

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

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 # Name of Roadway/Street
 300 **LOWELL ST**
 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# **23-236-AC**

License Reg # **5161426** Reg Type **PC** Reg State **NH**
 Se: Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement
 Operator **LEES, KERRI ANNE** Veh Year **2011** Veh Make **FORD** Veh Config. **1** 21
 Address **21 CRESTWOOD RD** Owner **LEES, KERRI ANNE**
 City **WINDHAM** State **NH** Zip **030871428**
 Insurance Company **GEICO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **8** 27
 Vehicle Travel Direction: N S 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: Cl/Sec/Sub _____ Driver Contributing Code **20** 25 **19** 25 BAC Test Result: **1** 30
 Viol. 2: Cl/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Cl/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Cl/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	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 # **57GC56** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **1** 20 CDL Endorsement
 Operator **KARELAS, JAMES T** Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1** 21
 Address **980 MAIN ST APT 10** Owner **KARELAS, JAMES T**
 City **WOBURN** State **MA** Zip **01801-1239** Address **980 MAIN ST APT 10**
 City **WOBURN** State **MA** Zip **01801-1239**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **27** **27**
 Vehicle Travel Direction: N S 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: Cl/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
 Viol. 2: Cl/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Cl/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Cl/Sec/Sub _____

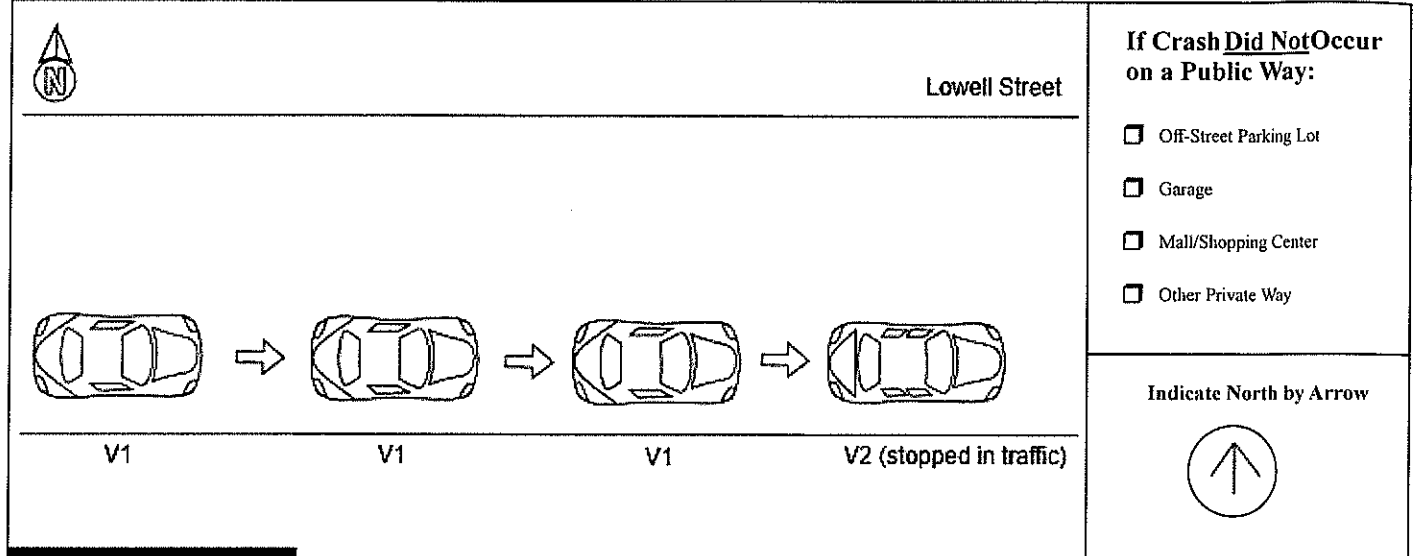
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → **1** → **2** → →



Crash Narrative:

V2 was stopped in traffic near 300 Lowell St just prior to the intersection of Lowell St and West St. V1 then collided with the rear of V2. V1 sustained major front-end damage and required a tow from A&S Towing. V2 sustained minor damage to the rear and was able to be driven away. The operators were the only occupants of their vehicles. Neither operator sustained any injuries and they both denied medical attention. The operator of V1 stated that the brakes on his vehicle were not working properly. However, he stated that he was possibly distracted just prior to the crash.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MCMX/ICC #: _____

Interstate Cargo Body Type Code GVWR/GCWR

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Michael W Powers 231 Wilmington Police Department 07/30/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-236-AC



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

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

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

2 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-237-AC**

License # _____ DOB/Age _____ Reg # **9AP355** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1**

Operator **FORTIN, JUDITH T** Owner **FORTIN, GIRARD JOSEPH**

Address **240 MARTINS LNDG APT 308** Address **240 MARTINS LNDG APT 308**

City **NORTH READING** State **MA** Zip **01864** City **NORTH READING** State **MA** Zip **01864-2073**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **35 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **35 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	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 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: **NSEW** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**

