

Date of Crash 06/11/2023 Time of Crash 1146 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

<p>Route# <u>1</u> Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>471</u> Name of Roadway/Street <u>SALEM ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-177-AC**

<p>License # <u>D620538471730</u> St <u>FL</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>DIROCCO, LAWRENCE THOMAS</u> Address <u>1727 SURESIDE BLVD</u> City <u>CAPE CORAL</u> State <u>FL</u> Zip <u>33991</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <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 _____</p>	<p>Reg # <u>52LB60</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CARLSON, MARILYN</u> Address <u>1254 OSGOOD ST APT 1409</u> City <u>NORTH ANDOVER</u> State <u>MA</u> Zip <u>01845-1072</u> 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> Event Sequence <u>5</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>5</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>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	
Operator				<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>		
Name (Last First Middle)		Address										
Operator		See Above										

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

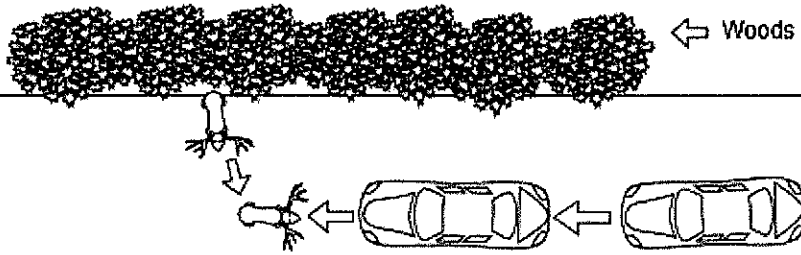
<p>License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> 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 _____</p>	<p>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> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>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></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				<u>1</u>								
Name (Last First Middle)		Address										
Operator/Non-Motorist		See Above										

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

Crash Diagram:

Salem Street



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 west in the area of 471 Salem Street when it collided with a deer that jumped out in the roadway. Vehicle 1 was traveling approximately 30 miles per hour at impact. The operator suffered no apparant injuries and denied medical attention. There was heavy front center and front left damage to vehicle 1. However, the vehicle was not towed from the scene.

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 W Powers

231

Wilmington Police Department

06/11/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-177-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 # 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 12 #Occupants Hit/Run Moped Crash Report ID# **23-178-AC**

License # **S09294000** St **MA** DOB/Age Reg # **TA15GX** Reg Type **TX** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2014** Veh Make **DODGE** Veh Config. **1**
 Operator **GONZALEZ, EUGENIO** Owner **RELIABLE LLC**
 Address **5 BUNKERHILL ST APT 2** Address **60 ISLAND ST ST APT 93**
 City **LAWRENCE** State **MA** Zip **01841-2519** City **LAWRENCE** State **MA** Zip **01840-1835**
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 4 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: 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 Post.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	1	2	0	0	10	1
CARLOS LUGO	36 SMITH ST LAWRENCE, MA 01840		M	3	1	2	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 # **S91504420** St **MA** DOB/Age Reg # **S65980** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1**
 Operator **SANDERSON, COREY M** Owner **MERCHANTS AUTOMOTIVE GROUP INC**
 Address **239 W RIVER ST** Address **1278 HOOKSETT RD**
 City **ORANGE** State **MA** Zip **01364-1420** City **HOOKSETT** State **NH** Zip **03106-1839**
 Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **X 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 **18 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		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
Operator/Non-Motorist		See Above	X	X	1	1	4	0	0	10	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
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# **23-179-AC**

License # **12298177** St **RI** DOB/Age Reg # **3311613** Reg Type **AP** Reg State **IN**
Sex **M** Lic. Class **A** Lic. Restrictions **20** CDL Endorsement Veh Year **2019** Veh Make **Other-not listed** Veh Config. **10**
Operator **PORTO, DOMINGO** Owner **RYDER TRUCK RENTAL**
Address **8 BODELL AVE APT 3** Address **11690 NW 105ST**
City **PROVIDENCE** State **RI** Zip **02909** City **MIAMI** State **FL** Zip **33178**
Insurance Company **BURLINGTON INSURANCE** Vehicle Action Prior to Crash **3** Damaged Area Code: **3 27 27 27**
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **97 23 23 23 23 1 23** Test Status: **1 28**
Citation # (If Issued) Most Harmful Event **97 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub Driver Contributing Code **6 25 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**

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 # St DOB/Age Reg # Reg Type Reg State
Sex Lic. Class Lic. Restrictions 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**

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							

NARRATIVE FOR SERGEANT DANIEL P FURBUSH

Ref: 23-179-AC

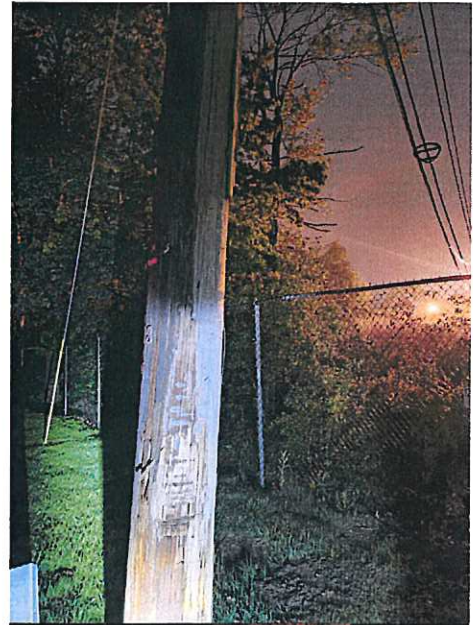
Entered: 06/13/2023 @ 0743 Entry ID: 196
Modified: 06/13/2023 @ 0808 Modified ID: 196

Vehicle involved was a Freightliner cab. The trailer involved was a 53 foot trailer with a Maine semi permanent trailer plate 2851940.

