

Date of Crash **07/03/2023** Time of Crash **0828** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # 411 MAIN ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ 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# **23-205-AC**

License # S50744038 St MA DOB/Age _____ Reg # 3DLE61 Reg Type PC Reg State MA	Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement _____ Veh Year 2018 Veh Make TOYOTA Veh Config. 1
Operator SMITH, KATHRYN H Address 261 MAPLE ST	Owner SMITH, BRUCE C Address 261 MAPLE ST
City TEWKSBURY State MA Zip 01876-1515	City TEWKSBURY State MA Zip 01876-1515
Insurance Company CITIZENS INSURANCE COMPAN	Vehicle Action Prior to Crash 2 Damaged Area Code: 1 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		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	X	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

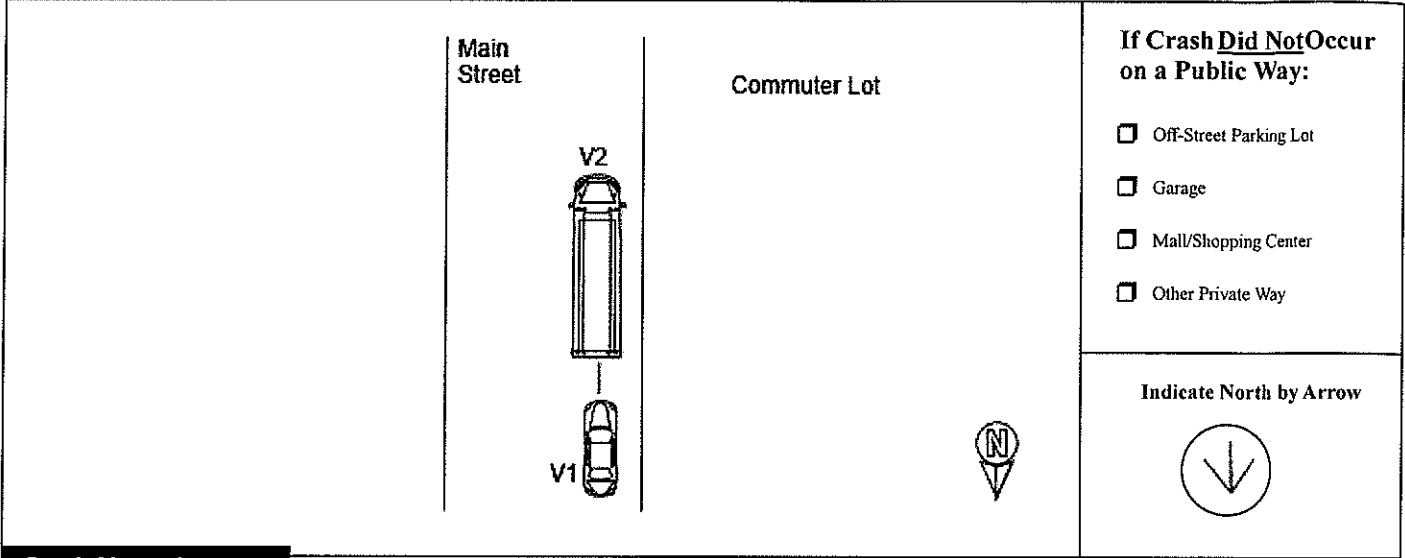
License # _____ St _____ DOB/Age _____ Reg # P898363 Reg Type AP Reg State IN	Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2022 Veh Make HYUNDAI Veh Config. 10
Operator unknown Address _____	Owner AMAZON Address 4255 ANSON BLVD
City _____ State _____ Zip _____	City WHITESTOWN State IN Zip 46075
Insurance Company _____	Vehicle Action Prior to Crash 10 Damaged Area Code: 5 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 99 25 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		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	X	1	99	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:

Sir, on July 3, 2023, I (Officer MacGilvray) was assigned as the station officer during the 8-4 tour. At said time Kathryn Smith (V1) came to Headquarters and reported she is the victim of a hit/run. V1 stated while in traffic V2 backed up to turn around in the commuter lot. While backing up V2 struck V1 causing the crash. V1 stated she approached V2 in the lot and the unknown operator stated to her "I need to make deliveries" and drove off northbound on Main Street. Multiple phone attempts with Amazon to track down the operator have shown negative at this time. Unsure if there is CCTV at this time. Report 23-877-OF has also been completed.

