

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

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

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **23-71-AC**

License # **S49096522** St **MA** DOB/Age _____ Reg # **EVP315** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2021** Veh Make **Other-not listed** Veh Config. **1 21**
 Operator **JIN, DANIEL K** Owner **JIN, DANIEL K**
 Address **1 OXFORD RD** Address **1 OXFORD RD**
 City **WILMINGTON** State **MA** Zip **01887-3052** City **WILMINGTON** State **MA** Zip **01887-3052**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **8 27 7 27 6 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **22 23 31 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **22 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **21 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1	1	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 # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **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**
 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. 2: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **33**
 Viol. 4: Ch/Sec/Sub _____

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1							

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

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

Route# Direction Address # Name of Roadway/Street
 240 **ANDOVER ST**
 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# **23-72-AC**

License # **S42257076** St **MA** DOB/Ag: _____ Reg # **1VCV87** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2021** Veh Make **CHEVROLET** Veh Config. **2** 21
 Operator **RAFAEL, BRUNO Z** Owner **RAFAEL, BRUNO Z**
 Address **32 BELMONT ST** Address **32 BELMONT ST**
 City **MALDEN** State **MA** Zip **02148-7611** City **MALDEN** State **MA** Zip **02148-7611**
 Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **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: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	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 # **S72582905** St **MA** DOB/Ag: _____ Reg # **8TW519** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2016** Veh Make **SUBARU** Veh Config. **1** 21
 Operator **JIMENEZ, JUAN CARLOS** Owner **JIMENEZ, JUAN CARLOS**
 Address **133 PHILLIPS ST APT 1** Address **133 PHILLIPS ST APT 1**
 City **METHUEN** State **MA** Zip **01844-4313** City **METHUEN** State **MA** Zip **01844-4313**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub _____

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

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

Date of Crash 03/13/2023 Time of Crash 1551 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 1 Speed Limit 35 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 Name of Roadway/Street 222 MAIN ST

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

3 3 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# 23-73-AC

3 License # S69452381 St MA DOB/Age Reg # 3TML79 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Veh Year 2015 Veh Make SUBARU Veh Config. 1 21

4 3 Operator GATTA, ANDREA LYNN Owner GATTA, ANDREA LYNN

Address 270 MAIN ST APT 13 Address 270 MAIN ST APT 13

City NORTH READING State MA Zip 01864-1358 City NORTH READING State MA Zip 01864-1358

Insurance Company STATE FARM MUTUAL AUTOMOB Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 27 27 27

5 1 Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

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

Viol. 1: Ch/Sec/Sub Driver Contributing Code 99 25 25 BAC Test Result: 30

Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Viol. 3: Ch/Sec/Sub Towed from scene? 2 33

Viol. 4: Ch/Sec/Sub

Please fill out for operator and all occupants involved

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

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

8 1 License # S92550413 St MA DOB/Age Reg # 1WRV89 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21

Operator CABAN, EDWIN Owner RAMOS, CARMEN L

Address 45C HOLTON ST Address 6 KIMBALL CT APT 108

City WOBURN State MA Zip 01801-5263 City WOBURN State MA Zip 01801

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

9 2 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: 29

Viol. 1: Ch/Sec/Sub Driver Contributing Code 99 25 25 BAC Test Result: 30

Viol. 2: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Viol. 3: Ch/Sec/Sub Towed from scene? 3 33

Viol. 4: Ch/Sec/Sub

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	9	2	Winchester Hospital

→ = 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:

Vehicle 1 was traveling south on Main Street in the area of 222 Main Street. Vehicle 2 was traveling north on Main Street and took a left turn into Wilmington Crossing Plaza.

Vehicle 1's operator complained neck and shoulder pain and was transported to Winchester Hospital by Wilmington Fire Department. Vehicle 2 operator declined medical. No airbags were deployed. Vehicle 1 was towed from the scene due to operator being transported to the hospital. Vehicle 1's operator stated that he was traveling straight when vehicle two turned into his lane. Vehicle 2 stated that she believed she had plenty of time to turn.

Vehicle 2's operator stated that she was mostly all the way into the driveway and off the road. Witness's claim vehicle 1 to have been traveling in excess of the posted limit.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HILL JEANNE M	3 PEARL CT WILMINGTON MA 01887-3765		
JORDAN LEE ERLAN JR	29 GLEN RD WILMINGTON MA 01887-1943		

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 Michael R DiLorenzo 217 Wilmington Police Department 03/13/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-73-AC



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

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

Route# Direction Address # **430 SALEM ST** 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# **23-74-AC**

License # **S79622645** St **MA** DOB/Age Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
Operator **MURPHY, LEIGH E** Owner **MURPHY, LEIGH E**
Address **79 MARBLEHEAD ST** Address **79 MARBLEHEAD ST**
City **NORTH READING** State **MA** Zip **01864-1509** City **NORTH READING** State **MA** Zip **01864-1509**
Insurance Company **LM GENERAL INSURANCE COMP**
Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
Event Sequence **1 23 23 23 23** Damaged Area Code: **2 27 8 27 1 27**
Most Harmful Event **1 24** Test Status: **1 28**
Driver Contributing Code **99 25 25** Type of Test: **29**
Driver Distracted by **0 26** BAC Test Result: **1 30**
Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	1	0	0	8	1	

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

License # **S45787054** St **MA** DOB/Age Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
Operator **LAYTON, THERESA E** Owner **LAYTON, STEPHEN C**
Address **99 GLEN RD** Address **99 GLEN RD**
City **WILMINGTON** State **MA** Zip **01887-1859** City **WILMINGTON** State **MA** Zip **01887-1859**
Insurance Company **ARBELLA MUTUAL INSURANCE**
Vehicle Travel Direction: **S E W** Responding to Emergency? **2**
Event Sequence **1 23 23 23 23** Damaged Area Code: **1 27 7 27 8 27**
Most Harmful Event **1 24** Test Status: **1 28**
Driver Contributing Code **99 25 25** Type of Test: **29**
Driver Distracted by **0 26** BAC Test Result: **1 30**
Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

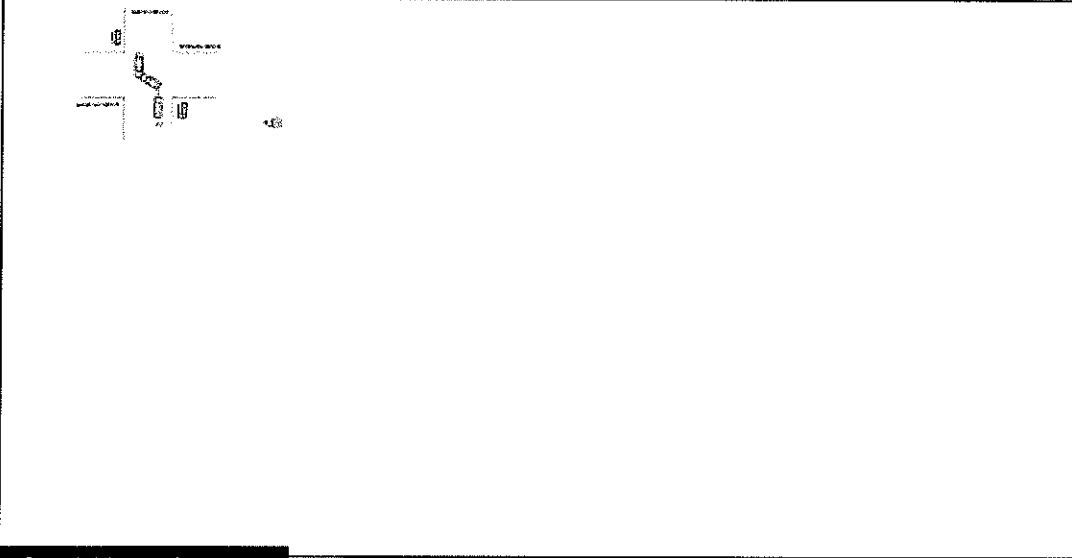
Please fill out for operator/non-motorist and all occupants involved