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

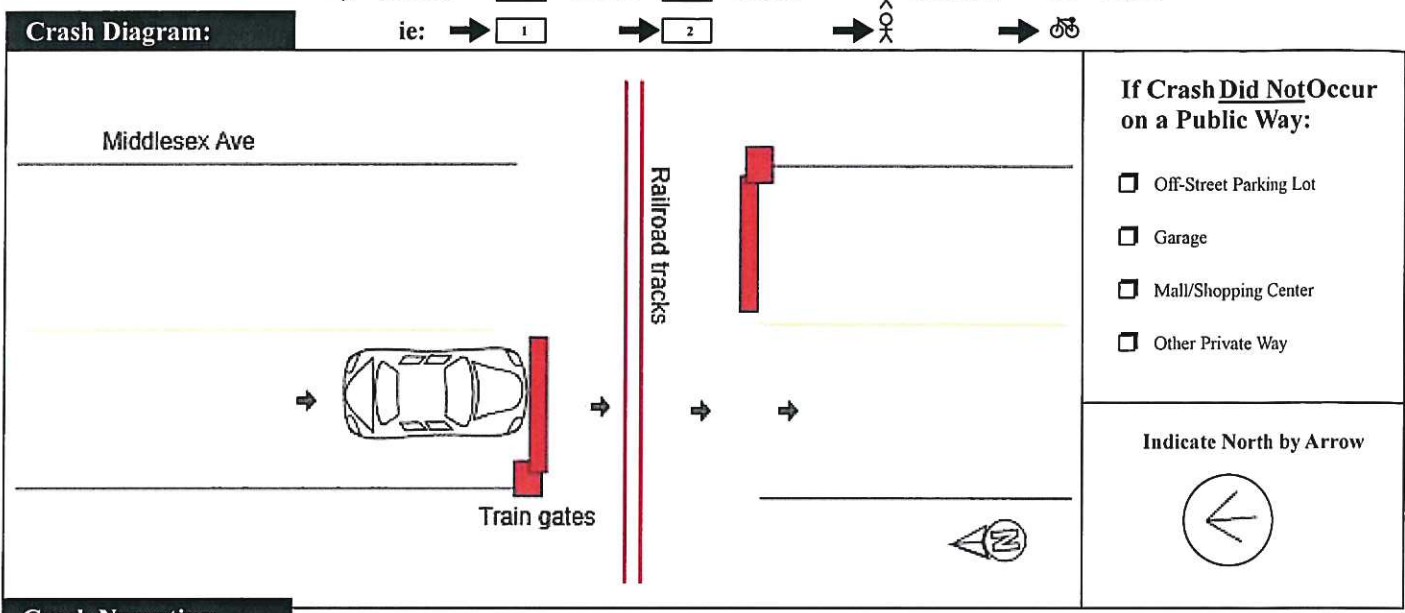
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**

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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O.K.O.K. = Pedestrian 🚲 = Bicycle
 ie: → 1 → 2 → O.K.O.K. → 🚲



Crash Narrative:

Driver did not see the train gates down and proceeded straight through going southbound on Middlesex Ave. This caused the gate to dettach its post. The driver then left the area and waited down the street because she did not know what to do. I later made contact with her and she stated she had a dent on the A pillar on the passenger side of her vehicle. A report with video and photos was made (23-979-OF). No charges will be filed, but I did file and Immediate Threat which is also attached to the report.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MBTA	10 PARK PLZ BOSTON MA		4	RAILROAD GATE ARM

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 Emily L McMeekin 210 Wilmington Police Department 08/01/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

Route# Direction Address # Name of Roadway/Street
 397 MIDDLESEX AVE
 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# **23-238-AC**

License _____ DOB/Age _____ Reg # **V62143** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2018** Veh Make **FORD** Veh Config. **97** 21
 Operator **CURTIN, CHARLES EDWARD** Owner **DONALD P ROBERTO CONSTRUCTION INC**
 Address **970 SALEM ST** Address **65 SPRING ST**
 City **MALDEN** State **MA** Zip **02148** City **STONEHAM** State **MA** Zip **02180-1443**
 Insurance Company **ACADIA INSURANCE COMPANY** 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: _____
 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? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent 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	8	2	Lahay Clinic
JULIO NACIMIENTO	65 SPRING ST STONEHAM, MA 02180		M	3	1	4	0	0	8	2	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 # _____ Reg # **6YT191** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **CORBY, PATRICIA A** Owner **CORBY, STEVEN FRANCIS**
 Address **38 APACHE WAY** Address **38 APACHE WAY**
 City **WILMINGTON** State **MA** Zip **01887-2691** City **WILMINGTON** State **MA** Zip **01887-2691**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** 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: _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **1** 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? **1** 33

