

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

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

2 10 Route# Direction Address # **306 MAIN ST** Name of Roadway/Street  
 2 11 Feet **NSEW** of \_\_\_\_\_ or \_\_\_\_\_ 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# **23-276-AC**

License # \_\_\_\_\_ Reg # **91BY54** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2021** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **SALAS, GYSEL** Owner **SALAS, MIGUEL A**  
 Address **72 KENMERE RD** Address **72 KENMERE RD**  
 City **MEDFORD** State **MA** Zip **02155-4118** City **MEDFORD** State **MA** Zip **02155-4118**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **27** 27  
 Vehicle Travel Direction:  **SEW** 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? **1** 33

Please fill out for operator and all occupants involved

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

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

License # \_\_\_\_\_ Reg # **1YJR43** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2012** Veh Make **SUBARU** Veh Config. **1** 21  
 Operator **SPINOSA, MARK ROBERT** Owner **SPINOSA, SALVATORE TED**  
 Address **243 LOWELL ST** Address **26 BEACON ST APT 53A**  
 City **WILMINGTON** State **MA** Zip **01887-2555** City **BURLINGTON** State **MA** Zip **01803-3806**  
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 27 **27**  
 Vehicle Travel Direction:  **SEW** 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 **20** 25 **19** 25 BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **5** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **1** 33

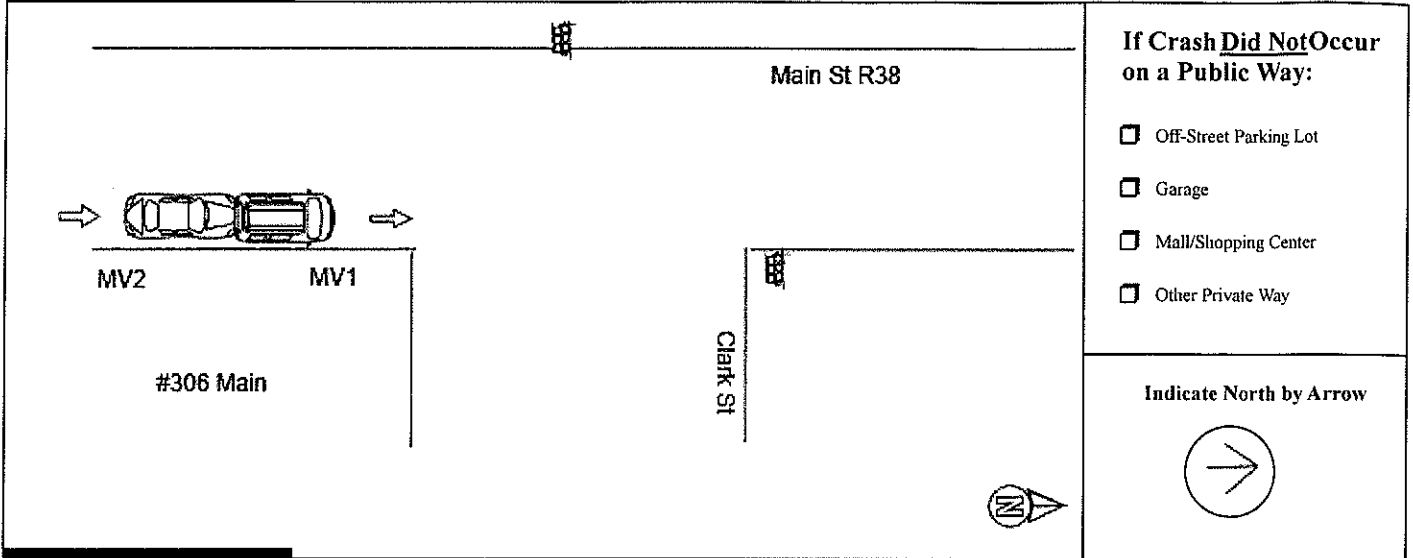
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	
				<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1    → 2    → O    → B