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	1	0	0	8	2	Lahey Clinic

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

Crash Diagram:

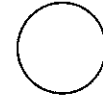
ie: → 1 → 2 → ○ → ○



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:

Sir on March 13, 2023, I (Officer MacGilvray) was assigned to s2 in marked unit 32 during the 4-12 tour. At said time I was dispatched to said location on a two car MV crash. On arrival I spoke to both operators. V1 stated while travelling straight ahead V2 made a left turn causing the accident. V2 stated while turning V1 passed the vehicle that had stopped to allow her to go left causing the accident. I also spoke to W1 on scene. W1 stated V1 passed the vehicle which had stopped for V2 causing the accident. Both vehicles towed by A&S Tow (air blag deployment). Operator of V1 stated she had no injury on scene. Operator of V2 complained of chest pain on scene and was transported by EMS to Lahey Clinic for evaluation.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ATKINS ASHLEY MICHELLE	178 HAGGETTS POND RD ANDOVER MA 01810-4218		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Paul Macgilvray 221 Wilmington Police Department 03/13/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 03/13/2023 Time of Crash 1836 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 2 Speed Limit 45 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

Route# Direction **430 SALEM ST**
 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# **23-74-AC**

License # S79622645 St MA DOB/Age 19 19 Reg # 3AE915 Reg Type PC Reg State MA
 Sex F Lic. Class D Lic. Restrictions 1 20 CDL Endorsement Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21
 Operator MURPHY, LEIGH E Owner MURPHY, LEIGH E
 Address 79 MARBLEHEAD ST Address 79 MARBLEHEAD ST
 City NORTH READING State MA Zip 01864-1509 City NORTH READING State MA Zip 01864-1509
 Insurance Company LM GENERAL INSURANCE COMP Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 8 27 1 27
 Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 99 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol 2 31 Susp. Drug 2 32
 Towed from scene? 1 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	8	1	

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

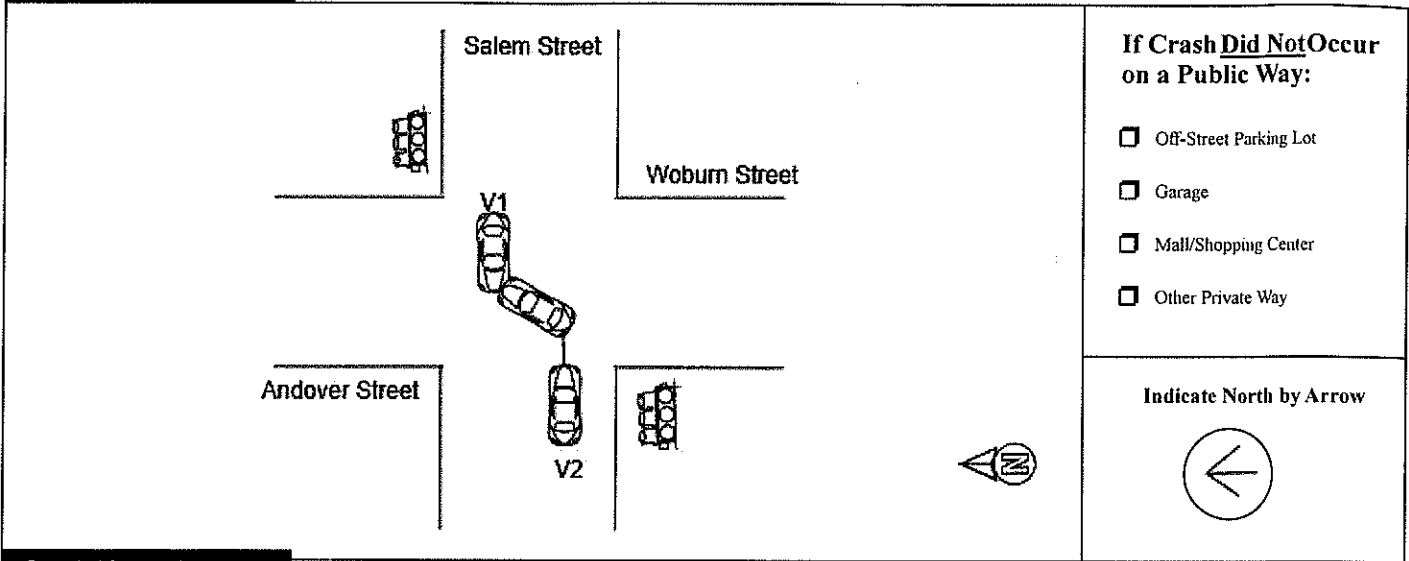
License # S45787054 St MA DOB/Age 19 19 Reg # 4TP432 Reg Type PC Reg State MA
 Sex F Lic. Class D Lic. Restrictions 1 20 CDL Endorsement Veh Year 2014 Veh Make HONDA Veh Config. 1 21
 Operator LAYTON, THERESA E Owner LAYTON, STEPHEN C
 Address 99 GLEN RD Address 99 GLEN RD
 City WILMINGTON State MA Zip 01887-1859 City WILMINGTON State MA Zip 01887-1859
 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 7 27 8 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 99 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	<input checked="" type="checkbox"/>	1	1	1	0	0	8	2	Lahey Clinic

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Sir on March 13, 2023, I (Officer MacGilvray) was assigned to s2 in marked unit 32 during the 4-12 tour. At said time I was dispatched to said location on a two car MV crash. On arrival I spoke to both operators. V1 stated while travelling straight ahead V2 made a left turn causing the accident. V2 stated while turning V1 passed the vehicle that had stopped to allow her to go left causing the accident. I also spoke to W1 on scene. W1 stated V1 passed the vehicle which had stopped for V2 causing the accident. Both vehicles towed by A&S Tow (air blag deployment). Operator of V1 stated she had no injury on scene. Operator of V2 complained of chest pain on scene and was transported by EMS to Lahey Clinic for evaluation.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ATKINS ASHLEY MICHELLE	178 HAGGETTS POND RD ANDOVER MA 01810-4218		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Paul Macgilvray 221 Wilmington Police Department 03/13/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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# **23-75-AC**

License # **S26178973** St **MA** DOB/Age **1** Reg # **6RP988** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2018** Veh Make **FORD** Veh Config. **2** 21

Operator **YEO, JOHN JOSEPH** Owner **YEO, JOHN JOSEPH**

Address **8 GLADE ST** Address **8 GLADE ST**

City **BILLERICA** State **MA** Zip **01821-5450** City **BILLERICA** State **MA** Zip **01821-5450**

Insurance Company **GEICO GENERAL INSURANCE C** 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) _____ 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: **31** Susp. Drug: **32**