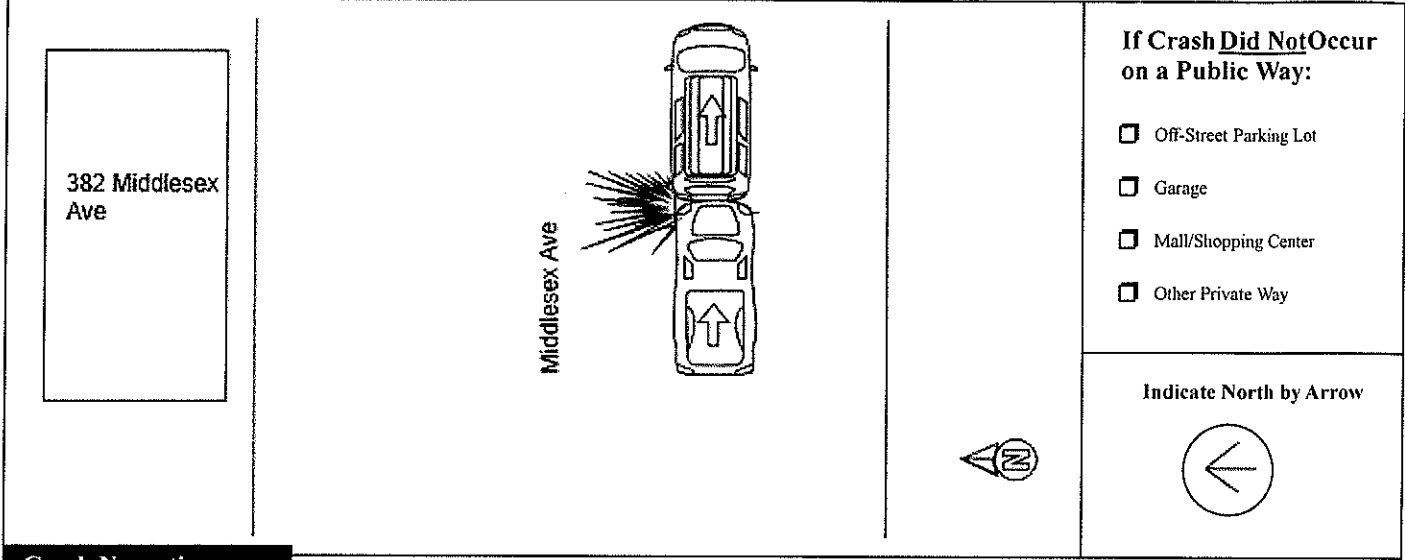
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent 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	1	1	0	0	9	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O X = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O X → ☺



Crash Narrative:

On Tuesday, August 1, 2023, vehicle 1 was slowing in traffic when vehicle 2 collided with the rear of vehicle 1. The collision caused the airbag to deploy from the front of the steering well in vehicle 2.

The parties who were in vehicle 1 were transported to the hospital. The occupant of Vehicle 2 signed a refusal on scene.

The vehicles were towed to Cains Towing.

Photos of the damaged vehicles are attached.

