

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

**1** **1** **1** **1**

Route# Direction **MAIN ST** Name of Roadway/Street  
 At  
 Route# Direction **LLOYD RD** Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 Route# Direction Name of Intersecting Roadway/Street  
 Feet  N  S  E  W of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 Feet  N  S  E  W of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 Landmark \_\_\_\_\_

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

**1** License # **NHL15431003** St **NH** DOB/Age \_\_\_\_\_ Reg # **284M2** Reg Type **PC** Reg State **NH**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2015** Veh Make **MAZDA** Veh Config. **1** 21  
**1** 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**  
**5** Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 **25** BAC Test Result: **30**  
**6** 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
<b>Operator</b>	See Above	<del>XXXXXX</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>	

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

**2** License # **SA3450142** St **MA** DOB/Age \_\_\_\_\_ Reg # **2RKL68** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1** 21  
**8** 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**  
**9** Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 **25** BAC Test Result: **30**  
**2** 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

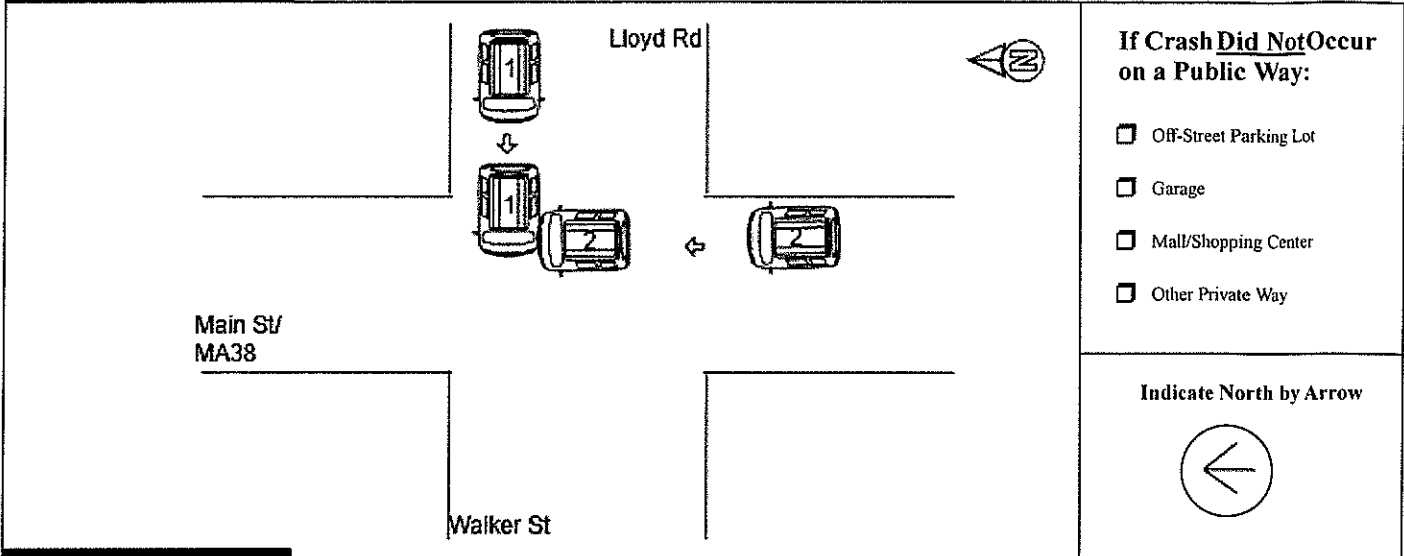
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</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    → ○    → ○



**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 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

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # **214 ANDOVER ST**

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

2 1 Route# Direction Name of Intersecting Roadway/Street

3 1 Feet **NSEW** of Mile Marker Exit Number

Feet **NSEW** of Route# Intersecting Roadway/Street

Feet **NSEW** of Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **23-197-AC**

License # **S02242046** St **MA** DOB/Age. Reg # **1NYE11** Reg Type **PC** Reg State **MA**

