

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

Route# Direction **LOWELL ST** Name of Roadway/Street  
 At  
 Route# Direction **93 N** 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# **23-300-AC**

License # **unknown** St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2GAB36** Reg Type **PC** Reg State **MA**  
 Sex **U** Lic. Class **99** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2010** Veh Make **SUBARU** Veh Config. **1** **21**  
 Operator **SANTANA GOMES DA SIL, DOUGLAS** Owner **SANTANA GOMES DA SIL, DOUGLAS**  
 Address **12002 INWOOD DR** Address **12002 INWOOD DR**  
 City **WOBURN** State **MA** Zip **01801** City **WOBURN** State **MA** Zip **01801**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **6** **22** Damaged Area Code: **2** **27** **27** **27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **24** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) **T3281870** Most Harmful Event **24** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **90** **9** 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? **3** **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 Trip 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>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **23** **23** **23** **23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25** **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **33**

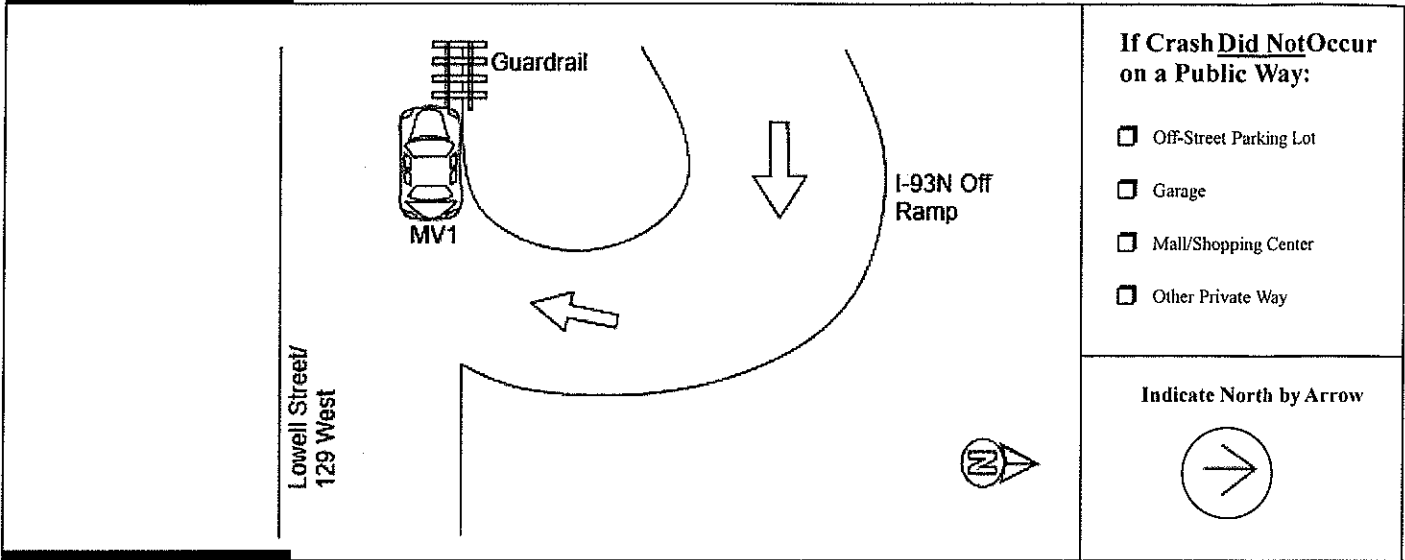
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trip 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>							

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

### Crash Diagram:

ie: → [1]    → [2]    → ○    → ⚓



### Crash Narrative:

MV 1 was exiting I-93 Norht on the on ramp. He stated when he merged with Lowel Street/129 West there was an animal in the road that he swerved to miss and struck the gaurd rail with his vehicle. The guard rail is on the right hand side of the road on 129 West and has black and white high visibility reflectors on the end. The vehicle was towed due to Expired and Non renewable registration.

### 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 Katlyn M Finn

226

Wilmington Police Department

09/18/2023

Police Officer Name (Please Print)

Signature

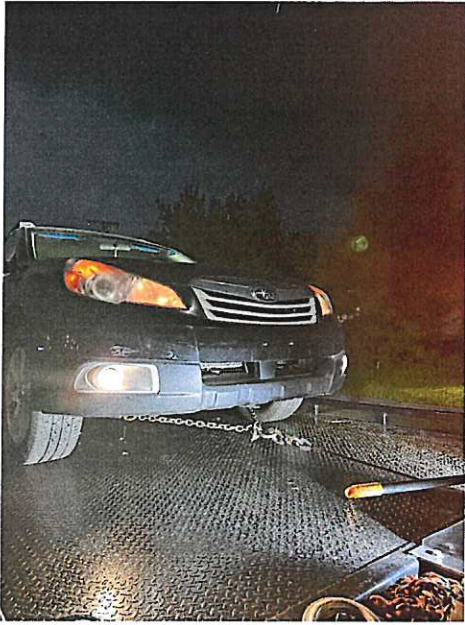
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 23-300-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 3 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction **222 MAIN ST** Address # Name of Roadway/Street  
Feet **N S E W** of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
3 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# **23-301-AC**

License # \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **3VFM94** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2020** Veh Make **HONDA** Veh Config. **1** 21  
Operator **BUTCHER, MARYELLEN** Owner **BUTCHER, MARYELLEN**  
Address **94 PHEASANT RD** Address **94 PHEASANT RD**  
City **BILLERICA** State **MA** Zip **01821-5463** City **BILLERICA** State **MA** Zip **01821-5463**  
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **4** 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 **19** 25 25 BAC Test Result: **1** 30  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

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 # \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **12186** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2005** Veh Make \_\_\_\_\_ Veh Config. **15** 21  
Operator **CANO-MARTINEZ, ERNESTO BLADIMIR** Owner **CAMPBELL, ALEXANDER**  
Address **32 STANLEY ST APT 32** Address **32 STANLEY ST APT 1**  
City **LOWELL** State **MA** Zip **01850-1961** City **LOWELL** State **MA** Zip **01850-1961**  
Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **11** 27 27 27  
Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
Citation # (If Issued) **187635AC** Most Harmful Event **1** 24 Type of Test: **2** 29  
Viol. 1: Ch/Sec/Sub **90** **1B** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 25 BAC Test Result: **1** 30  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
Towed from scene? **1** 33

