

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/11/2023	Time of Crash 0654 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>15</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>586</u> Name of Roadway/Street <u>MAIN ST</u>	Route# _____ Direction _____ 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 _____ or _____ Mile Marker _____ Exit Number _____	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 _____ Route# _____ Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 23-286-AC
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License # _____ S _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>TOPOR, DAVID</u> Address <u>9 MOLLOY RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2912</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>3WBJ16</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> Owner <u>TOPOR, KATARZYNA</u> Address <u>9 MOLLOY RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2912</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>35</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>35</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>99</u>
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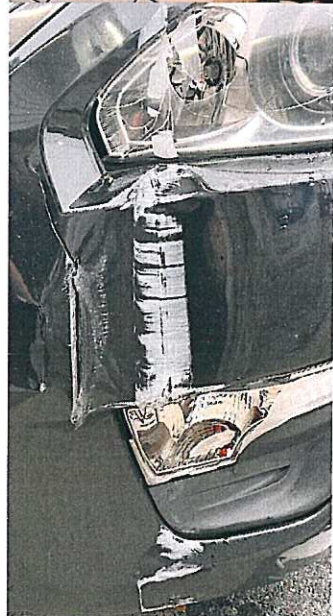
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

Please Select One of the Following: <input type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions <u>20</u> CDL Endorsement _____ 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>
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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	XXXXXX	XXXX	1							

Wilmington Police Department
Images Associated with 23-286-AC



Date of Crash 09/11/2023	Time of Crash 0959 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit 5	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" 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 _____			Route# _____ Direction _____ Address # 15 Name of Roadway/Street SCHOOL ST						
At _____			_____ Feet N S E W of _____ or _____						
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____						
Also at Intersection with _____			_____ Feet N S E 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# **23-287-AC**

License # _____ S _____ IOB/At _____ Sex F Lic. Class D Lic. Restrictions B CDL _____ Operator COUTURE, DIANA MARY Address 13 PEMBROKE ST City WILMINGTON State MA Zip 01887-3145 Insurance Company LIBERTY MUTUAL INSURANCE Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # IC99ZG Reg Type PC Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 1 Owner COUTURE, DIANA MARY Address 13 PEMBROKE ST City WILMINGTON State MA Zip 01887-3145 Vehicle Action Prior to Crash 11 Damaged Area Code: 10 27 8 27 27 Event Sequence 21 23 23 23 23 Test Status: 1 28 Most Harmful Event 21 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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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	XXXXXX	XXXX	1	1	4	0	2	10	1	

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

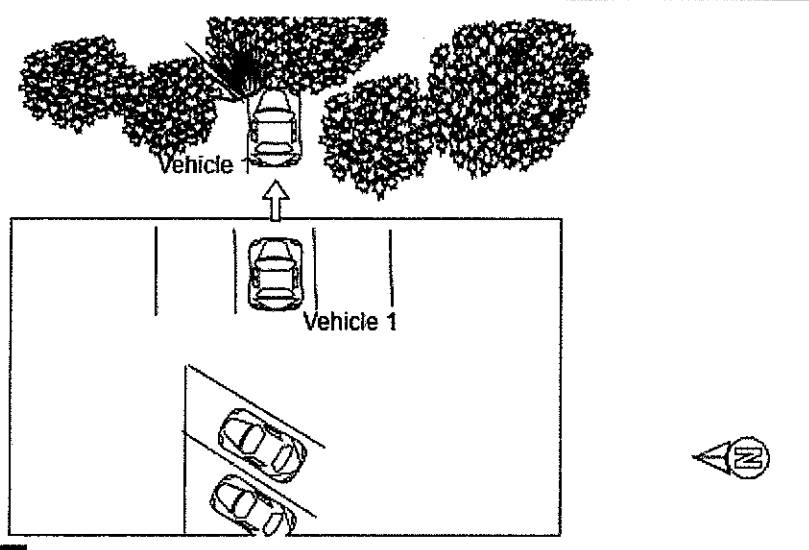
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____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

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

Crash Diagram:

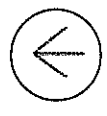
ie: → 1 → 2 → O → 🚲



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 Monday, September 11, 2023, Vehicle 1 was pulling into a parking spot in the parking lot of 12 School Street. At this point, the vehicle would not stop and went straight into the woods and collided with a tree. The operator needed to be helped out of the car by the Wilmington Fire Department. After further investigation, the floor mat appeared to be stuck on the gas pedal.

The operator signed a refusal that was given to them by the fire department. The vehicle was towed by Cains towing. Photo of the damage attached.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

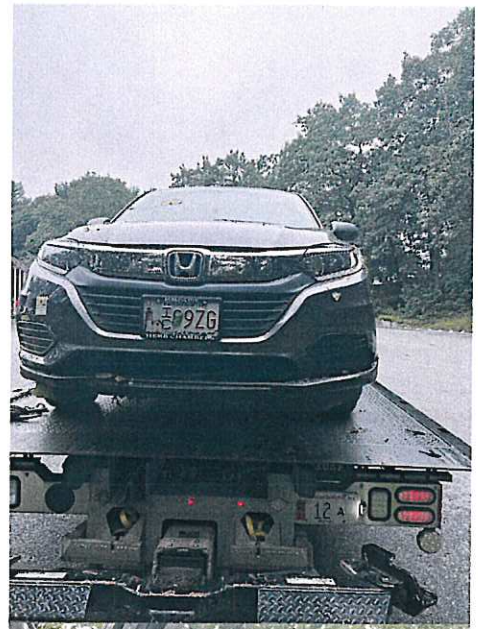
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Christopher k Micciichi 232 Wilmington Police Department 09/11/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-287-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/11/2023	Time of Crash 1130 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# _____ Direction _____ Address # <u>443</u> Name of Roadway/Street <u>SALEM ST</u>	2	10
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____		
	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 _____		8
	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:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 23-288-AC
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License # _____ S# _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>FORBES, SUSAN VACCARI</u> Address <u>37 PHOEBE ST</u> City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-2379</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</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: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____ Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Reg # <u>3NX225</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2021</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>FORBES, WILLIAM PATRICK</u> Address <u>37 PHOEBE ST</u> City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-2379</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</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>19</u> <u>25</u> <u>5</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</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
Operator	See Above	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>1</u>	