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

Operator **LEFEBVRE, JAMES** Owner **LEFEBVRE, JAMES**

Address **50 GREENLAWN AVENUE EXT** Address **50 GREENLAWN AVENUE EXT**

City **METHUEN** State **MA** Zip **01844-6264** City **METHUEN** State **MA** Zip **01844-6264**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27

Vehicle Travel Direction: **NSEW** 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: **2** 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

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

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

License # **NHL17521100** St **NH** DOB/Age. Reg # **9C2006** Reg Type **CO** Reg State **ME**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement Veh Year **2022** Veh Make **DODGE** Veh Config. **1** 21

Operator **VAUGHN, ROBERT DAVID** Owner **MINER LTD- NORTHEAST**

Address **8 WALNUT HILL RD** Address **18 WILLEY RD**

City **SANDOWN** State **NH** Zip **03873** City **SACO** State **ME** Zip **04072**

Insurance Company **ENTERPRISE FM TRUST** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **0** 27 27 27

Vehicle Travel Direction: **NSEW** 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: **2** 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **19** 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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 23-197-AC



**AT INTERSECTION:** **LOCATION** **NOT AT INTERSECTION:**

**ROUTE 125 HWY**  
 Route# Direction Name of Roadway/Street  
 At  
**BALLARDVALE ST**  
 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 \_\_\_\_\_  
 Route# Intersecting Roadway/Street \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **23-198-AC**

License # **SA1890814** St **MA** DOB/Ag: \_\_\_\_\_ Reg # **S22254** Reg Type **CO** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2006** Veh Make **CHEVROLET** Veh Config. **97** 21  
 Operator **ESQUIVEL SOSA, KEVIN RONAEL** Owner **CREONTE TIRE AND AUTO INC**  
 Address **26 GARDEN LN APT 8** Address **127 LINDEN ST**  
 City **WALTHAM** State **MA** Zip **02452-6178** City **WALTHAM** State **MA** Zip **02452-6204**  
 Insurance Company **PILGRIM INSURANCE COMPANY** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 0 27 27 27  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **2** 23 23 23 23 Test Status: 1 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2** 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 **21** 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 \_\_\_\_\_

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S47695950** St **MA** DOB/Ag: \_\_\_\_\_ Reg # **W48995** Reg Type **CO** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_ Veh Year **1999** Veh Make **CHEVROLET** Veh Config. **97** 21  
 Operator **BRITO, MARCUS R** Owner **BRITO, MARCUS R**  
 Address **135 3RD ST** Address **135 3RD ST**  
 City **LOWELL** State **MA** Zip **01850-2509** City **LOWELL** State **MA** Zip **01850-2509**  
 Insurance Company **UNITED FINANCIAL CASUALTY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 1 27 2 27 8 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 **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? 1 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

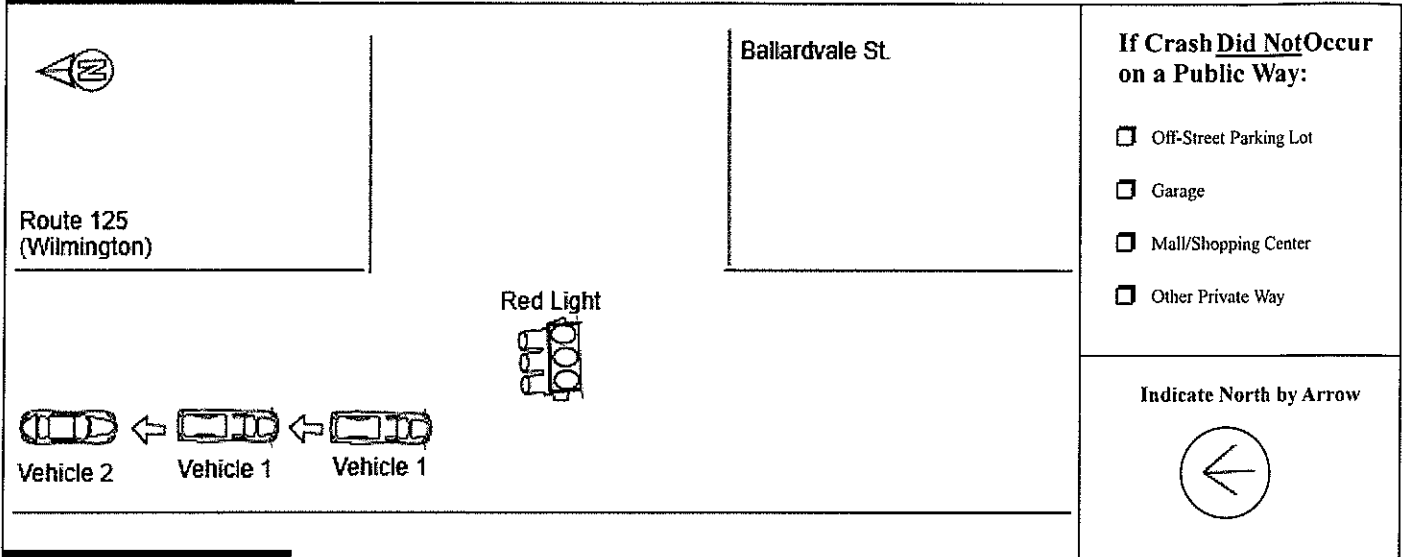
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>99</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    → ○    → ○



