

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **23-196-AC**

License # **NHL15431003** St **NH** DOB/Age **11/10/1972** Reg # **284M2** Reg Type **PC** Reg State **NH**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement  
 Operator **CALLAHAN, MATTHEW WILLIAM** Owner **CALLAHAN, MATTHEW WILLIAM**  
 Address **243 GABRIELLE ST** Address **243 GABRIELLE ST**  
 City **MANCHESTER** State **NH** Zip **031033901** City **MANCHESTER** State **NH** Zip **031033901**  
 Insurance Company **STATE FARM** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **7** 27 **27** 27  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 25 BAC Test Result: **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? **1** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

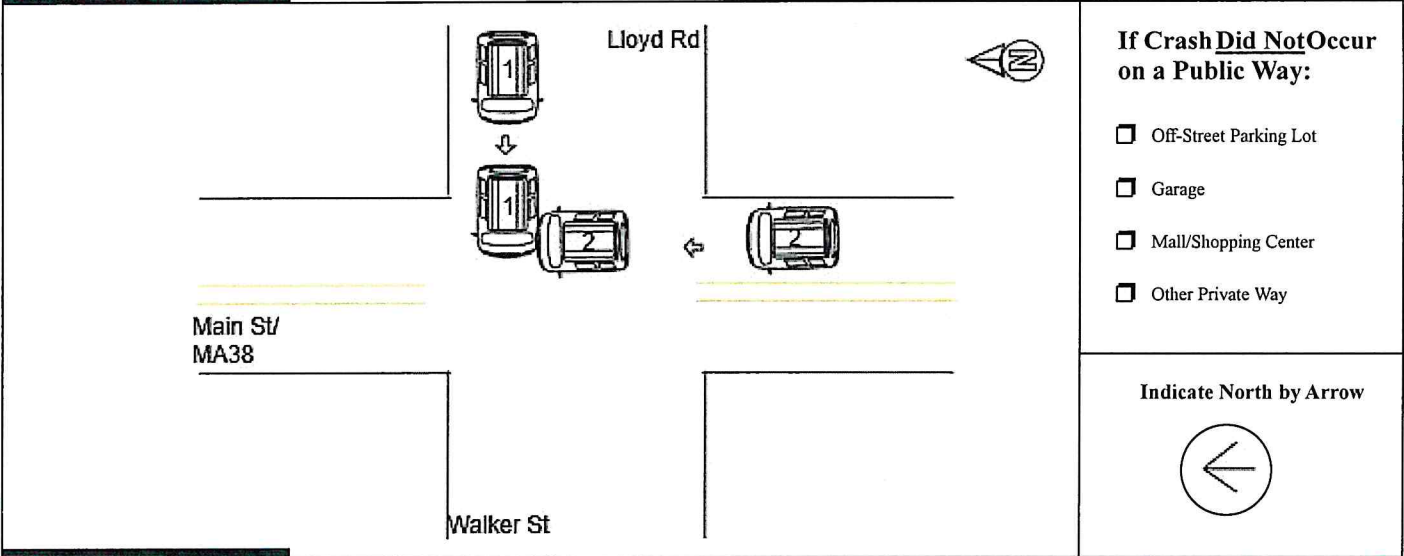
License # **SA3450142** St **MA** DOB/Age **06/11/2002** Reg # **2RKL68** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement  
 Operator **LE, ERIC HUYNH** Owner **HUYNH, MAI THI**  
 Address **362 RINDGE AVE APT 4C** Address **16 KENNETH LN**  
 City **CAMBRIDGE** State **MA** Zip **02140-3106** City **TEWKSBURY** State **MA** Zip **01876-2911**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **27** 27  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 25 BAC Test Result: **30**  
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 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

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

**Crash Diagram:**

ie: → 1    → 2    →    →



**Crash Narrative:**

On 6/25/23 @ 1827hrs, dispatched to Main St/MA38 @ Lloyd Rd for report of 2-car MVC with airbag dplymnt. According to both Ops. MV2 traveling NB on Main St, MV2 pulled out onto Main St attempting to turn L. Front of MV2 made contact with driverside of MV1. MV2 no airbag dply. MV1 airbag dply. WFD obtained 2 med refusals. Cains towed both MVs. Belongings removed from both MVs by Ops. NOTE\*\* There is no stop sign or stop line on Lloyd Rd.

**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

06/25/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER JOSEPH A FITZGERALD

Ref: 23-196-AC

Entered: 07/07/2023 @ 1825      Entry ID: 215  
Modified: 07/07/2023 @ 1828      Modified ID: 215

On Friday, July 7, 2023, it was brought to my attention that there is a typo in my narrative. The error is that the report states, motor vehicle 2 took a left off of Lloyd Rd onto Main St. The correction is, motor vehicle 1 took a left off of Lloyd Rd onto Main St.

Respectfully Submitted,  
Officer Joseph A. Fitzgerald #215  
Wilmington Police Department

Attachments for 23-196-AC

Description	Type
MW CALLAHAN OPER CRASH RPT	PDF
Attachment#: B24CC4C84A0844CB89EEDD14C3808AA7	