

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

HATHAWAY RD
Route# Direction Name of Roadway/Street

At

BUZZELL DR
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 _____ 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# **23-220-AC**

License _____ DOB/Age _____ Reg # **1623** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **I** 20 CDL _____

Veh Year **2010** Veh Make **NISSAN** Veh Config. **1** 21

Operat _____ Owner **OATIS, NICOLE D**

Address _____ Address **31 LAWRENCE ST**

City _____ State **MA** Zip **01887-1928**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 6 27 7 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 **19** 25 **2** 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? **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 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ /Age _____ Reg # **1CJR26** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____

Veh Year **2019** Veh Make **HONDA** Veh Config. **1** 21

Operator **LEBOVITZ, MATTHEW ALLEN** Owner **LEBOVITZ, MATTHEW ALLEN**

Address **106 HIGHLAND AVE** Address **106 HIGHLAND AVE**

City **SOMERVILLE** State **MA** Zip **02143-1663** City **SOMERVILLE** State **MA** Zip **02143-1663**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 8 27 27

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

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

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

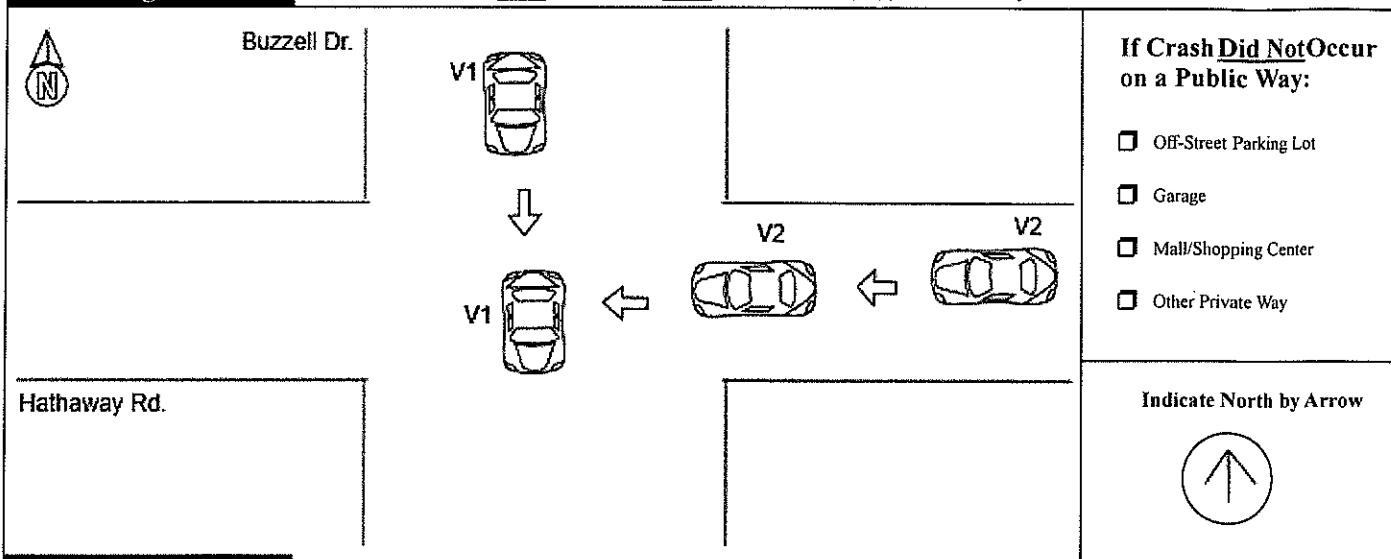
Towed from scene? **2** 33

Please fill out for operator/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	1	0	0	10	1	

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

Crash Diagram:



Crash Narrative:

V1 was traveling south on Buzzell Dr and V2 was traveling west on Hathaway Rd. Once both vehicles reached the intersection of Buzzell/Hathaway they collided with each other. V1 sustained major damage to the rear/left side (no airbag deployment). V2 sustained major damage to the front/right side (front airbag deployment). The operator of V1 stated that he was driving "a little too fast" and was not paying attention to oncoming traffic. The operator of V2 also stated that V1 was going too fast. There are no stop signs at this intersection. Both operators were the lone occupants of their respected vehicles and both parties denied medical treatment (no apparant injuries). The owners of V1 notified AAA waited for a tow. V2 was driven to a nearby driveway in order to wait for a tow. Both operators called for their own tow company to respond.