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

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



< **LOCATION** >

AT INTERSECTION: 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 # Name of Roadway/Street</p> <p>15 CHURCH ST</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>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>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped

Crash Report ID# **23-302-AC**

<p>License _____ S DOB/A<sub>1</sub> _____</p> <p>Sex <b>M</b> Lic. Class <b>99</b> Lic. Restrictions <b>99</b> CDL _____</p> <p>Operator <b>BRIDGER, ROBERT DALE</b></p> <p>Address <b>631 E WILLOW ST</b></p> <p>City <b>GARDNER</b> State <b>KS</b> Zip <b>66030-8111</b></p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></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>66CVR</b> Reg Type <b>PC</b> Reg State <b>KS</b></p> <p>Veh Year <b>2021</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b></p> <p>Owner <b>BRIDGER, ROBERT DALE</b></p> <p>Address <b>631 E WILLOW ST</b></p> <p>City <b>GARDNER</b> State <b>KS</b> Zip <b>66030-8111</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> <b>26</b></p> <p>Damaged Area Code: <b>7</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>1</b> <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 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

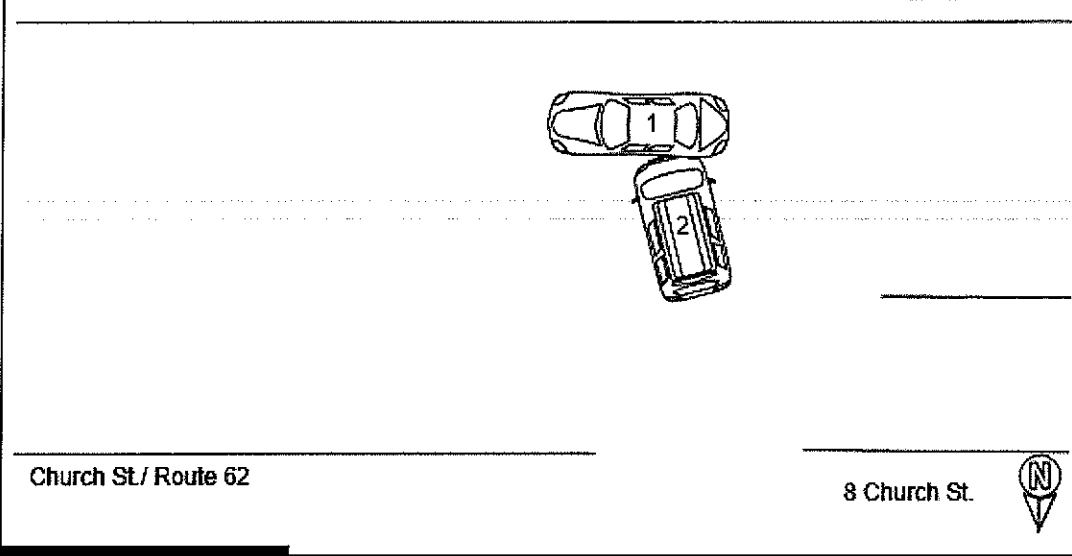
Please Select One of the Following:  Vehicle 2 Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

<p>License # _____ St _____ DOB/A<sub>1</sub> _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL _____</p> <p>Operator <b>CAMACHO, EZEQUIEL ORLANDO</b></p> <p>Address <b>109 CENTER ST</b></p> <p>City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-4363</b></p> <p>Insurance Company <b>PROGRESSIVE CASUALTY INSU</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <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>38J610</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2011</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b></p> <p>Owner <b>CAMACHO, EZEQUIEL ORLANDO</b></p> <p>Address <b>109 CENTER ST</b></p> <p>City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-4363</b></p> <p>Vehicle Action Prior to Crash <b>6</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>4</b> <b>25</b> <b>19</b> <b>25</b></p> <p>Driver Distracted by <b>99</b> <b>26</b></p> <p>Damaged Area Code: <b>2</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>1</b> <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 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**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 travelling eastbound on Church St. MV 2 was exiting 8 Church St., crossing the westbound travel lane and attempting to enter the Eastbound travel lane. While turning left into the travel lane, MV 2 collided into MV1 and struck the left rear quarter of the MV.

**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      09/19/2023  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Date of Crash 09/20/2023	Time of Crash 0402 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 1	Speed Limit <u>20</u> Latitude _____ Longitude _____	<input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other
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**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>11</u> Name of Roadway/Street <b>EAMES ST</b></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 style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</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;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 10 #Occupants  Hit/Run  Moped Crash Report ID# **23-303-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <b>Driverless M.V.</b> Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>4AH153</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2001</b> Veh Make <b>FORD</b> Veh Config. <u>1</u> <u>21</u> Owner <b>MACINNIS, STEPHEN BLAINE</b> Last First Middle Address <b>859 MAIN ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3345</b> Vehicle Action Prior to Crash <u>11</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>1</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>2</u> <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											
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			<u>1</u>							