**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:**

Vehicles 1 and 2 were both stationary at a red light at the intersection of Route 125 and Ballardvale Street in Wilmington. At that time, vehicle 1 backed into the front of vehicle 2. The operator of vehicle 1 stated that he thought he was putting his vehicle in park but put it into reverse by mistake. Operator 1 stated he tried to put it in park because he was tired from work. Vehicle 1 sustained no damage at all, however, vehicle 2 sustained major damage to the entire front end. Operators 1 and 2 were the sole occupants of their respected vehicles. Neither operator sustained any injuries and both denied medical treatment. Vehicle 1 was able to be driven away. However, vehicle 2 needed to be towed, as it had major damage and was leaking fluids. Operator 2 called AAA and he was having it towed to his place of business.

**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      06/29/2023  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 23-198-AC





Date of Crash 06/29/2023 Time of Crash 1802 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 1 Speed Limit 30 Latitude Longitude State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# Direction Name of Roadway/Street	Route# Direction Address # Name of Roadway/Street	2 10
	At	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker Exit Number	1 11
	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 _____ Route# Intersecting Roadway/Street	
2	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 _____ Landmark	

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-199-AC**

3	License # <b>S70635954</b> St <b>MA</b> DOB/Ag: _____ Reg # <b>72SJ15</b> Reg Type <b>PC</b> Reg State <b>MA</b>	7 12
	Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>20</b> CDL _____ Veh Year <b>2012</b> Veh Make <b>LINCOLN</b> Veh Config. <b>1</b> 21	
4	Operator <b>KIESINGER, MARY FRANCES</b> Owner <b>KIESINGER, MARY FRANCES</b>	21 13
	Address <b>197 SALEM ST</b> Address <b>197 SALEM ST</b>	
5	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4022</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4022</b>	21 13
	Insurance Company <b>FARMERS PROPERTY &amp; CASUAL</b> Vehicle Action Prior to Crash <b>7</b> 22 Damaged Area Code: <b>8</b> 27 1 27 2 27	
6	Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Event Sequence <b>40</b> 23 23 23 23 Test Status: <b>28</b>	21 13
	Citation # (If Issued) _____ Most Harmful Event <b>30</b> 24 Type of Test: <b>29</b>	
7	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <b>7</b> 25 <b>11</b> 25 BAC Test Result: <b>30</b>	21 13
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <b>99</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>2</b> 33	

