

**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 # **179** Name of Roadway/Street **FORDHAM RD**  
 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# **23-103-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator **unknown** 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 \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **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
<b>Operator</b>	See Above			<b>1</b>							

Please Select One of the Following:  Vehicle **20** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2KXP70** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2010** Veh Make **BMW** Veh Config. **1 21**  
 Operator **Driverless M.V.** Owner **ROBINSON-ADAMS, MAUREEN T**  
 Address \_\_\_\_\_ Address **442 MIDDLESEX AVE**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-1106**  
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 27 27 27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **97 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **97 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **2 33**

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>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

Route# **1** Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

Route# **2** Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# **235** Direction \_\_\_\_\_ Address # **MAIN ST** Name of Roadway/Street \_\_\_\_\_

\_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_

\_\_\_\_\_ 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# **23-104-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **4RJJ18** Reg Type **PC** Reg State **MA**

Sex \_\_\_\_\_ Lic. Class **D** **19** **19** Lic. Restrictions **97** **20** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **HONDA** Veh Config. **1** **21**

Operator \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Operator **LALUMIERE, MARK ANTHONY** Address **13 HIAWATHA RD** City **WOBURN** State **MA** Zip **01801-5417**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **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) **T3190382** Most Harmful Event **1** **24** Type of Test: **99** **29**

Viol. 1: Ch/Sec/Sub **90** **8** 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 **99** **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			<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	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

License # **SA5060904** St **MA** DOB/Age \_\_\_\_\_ Reg # **5924AR** Reg Type **PC** Reg State **FL**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **JAEN, MEGAN CARLY** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Operator **HERTZ VEHICLES LLC** Address **PO BOX 24130** City **OKLAHOMA CITY** State **OK** Zip **73134-4130**

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **1** **27** **8** **27**

Vehicle Travel Direction:  **N 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 **9** **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**

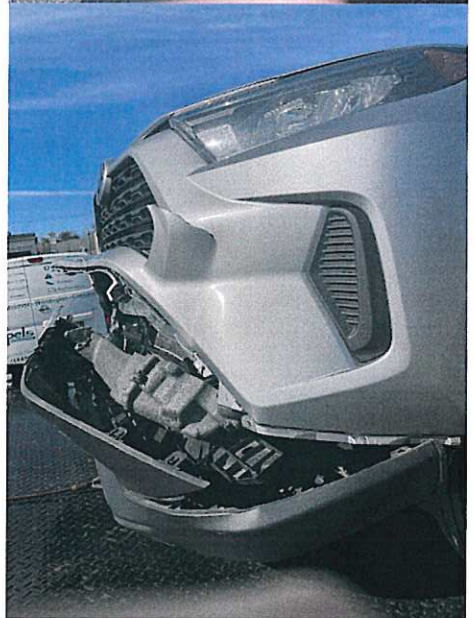
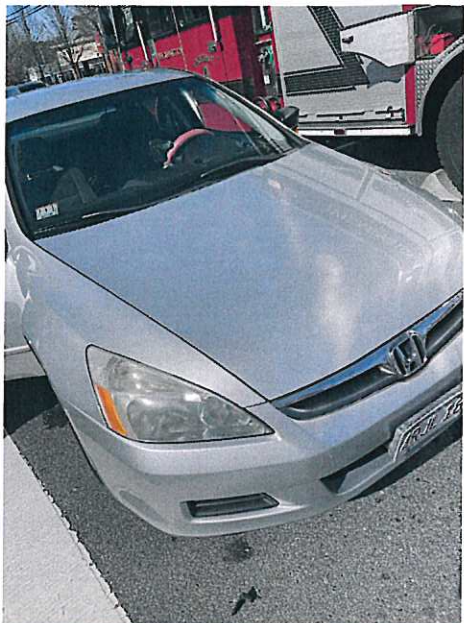
Towed from scene? **1** **33**

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			<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 23-104-AC





Date of Crash **04/03/2023** Time of Crash **1819** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other

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

1	Route# <b>129 W</b> Direction <b>LOWELL ST</b> Name of Roadway/Street	Route# _____ Direction _____ Address # _____ Name of Roadway/Street
	At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street	_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____
	Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street
2	Landmark _____	

