

Police Use Only	Date of Crash 08/20/2023	Time of Crash 1812 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>45</u>	Latitude	Longitude	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:					
Route# <u>ROUTE 62 HWY</u> Direction _____ Name of Roadway/Street _____				Route# _____ Direction _____ Address # _____ 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 _____						
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____						

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

Crash Report ID# **23-263-AC**

License # _____ S _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>GURNANI, KAJOL T</u> Address <u>21 TUCKER ST APT 12</u> City <u>PEPPERELL</u> State <u>MA</u> Zip <u>01463</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Reg # <u>2JY732</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>GURNANI, TULSI D</u> Address <u>21 TUCKER ST APT 12</u> City <u>PEPPERELL</u> State <u>MA</u> Zip <u>01463-1577</u> Vehicle Action Prior to Crash <u>6</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>1</u> <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>3</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>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input 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 _____	

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

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

License _____ S _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>LINDSTROM, ERICA MORRISON</u> Address <u>1 RIDGE RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3475</u> Insurance Company <u>PROGRESSIVE INSURANCE CO</u>	Reg # <u>EDJ6612</u> Reg Type <u>CO</u> Reg State <u>TX</u> Veh Year <u>2021</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>8</u> <u>21</u> Owner <u>LINDSTROM, ERICA MORRISON</u> Address <u>1 RIDGE RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3475</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>4</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>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input 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 _____	

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	10	1	
JOANNE BROSCA	11 WINN VALLEY DR BURLINGTON, MA 01803-4726		F	3	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-263-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/22/2023	Time of Crash 1657 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<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>316</u> Name of Roadway/Street <u>LOWELL 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 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 1 #Occupants Hit/Run Moped

Crash Report ID# **23-264-AC**

License # _____ St _____ DOB/Age _____ 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 _____ Operator <u>ALIAN, BABAK</u> Last First Middle Address <u>131 ARLINGTON ST</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-4008</u> Insurance Company <u>ARBELLA MUTUAL 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>1LAN62</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ALIAN, DAVOOD</u> Last First Middle Address <u>131 ARLINGTON ST</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-4008</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>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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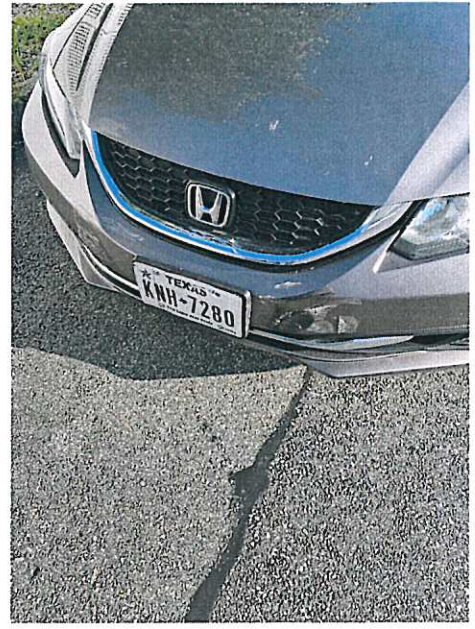
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>C</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>MERAZ, JANETH YVONNE</u> Last First Middle Address <u>2304 TIERRA RICA WAY</u> City <u>EL PASO</u> State <u>TX</u> Zip <u>79938</u> Insurance Company <u>PROGRESSIVE INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>KNH7280</u> Reg Type <u>PC</u> Reg State <u>TX</u> Veh Year <u>2015</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MERAZ, MORAYMA</u> Last First Middle Address <u>2304 TIERRA RICA WAY</u> City <u>EL PASO</u> State <u>TX</u> Zip <u>79938</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</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>4</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
Operator/Non-Motorist	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Wilmington Police Department
Images Associated with 23-264-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/22/2023	Time of Crash 1957 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>116</u> Name of Roadway/Street <u>NICHOLS ST</u>	Route# _____ Direction _____ 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 _____
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 <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: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **23-265-AC**