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Lahey Clinic

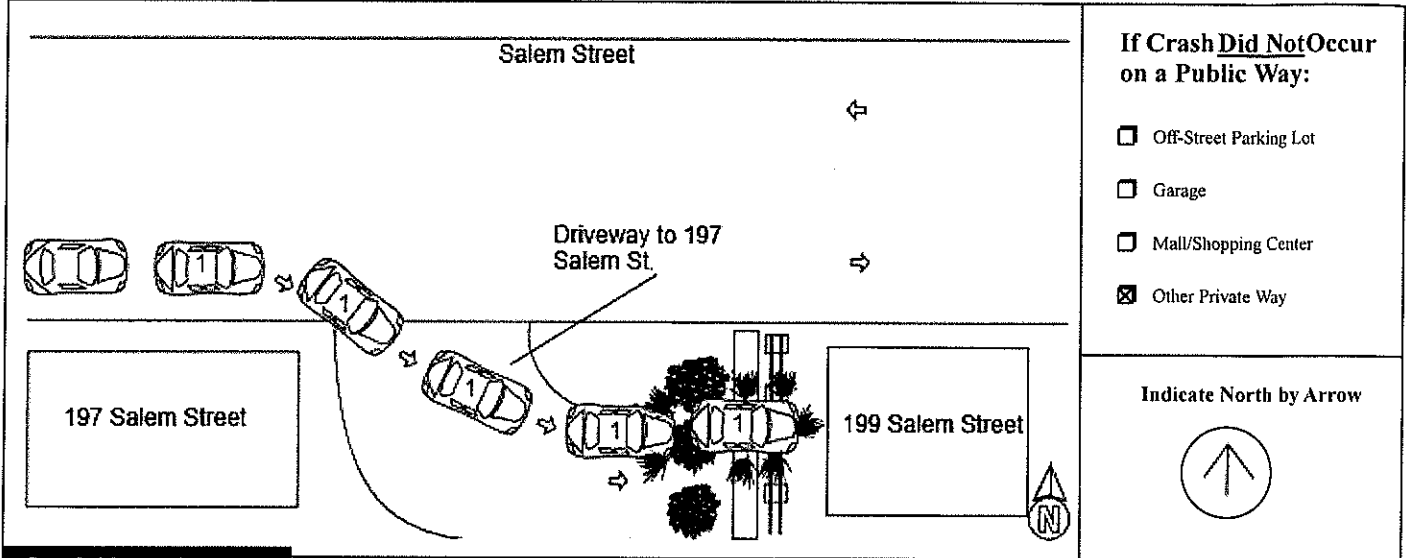
7	Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	2 14
	License # _____ St _____ DOB/Ag: _____ Reg # _____ Reg Type _____ Reg State _____	
8	Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Veh Year _____ Veh Make _____ Veh Config. <b>21</b>	2 14
	Operator _____ Owner _____	
9	Address _____ Address _____	2 14
	City _____ State _____ Zip _____ City _____ State _____ Zip _____	
9	Insurance Company _____ Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> <b>27</b> <b>27</b>	2 14
	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>	
9	Citation # (If Issued) _____ Most Harmful Event <b>24</b> Type of Test: <b>29</b>	2 14
	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <b>25</b> <b>25</b> BAC Test Result: <b>30</b>	
9	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>33</b>	2 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							

→ = 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:**

MV1 was traveling eastbound on Salem Street towards Anthony Avenue. The operator of MV1 claimed that, "she was traveling on Salem Street and that the car behind her was traveling at a high rate of speed and was tail-gating her car." She claimed that she panicked and quickly swerved in her driveway at 197 Salem Street to avoid the car behind her. She stated that she when she quickly pulled in her driveway that she attempted to stop, but was unable to. She stated that her vehicle continued traveling forward, crashed through her arborvitae trees, her white vinyl fence, and her neighbor's wooden stockade fence and came to rest on her neighbor's lawn at 199 Salem Street. The WFD responded and transported the operator to Lahey Hospital for further evaluation. MV1 was able to be extricated from the two damaged fences and was secured in the driveway. MV1 suffered front end and side mirror damage from the crash, but did not need to be 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
KIESINGER MARY FRANCES	197 SALEM ST WILMINGTON MA 01887-4		97	2 ARBORVITAE TREES AND WHITE VINYL FENCE
FRANKELTON FRANCIS JOSEPH	199 SALEM ST WILMINGTON MA 01887-4		97	WOODEN STOCKADE FENCE

**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 A Wilson    209    Wilmington Police Department    06/29/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 23-199-AC



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 \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 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# 23-200-AC