Please Select One of the Following:	<input checked="" 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
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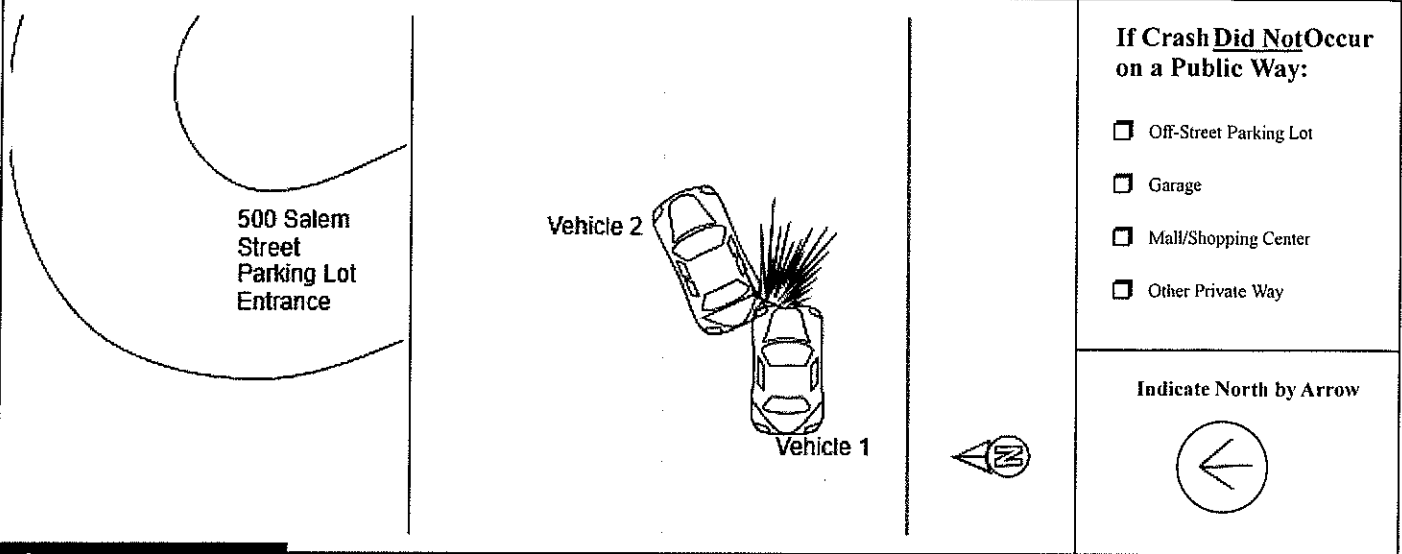
License # _____ S# _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>PERKINS, JULIE MARIE</u> Address <u>10 MORRISON RD</u> City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880-2105</u> Insurance Company <u>THE COMMERCE INSURANCE 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: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____ Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Reg # <u>4CTN11</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2021</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PHILLIPS, LOUIS ROCKWOOD</u> Address <u>10 MORRISON RD</u> City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880-2105</u> Vehicle Action Prior to Crash <u>4</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>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/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
JAMES PERKINS	9 FAIRLANE RD WAKEFIELD, MA 01880-3438		<u>M</u>	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

→ = 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:

On Monday, September 11, 2023, Vehicle 2 was slowing down and attempting to take a left turn into the parking lot of 500 Salem Street. Vehicle 1 then came from the rear of vehicle 2 and collided with that vehicle in the rear causing damage to both vehicles.

Vehicle 1 was towed by Cain's towing.

Vehicle 2 was able to be driven from the scene.

Both parties signed refusal for transport.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Christopher k Miccichi 232 Wilmington Police Department 09/11/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

At _____

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# **23-289-AC**

Licenses: _____ DOB/Age _____ Reg # **8NH123** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **B** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2002** Veh Make **HONDA** Veh Config. **1** 21

Operator **DENNIS, DANIEL R** Owner **DENNIS, CYNTHIA MARIE**

Address **64 LEONARD AVE** Address **64 LEONARD AVE**

City **BRADFORD** State **MA** Zip **01835-7919** City **BRADFORD** State **MA** Zip **01835-7919**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **7** 27 27 27

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 25 BAC Test Result: **1** 30

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

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

Licenses: _____ DOB/Age _____ Reg # **13KB01** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** CDL _____ Veh Year **2015** Veh Make **HONDA** Veh Config. **1** 21

Operator **MCINTYRE, MARY MARTHA** Owner **MCINTYRE, MARY MARTHA**

Address **12 CAROLINE ST** Address **12 CAROLINE ST**

City **BURLINGTON** State **MA** Zip **01803-1220** City **BURLINGTON** State **MA** Zip **01803-1220**

Insurance Company **LM GENERAL INSURANCE COMP** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 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: **1** 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/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	 	 	1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-289-AC



Date of Crash **09/11/2023** Time of Crash **1618** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other

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

1	Route# 1 Direction S Name of Roadway/Street MIDDLESEX AVE		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____	
	At _____		_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____	
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street SHADY LANE DR		_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____	
	Also at Intersection with _____		_____ Feet N S E W of _____ Landmark _____	
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-290-AC**

3	License # _____ St. _____ DOB/Ag _____	Reg # V82055 Reg Type CO Reg State MA
4	Sex M Lic. Class D Lic. Restrictions 1 CDL _____	Veh Year 2019 Veh Make NISSAN Veh Config. 1
	Operator GALLAGHER, KIM RICHARD	Owner ENTERPRISE FM TRUST
5	Address 4 WILLOW ST	Address 600 CORPORATE PK DR
	City BEVERLY State MA Zip 01915-4626	City ST LOUIS State MO Zip 63105-0000
6	Insurance Company NATIONAL FIRE INSURANCE O	Vehicle Action Prior to Crash 2
	Vehicle Travel Direction: N S X W Responding to Emergency? 2	Damaged Area Code: 4 27 27 27
7	Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 1 24
8	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25
		Driver Distracted by 0 26
9		Susp. Alcohol: 2 31 Susp. Drug: 2 32
10		Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	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

