

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ or _____ Mile Marker Exit Number

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

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **23-189-AC**

License # **S09965955** St **MA** DOB/Age _____ Reg # **4KWY71** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2022** Veh Make **GMC** Veh Config. **1** 21

Operator **FIELDS, CHARLES JOHN** Owner **BOSS STEEL INC**

Address **49 COLONIAL DR** Address **107 BLANCHARD ST**

City **TEWKSBURY** State **MA** Zip **01876-0000** City **LAWRENCE** State **MA** Zip **01843-1415**

Insurance Company **UNION INSURANCE COMPANY** 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? **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	
NICOLE FIELDS	49 COLONIAL DR TEWKSBURY, MA 01876-2847		F	3	1	4	0	0	10	1	

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

License # **S95445247** St **MA** DOB/Age _____ Reg # **8SY595** Reg Type **PC** Reg State **MA**

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

Operator **GAUTREAU, EDWARD MICHAEL** Owner **GAUTREAU, EDWARD MICHAEL**

Address **84 ALDRICH RD** Address **84 ALDRICH RD**

City **WILMINGTON** State **MA** Zip **01887-2204** City **WILMINGTON** State **MA** Zip **01887-2204**

Insurance Company **ARBELLA** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **8** 27 27 27

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

Citation # (If Issued) **038027AC** Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **89** **4A** Driver Contributing Code **99** 25 **6** 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **99** 31 Susp. Drug: **99** 32

Towed from scene? **2** 33

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

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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/20/2023	Time of Crash 1940 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u>	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:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>16</u> GROVE AVE	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
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 _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped

Crash Report ID# **23-190-AC**

License # <u>SA6900264</u> St <u>MA</u> DOB/Age _____	Reg # <u>96DS66</u> Reg Type <u>PC</u> Reg State <u>MA</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 Endorsement _____	Veh Year <u>2017</u> Veh Make <u>CHRYSLER</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>GILLESPIE, SARAH ORCUTT</u> Last First Middle	Owner <u>GILLESPIE, JENNIFER L</u> Last First Middle
Address <u>31 FOXRUN DR</u>	Address <u>31 FOXRUN DR</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1481</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1481</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	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>	

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"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
<u>AIYANA NOEL</u>	<u>8 VERANDA AVE WILMINGTON, MA 01887-2003</u>		<u>F</u>	<u>3</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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 <u>19</u> <u>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</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>						

Wilmington Police Department
Images Associated with 23-190-AC



Wilmington Police Department
Images Associated with 23-190-AC



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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____

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

Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **23-191-AC**

License # **S62130862** St **MA** DOB/Age **1** Reg # **4HP359** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **2**

Operator **CHELLA, SARA BETH** Owner **CHELLA, BRAD D**

Address **1 ROBERTS RD** Address **1 ROBERTS RD**

City **WILMINGTON** State **MA** Zip **01887-3114** City **WILMINGTON** State **MA** Zip **01887-3114**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **10** 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: **28**

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

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

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

Towed from scene? **2** **33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	
				6	4	4	0	0	10	1	

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

License # **unknown** St _____ DOB/Age _____ Reg # **3XKP17** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **99** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **2**

Operator _____ Owner **MARTINEZ, LUBBETD MARCELA**

Address _____ Address **6 FRYE ST**

City _____ State _____ Zip _____ City **LOWELL** State **MA** Zip **01851-4204**

Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **10** Damaged Area Code: **6** **27** **27** **27**

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

Citation # (If Issued) **T2749330** Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Cl/Sec/Sub **90** **10** Viol. 2: Cl/Sec/Sub _____ Driver Contributing Code **99** **25** **25** BAC Test Result: **30**