**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 and MV2 were both traveling North on Main Street (RT38). MV1 was stopped at the traffic light just prior to the Main St/Clark St intersection and was struck from behind by MV2. Operator of MV2 claimed a bee flew into his car which caused the distraction. MV2 had heavy front end damage and front air bag deployment. MV2 had moderate rear end damage. Operator of MV1 declined medical attention and operator of MV2 also declined medical attention for himself and his juvenile passengers (children). Both vehicles were towed by A&S Towing.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

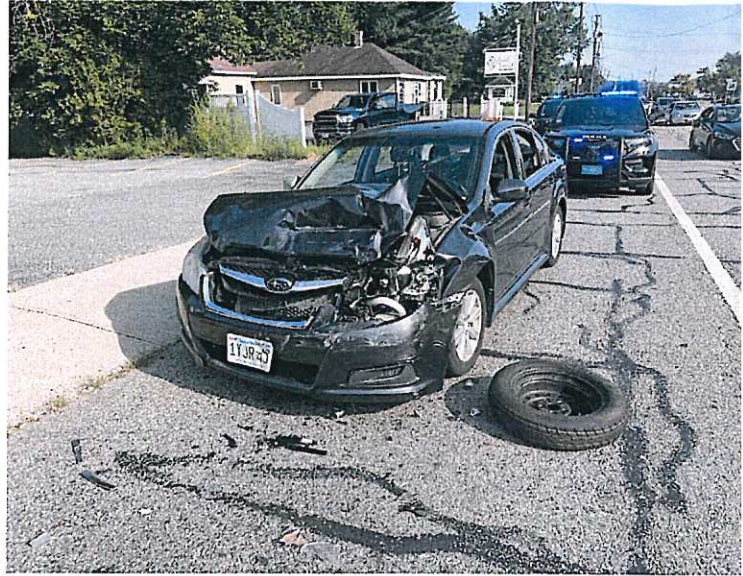
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Daryl J Ceruolo    212    Wilmington Police Department    09/04/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 23-276-AC



Date of Crash 09/04/2023	Time of Crash 1919 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>5</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
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**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 # <u>355</u> Name of Roadway/Street <u>MIDDLESEX AVE</u> _____ 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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Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **23-277-AC**

License # _____ eg # <u>3HBP74</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 Endorsement _____ Operator <u>SKOTZ, EMILY JOY</u> Address <u>3 N HILL RD</u> City <u>WESTFORD</u> State <u>MA</u> Zip <u>01886-1102</u> Insurance Company <u>GEICO GENERAL INSURANCE C</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) <u>T3281881</u> Viol. 1: Ch/Sec/Sub <u>90 24</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Veh Year <u>2018</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> Owner <u>DUFFETT, JOHN LAWRENCE</u> Address <u>3 N HILL RD</u> City <u>WESTFORD</u> State <u>MA</u> Zip <u>01886-1102</u> Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>8 27 27 27</u> Event Sequence <u>24 23 23 23 23</u> Test Status: <u>1 28</u> Most Harmful Event <u>24 24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99 25 25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99 26</u> Susp. Alcohol: <u>2 31</u> Susp. Drug: <u>2 32</u> Towed from scene? <u>2 33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
TERRY SKOTZ	3 N HILL RD WESTFORD, MA 01886-1102		M	3	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 # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19 19</u> 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> Damaged Area Code: <u>27 27 27</u> Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>							



Date of Crash 09/05/2023 Time of Crash 0742 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 4 Number Injured 2 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other:

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

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

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

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-278-AC**

License # Reg # **M21659** Reg Type **CO** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement  
 Operator **DELIA, CARL FRANK** Owner **DELIA, CARL FRANK**  
 Address **515 METHUEN ST** Address **515 METHUEN ST**  
 City **DRACUT** State **MA** Zip **01826-5216** City **DRACUT** State **MA** Zip **01826-5216**  
 Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 27 27**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **5 25 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **1 33**