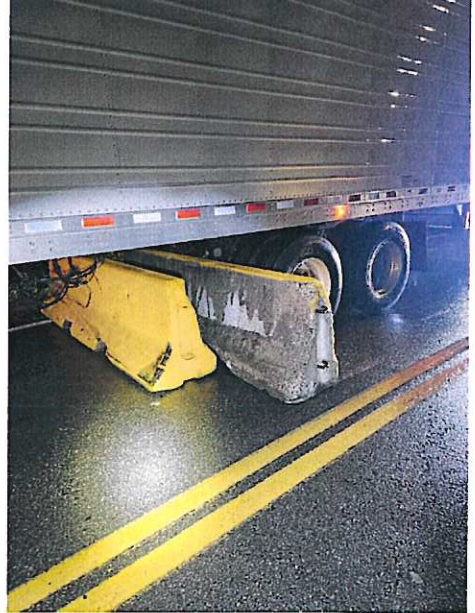
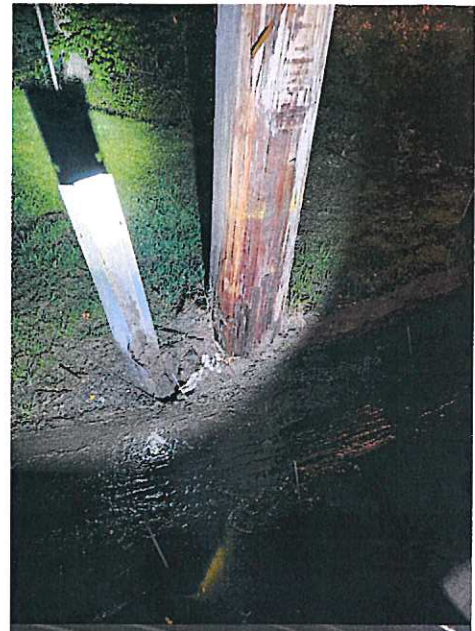
The company information was 3 Lions Logistics Inc from 9 Stafford St Lawrence Ma. The company number 888-683-5990. The Insurance Company is Hub Transport but the local carrier is Burlington (VT) Insurance with the policy number of 948B001585

Market Basket Management was notified.

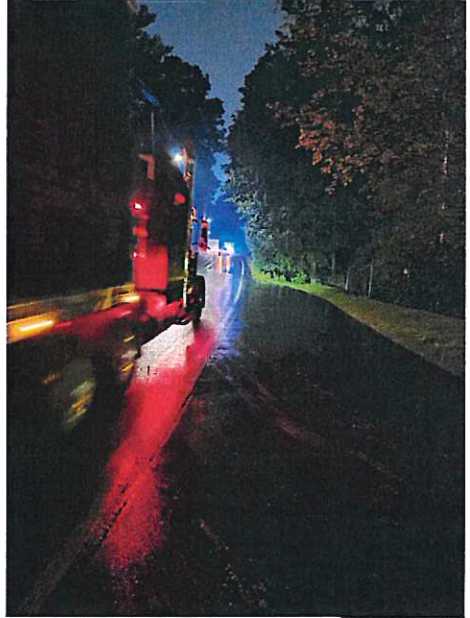
Wilmington Police Department
Images Associated with 23-179-AC



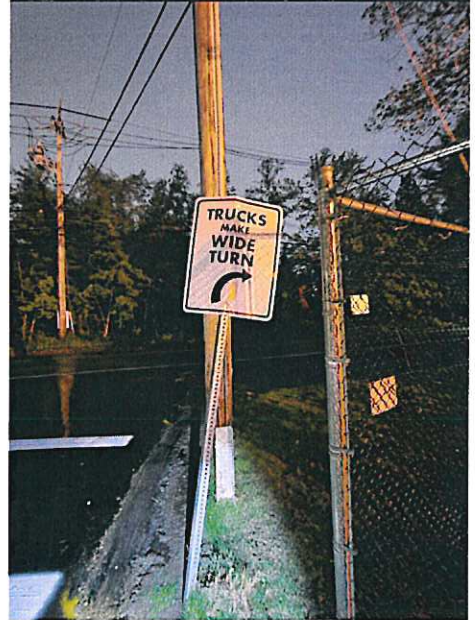
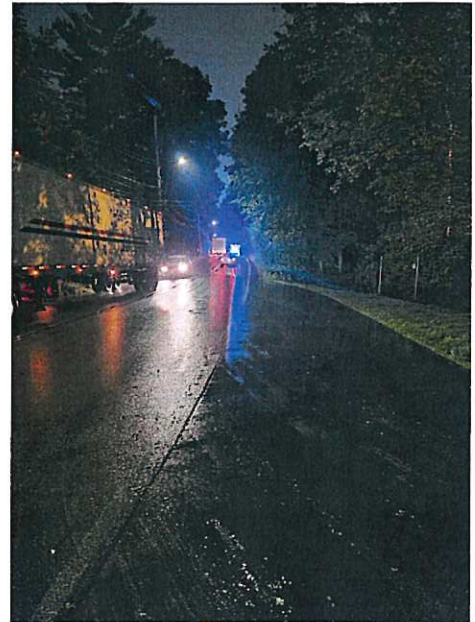
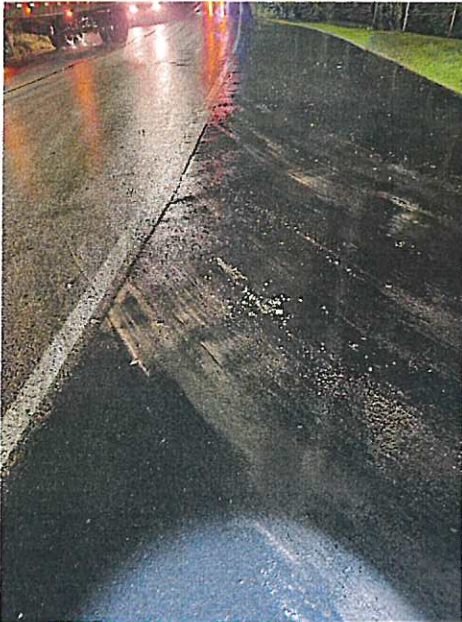
Wilmington Police Department
Images Associated with 23-179-AC