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

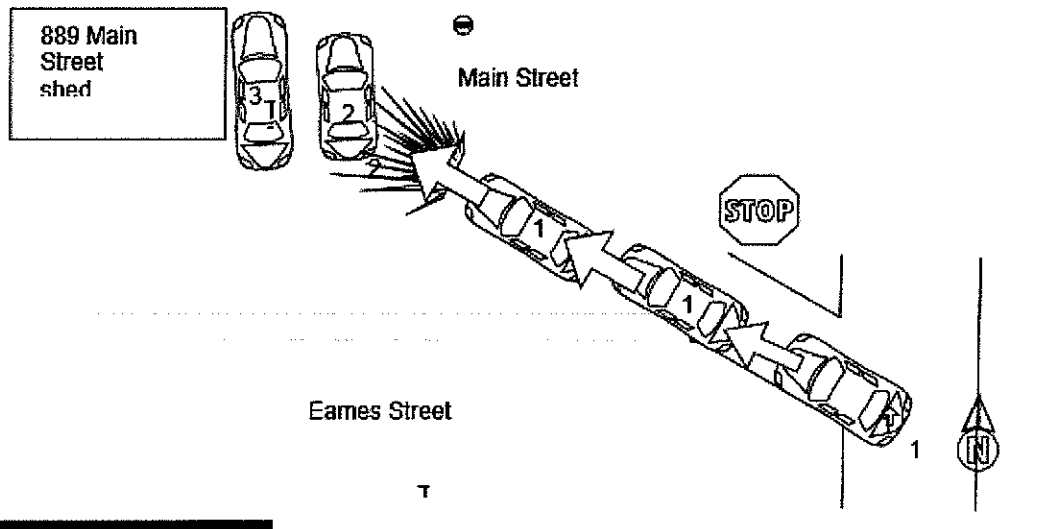
License # _____ S _____ DOB/Age _____ Sex <b>M</b> Lic. Class <u>D</u> <u>99</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <b>MARTIGNETTI, ANTHONY PETER</b> Last First Middle Address <b>30 ENOS CIR</b> City <b>READING</b> State <b>MA</b> Zip <b>01867-2250</b> Insurance Company <b>SAFETY INSURANCE COMPANY</b> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <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 # <b>1FGN30</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2019</b> Veh Make <b>VOLKSWAGEN</b> Veh Config. <u>1</u> <u>21</u> Owner <b>MARTIGNETTI, KAREN J</b> Last First Middle Address <b>30 ENOS CIR</b> City <b>READING</b> State <b>MA</b> Zip <b>01867-2250</b> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>2</u> <u>28</u> Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>10</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>1</u> <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											
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			<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>2</u>	Winchester Hospital



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

**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:**

Motor Vehicle 1 ran stop sign on Eames Street (public way) and crashed into the drive way of 889 Main Street striking vehicle number 2, 3, and striking the shed.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MACINNIS CHRISTOPHER D	859 MAIN ST WILMINGTON MA 01887-33			SHED

**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 Zachary A Leighton

227

Wilmington Police Department

09/20/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # 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 Roadway/Street 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# **23-304-AC**

License # \_\_\_\_\_ DOB/A \_\_\_\_\_ Reg # **W46612** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **A** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **FORD** Veh Config. **8**

Operator **WARD, SCOTT J** Owner **DW LEASING CORP**

Address **754 SO MAIN ST** Address **100 BURTT RD ST APT G01**

City **HAVERHILL** State **MA** Zip **01835-7280** City **ANDOVER** State **MA** Zip **01810-5920**

Insurance Company **HARTFORD FIRE INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27 3 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? **1 33**

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

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

License # \_\_\_\_\_ DOB/A \_\_\_\_\_ Reg # **1AE16L** Reg Type **AP** Reg State **MA**

Sex **M** Lic. Class **A** Lic. Restrictions **B** CDL \_\_\_\_\_ Veh Year **2023** Veh Make \_\_\_\_\_ Veh Config. **10**

Operator **MORENO, JOAQUIN** Owner **ADVANTAGE TRUCK LEASING LLC**

Address **21 PEARL ST APT 1** Address **409B HARTFORD TPKE**

City **MARLBOROUGH** State **MA** Zip **01752-1115** City **SHREWSBURY** State **MA** Zip **01545-4002**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **9 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

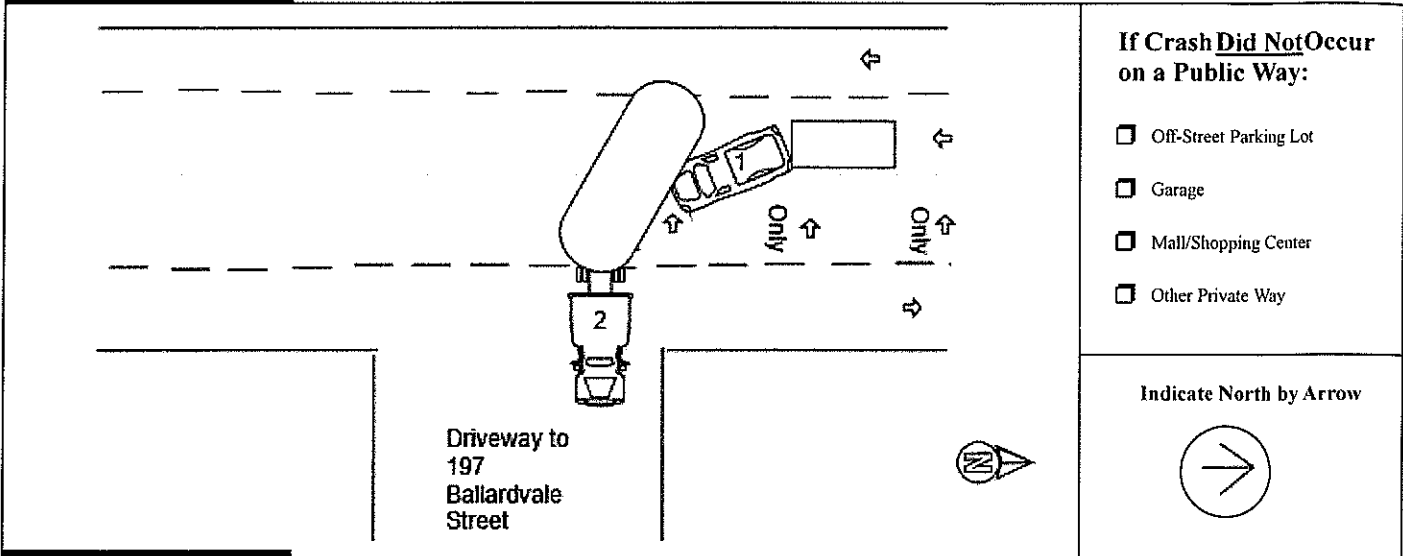
Towed from scene? **2 33**

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



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

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

Indicate North by Arrow



**Crash Narrative:**

Vehicle 2 was traveling south on Ballardvale Street in the area of 197 Ballardvale Street. Vehicle 2 was in the left hand southbound lane. It was going to take a left into the driveway of 197 Ballardvale Street. Vehicle 2 is a tractor trailer with a 48ft trailer. Operator stated he needed to swing wide so he went to the right to swing wide and then take the left turn. Operator of vehicle 1 was also traveling south in the left hand southbound lane. This operator stated that the truck was in the right lane and just cut left in front of him. No airbags deployed, and no reported injuries. Forest Towing took Vehicle 1 due to damage disabling it. Vehicle 2 was driven from the scene.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # **W46612** (From Vehicle Section)

