

Date of Crash **04/17/2023** Time of Crash **1349** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **2** Speed Limit **35** State Police
 24HR **Police Report** Latitude _____ Local Police
 Longitude _____ MBTA Police
 Other: _____ Campus Police

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 style="text-align: center;">260 MAIN ST</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# **23-120-AC**

<p>License # S13399137 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions B CDL _____</p> <p>Operator TRODELLA, CAROL ANN</p> <p>Address 37 BENTON CIR</p> <p>City READING State MA Zip 01867-1508</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</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 # 649VT2 Reg Type PC Reg State MA</p> <p>Veh Year 2014 Veh Make MAZDA Veh Config. 1</p> <p>Owner TRODELLA, CAROL ANN</p> <p>Address 37 BENTON CIR</p> <p>City READING State MA Zip 01867-1508</p> <p>Vehicle Action Prior to Crash 4</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0</p>
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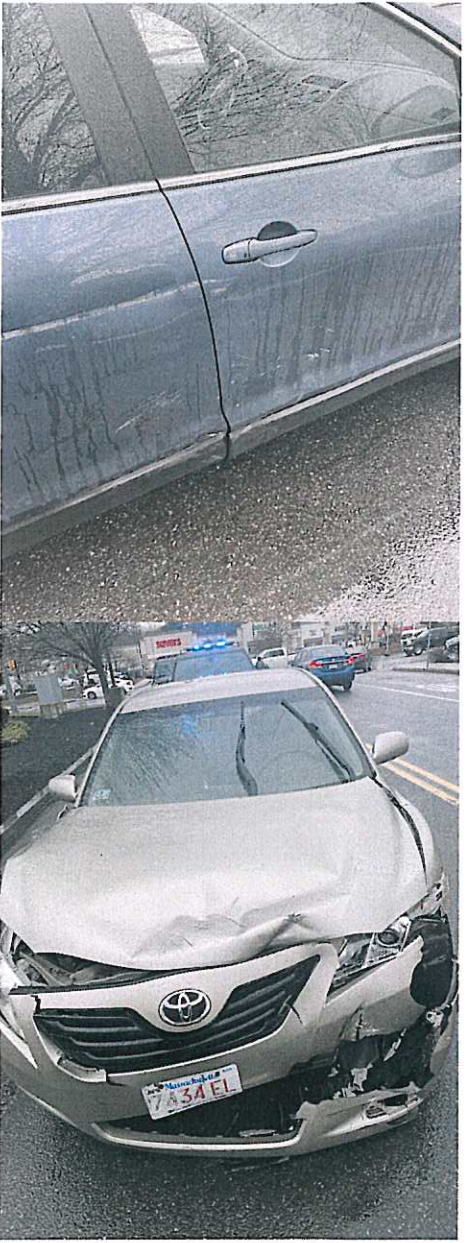
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	99	4	0	0	8	1	

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

<p>License # S26236717 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions B CDL _____</p> <p>Operator GEORGE, MARGARET MARY</p> <p>Address 3211 EVERGREEN DR</p> <p>City WILMINGTON State MA Zip 01887-1177</p> <p>Insurance Company CITIZENS INSURANCE COMPAN</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</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 # 7434EL Reg Type PC Reg State MA</p> <p>Veh Year 2007 Veh Make TOYOTA Veh Config. 1</p> <p>Owner GEORGE, MARGARET MARY</p> <p>Address 3211 EVERGREEN DR</p> <p>City WILMINGTON State MA Zip 01887-1177</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 19 25 4 25</p> <p>Driver Distracted by 99</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	XX	1	99	4	0	0	8	1	

Wilmington Police Department
Images Associated with 23-120-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **04/18/2023** Time of Crash **0845** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **1** Speed Limit **25**
 Latitude _____ Longitude _____
 State Police Local Police
 MBTA Police Campus Police
 Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

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# **1** Direction _____ Address # **AVALON DR** Name of Roadway/Street _____
 _____ Feet **NSEW** of _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **NSEW** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **NSEW** of _____ Landmark _____