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 Paul Macgilvray 221 Wilmington Police Department 07/03/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1 **GLEN RD** Route# Direction Name of Roadway/Street
At
2 **BRATTLE ST** Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
2 Route# Direction Name of Intersecting Roadway/Street

3 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

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-206-AC**

4 License # **S19973011** St **MA** DOB/Age _____ Reg # **799YX8** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **FORD** Veh Config. **1** 21
Operator **HOLMES, CHARLES E JR** Owner **HOLMES, CHARLES E JR**
Address **63 GARDEN AVE** Address **63 GARDEN AVE**
City **WILMINGTON** State **MA** Zip **01887-1872** City **WILMINGTON** State **MA** Zip **01887-1872**
Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **7** 27 27 27
Vehicle Travel Direction: **N S X 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: **2** 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 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

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	XXXXXX	X	1	99	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 1 License # **SA7160065** St **MA** DOB/Age _____ Reg # **3KNK39** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **HONDA** Veh Config. **1** 21
Operator **PARR, KELSEY EVELYN** Owner **PARR, MATTHEW DAVID**
Address **772 TRULL RD** Address **6 LEDGEWOOD RD**
City **TEWKSBURY** State **MA** Zip **01876-1060** City **WILMINGTON** State **MA** Zip **01887-3445**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 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: **2** 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **2** 25 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

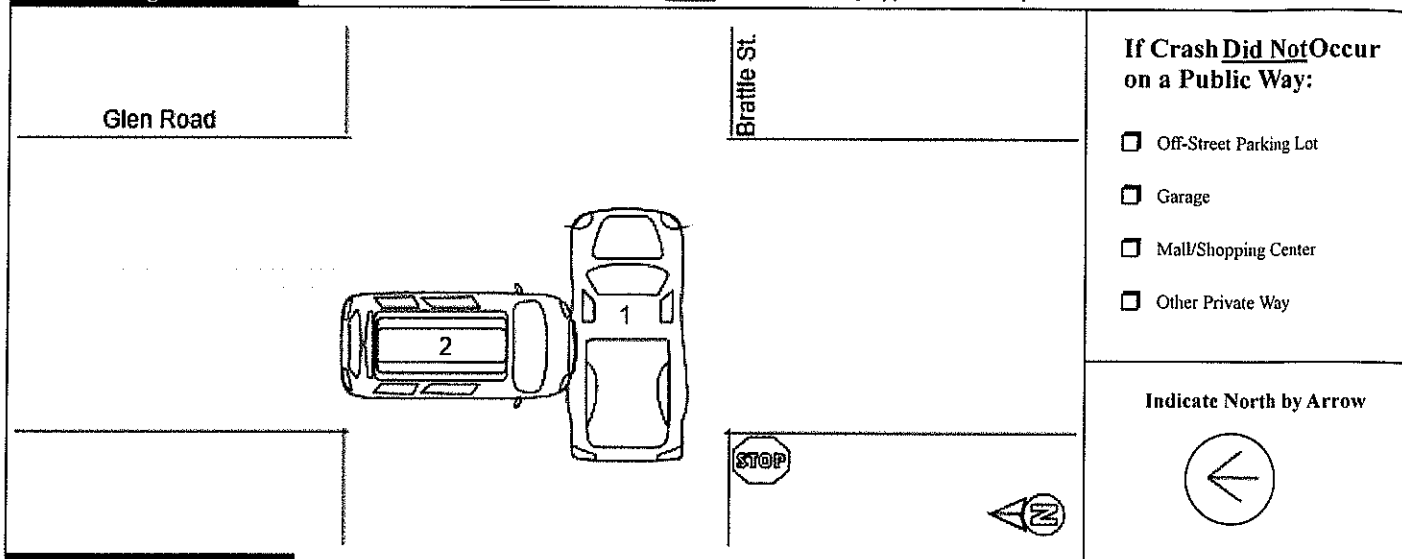
9 2 Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	X	1	99	1	0	0	10	1	
				3	99	1	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 WAS TRAVELING ON BRATTLE ST., GO TO THE STOP SIGN AT GLEN RD. STOPPED AND ATTEMPTED TO CROSS GLEN RD. TO CONTINUE ONTO BRATTLE RD. WHILE MV 1 WAS CROSSING GLEN RD. MV 2 WAS TRAVELLING SOUTH BOUND ON GLEN RD. AS MV 1 WAS CROSSING THE ROADWAY MV 2 COLLIDED INTO THE SIDE OF MV 1, CREATING A T-BONE COLLISION.

