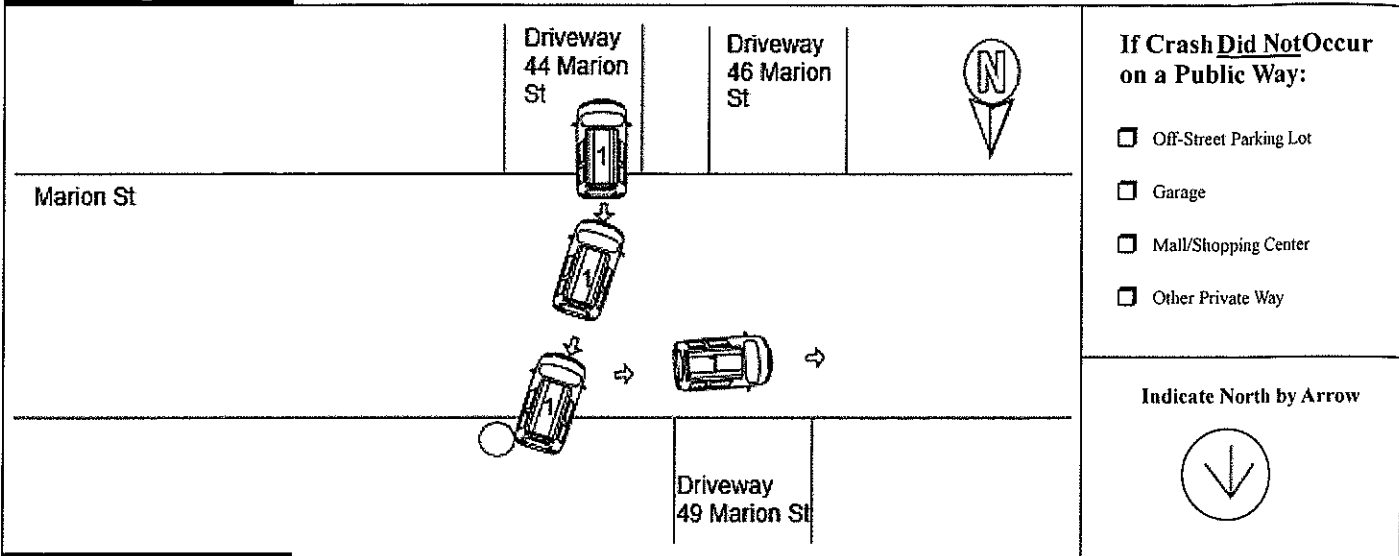
License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 29 30 Most Harmful Event 24 BAC Test Result: 30 Driver Contributing Code 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with columns: 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 row shows 'Operator/Non-Motorist' and 'See Above'.

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

**Crash Diagram:**



**Crash Narrative:**

4/9/23 @ appx. 8:35pm, MV1 backing out of driveway of 44 Marion St. MV1 backed into light pole and fled going south on Marion St. Pole knocked down in yard of 49 Marion St. OP1 unaware struck pole, just believed struck curb. OP1 received call from friend at 44 Marion St informing struck pole. OP1 checked damage to MV1 then drove to PD to report. Pole laying in yard but light still operational. RMLD notified. Pole not a hazard. Damage to vehicle cosmetic only. OP1 stated not injured. See 23-417-OF.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
FANIKOS NICHOLAS JAMES	44 MARION ST WILMINGTON MA 01887-3148		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING MUNICIPAL LIGHT DEPT	230 ASH ST READING MA 01867		4	LIGHT POLE

**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 Joseph A Fitzgerald          215          Wilmington Police Department          04/09/2023  
 Police Officer Name (Please Print)          Signature          ID/Badge #          Department          Precinct/Barracks          Date

Wilmington Police Department  
Images Associated with 23-114-AC



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

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

Route# Direction Address # Name of Roadway/Street  
 Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street  
 Feet  N  S  E  W of \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# **23-115-AC**