Carrier Name **Delourey Construction** Bus Use  42  0

Address **100 BURTT RD** City **ANDOVER** St **MA** Zip **01810**

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

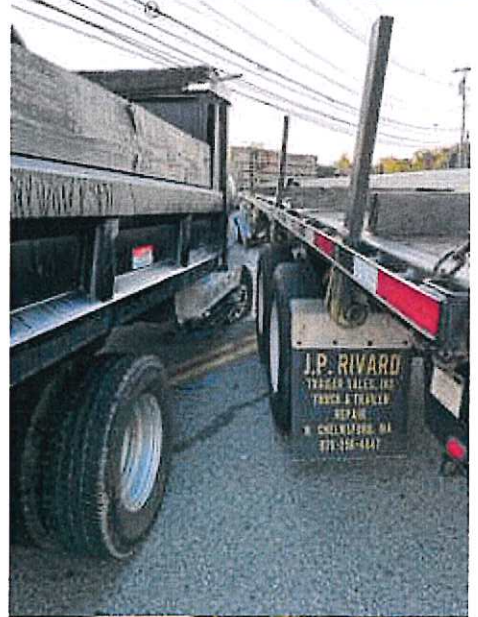
Trailer Reg #: **D27244** Reg Type **TR** Reg State **MA** Reg Year \_\_\_\_\_ Trailer Length  97  40

**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      09/20/2023  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 23-304-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 09/21/2023	Time of Crash 1800 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>40</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"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# <u>WEST ST</u> Direction _____ Name of Roadway/Street _____ At _____ Route# <u>LOWELL ST</u> 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 <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 _____	2 10 4 11

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# <b>23-305-AC</b>
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License # _____ S _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>BURKE, PAUL M</u> Last First Middle Address <u>97 LINCOLN WOODS RD</u> City <u>WALTHAM</u> State <u>MA</u> Zip <u>02451-1431</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <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>258RT3</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BURKE, PAUL M</u> Last First Middle Address <u>97 LINCOLN WOODS RD</u> City <u>WALTHAM</u> State <u>MA</u> Zip <u>02451-1431</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>3</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>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> 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> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
JAMESON LUMSDEN		97 LINCOLN WOODS RD WALTHAM, MA 02451	M	6	1	4	0	0	10	1	

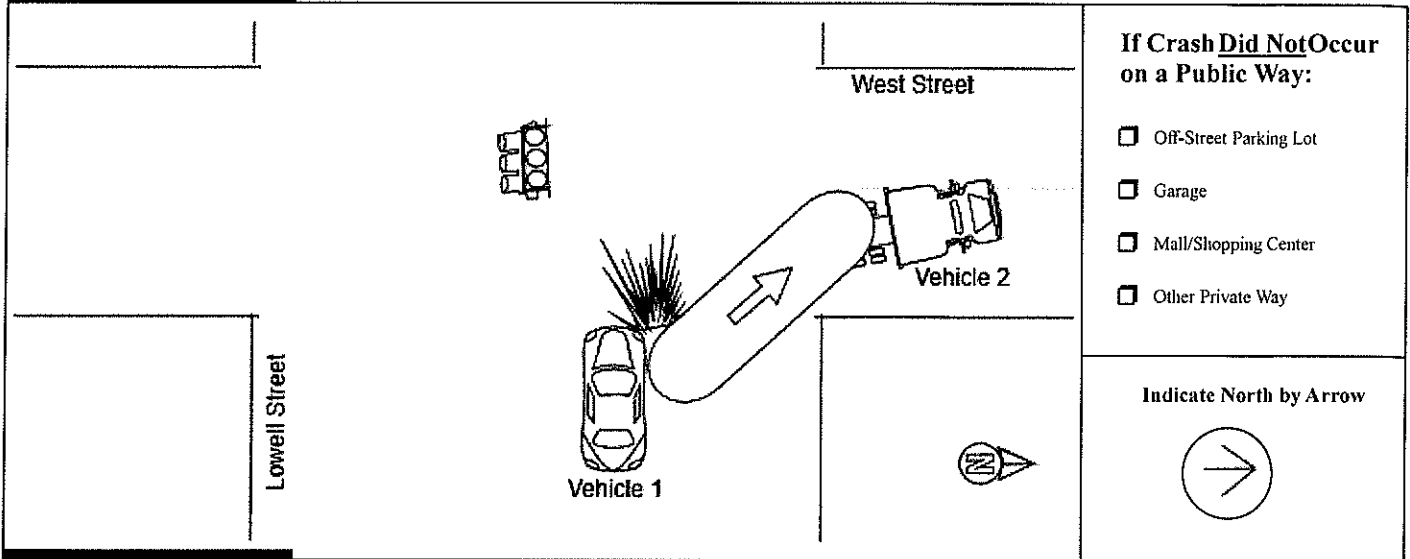
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>21</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> Action <input type="checkbox"/> Location <input type="checkbox"/> Condition <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # _____ S _____ DOB/A _____ Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>GIBEAU, RONALD RAYMOND JR</u> Last First Middle Address <u>949 BEDFORD ST APT 1N</u> City <u>FALL RIVER</u> State <u>MA</u> Zip <u>02723-1266</u> Insurance Company <u>OLD REPUBLIC INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <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>3268084</u> Reg Type <u>TR</u> Reg State <u>IN</u> Veh Year <u>2023</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>10</u> <u>21</u> Owner <u>PENSKE TRUCK LEASING CO L P</u> Last First Middle Address <u>2675 MORGANTOWN RD</u> City <u>READING</u> State <u>PA</u> Zip <u>19607</u> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>0</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>1</u> <u>29</u> Driver Contributing Code <u>12</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> 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> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>

**Crash Diagram:**

ie: → 1    → 2    →    →



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

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

**Indicate North by Arrow**



**Crash Narrative:**

On Thursday, September 21, 2023, Vehicle 2 was turning right onto West street, when the rear or the trailer struck the front right side of vehicle 1. No damage was seen on vehicle 2. Vehicle 1 had damage to the front right mirror and above the front right wheel well.