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 Brian Tavares 206 Wilmington Police Department 07/03/2023

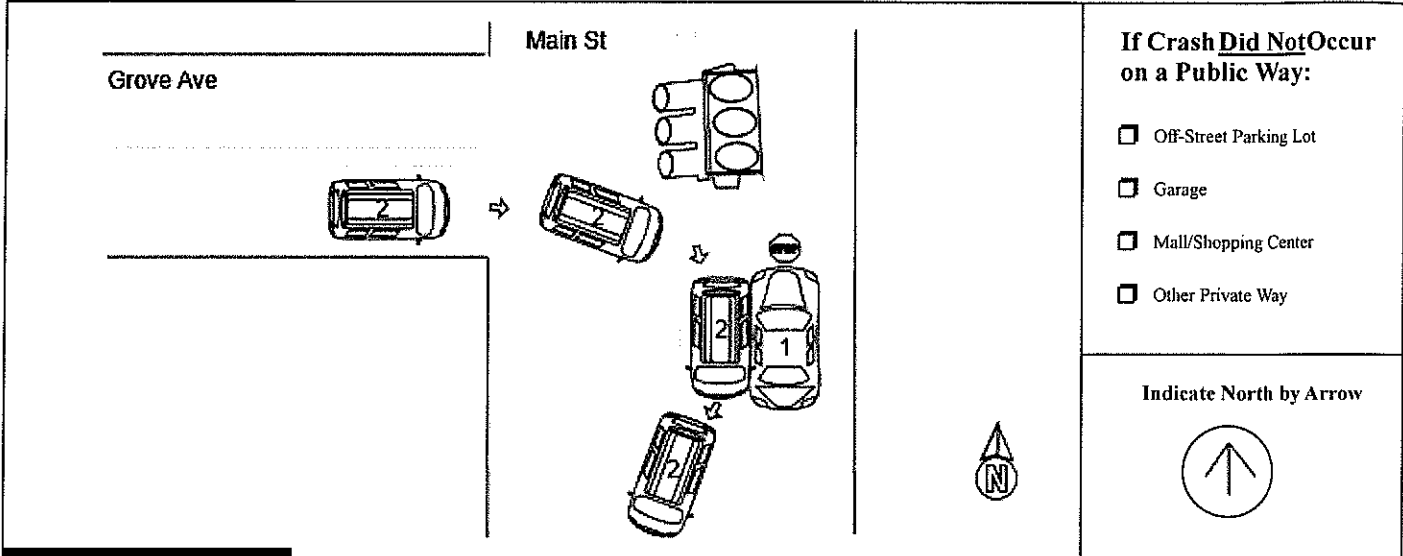
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/03/2023	Time of Crash 2226 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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:											
MAIN ST															
Route#	Direction	Name of Roadway/Street				Route#	Direction	Address #	Name of Roadway/Street						
At															
GROVE AVE															
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	_____	•	_____	or	_____	Mile Marker	Exit Number
Also at Intersection with															
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 <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 23-207-AC									
License # S17573605 St MA DOB/Age _____			Reg # 1EW326 Reg Type PC Reg State MA			Veh Year 2018 Veh Make HYUNDAI Veh Config. 1 ²¹									
Sex M Lic. Class D ¹⁹ ¹⁹ Lic. Restrictions 99 ²⁰ CDL _____			Veh Year 2018 Veh Make HYUNDAI Veh Config. 1 ²¹												
Operator VIVEIROS, SHAUN A			Owner VIVEIROS, KATY DEBORAH												
Address 27A HOBSON AVE			Address 27A HOBSON AVE												
City WILMINGTON State MA Zip 01887-2209			City WILMINGTON State MA Zip 01887-2059												
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 2 ²²			Damaged Area Code: 7 ²⁷ ²⁷ ²⁷									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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			
Please Select One of the Following:															
<input type="checkbox"/> Vehicle <u>2</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped						
License # _____ St _____ DOB/Age _____			Reg # unknown Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. 21									
Sex _____ Lic. Class 19 ¹⁹ Lic. Restrictions 20 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 21												
Operator unknown			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: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 23 ²³ ²³ ²³			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									