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

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

License Reg # **RSW148** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement  
 Operator **PALLADINO, ROBERT FRANCIS** Owner **PALLADINO, DEBORAH GOGUEN**  
 Address **614 E MERRIMACK ST** Address **614 E MERRIMACK ST**  
 City **LOWELL** State **MA** Zip **01852-1421** City **LOWELL** State **MA** Zip **01852-1421**  
 Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 5 27 27**  
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **1 33**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>X</del>	1	1	4	0	0	8	2	Lahey Clinic
<b>DEBORAH PALLADINO</b>	614 E MERRIMACK ST LOWELL, MA 01852-1421		F	3	1	4	0	0	8	2	Lahey Clinic

Date of Crash 09/05/2023 Time of Crash 0742 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 4 Number Injured 2 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

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

1	Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street
	At			96 MAIN ST			
2	Route#	Direction	Name of Intersecting Roadway/Street	Feet N S E W of		Mile Marker	Exit Number
	Also at Intersection with						
2	Route#	Direction	Name of Intersecting Roadway/Street	Feet N S E W of		Route#	Intersecting Roadway/Street
				Landmark			

Please Select One of the Following:  Vehicle 11 #Occupants  Hit/Run  Moped Crash Report ID# **23-278-AC**

License	Reg # 321D	Reg Type PC	Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement	Veh Year 2023	Veh Make MITSUBISHI	Veh Config. 1 21
Operator SCHILL, KATHERINE L	Owner SCHILL, KATHERINE L		
Address 95 DECAROLIS DR	Address 95 DECAROLIS DR		
City TEWKSBURY State MA Zip 01876-3367	City TEWKSBURY State MA Zip 01876-3367		
Insurance Company AMICA MUTUAL INSURANCE CO	Vehicle Action Prior to Crash 2 22	Damaged Area Code: 1 27 5 27 27	
Vehicle Travel Direction: N X E W Responding to Emergency? 2	Event Sequence 1 23 23 23 23	Test Status: 1 28	
Citation # (If Issued)	Most Harmful Event 1 24	Type of Test: 29	
Viol. 1: Ch/Sec/Sub	Driver Contributing Code 1 25 25	BAC Test Result: 1 30	
Viol. 2: Ch/Sec/Sub	Driver Distracted by 0 26	Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Viol. 3: Ch/Sec/Sub		Towed from scene? 1 33	
Viol. 4: Ch/Sec/Sub			

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 41 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

