

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

**SALEM ST**

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

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# **23-255-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age 1

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **QUINTON, MAXWELL JAWN**

Address **24 PEARL ST**

City **WAKEFIELD** State **MA** Zip **01880-5004**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2**

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **3NNT18** Reg Type **PC** Reg State **MA**

Veh Year **2014** Veh Make **VOLKSWAGEN** Veh Config. **1** 21

Owner **QUINTON, GINAMARIE**

Address **24 PEARL ST**

City **WAKEFIELD** State **MA** Zip **01880-0000**

Vehicle Action Prior to Crash **9** 22 Damaged Area Code: **3** 27 27 27

Event Sequence **1** 23 23 23 23 Test Status: **1** 28

Most Harmful Event **1** 24 Type of Test: **1** 29

Driver Contributing Code **3** 25 **9** 25 BAC Test Result: **1** 30

Driver Distracted by **5** 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	<del>XXXXXX</del>	<del>XXXX</del>	<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  Action  Location  Condition  Hit/Run  Moped

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **I** 20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **BRANCATO, HALEY ELIZABETH**

Address **285 SALEM ST**

City **WILMINGTON** State **MA** Zip **01887-1123**

Insurance Company **GARRISON PROPERTY & CASUA**

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2**

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **38G740** Reg Type **PC** Reg State **MA**

Veh Year **2018** Veh Make **VOLKSWAGEN** Veh Config. **1** 21

Owner **BRANCATO, MAUREEN CAITLIN**

Address **285 SALEM ST**

City **WILMINGTON** State **MA** Zip **01887-1123**

Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 27 27

Event Sequence **1** 23 23 23 23 Test Status: **1** 28

Most Harmful Event **1** 24 Type of Test: **1** 29

Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30

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	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>MAUREEN BRANCATO</b>	<b>285 SALEM ST WILMINGTON, MA 01887</b>		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 23-255-AC



Date of Crash: 08/15/2023 Time of Crash: 1210 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 1 Number Injured: 0 Speed Limit: 30 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 # <u>13</u> Name of Roadway/Street <u>BOUTWELL ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-256-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____</p> <p>Operator <u>MENDONCA, KELSEY SIERRA</u></p> <p>Address <u>126 MARION ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3396</u></p> <p>Insurance Company <u>AMICA MUTUAL INSURANCE CO</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>2ZCV96</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2008</u> Veh Make <u>LINCOLN</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>SOUSA, NATALIE MARIA</u></p> <p>Address <u>126 MARION ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3396</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>8</u> <u>27</u></p> <p>Event Sequence <u>35</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>2</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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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>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:  Vehicle 2 #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 <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</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. <u>21</u></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>33</u></p>
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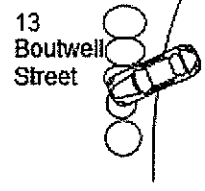
Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>							

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

**Crash Diagram:**

ie: → 1 → 2 → O → B

○ = Rock Wall



**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:**

Vehicle was traveling north on Boutwell Street in the area of number 13. As the vehicle entered the sharp curve in the road, operator stated that due to the wet roadway she lost control of the vehicle and it began to pull her to the left and into oncoming traffic. This is when she began to break, and pull the wheel to the right. This caused the vehicle to now veer right and then off the right side of the road into a rock wall. No airbags were deployed and operator declined medical attention. Forrest Towing arrived on scene and took control of the vehicle.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
MELILLO SUSAN FRANCES	12 BOUTWELL ST WILMINGTON MA 01887-2603		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
13 & 15 BOUTWELL STREET CBC, LLC	76 STATE ST NEWBURYPORT MA		97	ROCK WALL

**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

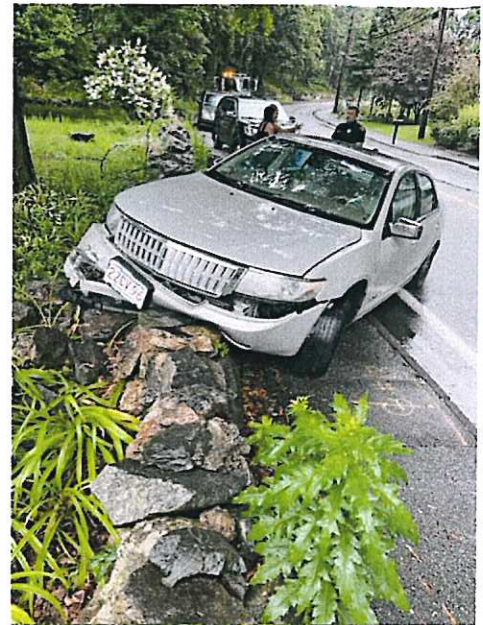
**Hazmat Information:**

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

Patrol Officer Michael R DiLorenzo      217      Wilmington Police Department      08/15/2023  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date