3	License # _____ St. _____ DOB/Ag _____	Reg # 3PMC16 Reg Type PC Reg State MA
4	Sex M Lic. Class 99 Lic. Restrictions 1 CDL _____	Veh Year 2018 Veh Make FORD Veh Config. 1
	Operator MOURA, RODRIGO VIEIRA	Owner MOURA, RODRIGO VIEIRA
5	Address 1250 LAWRENCE ST	Address 1250 LAWRENCE ST
	City LOWELL State MA Zip 01852-5534	City LOWELL State MA Zip 01852-5534
6	Insurance Company GEICO GENERAL INSURANCE C	Vehicle Action Prior to Crash 1
	Vehicle Travel Direction: N S X W Responding to Emergency? 2	Damaged Area Code: 8 27 27 27
7	Citation # (If Issued) 176513AC-CN	Event Sequence 2 23 23 23 23
	Viol. 1: Ch/Sec/Sub 90 10 Viol. 2: Ch/Sec/Sub 89 9	Most Harmful Event 2 24
8	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 19 25 20 25
		Driver Distracted by 99 26
9		Susp. Alcohol: 2 31 Susp. Drug: 2 32
10		Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	

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

Crash Diagram:

ie: → [1] → [2] → ○X → ○B

Shady Ln.

Middlesex Ave.

If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow

Crash Narrative:

V1 was stationary in traffic at the intersection of Middlesex Ave and Shady Ln. While V1 was waiting to turn left onto Shady Ln (from Middlesex Ave) it was rear-ended by V2. V1 sustained minor damage to the rear/right side with a broken right taillight. V2 sustained minor damage to the front/left side. Both operators were the lone occupants of their vehicles. Both operators denied medical attention. Neither vehicle was towed. The operator V2 was issued MA Uniform Citation 176455AC in hand for unlicensed operator of a motor vehicle and failure to yield. However, this citation was voided due to incorrect "crash" indicator and the operator of V2 was mailed MA Uniform Citation 176513AC for the same charges. An active licensed operator responded to the scene and took custody of V2 due to the operator's license status.

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 09/11/2023

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

Wilmington Police Department
Images Associated with 23-290-AC



Date of Crash 09/11/2023	Time of Crash 1621 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 45	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"/>
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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 # 34 Name of Roadway/Street ROUTE 62 HWY</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E 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# **23-291-AC**

<p>License # _____ DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator WARREN, BRIAN</p> <p>Address 11 CHANDLER ST</p> <p>City TEWKSBURY State MA Zip 01876-1901</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</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 # 8FH752 Reg Type PC Reg State MA</p> <p>Veh Year 2023 Veh Make TOYOTA Veh Config. 1</p> <p>Owner KENNEDY, ALICE M</p> <p>Address 11 CHANDLER ST</p> <p>City TEWKSBURY State MA Zip 01876-1901</p> <p>Vehicle Action Prior to Crash 9 Damaged Area Code: 6 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 1 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
--	---

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

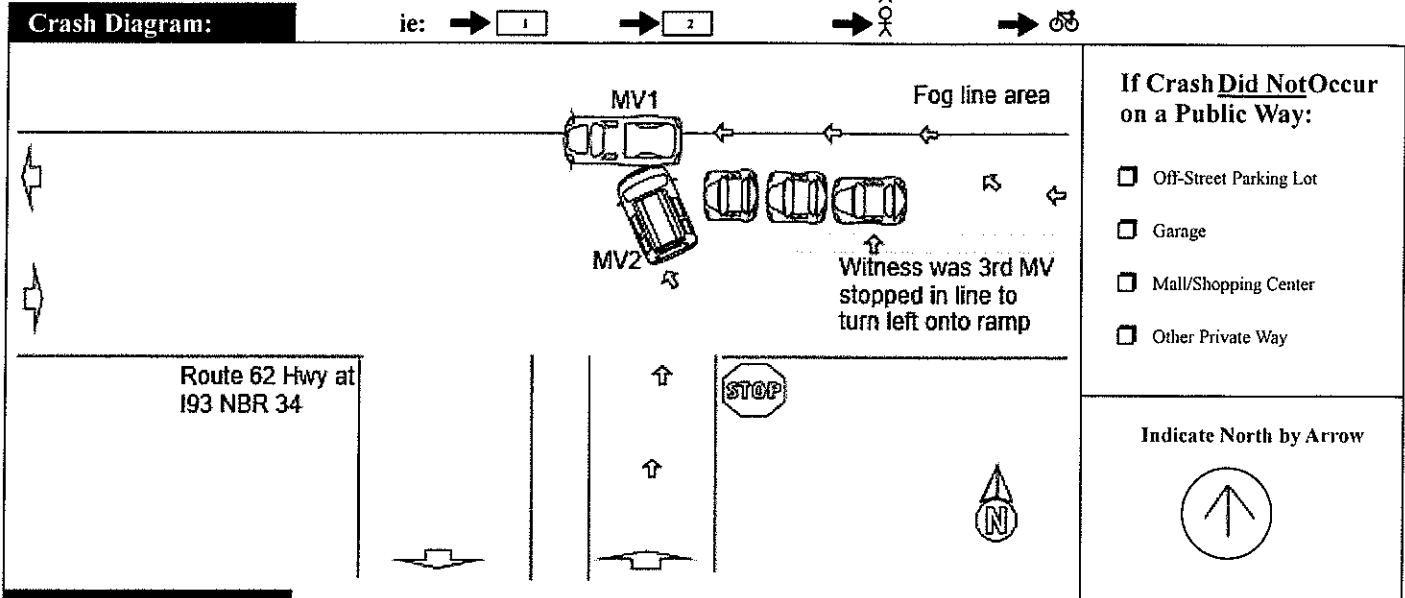
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # _____ DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator NALWANGA, TEDDY TRACY</p> <p>Address 43 OAK ST</p> <p>City NORTH BILLERICA State MA Zip 01862-1907</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: S E W Responding to Emergency? 2</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 # 2PDD59 Reg Type PC Reg State MA</p> <p>Veh Year 2009 Veh Make TOYOTA Veh Config. 1</p> <p>Owner NALWANGA, TEDDY TRACY</p> <p>Address 43 OAK ST</p> <p>City NORTH BILLERICA State MA Zip 01862-1907</p> <p>Vehicle Action Prior to Crash 4 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 1 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	_____	_____	1	1	4	0	0	10	1	

