

Date of Crash **04/24/2023** Time of Crash **1555** 24HR 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# **1** Direction \_\_\_\_\_ Name of Roadway/Street **SCALTRITO DR**  
 At \_\_\_\_\_  
**2** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street **SALEM ST**  
 Also at Intersection with \_\_\_\_\_  
**1** Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

**3** Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-129-AC**

**4** License # **S23041120** St **MA** DOB/Age \_\_\_\_\_ Reg # **JTZNJ** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **HONDA** Veh Config. **1** **21**  
**2** Operator **SAWYER-RODRIGUEZ, NARZUEL** Owner **SAWYER-RODRIGUEZ, NARZUEL**  
 Address **8 SCALTRITO DR** Address **8 SCALTRITO DR**  
 City **WILMINGTON** State **MA** Zip **01887-1342** City **WILMINGTON** State **MA** Zip **01887-1342**  
**5** Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **6** **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**

**6** 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>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**8** License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **S24774** Reg Type **CO** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** **19** **19** Lic. Restrictions **P** **20** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **CHEVROLET** Veh Config. **1** **21**  
**1** Operator \_\_\_\_\_ Owner **MICHAEL R SAWYER**  
 Address \_\_\_\_\_ Address **4 LOWELL ROAD, APT 9**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **N. READING** State **MA** Zip **01864**  
**9** Insurance Company **PILGRIM INSURANCE COMPANY** Vehicle Action Prior to Crash **97** **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 **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**

**9** 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>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>PHILLIP CERUNDOLO</b>	<b>19 FOREST ST MIDDLETON, MA 01949</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 23-129-AC



Date of Crash **04/25/2023** Time of Crash **2032** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **15** State Police  Local Police  MBTA Police  Campus Police  Other

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

Route# **1200** Direction \_\_\_\_\_ Name of Roadway/Street **HORSESHOE LN** Address # \_\_\_\_\_  
 At \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **10** #Occupants  Hit/Run  Moped Crash Report ID# **23-130-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **8EC514** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2003** Veh Make **HONDA** Veh Config. **1 21**  
 Operator **Driverless M.V.** Owner **KANE, NICHOLAS MICHAEL**  
 Address \_\_\_\_\_ Address **4114 HORSESHOE LN APT 4114**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-3099**  
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **6 27 27 27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **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>XXXX</del>	<b>1</b>	<b>10</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

License # **S65456063** St **MA** DOB/Age \_\_\_\_\_ Reg # **3CTC14** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1 21**  
 Operator **LEMOINE, AMANDA M** Owner **LEMOINE, AMANDA M**  
 Address **1232 HORSESHOE LN** Address **1232 HORSESHOE LN**  
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887**  
 Insurance Company **LIBERTY MUTUAL FIRE INSUR** 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 **2 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) **939340AB** Most Harmful Event **2 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **2 33**

Please fill out for operator/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>XXXX</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 04/27/2023	Time of Crash 0635 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>25</b>	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: _____

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____		Route# <b>52</b> Direction <b>WEST</b> Address # <b>ST</b> Name of Roadway/Street _____
At _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		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# _____ Direction _____ Name of Intersecting Roadway/Street _____		Route# _____ Intersecting Roadway/Street _____
		Landmark _____

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

Crash Report ID# **23-131-AC**

License # <b>S37993970</b> St <b>MA</b> DOB/Ag. _____	Reg # <b>1NCL42</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <sup>19</sup> / <sub>99</sub> Lic. Restrictions <b>1</b> <sup>20</sup> CDL _____	Veh Year <b>2013</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <sup>21</sup>
Operator <b>DIXON, DOROTHY H</b>	Owner <b>DIXON, DOROTHY H</b>
Address <b>26 MARENGO ST</b>	Address <b>26 MARENGO ST</b>
City <b>NORTH ANDOVER</b> State <b>MA</b> Zip <b>01845-4233</b>	City <b>NORTH ANDOVER</b> State <b>MA</b> Zip <b>01845-4233</b>
Insurance Company <b>PROGRESSIVE DIRECT INSURA</b>	Vehicle Action Prior to Crash <b>1</b> <sup>22</sup> Damaged Area Code: <b>8</b> <sup>27</sup> <sup>27</sup> <sup>27</sup>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <sup>23</sup> <sup>23</sup> <sup>23</sup> <sup>23</sup> Test Status: <b>1</b> <sup>28</sup>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <sup>24</sup> Type of Test: <b>29</b>
Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____	BAC Test Result: <b>1</b> <sup>30</sup>
Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Driver Contributing Code <b>1</b> <sup>25</sup> <sup>25</sup> Susp. Alcohol: <b>2</b> <sup>31</sup> Susp. Drug: <b>2</b> <sup>32</sup>
	Driver Distracted by <b>0</b> <sup>26</sup> Towed from scene? <b>2</b> <sup>33</sup>