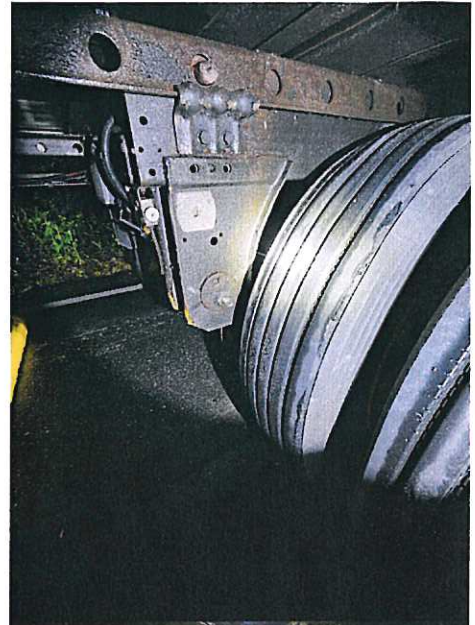
Wilmington Police Department
Images Associated with 23-179-AC



Wilmington Police Department
Images Associated with 23-179-AC



Wilmington Police Department
Images Associated with 23-179-AC



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

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

1 Route# Direction Address # Name of Roadway/Street
 1 1 **ROUTE 125 HWY**
 Feet N S E W of Mile Marker Exit Number
 1 Feet N S E W of **BALLARDVALE ST** 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# **23-180-AC**

License # **S16067954** St **MA** DOB/Age _____ Reg # **3CZV63** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2022** Veh Make **HONDA** Veh Config. **1**
 Operator **MACRI, JOY TAMMARO** Owner **MACRI, JOY TAMMARO**
 Address **120 GREENMEADOW DR** Address **120 GREENMEADOW DR**
 City **TEWKSBURY** State **MA** Zip **01876-1104** City **TEWKSBURY** State **MA** Zip **01876-1104**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **5 27 2 27 4 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **24 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **24 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **11 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	XXXX	XX	1	1	4	0	0	10	1	

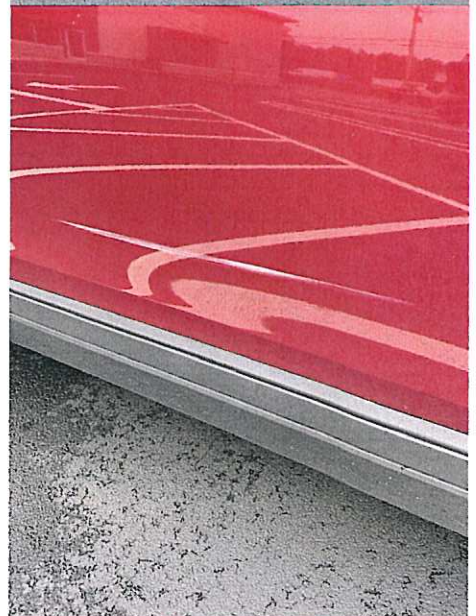
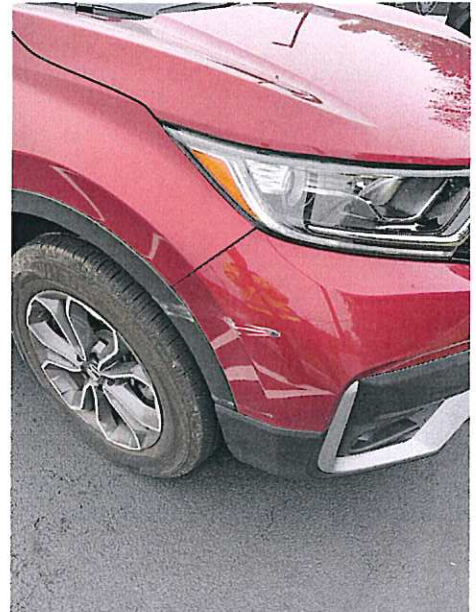
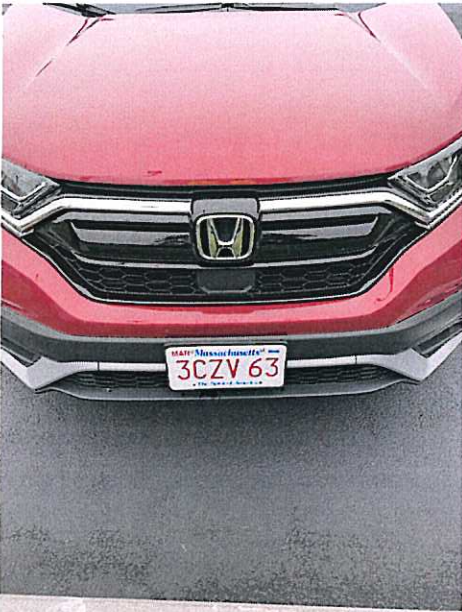
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

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 _____ 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	XXXX	XX	1							

Wilmington Police Department
Images Associated with 23-180-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
 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

3 Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped Crash Report ID# **23-181-AC**

4 1 License # St DOB/Age Reg # **7LJ270** Reg Type **PC** Reg State **MA**
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year **2016** Veh Make **TOYOTA** Veh Config. 1 21
 Operator **Driverless M.V.** Owner **HOLMES, KEVIN R**
 Address Address **5133 EVERGREEN DR**
 City **WILMINGTON** State **MA** Zip **01887-1181**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash 11 22 Damaged Area Code: 4 27 3 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 2 33

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							

7 1 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 2 License # St DOB/Age Reg # **unknown** Reg Type Reg State
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year Veh Make Veh Config. 21
 Operator **unknown** Owner
 Address Address
 City State Zip
 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

