

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

Route# Direction SHAWSHEEN AVE Name of Roadway/Street  
 Route# Direction BRIDGE LN 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# 23-136-AC**

License # S94739533 St MA DOB/Ag: \_\_\_\_\_ Reg # 481KW1 Reg Type PC Reg State MA  
 Sex M Lic. Class D Lic. Restrictions 1 CDL \_\_\_\_\_ Veh Year 2011 Veh Make HONDA Veh Config. 1  
 Operator MEUSE, THOMAS CHARLES Owner MEUSE, THOMAS CHARLES  
 Address 23 PRATT ST Address 23 PRATT ST  
 City TEWKSBURY State MA Zip 01876-3324 City TEWKSBURY State MA Zip 01876-3324  
 Insurance Company LIBERTY MUTUAL INSURANCE Vehicle Action Prior to Crash 1 Damaged Area Code: 2 27 1 27 8 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 1 25 25 BAC Test Result: 1 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? 1 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	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

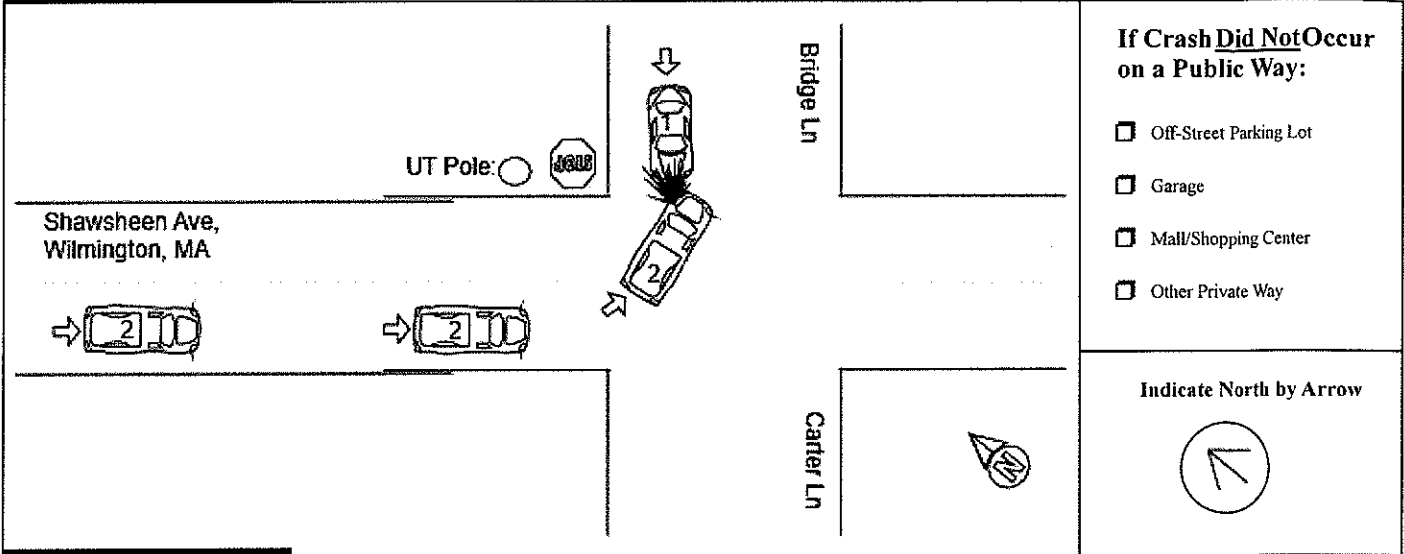
License # S10952380 St MA DOB/Ag: \_\_\_\_\_ Reg # 8TL324 Reg Type PC Reg State MA  
 Sex M Lic. Class D Lic. Restrictions 1 CDL \_\_\_\_\_ Veh Year 2018 Veh Make CHEVROLET Veh Config. 1  
 Operator RAFFI, EVAN PHILIP Owner RAFFI, EVAN PHILIP  
 Address 8 BRIDGE LN Address 8 BRIDGE LN  
 City WILMINGTON State MA Zip 01887-2672 City WILMINGTON State MA Zip 01887-2672  
 Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Action Prior to Crash 4 Damaged Area Code: 1 27 8 27 27  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 19 25 9 25 BAC Test Result: 1 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? 2 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ☺



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

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

**Indicate North by Arrow**



**Crash Narrative:**

MV 1 and MV 2 agreed upon the following. MV 1 was traveling on Bridge Ln, approaching the intersection of Bridge Ln and Shawsheen Ave, slowing to come to a stop. MV 2 was turning left from Shawsheen Ave onto Bridge Ln. MV 2 did not see MV 1 approaching the intersection and took the left turn too tight, resulting in a collision with MV 1. Both operators stated no injuries. MV 1 was towed to Forrest Towing.