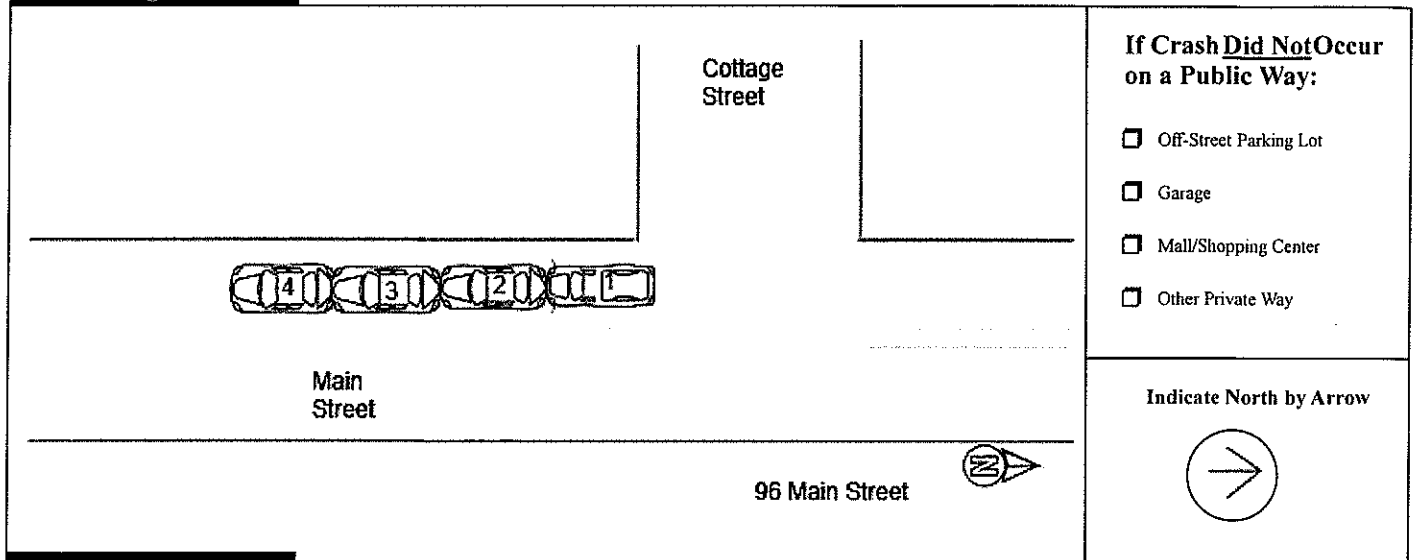
License #	Reg # 546DT4	Reg Type PC	Reg State MA
Sex F Lic. Class D M 19 19 Lic. Restrictions B 20 CDL Endorsement	Veh Year 2014	Veh Make HONDA	Veh Config. 1 21
Operator AMIDON, CYNTHIA JANE	Owner AMIDON, GEORGE RAYMOND		
Address 18 LLOYD RD	Address 18 LLOYD RD		
City WILMINGTON State MA Zip 01887	City WILMINGTON State MA Zip 01887-1740		
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 2 22	Damaged Area Code: 4 27 5 27 27	
Vehicle Travel Direction: N X E W Responding to Emergency? 2	Event Sequence 1 23 23 23 23	Test Status: 1 28	
Citation # (If Issued)	Most Harmful Event 1 24	Type of Test: 29	
Viol. 1: Ch/Sec/Sub	Driver Contributing Code 1 25 25	BAC Test Result: 1 30	
Viol. 2: Ch/Sec/Sub	Driver Distracted by 0 26	Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Viol. 3: Ch/Sec/Sub		Towed from scene? 2 33	
Viol. 4: Ch/Sec/Sub			

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    ○ X = Pedestrian    🚲 = Bicycle

### Crash Diagram:

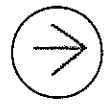
ie: ➔ [ 1 ]    ➔ [ 2 ]    ➔ ○ X    ➔ 🚲



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:

Traffic traveling south on Main Street began to slow and come to a stop. Vehicle 1 operator stated that he noticed this and went to break. As he began to break his foot slipped off the break causing him to continue traveling striking the rear of vehicle 2 with the front end of vehicle 1. This caused a chain reaction where vehicle 2 then was pushed into the rear of vehicle 3. Vehicle 3 was then pushed into the rear of vehicle 4. No airbags were deployed. The operator and single passenger of vehicle 2 were transported to lahey Hospital via Wilmington Fire Department ambulance. All other parties signed medical refusals with the Wilmington Fire Department. Vehicles 1,2,and 3 were all towed by A&S Towing. Vehicle 4 was driven from the scene.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (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

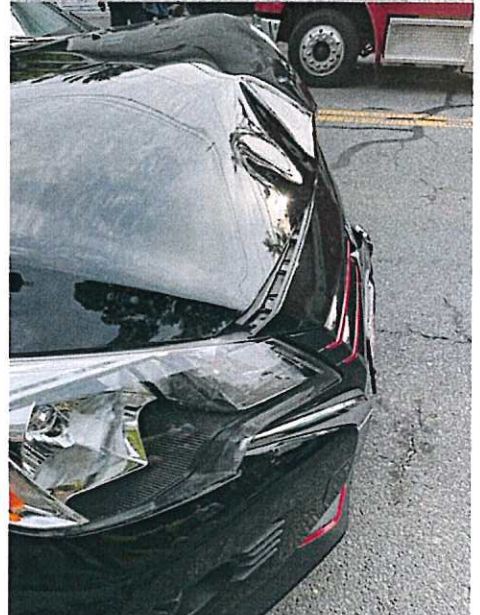
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