License # **S64201445** St **MA** DOB/Age \_\_\_\_\_ Reg # **4731B** Reg Type **AP** Reg State **MA**  
 Sex **M** Lic. Class **A** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **Other-not listed** Veh Config. **13**  
 Operator **HIRALDO, PEDRO ALEXANDER** Owner **TCF NATIONAL BANK**  
 Address **221 FARNHAM ST** Address **11100 WAYZATA BLVD ST APT 801**  
 City **LAWRENCE** State **MA** Zip **01843-0000** City **MINNETONKA** State **MN** Zip **55305-0000**  
 Insurance Company **THE TRAVELERS INDEMNITY C** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** **27** **27** **27**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **22** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **22** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** **25** **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 and all occupants involved

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

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class \_\_\_\_\_ 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>							



Wilmington Police Department  
Images Associated with 23-115-AC



Wilmington Police Department  
Images Associated with 23-115-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 446 MAIN ST  
 Feet N S E W of Mile Marker Exit Number  
 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 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# **23-116-AC**

License # **S18226734** St **MA** DOB/Ag Reg # **8VBF50** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **CHOW, EDWARD CHUNG-NAM** Owner **CHOW, EDWARD CHUNG-NAM**  
 Address **50 REDWOOD LN** Address **50 REDWOOD LN**  
 City **SEEKONK** State **MA** Zip **02771-3235** City **SEEKONK** State **MA** Zip **02771-3235**  
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 4 27 3 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: 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			1	99	4	0	0	10	1	

Please Select One of the Following:  Vehicle 2 1 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # **S98786245** St **MA** DOB/Ag Reg # **481Y** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2022** Veh Make **BMW** Veh Config. **1** 21  
 Operator **ARMANO, KRISTEN M** Owner **ARMANO, KRISTEN M**  
 Address **9 LANDERS RD** Address **9 LANDERS RD**  
 City **STONEHAM** State **MA** Zip **02180-1409** City **STONEHAM** State **MA** Zip **02180-1409**  
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 2 27 3 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 Driver Contributing Code **99** 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

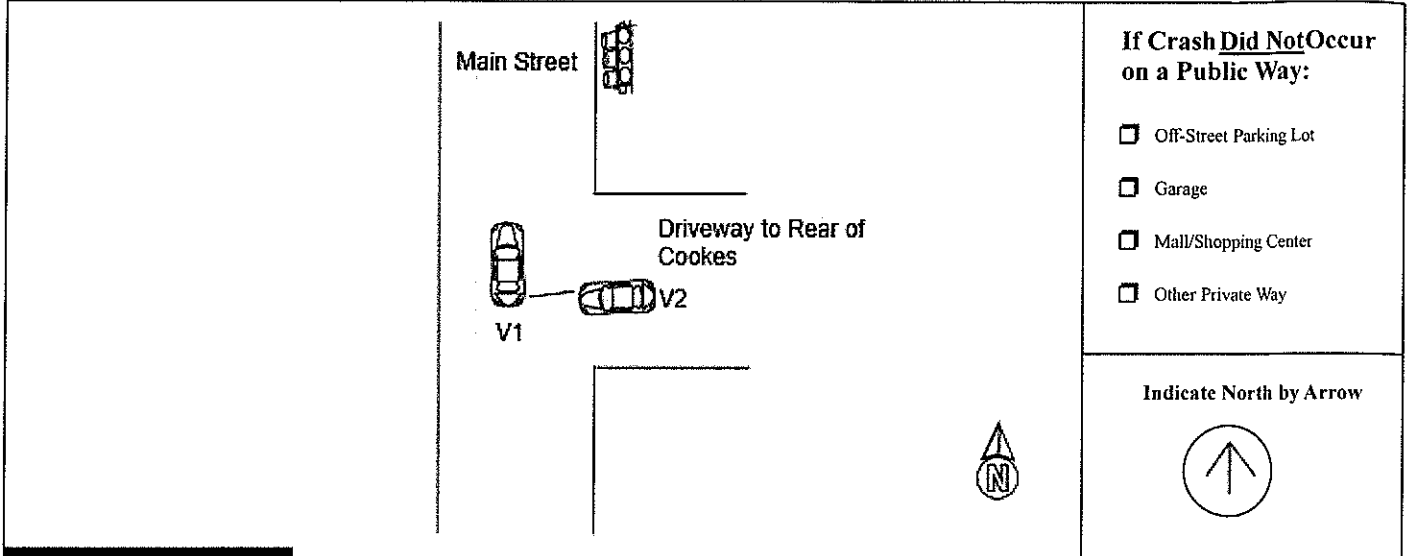
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			1	99	4	0	0	10	1	