All parties were offered medical attention and declined.

Parties took photos of the damage to vehicle 1.

**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 # **3268084** (From Vehicle Section)

Carrier Name **Purity Linen Services** Bus Use 0<sup>42</sup>

Address **405 MYRTLE ST** City **NEW BEDFORD** St **MA** Zip **02746**

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 4<sup>43</sup> Cargo Body Type Code 97<sup>44</sup> GVWR/GCWR 1<sup>45</sup>

Trailer Reg #: **4LK2950** Reg Type **TR** Reg State **CA** Reg Year **2012** Trailer Length 1<sup>46</sup>

**Hazmat Information:**

Placard 2<sup>47</sup> Material 1 digit #  <sup>48</sup> Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 3<sup>49</sup>

Patrol Officer **Christopher k Miccichi** 232 **Wilmington Police Department** 09/21/2023  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 09/22/2023	Time of Crash 1909 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 2	Speed Limit <u>25</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"/>
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

<p><b>GLEN RD</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p><b>HARDEN 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>Route# _____ Intersecting Roadway/Street _____</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;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **23-306-AC**

<p>License # _____ St _____ DOB/Ag _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <b>HOWARD, BRIAN R</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>156 WILMINGTON RD</b></p> <p>City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1126</b></p> <p>Insurance Company <b>GREEN MOUNTAIN INSURANCE</b></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 # <b>2NHM80</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2012</b> Veh Make <b>NISSAN</b> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <b>HOWARD, BRIAN R</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>156 WILMINGTON RD</b></p> <p>City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1126</b></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>1</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>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</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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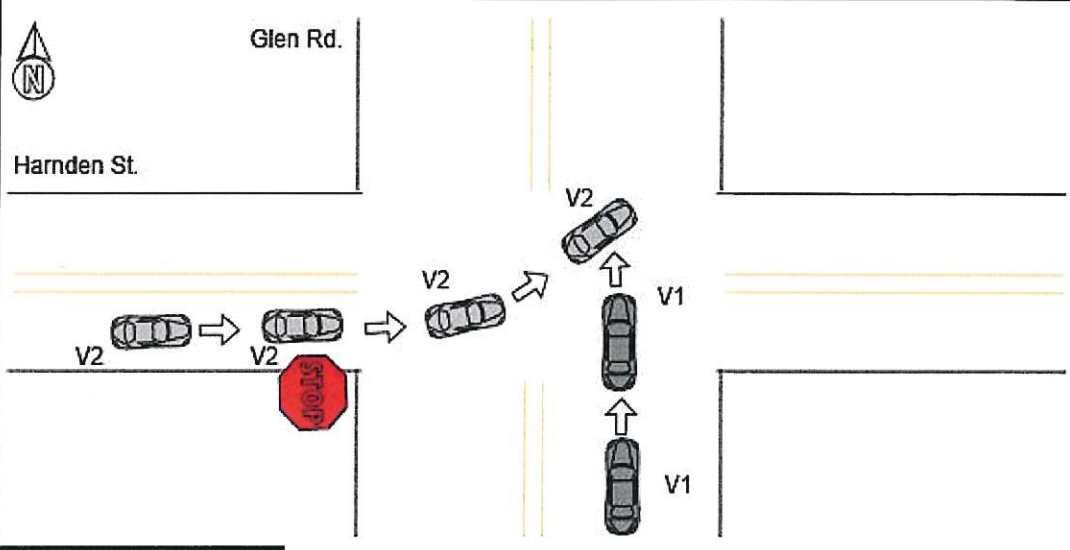
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
THERESA BRUNETTO		10 CHRISTINE DR WILMINGTON, MA 01887-1803	F	3	0	1	0	0	8	1	

Please Select One of the Following:  Vehicle 22 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

<p>License # _____ St _____ DOB/Ag _____</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 _____ Endorsement _____</p> <p>Operator <b>WAGNER, RACHEL LYNN</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>37 CASTLEWOOD DR</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-3232</b></p> <p>Insurance Company <b>UNITED SERVICES AUTOMOBIL</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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 # <b>2KRA37</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2020</b> Veh Make <b>CHEVROLET</b> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <b>WAGNER, REBECCA LYNN</b></p> <p style="text-align: center;">Last First Middle</p> <p>Address <b>37 CASTLEWOOD DR</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-3232</b></p> <p>Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>4</u> <u>25</u> <u>3</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/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<u>1</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>
JORDAN LEGERE		162 MIDDLESEX AVE WILMINGTON, MA 01887	M	3	1	2	0	0	10	1	

**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:**

V1 was traveling north on Glen Rd and at the intersection of Glen Rd and Harnden St V1 collided with V2. V2 was exiting Harnden St and entering Glen Rd at the time of the collision. There is a stop sign at the end of Harnden St. Operator 1 stated that V2 did not stop at all prior to entering Glen Rd and he stated that he did not have enough time to stop before the crash. Operator 1 stated he was driving around 25-30 mph. Operator 2 stated that she did, in fact, stop at the stop sign prior to entering Glen Rd. However, she stated that she did not see V1 leading up to the collision. Both vehicles had 1 other occupant (both seated in the front passenger seat). All parties were evaluated by the Wilmington Fire Dept and all parties signed refusals to be transported to the hospital. V1 sustained major damage to the entire front end and V2 sustained major damage to the right side. Both vehicles were 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:**