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							

Wilmington Police Department
Images Associated with 23-181-AC



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

Route# Direction Name of Roadway/Street Route# Direction Address # 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 Name of Intersecting Roadway/Street
 Landmark

1 10
 3 11
 2 1

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-182-AC**

License # **S70483160** St **MA** DOB/Age _____ Reg # **W41812** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make **FORD** Veh Config. **2**
 Operator **FARRELL, PAUL FRANCIS** Owner **PARTS AUTHORITY LLC**
 Address **8 MASS AVE** Address _____
 City **WILMINGTON** State **MA** Zip **01887-3511** City _____ State _____ Zip _____
 Insurance Company **ACE AMERICAN INSURANCE CO** Vehicle Action Prior to Crash **3** 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**

1 12
 5 1
 6 1
 1 13

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	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 # **S53933843** St **MA** DOB/Age _____ Reg # **W17862** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2020** Veh Make **Mack Truck** Veh Config. **7**
 Operator **BONANCA, ANTONIO** Owner **BMO HARRIS BANK NA**
 Address **130 DUBLIN ST** Address **770 N WATER ST**
 City **SOMERSET** State **MA** Zip **02726-5601** City **MILWAUKEE** State **WI** Zip **53202-0002**
 Insurance Company **OLD REPUBLIC INSURANCE CO** Vehicle Action Prior to Crash **10** Damaged Area Code: **3 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? **2 33**

7 9
 8 1
 9 2
 1 14

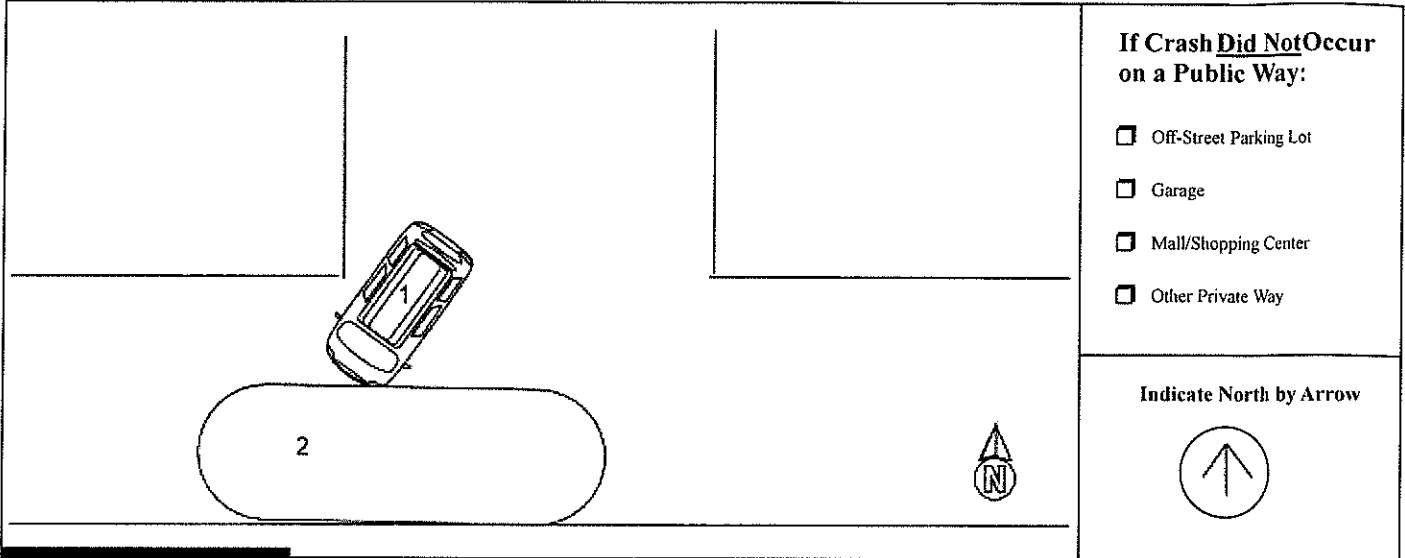
Please fill out for operator/non-motorist and all occupants involved

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	99	4	0	0	10	1	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian ☣ = Bicycle

Crash Diagram:

ie: → [1] → [2] → ○ → ☣



Crash Narrative:

Vehicle # 1 attempted to pull out of the driveway of #5 Birch St. Vehicle #1 stopped as it noticed Vehicle #2 Backing down Birch toward Vehicle #1. Both vehicles made contact causing minor damage to both 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 Anthony Fiore 164 **Wilmington Police Department** 06/14/2023
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # <u>211</u> Name of Roadway/Street <u>LOWELL ST</u>	2 10
	At _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____	4 11
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Mile Marker _____ Exit Number _____	
2	Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	4 11
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Intersecting Roadway/Street _____	
3	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 _____	4 11
		Landmark _____	

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-183-AC**

3	License # <u>S39569162</u> St <u>MA</u> DOB/Age _____	Reg # <u>8CG299</u> Reg Type <u>PC</u> Reg State <u>MA</u>	7 12
	Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>99</u> CDL _____	Veh Year <u>2019</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u>	
4	Operator <u>MULIK, CHARLES J</u>	Owner <u>MULIK, CHARLES J</u>	7 12
	Address <u>30 DEWEY AVE</u>	Address <u>30 DEWEY AVE</u>	
5	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2055</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2055</u>	7 12
	Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>1</u>	
6	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	2 13
	Citation # (If Issued) _____	Most Harmful Event <u>2</u> <u>24</u>	
6	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>97</u> <u>25</u> <u>25</u>	2 13
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u>	

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 # _____ St _____ DOB/Age _____	Reg # <u>3SWE48</u> Reg Type <u>PC</u> Reg State <u>MA</u>	1 14
	Sex _____ Lic. Class <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2023</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u>	
8	Operator <u>Driverless M.V.</u>	Owner <u>YANG, SUSAN MARIE KELLY</u>	1 14
	Address _____	Address <u>34 FRANKLIN ST</u>	
9	City _____ State _____ Zip _____	City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880-0152</u>	1 14
	Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>11</u>	
9	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input 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>	1 14
	Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u>	
9	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>	1 14
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u>	