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

07/17/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-220-AC



Date of Crash 07/17/2023 Time of Crash 1525 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

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

<p>Route# Direction Name of Roadway/Street</p> <p>At</p> <p>Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>91 WEST ST</p> <p>Feet N S E W of _____ or _____</p> <p>Mile Marker Exit Number</p> <p>Feet N S E W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet N S E W of _____</p> <p>Landmark</p>
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Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **23-221-AC**

<p>License # _____ Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____</p> <p>Operator DURAN, REINALDO ANTONIO</p> <p>Address 221 BEACH ST</p> <p>City REVERE State MA Zip 02151-3165</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # P40463 Reg Type CO Reg State MA</p> <p>Veh Year 2016 Veh Make FORD Veh Config. 1 21</p> <p>Owner GARRICK CONSTRUCTION INC</p> <p>Address 110 EAMES ST</p> <p>City WILMINGTON State MA Zip 01887-3481</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 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		See Above	X	X	1	99	5	0	0	10	1
RICARDO MENJIVAR		139 FRANKLIN ST MALDEN, MA 02148-5727	M	3	99	5	0	0	10	1	

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

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator Driverless M.V.</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # C47537 Reg Type TR Reg State MA</p> <p>Veh Year 2018 Veh Make _____ Veh Config. 8 21</p> <p>Owner GARRICK CONSTRUCTION INC</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 10 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 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		See Above	X	X	1	0	5	3	0	10	1

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

Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○ ➔ ☺

(not to scale)

91 West St

West St

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:

V1 was traveling SB on West St in the vicinity of 91 West St towing a landscaping trailer. V2, traveling NB on West St crossed the double yellow line into the opposite travel lane striking the trailer towed by V1. The collision caused extensive damage to the axle and tires. After striking the trailer V2 traveled approx 30 yards where it came to rest in an askewed position blocking SB traffic. V2 sustained damage to the front drivers side, leaving it unable to drive. No injuries were reported as a result of this accident, and all involved refused medical. V1 sustained no damage and was able to drive away from the scene. The Trailer was towed from the scene by A&S and V2 was towed from the scene by Forrest towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael E Johnson 199 Wilmington Police Department 07/17/2023
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **29 WEST ST** 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 1 #Occupants Hit/Run Moped **Crash Report ID# 23-222-AC**

License # _____ OB/Age _____ Reg # **5184312** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2013** Veh Make **DODGE** Veh Config. **1** 21

Operator **KUNHARDT, JAIDEN THOMAS** Owner **KUNHARDT, JAIDEN THOMAS**

Address **6 CARBERRY DR** Address **6 CARBERRY DR**

City **DERRY** State **NH** Zip **030387320** City **DERRY** State **NH** Zip **030387320**

Insurance Company **STATE FARM** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 **1** 27 **27**

Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **31** **23** **35** **23** **31** **23** Test Status: **1** 28

Citation # (If Issued) **080538AC** Most Harmful Event **31** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub **89** **4A** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9** **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	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 _____ 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**