→ = 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:

06/03/2023 @ appx 10:26pm disptched to Main St @ Miles St for a 2-car MVC hit and run.
 (23-873-OF) According to OP1, MV1 was at Main St NB stopped at Grove Ave light. Saw MV2
 make wide turn onto Main St SB. Attmpted to move to side away from MV2. MV2 sideswiped
 MV1 from Dside front wheel to Dside rear wheel. MV1 obtained damage to driver door,
 steering column and front Dside tire. MV2 fled SB on Main St. MV1 followed MV2 until Miles
 St where he turned off. MV1 able to move under own power. OP1 not injured. Reg of MV1
 renewed electronically.

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

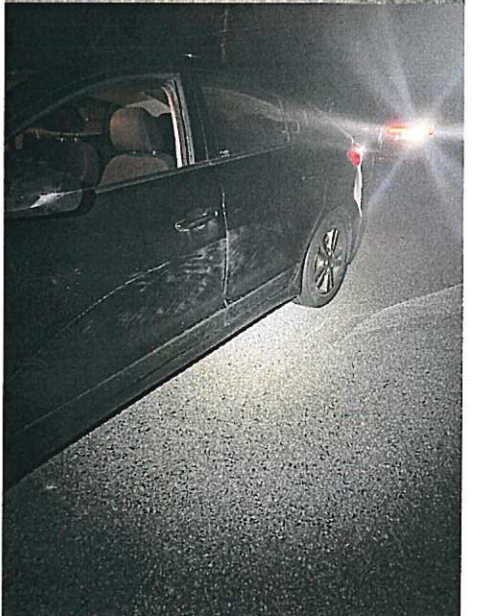
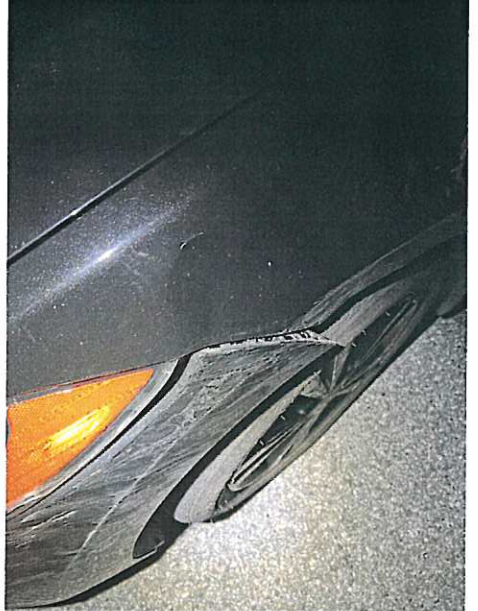
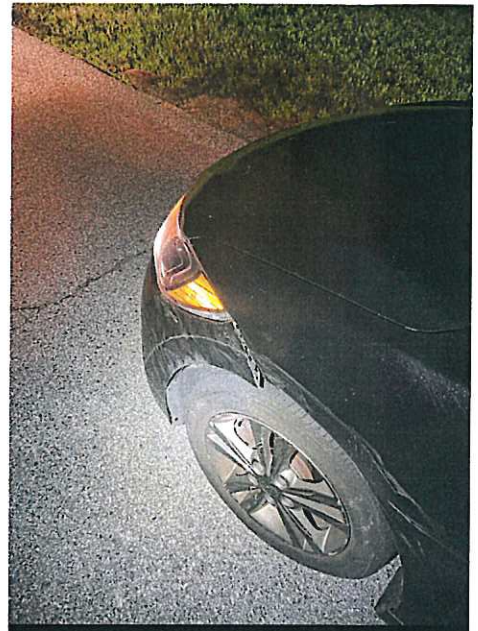
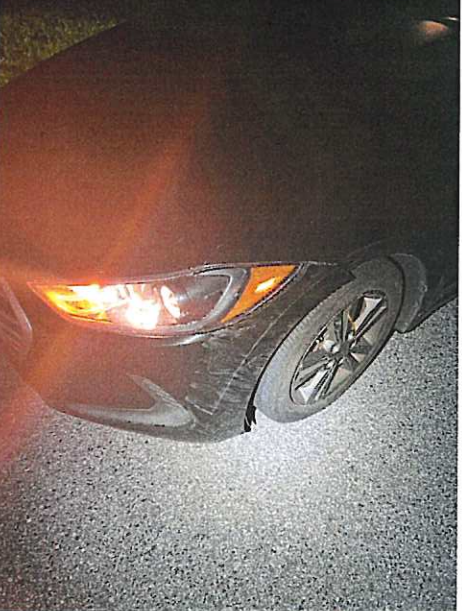
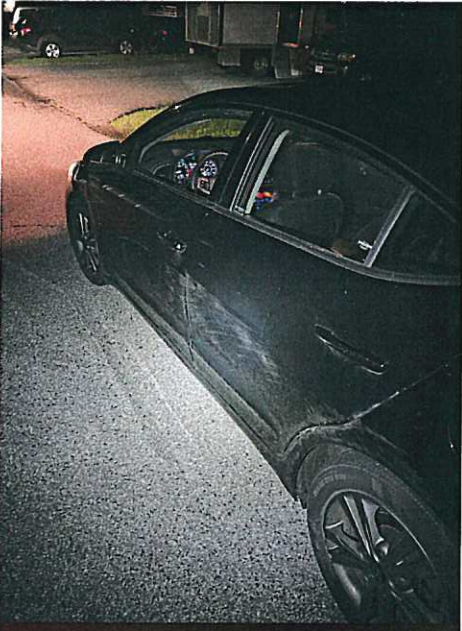
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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 07/03/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-207-AC