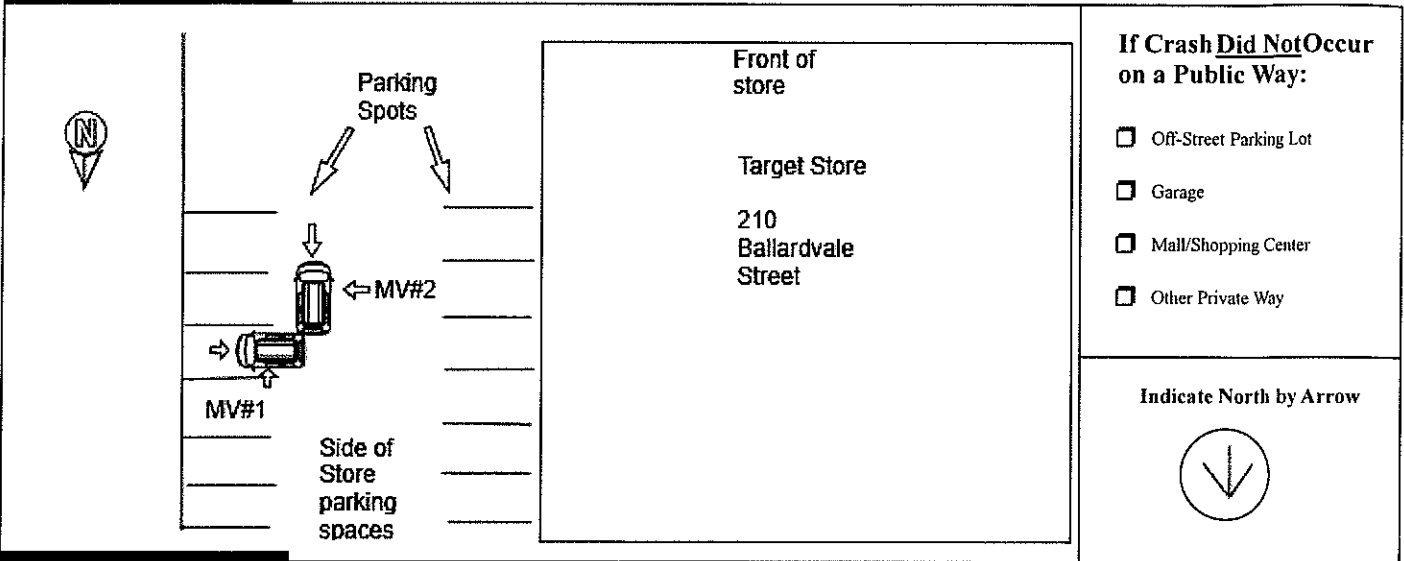
Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2** **33**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 [Ped] = Pedestrian [Bicy] = Bicycle
 ie: → [1] → [2] → [Ped] → [Bicy]

Crash Diagram:



Crash Narrative:

Oper. of MV#1 was backing out of her parking spots and states that as she was backing out she was struck by MV#2 who was backing up in the travel lane between parking spots. Oper. of MV#2 did not speak english but I was able to determine that he was backing up in the travel lane and MV#2 driverside rear collided with MV#1 passenger rear side.

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 Daniel C Cadigan 178 Wilmington Police Department 06/21/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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
430 SALEM ST
Feet N S E W of Mile Marker Exit Number
2 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# 23-192-AC

4 3 License # NHL10191519 St NH DOB/Age Reg # 8FE952 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Veh Year 2009 Veh Make CHEVROLET Veh Config 1 21
Operator TORRO, STEVEN D Owner TORRO, AMY LYNN
Address 623 LANCASTER ST Address 475 NORTH ST
City BERLIN State NH Zip 03570 City TEWKSBURY State MA Zip 01876-1229
Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: N S E X 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 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

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

8 2 License # S26734675 St MA DOB/Age Reg # 735YBW Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Veh Year 2020 Veh Make HYUNDAI Veh Config 1 21
Operator HUNT, HARRY H Owner HUNT, SOFIE
Address 49 SPRING ST Address 49 SPRING ST
City ARLINGTON State MA Zip 02476-7923 City ARLINGTON State MA Zip 02476-7923
Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27
Vehicle Travel Direction: N S E X 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? 2 33
Viol. 4: Ch/Sec/Sub

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	
SOFIE HUNT	49 SPRING ST ARLINGTON, MA 02476-7923		F	3	1	4	0	0	8	2	Lahey Clinic

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

Crash Diagram: ie: → 1 → 2 → →

If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 was traveling west on Salem Street when it approached the intersection with Woburn street. Vehicle 2 was traveling in the same direction ahead of vehicle 1 when it pulled to a stop at the intersection after they had noticed the red light. Vehicle 1 did not notice the vehicle had stopped and could not brake in time causing them to rear end vehicle 2. Both vehicles recieved minor damage with no airbag deployment. Only one occupant from vehicle 2 was transported to the hospital due to concerns for their health and neither operator from both vehicles were claiming injuries.