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped Crash Report ID# **23-105-AC**

3	License # <b>S75800170</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Operator <b>COOK, PAXTON A</b> Address <b>31 APACHE WAY</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2692</b> Insurance Company <b>SAFETY INSURANCE COMPANY</b> Vehicle Travel Direction: <b>N S E X</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>4KS935</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2004</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <b>21</b> Owner <b>MILNER, DIANE L</b> Address <b>5 WICKS CIR</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1715</b> Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>1</b> <b>29</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>1</b> <b>33</b>
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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
<b>Operator</b>				<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>TAYLOR MARRANZINI</b>	<b>5 WICKS CIR WILMINGTON, MA 01887-1715</b>	<b>05/14/1999</b>	<b>F</b>	<b>3</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

7	License # <b>SA8000996</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>I</b> <b>20</b> CDL _____ Operator <b>BENOIT, MADISON ELIZABETH</b> Address <b>40 HANOVER ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>275KM2</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2017</b> Veh Make <b>NISSAN</b> Veh Config. <b>1</b> <b>21</b> Owner <b>BENOIT, STACEY E</b> Address <b>40 HANOVER ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2438</b> Vehicle Action Prior to Crash <b>4</b> <b>22</b> Damaged Area Code: <b>6</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>1</b> <b>29</b> Driver Contributing Code <b>99</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>1</b> <b>33</b>
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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
<b>Operator/Non-Motorist</b>				<b>1</b>	<b>99</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Date of Crash **04/05/2023** Time of Crash **1331** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police  Local Police  MBTA Police  Campus Police  Other   
 24HR

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

1	Route# <b>ROUTE 62 HWY</b> Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
	At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____
2	Route# <b>I93SBR34 RAMP</b> 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 _____
	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# **23-106-AC**

License # <b>S98427170</b> St <b>MA</b> DOB/Agc _____	Reg # <b>87P780</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____	Veh Year <b>2018</b> Veh Make <b>FORD</b> Veh Config. <b>1</b>
Operator <b>GOLDEN, LINDA</b>	Owner <b>GOLDEN, PETER J</b>
Address <b>132 NICHOLS ST</b>	Address <b>132 NICHOLS ST</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1653</b>
Insurance Company <b>LIBERTY MUTUAL INSURANCE</b>	Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>3 27 4 27 27</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>1 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>1 30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>1 33</b>

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	<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 # <b>SA2180893</b> St <b>MA</b> DOB/Agc _____	Reg # <b>96E650</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____	Veh Year <b>2016</b> Veh Make <b>VOLKSWAGEN</b> Veh Config. <b>1</b>
Operator <b>OGULL, ZACHARY MICHAEL</b>	Owner <b>OGULL, ZACHARY MICHAEL</b>
Address <b>106 W 3RD ST APT 1</b>	Address <b>106 W 3RD ST APT 1</b>
City <b>BOSTON</b> State <b>MA</b> Zip <b>02127-1119</b>	City <b>BOSTON</b> State <b>MA</b> Zip <b>02127-1119</b>
Insurance Company <b>PROGRESSIVE DIRECT INSURA</b>	Vehicle Action Prior to Crash <b>4</b> Damaged Area Code: <b>1 27 2 27 27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>1 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>6 25 25</b> BAC Test Result: <b>1 30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>1 33</b>

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	<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>	





Wilmington Police Department  
Images Associated with 23-106-AC



Date of Crash 04/06/2023 Time of Crash 0120 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 1 Speed Limit 25 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 # Name of Roadway/Street  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# 23-107-AC

License # S90783745 St MA DOB/Age Reg # 1XCM93 Reg Type PC Reg State MA  
 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2018 Veh Make HONDA Veh Config. 1 21  
 Operator STONE, JENNIFER LEE Owner STONE, JENNIFER LEE  
 Address 6 WEDGEWOOD AVE Address 6 WEDGEWOOD AVE  
 City N WILMINGTON State MA Zip 01887-3747 City N WILMINGTON State MA Zip 01887-3747  
 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 8 27 10 27  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? 2 Event Sequence 35 23 23 23 23 Test Status: 2 28  
 Citation # (If Issued) T2749095 Most Harmful Event 35 24 Type of Test: 1 29  
 Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24 Driver Contributing Code 10 25 2 25 BAC Test Result: 1 30  
 Viol. 3: Ch/Sec/Sub 90 18 Viol. 4: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol: 1 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	<del>X</del>	1	99	3	0	0	8	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