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>XXXX</del>	<b>1</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 **28** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # <b>S73963998</b> St <b>MA</b> DOB/Ag. _____	Reg # <b>SB34578</b> Reg Type <b>BU</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>B</b> <sup>19</sup> / <sub>B</sub> Lic. Restrictions <b>M</b> <sup>20</sup> CDL <b>S</b>	Veh Year <b>2024</b> Veh Make <b>Other-not listed</b> Veh Config. <b>4</b> <sup>21</sup>
Operator <b>THORBURNE, JESSICA A</b>	Owner <b>CHRISTIANSO BUS CO LLC</b>
Address <b>50 BRIARWOOD AVE</b>	Address <b>6 BURNING TREE LN</b>
City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-1638</b>	City <b>CHELMSFORD</b> State <b>MA</b> Zip <b>01824-4502</b>
Insurance Company <b>NATIONAL UNION FIRE INSUR</b>	Vehicle Action Prior to Crash <b>1</b> <sup>22</sup> Damaged Area Code: <b>7</b> <sup>27</sup> <sup>27</sup> <sup>27</sup>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <sup>23</sup> <sup>23</sup> <sup>23</sup> <sup>23</sup> Test Status: <b>1</b> <sup>28</sup>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <sup>24</sup> Type of Test: <b>29</b>
Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____	BAC Test Result: <b>1</b> <sup>30</sup>
Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Driver Contributing Code <b>1</b> <sup>25</sup> <sup>25</sup> Susp. Alcohol: <b>2</b> <sup>31</sup> Susp. Drug: <b>2</b> <sup>32</sup>
	Driver Distracted by <b>0</b> <sup>26</sup> Towed from scene? <b>2</b> <sup>33</sup>

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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Date of Crash 04/27/2023 Time of Crash 0635 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ State Police  Local Police  MBTA Police  Campus Police  Other

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

Route# Direction Name of Roadway/Street At

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

Route# Direction 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 2 #Occupants  Hit/Run  Moped **Crash Report ID# 23-131-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **SB34578** 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? **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>XXXX</del>	<b>1</b>							
			M	97	0	4	0	0	10	1	
		2006	F	97	0	4	0	0	10	1	
			M	97	0	4	0	0	10	1	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **SB34578** 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? **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	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							
				97	0	4	0	0	10	1	





Wilmington Police Department  
Images Associated with 23-131-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At  
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
2 1 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street  
200 BALLARDVALE ST  
Feet N S E W of Mile Marker Exit Number  
4 11 Feet N S E W of Route# Intersecting Roadway/Street  
Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 10 #Occupants  Hit/Run  Moped Crash Report ID# 23-132-AC

License # St DOB/Age Reg # MAHIRA Reg Type PC Reg State MA  
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2019 Veh Make BMW Veh Config. 1 21  
Operator Driverless M.V. Owner SINGH, MANPREET  
Address Address 27 WALNUT WAY  
City HOPKINTON State MA Zip 01748-3233  
Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 7 27 27  
Vehicle Travel Direction: N X 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: Ctl/Sec/Sub Viol. 2: Ctl/Sec/Sub Driver Contributing Code 1 25 25 BAC Test Result: 1 30  
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	0	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 # S59067072 St MA DOB/Agr Reg # 1TBZ56 Reg Type PC Reg State MA  
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2006 Veh Make HONDA Veh Config. 1 21  
Operator JONES, LARNEL CHRISPIN OLUKE Owner JONES, HAROLD MICHAEL  
Address 54 JUNIPER BROOK RD Address 54 JUNIPER BROOK RD  
City NORTHBOROUGH State MA Zip 01532-2343 City NORTHBOROUGH State MA Zip 01532-2343  
Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27  
Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 2 23 23 23 23 Test Status: 1 28  
Citation # (If Issued) Most Harmful Event 2 24 Type of Test: 29  
Viol. 1: Ctl/Sec/Sub Viol. 2: Ctl/Sec/Sub Driver Contributing Code 99 25 25 BAC Test Result: 1 30  
Viol. 3: Ch/Sec/Sub Viol. 4: Ctl/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Towed from scene? 2 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	