2 10

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2

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

Crash Report ID# **23-121-AC**

4

License # **NHL13944501** St **NH** DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____
 Endorsement _____
 Operator **FOSTER, MICHAEL P**
 Last First Middle
 Address **185 LAWRENCE RD**
 City **SALEM** State **NH** Zip **03079**
 Insurance Company **LIBERTY MUTUAL FIRE INSUR**
 Vehicle Travel Direction: N 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 # **S88720** Reg Type **CO** Reg State **MA**
 Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1** **21**
 Owner **VERIZON SERVICES CORP**
 Last First Middle
 Address **2200 W. AIRFIELD DRIVE 1ST FLO**
 City **DFW AIRPORT** State **TX** Zip **75261-0000**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **1** **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

1 12

1 13

6

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	1	1	1	0	0	8	2	Lahey Clinic

7

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

License # **S11254390** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____
 Endorsement _____
 Operator **STRIBLEY, TYLER DEACON**
 Last First Middle
 Address **6132 AVALON DR APT 6132**
 City **WILMINGTON** State **MA** Zip **01887-1165**
 Insurance Company **SAFETY INSURANCE COMPANY**
 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 _____

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	1	1	3	0	0	10	1	

1 14

9

Date of Crash **04/19/2023** Time of Crash **1831** 24HR City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **1** Number Injured **1** Speed Limit **30** State Police
Latitude _____ MBTA Police
Longitude _____ 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 # 668 Name of Roadway/Street WOBURN ST</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 style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</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# **23-122-AC**

<p>License # SA6870275 St MA DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____</p> <p>Operator LUTHER, RUSSELL LEE</p> <p style="text-align: center;">Last First Middle</p> <p>Address 37 ADAMS ST</p> <p>City LAWRENCE State MA Zip 01843-1923</p> <p>Insurance Company LM GENERAL INSURANCE COMP</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) 928217AB</p> <p>Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 90 24</p> <p>Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 2P9339 Reg Type MC Reg State MA</p> <p>Veh Year 2021 Veh Make HARLEY-DAVIDSON Veh Config. 3 21</p> <p>Owner BRADISH, MARYALICE K</p> <p style="text-align: center;">Last First Middle</p> <p>Address 37 ADAMS ST</p> <p>City S LAWRENCE State MA Zip 01843-1923</p> <p>Vehicle Action Prior to Crash 4 22 Damaged Area Code: 11 27 27 27</p> <p>Event Sequence 31 23 40 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 31 24 Type of Test: 29</p> <p>Driver Contributing Code 14 25 9 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 1 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	5	5	1	0	7	2	Lahey Clinic

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

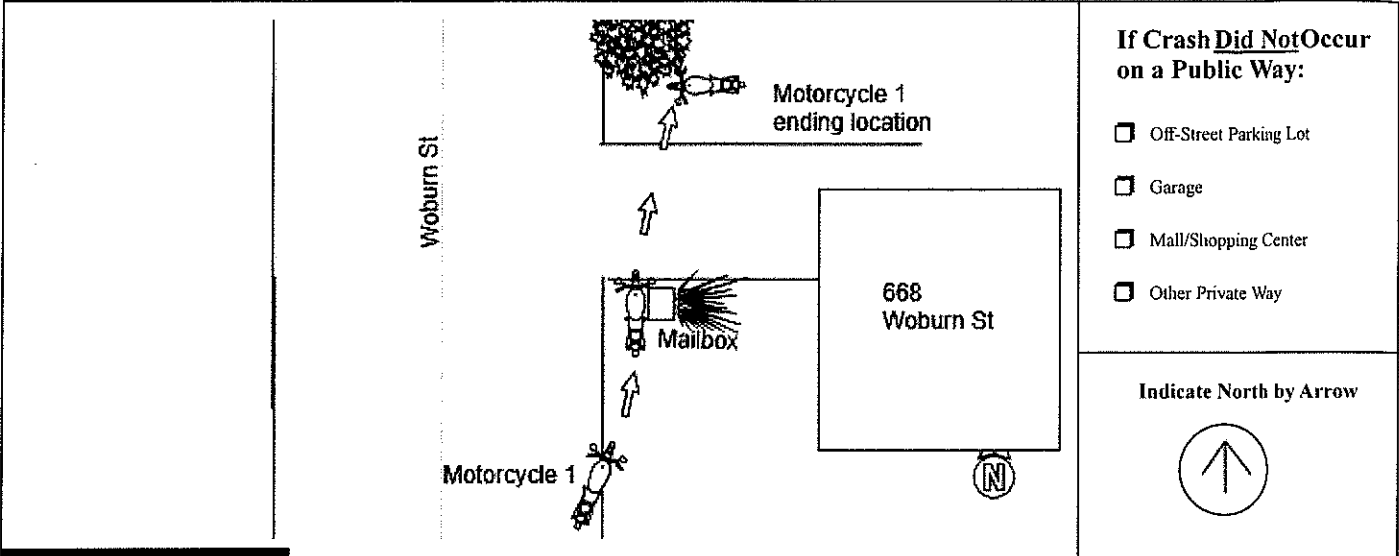
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 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 O X = Pedestrian ☹ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X → ☹