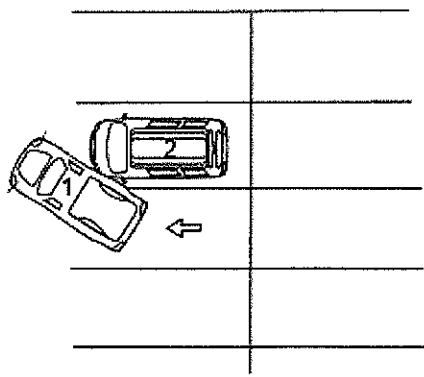
Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

Crash Diagram:

ie: → 1 → 2 → ♂ → ☺

Lowell St/MA-129

211 Lowell St
Pacific Grove



Not exact spots for 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:

Dispatched to 211 Lowell St for a report of 2 car MVC in parking lot. MV2 parked unoccupied in lot. MV1 parked next to it. OP1 attempted to exit space and cut turn too sharp and side swiped MV1. Admitted to cutting turn too sharp. MV2 unoccupied, OP2 in Pacific Grove. OP2: James Yang S79385193. OPs exchanged information prior to my arrival. No injuries reported, both vehicles driveable.

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 Joseph A Fitzgerald 215 Wilmington Police Department 06/14/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/15/2023	Time of Crash 1741 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u>BALLARDVALE ST</u> At Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u>I93SB RAMP</u> Also at Intersection with Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>	Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> or <u> </u> Mile Marker <u> </u> Exit Number <u> </u> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Landmark <u> </u>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 23-184-AC
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License # <u>S40759730</u> St <u>MA</u> DOB/Age <u> </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 <u> </u> Endorsement <u> </u> Operator <u>PANNOZZI, MICHAEL HENRY</u> Address <u>85 COUNTY RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3104</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) <u> </u> Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Reg # <u>unknown</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>AUDI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PANNOZZI, MICHAEL HENRY</u> Address <u>85 COUNTY RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3104</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> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <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
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>	
				<u>6</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>26</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <u>S57300382</u> St <u>MA</u> DOB/Age <u> </u> Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL <u> </u> Endorsement <u> </u> Operator <u>NGUYEN, LINDA THI</u> Address <u>29 COLUMBUS AVE</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01851-1313</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</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) <u> </u> Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Reg # <u>4KFY74</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>POLA, VOTA</u> Address <u>29 COLUMBUS AVE</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01851-1313</u> 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> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>5</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>2</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>5</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/15/2023	Time of Crash 1741 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u>BALLARDVALE ST</u>			Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u>			
At			Feet <u> </u> <u> </u> <u> </u> <u> </u> of <u> </u> or <u> </u>			
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u>I93SB RAMPS</u>			Mile Marker <u> </u> Exit Number <u> </u>			
Also at Intersection with			Feet <u> </u> <u> </u> <u> </u> <u> </u> of <u> </u>			
Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>			Route# <u> </u> Intersecting Roadway/Street <u> </u>			
			Feet <u> </u> <u> </u> <u> </u> <u> </u> of <u> </u>			
			Landmark <u> </u>			

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>26</u> #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 23-184-AC
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License # <u>S57300382</u> St <u>MA</u> DOB/Age <u> </u>	Reg # <u>4KFY74</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL Endorsement <u> </u>	Veh Year <u> </u> Veh Make <u>FORD</u> Veh Config. <u>21</u>
Operator <u>NGUYEN, LINDA THI</u> Last First Middle	Owner <u>POLA, VOTA</u> Last First Middle
Address <u>29 COLUMBUS AVE</u>	Address <u>29 COLUMBUS AVE</u>
City <u>LOWELL</u> State <u>MA</u> Zip <u>01851-1313</u>	City <u>LOWELL</u> State <u>MA</u> Zip <u>01851-1313</u>
Insurance Company <u> </u>	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27 27 27</u>
Vehicle Travel Direction: <u> </u> <u> </u> <u> </u> <u> </u> Responding to Emergency? <u> </u>	Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u>
Citation # (If Issued) <u> </u>	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u>	Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2 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	X	X	<u>1</u>						
				<u>6</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>4</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: <input type="checkbox"/> Vehicle <u>4</u> #Occupants		<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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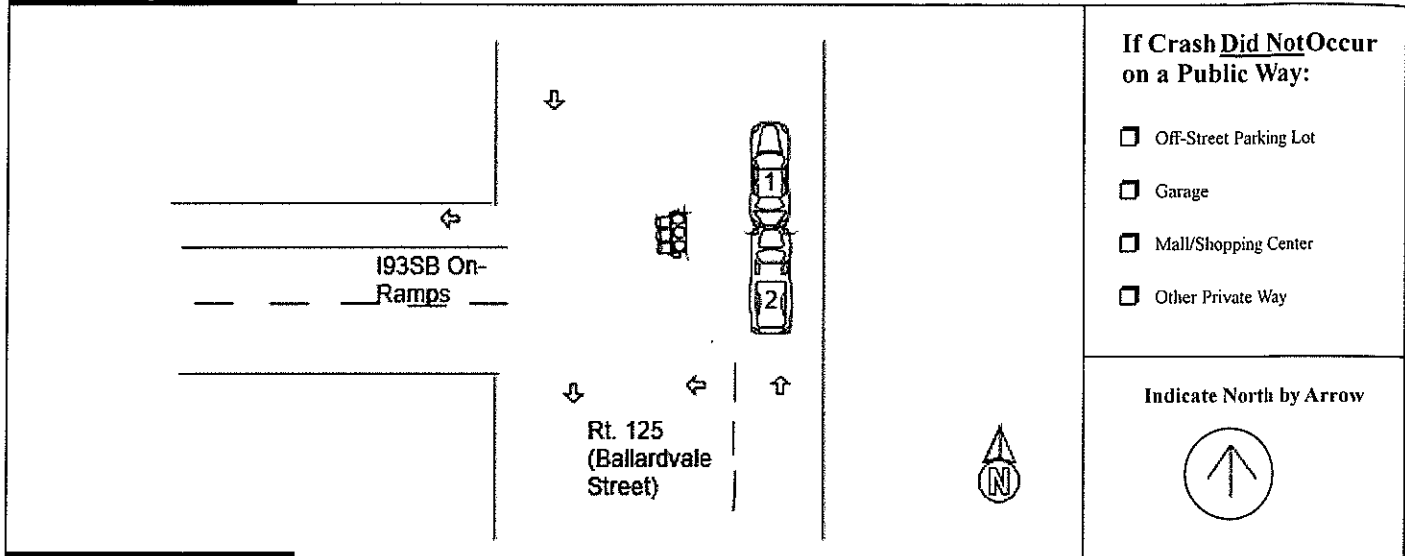
License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27 27 27</u>
Vehicle Travel Direction: <u> </u> <u> </u> <u> </u> <u> </u> Responding to Emergency? <u> </u>	Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u>
Citation # (If Issued) <u> </u>	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u>	Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u>	Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <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	X	X	<u>1</u>						