License # St DOB/Age Reg # Reg Type Reg State  
 Sex Lic. Class Lic. Restrictions CDL Endorsement Veh Year Veh Make Veh Config.  
 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	<del>X</del>	1							



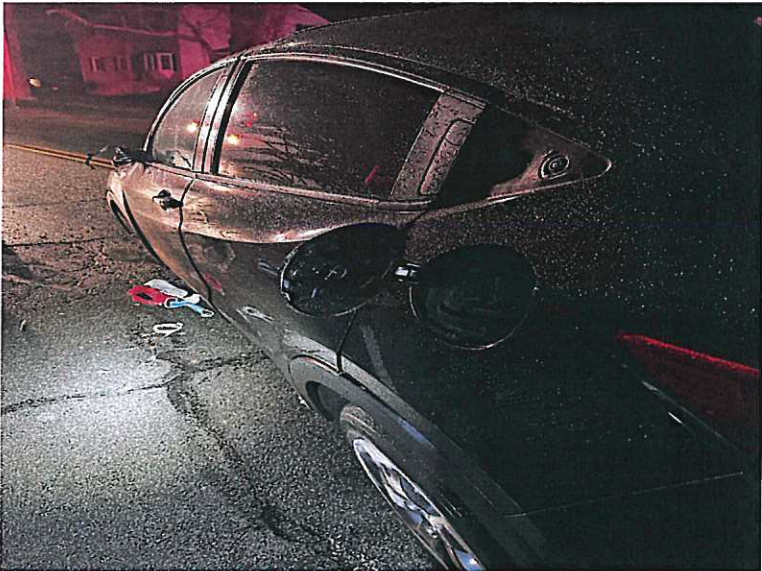
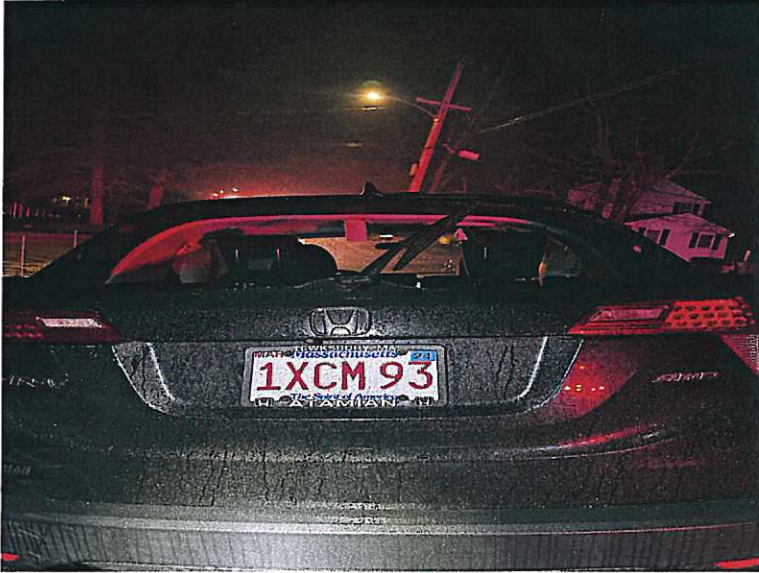


Wilmington Police Department  
Images Associated with 23-107-AC





Wilmington Police Department  
Images Associated with 23-107-AC





Date of Crash **04/06/2023** Time of Crash **1034** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other:

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# <b>71</b> Direction _____ Address # <b>GROVE AVE</b> Name of Roadway/Street _____	2 10
	At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	
2	Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	5 11
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-108-AC**