Crash Narrative:

On April 19, 2023, at approximately 6:30PM Vehicle 1 (MA Motorcycle Reg 2P9339) was traveling north on Woburn Street when it veered off the road in front of 668 Woburn Street. At the time the vehicle veered off the road, it collided with a mailbox and traveled into the wooded area next to the residence.

The operator suffered major injuries such as facial trauma and road rash on their arms. The operator was transported to Lahey Medical center for treatment. Photos of the accident are attached.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BAUER JOSEPH ROBERT	668 WOBURN ST WILMINGTON MA 01887		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
BAUER JOSEPH ROBERT	668 WOBURN ST WILMINGTON MA 01887		97	MAILBOX

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

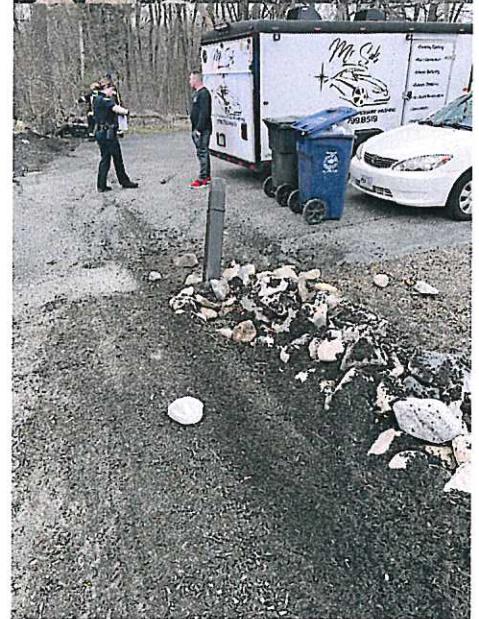
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Christopher k Miccichi 232 Wilmington Police Department 04/19/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-122-AC



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

Route# Direction **MIDDLESEX AVE** Name of Roadway/Street
 At
 Route# Direction **JEFFERSON RD** 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 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# **23-123-AC**

License # **S45718642** St **MA** DOB/Age _____ Reg # **M8111A** Reg Type **CI** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2013** Veh Make **FORD** Veh Config. **2**
 Operator **CAVANAUGH, SAMANTHA PAIGE** Owner **WILMINGTON TOWN OF DEPT POLICE**
 Address **1 ADELAIDE ST** Address **1 ADELAIDE ST**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-2719**
 Insurance Company **MIIA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 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 _____ Driver Contributing Code **5** 25 25 BAC Test Result: **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
Operator	See Above			1	1	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