#### Hazmat Information:

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



Wilmington Police Department  
Images Associated with 23-278-AC



Wilmington Police Department  
Images Associated with 23-278-AC



**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

Police Use Only: Date of Crash 09/05/2023, Time of Crash 0822 24HR, City/Town **Wilmington**

RMV Document Number: Speed Limit 30, Latitude 42.33.543, Longitude 71.10.94

Number Vehicles 2, Number Injured 0

State Police , Local Police , MBTA Police , Campus Police , Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street At

2 Route# Direction Address # Name of Roadway/Street

2 193 MAIN ST

Feet N S E W of Mile Marker Exit Number

2 Route# Intersecting Roadway/Street

Feet N S E W of Landmark

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

Crash Report ID# 23-279-AC

License: SP105492 Reg Type BU Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Veh Year 2017 Veh Make FORD Veh Config. 5 21

Operator DECECCA, FRANK J Owner WILMINGTON TOWN OF

Address 159 CHURCH ST Address 121 GLEN RD

City WILMINGTON State MA Zip 01887-1446 City WILMINGTON State MA Zip 01887-3500

Insurance Company SELF INSURED

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

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

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

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

Driver Contributing Code 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

6 1 Please fill out for operator and all occupants involved

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

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

License: Reg # 8PG237 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Veh Year 2015 Veh Make HONDA Veh Config. 1 21

Operator RILEY, BRIAN PATRICK Owner FANTASIA, DEANNA D

Address 50 GROVE AVE Address 50 GROVE AVE

City WILMINGTON State MA Zip 01887-4006 City WILMINGTON State MA Zip 01887-2036

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

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

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

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: 29

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

Driver Contributing Code 99 25 25 BAC Test Result: 1 30

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

Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

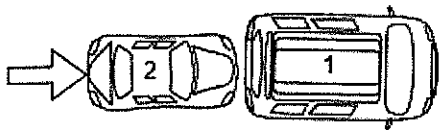
9 1 Please fill out for operator/non-motorist and all occupants involved

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	

➔ = Direction    1 = Vehicle 1    2 = Vehicle 2    ☒ = Pedestrian    ☚ = Bicycle

**Crash Diagram:**

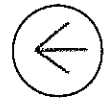
ie: ➔ 1    ➔ 2    ➔ ☒    ➔ ☚



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

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

Indicate North by Arrow



**Crash Narrative:**

Vehicle #1 was stopped in traffic. Vehicle #2 didnt stop in time and bumped into Vehicle #1. No visable damage to either vehicle.

**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 Anthony Fiore    164    Wilmington Police Department    09/05/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Date of Crash 09/05/2023	Time of Crash 0905 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other _____
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>831</u> Name of Roadway/Street <u>WOBURN ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-280-AC**

<p>License # _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>PICHARDO, BRILLYN A</u></p> <p>Address <u>1 ARROW TER APT 1</u></p> <p>City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-3905</u></p> <p>Insurance Company <u>THE TRAVELERS INDEMNITY 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>99914</u> Reg Type <u>CO</u> Reg State <u>MA</u></p> <p>Veh Year <u>2016</u> Veh Make _____ Veh Config. <u>10</u> <u>21</u></p> <p>Owner <u>BENEVENTO CONCRETE CORP</u></p> <p>Address <u>900 SALEM ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1236</u></p> <p>Vehicle Action Prior to Crash <u>99</u> <u>22</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: _____</p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: _____</p> <p>Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: _____</p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <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		DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	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