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 OKX = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → [1] → [2] → OKX → ☺



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:

Both vehicles were traveling north on Rt.125 at the intersection of 193SB Ramps. While traveling straight vehicle 2 rear ended vehicle 1. Neither vehicles airbags deployed. Vehicle 1 sustained damage to the rear center, and vehicle 2 sustained damage to the front center. Vehicle 2's operator didnt realize she was as close as she was to vehicle 1 causing her to make contact with vehicle 1. The Wilmington Fire Department responded and collected medical refusals from all vehicle occupants. Both vehicles sustained minor damage and was driven from the scene.

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

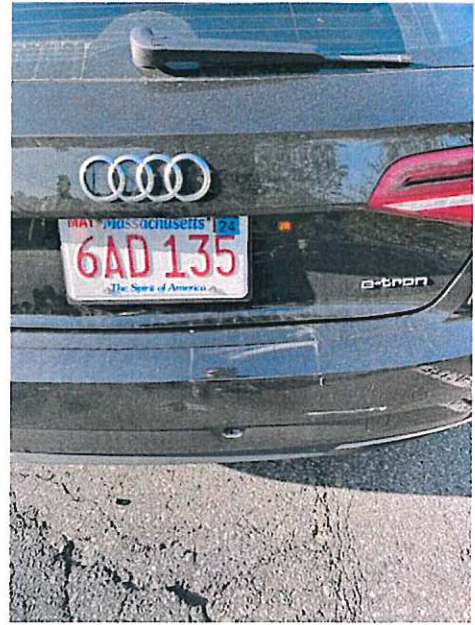
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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 06/15/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-184-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/16/2023	Time of Crash 0621 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
-------------------------	---------------------------	-----------------------------

<p>SALEM ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>ROBIN RD</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 <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:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 23-185-AC
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License # S16982931 St MA DOB/Age _____ Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions B <u>20</u> CDL _____ Operator CHENG, ERIC CHING FAT Address 8 GREENMEADOW LN City ANDOVER State MA Zip 01810-1255 Insurance Company PLYMOUTH ROCK ASSURANCE C 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 # 7297ZF Reg Type PC Reg State MA Veh Year 2008 Veh Make HONDA Veh Config. 1 <u>21</u> Owner CHENG, ERIC CHING FAT Address 8 GREENMEADOW LN City ANDOVER State MA Zip 01810-1255 Vehicle Action Prior to Crash 4 <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>8</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code 19 <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by 99 <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u>	Action <u>16</u>	Location <u>17</u>	Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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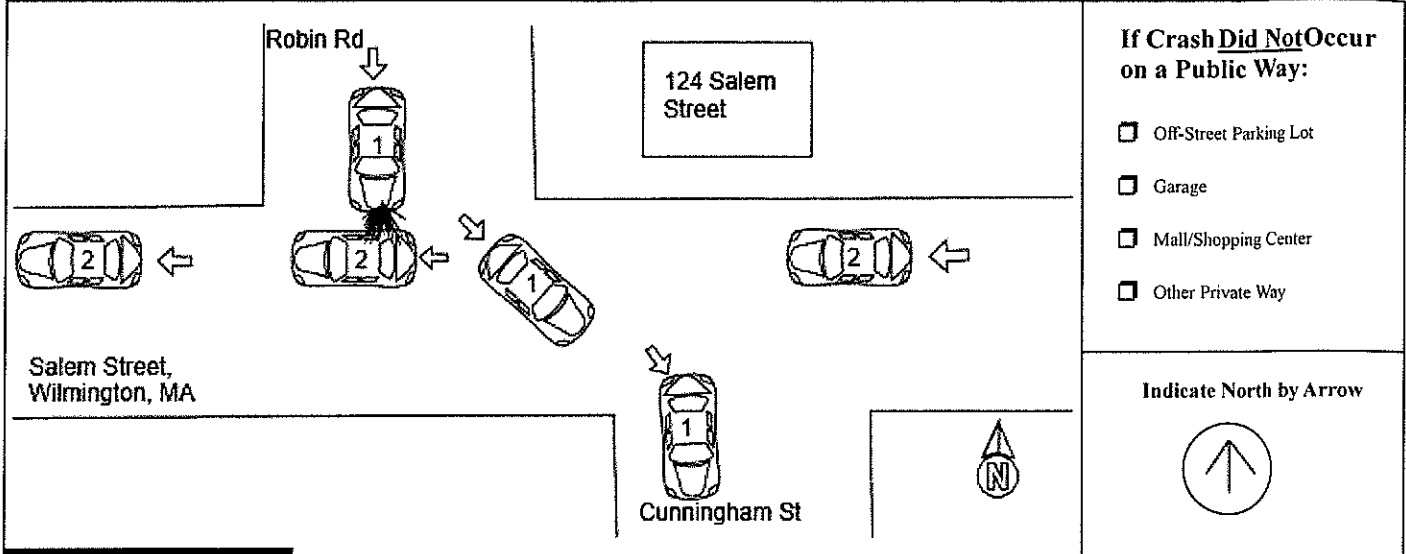
License # S92971718 St MA DOB/Age _____ Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions B <u>20</u> CDL _____ Operator KING, AARON MICHAEL Address 393 SALEM ST City WILMINGTON State MA Zip 01887-1207 Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <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 # EVN487 Reg Type PC Reg State MA Veh Year 2022 Veh Make KIA Veh Config. 1 <u>21</u> Owner KING, AARON MICHAEL Address 393 SALEM ST City WILMINGTON State MA Zip 01887-1207 Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>4</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code 1 <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by 0 <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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 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 → ○ → ○