**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 James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/30/2023

Date

Wilmington Police Department  
Images Associated with 23-136-AC



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

Route# Direction **LOWELL ST** Name of Roadway/Street  
 At  
 Route# Direction **WEST ST** 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# 23-137-AC**

License # **S16615481** St **MA** DOB/Ag: \_\_\_\_\_ Reg # **5CRR78** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2020** Veh Make **FORD** Veh Config. **1** 21  
 Operator **TREFREY, KATHRYN LYNN** Owner **TREFREY, KATHRYN LYNN**  
 Address **269 LINDEN ST** Address **269 LINDEN ST**  
 City **SOUTH HAMILTON** State **MA** Zip **01982-1642** City **SOUTH HAMILTON** State **MA** Zip **01982-1642**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 27 **10** 27 **27**  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>B</b>	<b>2</b>	Winchester Hospital
<b>CORBIN GALLOWAY</b>	40 LAKESIDE BLVD NORTH READING, MA 01864-1112		<b>M</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	Winchester Hospital

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

License # **S99062906** St **MA** DOB/Ag: \_\_\_\_\_ Reg # **295TT5** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2012** Veh Make **CHEVROLET** Veh Config. **1** 21  
 Operator **LINEHAN, ANN MARIE** Owner **LINEHAN, ANN MARIE**  
 Address **13 ALBANY ST** Address **13 ALBANY ST**  
 City **WOBURN** State **MA** Zip **01801-4609** City **WOBURN** State **MA** Zip **01801-4609**  
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **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 **1** 25 **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **1** 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>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 **05/02/2023** Time of Crash **1945** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **3** Number Injured **3** Speed Limit **40** State Police   
 24HR **Police Report** Latitude \_\_\_\_\_ MBTA Police   
 Longitude \_\_\_\_\_ Campus Police   
 Other \_\_\_\_\_

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

<p><b>LOWELL ST</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p><b>WEST ST</b></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 # _____ Name of Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ or _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____ Mile Marker _____</p> <p>_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ Landmark _____</p>
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Please Select One of the Following:  Vehicle **32** #Occupants  Hit/Run  Moped Crash Report ID# **23-137-AC**

<p>License # <b>S26699012</b> St <b>MA</b> DOB/Ag: _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>TORINO, ROBERT JOHN</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>334 SALEM RD</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2136</b></p> <p>Insurance Company <b>FARMERS PROPERTY &amp; CASUAL</b></p> <p>Vehicle Travel Direction: <b>N S E W</b> <input checked="" type="checkbox"/> Responding to Emergency? <b>2</b></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 # <b>2THS11</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2020</b> Veh Make <b>KIA</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>TORINO, ROBERT JOHN</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>334 SALEM RD</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2136</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
JUSTIN TORINO		334 SALEM RD BILLERICA, MA 01821	M	3	1	4	0	0	8	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/Ag: _____</p> <p>Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____</p> <p>Operator _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <b>21</b></p> <p>Owner _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>33</b></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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>						



Wilmington Police Department  
Images Associated with 23-137-AC



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

1 1 Route# Direction Name of Roadway/Street At

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

3 3 Route# Direction Name of Intersecting Roadway/Street

4 4 Route# Direction Address # Name of Roadway/Street

5 5 Feet N S E W of Mile Marker Exit Number

6 6 Feet N S E W of Route# Intersecting Roadway/Street

7 7 Feet N S E W of Landmark

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

Crash Report ID# **23-138-AC**

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

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

Operator **unknown** Owner

Address Address

City State Zip City State Zip

Insurance Company Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 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) Most Harmful Event 2 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 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License # St DOB/Age Reg # **1FNJ92** Reg Type **PC** Reg State **MA**

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year **2005** Veh Make **TOYOTA** Veh Config. 1 21

Operator **Driverless M.V.** Owner **KIMLY, VATTANA TINO**

Address Address **14 COMMONWEALTH CT APT 1**

City State Zip City **BRIGHTON** State **MA** Zip **02135-4516**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 8 27 27