Police Use Only	Date of Crash 07/05/2023	Time of Crash 0742 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>113</u> Direction <u>WEST</u> Address # <u>ST</u> Name of Roadway/Street _____					2 10
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 _____					5 11
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 _____					1 12

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

Crash Report ID# **23-208-AC**

License # <u>S44647684</u> St <u>MA</u> DOB/Agc _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>PERKINS, IAN BOYD</u> Address <u>646 WOBURN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>6NVA50</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PERKINS, MARK ALAN</u> Address <u>646 WOBURN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2963</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Agc	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	

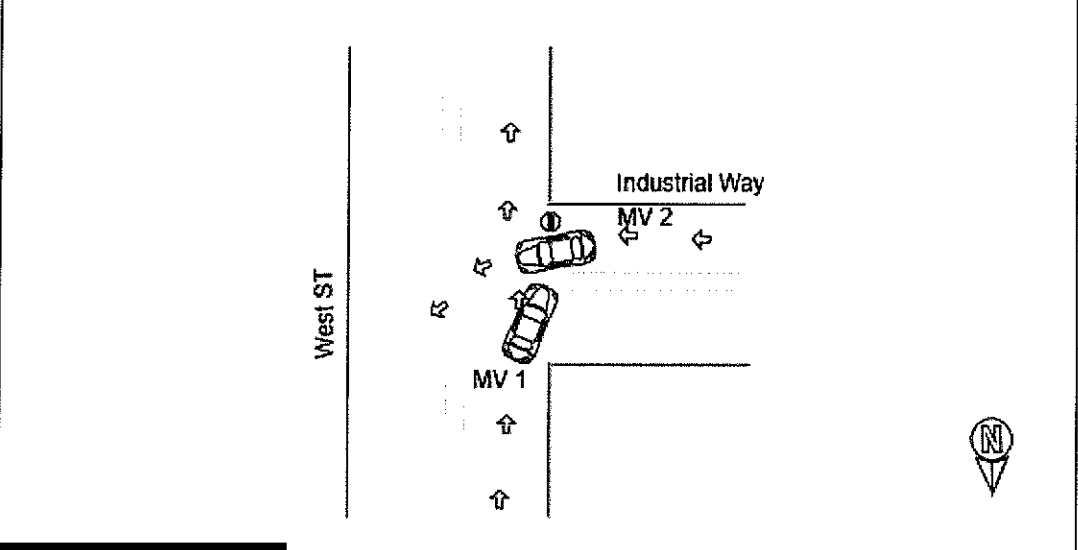
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # <u>S28910702</u> St <u>MA</u> DOB/Agc _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>YEO, NANCY</u> Address <u>8 GLADE ST</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5450</u> Insurance Company <u>GEICO GENERAL INSURANCE C</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>3FCE59</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>YEO, NANCY</u> Address <u>8 GLADE ST</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5450</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Agc	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	2	0	0	10	1	