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 2 operator stated that he was driving west on Salem Street when he was struck by MV 1. MV 1 stated MV 2 was pulling out of Robin Rd and struck the rear of his vehicle. MV 1 stated that he was taking a left out of Robin Rd to get across to Cunningham Street. MV 1 and I had a language barrier- I interpreted that MV 1 believed that MV 2 was going to take a left onto Cunningham Street, but continued straight. Both operators stated they did not have any injuries. Paperwork exchange was completed prior to my arrival.

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

06/16/2023
Date

Wilmington Police Department
Images Associated with 23-185-AC



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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # 487 Name of Roadway/Street WOBURN ST	2 10
	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 _____	_____ Feet _____ Mile Marker _____ Exit Number _____	1 11
	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 _____	_____ Feet _____ 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 _____	
		Landmark _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 23-186-AC**

3	License # S25396308 St MA DOB/Age 1	Reg # MPF697 Reg Type DC Reg State MA	1 12
	Sex M Lic. Class D Lic. Restrictions 20 CDL _____	Veh Year 2020 Veh Make FORD Veh Config. 1	
4	Operator THORNTON, BRIAN	Owner WILMINGTON TOWN OF DEPT POLICE	1 13
	Address 1 ADELAIDE ST	Address 1 ADELAIDE ST	
	City WILMINGTON State MA Zip 01887	City WILMINGTON State MA Zip 01887-2719	
5	Insurance Company MIIA	Vehicle Action Prior to Crash 10	30
	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 35 23 23 23 23	
6	Citation # (If Issued) _____	Most Harmful Event 35 24	30
	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 19 25 25	
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26	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	XXXXXX	XXXX	1	1	4	0	0	10	1	

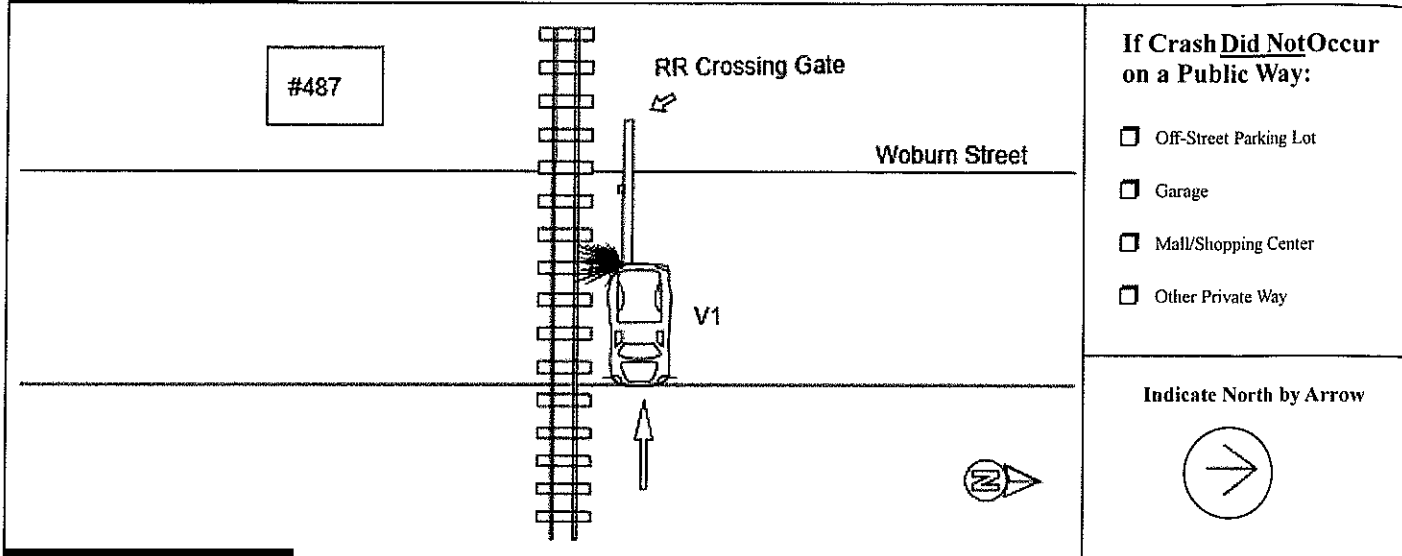
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

7	License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____	1 14
	Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____	Veh Year _____ Veh Make _____ Veh Config. 21	
8	Operator _____	Owner _____	1 14
	Address _____	Address _____	
	City _____ State _____ Zip _____	City _____ State _____ Zip _____	
9	Insurance Company _____	Vehicle Action Prior to Crash 22	30
	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence 23 23 23 23	
	Citation # (If Issued) _____	Most Harmful Event 24	30
	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 25 25	
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 26	Type of Test: 29
			BAC Test Result: 30
			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	XXXXXX	XXXX	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ☹ = Pedestrian 🚲 = Bicycle
 ie: → 1 → 2 → ☹ → 🚲