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

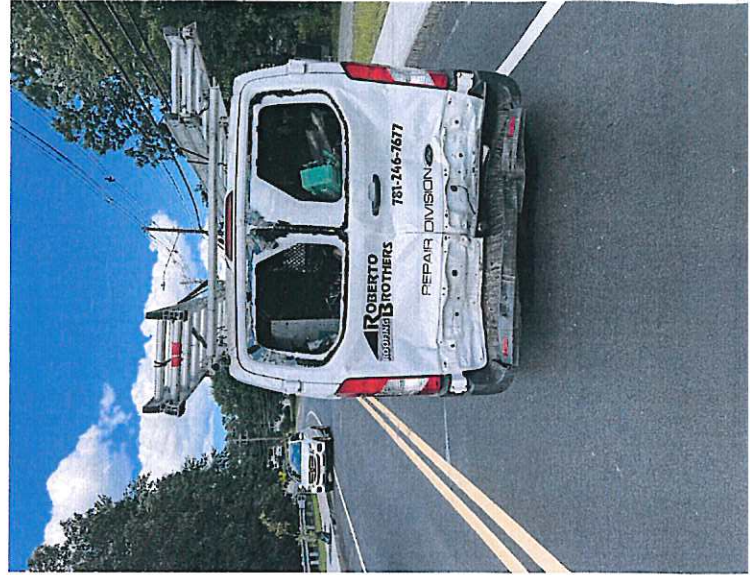
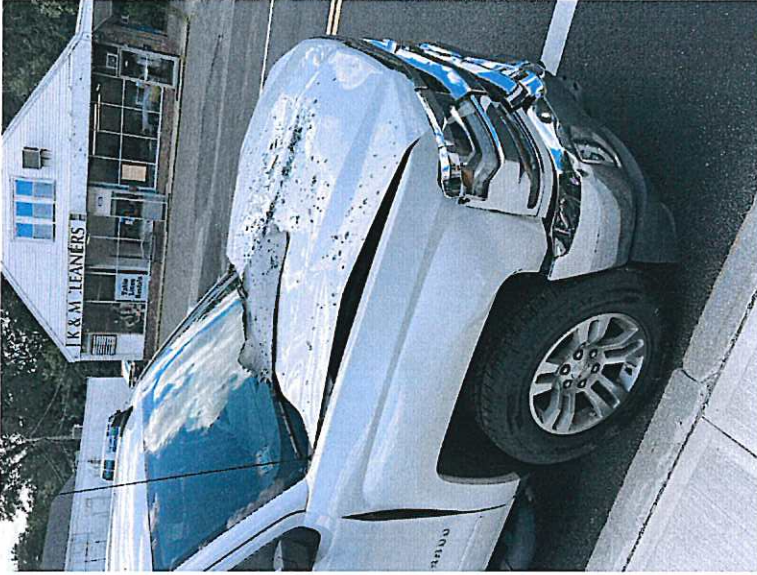
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Christopher k Miccichi 232 Wilmington Police Department 08/01/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-238-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/01/2023	Time of Crash 1819 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
MAIN ST Route# _____ Direction _____ Name of Roadway/Street _____ At CROSS ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ 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 _____ or _____ Mile Marker _____ Exit Number _____ 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: <input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 23-239-AC
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License # _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>99</u> CDL _____ Operator SANCHEZ, ANDRES RENE Address 10 PLYMOUTH ST City WILMINGTON State MA Zip 01887-4103 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input 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 # 48DG66 Reg Type PC Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. <u>1</u> Owner SANCHEZ, ANDRES RENE Address 10 PLYMOUTH ST City WILMINGTON State MA Zip 01887-4103 Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>51</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>52</u> Driver Contributing Code <u>99</u> Driver Distracted by <u>0</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>2</u> Susp. Drug: <u>2</u> Towed from scene? <u>2</u>
--	---

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator											
JASMIN SANCHEZ	10 PLYMOUTH ST WILMINGTON, MA 01887-4103		F	3	1	4	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>22</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
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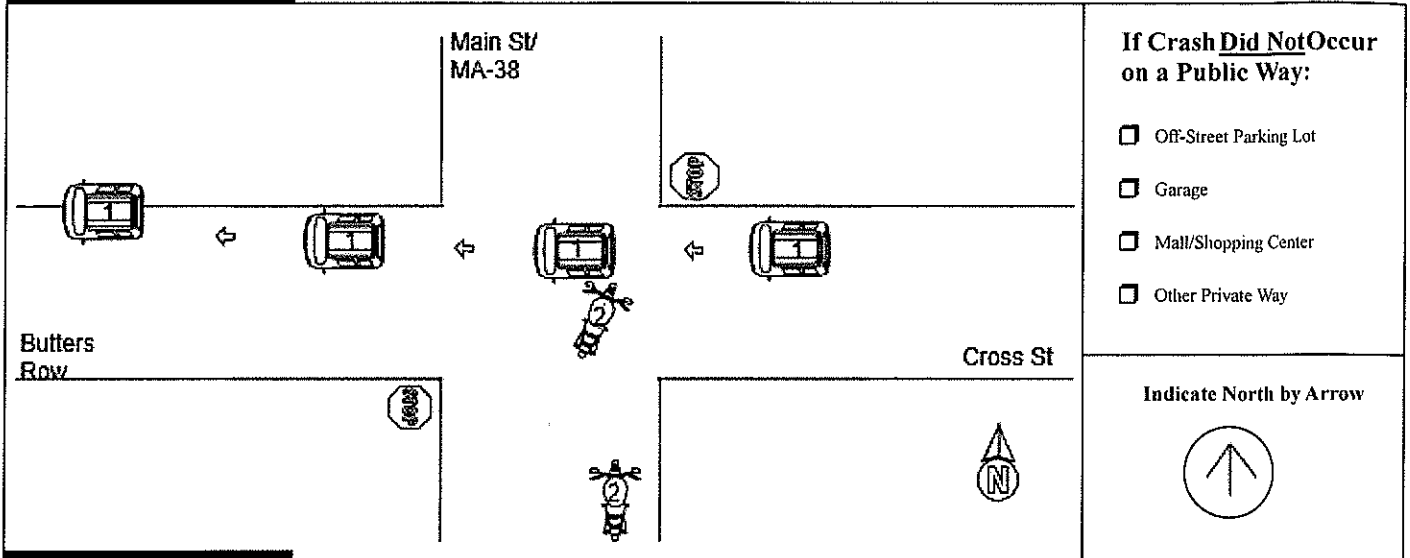
License # _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>99</u> CDL _____ Operator COPSON, WILLIAM Address 4 PERRY PL City WOBURN State MA Zip 01801-1816 Insurance Company GEICO INDEMNITY COMPANY Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input 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 # GRU76 Reg Type MC Reg State MA Veh Year 2019 Veh Make HARLEY-DAVIDSON Veh Config. <u>3</u> Owner COPSON, WILLIAM Address 4 PERRY PL City WOBURN State MA Zip 01801-1816 Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>43</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>43</u> Driver Contributing Code <u>11</u> Driver Distracted by <u>0</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>2</u> Susp. Drug: <u>2</u> Towed from scene? <u>3</u>
---	---