MICHAEL SULLIVAN	114 COGSWELL ST HAVERHILL, MA 01832-2571	I	1	1	4	0	0	10	1		

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

The operator of MV 1 stated that while traveling southbound on West St, the white ford Focus drove through the stop sign causing the two vehicles to collide. The operator MV 1 stated he wanted to stay straight on West St but once he was cut off, he made a last-minute attempt to turn right to avoid hitting the Focus. MV1 stated that he did not have his right directional on.

The operator of MV 2 stated that while they were at the stop sign on Industrial Way, they observed MV 1 to have its right directional on signaling that it was going to turn onto Industrial. MV 2 stated that as they rolled through the stop sign, MV 1 stayed straight and then turned into them. MV 2 also stated that MV 1 was driving at a high rate of speed. There were no injuries reported at the time of the incident.

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 #: _____

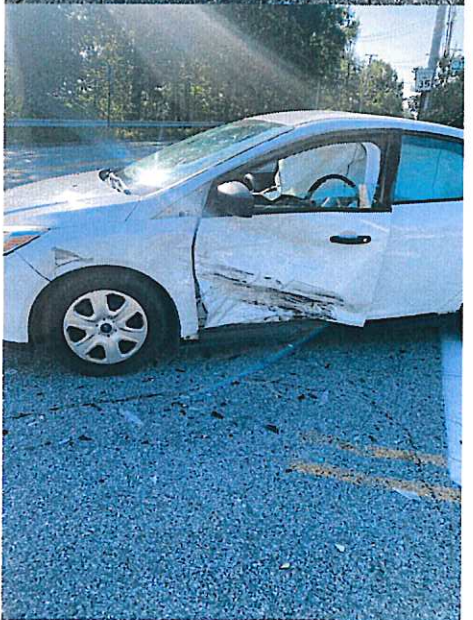
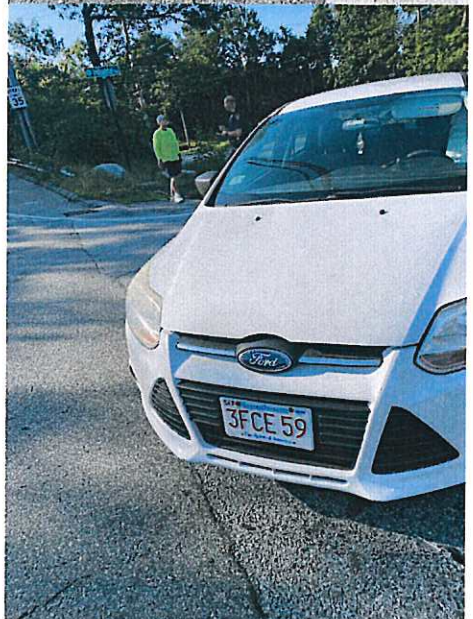
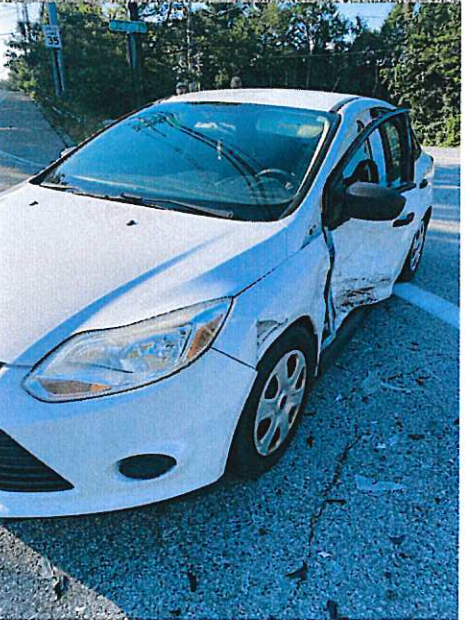
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