Crash Diagram:



Crash Narrative:

V1 was backing out of a RR access area and backed into the railroad crossing arm which was in the down position. V1 sustained moderate damage to the right rear hatchback. The railroad crossing arm sustained minor damage.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
KEOLIS	470 ATLANTIC AVE BOSTON MA 02210		2	RR CROSSING ARM LIGHT

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

Sergeant Matthew D Stavro **180** **Wilmington Police Department** **06/17/2023**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

Route# Direction Name of Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street
 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 12 #Occupants Hit/Run Moped **Crash Report ID# 23-187-AC**

License # **S71203460** St **MA** DOB/Age _____ Reg # **5JBW91** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2012** Veh Make **HYUNDAI** Veh Config. **1**
 Operator **GELSOMINI, BRENNIA NICOLE** Owner **GELSOMINI, ANGELO**
 Address **39 MAPLEWOOD AVE** Address **39 MAPLEWOOD AVE**
 City **TEWKSBURY** State **MA** Zip **01876-4252** City **TEWKSBURY** State **MA** Zip **01876-4252**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27 8 27**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **22 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **22 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **21 25 25** BAC Test Result: **1 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 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	1	0	0	10	1	
				6	4	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 _____ 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	XXXXXX	XXXX	1							

Wilmington Police Department
Images Associated with 23-187-AC



Police Use Only

Date of Crash: 06/17/2023 Time of Crash: 2045 24HR City/Town: **Wilmington**

Number Vehicles: 1 Number Injured: 1 Speed Limit: 25

State Police Local Police MBTA Police Campus Police Other:

< LOCATION >

AT INTERSECTION: **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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

Crash Report ID# **23-188-AC**

License # **S23739193** St **MA** DOB/Age _____ Reg # **3DVP18** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions _____ CDL _____ Velt Year **2014** Velt Make **KIA** Veh Config. **1**

Operator **MACLELLAN, MARGARET M** Owner **MACLELLAN, MARGARET M**

Address **15 SURREY LN** Address **15 SURREY LN**

City **LOWELL** State **MA** Zip **01852-1512** City **LOWELL** State **MA** Zip **01852-1512**

Insurance Company **GEICO GENERAL INSURANCE C**

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

Citation # (If Issued) **033740AC**

Viol. 1: Ch/Sec/Sub **90 24E** Viol. 2: Ch/Sec/Sub **90 24J** Driver Contributing Code **19 25 14 25**

Viol. 3: Ch/Sec/Sub **90 24I** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26**

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				1	99	4	0	0	9	2	Winchester Hospital

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Velt Year _____ Velt Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: N S E W Responding to Emergency? _____

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25**

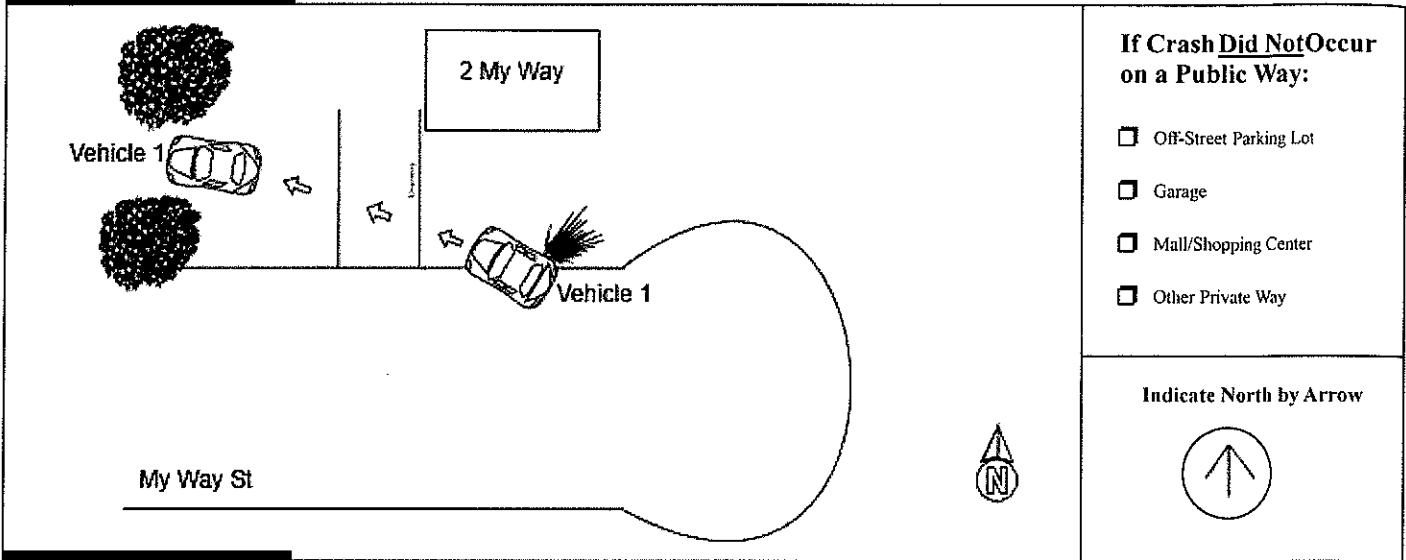
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26**

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				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 Saturday, June 17, 2023, Vehicle 1 was attempting to turn around in the culdesac when it collided with the curb in front of 2 My Way St and continued onto the property. Stopping approximately 25 feet in the lawn.

The operator was transported to Winchester for further evaluation.

Photos of the damage are attached.

Vehicle 1 was towed by A&S Towing.

See 23-238-AR for further information.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ROGOMENTICH ELIZABETH AMES	12 FIORENZA DR WILMINGTON MA 01887-4427		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
FRANZSEN KARA	2 MYWAY CIR WILMINGTON MA 01887			FRONT LAWN

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 Christopher k Miccichi 232 Wilmington Police Department 06/17/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-188-AC