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

ie: → 1 → 2 → ○ → ⚓



If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Crash Narrative:

Operator of motor vehicle 1, Brian Warren stated he was traveling west on Route 62. There were approximately 3 vehicles stopped in front of him and those cars were waiting to turn left onto the I93 north on ramp. MV1 passed those cars on their right via the fog line area and crashed with MV2. Operator of MV2, Teddy Nalwanga stated she came off the I93 ramp, stopped at the stop sign, and waited to turn left. The cars on Route 62 were stopped, waiting to turn left onto the ramp, and she observed an opening to take the left turn onto Route 62. MV2 took the left turn onto Route 62 and crashed with MV1 (See images for damage). Both parties stated no injuries and refused medical attention. A witness late returned to the scene and stated that she was the 3rd MV stopped in line to turn left onto the ramp, observed MV1 passing on her right, observed MV2 turning left onto Route 62 and then they crashed. Paper work exchanged and all parties advised accordingly.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SOTIRAKOS DANIELLE MARY	605 E MERRIMACK ST LOWELL MA		1

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer **Julio J Quiles** 197 **Wilmington Police Department** 09/11/2023

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

Wilmington Police Department
Images Associated with 23-291-AC



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

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

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

2 Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ of _____ or _____ Mile Marker Exit Number

Feet **N S E W** of _____ of _____ Route# Intersecting Roadway/Street

Feet **N S E W** of _____ Landmark

3 Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped Crash Report ID# **23-292-AC**

4 License # _____ St _____ DOB/Age _____ Reg # **831ZR2** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **FORD** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **BALL, RYDARLEON APOLLOS**

Address _____ Address **155 LAFOND LN APT 35**

City _____ State _____ Zip _____ City **DRACUT** State **MA** Zip **01826-4482**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **5 27 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **2 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**

6 1 Please fill out for operator and all occupants involved

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

7 1 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # _____ St _____ DOB/Age _____ Reg # **unknown** Reg Type _____ Reg State _____

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

Operator **unknown** Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **99 22** Damaged Area Code: **99 27 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **2 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 **99 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

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

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

NARRATIVE FOR PATROL OFFICER KAYLA M HANSON

Ref: 23-292-AC

Entered: 09/11/2023 @ 2012 Entry ID: 230
Modified: 09/11/2023 @ 2148 Modified ID: 230
Approved: 09/11/2023 @ 2252 Approval ID: 181

On Monday, September 11th, at approximately 5:57 PM, I Officer Hanson, along with Officer Ceruolo, while working our assigned 4 PM to 12 AM shift, were dispatched to 235 Andover Street for a hit and run accident that occurred at some point today.

Upon arrival we were met by Rydarleon Ball, the registered owner of MA REG 831ZR2. Rydarleon's vehicle had significant damage to the rear (see images). MA REG 831ZR2 was parked, unoccupied and unattended, behind the building at 235F Andover St, in a parking spot at the end/corner, on the rear side of building. At some point throughout the day, the vehicle was struck in the rear. The owner, Rydarleon Ball, who works at Kintentsu World Express, believes it to have been some time later in the day, because no one mentioned the damage to him until after 5 PM. It should be mentioned that Kintentsu has private contractors that drive tractor trailers into and out of the lot every day to the loading bays. The registered owner believes about a dozen trucks come through each day. The owner is going to follow up with the facilities manager in the morning when he comes in to work, and forward any CCTV or other information along to Officer Hanson. No airbags were deployed. The vehicle was not towed.

Respectfully Submitted,

Officer Kayla Hanson #230
Wilmington Police Department

Wilmington Police Department
Images Associated with 23-292-AC



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

Route# **1** Direction _____ Name of Roadway/Street _____ At _____

Route# **2** Direction _____ Name of Intersecting Roadway/Street _____

Route# **3** Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Roadway/Street _____

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

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

Feet **N S E W** of _____ of _____ or _____ Exit Number _____

Feet **N S E W** of _____ of _____ Intersecting Roadway/Street _____

Feet **N S E W** of _____ of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-293-AC**

License # _____ S DOB/Age _____ Reg # **31CR17** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **D** **19** **19** Lic. Restrictions **I** **20** CDL Endorsement _____ Veh Year **2010** Veh Make **Jeep** Veh Config. **1** **21**

Operator _____ Owner **THAYER, DAVID C**

Address _____ Address **255 BURLINGTON AVE**

City _____ City **WILMINGTON** State **MA** Zip **01887-3158**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**

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

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

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

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

Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	4	0	0	10	1	

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 # **1ABF28** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2016** Veh Make **Jeep** Veh Config. **1** **21**

Operator **DECOSTA, JONATHAN ARTHUR** Owner **DECOSTA, JONATHAN ARTHUR**

Address **88 GROVE AVE** Address **88 GROVE AVE**

City **WILMINGTON** State **MA** Zip **01887-3721** City **WILMINGTON** State **MA** Zip **01887-3721**

Insurance Company **UNITED SERVICES AUTOMOBIL** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **5** **27** **27** **27**

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

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

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

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

Towed from scene? **2** **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-293-AC