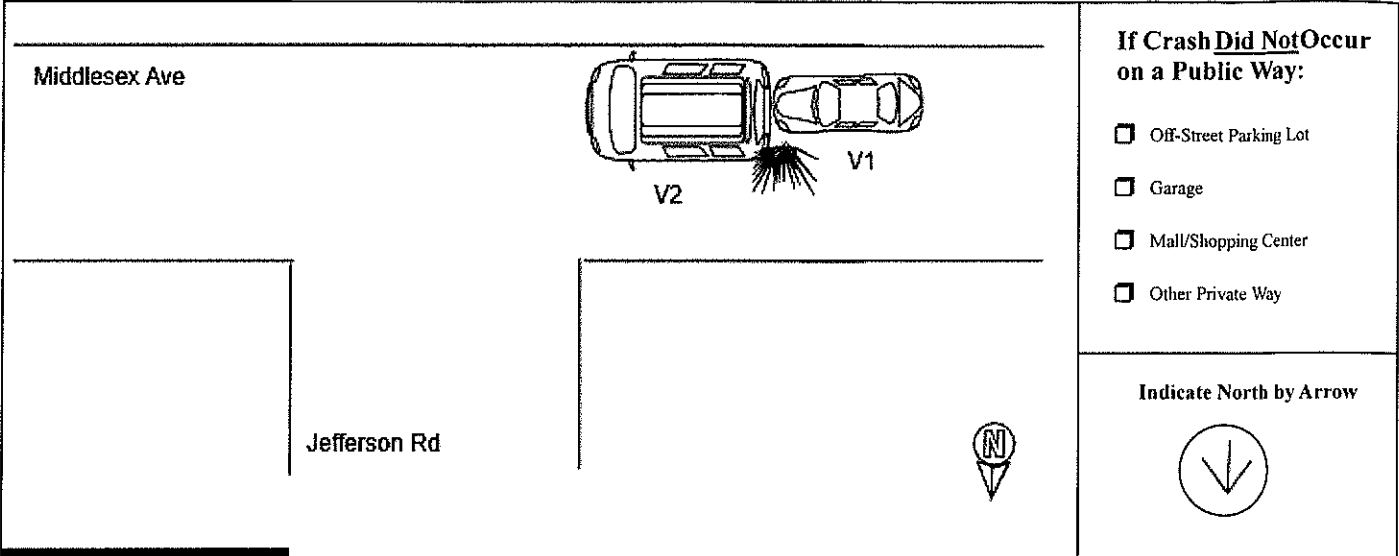
License # **NHL18731789** St **NH** DOB/Age _____ Reg # **S67783** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2017** Veh Make **Other-not listed** Veh Config. **6**
 Operator **MITIAEV, ALEXANDRE** Owner **UNITED PARCEL SERVICE INC**
 Address **410 ELK RUN RD** Address **15 ARLINGTON ST**
 City **HUDSON** State **NH** Zip **03051** City **WATERTOWN** State **MA** Zip **02472-5002**
 Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **0** 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 _____ Driver Contributing Code **1** 25 25 BAC Test Result: **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
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian 🚲 = Bicycle

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○ ○ ○ ➔ 🚲



Crash Narrative:

V1 & V2 were traveling east on Middlesex Avenue. V2 stopped to turn left on to Jefferson Road. V1 rear ended V2. V2 sustained no visible damage. V1 sustained minor front end damage. No parties complained of injuries.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	4I-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 180 Wilmington Police Department 04/20/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 04/20/2023 Time of Crash 1405 24HR City/Town WILMINGTON Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street 278 SALEM ST 2 10 1 11

3 Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 23-124-AC

4 1 License # S94572300 St MA DOB/Age Reg # 2BDW57 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2018 Veh Make CHEVROLET Veh Config. 1 21 Operator COATES, LUKE Owner COATES, LUKE Address 8 COOLIDGE ST Address 8 COOLIDGE ST City BILLERICA State MA Zip 01821-2250 City BILLERICA State MA Zip 01821-2250 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 10 27 27 Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Event Sequence 23 23 23 23 23 Test Status: 1 28 29 Type of Test: 1 30 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33 23 13

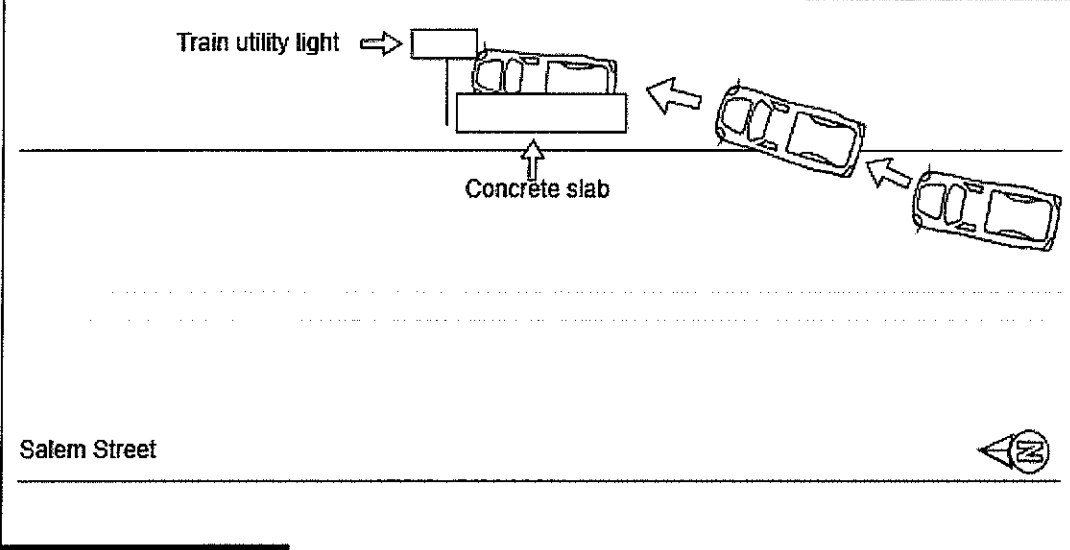
6 1 Please fill out for operator and all occupants involved. Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator: See Above, 1, 1, 1, 0, 0, 10, 1.