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist											
CYNTHIA CARBERRY	78 SUNSET RD DRACUT, MA 01826-2440		F	4	5	5	3	0	10	1	Lahey Clinic

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O X = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O X → ☺



Crash Narrative:

Dispatched to Main St @ Cross St at appx. 1819hrs for report of motorcycle accident. MV1 was entering Main St from Cross St. As MV1 entered intersection, MV2 approached intersection from Main St NB. Fearing a colision, OP2 swerved and "dumped" MV2 in the intesection. OP2 and PASS2 were up and walking on thier own. MV1 continued straight onto Butters Row and pulled over. MV1 and MV2 never made contact. OP2 was transported to Lahey Hosp. PASS 2 accompanied OP2. MV2 was towed by Cain's Towing. No apparant damage to MV2. OP1 and PASS1 uninjured, no damage to MV1. MV1 left under own power.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 08/01/2023
 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 Name of Intersecting Roadway/Street Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # **55 JONSPIN RD**
 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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **23-240-AC**

License # Reg # **6RD824** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement
 Operator **HEBERT, JOHN ALBERT JR** Owner **HEBERT, JOHN ALBERT JR**
 Address **3 HEBERT LN** Address **3 HEBERT LN**
 City **SHIRLEY** State **MA** Zip **01464-2733** City **SHIRLEY** State **MA** Zip **01464-2733**
 Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **35 23 23 23** Test Status: **1 28**
 Citation # (If Issued) Most Harmful Event **35 24** Type of Test: **99 29**
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **11 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	XXXX	X	1	0	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 Lic. Restrictions 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	XXXX	X	1							

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

Crash Diagram:



ie: → [1] → [2] → ○ → ○

Diagram showing a crash scene on 55 Jonspin Road. A vehicle is depicted with a fire hydrant next to it. A north arrow indicates the direction of travel.

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 August 2, 2023 at approximately 5:12am I was dispatched to 55 Jonspin Road for a report of a vehicle striking a fire hydrant in the area. Upon arrival I spoke to Op1 who stated he was traveling north on Jonspin Road and was turning into 55 Jonspin Road when a deer ran in front of his vehicle and he swerved to avoid it. While swerving to the left he drove onto the grass and struck a fire hydrant. The hydrant was knocked off of the base and was laying on the ground next to the base. No water was flowing and it appeared there was minimal damage to the hydrant. The only visable damage to V1 was the front license plate was dented/bent slightly. The Wilmington DPW was contacted to reattach the hydrant to the base. No injuries were reported.

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 John A Fortes

228

Wilmington Police Department

08/02/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-240-AC



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

Route# Direction **HIGH ST** Name of Roadway/Street
 At
 Route# Direction **LINDA RD** 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 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# **23-241-AC**

License # Reg # **MPF696** Reg Type **LF** Reg State **MA**
 Sex **M** Lic. Class **B** Lic. Restrictions **1** CDL Endorsement
 Veh Year **2020** Veh Make **FORD** Veh Config. **1**
 Operator **LAWRENSON, THOMAS WILLIAM** Owner **WILMINGTON TOWN OF DEPT POLICE**
 Address **1 ADELAIDE ST** Address **1 ADELAIDE ST**
 City **WILMINGTON** State **MA** Zip **01887-3716** City **WILMINGTON** State **MA** Zip **01887-2719**
 Insurance Company **MIIA** Vehicle Action Prior to Crash **2** Damaged Area Code: **11 27 27 27**
 Vehicle Travel Direction: **N S E** Responding to Emergency? **1** 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? **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	X	1	0	4	0	0	8	2	Brigham & Womens hospital

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

License # Reg # **MPF697** Reg Type **LF** Reg State **MA**
 Sex **M** Lic. Class **D M** Lic. Restrictions **1** CDL Endorsement
 Veh Year **2020** Veh Make **FORD** Veh Config. **1**
 Operator **MICCICHI, CHRISTOPHER** Owner **WILMINGTON TOWN OF DEPT POLICE**
 Address **1 ADELAIDE ST** Address **1 ADELAIDE ST**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-2719**
 Insurance Company **MIIA** Vehicle Action Prior to Crash **1** Damaged Area Code: **11 27 27 27**
 Vehicle Travel Direction: **N S E** Responding to Emergency? **1** 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 **20 25 5 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **5 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
Operator/Non-Motorist	See Above	XXXX	X	1	0	1	0	0	8	2	Lahey Clinic