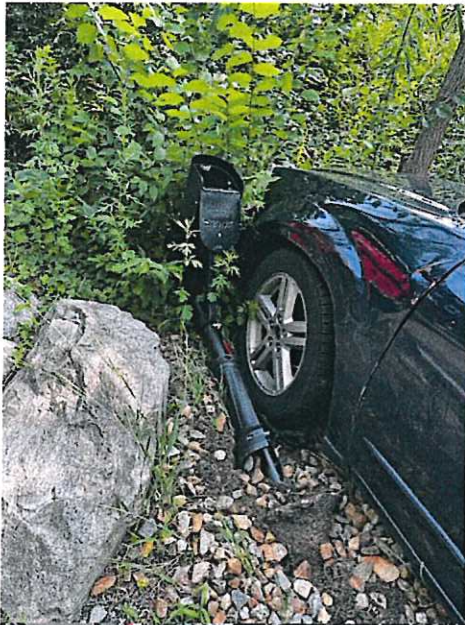
Please fill out for operator/non-motorist and all occupants involved

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 23-222-AC



Wilmington Police Department
Images Associated with 23-222-AC



Wilmington Police Department
Images Associated with 23-222-AC



Wilmington Police Department
Motor Vehicle Crash Report
23-223-AC

Requests for Wilmington Police Department Report, 23-223-AC,
may be made via the department's Public Records Email at
publicrecords@wpd.org

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 1 1 _____ At _____ **204 SALEM ST**
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W of _____ Mile Marker _____ Exit Number _____
 2 1 _____ Also at Intersection with _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____
 Route# Direction Name of Intersecting Roadway/Street Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants 1 Hit/Run Moped Crash Report ID# **23-224-AC**

Licenses: #B/Age _____ Reg # **28TY87** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement _____ Veh Year **2008** Veh Make **HONDA** Veh Config. **1 21**
 Operator **OLIVARI, EVELYN A** Owner **OLIVARI, EVELYN A**
 Address **1350 ANDOVER ST** Address **1350 ANDOVER ST**
 City **TEWKSBURY** State **MA** Zip **01876-1004** City **TEWKSBURY** State **MA** Zip **01876-1004**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **40 23 23 27 23 21 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **27 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **14 25 17 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 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	4	0	0	8	2	Saints Memorial Medical CTR

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	XXXXXX	XXXX	1							

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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 # **7 EAMES ST**
 Name of Roadway/Street
 Feet **N S E W** of _____ or _____
 Mile Marker Exit Number
 Feet **N S E W** of _____
 Route# **JEWEL DR**
 Intersecting Roadway/Street
 Feet **N S E W** of _____
 Landmark

2 10

3 11

2

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **23-225-AC**

3

License _____ /OB/Age _____ Reg # **3VXX34** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Veh Year **2003** Veh Make **BMW** Veh Config. **1** 21

1 12

4

Operator **PELEGRINI, MICHAEL ANGELO SILVANO**
 Last First Middle
 Address **19 BRIARWOOD RD**
 City **WOBURN** State **MA** Zip **01801-1232**
 Owner **PELEGRINI, MICHAEL ANGELO SILVANO**
 Last First Middle
 Address **19 BRIARWOOD RD**
 City **WOBURN** State **MA** Zip **01801-1232**

5

Insurance Company **PROGRESSIVE DIRECT INSURA**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
 Vehicle Action Prior to Crash **1** 22
 Event Sequence **1** 23 23 23 23
 Most Harmful Event **1** 24
 Driver Contributing Code **1** 25 25
 Driver Distracted by **0** 26
 Damaged Area Code: **1** 27 27 27
 Test Status: **1** 28
 Type of Test: **2** 29
 BAC Test Result: **1** 30
 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

1 13

6

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

7

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

8

License _____ /OB/Age _____ Reg # **2TTS32** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Veh Year **2023** Veh Make **TOYOTA** Veh Config. **1** 21

1 14

9

Operator **DECOPIN, DAVID**
 Last First Middle
 Address **19 SHERMAN ST APT 2**
 City **PEABODY** State **MA** Zip **01960-5806**
 Owner **DECOPIN, DAVID**
 Last First Middle
 Address **19 SHERMAN ST APT 2**
 City **PEABODY** State **MA** Zip **01960-5806**