Towed from scene? **2** 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1	1	4	0	0	1.0	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 # **S97126045** St **MA** DOB/Age _____ Reg # **W50450** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1** 21

Operator **OCONNOR, BRIAN PATRICK** Owner **PARTS AUTHORITY LLC**

Address **141 WALTHAM ST APT 4** Address **160 LOWELL ST**

City **MAYNARD** State **MA** Zip **01754-2446** City **WILMINGTON** State **MA** Zip **01887**

Insurance Company **ACE AMERICAN INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **1** 27 **2** 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: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**

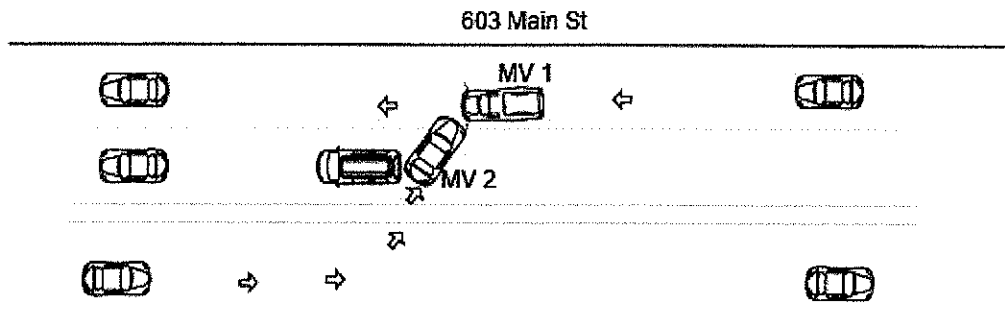
Towed from scene? **1** 33

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	XXXX	XX	1	1	4	0	0	1.0	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:

The operator of MV 1 stated that while he was traveling northbound in the right-hand lane on Main St the operator of MV 2 began to take a left hand turn for the driveway of 603 Main St. The operator of MV 1 stated that MV 2 cut him off, causing MV 2 to crash into the front left side of MV 1. The operator of MV 1 was not injured and the vehicle was still operable.

The operator of MV 2 stated he was traveling southbound on Main St when he attempted to make a left hand turn into 603 Main St. The operator of MV2 stated that there was a large truck in the left-hand lane on the northbound side obstructing his view of vehicles in the right-hand lane on the northbound. The operator of MV 2 said this obstruction caused him to not see MV 1 prior to his turn, ultimately, crashing into MV 1. MV 2 sustained severe front-end damage and was towed off scene by A&S. No injuries reported.

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 Robert M DeGregorio III 223 Wilmington Police Department 03/14/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-75-AC



Date of Crash 03/14/2023	Time of Crash 1219 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>40</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"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# _____	Direction _____	Name of Roadway/Street _____	Route# _____	Direction _____	Address # <u>210</u>	Name of Roadway/Street <u>BALLARDALE ST</u>
	At						
	Route# _____	Direction _____	Name of Intersecting Roadway/Street _____	_____ Feet	<input checked="" type="checkbox"/> N <input checked="" 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# **23-76-AC**

License # <u>000039168002</u> St <u>NC</u> DOB/Age _____	Reg # <u>3VWL34</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>2021</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>HALE, JUSTIN ANDREW</u>	Owner <u>HALE, JUSTIN ANDREW</u>
Address <u>4811 LANDOVER PINE PL</u>	Address <u>4811 LANDOVER PINE PL</u>
City <u>RALEIGH</u> State <u>NC</u> Zip <u>27616-9064</u>	City <u>RALEIGH</u> State <u>NC</u> Zip <u>27616-9064</u>
Insurance Company <u>STATE FARM MUTUAL AUTOMOB</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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>NHL14045204</u> St <u>NH</u> DOB/Age _____	Reg # <u>GODDU</u> Reg Type <u>PC</u> Reg State <u>NH</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>2015</u> Veh Make <u>VOLVO</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>GODDU, ANDREW LAWRENCE</u>	Owner <u>GODDU, ANDREW LAWRENCE</u>
Address <u>5 CANDLESTICK LN</u>	Address <u>5 CANDLESTICK LN</u>
City <u>SALEM</u> State <u>NH</u> Zip <u>03079-4062</u>	City <u>SALEM</u> State <u>NH</u> Zip <u>03079-4062</u>
Insurance Company _____	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>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>5</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>0</u> <u>26</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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

210 Ballardvale St



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:

The operator of MV 1 stated that as he was travelling in the right-hand lane of the southbound side of Ballardvale St he started to come to a stop at the traffic lights located at 210 Ballardvale St because the light had turned red. After he stopped, MV 2 rear ended MV 1. MV 1 sustained minor damage to the rear bumper. No injuries were reported and the vehicle was still operable.

The operator of MV 2 stated that he was traveling behind MV 1 when approaching 210 Ballardvale St. When the operator of MV 2 saw MV 1's brake lights, the operator of MV 2 began to apply his brakes. The operator of MV2 stated that due to the snow on the ground, his vehicle began to slide causing him to rear end MV 1. MV 2 sustained very minor front-end damage. No injuries were reported and the vehicle was still operable.

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 Robert M DeGregorio III 223 Wilmington Police Department 03/14/2023
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-76-AC



Date of Crash **03/14/2023** Time of Crash **1212** 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:**

<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 # 255 Name of Roadway/Street LOWELL 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# **23-77-AC**

<p>License # S34649256 St MA DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____</p> <p>Operator LE, BRIAN NGO</p> <p>Address 14 RIVERSIDE DR</p> <p>City READING State MA Zip 01867</p> <p>Insurance Company VERMONT MUTUAL INSURANCE</p> <p>Vehicle Travel Direction: N S X 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 # 6SP124 Reg Type PC Reg State MA</p> <p>Veh Year 2017 Veh Make HONDA Veh Config. 2 21</p> <p>Owner LE, BRIAN NGO</p> <p>Address 14 RIVERSIDE DR</p> <p>City READING State MA Zip 01867</p> <p>Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	1.0	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

<p>License # S79055551 St MA DOB/Age _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____</p> <p>Operator VOICU, ANA NICOLETA</p> <p>Address 10 OLIVER ST APT B</p> <p>City HAVERHILL State MA Zip 01832-1323</p> <p>Insurance Company GEICO GENERAL INSURANCE C</p> <p>Vehicle Travel Direction: N S X 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 # 1KAM68 Reg Type PC Reg State MA</p> <p>Veh Year 2017 Veh Make HONDA Veh Config. 2 21</p> <p>Owner VOICU, ANA NICOLETA</p> <p>Address 10 OLIVER ST APT B</p> <p>City HAVERHILL State MA Zip 01832-1323</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 99 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	1.0	1	

Date of Crash 03/14/2023 Time of Crash 1234 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:**

Route# Direction Name of Roadway/Street
 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 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# **23-78-AC**

License # **S90966548** St. **MA** DOB/Ag: _____ Reg # **8LG492** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1**
 Operator **MERO TH, JOSHUA PAUL** Owner **MERO TH, JOSHUA PAUL**
 Address **23 TERRACE HALL AVE** Address **23 TERRACE HALL AVE**
 City **BURLINGTON** State **MA** Zip **01803-3636** City **BURLINGTON** State **MA** Zip **01803-3636**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: 7 27 3 27 1 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: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved

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

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

License # **S26239934** St. **MA** DOB/Ag: _____ Reg # **S62988** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1**
 Operator **FINN, ANTHONY JOSEPH** Owner **FINN, WILLIAM ROBERT**
 Address **25 QUEENSLAND RD** Address **25 QUEENSLAND RD**
 City **N BILLERICA** State **MA** Zip **01862** City **NORTH BILLERICA** State **MA** Zip **01862-3042**
 Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: 1 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: 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
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

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
 2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # **945 MAIN ST**
 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# **23-79-AC**

License # **SA0940325** St **MA** DOB/Age _____ Reg # **W72207** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2023** Veh Make **Other-not listed** Veh Config. **6** 21
 Operator **PERALTA VARGAS, MAURICIO ANTONIO** Owner **PENSKE LEASING AND RENTAL COMPANY**
 Address **3 BENNINGTON ST APT 1** Address **2675 MORGANTOWN RD**
 City **LAWRENCE** State **MA** Zip **01841-3124** City **READING** State **PA** Zip **19607-0000**
 Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 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: **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
Operator	See Above	XXXXXX	X	1	99	4	0	0	10	1	

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

License # **NHL12273074** St **NH** DOB/Age _____ Reg # **W61867** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2021** Veh Make **DODGE** Veh Config. **2** 21
 Operator **OGRADY, BRANDON J** Owner **HUB DELIVERY INC**
 Address **30 COX ST** Address **845 WOBURN ST**
 City **NASHUA** State **NH** Zip **03064** City **WILMINGTON** State **MA** Zip **01887-3440**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: **7** 27 **8** 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** 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	X	1	99	1	0	0	10	1	

Date of Crash 03/17/2023 Time of Crash 0727 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:

BURLINGTON AVE
Route# Direction Name of Roadway/Street
At
SWAIN RD
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# **23-80-AC**

License # **SA4280024** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL _____
Operator **CALVO, DEVIN JOSEPH**
Address **23 CHESTNUT ST**
City **WILMINGTON** State **MA** Zip **01887-3911**
Insurance Company **THE COMMERCE INSURANCE CO**
Vehicle Travel Direction: N S E W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **3KXD27** Reg Type **PC** Reg State **MA**
Veh Year **2004** Veh Make **Infinity** Veh Config. **1**
Owner **CALVO, DEVIN JOSEPH**
Address **23 CHESTNUT ST**
City **WILMINGTON** State **MA** Zip **01887-3911**
Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 6 27 27**
Event Sequence **1 23 23 23 23** Test Status: **1 28**
Most Harmful Event **1 24** Type of Test: **99 29**
Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	99	1	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

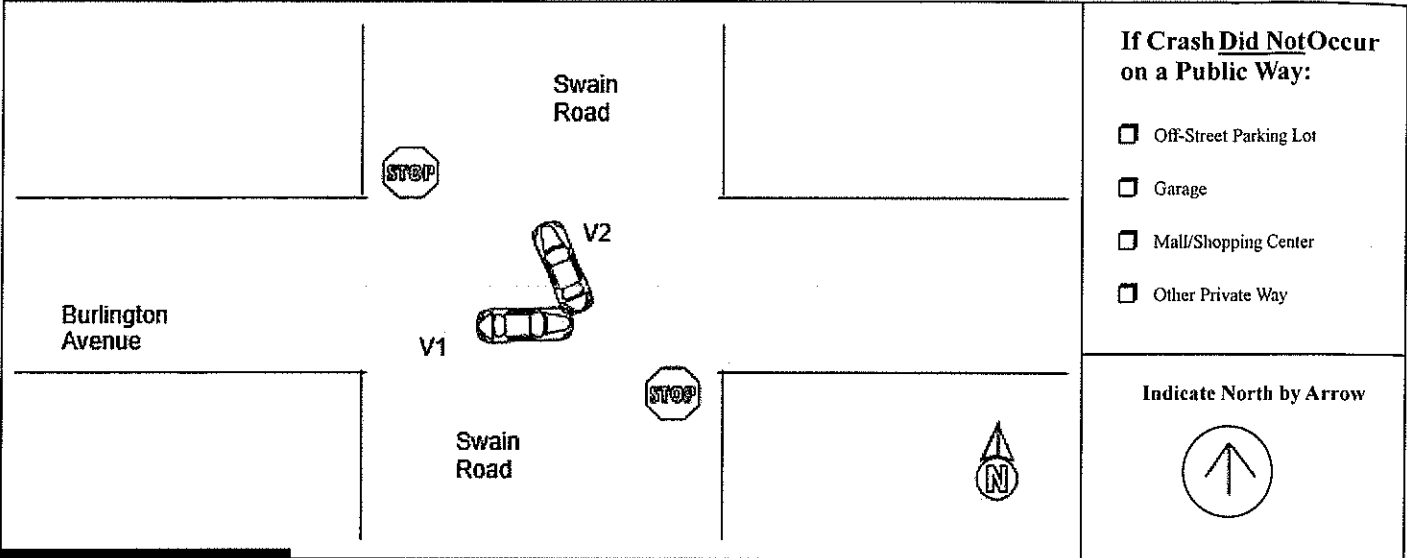
License # **SA6260288** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL _____
Operator **GONZALEZ, RACHEL GRACE**
Address **25 RANDOLPH RD**
City **WILMINGTON** State **MA** Zip **01887-2830**
Insurance Company **SAFETY INSURANCE COMPANY**
Vehicle Travel Direction: N E 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 # **58HT00** Reg Type **PC** Reg State **MA**
Veh Year **2016** Veh Make **ACURA** Veh Config. **1**
Owner **GONZALEZ, MIGUEL A**
Address **25 RANDOLPH RD**
City **WILMINGTON** State **MA** Zip **01887-2830**
Vehicle Action Prior to Crash **4** Damaged Area Code: **6 27 7 27 27**
Event Sequence **1 23 23 23 23** Test Status: **1 28**
Most Harmful Event **1 24** Type of Test: **99 29**
Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **2 33**

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

On Friday March 17, 2023 at approximately 7:30am I, Officer Fortes was dispatched to Burlington Ave at Swain Road for a report of a two vehicle crash with air bag deployment. Upon arrival I observed Op1 standing by his Infinity G35 and Op2 sitting in her Acura MDX. Both parties were offered medical attention on scene and Op2 was evaluated and it was determined she did not have any serious injuries. V1 sustained damage to the front left side and was towed from the scene by Cain's towing and brought back to their yard. V2 sustained damage to the back left side and tire but was driveable and was returned to Op2's residence. Op1 stated he was traveling west on Burlington Ave and did not see V2 taking a left out of Swain Road. Op2 stated she was taking a left out of Swain Road on to Burlington Ave and did not see V1.