Date of Crash 09/11/2023 Time of Crash 1943 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 1 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction LOWELL ST Name of Roadway/Street	Route# Direction Address # Name of Roadway/Street
At	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____
Route# Direction I93NBR31 RAMP 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 1 #Occupants Hit/Run Moped Crash Report ID# **23-294-AC**

License # _____	Reg # 264RP3 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2008 Veh Make HONDA Veh Config. 1 21
Operator TOWER, KRISTEN NICOLE Last First Middle	Owner TOWER, KRISTEN NICOLE Last First Middle
Address 6 KARA LN	Address 6 KARA LN
City BILLERICA State MA Zip 01821-1409	City BILLERICA State MA Zip 01821-1409
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 5 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) 176646AC-CN	Most Harmful Event 1 24 Type of Test: 1 29
Viol. 1: Ch/Sec/Sub 90 9 Viol. 2: Ch/Sec/Sub 90 20	BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 99 26 Towed from scene? 1 33

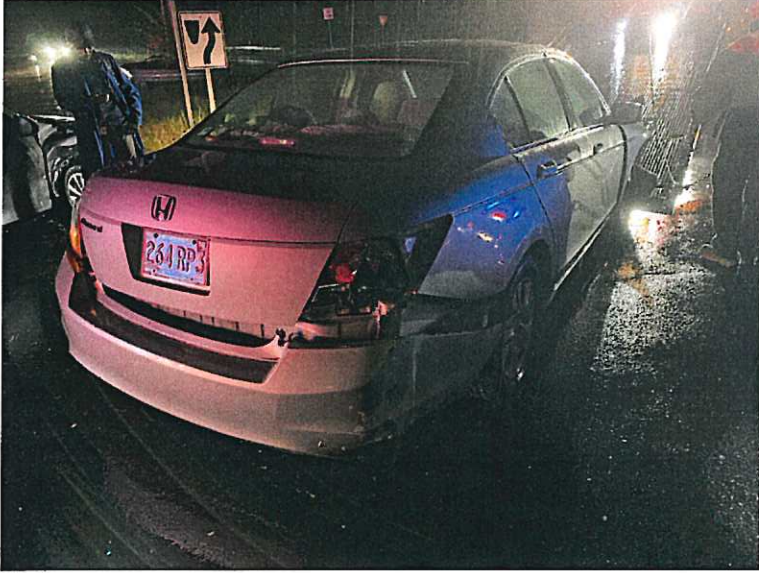
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	1	0	0	8	2	Winchester Hospital

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

License # _____	Reg # 4WZD41 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2012 Veh Make MAZDA Veh Config. 1 21
Operator OSAFEHINTI, DANIEL D Last First Middle	Owner OSAFEHINTI, DANIEL D Last First Middle
Address 1574 BEACH AVE APT 1A	Address 1574 BEACH AVE APT 1A
City BRONX State NY Zip 10460	City BRONX State NY Zip 10460
Insurance Company LIBERTY MUTUAL FIRE INSUR	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 3 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 1 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 99 26 Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	1	0	0	10	1	

Wilmington Police Department
Images Associated with 23-294-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p align="center">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p align="center">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>1</u> Name of Roadway/Street ANALOG WAY</p> <p>_____ Feet N S E W of _____ or _____</p> <p align="center">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p align="center">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p align="center">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **23-295-AC**

<p>License # _____ Reg # 463ZN5 Reg Type PC Reg State MA</p> <p>Sex F Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator FREDETTE, MELISSA J</p> <p>Address 65 OMalley Rd</p> <p>City MARLBOROUGH State MA Zip 01752-2786</p> <p>Insurance Company PROGRESSIVE DIRECT INSURA</p> <p>Vehicle Travel Direction: N S E 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>Veh Year 2019 Veh Make VOLVO Veh Config. 1</p> <p>Owner KING, YASMINE SROUJI</p> <p>Address 33 Lakin St</p> <p>City NEEDHAM State MA Zip 02494-1811</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 2</p> <p>Most Harmful Event 2</p> <p>Driver Contributing Code 19</p> <p>Driver Distracted by 5</p> <p>Damaged Area Code: 1</p> <p>Test Status: 1</p> <p>Type of Test: 1</p> <p>BAC Test Result: 1</p> <p>Susp. Alcohol: 2 Susp. Drug: 2</p> <p>Towed from scene? 2</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	0	4	0	0	10	1	