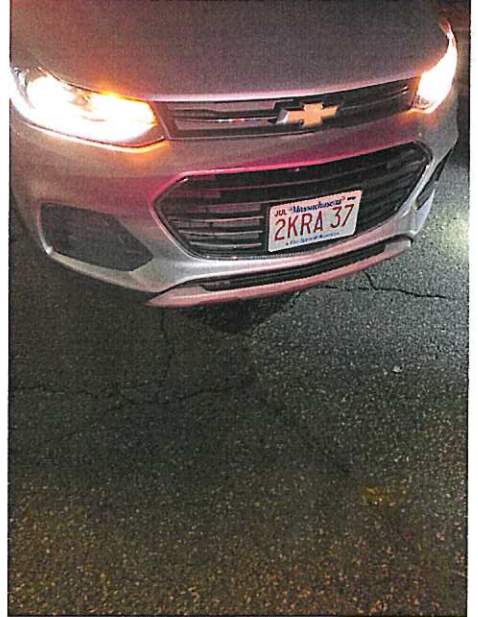
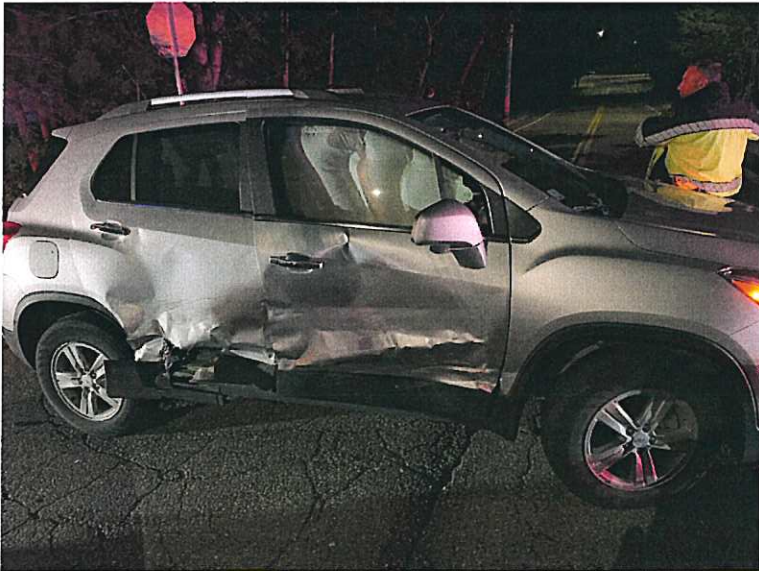
Placard  47 Material 1 digit #  48 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

Patrol Officer Michael W Powers                                  231                                  Wilmington Police Department                                  09/22/2023

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



Wilmington Police Department  
Images Associated with 23-306-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # **CROSS ST** Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-307-AC**

License # \_\_\_\_\_ JOB/Age \_\_\_\_\_ Reg # **BR86YP** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **DODGE** Veh Config. **2** 21

Operator **MARTINS, FERNANDO J JR** Owner **MARTINS, FERNANDO J JR**

Address **305 BURLINGTON AVE** Address **305 BURLINGTON AVE**

City **WILMINGTON** State **MA** Zip **01887-3106** City **WILMINGTON** State **MA** Zip **01887-3106**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **99** 22 Damaged Area Code: 2 27 27 27

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **20** 23 23 23 23 Test Status: **28**

Citation # (If Issued) **T3190657** Most Harmful Event **20** 24 Type of Test: **29**

Viol. 1: Cl/Sec/Sub **90** **24** Viol. 2: Cl/Sec/Sub \_\_\_\_\_ Driver Contributing Code **10** 25 **2** 25 BAC Test Result: **30**

Viol. 3: Cl/Sec/Sub \_\_\_\_\_ Viol. 4: Cl/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2** 33

Please fill out for operator and all occupants involved		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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>99</b>	<b>1</b>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**

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

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

Viol. 1: Cl/Sec/Sub \_\_\_\_\_ Viol. 2: Cl/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25** **25** BAC Test Result: **30**

Viol. 3: Cl/Sec/Sub \_\_\_\_\_ Viol. 4: Cl/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 Sent 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>							