Wilmington Police Department  
Images Associated with 23-256-AC



Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 08/15/2023 Time of Crash 2324 City/Town Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30

Latitude Longitude State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street

NICHOLS ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# 23-257-AC

License St DOB/Age Reg # 4AXX61 Reg Type PC Reg State MA Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement Veh Year 1996 Veh Make FORD Veh Config. 1 Operator PAGLIA, JUSTIN N Owner PAGLIA, JUSTIN N Address 75 LAKE ST Address 75 LAKE ST City TEWKSBURY State MA Zip 01876-4420 City TEWKSBURY State MA Zip 01876-4420 Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 1 Damaged Area Code: 8 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 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Table with columns: 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 row: Operator, See Above, X, 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 S DOB/Age Reg # 3DPJ51 Reg Type PC Reg State MA Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement Veh Year 2017 Veh Make HONDA Veh Config. 1 Operator LAMONTE, ROBERT G Owner LAMONTE, ROBERT G Address 21 OREGON RD Address 21 OREGON RD City TEWKSBURY State MA Zip 01876-4133 City TEWKSBURY State MA Zip 01876-4133 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 2 Damaged Area Code: 6 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 Type of Test: 29 BAC Test Result: 30 Citation # (If Issued) Most Harmful Event 1 24 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 99 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Table with columns: 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 row: Operator/Non-Motorist, See Above, X, X, 1, 1, 4, 0, 0, 10, 1.





# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash: 08/17/2023 | Time of Crash: 1431 | City/Town: **Wilmington** | Motor Vehicle Crash Police Report | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 40 | State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

2 10

3 11

2

3

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
Route# Direction 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 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# **23-258-AC**

4

1 12

License: St DOB/Age: Reg # **2R9378** Reg Type **MC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement: Veh Year **2023** Veh Make **KAWASAKI** Veh Config. **3**  
Operator **NOBLE, MATTHEW J** Owner **NOBLE, MATTHEW J**  
Address **51 ELLINGTON RD** Address **51 ELLINGTON RD**  
City **TEWKSBURY** State **MA** Zip **01876-1410** City **TEWKSBURY** State **MA** Zip **01876-1410**  
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** **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 **97** **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**

6

1 13

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	5	4	0	0	10	1	

7

1 14

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 # **W52264** Reg Type **CO** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement: Veh Year **2016** Veh Make **DODGE** Veh Config. **8**  
Operator **MARTINEZ, DENIS M** Owner **EMPIRE ONE HOME IMPROVEMENTS INC**  
Address **60 CHERRY ST** Address **9 PETTINGILL AVE**  
City **CHELSEA** State **MA** Zip **02150-2743** City **ANDOVER** State **MA** Zip **01810-1203**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **3** Damaged Area Code: **3** **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**