3	License # <b>S08822740</b> St. <b>MA</b> DOB/Age _____	Reg # <b>M30714</b> Reg Type <b>DC</b> Reg State <b>MA</b>	1 12
	Sex <b>M</b> Lic. Class <b>B</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL Endorsement _____	Veh Year <b>2012</b> Veh Make _____ Veh Config. <b>97</b> 21	
4	Operator <b>DUFFY, JOSEPH FRANCIS JR</b>	Owner <b>WILMINGTON TOWN OF</b>	1 13
	Address <b>2 BARBARA AVE</b>	Address <b>121 GLEN RD</b>	
5	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1113</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3500</b>	1 13
	Insurance Company <b>MLIA</b>	Vehicle Action Prior to Crash <b>10</b> 22 Damaged Area Code: <b>6</b> 27 <b>7</b> 27 <b>7</b> 27	
6	Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> 23 <b>23</b> 23 <b>23</b> 23 Test Status: <b>1</b> 28	1 13
	Citation # (If Issued) _____	Most Harmful Event <b>1</b> 24 Type of Test: <b>2</b> 29	
6	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>19</b> 25 <b>25</b> 25 BAC Test Result: <b>1</b> 30	1 13
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32	
6	Please fill out for operator and all occupants involved		
	Name (Last First Middle) <b>Operator</b>	Address <b>See Above</b>	DOB/Age <b>X</b> Sex <b>X</b> 34 Seat Pos. <b>1</b> 35 Safety System <b>1</b> 36 Airbag Status <b>4</b> 37 Eject Code <b>0</b> 38 Trap Code <b>0</b> 39 Injury Status <b>10</b> 40 Transp. Code <b>1</b> Medical Facility _____

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

7	License # <b>S90610216</b> St. <b>MA</b> DOB/Age _____	Reg # <b>V63519</b> Reg Type <b>CO</b> Reg State <b>MA</b>	1 14
	Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL Endorsement _____	Veh Year <b>2020</b> Veh Make _____ Veh Config. <b>97</b> 21	
8	Operator <b>ALCENAT, JASON MICHEL GUILFOR</b>	Owner <b>AMAZON LOGISTICS INC</b>	1 14
	Address <b>18 WOODWARD ST APT 2</b>	Address <b>410 TERRY N AVE</b>	
9	City <b>EVERETT</b> State <b>MA</b> Zip <b>02149-1645</b>	City <b>SEATTLE</b> State <b>WA</b> Zip <b>98109-5210</b>	1 14
	Insurance Company <b>OLD REPUBLIC INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>2</b> 27 <b>3</b> 27 <b>4</b> 27	
9	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> 23 <b>23</b> 23 <b>23</b> 23 Test Status: <b>1</b> 28	1 14
	Citation # (If Issued) _____	Most Harmful Event <b>1</b> 24 Type of Test: <b>2</b> 29	
9	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>19</b> 25 <b>25</b> 25 BAC Test Result: <b>1</b> 30	1 14
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32	
9	Please fill out for operator/non-motorist and all occupants involved		
	Name (Last First Middle) <b>Operator/Non-Motorist</b>	Address <b>See Above</b>	DOB/Age <b>X</b> Sex <b>X</b> 34 Seat Pos. <b>1</b> 35 Safety System <b>1</b> 36 Airbag Status <b>4</b> 37 Eject Code <b>0</b> 38 Trap Code <b>0</b> 39 Injury Status <b>10</b> 40 Transp. Code <b>1</b> Medical Facility _____