→ = Direction    [1] = Vehicle 1    [2] = Vehicle 2    ○ = Pedestrian    🚲 = Bicycle

**Crash Diagram:**

ie: → [1] → [2] → ○ → 🚲



**Crash Narrative:**

Sir, V1 came to Headquarters and reported V2 pulled out of a driveway and struck the rear of V1 while he was travelling on Main Street towards Burlington Av. V1 stated V2 left the scene. A short time later V2 called Headquarters by phone and reported she was involved in a crash. V2 came to Headquarters to give her side of the incident. V2 stated she was pulling out of the driveway from Cookes Skate onto Main Street to take a left onto Main Street. V2 stated V1 struck her when she pulled out. Main Street is two lanes where the driveway meets it. V2 was able to navigate through the first lane but not the second. V2 was in the second lane in anticipation of taking a left at the top of the intersection onto Burlington Ave. Neither operator reported any injuries. V2 claims V1 left the scene. Both involved operators are claiming the other left the scene.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Paul Macgilvray 221 Wilmington Police Department 04/10/2023  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 04/10/2023 Time of Crash 1625 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 20 State Police  Local Police  MBTA Police  Campus Police  Other   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**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>482</u> Name of Roadway/Street <u>MIDDLESEX AVE</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>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</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 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# **23-117-AC**

<p>License # <u>S00314815</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>HINKLE, JAMES T</u></p> <p>Address <u>3 WHITE PINE DR</u></p> <p>City <u>GEORGETOWN</u> State <u>MA</u> Zip <u>01833-1712</u></p> <p>Insurance Company <u>THE STANDARD FIRE INSURAN</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input 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>1CAD42</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2017</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u></p> <p>Owner <u>HINKLE, PAMELA J</u></p> <p>Address <u>3 WHITE PINE DR</u></p> <p>City <u>GEORGETOWN</u> State <u>MA</u> Zip <u>01833-1712</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>1</u></p>
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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			1	0	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