7 1 Please Select One of the Following: [] Vehicle 2 Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

8 2 License # St DOB/Age Reg # Reg Type Reg State Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement 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 29 Type of Test: 30 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33

9 2 Please fill out for operator/non-motorist and all occupants involved. 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: See Above, 1.

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:

Motor vehicle 1 was traveling north on Salem Street when it swerved off and drove over a concrete slab and crashed into a train utility pole. The operator of vehicle 1 stated that the reason for the crash was because he looked down at his phone to "change the song". He also stated that he was tired and just got off of work and was on his way home. Vehicle 1 was towed by Cains and the operator of vehicle 1 stated he did not have any injuries and denied medical attention.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
KEOLIS	470 ATLANTIC AVE BOSTON MA 02210			TRAIN UTILITY 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 #: _____

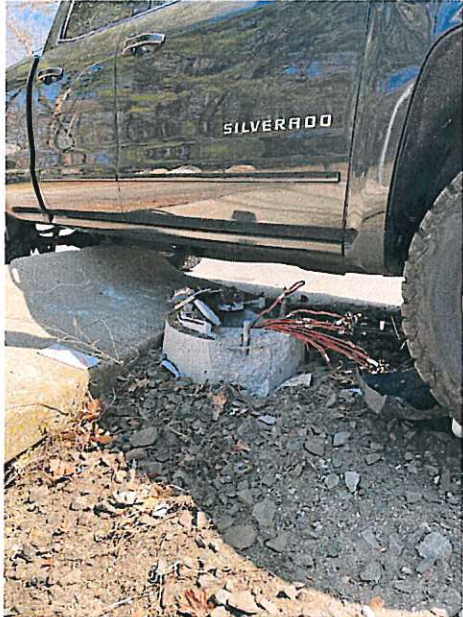
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Wilmington Police Department
Images Associated with 23-124-AC



Police Use Only		Date of Crash 04/20/2023	Time of Crash 1427 24HR	City/Town Wilmington	Number Vehicles 2	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 _____ Address # <u>284</u> Name of Roadway/Street <u>SALEM ST</u>					
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 <u>ANTHONY ST</u> Route# _____ Intersecting Roadway/Street _____ Landmark _____					

Please Select One of the Following: Vehicle 3 #Occupants Hit/Run Moped

Crash Report ID# **23-125-AC**

License # <u>S95508793</u> St <u>MA</u> DOB/Ag _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>BORGES, JESSICA</u> Address <u>5 OAK ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3812</u> Insurance Company <u>THE COMMERCE INSURANCE CO</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> 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>5HBY11</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2023</u> Veh Make <u>LINCOLN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BORGES, JESSICA</u> Address <u>5 OAK ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3812</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</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>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											
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	XX	1	1	4	0	0	10	1	
				4	4	4	0	0	10	1	
				6	4	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>S94034965</u> St <u>MA</u> DOB/Ag _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>POWERS, WILLIAM PATRICK</u> Address <u>250 NESMITH ST APT 9</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-2849</u> Insurance Company <u>THE STANDARD FIRE INSURAN</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> 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>17P320</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>LINCOLN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>POWERS, WILLIAM PATRICK</u> Address <u>250 NESMITH ST APT 9</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-2849</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</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>5</u> <u>25</u> <u>19</u> <u>25</u> BAC Test Result: <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>1</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
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

Date of Crash **04/20/2023** Time of Crash **1754** 24HR 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:**

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # 408 Name of Roadway/Street MAIN ST	2 10
	At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____	
2	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 _____ Mile Marker _____ Exit Number _____	4 11
	Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	
2	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# **23-126-AC**