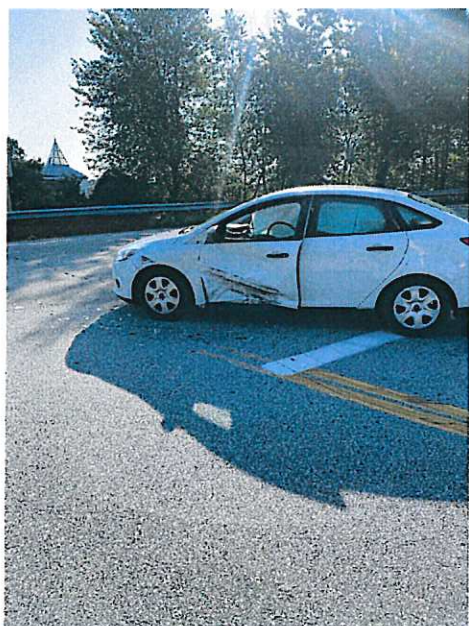
Wilmington Police Department
Images Associated with 23-208-AC



Wilmington Police Department
Images Associated with 23-208-AC



Wilmington Police Department
Images Associated with 23-208-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

2 10 Route# Direction 167 SHAW SHEEN AVE
Route# Direction Address # Name of Roadway/Street
Feet N S E W of _____ or _____
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# 23-209-AC

4 1 License # S43635503 St MA DOB/Age _____ Reg # 165NC4 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2012 Veh Make MAZDA Veh Config. 1 21
Operator HALEY, COLE D Owner COLE-SLATTERY, ELLEN RENEE
Address 14 MANCHESTER ST Address 14 MANCHESTER ST
City LEOMINSTER State MA Zip 01453-4016 City LEOMINSTER State MA Zip 01453-4016
Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 2 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 _____ 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
Driver Distracted by 0 26 Towed from scene? 2 33

6 1 Please fill out for operator and all occupants involved

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

7 1 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 1 License # S80669307 St MA DOB/Age _____ Reg # 1NNP41 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2003 Veh Make TOYOTA Veh Config. 1 21
Operator PEREZ NIEVES, VICTOR ENRIQUE Owner PEREZ NIEVES, VICTOR ENRIQUE
Address 178 W 6TH ST Address 178 W 6TH ST
City LOWELL State MA Zip 01850-1940 City LOWELL State MA Zip 01850-1940
Insurance Company THE COMMERCE INSURANCE CO 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 5 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
Driver Distracted by 99 26 Towed from scene? 1 33

9 2 Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → →

167 Shawsheen Ave



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 and MV2 were both traveling west on Shawsheen Ave (R129). In the area of 167 Shawsheen Ave MV1 reduced speed due to a build up of traffic in front of him. As MV1 was reducing speed it was struck from behind by MV2. There was minor damage to the rear of MV1. There was heavy front end damage and front air bag deployment on MV2. Both parties refused medical care and MV2 was towed by A&S 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 Daryl J Ceruolo **212** **Wilmington Police Department** **07/05/2023**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-209-AC