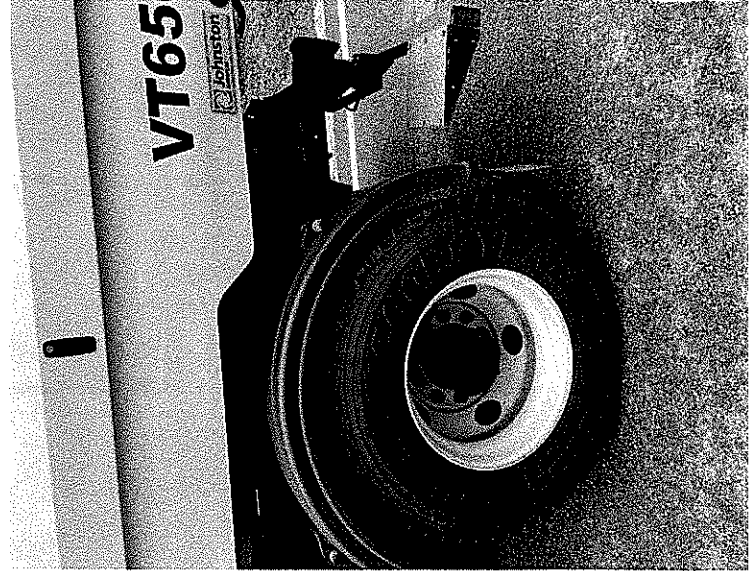
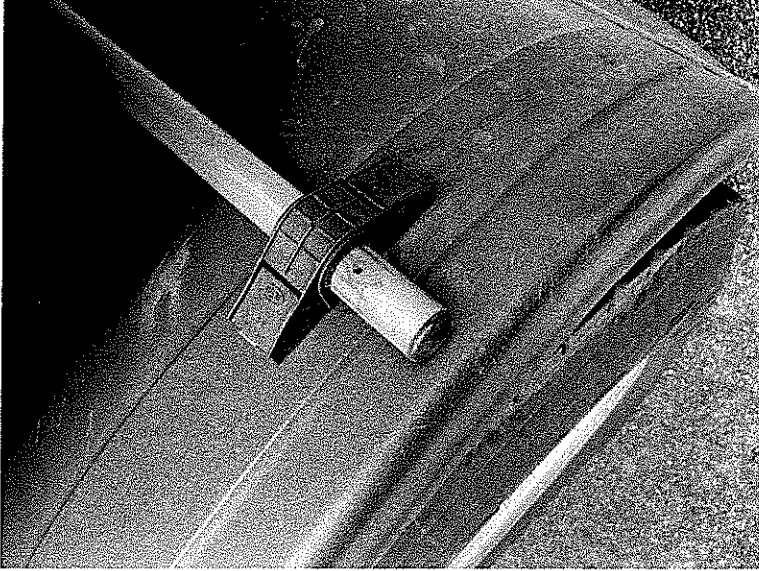


Wilmington Police Department  
Images Associated with 23-108-AC





Wilmington Police Department  
Images Associated with 23-108-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# **300** Direction \_\_\_\_\_ Address # **LOWELL ST** 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# 23-109-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator **unknown** 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? **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			<b>1</b>			<b>0</b>				

Please Select One of the Following:  Vehicle **20** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **V64654** Reg Type **PC** Reg State **NH**

Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **21**

Operator **Driverless M.V.** Owner **ONEILL, JOHN PATRICK**

Address \_\_\_\_\_ Address **737 COOLIDGE AVE**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **MANCHESTER** State **NH** Zip **03102**

Insurance Company **GEICO** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_ 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? **2 33**

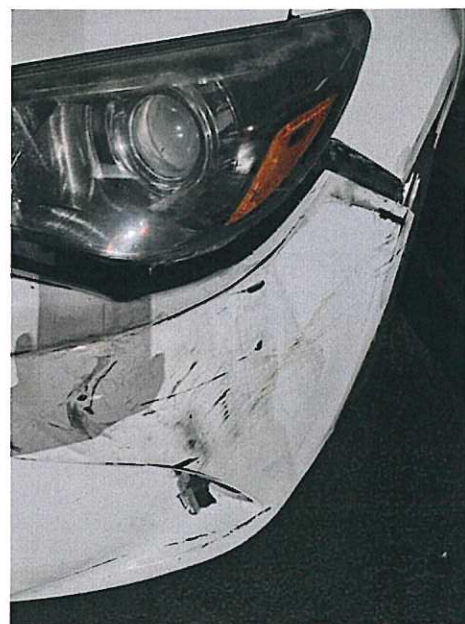
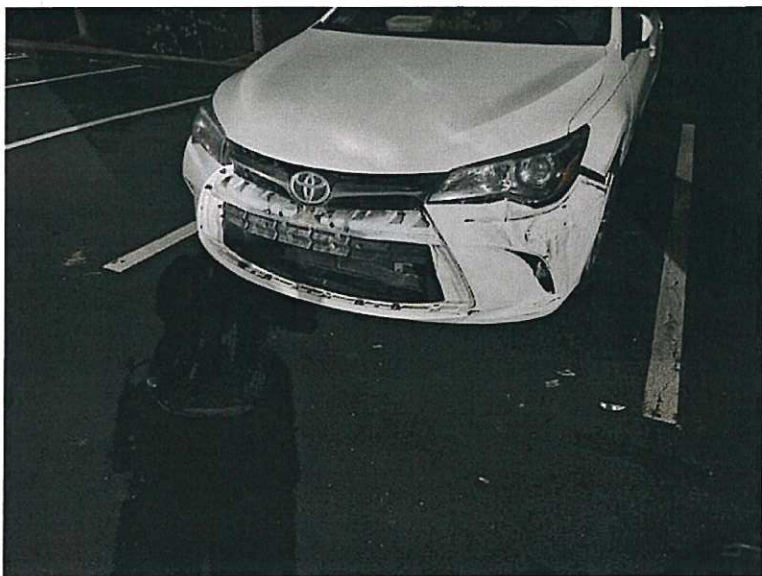
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							