License # S56835053 St MA DOB/Age _____	Reg # 3RW819 Reg Type PC Reg State MA	1 12
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2012 Veh Make TOYOTA Veh Config. 1 21	
Operator WANG, JI YONG	Owner ZHANG, HAIYAN	
Address 2 CLEVELAND AVE	Address 2 CLEVELAND AVE	
City WILMINGTON State MA Zip 01887-2819	City WILMINGTON State MA Zip 01887-2819	
Insurance Company THE STANDARD FIRE INSURAN	Vehicle Action Prior to Crash 6 22 Damaged Area Code: 7 27 8 27 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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	1 13
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		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** 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

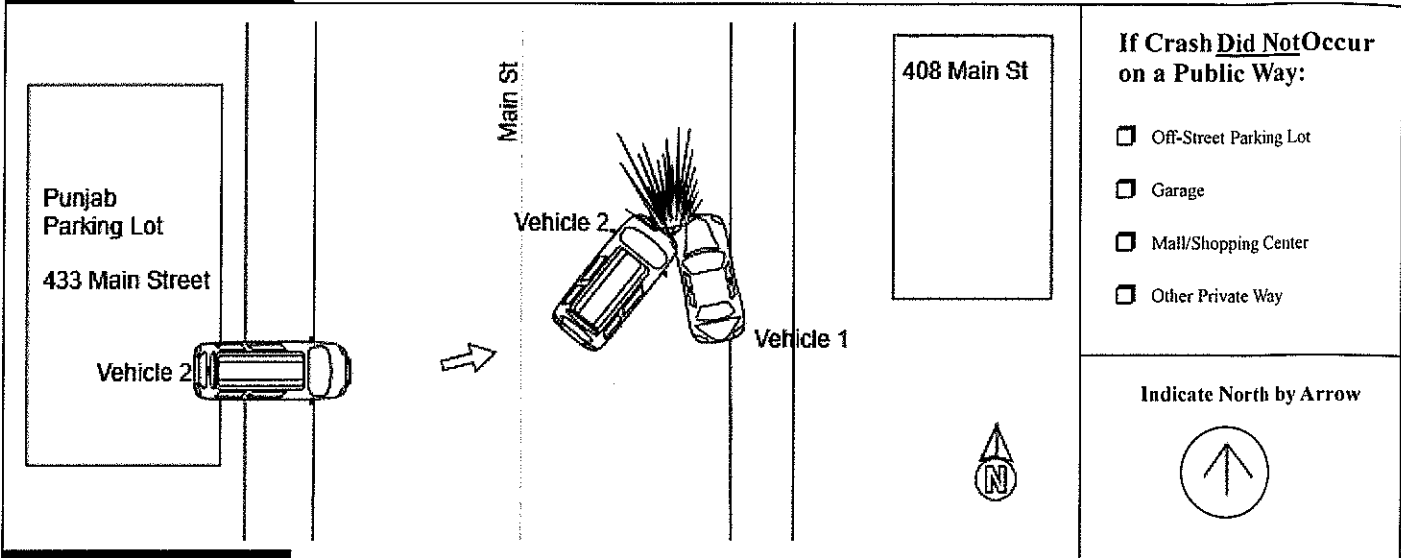
License # S70862943 St MA DOB/Age _____	Reg # 8RAJ60 Reg Type PC Reg State MA	2 14
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2018 Veh Make HONDA Veh Config. 1 21	
Operator EK, MARGARET C	Owner EK, MARGARET C	
Address 329 WHIPPLE RD	Address 329 WHIPPLE RD	
City TEWKSBURY State MA Zip 01876-1533	City TEWKSBURY State MA Zip 01876-1533	
Insurance Company safeco insurance company	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 3 27 2 27 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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		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	

→ = 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:

On Thursday, April 20, 2023, Vehicle 2 (MA Reg 8RAJ60) was merging into the north bound lane in front of 408 main street when it collided with vehicle 1 (MA Reg 3RW819) which was also merging from the other side of the road into the north bound lane. The cars had significant front end damage and were towed from the scene.

Both parties were evaluated by EMS and refused further treatment.

Photos of the accident are attached.