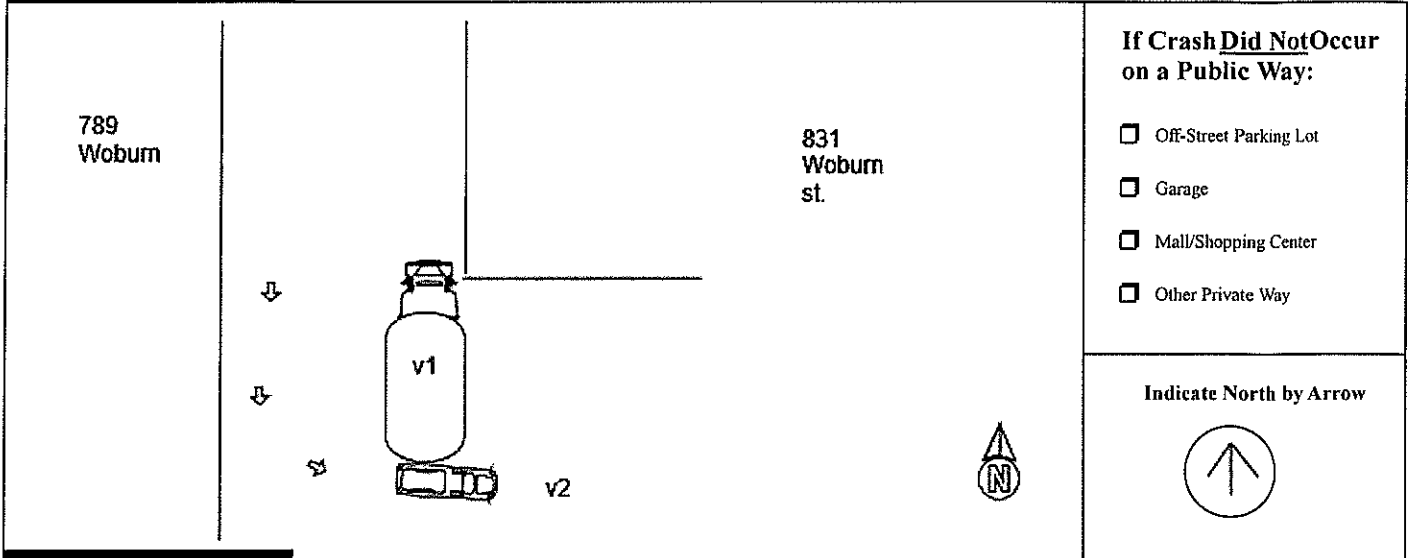
<p>License # _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>FORTES, JOHN ANTHONY</u></p> <p>Address <u>3 WALKER RD APT 2</u></p> <p>City <u>NORTH ANDOVER</u> State <u>MA</u> Zip <u>01845-1915</u></p> <p>Insurance Company <u>GEICO GENERAL INSURANCE C</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <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>Reg # <u>2EDD55</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2019</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u></p> <p>Owner <u>FORTES, JOHN ANTHONY</u></p> <p>Address <u>3 WALKER RD APT 2</u></p> <p>City <u>NORTH ANDOVER</u> State <u>MA</u> Zip <u>01845-1915</u></p> <p>Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>6</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: _____</p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: _____</p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: _____</p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	1	1	4	0	0	10	1	

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

**Crash Diagram:**

ie: → 1 → 2 → OKOK → 🚲



**Crash Narrative:**

The driver of the cement truck, v1 stated that he was waiting to take a left into 789 Woburn Street, when V2 side swiped the back of his vehicle. V2 states that he took his left into 831 Woburn, when V1 backed up and hit him.

Witness one stated the pick up swiped the back of the cement truck

Witness two states that he heard the cement truck backing up (beeping), then heard the crash. attempting to obtain video.

video obtained, attached, inconclusive

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
CABRAL JOHN	26 COTTAGE HUDSON NH		
KITTREDGE JAMES A	8 LANCELOT CT Apt. #23 SALEM NH 03079		

**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 D Thornton      190      Wilmington Police Department      09/05/2023  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Date of Crash: 09/06/2023 | Time of Crash: 1447 | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 4 | Number Injured: 0 | Speed Limit: 40 | State Police:  | Local Police:  | MBTA Police:  | Campus Police:  | Other:

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

<p><b>RICHMOND ST</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p><b>SHAWSHOEN AVE</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped | Crash Report ID# **23-281-AC**