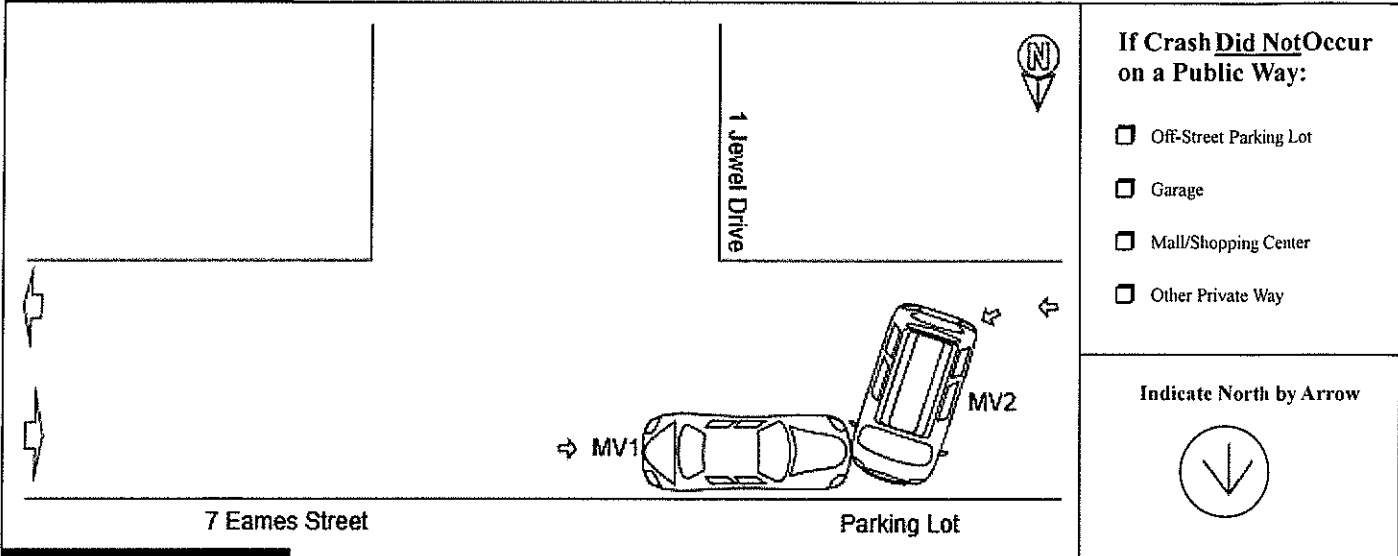
Insurance Company **PLYMOUTH ROCK ASSURANCE C**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____
 Vehicle Action Prior to Crash **4** 22
 Event Sequence **1** 23 23 23 23
 Most Harmful Event **1** 24
 Driver Contributing Code **1** 25 25
 Driver Distracted by **0** 26
 Damaged Area Code: **2** 27 27 27
 Test Status: **1** 28
 Type of Test: **2** 29
 BAC Test Result: **1** 30
 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

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

Operator of motor vehicle number 1, Michael Pellegrini, stated that he was traveling straight ahead going west on Eames Street towards Main Street. He stated that MV2, was traveling from the opposite direction, crossed lanes, pulled in front of him, and their vehicles collided. Operator of motor vehicle number 2, David Decopin, stated that he was traveling straight ahead going east on Eames Street, attempted to make a left hand turn into a parking lot near the intersection of Eames Street at Jewel Drive, and their vehicles collided. Both parties stated that they didn't sustain any injuries, refused medical attention, and had no other occupants in their vehicles. I exchanged their paperwork and advised both parties that they are required to file an accident report. I observed major frontend damage to MV1 and front passenger side damage to MV2 (See images). Cain's towed MV1 (See attachments for MV tow & inventory report).

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 Julio J Quiles

197

Wilmington Police Department

07/20/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-225-AC