License # SA3050884 St MA DOB/Age \_\_\_\_\_ Reg # 1VJZ72 Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement \_\_\_\_\_ Veh Year 2006 Veh Make HYUNDAI Veh Config. 1 21  
 Operator LATORES, JOSEPH THOMAS Owner LATORES, JOSEPH THOMAS  
 Address 93 GARFIELD AVE Address 93 GARFIELD AVE  
 City WOBURN State MA Zip 01801-5731 City WOBURN State MA Zip 01801-5731  
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 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

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	5	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 # S29253006 St MA DOB/Age \_\_\_\_\_ Reg # RS11DM Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement \_\_\_\_\_ Veh Year 2014 Veh Make MERCEDES-BENZ Veh Config. 1 21  
 Operator EORI, STEVEN L Owner EORI, JOAN LOUISE  
 Address 396 BOSTON RD APT 304 Address 396 BOSTON RD APT 304  
 City BILLERICA State MA Zip 01821-1857 City BILLERICA State MA Zip 01821-1857  
 Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 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/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	5	0	0	10	1	
JOAN EORI	396 BOSTON RD BILLERICA, MA 01821-1857		F	3	1	5	0	0	10	1	



Wilmington Police Department  
Images Associated with 23-200-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # **95 MAIN 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 **12** #Occupants  Hit/Run  Moped Crash Report ID# **23-201-AC**

License # **SAB070842** St **MA** DOB/Age \_\_\_\_\_ Reg # **3HDB63** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **1999** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **MELLEN, JACOB ERIC** Owner **MELLEN, ERIC A**

Address **185 HILL ST EXT** Address **185 HILL STREET EXT**

City **TEWKSBURY** State **MA** Zip **01876-2434** City **TEWKSBURY** State **MA** Zip **01876-2434**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 7 27 3 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) **T3190748** Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **13A** Driver Contributing Code **3** 25 **2** 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub **89** **9** Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **1** 32

Towed from scene? **1** 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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>2</b>	Winchester Hospital

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

License # **S92410145** St **MA** DOB/Age \_\_\_\_\_ Reg # **VT4Y60** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2007** Veh Make **DODGE** Veh Config. **2** 21

Operator **AZNAVOORIAN, DAVID CHAS** Owner **AZNAVOORIAN, DAVID CHAS**

Address **12 MARIE ST** Address **12 MARIE ST**

City **TEWKSBURY** State **MA** Zip **01876-3936** City **TEWKSBURY** State **MA** Zip **01876-3936**

Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27

Vehicle Travel Direction:  N  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: 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 **26** Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

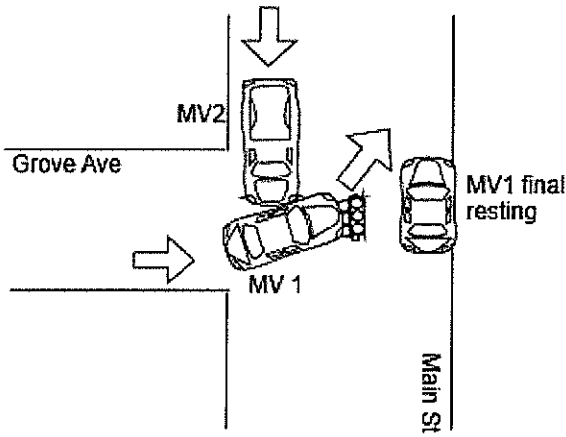
Towed from scene? **1** 33

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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = 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:**

MV2 was travelling SB on Main St and had a green light at Main St and Grove Ave intersection. MV1 was travelling E on Grove Ave at excessive speed and had a red light at the intersection when MV1 made a left turn on to Main St. Driver side of MV1 collided with front end of MV2. MV1 then slid across the intersection and the passenger side collided with a telephone pole on Main St.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
BREWER ALPHONSO M	3 GROVE AVE WILMINGTON MA 01887		

**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 Katlyn M Finn**

**226**

**Wilmington Police Department**

**06/30/2023**

Police Officer Name (Please Print)