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 John A Fortes

228

Wilmington Police Department

03/17/2023

Police Officer Name (Please Print)

Signature

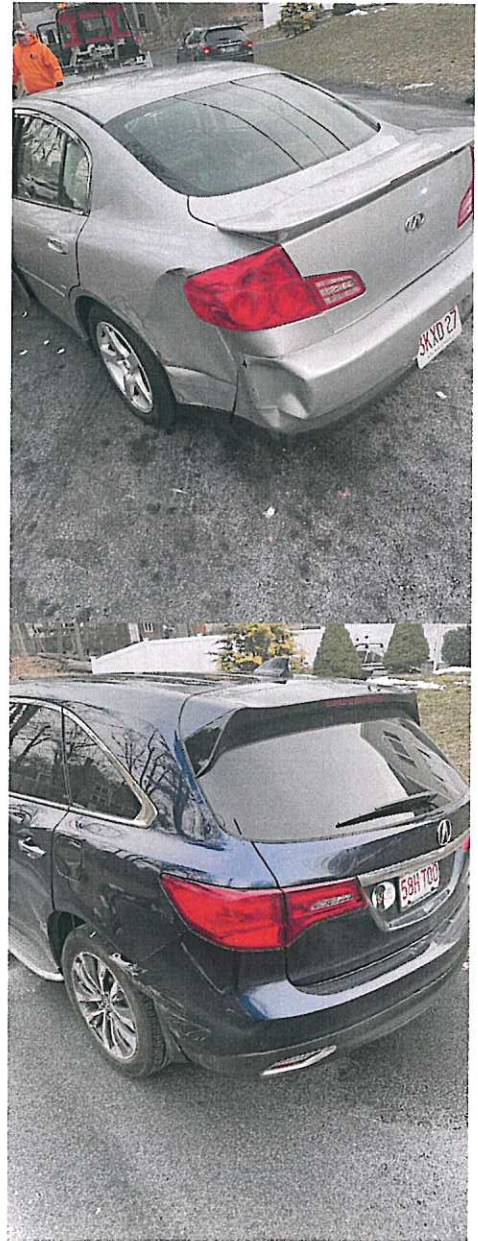
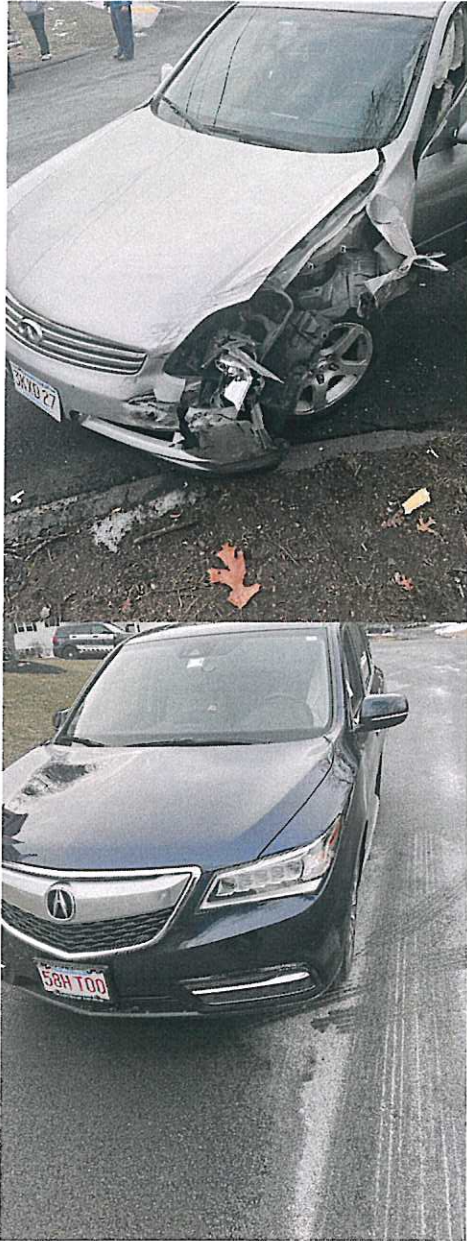
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-80-AC



Date of Crash 03/17/2023 Time of Crash 0842 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 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#	Direction	Address #	Name of Roadway/Street
	At			9 GLEN RD			
	Route#	Direction	Name of Intersecting Roadway/Street	Feet N S E W of _____ of _____ or _____ Mile Marker Exit Number			
			Also at Intersection with	Feet N S E W of _____ of _____ Route# Intersecting Roadway/Street			
2	Route#	Direction	Name of Intersecting Roadway/Street	Feet N S E W of _____ of _____ Landmark			

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# 23-81-AC

3	License #	S63240945	St.	MA	DOB/Age	Reg #	944PW2	Reg Type	PC	Reg State	MA			
	Sex	F	Lic. Class	D	Lic. Restrictions	20	CDL Endorsement	Veh Year	2019	Veh Make	AUDI	Veh Config.	1 21	
4	Operator	REIDY, CHRISTINA MARIA	Owner	REIDY, CHRISTINA MARIA										
3	Address	31 GLEN RD	Address	31 GLEN RD										
	City	WILMINGTON	State	MA	Zip	01887-1943	City	WILMINGTON	State	MA	Zip	01887-1943		
	Insurance Company	PLYMOUTH ROCK ASSURANCE C												
5	Vehicle Travel Direction:	N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	Responding to Emergency?	2	Event Sequence	1 23 23 23 23	Most Harmful Event	1 24	Driver Contributing Code	1 25 25	Driver Distracted by	0 26		
6	Citation # (If Issued)		Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub		Vehicle Action Prior to Crash	2 22	Damaged Area Code:	5 27 27 27
											Test Status:	1 28	Type of Test:	29
											BAC Test Result:	1 30	Susp. Alcohol:	2 31
											Susp. Drug:	2 32	Towed from scene?	2 33

Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator	See Above			1	1	4	0	0	10	1		

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 #	S31483061	St.	MA	DOB/Age	Reg #	2FGS75	Reg Type	PC	Reg State	MA			
	Sex	F	Lic. Class	D	Lic. Restrictions	20	CDL Endorsement	Veh Year	2021	Veh Make	Jeep	Veh Config.	1 21	
8	Operator	STEENBRUGGEN, CAROL JUDITH	Owner	STEENBRUGGEN, CAROL JUDITH										
2	Address	32 FAY ST	Address	32 FAY ST										
	City	WILMINGTON	State	MA	Zip	01887-1807	City	WILMINGTON	State	MA	Zip	01887-1807		
	Insurance Company	PLYMOUTH ROCK ASSURANCE C												
9	Vehicle Travel Direction:	N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	Responding to Emergency?	2	Event Sequence	1 23 23 23 23	Most Harmful Event	1 24	Driver Contributing Code	1 25 25	Driver Distracted by	0 26		
1	Citation # (If Issued)		Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub		Vehicle Action Prior to Crash	2 22	Damaged Area Code:	5 27 27 27
											Test Status:	1 28	Type of Test:	29
											BAC Test Result:	1 30	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		

Date of Crash 03/17/2023 Time of Crash 0842 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

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

<p>Route# Direction Name of Roadway/Street</p> <p>At</p> <p>Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>9 GLEN RD</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 34 #Occupants Hit/Run Moped Crash Report ID# **23-81-AC**

<p>License # SA6380534 St MA DOB/Age _____</p> <p>Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____</p> <p>Operator GONZALEZ HERNANDEZ, URBANO FRANCISCO</p> <p>Address 75 SHAWSHEEN RD</p> <p>City LAWRENCE State MA Zip 01843-1835</p> <p>Insurance Company OLD REPUBLIC 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: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____</p> <p>Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____</p>	<p>Reg # SP105720 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make FORD Veh Config. 5</p> <p>Owner NRT BUS INC</p> <p>Address 230 MAIN ST</p> <p>City NORTH READING State MA Zip 01864-3112</p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22</p> <p>Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23</p> <p>Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24</p> <p>Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25</p> <p>Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26</p> <p>Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28</p> <p>Type of Test: <input type="checkbox"/> 1 <input type="checkbox"/> 29</p> <p>BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30</p> <p>Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 3 <input type="checkbox"/> 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
				99	1	4	0	0	10	1	
				99	1	4	0	0	10	1	
				99	1	4	0	0	10	1	