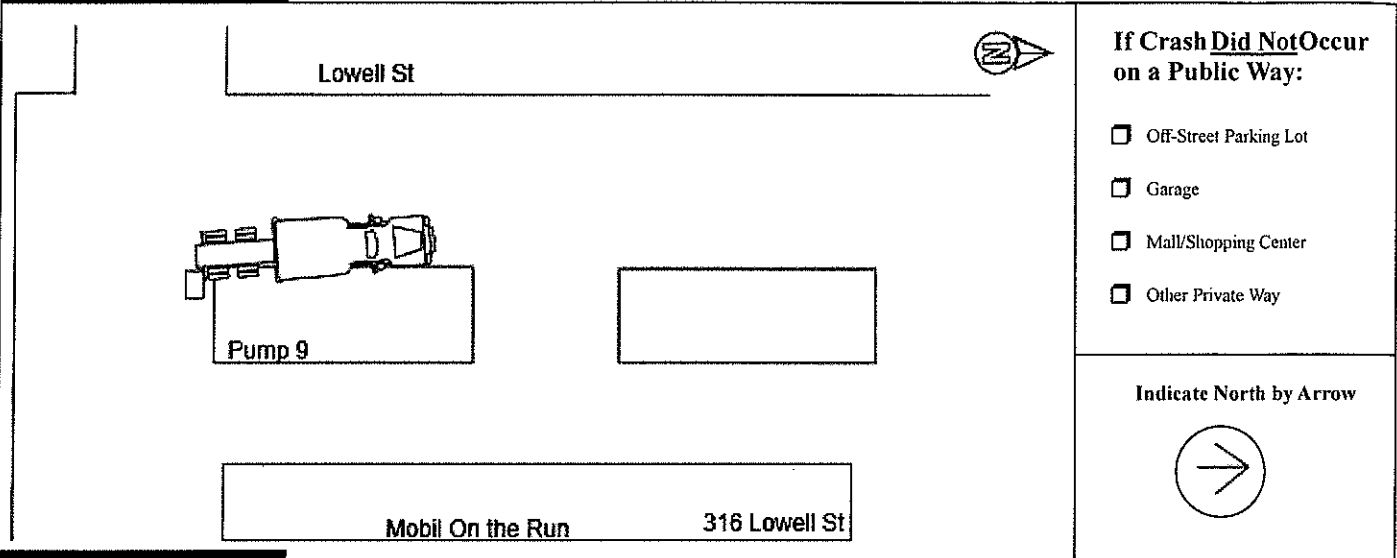


<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 09/19/2023	Time of Crash 1100 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 1	Number Injured 0	Speed Limit <u>5</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>											
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>316</u> Direction _____ Address # <u>LOWELL ST</u> Name of Roadway/Street _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ 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# <b>23-308-AC</b>												
License _____ St _____ DOB/A _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Operator <u>TEJADAPEREZ, ERNESTO C</u> Address <u>197 LAKE AVE APT 1</u> City <u>YONKERS</u> State <u>NY</u> Zip <u>10703</u> Insurance Company <u>UNITED FINANCIAL CASUALTY</u> Vehicle Travel Direction: <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 # <u>W98377</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>Other-not listed</u> Veh Config. <u>8</u> Owner <u>CASDI TRANSPORTATION CORPORATION</u> Address <u>201 WHEELER ST</u> City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-1886</u> Vehicle Action Prior to Crash <u>97</u> Event Sequence <u>35</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>35</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Driver Distracted by <u>99</u>			Reg State <u>MA</u> Veh Config. <u>8</u> Owner <u>CASDI TRANSPORTATION CORPORATION</u> Zip <u>01844-1886</u> Damaged Area Code: <u>3</u> <u>27</u> <u>4</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>									
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>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>			
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</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															
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>24</u> Driver Contributing Code <u>25</u> <u>25</u> Driver Distracted by <u>26</u>			Reg State _____ Veh Config. <u>21</u> Owner _____ Zip _____ Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>									
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    ♀ = Pedestrian    🚲 = Bicycle

**Crash Diagram:**

ie: → 1    → 2    → ♀    → 🚲



**Crash Narrative:**

The operator of Motor vehicle 1 pulled into the parking lot of Mobil on the Run in the town of Wilmington. He pulled into the area of Pump 9 and when he did so he did not account of the size of his vehicle and parked too close. When he attempted to exit the pumping area his truck collided with the trash barrel along side the pump, the pump itself, as well as the support pillar for the pump. The collision caused significant damage to Mobil on the Run Property (See Images) (See video)

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
SANTINI DEREK H	28 KENWOOD AVE WILMINGTON MA 01887-3012		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MOBIL ON THE RUN	316 LOWELL ST WILMINGTON MA 01887		97	GAS PUMPING STATION

**Truck and Bus Information:**

Registration # W98377 (From Vehicle Section)

Carrier Name Casdi Transportation Bus Use  42

Address 201 WHEELER ST City METHUEN St MA Zip 01844

US DOT #: 3912711 State Number \_\_\_\_\_ Issuing State MA MC/MX/ICC #: 1445094

Interstate  43 1 Cargo Body Type Code  44 44 GVWR/GCWR  45 45

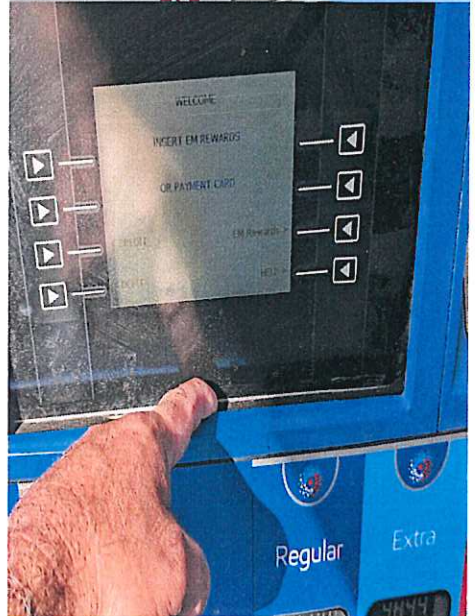
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46 46

**Hazmat Information:**

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

Patrol Officer Shane A Foley 211 Wilmington Police Department 09/23/2023  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department  
Images Associated with 23-308-AC



Wilmington Police Department  
Images Associated with 23-308-AC



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

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

Route# Direction Address # Name of Roadway/Street  
 Feet N S E W of 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# **23-309-AC**

License # St DOB/Age Reg # **826NK9** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2017** Veh Make **ACURA** Veh Config. **1**  
 Operator **MENDELL, BENJAMIN A** Owner **MENDELL, BENJAMIN A**  
 Address **17 QUIMBY RD** Address **17 QUIMBY RD**  
 City **NORTH READING** State **MA** Zip **01864-3203** City **NORTH READING** State **MA** Zip **01864-3203**  
 Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **1** Damaged Area Code: 1 27 2 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: 29  
 Viol. 1: Ch/Sec/Sub Driver Contributing Code **1** 25 25 BAC Test Result: 1 30  
 Viol. 2: Ch/Sec/Sub Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Viol. 3: Ch/Sec/Sub Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License S DOB/Age Reg # **2FHH65** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2016** Veh Make **Jeep** Veh Config. **1**  
 Operator **BARRASSO, WINIFRED P** Owner **BARRASSO, WINIFRED P**  
 Address **91 SALEM ST** Address **91 SALEM ST**  
 City **WILMINGTON** State **MA** Zip **01887-4003** City **WILMINGTON** State **MA** Zip **01887-4003**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: 2 27 3 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 Driver Contributing Code **1** 25 25 BAC Test Result: 1 30  
 Viol. 2: Ch/Sec/Sub Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Viol. 3: Ch/Sec/Sub Towed from scene? 2 33