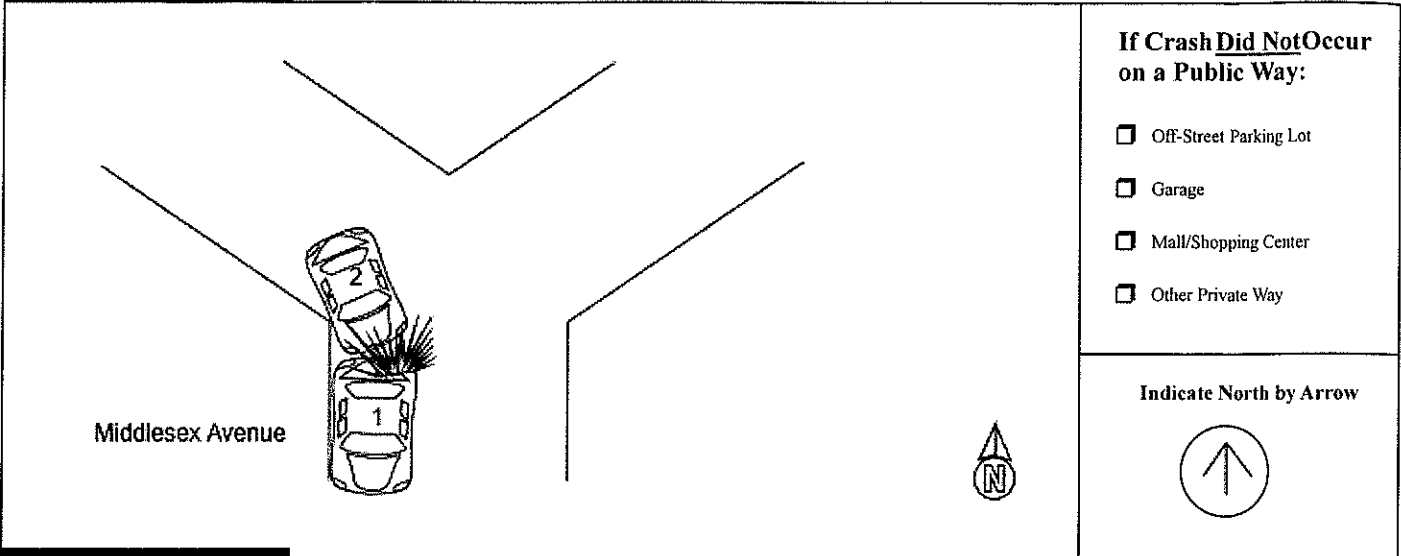
<p>License # <u>S68185567</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>JOBES, JAMES M</u></p> <p>Address <u>8 WESTMINSTER RD</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3012</u></p> <p>Insurance Company <u>ARBELLA MUTUAL INSURANCE</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input 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>2EZJ27</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2018</u> Veh Make <u>CHRYSLER</u> Veh Config. <u>1</u></p> <p>Owner <u>HANNON, APRIL MAY</u></p> <p>Address <u>8 WESTMINSTER RD</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3012</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/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	0	4	0	0	10	1	

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

**Crash Diagram:**

ie: → 1 → 2 → O → B



**Crash Narrative:**

MV 1 was traveling North onto Middlesex Aveune. While MV1 made a complete stop to yield, MV2 hit MV1, striking the operator's rear side of the vehicle.MV1 and MV2 drove away from the scene,not requiring a tow. All parties involved refused medical attention. No air bag was deployed.

**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/ACC #: \_\_\_\_\_

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    04/10/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 23-117-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# Direction **I93NBR31 RAMP** Name of Intersecting Roadway/Street

Also at Intersection with

2 1 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# **23-118-AC**

License # **NHL19221921** St **NH** DOB/Age \_\_\_\_\_ Reg # **5094758** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2020** Veh Make **DODGE** Veh Config. **1** 21

Operator **CLARKE, ELLIOT JAMES** Owner **GRAINGER, ERIN SUE**

Address **23 ROCKY RIDGE RD** Address **1003A LACONIA RD**

City **WINDHAM** State **NH** Zip **03087** City **TILTON** State **NH** Zip **03276**

Insurance Company **STATE FARM** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **4** 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: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** 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? **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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S44448668** St **MA** DOB/Age \_\_\_\_\_ Reg # **2JLW69** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2023** Veh Make **Land Rover** Veh Config. **1** 21

Operator **KARIMOVA, IRYNA** Owner **KARIMOVA, IRYNA**

Address **175 NORTH AVE APT 305** Address **175 NORTH AVE APT 305**

City **WAKEFIELD** State **MA** Zip **01880-3251** City **WAKEFIELD** State **MA** Zip **01880-3251**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 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: **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