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

Citation # (If Issued) Most Harmful Event 2 24 Type of Test: 29

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

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

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

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			1	0						





Date of Crash 05/04/2023 Time of Crash 1551 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 1 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			103 BURLINGTON AVE			
	Route#	Direction	Name of Intersecting Roadway/Street	Feet N S E W of _____ of _____ or _____ Mile Marker _____ Exit Number _____			
2	Also at Intersection with			Feet N S E W of _____ of _____ Route# _____ Intersecting Roadway/Street _____			
	Route#	Direction	Name of Intersecting Roadway/Street	Landmark _____			

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# 23-139-AC

3	License #	S59191281	St	MA	DOB/Ag	Reg #	578LC5	Reg Type	PC	Reg State	MA		
	Sex	M	Lic. Class	D 19 19	Lic. Restrictions	20	CDL	Endorsement					
4	Operator	CUSHING, DARRIN LAWRENCE CARR			Owner	CUSHING-POTE, PAULA MARY							
	Address	45 BUTTERSROW			Address	45 BUTTERSROW							
5	City	WILMINGTON	State	MA	Zip	01887-3340	City	WILMINGTON	State	MA	Zip	01887-3340	
	Insurance Company	SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash	1 22		Damaged Area Code:	1 27 2 27 3 27				
6	Vehicle Travel Direction:	N S E W <input checked="" type="checkbox"/>		Responding to Emergency?	2		Event Sequence	40 23 23 23 23		Test Status:	1 28		
	Citation # (If Issued)				Most Harmful Event	21 24		Type of Test:	29		BAC Test Result:	30	
7	Viol. 1: Ch/Sec/Sub				Driver Contributing Code	22 25 25		Susp. Alcohol:	2 31		Susp. Drug:	2 32	
	Viol. 2: Ch/Sec/Sub				Driver Distracted by	99 26		Towed from scene?	1 33				
8	Viol. 3: Ch/Sec/Sub												
	Viol. 4: Ch/Sec/Sub												

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			1	99	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

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

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



Wilmington Police Department  
Images Associated with 23-139-AC



Date of Crash 05/05/2023 Time of Crash 1315 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 10 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# <u>211</u> Direction _____ Address # <u>LOWELL ST</u> Name of Roadway/Street _____</p> <p>Feet <u>N S E W</u> of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet <u>N S E W</u> of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <u>N S E W</u> of _____</p> <p>Landmark _____</p>
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Please Select One of the Following:  Vehicle 10 #Occupants  Hit/Run  Moped Crash Report ID# **23-140-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>Driverless M.V.</u></p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company <u>SAFETY INSURANCE COMPANY</u></p> <p>Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>21179</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2013</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1 21</u></p> <p>Owner <u>EMMONS, ROBERT G</u></p> <p>Address <u>19 STEWART RD</u></p> <p>City <u>READING</u> State <u>MA</u> Zip <u>01867-2235</u></p> <p>Vehicle Action Prior to Crash <u>11 22</u> Damaged Area Code: <u>5 27 27 27</u></p> <p>Event Sequence <u>2 23 23 23 23</u> Test Status: <u>1 28</u></p> <p>Most Harmful Event <u>2 24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>1 25 25</u> BAC Test Result: <u>1 30</u></p> <p>Driver Distracted by <u>0 26</u> Susp. Alcohol: <u>2 31</u> Susp. Drug: <u>2 32</u></p> <p>Towed from scene? <u>2 33</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above										

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

<p>License # <u>NHL12622583</u> St <u>NH</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>A 19 19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>FANJOY, ZACHARY DAVID</u></p> <p>Address <u>64 64 MAMMOTH RD WINDHAM</u></p> <p>City <u>WINDHAM</u> State <u>NH</u> Zip <u>03087</u></p> <p>Insurance Company <u>GEICO</u></p> <p>Vehicle Travel Direction: <u>N S E X</u> Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>GABBERS</u> Reg Type <u>PC</u> Reg State <u>NH</u></p> <p>Veh Year <u>2007</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1 21</u></p> <p>Owner <u>KIRCHNER, GABRIELLE</u></p> <p>Address <u>636 SUMMER ST APT 2</u></p> <p>City <u>MANCHESTER</u> State <u>NH</u> Zip <u>031034377</u></p> <p>Vehicle Action Prior to Crash <u>10 22</u> Damaged Area Code: <u>5 27 27 27</u></p> <p>Event Sequence <u>2 23 23 23 23</u> Test Status: <u>1 28</u></p> <p>Most Harmful Event <u>2 24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>19 25 97 25</u> BAC Test Result: <u>1 30</u></p> <p>Driver Distracted by <u>99 26</u> Susp. Alcohol: <u>2 31</u> Susp. Drug: <u>2 32</u></p> <p>Towed from scene? <u>2 33</u></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above										