Signature

ID/Badge #

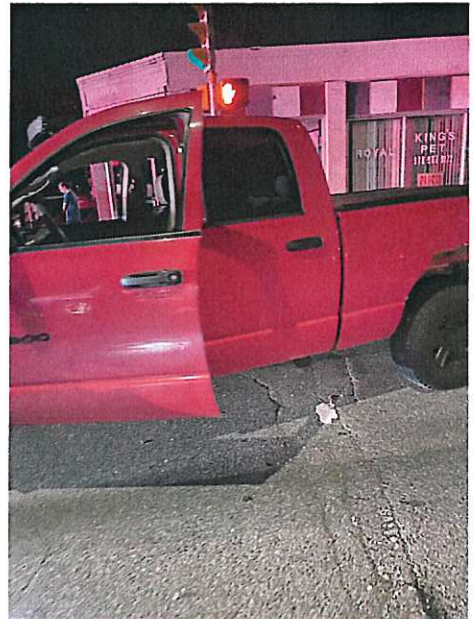
Department

Precinct/Barracks

Date



Wilmington Police Department  
Images Associated with 23-201-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <b>665</b> Name of Roadway/Street <b>MAIN ST</b>
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 _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **23-202-AC**

License # <b>S20935284</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>B</b> 20 CDL _____ Operator <b>VOLPE, JUDITH ANN</b> Address <b>19 MICHAEL DR</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1142</b> Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>14VF18</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2010</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21 Owner <b>VOLPE, JOHN MICHAEL</b> Address <b>19 MICHAEL DR</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1142</b> Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>1</b> 27 <b>2</b> 27 <b>8</b> 27 Event Sequence <b>1</b> 23 <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> 28 Most Harmful Event <b>1</b> 24 Type of Test: <b>1</b> 29 Driver Contributing Code <b>19</b> 25 <b>4</b> 25 BAC Test Result: <b>1</b> 30 Driver Distracted by <b>99</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>1</b> 33
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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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # <b>SA3040591</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Operator <b>MAEL, ELIOR TUVIA</b> Address <b>12 TAMARACK RD</b> City <b>NATICK</b> State <b>MA</b> Zip <b>01760-3038</b> Insurance Company <b>USAA CASUALTY INSURANCE C</b> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>1ZGJ47</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2018</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b> 21 Owner <b>MAEL, OREN J</b> Address <b>1 DUBLIN AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3205</b> Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>3</b> 27 <b>27</b> <b>27</b> Event Sequence <b>1</b> 23 <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> 28 Most Harmful Event <b>1</b> 24 Type of Test: <b>1</b> 29 Driver Contributing Code <b>1</b> 25 <b>25</b> BAC Test Result: <b>1</b> 30 Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>2</b> 33
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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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>AITAN MAEL</b>	<b>12 TAMARACK RD NATICK, MA 01760-3038</b>		<b>M</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



## NARRATIVE FOR PATROL OFFICER MICHAEL W POWERS

Ref: 23-202-AC

Entered: 07/05/2023 @ 1151      Entry ID: 231  
Modified: 07/05/2023 @ 1206      Modified ID: 231  
Approved: 07/05/2023 @ 1234      Approval ID: 180

I, Officer Michael Powers of the Wilmington Police Department, report the following summary of facts:

On Friday, 06/30/2023, I was assigned to uniformed patrol in sector 3 in fully marked police cruiser #38 for the 0800-1600 hours shift. At approximately 1535 hours, I was dispatched to the intersection of Main Street and Cross Street for a 2-car motor vehicle crash. Please reference case number 23-202-AC for more information. While en route to this location, dispatch stated that a white van was involved in the crash and left the scene. Officer Stebbins conducted a motor vehicle stop of a white van, however, this vehicle showed no signs that it was just involved in a crash (photos were attached to document). After arriving on scene, I spoke to a witness of the crash, Lisa Devescovi. Devescovi stated that she was in her vehicle on Butter's Row and witnessed a white van crash into one of the involved vehicles (Toyota) and then flee the scene. I asked her if this van may have just been trying to avoid the Toyota from crashing into it and she replied, "No." I also spoke to another witness, Patricia Haynes, over the phone and asked her what she saw. Haynes told me that she was behind the Toyota on Cross Street just before it entered Main Street. Haynes then told me that the Toyota drove onto Main Street and failed to yield into oncoming traffic. Haynes then stated that the Toyota crashed into the left side of the other involved vehicle in the crash (Chevrolet). I asked Haynes if, at any time, she witnessed a white van and she told me, "No." I also asked Haynes if the Toyota and the Chevrolet were the only vehicles involved in the crash and she replied, "Yes."