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# 62 Direction _____ Name of Roadway/Street PLEASANT RD	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
	Route# _____ Direction _____ Name of Intersecting Roadway/Street MIDDLESEX AVE	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-242-AC**

License # _____	Reg # 2VXY99 Reg Type PC Reg State MA
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2020 Veh Make ACURA Veh Config. 1
Operator LAROSA, CHARLES III	Owner LAROSA, CHARLES III
Address 10 GREATNECK DR	Address 10 GREATNECK DR
City WILMINGTON State MA Zip 01887-2138	City WILMINGTON State MA Zip 01887-2138
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 2 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input 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

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	1	4	0	0	10	1	

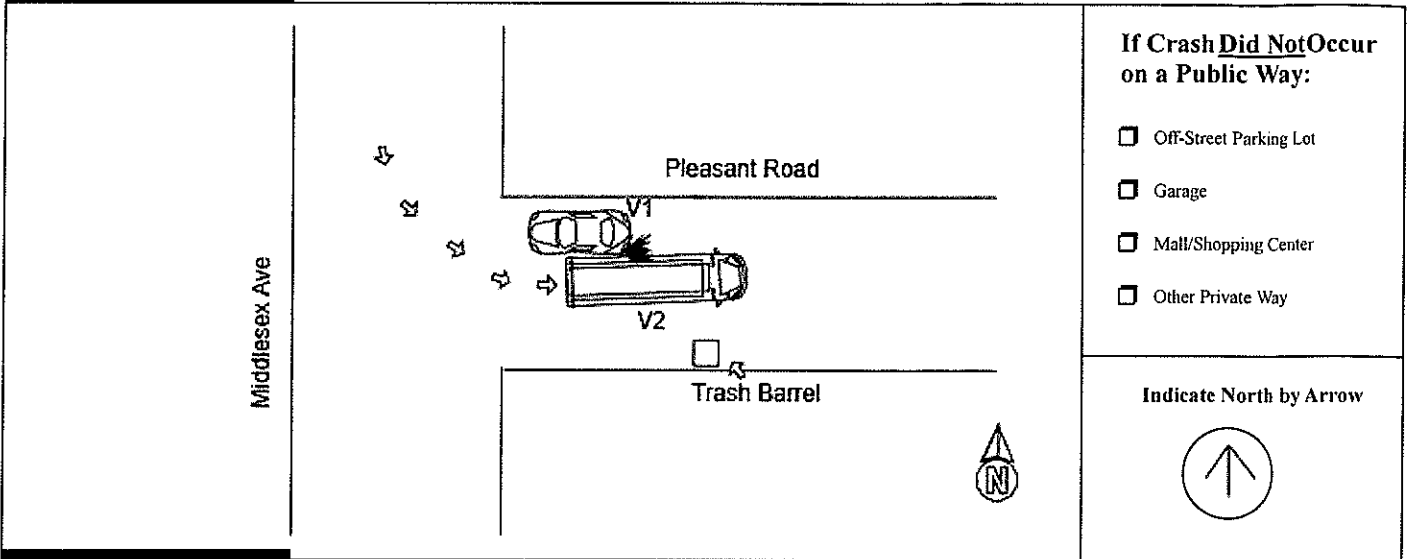
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____	Reg # MF86B Reg Type DC Reg State MA
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____	Veh Year 1996 Veh Make Other-not listed Veh Config. 6
Operator JENNETTE, MICHAEL PAUL JR	Owner WILMINGTON TOWN OF FIRE DEPT
Address 1 ADELAIDE ST	Address 121 GLEN RD
City WILMINGTON State MA Zip 01887	City WILMINGTON State MA Zip 01887-3500
Insurance Company MA INTERLOCAL INS ASSOC	Vehicle Action Prior to Crash 4 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 1	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 12 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

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	1	4	0	0	10	1	
JASON BAKER	1 ADELAIDE ST WILMINGTON, MA 01887		M	3	1	4	0	0	10	1	

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

Crash Diagram:



Crash Narrative:

V1 was stopped at the stop sign at the intersection of Pleasant Road and Middlesex Ave. V2 was a fire truck responding to an emergency call with lights and sirens activated. V2 was traveling south on Middlesex Ave and turned east on to Pleasant Road. As V2 turned on to Pleasant Road, V2 swerved to the left to avoid a trash barrel on the side of the road. V2 then sideswiped V1. Witness corroborated the above sequence of events. V1 sustained damage to the left rear side of the vehicle. V2 sustained damage to the left side. No parties complained of injury. Both vehicles were able to be driven from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CROWELL ROY	87 PARK ST WILMINGTON MA 01887		1

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

Sergeant Matthew D Stavro 180 Wilmington Police Department 08/03/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-242-AC



Wilmington Police Department
Images Associated with 23-242-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 SALEM ST
Route# Direction Name of Roadway/Street
At
WOBURN 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 Mile Marker Exit Number
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# 23-244-AC