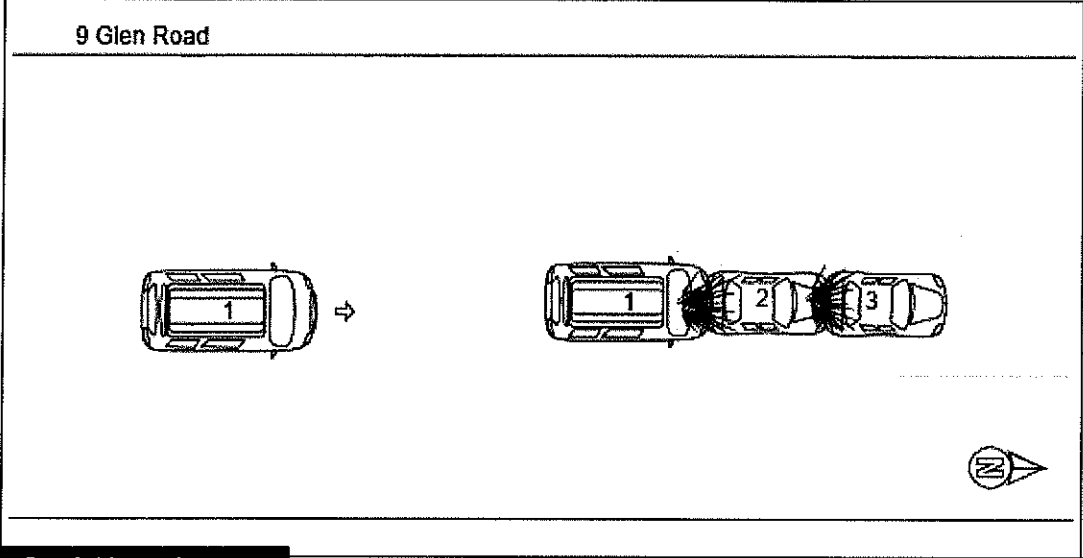
Please Select One of the Following: Vehicle 4 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____</p> <p>Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 22</p> <p>Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23</p> <p>Most Harmful Event <input type="checkbox"/> 24</p> <p>Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25</p> <p>Driver Distracted by <input type="checkbox"/> 26</p> <p>Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Test Status: <input type="checkbox"/> 28</p> <p>Type of Test: <input type="checkbox"/> 29</p> <p>BAC Test Result: <input type="checkbox"/> 30</p> <p>Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 33</p>
---	---

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

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

Vehicle one was traveling down Glen Road towards Middlesex Ave when it approached traffic due to a red light at the end of the street. Vehicles 2 and 3 were both stopped in traffic waiting the light to turn green. The operator of vehicle 1 stated it attempted to stop when they experienced brake failure. Vehicle 1 could not stop in time and collided with vehicle 2 forcing into vehicle 3. There were no apparent injuries from all parties involved although the operator for vehicle 2 was transported to the hospital as a precaution. Vehicles 1 and 2 both had to be towed due to the damage to their vehicles. there was no airbag deployment from any vehicles.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson 222 Wilmington Police Department 03/17/2023

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

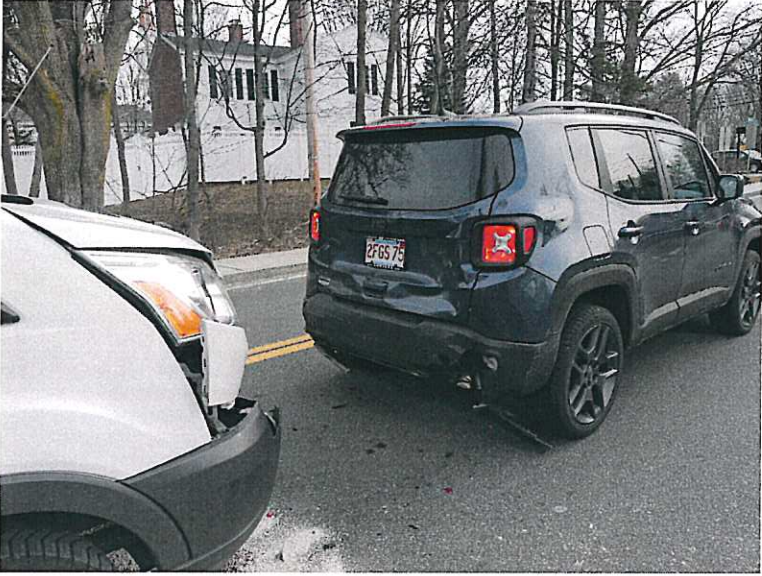
Wilmington Police Department
Images Associated with 23-81-AC



Wilmington Police Department
Images Associated with 23-81-AC



Wilmington Police Department
Images Associated with 23-81-AC



NARRATIVE FOR PATROL OFFICER THOMAS LAWRENSON

Ref: 23-81-AC

Entered: 03/17/2023 @ 1133 Entry ID: 222
 Modified: 03/17/2023 @ 1355 Modified ID: 222
 Approved: 03/20/2023 @ 0731 Approval ID: 196

On March 17, 2023 | Officer Thomas Lawrenson was assigned uniform patrol to cruiser 31, sector 1 working the day shift from 8:00 AM to 4:00 PM. At approximately 8:42 AM I arrived onto a scene of a motor vehicle crash on 9 Glen Road.

The crash had occurred when a 2015 Ford Transit NRT school bus with MA plate 105720 collided with a blue 2021 Jeep Renegade with MA plate 2FGS75 forcing it into a black 2019 Audi Q3 with MA plate 944PW2. The operator of the bus was identified as Urbano Gonzalez-Hernandez who stated he noticed there was traffic at the end of the street and attempted to brake. Urbano stated the brakes would not work and could not stop himself from colliding with the other vehicle. The operator of the Jeep who was identified as Carol Streenbruggen stated she was slowing down to stop in traffic when she was suddenly jolted forward due to the bus colliding with her forcing her into the black Audi. The operator of the Audi was identified as Christina Reidy who stated the same description of events as Carol and did not know why the bus was unable to stop. The passenger aboard the bus identified as Sarah Carty Alcantara who is an aide aboard the bus stated she saw the vehicle begin to slow down but did not stop completely. Sara stated right before the crash she saw Urbano jerk when the bus was getting too close to the other vehicles.

There were no reported injuries from all parties though all the juveniles aboard the bus were evaluated for injuries by the Wilmington Fire Department (WFD). The parents of all the juveniles aboard had given verbal consent to sign medical refusal forms from the WFD. Carol did not appear to have any injuries but was taken to the hospital by her husband as a precaution. Before the bus was picked up by Forrest Towing the brakes were tested and they do appear to have worked. There were also no brake marks in the area where the crash occurred. Both the bus and the Jeep were towed from the scene by Forrest Towing and all parties were assisted with an information exchange.

I was contacted by NRT Inc who had dashcam footage inside the vehicle during the crash. After reviewing the footage it shows Urbano briefly falling asleep just before the crash. By the time he wakes up he is unable to stop in time to prevent the crash. Urbano never stated feeling drowsy or falling asleep during the crash. Due to this information with the fact that juveniles were in his care when this accident occurred, an immediate threat request was filled out and faxed to the RMV.