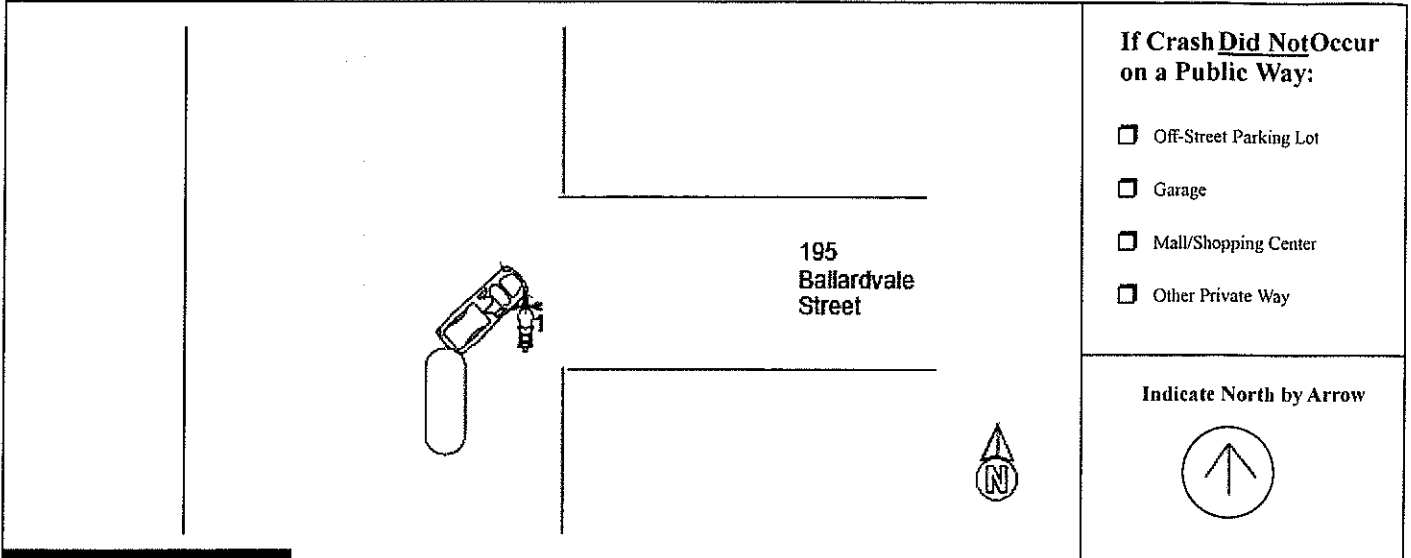
9

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

Vehicle 1 (Motorcycle) was traveling north on Ballardvale Street when the vehicle in front of him began to slow down. The operator of this truck and trailer (Vehicle 2) swung out to the left side of the roadway giving the motorcycle operator the idea he was turning left. This vehicle was in fact turning right and made the swing to ensure he made it into the driveway of 195 Ballardvale Street. Vehicle 2 then turned right into the path of the motorcycle. Vehicle 1 truck vehicle 2 in the front right side. No airbags were deployed, and both operators declined medical attention. Vehicle 2 sustained minor scratches and vehicle 1 sustained scratches to the right side. Vehicle 2 was driven from the scene, and vehicle 1 had a friend coming with a trailer.

**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 # **W52264** (From Vehicle Section)

Carrier Name **Empire One Home Improvement**

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 #: **C78225** Reg Type **CO** Reg State **MA** Reg Year \_\_\_\_\_ Trailer Length  46 **1**

**Hazmat Information:**

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

Patrol Officer Michael R DiLorenzo      217      Wilmington Police Department      08/17/2023  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Date of Crash 08/17/2023 Time of Crash 1544 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police  Local Police  MBTA Police  Campus Police  Other:

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

<p>1 <b>1</b></p> <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>2 <b>1</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 <b>10</b></p> <p>Route# _____ Direction _____ Address # <b>474</b> Name of Roadway/Street <b>MAIN ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>4 <b>11</b></p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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3 **99** Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-259-AC**

<p>4 <b>1</b></p> <p>License # _____ S _____ DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____</p> <p>Operator <b>FALSINI, ARTHUR</b></p> <p>Address <b>100 CORINNE WAY APT 309</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-1682</b></p> <p>Insurance Company <b>SAFETY INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b></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>1 <b>12</b></p> <p>Reg # <b>US2070</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2016</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>FALSINI, ARTHUR</b></p> <p>Address <b>100 CORINNE WAY APT 309</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-1682</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>
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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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

<p>8 <b>1</b></p> <p>License # _____ St. _____ DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____</p> <p>Operator <b>FERRIS, RICHARD FREDERICK</b></p> <p>Address <b>21 PICKMAN DR</b></p> <p>City <b>BEDFORD</b> State <b>MA</b> Zip <b>01730-1009</b></p> <p>Insurance Company <b>UNITED SERVICES AUTOMOBIL</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b></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>1 <b>14</b></p> <p>Reg # <b>53BV70</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2022</b> Veh Make <b>MERCEDES-BENZ</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>FERRIS, RICHARD FREDERICK</b></p> <p>Address <b>21 PICKMAN DR</b></p> <p>City <b>BEDFORD</b> State <b>MA</b> Zip <b>01730-1009</b></p> <p>Vehicle Action Prior to Crash <b>6</b> <b>22</b> Damaged Area Code: <b>8</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>
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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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Date of Crash: 08/19/2023 | Time of Crash: 0957 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 35 | Latitude: | Longitude: | State Police:  | Local Police:  | MBTA Police:  | Campus Police:  | Other:

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

<p>Route# <b>62</b> Direction <b>E</b> Name of Roadway/Street <b>MIDDLESEX AVE</b></p> <p>At</p> <p>Route# Direction <b>WILDWOOD ST</b> Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of . or Mile Marker 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>
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Please Select One of the Following:  Vehicle **14** #Occupants  Hit/Run  Moped | Crash Report ID# **23-260-AC**

<p>License: . DOB/Ag: .</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement</p> <p>Operator <b>CORREA SANTOS, JULIANA</b></p> <p>Address <b>1075 MAIN ST</b></p> <p>City <b>WOBURN</b> State <b>MA</b> Zip <b>01801</b></p> <p>Insurance Company <b>GEICO GENERAL INSURANCE C</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>9DX583</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2020</b> Veh Make <b>MAZDA</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>PANATTA, JOSE P</b></p> <p>Address <b>1224 AVALON DR</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1155</b></p> <p>Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></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
<b>Operator</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>	
<b>LINDA GORRIA</b>	1075 MAIN ST WOBURN, MA 01801		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

<p>License: . DOB/Ag: .</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement</p> <p>Operator <b>O'DONOGHUE, SEAN FITZGERALD</b></p> <p>Address <b>15 WEST ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3007</b></p> <p>Insurance Company <b>OHIO SECURITY INSURANCE C</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>W20572</b> Reg Type <b>CO</b> Reg State <b>MA</b></p> <p>Veh Year <b>2007</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>2</b> <b>21</b></p> <p>Owner <b>ODONOGHUE, BRIAN GERARD</b></p> <p>Address <b>15 WEST ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3007</b></p> <p>Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>5</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></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
<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>	









Wilmington Police Department  
Images Associated with 23-261-AC



Date of Crash: 08/19/2023 | Time of Crash: 1926 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 25 | State Police  | Local Police  | MBTA Police  | Campus Police  | Other:

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

<p><b>LOWELL ST</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p><b>WOBURN ST</b></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 # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped | Crash Report ID# **23-262-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____</p> <p>Operator <b>CARIDEO, ANN FRANCES</b></p> <p>Address <b>24 FREEPORT DR</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1502</b></p> <p>Insurance Company <b>FARMERS PROPERTY &amp; CASUAL</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></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 # <b>591EK9</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2015</b> Veh Make <b>SUBARU</b> Veh Config. <b>1</b></p> <p>Owner <b>CARIDEO, ANN FRANCES</b></p> <p>Address <b>24 FREEPORT DR</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1502</b></p> <p>Vehicle Action Prior to Crash <b>4</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b></p> <p>Damaged Area Code: <b>3</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>1</b> <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>30</b></p> <p>Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>
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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>_____</del>	<del>_____</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

<p>License # _____ DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>M</b> Lic. Restrictions <b>1</b> CDL _____</p> <p>Operator <b>FILLMORE, SAMANTHA BROOK</b></p> <p>Address <b>43 AVERY ST APT 2</b></p> <p>City <b>LACONIA</b> State <b>NH</b> Zip <b>032463520</b></p> <p>Insurance Company <b>NONE</b></p> <p>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></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 # <b>CRASH</b> Reg Type <b>MC</b> Reg State <b>NH</b></p> <p>Veh Year <b>2017</b> Veh Make <b>TRIUMPH</b> Veh Config. <b>3</b></p> <p>Owner <b>FILLMORE, SAMANTHA BROOK</b></p> <p>Address <b>43 AVERY ST APT 2</b></p> <p>City <b>LACONIA</b> State <b>NH</b> Zip <b>032463520</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b></p> <p>Damaged Area Code: <b>2</b> <b>27</b> <b>3</b> <b>27</b> <b>27</b></p> <p>Test Status: <b>1</b> <b>28</b></p> <p>Type of Test: <b>29</b></p> <p>BAC Test Result: <b>30</b></p> <p>Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>
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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>_____</del>	<del>_____</del>	<b>1</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Wilmington Police Department  
Images Associated with 23-262-AC