Wilmington Police Department  
Images Associated with 23-109-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 Name of Intersecting Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction 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 13 #Occupants  Hit/Run  Moped **Crash Report ID# 23-110-AC**

License # **S12559896** St **MA** DOB/Age **11/10/1993** Reg # **MF86Z** Reg Type **DC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **Other-not listed** Veh Config. **97**

Operator **RUSSELL, JOSEPH F** Owner **WILMINGTON TOWN OF FIRE DEPT**

Address \_\_\_\_\_ Address **121 GLEN RD**

City \_\_\_\_\_ State \_\_\_\_\_ Zip **01887-3500**

Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **3** Damaged Area Code: **3 27 8 27 27**

Vehicle Travel Direction:  S  E  W Responding to Emergency? **1** Event Sequence **24 23 1 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? **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>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>KEITH KELLY</b>			<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>ERIK NANSEL</b>			<b>M</b>	<b>6</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 22 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S70978261** St **MA** DOB/Age \_\_\_\_\_ Reg # **2MK811** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1**

Operator **ROBB, GREGORY STEVEN** Owner **ROBB, GREGORY STEVEN**

Address **26 MORSE ST** Address **26 MORSE ST**

City **WESTBOROUGH** State **MA** Zip **01581** City **WESTBOROUGH** State **MA** Zip **01581**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **6 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: **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? **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>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>CHRISTOPHER ROBB</b>			<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Wilmington Police Department  
Images Associated with 23-110-AC





Wilmington Police Department  
Images Associated with 23-110-AC



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

**WOBURN ST**  
Route# **62** Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**SALEM 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# 23-111-AC**

License # **S48093328** St **MA** DOB/Age \_\_\_\_\_ Reg # **18N230** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **Jeep** Veh Config. **1**  
Operator **STATS, JAKE LINCOLN** Owner **STATS, DONALD WILLIAM JR**  
Address **6 SANDRA LN** Address **6 SANDRA LN**  
City **N READING** State **MA** Zip **01864-2416** City **N READING** State **MA** Zip **01864-2416**  
Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **2** Damaged Area Code: **2 27 27 27**  
Vehicle Travel Direction:  N  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: **1 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
<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 # **S14891706** St **MA** DOB/Age \_\_\_\_\_ Reg # **X1Z** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **VOLVO** Veh Config. **1**  
Operator **PICCIRILLO, GERALD V** Owner **PICCIRILLO, GERALD V**  
Address **217 ANDOVER ST** Address **217 ANDOVER ST**  
City **WILMINGTON** State **MA** Zip **01887-1231** City **WILMINGTON** State **MA** Zip **01887-1231**  
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **3** Damaged Area Code: **8 27 7 27 1 27**  
Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **2 28**  
Citation # (If Issued) **T2749595** Most Harmful Event **1 24** Type of Test: **2 29**  
Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **9 25 97 25** BAC Test Result: **1 30**  
Viol. 3: Ch/Sec/Sub **89 4A** Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **5 26** Susp. Alcohol: **1 31** Susp. Drug: **99 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>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>				
Date of Crash 04/08/2023	Time of Crash 0650 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 1	Speed Limit <u>35</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 _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# <u>33</u> Direction _____ Address # _____ Name of Roadway/Street <u>CONCORD ST</u> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ 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# **23-112-AC**