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

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

At

**1** 1 **BRENTWOOD AVE**  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

**2** 1  
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

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

Mile Marker Exit Number

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

Route# Intersecting Roadway/Street

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

Landmark

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

Crash Report ID# **23-141-AC**

License # **S50604493** St **MA** DOB/Agc \_\_\_\_\_ Reg # **OLGRL** Reg Type **MC** Reg State **NH**

Sex **M** Lic. Class **M M** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **HARLEY-DAVIDSON** Veh Config. **3** 21

Operator **BEAN, KEITH A** Owner **DOIRON, CRYSTAL ANN**

Address **204 FARNHAM ST** Address **4 PLEASANT ST**

City **LAWRENCE** State **MA** Zip **01841-5125** City **HOOKSETT** State **NH** Zip **031061408**

Insurance Company **SELF** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **10** 27 **1** 27 **27**

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **2** 23 **40** 23 **97** 23 **97** 23 Test Status: **1** 28

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2** 24 Type of Test: **1** 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **20** 25 **19** 25 BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **5** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Agc	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>5</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>2</b>	Lahey Clinic

Please Select One of the Following:  Vehicle **2** 0 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Agc \_\_\_\_\_ Reg # **W86136** Reg Type **CO** Reg State **MA**

Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **1994** Veh Make **FORD** Veh Config. **8** 21

Operator **Driverless M.V.** Owner **CARVALHO, ANTHONY R**

Address \_\_\_\_\_ Address **747 WOBURN ST**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-3426**

Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **5** 27 **4** 27 **6** 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 **10** 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 **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/Agc	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>10</b>	<b>5</b>	<b>99</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Date of Crash 05/05/2023	Time of Crash 1344 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 3	Number Injured 1	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:**

<p><b>WOBURN ST</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p><b>BRENTWOOD AVE</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">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 style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 3 Occupants  Hit/Run  Moped Crash Report ID# **23-141-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <b>Driverless M.V.</b> Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company <b>SAFETY INSURANCE COMPANY</b> 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 # <b>3VSJ48</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2008</b> Veh Make <b>MERCEDES-BENZ</b> Veh Config. <u>21</u> Owner <b>WILHELM, WITHOLD H</b> Last First Middle Address <b>2 BRENTWOOD AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3461</b> Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27 27 27</u> Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator 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>XXXX</del>	<del>XX</del>	1							

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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle 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 _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27 27 27</u> Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		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>XXXX</del>	<del>XX</del>	1							





Wilmington Police Department  
Images Associated with 23-141-AC



Wilmington Police Department  
Images Associated with 23-141-AC



**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

**Police Use Only** | **RMV Document Number**

Date of Crash: 05/06/2023 | Time of Crash: 0123 | City/Town: **Wilmington** | Number Vehicles: 1 | Number Injured: 1 | Speed Limit: 30

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  
 316 **LOWELL ST**  
 Feet      of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Feet      of \_\_\_\_\_  
 Route# Intersecting Roadway/Street  
 Feet      of \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped | Crash Report ID# **23-142-AC**

License # **M63550797280** St. **IL** DOB/Age \_\_\_\_\_ Reg # **2PPV17** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_  
 Operator **GABRIEL MARTINEZ, KENETT** Owner **GABRIEL MARTINEZ, KENETT**  
 Address **1243 MAIN ST APT 1** Address **1243 MAIN ST APT 1**  
 City **READING** State **MA** Zip **01867** City **READING** State **MA** Zip **01867**  
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **2** **27** **8** **27**  
 Vehicle Travel Direction:     Responding to Emergency? **2** Event Sequence **22** **23** **23** **23** **23** Test Status: **3** **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **22** **24** Type of Test: **1** **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **10** **25** **9** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** **26** Susp. Alcohol: **1** **31** Susp. Drug: **1** **32**  
 Towed from scene? **1** **33**

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>2</b>	Lahey Clinic

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

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_  
 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:     Responding to Emergency? \_\_\_\_\_ Event Sequence **23** **23** **23** **23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **33**

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							