Date of Crash: 04/27/2023 | Time of Crash: 1714 (24HR) | City/Town: Wilmington

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: At

Route# Direction Name of Intersecting Roadway/Street: 272 LOWELL ST

Route# Direction Name of Intersecting Roadway/Street: 269 BURLINGTON AVE

Crash Report ID# 23-133-AC

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

License # S58807734 | St MA | DOB/Ag | Reg # 1RQB83 | Reg Type PC | Reg State MA

Sex F | Lic. Class D | Lic. Restrictions 1 | CDL | Veh Year 2017 | Veh Make HONDA | Veh Config. 1

Operator KUNDE, ERIN LYNN | Owner KUNDE, ERIN LYNN

Address 269 BURLINGTON AVE | Address 269 BURLINGTON AVE

City WILMINGTON | State MA | Zip 01887-3171 | City WILMINGTON | State MA | Zip 01887-3171

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: NSW | 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

Damaged Area Code: 5 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 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

License # S34475630 | St MA | DOB/Ag | Reg # 1EXT21 | Reg Type PC | Reg State MA

Sex F | Lic. Class D | Lic. Restrictions 1 | CDL | Veh Year 2018 | Veh Make Jeep | Veh Config. 1

Operator OREILLY, ALEX B | Owner OREILLY, ALEX B

Address 45 PURITAN RD | Address 45 PURITAN RD

City SOMERVILLE | State MA | Zip 02145-1011 | City SOMERVILLE | State MA | Zip 02145-1011

Insurance Company GEICO GENERAL INSURANCE C

Vehicle Travel Direction: NSW | 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

Damaged Area Code: 1 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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

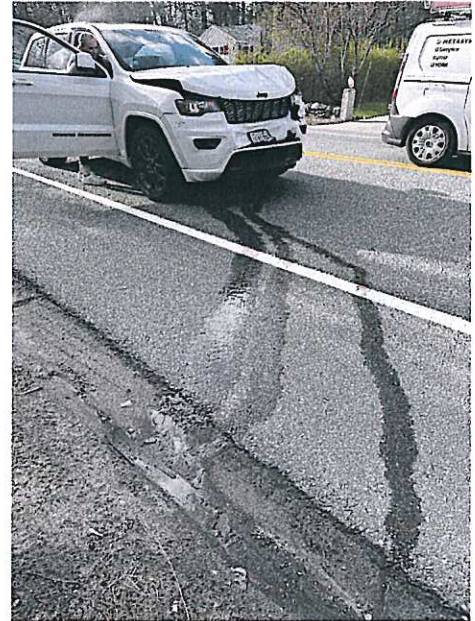
Towed from scene? 1 33

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	3	0	0	10	1	



Wilmington Police Department  
Images Associated with 23-133-AC



Date of Crash 04/29/2023	Time of Crash 0314 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>30</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
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**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 # <u>301</u> Name of Roadway/Street <u>BALLARDVALE 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 _____
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-134-AC**

License # <u>SA3240282</u> St <u>MA</u> DOB/Ag _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>SIM, JAEDYN LOURM</u> Address <u>59 MCGUIGAN CIR</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-5611</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</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>3BPE76</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> Owner <u>SIM, JAEDYN LOURM</u> Address <u>59 MCGUIGAN CIR</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-5611</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>41</u> <u>23</u> <u>21</u> <u>23</u> <u>23</u> Most Harmful Event <u>21</u> Driver Contributing Code <u>21</u> <u>25</u> Driver Distracted by <u>0</u> Damaged Area Code: <u>7</u> <u>27</u> <u>1</u> <u>27</u> <u>10</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol <u>2</u> <u>31</u> Susp. Drug <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Post.	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	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 # _____ St _____ DOB/Ag _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>24</u> Driver Contributing Code <u>25</u> <u>25</u> Driver Distracted by <u>26</u> Damaged Area Code: <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>33</u>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Post.	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							

