

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

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

2 10 Route# Direction Address # Name of Roadway/Street  
 670 WOBURN ST  
 Feet N S E W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 1 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 12 #Occupants  Hit/Run  Moped | Crash Report ID# **23-143-AC**

License # **S41289218** St **MA** DOB/Age \_\_\_\_\_ Reg # **4BPW68** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2023** Veh Make **HYUNDAI** Veh Config. **1**  
 Operator **JONES, ERIC ROBERT** Owner **JONES, ERIC ROBERT**  
 Address **54 FEDERAL ST** Address **54 FEDERAL ST**  
 City **WILMINGTON** State **MA** Zip **01887-2554** City **WILMINGTON** State **MA** Zip **01887-2554**  
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **10 23 23 23 23** Test Status: **1 28 29**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **10 24** Type of Test: **1 30**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** 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		<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
			<input type="checkbox"/>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ 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** Type of Test: **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

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		<input checked="" type="checkbox"/>	<b>1</b>							



Wilmington Police Department  
Images Associated with 23-143-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  
355 MIDDLESEX AVE  
Feet N S E W of Mile Marker Exit Number  
3 11  
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# 23-144-AC

4 1 License # unknown St DOB/Ag  
Sex M Lic. Class 99 19 19 Lic. Restrictions 1 20 CDL Endorsement  
Operator COELHO PROBST, BRUNO Owner COELHO PROBST, DANIEL  
Address 2 GREENBRIAR DR APT 201 Address 2 GREENBRIAR DR APT 201  
City NORTH READING State MA Zip 01864 City NORTH READING State MA Zip 01864-3128  
Insurance Company QUINCY MUTUAL FIRE INSURA Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 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: 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

6 1 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 1 Please Select One of the Following:  Vehicle 2 Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

8 99 License # SA6470247 St MA DOB/Ag  
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  
Operator PEGUERO FERMIN, ROBERT ALEXANDER Owner PEGUERO FERMIN, ROBERT ALEXANDER  
Address 2 MUSEUM SQ APT 412 Address 2 MUSEUM SQ APT 412  
City LAWRENCE State MA Zip 01840-1536 City LAWRENCE State MA Zip 01840-1536  
Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 10 22 Damaged Area Code: 4 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: 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

9 2 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	



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street 446 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# 23-145-AC

License # S88916352 St MA DOB/Ag \_\_\_\_\_ Reg # 1EGH41 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2018 Veh Make CHEVROLET Veh Config. 1 21

Operator CLIFTON, DIANE S Owner CLIFTON, DIANE S

Address 71 SHAWSHEEN AVE Address 71 SHAWSHEEN AVE

City WILMINGTON State MA Zip 01887-2628 City WILMINGTON State MA Zip 01887-2628

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction:  S  E  W Responding to Emergency? 2

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 3 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 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	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 # 087978249 St CT DOB/Ag \_\_\_\_\_ Reg # AL41672 Reg Type PC Reg State CT

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2015 Veh Make Jeep Veh Config. 1 21

Operator SVEDROVIC, JESSICA ANNE Owner SVEDROVIC, JESSICA

Address 33 MORTON RD Address 33 MORTON RD

City WATERBURY State CT Zip 06705-3031 City WATERBURY State CT Zip 06705-3031

Insurance Company Safeco Insurance Company

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 \_\_\_\_\_

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 4 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			1	99	4	0	0	10	1	