4 License: Reg # 4JEA48 Reg Type PC Reg State MA
Sex M Lic. Class D M Lic. Restrictions 20 CDL Endorsement
Operator BROWNSON, STEPHEN ROBERT | Owner BROWNSON INSURANCE AGENCY INC
Address 77 MAIN ST APT 7 | Address 139 ALBION ST
City ANDOVER State MA Zip 01810-3842 | City WAKEFIELD State MA Zip 01880-3214
Insurance Company SAFETY INSURANCE COMPANY | Vehicle Action Prior to Crash 1 22 | Damaged Area Code: 1 27 8 27 7 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: 30
Viol. 3: 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			1	1	4	0	0	10	1	

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

8 2 License # Reg # 1MZT98 Reg Type PC Reg State MA
Sex F Lic. Class D M Lic. Restrictions B 20 CDL Endorsement
Operator GRISWOLD, CLAIRE JOSEPHINE | Owner GRISWOLD, CLAIRE JOSEPHINE
Address 16 LOWELL RD | Address 16 LOWELL RD
City NORTH READING State MA Zip 01864-1632 | City NORTH READING State MA Zip 01864-1632
Insurance Company ARBELLA MUTUAL INSURANCE | Vehicle Action Prior to Crash 1 22 | Damaged Area Code: 3 27 4 27 27
Vehicle Travel Direction: N S 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 3 25 4 25 | BAC Test Result: 30
Viol. 3: Ch/Sec/Sub | Driver Distracted by 99 26 | Susp. Alcohol: 2 31 | Susp. Drug: 2 32
Towed from scene? 2 33

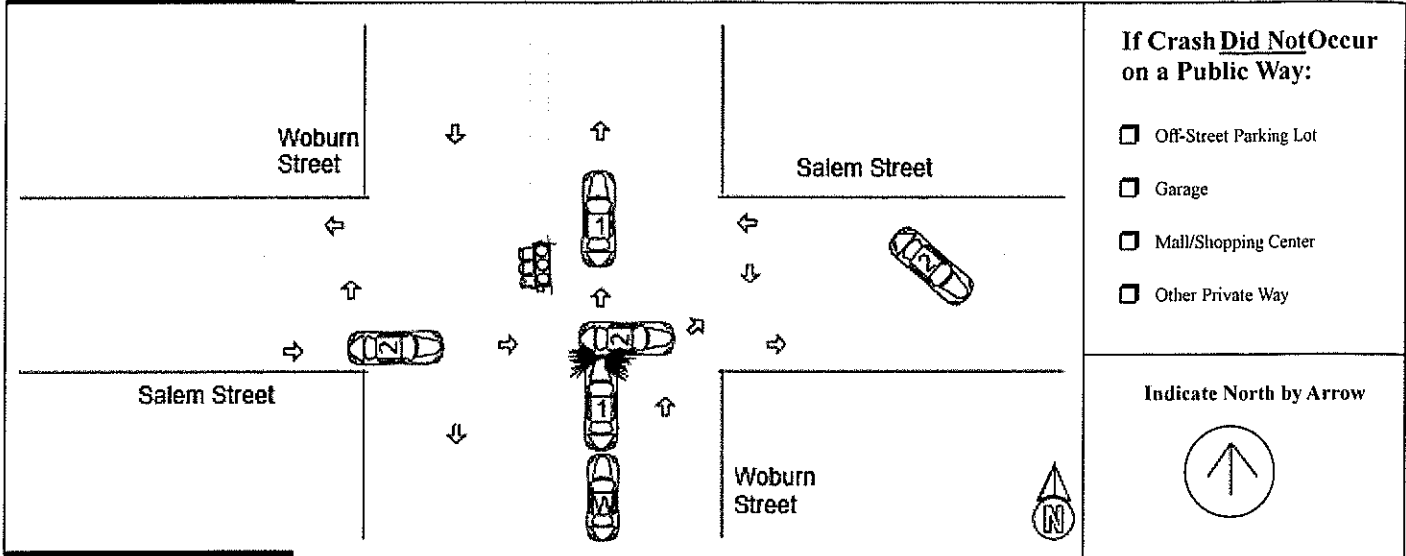
9 2 Please fill out for operator/non-motorist and all occupants involved

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	99	2	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:

MV1 was stopped at the red light at the intersection of Woburn Street and Salem Street (Route 62) waiting to continue traveling northbound on Woburn Street towards Andover Street. MV2 was traveling eastbound on Salem Street towards the intersection with Woburn Street. MV1 began traveling straight ahead and collided with the right side of MV2 which was traveling eastbound on Salem Street. The operator of MV1 and witness (who was traveling directly behind MV1) both stated that the stop light at the intersection turned green, for at least 1-2 seconds, signaling for their lane of travel to begin traveling northbound on Woburn Street. MV1 began driving straight ahead and collided with the rear right side of MV2. The operator of MV2 stated that she was traveling straight ahead on Salem Street and that she thought the light "was yellow" as she entered the intersection. MV1 suffered minor front end damage and was driven from the scene. MV2 suffered right side damage and