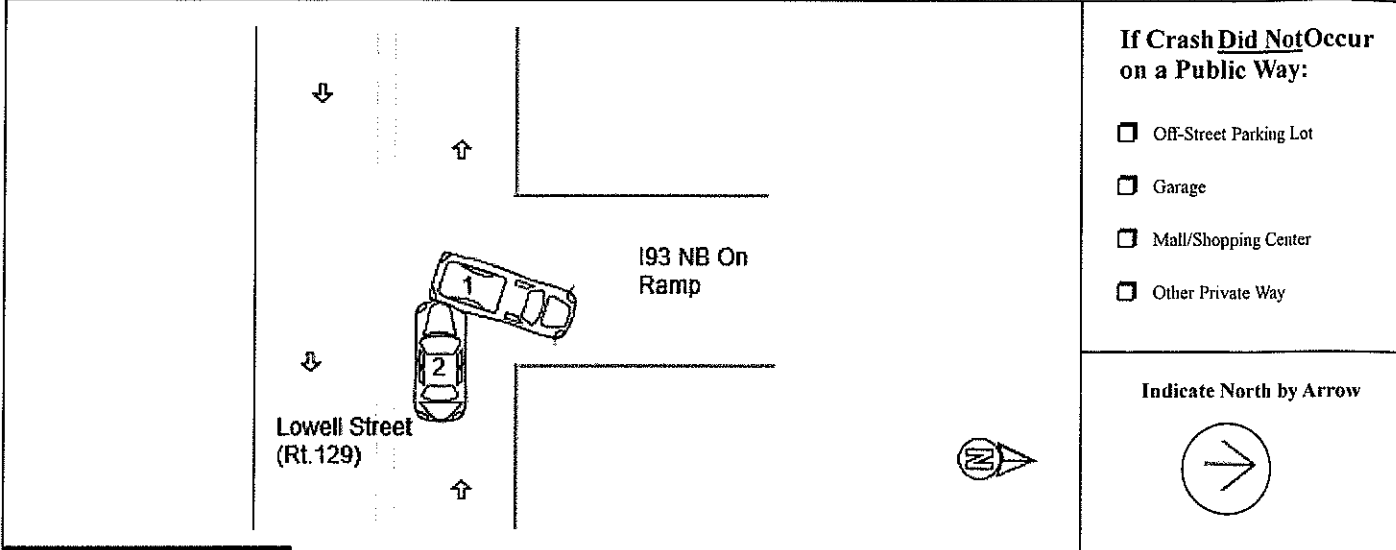
Towed from scene? **1** 33

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**



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

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

**Crash Narrative:**

Vehicle 1 was turning left onto the I93NB on ramp, and vehicle 2 was traveling west on Lowell Street. Vehicle 1 began to turn and crossed into vehicle 2's lane of travel. Vehicle 2 collided with vehicle 1. The front of vehicle 2 struck the right rear of vehicle 1. Both operators declined medical attention and no airbags were deployed. Both Vehicles were towed from the scene by A&S Towing due to being inoperable from the damage. Operators arranged for private rides from the scene.

**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 \_\_\_\_\_ MCMX/ACC #: \_\_\_\_\_

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 Michael R DiLorenzo          217          Wilmington Police Department          04/13/2023  
 Police Officer Name (Please Print)          Signature          ID/Badge #          Department          Precinct/Barracks          Date

Wilmington Police Department  
Images Associated with 23-118-AC



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash **04/14/2023** Time of Crash **1231** City/Town **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet **NSEW** of \_\_\_\_\_ or \_\_\_\_\_

Mile Marker Exit Number

Feet **NSEW** of \_\_\_\_\_

Route# Intersecting Roadway/Street

Feet **NSEW** of \_\_\_\_\_

Landmark

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

Crash Report ID# **23-119-AC**

License # **SA9040496** St **MA** DOB/Age \_\_\_\_\_

Sex **F** Lic. Class **99** Lic. Restrictions **20** CDL \_\_\_\_\_

Operator **GOMES DA SILVA, TAYNA**

Address **54 FIRST AVE**

City **WOONSOCKET** State **RI** Zip **02155-6328**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Travel Direction:  **S E 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 # **3XPV68** Reg Type **PC** Reg State **MA**

Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1**

Owner **GOMES DA SILVA, TAYNA**

Address **54 FIRST AVE**

City **WOONSOCKET** State **RI** Zip **02155-6328**

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** **27** **27**

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

Type of Test: **1** **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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S83565706** St **MA** DOB/Age \_\_\_\_\_

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_

Operator **VELOZO, JOANN M**

Address **70 GEORGIA RD**

City **TEWKSBURY** State **MA** Zip **01876-4119**

Insurance Company **UTICA NATIONAL ASSURANCE**

Vehicle Travel Direction:  **S E 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 # **185S80** Reg Type **PC** Reg State **MA**

Veh Year **2020** Veh Make **HONDA** Veh Config. **1**

Owner **VELOZO ENTERPRISES INC**

Address **936 MAIN ST**

City **WOBURN** State **MA** Zip **01801-1221**

Vehicle Action Prior to Crash **2**

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** **27** **27**

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

Type of Test: **1** **29**



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



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

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

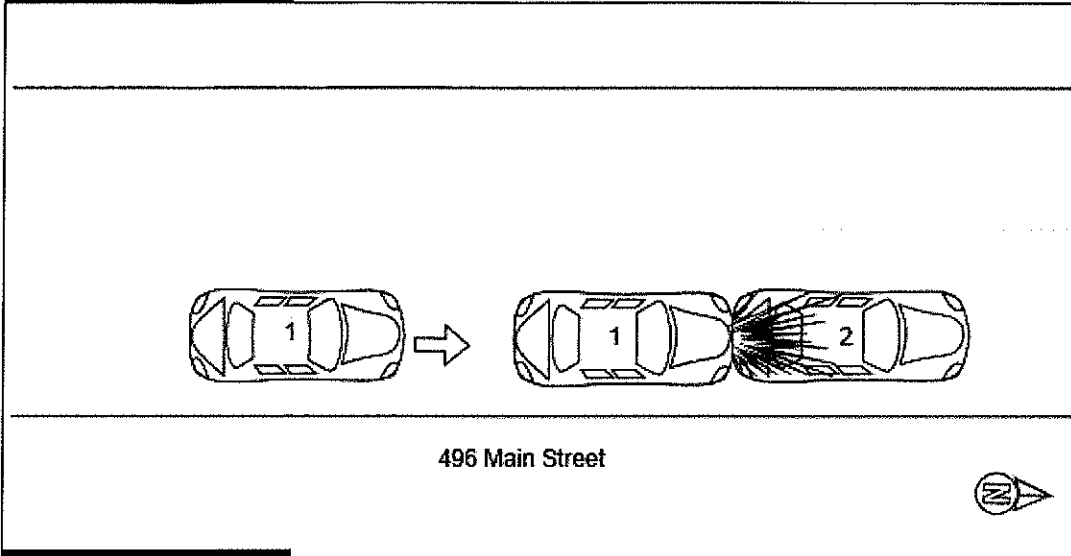
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>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



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

ie:    →  1    →  2    →     → 

**Crash Diagram:**



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

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

**Indicate North by Arrow**



**Crash Narrative:**

Vehicles 1 and 2 were traveling north on Main street when vehicle 2 encountered traffic ahead of them. Vehicle 2 began to slow down to stop in the area of 496 Main street. Vehicle 1 did not react fast enough to vehicle 2 stopping and ended up rear ending vehicle 2. Both vehicles recieved very minor damage with no airbag deployment. Neither vehicle was towed from the scene but the operator of vehicle 1 was given permission from the property owners at 496 Main Street to leave her vehicle in the parking lot due to her not having the proper ID to drive the vehicle.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

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

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

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

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Thomas Lawrenson    222    Wilmington Police Department    04/14/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date