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

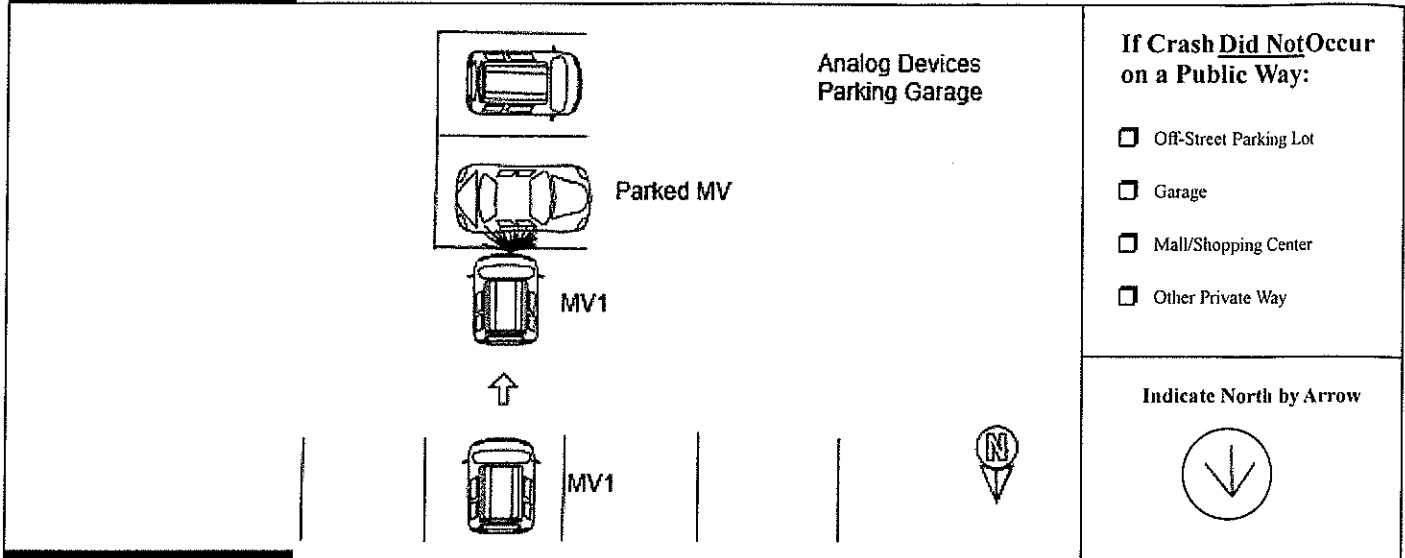
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class _____ Lic. Restrictions 20 CDL _____</p> <p>Operator Driverless M.V.</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 1YGJ68 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make MERCEDES-BENZ Veh Config. 1</p> <p>Owner MARTINOVIC, DARIO</p> <p>Address 5 NEllon Park Apt 3</p> <p>City MALDEN State MA Zip 02148-4072</p> <p>Vehicle Action Prior to Crash 11</p> <p>Event Sequence 1</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 1</p> <p>Driver Distracted by 26</p> <p>Damaged Area Code: 3</p> <p>Test Status: 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 2</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

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

Crash Diagram:

ie: → **1** → **2** → →



Crash Narrative:

Operator of MV1 pulled the vehicle forward to retrieve an item from the trunk. Operator was not familiar with the vehicle and thought she put it in PARK. The vehicle was not in PARK and rolled forward, colliding with a parked vehicle directly in front of it. Minor front end cosmetic damage to MV1 and passenger side damage to the parked vehicle. No injuries reported. Note this accident occurred on the third floor of the Analog Devices parking garage.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use **42**

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Daryl J Ceruolo 212 Wilmington Police Department 09/12/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only		Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 09/12/2023	Time of Crash 1648 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 35	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:

<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>223</u> Name of Roadway/Street <u>MAIN 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# **23-296-AC**

<p>License # _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>KANSARA, MANSEE AJAY</u></p> <p>Address <u>41 BOSTON RD APT 121</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01862</u></p> <p>Insurance Company <u>GEICO GENERAL INSURANCE C</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>1CWV43</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2019</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u></p> <p>Owner <u>MUKATIWALA, CHIRAG MANOJ</u></p> <p>Address <u>41 BOSTON RD APT 121</u></p> <p>City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-1040</u></p> <p>Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>5</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>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <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>2</u> <u>33</u></p>
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Please fill out for operator and all occupants involved													
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
Operator	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	99	4	0	0	8	2	Winchester Hospital

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 # _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>MEJIA, JAN CARLOS</u></p> <p>Address <u>4 PACKARD ST</u></p> <p>City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843-1117</u></p> <p>Insurance Company <u>SAFETY INSURANCE COMPANY</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>178152AC</u></p> <p>Viol. 1: Ch/Sec/Sub <u>90</u> <u>11</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>8A12</u></p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>SP111621</u> Reg Type <u>SB</u> Reg State <u>MA</u></p> <p>Veh Year <u>2012</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u></p> <p>Owner <u>REYES, MARIA A</u></p> <p>Address <u>15 FRENCH ST</u></p> <p>City <u>LYNN</u> State <u>MA</u> Zip <u>01902-2611</u></p> <p>Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>1</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>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <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>2</u> <u>33</u></p>
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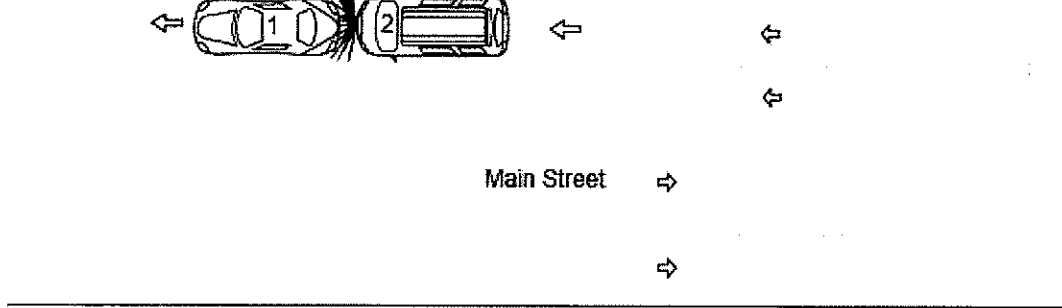
Please fill out for operator/non-motorist and all occupants involved													
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility		
Operator/Non-Motorist	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	
						6	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → O → ⚲

223 Main Street (Wilmington plaza) 



If Crash Did Not Occur on a Public Way:


Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow



Crash Narrative:

MV1 WAS TRAVELING NORTH ON MAIN ST/ROUTE 38 IN THE FAR RIGHT LANE. MV2 (PUPIL TRANSPORT VAN) WAS ALSO TRAVELING NORTH ON MAIN ST/ROUTE 38 IN THE FAR RIGHT LANE. MV1 CAME TO A STOP DUE TO THE TRAFFIC LIGHT AHEAD. MV2 COLLIDED WITH THE REAR END OF MV1 WHEN COMING TO A STOP. MV1 HAD VERY MINOR DAMAGE TO THE REAR. MV2 HAD NO APPARENT DAMAGE. NO AIRBAGS WERE DEPLOYED. THE OPERATOR OF MV1 IS PREGNANT AND WAS TRANSPORTED BY WFD TO WINCHESTER HOSPITAL. THE OPERATOR OF MV2 DENIED MEDICAL ATTENTION. THE MOTHER OF THE JUVENILE PASSENGER IN MV2 ARRIVED ON SCENE AND SIGNED A MEDICAL REFUSAL FOR HER DAUGHTER. NEITHER CAR WAS TOWED.