Respectfully Submitted,

Officer Christopher Miccichi #232

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 Christopher k Miccichi 232 Wilmington Police Department 04/20/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-126-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 1 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

4 11 Feet [N S E W] of Mile Marker Exit Number

4 11 Feet [N S E W] of Route# Intersecting Roadway/Street

4 11 Feet [N S E W] of Landmark

3 Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped Crash Report ID# **23-127-AC**

1 12 License # St DOB/Age Reg # **T84233** Reg Type **CO** Reg State **MA**

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year **2013** Veh Make **CHEVROLET** Veh Config. 1 21

4 1 Operator **Driverless M.V.** Owner **IDEAL LANDSCAPING SERVICES INC**

Address Address **26 NEWTON ST**

City Malden State MA Zip 02148

Insurance Company Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27

5 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

6 1 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							

7 1 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 1 License # **S11332078** St **MA** DOB/Age Reg # **786AHK** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D M** Lic. Restrictions **B** CDL Endorsement Veh Year **2011** Veh Make **CHEVROLET** Veh Config. 1 21

Operator **TANCRETO, ROBERT F** Owner **TANCRETO, ROBERT F**

Address **45 MILL RD** Address **45 MILL RD**

City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27

Vehicle Travel Direction: [S E 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: 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 20 25 25 BAC Test Result: 30

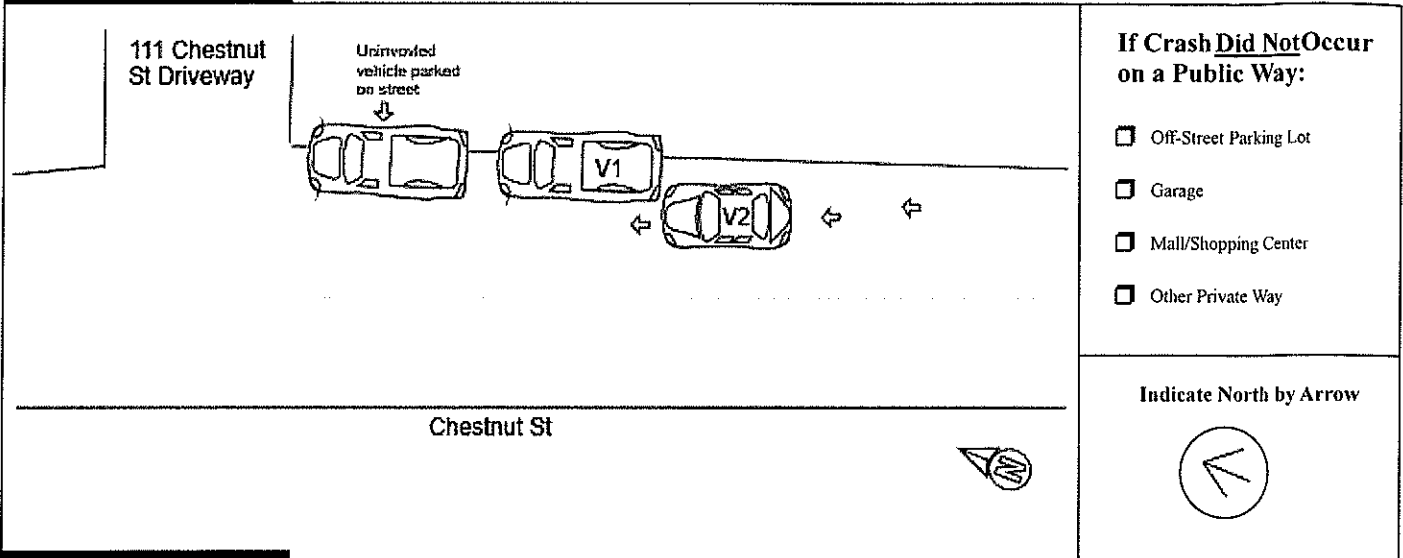
9 2 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 5 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33

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
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

→ = 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:

V1 was parked on the side of the road unoccupied. V2 was traveling on Chestnut St. The operator of V2 said he went to go around V1 and looked down while doing so. V2 then collided with V1. This caused extensive damage to V2's front passenger side. V1 had damage to the rear driver's side. V2 was towed by Cain's since it was not driveable. No airbags were deployed. No one reported injuries. Photos are attached.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DASILVA AIRSON P	26 NEWTON ST MALDEN MA 02148-5721		