Witnesses:

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

Property Damage:

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

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson 222 Wilmington Police Department 06/21/2023

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

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

Route# Direction **LOWELL ST** Name of Roadway/Street
 Route# Direction **CROSS 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 1 Occupants Hit/Run Moped Crash Report ID# **23-193-AC**

License # **S17510095** St **MA** DOB/Age _____ Reg # **3EWY87** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2012** Veh Make **HONDA** Veh Config. **1**
 Operator **CAMERON, MICHAEL WILLIAM** Owner **CAMERON, MICHAEL WILLIAM**
 Address **13 ORCHARD LN** Address **13 ORCHARD LN**
 City **CHELMSFORD** State **MA** Zip **01824-1323** City **CHELMSFORD** State **MA** Zip **01824-1323**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code: 1 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? **1** 33

Please fill out for operator and all occupants involved

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

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

License # **S74237100** St **MA** DOB/Age _____ Reg # **BC15BA** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2004** Veh Make **HONDA** Veh Config. **1**
 Operator **SHANAHAN, KRISTEN M** Owner **KACAMBURAS, LORINDA JEAN**
 Address **74 ELM ST** Address **49 PARK ST**
 City **ANDOVER** State **MA** Zip **01810-3711** City **WILMINGTON** State **MA** Zip **01887-1510**
 Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **7** Damaged Area Code: 5 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

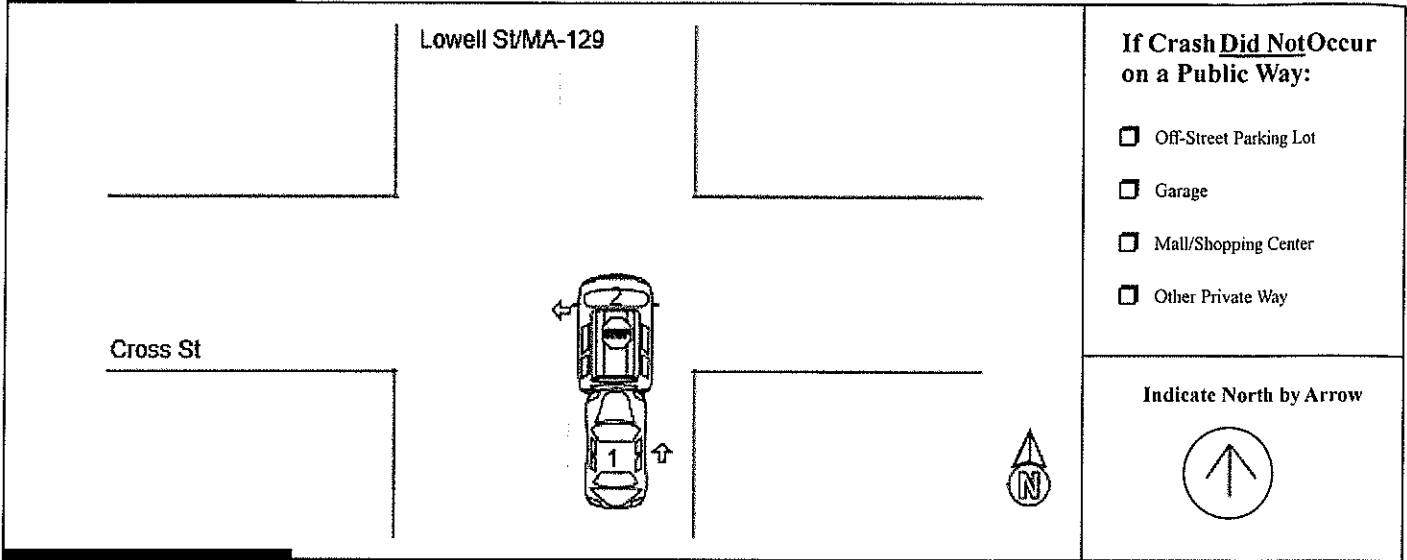
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On 06/21/23 @ appx. 20:20hrs, I was dispatched to Lowell St @ Cross St for a 2-car mvc, no injuries. On arrival, MV1 was disabled in NB lane of Lowell St. MV2 was pulled over on Cross St. According to OP2, she stopped to turn L onto Cross St and was rear-ended by MV1. OP1 stated he did not see breaklights and rear-ended MV2. Damage to front of MV1, damage to rear of MV2. No injuries reported, MV1 towed by Forrest, MV2 left under own power.