Respectfully submitted,

Officer Thomas Lawrenson

Patrolman #222

Wilmington Police Department

Attachments for 23-81-AC

Description	Type
INSIDE CAMERA FOOTAGE	MP4
Attachment#: 2E051E6786D947FFB60D89C72A109026	
OUTSIDE CAMERA FOOTAGE	MP4
Attachment#: DFF7EBF594FC4B5B8786D40316850A9C	

Date of Crash 03/17/2023 Time of Crash 1233 24HR 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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street	Route# Direction Address # Name of Roadway/Street
At	195 BALLARDVALE ST
Route# Direction Name of Intersecting Roadway/Street	Feet N S E W of Mile Marker Exit Number
Also at Intersection with	Feet N S E W of Route# Intersecting Roadway/Street
Route# Direction Name of Intersecting Roadway/Street	Feet N S E W of Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# 23-82-AC

License # NHL17082239 St. NH DOB/Age _____	Reg # 3TZH18 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2021 Veh Make NISSAN Veh Config. 2 21
Operator MARTINEZ, STEPHEN BRUCE	Owner MARTINEZ, STEPHEN BRUCE
Address 10 COOPER ST	Address 10 COOPER ST
City TAUNTON State MA Zip 02780	City TAUNTON State MA Zip 02780
Insurance Company PROGRESSIVE DIRECT INSURA	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: N S E <input checked="" type="checkbox"/> 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: 31 Susp. Drug: 32
	Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	
STEPHEN MARTINEZ	13 CRAVEN TER DERRY, NH 03038	09/12/2001	M	3	1	4	0	0	10	1	

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

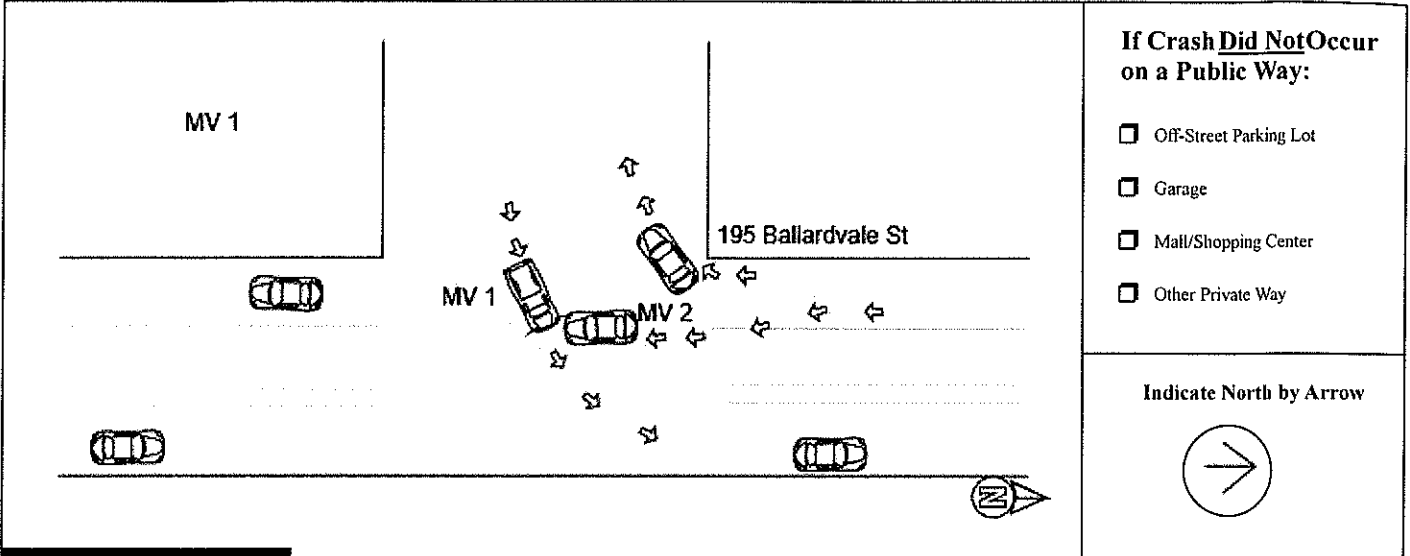
License # S50992832 St. MA DOB/Age _____	Reg # 2AYP65 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____	Veh Year 2016 Veh Make BMW Veh Config. 1 21
Operator GUERRERO, ANGELA DARIS	Owner GUERRERO, ANGELA DARIS
Address 77 LOWELL ST	Address 77 LOWELL ST
City LYNN State MA Zip 01905-2831	City LYNN State MA Zip 01905-2831
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 5 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N <input checked="" type="checkbox"/> E <input checked="" 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 9 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 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
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:

See supplemental narrative.

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

NARRATIVE FOR PATROL OFFICER ROBERT M DEGREGORIO III

Ref: 23-82-AC

Entered: 03/18/2023 @ 1309 Entry ID: 223
Modified: 03/18/2023 @ 1309 Modified ID: 223

The operator of MV 1 stated as he was making a left hand turn out of the driveway of 195 Ballardvale St, the operator of MV 2 began to change lanes because the vehicle in front of them was taking a right-hand turn into the driveway of 195 Ballardvale St. The operator of MV 1 stated that MV 2 was in the right lane closest too him and then went out and around the vehicle in front of them causing the two vehicles to crash. MV 1 sustained damage to the front left side of the vehicle. No injuries reported at the time and the vehicle was still operable.

The operator of MV 2 stated that a vehicle in front of her began to make a right-hand turn into 195 Ballardvale St. While the vehicle was turning, she drove around the vehicle taking up some of the lane next to her. The operator of MV 2 stated that the truck started to creep out of the driveway of 195 Ballardvale St causing the two vehicles to crash. MV 2 sustained damage to the front right of the vehicle. No injuries reported at the time and the vehicle was still operable.

Date of Crash 03/17/2023 Time of Crash 1455 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other:

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

1 10
1 11
2 1
3

Route# Direction **SALEM ST** Name of Roadway/Street
 At
 Route# Direction **MIDDLESEX AVE** 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# **23-83-AC**

4 12
5
6 1
1 13

License # **S92324402** St **MA** DOB/Age _____ Reg # **6CK816** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2017** Veh Make **HONDA** Veh Config. **1** 21
 Operator **SURESH, PRASANNA** Owner **SURESH, PRASANNA**
 Address **1221 AVALON DR** Address **1221 AVALON DR**
 City **WILMINGTON** State **MA** Zip **01887-1155** City **WILMINGTON** State **MA** Zip **01887-1155**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **27** 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved

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

7 8
 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 14
9 2

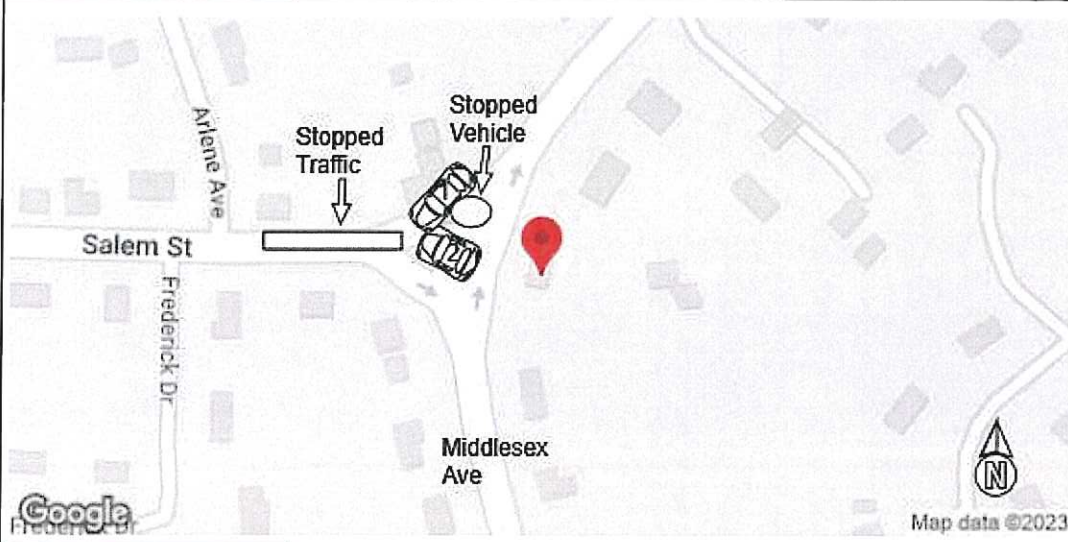
License # **S97919903** St **MA** DOB/Age _____ Reg # **9XG295** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2021** Veh Make **Jeep** Veh Config. **1** 21
 Operator **ROCHE, SAMANTHA NICOLE** Owner **ROCHE, SAMANTHA NICOLE**
 Address **121 TRULL RD** Address **121 TRULL RD**
 City **TEWKSBURY** State **MA** Zip **01876-1706** City **TEWKSBURY** State **MA** Zip **01876-1706**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **27** 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	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:

Vehicle 1 operator stated he was traveling straight on Salem Street when vehicle 2 pulled into his lane. Vehicle 2 stated that she was waiting to turn left onto Salem Street from Middlesex Ave when a vehicle stopped and let her go. Vehicle 2 operator stated that vehicle 1 went around the stopped vehicle on the right side. Vehicle 1 was towed at owners request, and vehicle 2 was driven from the scene. No airbags were deployed and both operators signed medical refusals from the Wilmington Fire Department

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 Michael R DiLorenzo 217 Wilmington Police Department 03/17/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-83-AC



Date of Crash 03/18/2023 Time of Crash 0316 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 1 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other
 Latitude _____ Longitude _____

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>21</u> Name of Roadway/Street <u>PINEWOOD RD</u>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-84-AC**

License # <u>S84052357</u> St <u>MA</u> DOB/Agc _____ Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>MACCORKLE, KEARA ANNE</u> Address <u>12 CEDARCREST RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4006</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input 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>1SYM32</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> Owner <u>MACCORKLE, KEARA ANNE</u> Address <u>12 CEDARCREST RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4006</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> Driver Contributing Code <u>21</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
--	--

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	3	0	0	8	2	Lahey Clinic

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/Agc _____ Sex _____ Lic. Class <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>Driverless M.V.</u> Address _____ City _____ State _____ Zip _____ Insurance Company <u>TRI-STATE INSURANCE COMPA</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <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>V56945</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> Owner <u>NOCELLA, DAVID EDWARD</u> Address <u>63 APPALOOSA CIR</u> City <u>TYNGSBORO</u> State <u>MA</u> Zip <u>01879-2431</u> Vehicle Action Prior to Crash <u>11</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> Driver Contributing Code <u>25</u> <u>25</u> Driver Distracted by <u>26</u> Damaged Area Code: <u>1</u> <u>27</u> <u>5</u> <u>27</u> <u>27</u> Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <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		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							

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 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 30 #Occupants Hit/Run Moped Crash Report ID# **23-84-AC**

License # _____ St _____ DOB/Age _____ Reg # **1BRP58** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2003** Veh Make **DODGE** Veh Config. **2 21**
 Operator **Driverless M.V.** Owner **RILEY, BRIAN PATRICK**
 Address _____ Address **2A CEDARCREST RD**
 City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-4006**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 27 27**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **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 **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
Operator	See Above			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 _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

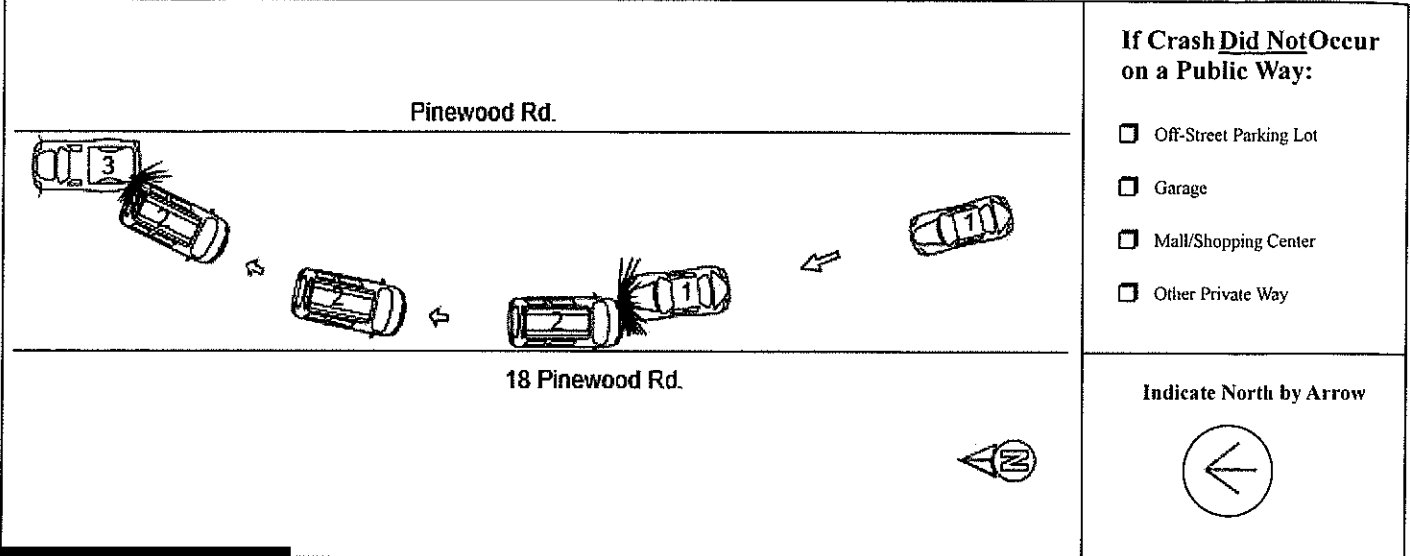
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			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 03/18/23 car 1 while travelling NB on Pinewood Rd. crashed into Van 2 (parked and unoccupied) which sent it into pickup truck 3 (parked and unoccupied). Car 1 and car 2 were towed by forest towing. There was airbag deployment on car 1. The operator of Car 1 stated she fell asleep while driving, causing the crash. She complained of hip pain and minor injuries, She was transported to Lahey Hosp. by Wilmington ambulance.

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 I digit # ⁴⁸ Material Name _____ Material 4 digit # _____ Release code ⁴⁹

Patrol Officer Dillon Halliday

205

Wilmington Police Department

03/18/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-84-AC