<p>License # _____ Reg # <b>896ZY6</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Veh Year <b>2021</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b></p> <p>Operator <b>SALVAGGIO, GLEN R</b> Owner <b>SALVAGGIO, GLEN R</b></p> <p>Address <b>7 ABBOTT RD</b> Address <b>7 ABBOTT RD</b></p> <p>City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-3072</b> City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-3072</b></p> <p>Insurance Company <b>INTEGON NATIONAL INSURANC</b> Vehicle Action Prior to Crash <b>2</b> Damaged Area Code: <b>1</b> <b>27</b> <b>2</b> <b>27</b> <b>8</b> <b>27</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Citation # (If Issued) _____ Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <b>5</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b></p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>	<p>12</p>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

<p>License # _____ Reg # <b>2WF346</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL _____ Veh Year <b>2018</b> Veh Make <b>FORD</b> Veh Config. <b>1</b></p> <p>Operator <b>CIANCIULLI, SUSAN JEAN</b> Owner <b>CIANCIULLI, SUSAN JEAN</b></p> <p>Address <b>17 JERE RD</b> Address <b>17 JERE RD</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1670</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1670</b></p> <p>Insurance Company <b>GEICO GENERAL INSURANCE C</b> Vehicle Action Prior to Crash <b>2</b> Damaged Area Code: <b>1</b> <b>27</b> <b>5</b> <b>27</b> <b>27</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Citation # (If Issued) _____ Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b></p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>	<p>14</p>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Date of Crash: 09/06/2023 Time of Crash: 1447 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 4 Number Injured: 0 Speed Limit: 40 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p><b>RICHMOND ST</b></p> <p>Route# Direction Name of Roadway/Street</p> <p style="text-align: center;">At</p> <p><b>SHAWSHOEN AVE</b></p> <p>Route# Direction Name of Intersecting Roadway/Street</p> <p style="text-align: center;">Also at Intersection with</p>	<p>Route# Direction Address # Name of Roadway/Street</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>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# **23-281-AC**

<p>License: _____ Reg # <b>529YZ3</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Veh Year <b>2015</b> Veh Make <b>ACURA</b> Veh Config. <b>1</b></p> <p>Operator <b>PROVINZANO, KRISTY MARIE</b> Owner <b>PROVINZANO, MICHAEL JAMES</b></p> <p>Address <b>29 BANBURY DR</b> Address <b>29 BANBURY DR</b></p> <p>City <b>WESTFORD</b> State <b>MA</b> Zip <b>01886-3516</b> City <b>WESTFORD</b> State <b>MA</b> Zip <b>01886-3516</b></p> <p>Insurance Company <b>VERMONT MUTUAL INSURANCE</b> Vehicle Action Prior to Crash <b>2</b> Damaged Area Code: <b>1 27 5 27 27</b></p> <p>Vehicle Travel Direction: <b>N S E</b> Responding to Emergency? <b>2</b> Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b></p> <p>Citation # (If Issued) _____ Most Harmful Event <b>1 24</b> Type of Test: <b>29</b></p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>1 30</b></p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p style="text-align: right;">Towed from scene? <b>2 33</b></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