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

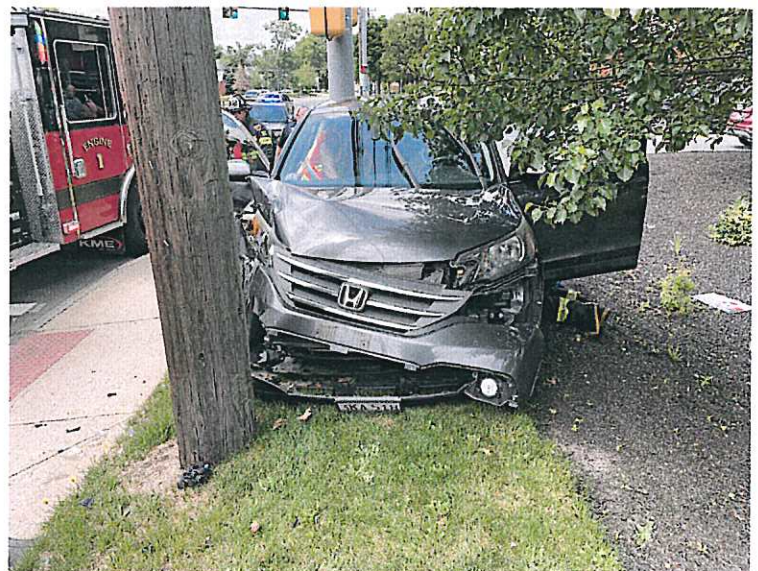
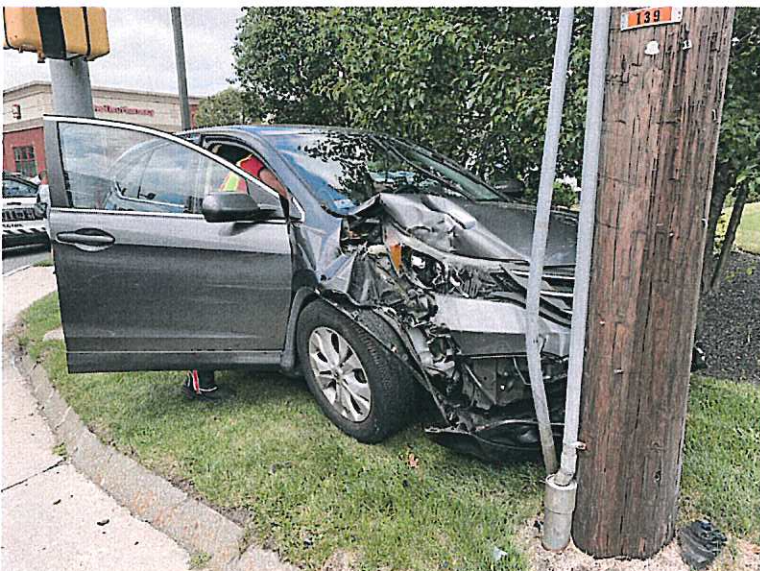
Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 06/21/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 06/23/2023	Time of Crash 1356 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	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:											
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>222</u> Direction _____ Address # <u>MAIN ST</u> Name of Roadway/Street _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____												
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 _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____												
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 23-194-AC												
License # <u>S46606002</u> St <u>MA</u> DOB/Age _____			Reg # <u>3KA518</u> Reg Type <u>PC</u> Reg State <u>MA</u>			Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>B</u> CDL _____			Veh Year <u>2013</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u>						
Operator <u>WHELTON, JOHN FRANCIS JR</u>			Owner <u>WHELTON, JOHN FRANCIS JR</u>												
Address <u>25 FAIRMEADOW RD</u>			Address <u>25 FAIRMEADOW RD</u>												
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1616</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1616</u>												
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>			Vehicle Action Prior to Crash <u>4</u>			Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>8</u> <u>27</u>			Test Status: <u>1</u> <u>28</u>						
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>20</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Type of Test: <u>29</u>			BAC Test Result: <u>1</u> <u>30</u>						
Citation # (If Issued) _____			Most Harmful Event <u>22</u> <u>24</u>			Driver Contributing Code <u>17</u> <u>25</u> <u>25</u>			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>						
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>			Towed from scene? <u>1</u> <u>33</u>			20 ¹³						
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		
Operator		See Above		XXXX	XX	1	1	1	0	0	8	2	Lahey Clinic (BURLINGTON)		
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #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															
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____			Veh Year _____ Veh Make _____ Veh Config. <u>21</u>						
Operator _____			Owner _____												
Address _____			Address _____												
City _____ State _____ Zip _____			City _____ State _____ Zip _____												
Insurance Company _____			Vehicle Action Prior to Crash <u>22</u>			Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>			Test Status: <u>28</u>						
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Type of Test: <u>29</u>			BAC Test Result: <u>30</u>						
Citation # (If Issued) _____			Most Harmful Event <u>24</u>			Driver Contributing Code <u>25</u> <u>25</u>			Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>						
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Distracted by <u>26</u>			Towed from scene? <u>33</u>			1 ¹⁴						
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		
Operator/Non-Motorist		See Above		XXXX	XX	1									