Respectfully Submitted,

Officer Michael Powers #231  
Wilmington Police Department

Wilmington Police Department  
Images Associated with 23-202-AC



Wilmington Police Department  
Images Associated with 23-202-AC



Wilmington Police Department  
Images Associated with 23-202-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

2 1 Route# Direction Name of Intersecting 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 12 #Occupants  Hit/Run  Moped Crash Report ID# 23-203-AC

4 1 License # S86860923 St MA DOB/Age 19 19 Reg # 8MZ847 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2019 Veh Make VOLKSWAGEN Veh Config. 1 21

Operator DASILVA, CHRISTOPHER M Owner DASILVA, JESSICA ANN

Address 167 MAIN ST Address 167 MAIN ST

City WILMINGTON State MA Zip 01887 City WILMINGTON State MA Zip 01887-2021

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 4 22 Damaged Area Code: 6 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 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

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	
JESSICA DASILVA	167 MAIN ST WILMINGTON, MA 01887-2021		F	3	1	4	0	0	10	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 # S36645997 St MA DOB/Age 19 19 Reg # 7ER959 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2020 Veh Make LEXUS Veh Config. 1 21

Operator NICOLO, DONNA M Owner NICOLO, RICHARD LOUIS

Address 91 LYNNES WAY Address 91 LYNNES WAY

City TEWKSBURY State MA Zip 01876-1323 City TEWKSBURY State MA Zip 01876-1323

Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 1 22 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 19 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

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





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 13 #Occupants  Hit/Run  Moped | Crash Report ID# 23-204-AC

License # D20313317312852 St NJ DOB/Age | Reg # 8TB351 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | Veh Year 2009 Veh Make NISSAN Veh Config. 1 21

Operator DEANDRADE, HIGOR L | Owner BATISTA, CAMILLA

Address 336 CENTENNIAL AVE | Address 75 SIERRA RD

City CRANFORD State NJ Zip 07016-3390 | City BOSTON State MA Zip 02136

Insurance Company GOVERNMENT EMPLOYEES INSU | Vehicle Action Prior to Crash 1 22

Vehicle Travel Direction: N S E X Responding to Emergency? 2 | Event Sequence 1 23 23 23 23

Citation # (If Issued) T2749120 | Most Harmful Event 1 24

Viol. 1: Ch/Sec/Sub 90 24C Viol. 2: Ch/Sec/Sub 90 9B | Driver Contributing Code 4 25 25

Viol. 3: Ch/Sec/Sub 90 34J 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 Air/bag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	1	4	0	0	10	1	
GUSTAVO SILVA OLIVERIA		***UNKNOWN*** OUT OF STATE, OC 00000	M	3	1	4	0	0	10	1	
				6	1	4	0	0	10	1	

Please Select One of the Following:  Vehicle 12 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # S96280134 St MA DOB/Age | Reg # VT34375 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement | Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21

Operator BRIGHAM, JEREMY D | Owner BRIGHAM, JEREMY D

Address 74 ANDOVER ST | Address 74 ANDOVER ST

City WILMINGTON State MA Zip 01887-1202 | City WILMINGTON State MA Zip 01887-1202

Insurance Company UNITED SERVICES AUTOMOBIL | Vehicle Action Prior to Crash 1 22

Vehicle Travel Direction: X S E W Responding to Emergency? 2 | Event Sequence 1 23 23 23 23

Citation # (If Issued) | Most Harmful Event 1 24

Viol. 1: Ch/Sec/Sub | Driver Contributing Code 1 25 25

Viol. 3: Ch/Sec/Sub | Driver Distracted by 0 26

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Air/bag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	1	1	4	0	0	10	1	
LISA HUGHES		74 ANDOVER ST WILMINGTON, MA 01887-1202	F	3	1	4	0	0	10	1	