License # <u>S52121782</u> St <u>MA</u> DOB/Age _____	Reg # <u>2ZCV81</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>1998</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>KONG, SAMNANG ROS</u>	Owner <u>KONG, SAMNANG ROS</u>
Address <u>30 BARKER ST</u>	Address <u>30 BARKER ST</u>
City <u>LOWELL</u> State <u>MA</u> Zip <u>01850-1406</u>	City <u>LOWELL</u> State <u>MA</u> Zip <u>01850-1406</u>
Insurance Company <u>PROGRESSIVE DIRECT INSURA</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>8</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> 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>99</u> <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>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	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	
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	1	99	4	0	0	8	2	Lahey Clinic

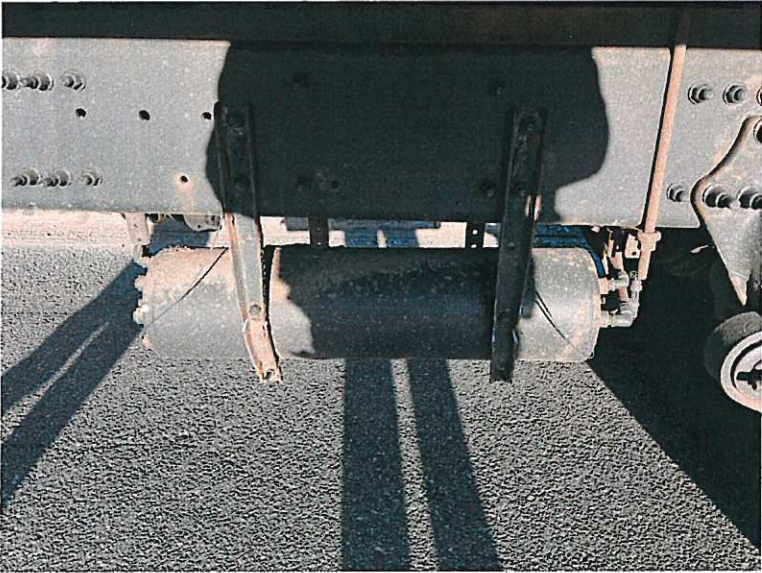
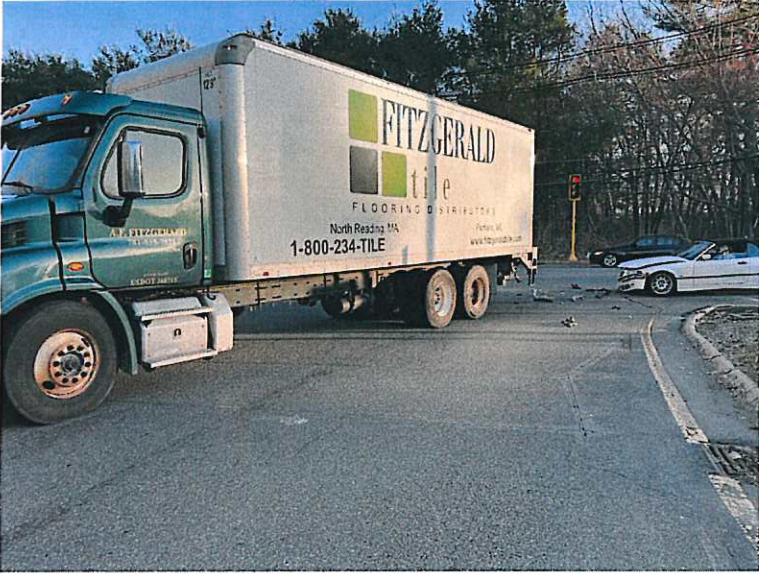
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # <u>NHL12576557</u> St <u>NH</u> DOB/Age _____	Reg # <u>7811B</u> Reg Type <u>TR</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____	Veh Year <u>2016</u> Veh Make <u>Other-not listed</u> Veh Config. <u>6</u> <u>21</u>
Operator <u>SOSA, LUIS ORLANDO</u>	Owner <u>ALBERT F FITZGERALD INC</u>
Address <u>50 JOSEPH RD</u>	Address <u>29 CONCORD ST</u>
City <u>SALEM</u> State <u>NH</u> Zip <u>03079</u>	City <u>N READING</u> State <u>MA</u> Zip <u>01864-2601</u>
Insurance Company <u>ARBELLA PROTECTION INSURA</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>10</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> 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>99</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>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>