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 Kayla M Hanson 230 Wilmington Police Department 09/12/2023

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

Wilmington Police Department
Images Associated with 23-296-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/13/2023	Time of Crash 1250 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Route#</td> <td style="width: 15%;">Direction</td> <td style="width: 78%;">Name of Roadway/Street</td> </tr> <tr> <td colspan="3" style="text-align: center;">At</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Intersecting Roadway/Street</td> </tr> <tr> <td colspan="3" style="text-align: center;">Also at Intersection with</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Intersecting Roadway/Street</td> </tr> </table>	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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Route#</td> <td style="width: 15%;">Direction</td> <td style="width: 15%;">Address #</td> <td style="width: 55%;">Name of Roadway/Street</td> </tr> <tr> <td colspan="4" style="text-align: center;">279 MAIN ST</td> </tr> <tr> <td colspan="4">Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</td> </tr> <tr> <td colspan="4" style="text-align: center;">Mile Marker _____ Exit Number _____</td> </tr> <tr> <td colspan="4">Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</td> </tr> <tr> <td colspan="4" style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</td> </tr> <tr> <td colspan="4">Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</td> </tr> <tr> <td colspan="4" style="text-align: center;">Landmark _____</td> </tr> </table>	Route#	Direction	Address #	Name of Roadway/Street	279 MAIN ST				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 _____			
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Landmark _____																																																

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 23-297-AC
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License # _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>QUINLEY, SEAN SAKAI</u> Address <u>2 KIMBALL CT APT 109</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-6940</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</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>4FMM75</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2021</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>QUINLEY, SEAN SAKAI</u> Address <u>2 KIMBALL CT APT 109</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-6940</u> Vehicle Action Prior to Crash <u>5</u> <u>22</u> Damaged Area Code: <u>8</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>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</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											
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	<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 checked="" 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
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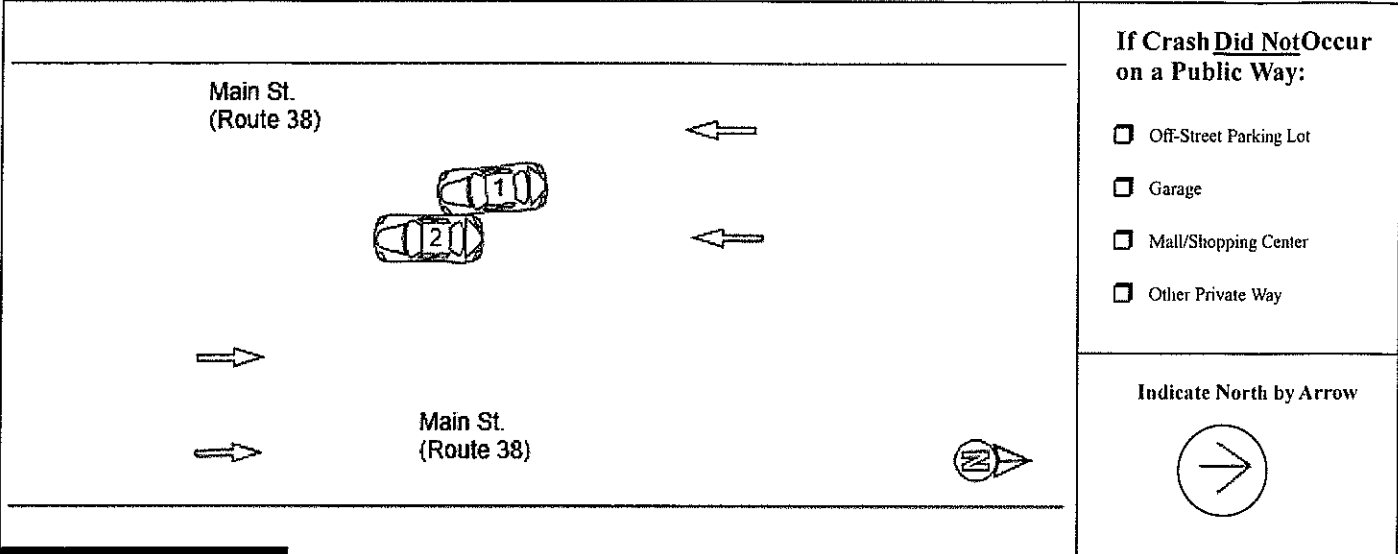
License # _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>ANGIUONI, MARGARET MARY</u> Address <u>20 AMHERST RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2673</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle 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>3AAS74</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2022</u> Veh Make _____ Veh Config. <u>1</u> <u>21</u> Owner <u>ANGIUONI, MARGARET MARY</u> Address <u>20 AMHERST RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2673</u> Vehicle Action Prior to Crash <u>1</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>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/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	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:

ie: → 1 → 2 → ♂ → ☾



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 was traveling southbound on Main Street. MV 2 was also traveling southbound on Main Street. MV 1 stated that he crashed into the right side of MV 2 while merging into the left lane from the right lane. MV 1 and MV 2 then pulled into the Simards Roast Beef parking lot to get out of the way of traffic. Information was exchanged between the two parties and they both stated that they did not have any injuries. Both vehicles suffered minor damage and were 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 # _____ (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 Alec S Masiello