Wilmington Police Department
Images Associated with 23-194-AC



Date of Crash **06/24/2023** Time of Crash **1825** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other

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

<p>1 Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u>GLEN RD</u></p> <p>At</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u>LAWRENCE ST</u></p> <p>Also at Intersection with</p> <p>Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u></p>	<p>Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u></p> <p>Feet <u> </u> N S E W of <u> </u> Mile Marker <u> </u> or <u> </u> Exit Number <u> </u></p> <p>Feet <u> </u> N S E W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u></p> <p>Feet <u> </u> N S E W of <u> </u> Landmark <u> </u></p>
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3 Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 23-195-AC**

<p>4 License # <u>NHL15893949</u> St <u>NH</u> DOB/Ag <u> </u></p> <p>Sex <u>F</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>1</u> 20 CDL <u> </u> Endorsement <u> </u></p> <p>Operator <u>CAMELIO, AVA MARIE</u></p> <p>Address <u>5 BUTTONWOOD DR</u></p> <p>City <u>AUBURN</u> State <u>NH</u> Zip <u>03032</u></p> <p>Insurance Company <u>GEICO</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p>	<p>Reg # <u>5112933</u> Reg Type <u>PC</u> Reg State <u>NH</u></p> <p>Veh Year <u>2018</u> Veh Make <u>PORSCHE</u> Veh Config. <u>1</u> 21</p> <p>Owner <u>CAMELIO-WILLIAMS, NINA M</u></p> <p>Address <u>5 BUTTON WOOD DR</u></p> <p>City <u>AUBURN</u> State <u>NH</u> Zip <u>03032</u></p> <p>Vehicle Action Prior to Crash <u>2</u> 22 Damaged Area Code: <u>5</u> 27 27 27</p> <p>Event Sequence <u>1</u> 23 23 23 23 Test Status: <u>1</u> 28</p> <p>Most Harmful Event <u>1</u> 24 Type of Test: <u>1</u> 29</p> <p>Driver Contributing Code <u>1</u> 25 25 BAC Test Result: <u>1</u> 30</p> <p>Driver Distracted by <u>0</u> 26 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32</p> <p>Towed from scene? <u>2</u> 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		 	 	1	99	4	0	0	10	1	
See Above			F	3	99	4	0	0	10	1	

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

<p>8 License # <u>SA0500559</u> St <u>MA</u> DOB/Ag <u> </u></p> <p>Sex <u>F</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>1</u> 20 CDL <u> </u> Endorsement <u> </u></p> <p>Operator <u>SPEAR, ANGELINA MARIE</u></p> <p>Address <u>30 PARKER AVE</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4432</u></p> <p>Insurance Company <u>GARRISON PROPERTY & CASUA</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u> </u></p> <p>Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u></p> <p>Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u></p>	<p>Reg # <u>1VSC53</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2004</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> 21</p> <p>Owner <u>SPEAR, ANGELINA MARIE</u></p> <p>Address <u>30 PARKER AVE</u></p> <p>City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4432</u></p> <p>Vehicle Action Prior to Crash <u>1</u> 22 Damaged Area Code: <u>1</u> 27 27 27</p> <p>Event Sequence <u>1</u> 23 23 23 23 Test Status: <u>1</u> 28</p> <p>Most Harmful Event <u>1</u> 24 Type of Test: <u>1</u> 29</p> <p>Driver Contributing Code <u>99</u> 25 25 BAC Test Result: <u>1</u> 30</p> <p>Driver Distracted by <u>99</u> 26 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32</p> <p>Towed from scene? <u>2</u> 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		 	 	1	99	4	0	0	10	1	
See Above											

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

Crash Diagram:

Lawrence St

Glen Rd

V2 V1

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:

While traveling on Glen Rd, V1 slowed/stopped in traffic in the vicinity of Lawrence St. V2 which was traveling directly behind V1 attempted to slow down, but due to the wet roadway caused from rain earlier in the day, V2 slid into the rear of V1. This resulted in both vehicles sustaining damage. V1 had minor scrapes/marks to the bumper and a damaged muffler. V2 sustained damage to its hood, grill, and front bumper. Both vehicles were capable of driving away from the scene. All party's refused medical treatment offered to them.

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 E Johnson 199 Wilmington Police Department 06/24/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date