License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>AZEVEDO, SUSAN CUNHA</u> Address <u>65 WHIPPLE RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2230</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>142133AC-CN</u> Viol. 1: Ch/Sec/Sub <u>90 24</u> Viol. 2: Ch/Sec/Sub <u>90 24</u> Viol. 3: Ch/Sec/Sub <u>90 9</u> Viol. 4: Ch/Sec/Sub _____	Reg # <u>6WS578</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> Owner <u>AZEVEDO, SUSAN CUNHA</u> Address <u>65 WHIPPLE RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2230</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>31 23 31 23 31 23 31 23</u> Most Harmful Event <u>31</u> Driver Contributing Code <u>10 25 25</u> Driver Distracted by <u>0</u>	Damaged Area Code: <u>3 27 27 27</u> Test Status: <u>1 28</u> Type of Test: <u>29</u> BAC Test Result: <u>1 30</u> Susp. Alcohol: <u>1 31</u> Susp. Drug: <u>99 32</u> Towed from scene? <u>1 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
Operator	See Above			<u>1</u>	<u>0</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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19 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 23 23 23</u> Most Harmful Event <u>24</u> Driver Contributing Code <u>25 25</u> Driver Distracted by <u>26</u>	Damaged Area Code: <u>27 27 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>
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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
Operator/Non-Motorist	See Above			<u>1</u>							

Police Use Only		City/Town Wilmington		Date of Crash 08/23/2023		Time of Crash 2234 24HR		Number Vehicles 2		Number Injured 1		Speed Limit <u>30</u>		Latitude _____		Longitude _____		<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other _____	
AT INTERSECTION: < LOCATION >										NOT AT INTERSECTION:									
Route# _____ Direction _____ Name of Roadway/Street LOWELL ST										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 _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street WOBURN ST Also at Intersection with _____										_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street										Landmark _____									

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

Crash Report ID# **23-266-AC**

License # _____ St. _____ DOB/Age _____				Reg # 3DBE44 Reg Type PC Reg State MA			
Sex F Lic. Class D Lic. Restrictions 1 CDL _____				Veh Year 2014 Veh Make FORD Veh Config. 1			
Operator CORBETT, SHANNON				Owner CORBETT, SHANNON			
Address 35 GLEN RD				Address 35 GLEN RD			
City WILMINGTON State MA Zip 01887-1943				City WILMINGTON State MA Zip 01887-1943			
Insurance Company PROGRESSIVE DIRECT INSURA				Vehicle Action Prior to Crash 4			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2				Event Sequence 1 23 23 23 23			
Citation # (If Issued) _____				Most Harmful Event 1 24			
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code 4 25 25			
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by 99			
Please fill out for operator and all occupants involved				Please fill out for operator and all occupants involved			

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	_____	_____	1	99	4	0	0	8	2	Lahey Clinic (BURLINGTON)

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 # 4445B Reg Type PC Reg State MA			
Sex F Lic. Class D Lic. Restrictions B CDL _____				Veh Year 2017 Veh Make VOLKSWAGEN Veh Config. 1			
Operator REPIN, ANTON G				Owner SALEM MOTORSPORTS INC			
Address 4 MCKINLEY RD				Address 453 WASHINGTON ST APT 373			
City MARBLEHEAD State MA Zip 01945-2012				City DUXBURY State MA Zip 02332-4560			
Insurance Company THE COMMERCE INSURANCE CO				Vehicle Action Prior to Crash 1			
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? 2				Event Sequence 1 23 23 23 23			
Citation # (If Issued) _____				Most Harmful Event 1 24			
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code 1 25 25			
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by 0			
Please fill out for operator/non-motorist and all occupants involved				Please fill out for operator/non-motorist and all occupants involved			

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

Wilmington Police Department
Images Associated with 23-266-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/24/2023	Time of Crash 0627 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 5	Latitude	Longitude	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # 850 Name of Roadway/Street MAIN ST			
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____			
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **23-267-AC**