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	<del>X</del>	<del>X</del>	1	99	4	0	0	10	1	



Wilmington Police Department  
Images Associated with 23-112-AC





<b>Police Use Only</b>	Date of Crash 04/08/2023	Time of Crash 2348 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 1	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>	
<b>AT INTERSECTION:</b>				<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>66</u> Direction <u>CONCORD ST</u> Address # _____ Name of Roadway/Street _____					2 10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____					4 11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____					7 13

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

Crash Report ID# **23-113-AC**

License # <u>SA6870649</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>MARSHALL, DEREK</u> Address <u>565 HAVERHILL ST</u> City <u>READING</u> State <u>MA</u> Zip <u>01867</u> Insurance Company <u>THE HANOVER INSURANCE COM</u>	Reg # <u>4HMP44</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WONG-MARSHALL, ALBERTA ELSA</u> Address <u>565 HAVERHILL ST</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-1161</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>7</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>7</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>99</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>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	

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>	1	1	4	0	0	10	1	

Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 99 15 Action 97 16 Location 4 17 Condition 1 18  Hit/Run  Moped

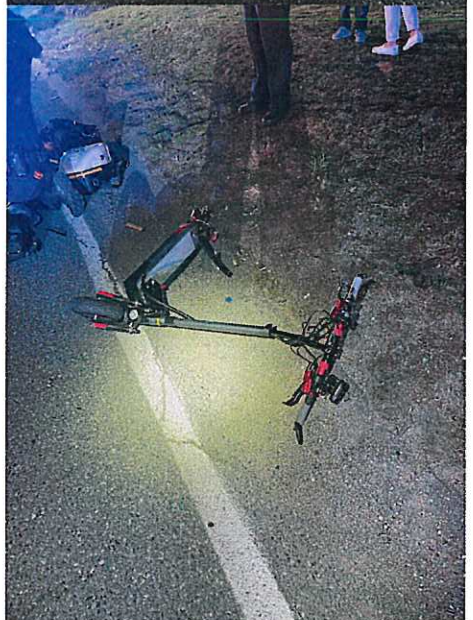
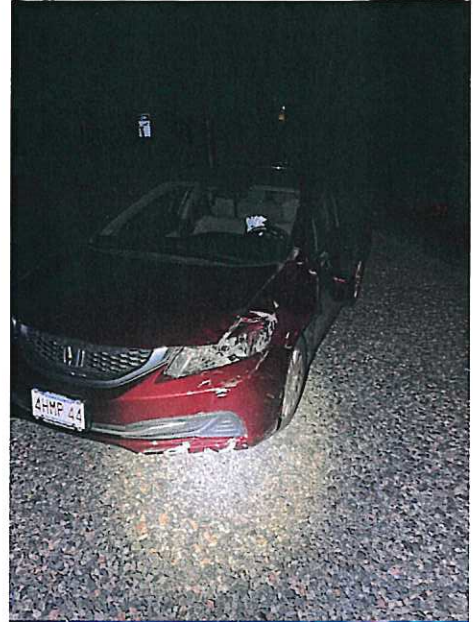
License # <u>unknown</u> St _____ DOB/Ag _____ Sex <u>M</u> Lic. Class <u>99</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Operator <u>ALVAREZ, GERRAIN A</u> Address <u>96 RODMAN ST</u> City <u>WOODSOCKET</u> State <u>RI</u> Zip <u>02895-0000</u> Insurance Company _____	Reg # <u>UNREGISTERED</u> Reg Type _____ Reg State <u>RI</u> Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	

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>	1	5				7	2	Lahey Clinic





Wilmington Police Department  
Images Associated with 23-113-AC



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