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

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





Date of Crash **09/23/2023** Time of Crash **1750** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police   
 24HR **Wilmington** **Police Report** Latitude \_\_\_\_\_ MBTA Police   
 Longitude \_\_\_\_\_ Other: \_\_\_\_\_ Campus Police

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

<p><b>1</b> <u>MAIN ST</u></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p><b>2</b> <u>LOWELL ST</u></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p><b>3</b> _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p><b>2</b> <b>10</b></p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p><b>4</b> <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** Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-310-AC**

<p><b>3</b> License: _____ DOB/Ag _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____</p> <p><b>4</b> Operator <b>GARRARD, BRITTANY ANNE</b></p> <p style="text-align: center;">Last First Middle</p> <p><b>3</b> Address <b>17 CLIFF ST APT 2</b></p> <p>City <b>MELROSE</b> State <b>MA</b> Zip <b>02176-1925</b></p> <p>Insurance Company <b>AMICA MUTUAL INSURANCE CO</b></p> <p><b>5</b> Vehicle Travel Direction: <b>N S E X</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><b>6</b> Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>3RZS31</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2010</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b></p> <p><b>1</b> <b>12</b></p> <p>Owner <b>GARRARD, BRITTANY ANNE</b></p> <p style="text-align: center;">Last First Middle</p> <p><b>3</b> Address <b>17 CLIFF ST APT 2</b></p> <p>City <b>MELROSE</b> State <b>MA</b> Zip <b>02176-1925</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> <b>26</b></p> <p>Damaged Area Code: <b>6</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> <p><b>1</b> <b>13</b></p>
--	--

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

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

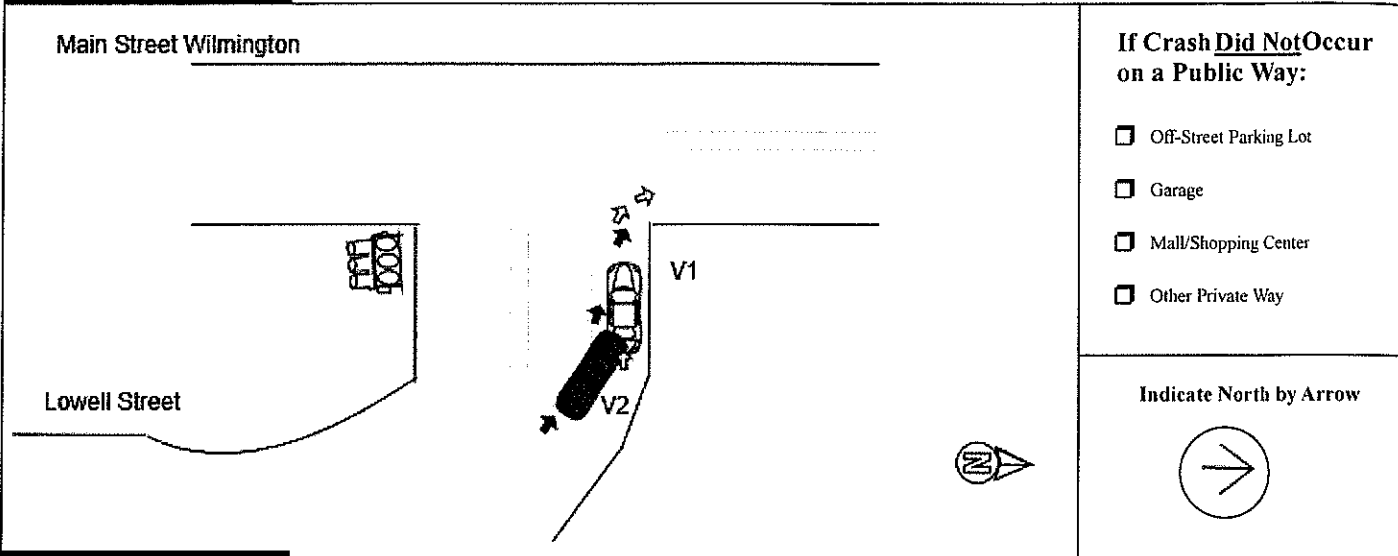
<p><b>8</b> License: _____ DOB/Ag _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____</p> <p><b>1</b> Operator <b>COMNINOS, CYRUS D</b></p> <p style="text-align: center;">Last First Middle</p> <p><b>3</b> Address <b>1734 LAKEVIEW AVE ST APT 14</b></p> <p>City <b>DRACUT</b> State <b>MA</b> Zip <b>01826-3388</b></p> <p>Insurance Company <b>GREEN MOUNTAIN INSURANCE</b></p> <p><b>9</b> Vehicle Travel Direction: <b>N S E X</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><b>2</b> Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>2AMG57</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2012</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b></p> <p><b>1</b> <b>21</b></p> <p>Owner <b>COMNINOS, CYRUS D</b></p> <p style="text-align: center;">Last First Middle</p> <p><b>3</b> Address <b>1734 LAKEVIEW AVE ST APT 14</b></p> <p>City <b>DRACUT</b> State <b>MA</b> Zip <b>01826-3388</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> <b>26</b></p> <p>Damaged Area Code: <b>1</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>1</b> <b>33</b></p> <p><b>4</b> <b>14</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			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



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

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

Indicate North by Arrow



**Crash Narrative:**

Op1 stated she was on Lowell Street in the right turn lane about to take a right turn at the light. Op1 stated she believed Op2 was going to take a left but he entered her lane so she had to go around him and hit him (side swipe same direction). Op1 stated Op2 had his directional on for about a half mile therefore she did not know where he was going to turn at the light. Op2 stated Op1 was speeding, went around him, and crashed into him. Op2 stated he used his directional when taking the right turn. It should be noted, when I arrived on scene, V2 appeared as if it was coming from in between both lanes (as seen in the attached photos). Fire Department obtained two medical refusals. It should be noted FD arrived on scene prior to my arrival. No injuries observed or reported in either operator. V1 was operable, V2 towed by Cain'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 Kathryn C Goodwin    216    Wilmington Police Department    09/23/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 23-310-AC