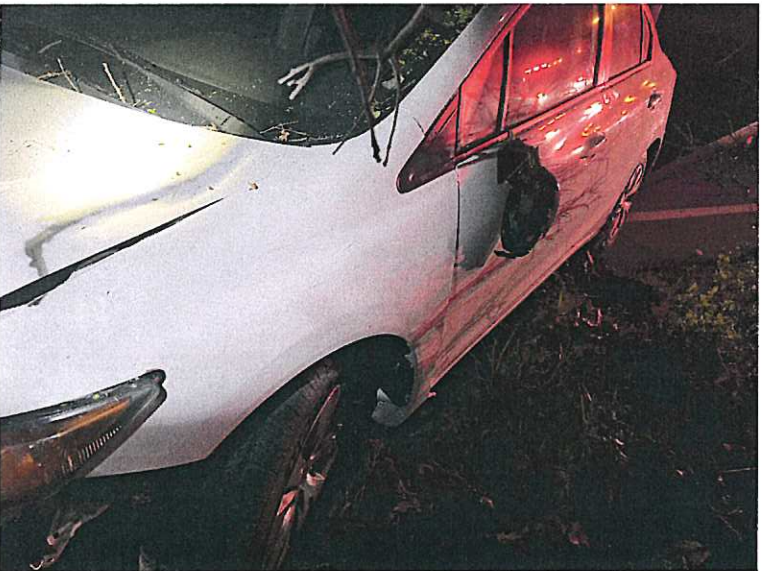




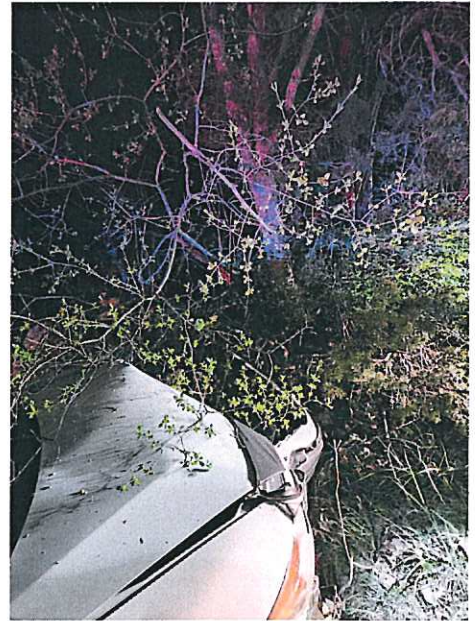
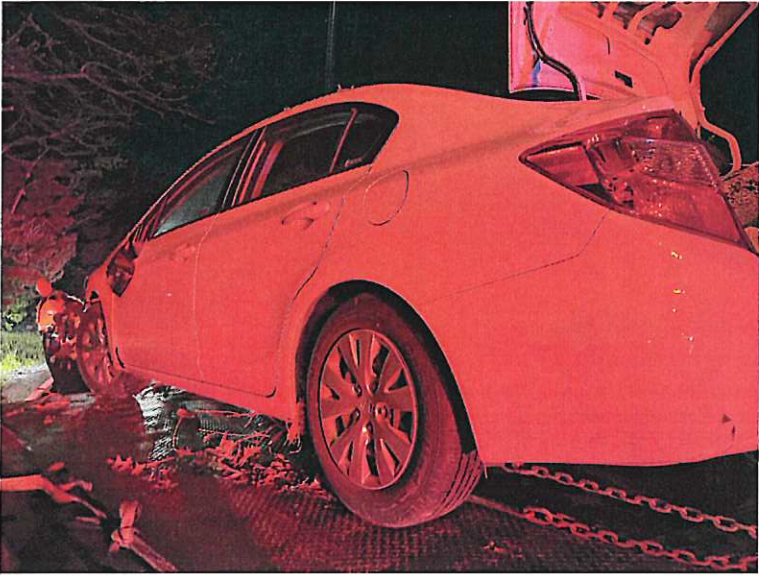
Wilmington Police Department  
Images Associated with 23-134-AC



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Images Associated with 23-134-AC



Wilmington Police Department  
Images Associated with 23-134-AC



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

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

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

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **38** Name of Roadway/Street **BOUTWELL 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# 23-135-AC**

License # **S25740328** St **MA** DOB/At \_\_\_\_\_ Reg # **8BH183** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2004** Veh Make **Jeep** Veh Config. **1**

Operator **DINUCCIO, GEENA LAUREN** Owner **DINUCCIO, GEENA LAUREN**

Address **7 SARAFINAS WAY** Address **7 SARAFINAS WAY**

City **WILMINGTON** State **MA** Zip **01887-4554** City **WILMINGTON** State **MA** Zip **01887-4554**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **9 27 1 27 27**

Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **20 23 31 23 43 23 23** Test Status: **1 28 29**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **43 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **20 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **1 26** 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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

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

Sex \_\_\_\_\_ Lic. Class **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 29**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** BAC Test Result: **30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** Susp. Alcohol: **31** Susp. Drug: **32**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** 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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>							



Wilmington Police Department  
Images Associated with 23-135-AC



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