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DOHERTY DANIEL JAMES	7 MANNING ST Apt. #2 IPSWICH MA		

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 A Wilson 209 Wilmington Police Department 08/04/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 23-244-AC

Entered: 08/04/2023 @ 2022 Entry ID: 209
Modified: 08/04/2023 @ 2024 Modified ID: 209
Approved: 08/07/2023 @ 1643 Approval ID: 195

had the right side airbags deployed as a result of the crash. MV2 was towed from the scene by A&S Towing. Neither operator was injured and both signed medical refusals with the WFD. I then gave the operator of MV2 a ride home to her house.

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

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

2 1 Route# Direction Name of Intersecting Roadway/Street

1 10 Route# Direction Address # BURLINGTON AVE

8 11 Feet N S E W of Mile Marker Exit Number

8 11 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# 23-245-AC

License # Reg # 62727 Reg Type PC Reg State MA

Sex F Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL Endorsement

Operator CARROLL, SHARON MARGARET Owner DAVANAGE, MARILYN J

Address 865 REFLECTION LN Address 7 LOCKE ST

City WESTON State FL Zip 33327 City ARLINGTON State MA Zip 02476-4220

Insurance Company Safety Insurance Company

Vehicle Travel Direction: 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

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 5 25

Driver Distracted by 0 26

Damaged Area Code: 1 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

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	99	4	0	0	10	1	

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

License # Reg # 1AC31Y Reg Type AP Reg State MA

Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator GERMANO, LUIS CARLOS Owner FOURWAY TRANSPORTATION INC

Address 1 WATER ST Address 70A SHAWSHEEN AVE

City WILMINGTON State MA Zip 01887-3617 City WILMINGTON State MA Zip 01887-2666

Insurance Company ARBELLA PROTECTION INSURA

Vehicle Travel Direction: 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

Event Sequence 2 23 23 23 23

Most Harmful Event 2 24

Driver Contributing Code 19 25 25

Driver Distracted by 0 26

Damaged Area Code: 0 27 27 27

Test Status: 1 28

Type of Test: 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

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	99	4	0	0	10	1	

Date of Crash **08/05/2023** Time of Crash **1147** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **5** State Police Local Police MBTA Police Campus Police Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 1 Name of Roadway/Street BURLINGTON AVE</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____</p>
---	---

Please Select One of the Following: Vehicle **30** #Occupants Hit/Run Moped Crash Report ID# **23-245-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement _____</p> <p>Operator Driverless M.V.</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</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 # 268089F Reg Type TR Reg State MA</p> <p>Veh Year 2015 Veh Make Other-not listed Veh Config. 8</p> <p>Owner 4 WAY TRANSPORTATION</p> <p>Address SHAWSHEEN AVE</p> <p>City WILMINGTON State MA Zip 01887</p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 10 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 0 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28</p> <p>Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29</p> <p>Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30</p> <p>Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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	XXXX	XX	1							

Please Select One of the Following: Vehicle **4** #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 <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28</p> <p>Most Harmful Event <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29</p> <p>Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30</p> <p>Driver Distracted by <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 33</p>
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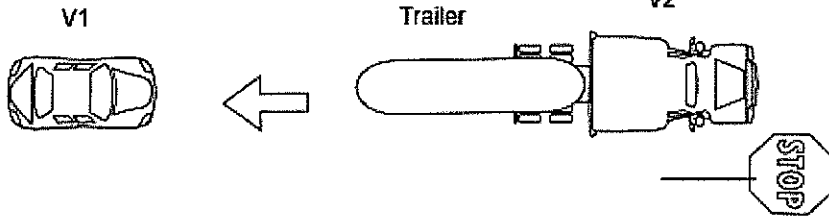
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

1 Burlington 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:

Vehicles 1 & 2 were both in the private lot of 1 Burlington Ave. V2 (tractor trailer) was operating for Fourway Transportation and was backing up when it collided with V1 (sedan). V1 was directly behind V2 and did not have enough room/time to move before being hit. V2 had a trailer attached to it, which is what collided with V1. The operator of V1 was in this lot because she was on her way to her storage unit at PODS Moving & Storage. V1 sustained moderate damage to the front end and hood and V2/trailer sustained no damage. Both vehicles and trailer were able to be driven away. Both operators (lone occupants) suffered no apparent injuries and both denied medical treatment.

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 # 1AC31Y (From Vehicle Section)

Carrier Name Fourway Transportation Bus Use 42

Address 70A SHAWSHEEN AVE City WILMINGTON St MA Zip 01887

US DOT #: 2993394 State Number _____ Issuing State MA MC/MX/ICC #: 31605000

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: 26-8089F Reg Type AP Reg State ME Reg Year 2015 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 08/05/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-245-AC