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

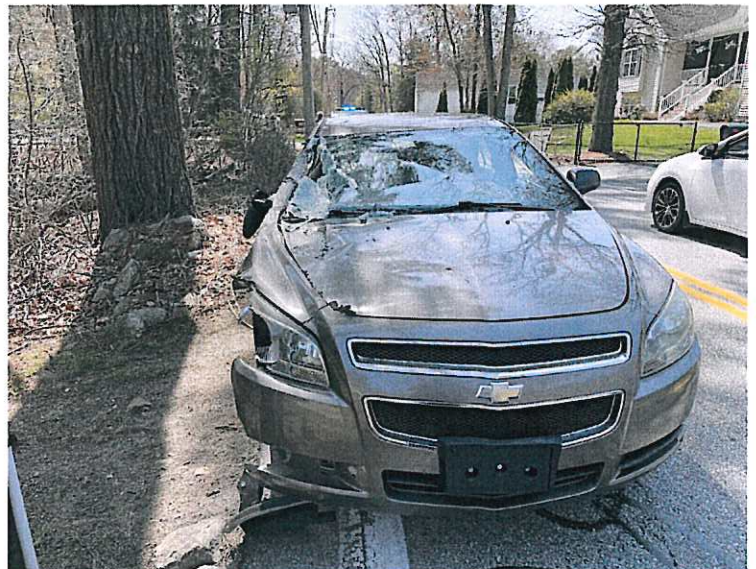
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Emily L Stebbins 210 Wilmington Police Department 04/21/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-127-AC



Police Use Only		City/Town Wilmington		Date of Crash 04/21/2023		Time of Crash 1740 24HR		Number Vehicles 3		Number Injured 0		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:																	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____										Route# <u>296</u> Direction _____ Address # _____ Name of Roadway/Street <u>SHAWSHEEN AVE</u>																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										Feet <u>N S E W</u> of _____ Mile Marker _____ or _____ Exit Number _____																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____																	

Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped

Crash Report ID# **23-128-AC**

License # <u>SA4750991</u> St <u>MA</u> DOB/Age _____										Reg # <u>1YBA69</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>1</u> <u>20</u> CDL _____ Endorsement _____					Veh Year <u>2007</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u>					Operator <u>FONE, KAYLEE JADA</u> Last First Middle					Owner <u>SMITH, JENNIFER LEE</u> Last First Middle				
Address <u>31 BELLEFLOWER RD</u>										Address <u>31 BELLEFLOWER RD</u>									
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3019</u>										City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3019</u>									
Insurance Company <u>LIBERTY MUTUAL INSURANCE</u>										Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <u>N S E W</u> 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>									
Please fill out for operator and all occupants involved										Towed from scene? <u>2</u> <u>33</u>									

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>	
			F	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			F	<u>6</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 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # <u>NHL15233164</u> St <u>NH</u> DOB/Age _____										Reg # <u>4654265</u> Reg Type <u>PC</u> Reg State <u>NH</u>									
Sex <u>F</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>2016</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u>					Operator <u>SAMUELS, CHERYL A</u> Last First Middle					Owner <u>SAMUELS, RICHARD W</u> Last First Middle				
Address <u>93 DUBLIN AVE</u>										Address <u>93 DUBLIN AVE</u>									
City <u>NASHUA</u> State <u>NH</u> Zip <u>03063</u>										City <u>NASHUA</u> State <u>NH</u> Zip <u>03063</u>									
Insurance Company _____										Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>5</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <u>N S E W</u> 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>									
Please fill out for operator/non-motorist and all occupants involved										Towed from scene? <u>2</u> <u>33</u>									

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>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Date of Crash 04/21/2023	Time of Crash 1740 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>
						Latitude _____	Local Police <input type="checkbox"/>
						Longitude _____	MBTA Police <input type="checkbox"/>
							Campanus 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>296</u> Name of Roadway/Street <u>SHAW SHEEN AVE</u></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 style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped Crash Report ID# **23-128-AC**

License # <u>SA4950776</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>99</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Operator <u>DEL AGUILA GRAMAJO, IVAN DAVID</u> Address <u>23 BOURQUE ST</u> City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843-1925</u> Insurance Company <u>PERMANENT GENERAL ASSURAN</u> Vehicle Travel Direction: N S E W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T3190461</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>6TM862</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>DODGE</u> Veh Config. <u>2</u> <u>21</u> Owner <u>DEL AGUILA GRAMAJO, IVAN DAVID</u> Address <u>23 BOURQUE ST</u> City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843-1925</u> Vehicle Action Prior to Crash <u>2</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>30</u> 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>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
Operator	See Above			1	99	99	0	0	99	1	

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/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ 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. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <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
Operator/Non-Motorist	See Above			1							