License # _____ St. _____ DOB/Age _____	Reg # 4VB128 Reg Type PC Reg State MA
Sex F Lic. Class D Lic. Restrictions 99 CDL _____	Veh Year 2007 Veh Make LEXUS Veh Config. 1
Operator CHEA, KIMPUOCH	Owner CHEA, KIMPUOCH
Address 42 VARNEY ST APT HOME	Address 42 VARNEY ST APT HOME
City LOWELL State MA Zip 01854-3416	City LOWELL State MA Zip 01854-3416
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 10
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 0 27 27 27
Citation # (If Issued) _____	Event Sequence 3 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 3 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 13 25 19 25
	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 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
CHAN MALY LOR	242 LIBERTY ST LOWELL, MA 01851-3119	09/16/1980	F	3	1	4	0	0	10	1		

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **1** Action **2** Location **5** Condition **1** Hit/Run Moped

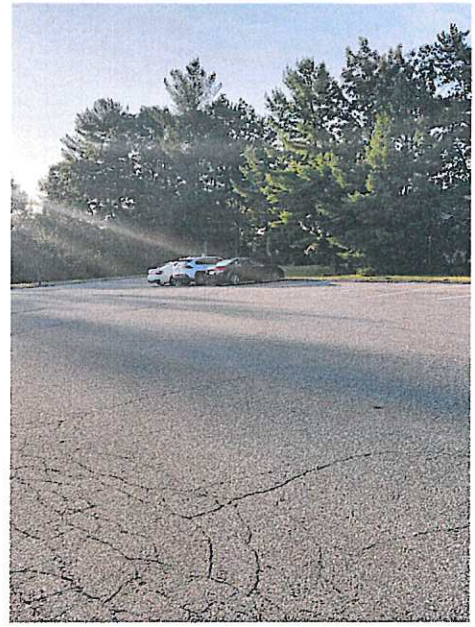
License # _____ St. _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex M Lic. Class _____ Lic. Restrictions _____ CDL _____	Veh Year _____ Veh Make _____ Veh Config. 21
Operator SHANGLER, JOSEPH	Owner _____
Address 25 WABON ST	Address _____
City DORCHESTER State MA Zip 02121	City _____ State _____ Zip _____
Insurance Company SAFTEY INSURANCE	Vehicle Action Prior to Crash 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 0 27 27 27
Citation # (If Issued) _____	Event Sequence 23 23 23 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 25 25
	Driver Distracted by 26
	Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	99			8	2	Lahay Clinic

Wilmington Police Department
Images Associated with 23-267-AC



Wilmington Police Department
Images Associated with 23-267-AC



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

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

Route# Direction Address # Name of Roadway/Street
 208 MAIN ST
 Feet NSEW of Mile Marker Exit Number
 Feet NSEW of Route# Intersecting Roadway/Street
 Feet NSEW of Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **23-268-AC**

License # St DOB/Age Reg # **MAYBRY** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement
 Veh Year **2010** Veh Make **BMW** Veh Config. **1** 21
 Operator **SALERNO, MICHELE** Owner **SALERNO, MICHELE**
 Address **1040 SOUTH ST** Address **1040 SOUTH ST**
 City **TEWKSBURY** State **MA** Zip **01876-2322** City **TEWKSBURY** State **MA** Zip **01876-2322**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **27** 27
 Vehicle Travel Direction: N 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: **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 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			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 # **4MG900** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **C** 20 CDL Endorsement
 Veh Year **2007** Veh Make **FORD** Veh Config. **1** 21
 Operator **COLBERT, JOSEPH E** Owner **COLBERT, JOSEPH E**
 Address **35 OAK ST** Address **35 OAK ST**
 City **TEWKSBURY** State **MA** Zip **01876-4323** City **TEWKSBURY** State **MA** Zip **01876-4323**
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 **2** 27 **27**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **99** 25 **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