229

Wilmington Police Department

09/13/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Princt/Baracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/13/2023	Time of Crash 1708 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	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>361</u> Name of Roadway/Street <u>MIDDLESEX AVE</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: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 23-298-AC		
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License # _____			Reg # <u>4HS951</u> Reg Type <u>PC</u> Reg State <u>MA</u>		
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2007</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u>		Owner <u>ZERMANI, LINDA M</u>		
Operator <u>ZERMANI, LINDA M</u> Last First Middle			Address <u>50 GREENWOOD RD</u> Last First Middle		
City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2744</u>			City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2744</u>		
Insurance Company <u>LIBERTY MUTUAL INSURANCE</u>			Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</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>			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>		
Citation # (If Issued) _____			Type of Test: <u>29</u>		
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Most Harmful Event <u>1</u> <u>24</u> BAC Test Result: <u>1</u> <u>30</u>		
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>		
			Driver Distracted by <u>0</u> <u>26</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
Operator	See Above	XXXXXX	M	<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 checked="" type="checkbox"/> Vehicle <u>2</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 # _____			Reg # <u>268LA5</u> Reg Type <u>PC</u> Reg State <u>MA</u>		
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>B</u> CDL _____	Veh Year <u>2013</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>		Owner <u>FERRO, BRENDA LEE</u>		
Operator <u>FERRO, BRENDA LEE</u> Last First Middle			Address <u>37 PONTOS AVE</u> Last First Middle		
City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2127</u>			City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2127</u>		
Insurance Company <u>GEICO GENERAL INSURANCE C</u>			Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>5</u> <u>27</u> <u>27</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>			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>		
Citation # (If Issued) _____			Type of Test: <u>29</u>		
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Most Harmful Event <u>1</u> <u>24</u> BAC Test Result: <u>1</u> <u>30</u>		
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>		
			Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>1</u> <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
Operator/Non-Motorist	See Above	XXXXXX	M	<u>1</u>	<u>99</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>2</u>	Lahey Clinic

Date of Crash **09/13/2023** Time of Crash **1708** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **1** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other

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

Route# Direction Name of Roadway/Street At Route# Direction Address # 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 _____ 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 **31** #Occupants Hit/Run Moped Crash Report ID# **23-298-AC**

License # _____ Reg # **1SRZ96** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2018** Veh Make **FORD** Veh Config. **1**

Operator **OBRIEN, JACOB MICAL** Owner **OBRIEN, MICAL A**

Address **24 OAKDALE RD** Address **24 OAKDALE RD**

City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-4016**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **5 25 97 25** BAC Test Result: **1 30**

Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 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		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	X	X	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

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

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

Vehicle Travel Direction: **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 _____ Driver Contributing Code **25 25** BAC Test Result: **30**

Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

Viol. 3: Ch/Sec/Sub _____ 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	X	X	1						

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

Crash Diagram:

ie: → 1 → 2 → O → B

361 Middlesex Ave



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was slowly down to stop for a vehicle that was in front of them. MV2 was also slowing down to stop for MV1. MV3 attempted to stop for MV2, collided into the back of MV2. due to the force of the collision MV2 then collided into MV1.

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

09/13/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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>190</u> Name of Roadway/Street <u>MAIN 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# **23-299-AC**

<p>License # _____ Reg # <u>31448</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____</p> <p>Operator <u>RUSSO, DOUGLAS HUGH</u></p> <p>Address <u>15 JENNIFER CIR</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3779</u></p> <p>Insurance Company <u>SAFETY INSURANCE COMPANY</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <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>Veh Year <u>2021</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>RUSSO, ELAINE MARY</u></p> <p>Address <u>15 JENNIFER CIR</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3779</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</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>29</u></p> <p>Driver Contributing Code <u>13</u> <u>25</u> <u>25</u> BAC Test Result: <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
Operator	See Above	XXXX	XX	1	1	4	0	0	10	1	

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

<p>License # _____ Reg # <u>64851</u> Reg Type <u>CO</u> Reg State <u>MA</u></p> <p>Sex <u>M</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____</p> <p>Operator <u>HOURIHAN, JOE R</u></p> <p>Address <u>9 COOK ST</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6023</u></p> <p>Insurance Company <u>THE COMMERCE INSURANCE CO</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input type="checkbox"/> 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>Veh Year <u>2016</u> Veh Make <u>Other-not listed</u> Veh Config. <u>6</u> <u>21</u></p> <p>Owner <u>BANVILLE, MABEL T</u></p> <p>Address <u>1235 PLEASANT ST</u></p> <p>City <u>NEW BEDFORD</u> State <u>MA</u> Zip <u>02740-6836</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>0</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>29</u></p> <p>Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <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>2</u> <u>33</u></p>
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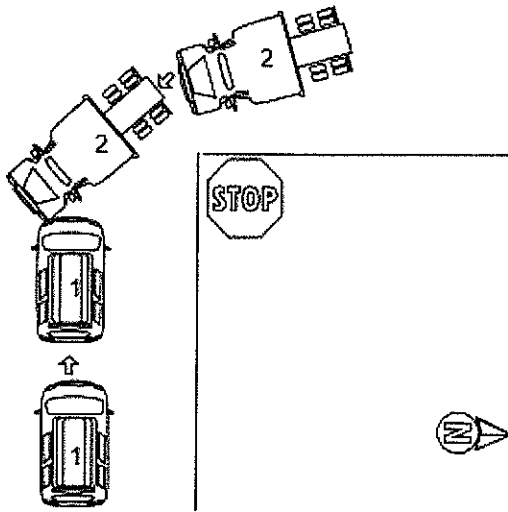
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1	1	4	0	0	10	1	

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

Crash Diagram:

Main St/MA-38

Driveway 190 Main St/
Ristuccia Arena



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:

09/14/23 Appx @ 5:05pm, dispatched to 190 Main St, Ristuccia Arena, for 2 car MVC involving drump truck. On arrival both MVs in driveway near enterance, MVs moved to lot due to traffic. OP1 stated exiting driveway and could not see due to glare. OP1 stated he was traveling at appx 10mph and slowing for the upcoming stop sign. OP2 stated turned L from Main St and stopped when he saw MV1 heading towards him. Due to glare, MV1 was unable to see the truck and hit the front of the truck wit the front driver side. No damage to MV2, MV1 damage to D-side headlight and unoperable. MV1 towed by Forrest, MV2 left under own power. No reported injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
STOYA BRIAN	19 TIMBER LN LAKE GEORGE NY 12845		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 09/14/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date