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

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

Wilmington Police Department
Images Associated with 23-268-AC



Police Use Only	Date of Crash 08/25/2023	Time of Crash 1425 24HR	City/Town Wilmington		Number Vehicles 2	Number Injured 0	Speed Limit 45	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>34</u> Direction _____ Address # _____ Name of Roadway/Street <u>ROUTE 62 HWY</u>							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____							
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: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **23-269-AC**

License # _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> 19' 19' Lic. Restrictions <u>1</u> 20' CDL _____ Operator <u>QUINLAN, JAKE THOMAS</u> Address <u>24 MANHATTAN DR</u> City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803</u> Insurance Company <u>USAA GENERAL INDEMNITY CO</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>6LH246</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> 21 Owner <u>QUINLAN, STEPHEN W</u> Address <u>24 MANHATTAN DR</u> City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-1905</u> Vehicle Action Prior to Crash <u>4</u> 22 Damaged Area Code: <u>7</u> 27 <u>27</u> 27 Event Sequence <u>1</u> 23 <u>23</u> 23 <u>23</u> Test Status: <u>1</u> 28 Most Harmful Event <u>1</u> 24 Type of Test: <u>29</u> Driver Contributing Code <u>4</u> 25 <u>25</u> BAC Test Result: <u>1</u> 30 Driver Distracted by <u>0</u> 26 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32 Towed from scene? <u>2</u> 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1

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

License # _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> 19' 19' Lic. Restrictions <u>1</u> 20' CDL _____ Operator <u>DUFFY, ELIZABETH</u> Address <u>17 MAIN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1729</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>5SE741</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> 21 Owner <u>DUFFY, ELIZABETH</u> Address <u>17 MAIN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1729</u> Vehicle Action Prior to Crash <u>1</u> 22 Damaged Area Code: <u>1</u> 27 <u>8</u> 27 <u>7</u> 27 Event Sequence <u>1</u> 23 <u>23</u> 23 <u>23</u> Test Status: <u>1</u> 28 Most Harmful Event <u>1</u> 24 Type of Test: <u>29</u> Driver Contributing Code <u>1</u> 25 <u>25</u> BAC Test Result: <u>1</u> 30 Driver Distracted by <u>0</u> 26 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32 Towed from scene? <u>1</u> 33
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	3	0	0	10	1

Wilmington Police Department
Images Associated with 23-269-AC



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

Route# _____ Direction _____ Name of Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

Feet N S E W of _____ or _____

Mile Marker _____ Exit Number _____

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

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

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

Feet N S E W of _____

Route# _____ Intersecting Roadway/Street _____

Feet N S E W of _____

Landmark _____

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

Crash Report ID# **23-270-AC**

License # _____ DOB/Age _____ Reg # 4HPB59 Reg Type PC Reg State MA

Sex F Lic. Class D Lic. Restrictions B CDL _____ Veh Year 2019 Veh Make NISSAN Veh Config. 1

Operator HALL, IRENE R Owner HALL, IRENE R

Address 10 LELAND ST APT 2 Address 10 LELAND ST APT 2

City MALDEN State MA Zip 02148-7003 City MALDEN State MA Zip 02148-7003

Insurance Company FARMERS PROPERTY & CASUAL Vehicle Action Prior to Crash 1

Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 40 23 22 23 23 23

Citation # (If Issued) 148513AC Most Harmful Event 22 24 Damaged Area Code: 2 27 27 27

Viol. 1: Ch/Sec/Sub 90 24J Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 9 25 11 25 Test Status: 3 28

Viol. 3: Ch/Sec/Sub 89 4A Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Type of Test: 2 29

BAC Test Result: 5 30 Susp. Alcohol: 1 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
Operator	See Above	XXXXXX	XXXX	<u>1</u>	<u>99</u>	<u>3</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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Veh Year _____ Veh Make _____ Veh Config. _____

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

Citation # (If Issued) _____ Most Harmful Event 24 Type of Test: 28 29

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

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