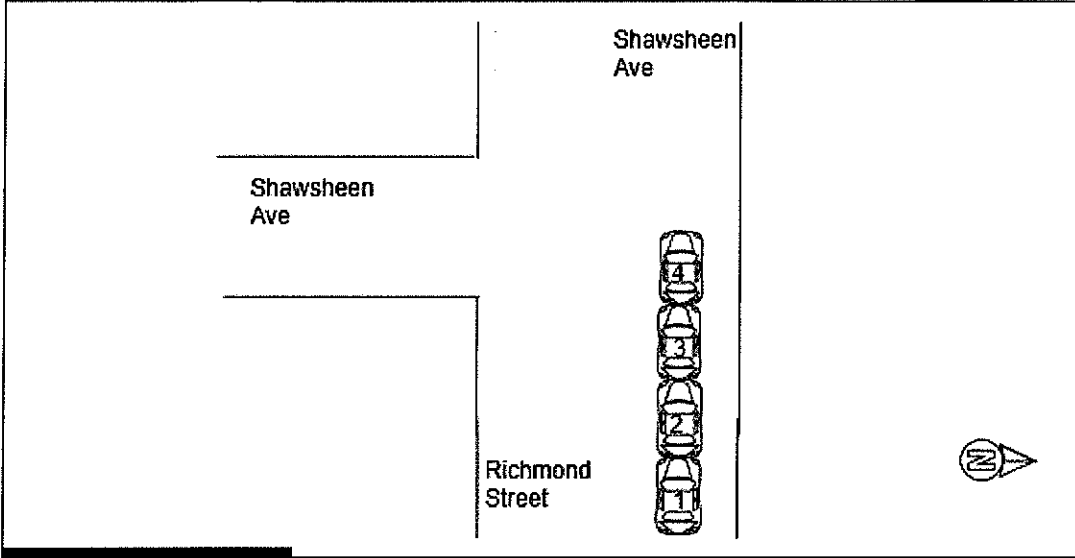
<p>License # _____ Reg # <b>4PHY28</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>I</b> CDL _____ Veh Year <b>2023</b> Veh Make <b>VOLKSWAGEN</b> Veh Config. <b>1</b></p> <p>Operator <b>NOLAN, ABIGAIL ELIZABETH</b> Owner <b>NOLAN, SCOTT D</b></p> <p>Address <b>31 CHESTNUT ST</b> Address <b>31 CHESTNUT ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3911</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3911</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Action Prior to Crash <b>2</b> Damaged Area Code: <b>5 27 27 27</b></p> <p>Vehicle Travel Direction: <b>N S E</b> Responding to Emergency? <b>2</b> Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b></p> <p>Citation # (If Issued) _____ Most Harmful Event <b>1 24</b> Type of Test: <b>29</b></p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>1 30</b></p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p style="text-align: right;">Towed from scene? <b>2 33</b></p>
--

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



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

**Crash Diagram:**



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

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

**Indicate North by Arrow**

**Crash Narrative:**

Vehicle 4 had come to a stop while a vehicle in front of them was waiting to take a left turn. Vehicle 2 & 3 then stopped behind vehicle 4. Vehicle 1 was approaching the stopped vehicles and as he began to slow down, he stated that he got a warning on his car and he couldn't stop in time. Vehicle 1 hit the rear of vehicle 2 causing vehicle 2 to push into vehicle 3. Vehicle 3 being hit by vehicle 2 then pushed vehicle 3 into vehicle 4. Vehicle 1 sustained damage to the front. Vehicles 2 and 3 sustained damage to the front and back. Vehicle 4 sustained damage to the rear only. No airbags deployed. The operator of vehicle 2 complained of neck pain and was evaluated by the Wilmington Fire Department and signed a medical refusal. All vehicles 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 Michael R DiLorenzo    217    Wilmington Police Department    09/06/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

# Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash: 09/07/2023  
Time of Crash: 0821  
City/Town: **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles: 2  
Number Injured: 0  
Speed Limit: 30  
Latitude: \_\_\_\_\_  
Longitude: \_\_\_\_\_  
State Police   
Local Police   
MBTA Police   
Campus Police   
Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1 1	Route# _____ Direction _____ Name of Roadway/Street _____	2 10	Route# <u>8</u> Direction _____ Address # _____ Name of Roadway/Street <b>GOWING RD</b>
	At _____		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 _____		4 11
Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____		
2 1	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
Crash Report ID# **23-282-AC**

License: \_\_\_\_\_ Reg # **1NKY19** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class  19  19 Lic. Restrictions  20 CDL Endorsement \_\_\_\_\_  
 Veh Year **2017** Veh Make **MAZDA** Veh Config.  1  21  
 Operator **GAYNOR, KELLY L** Owner **GAYNOR, KELLY L**  
 Address **8 GOWING RD** Address **8 GOWING RD**  
 City **WILMINGTON** State **MA** Zip **01887-1504** City **WILMINGTON** State **MA** Zip **01887-1504**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2  
 Event Sequence  2  23  23  23  23  
 Most Harmful Event  2  24  
 Driver Contributing Code  1  25  25  
 Driver Distracted by  0  26  
 Damaged Area Code:  7  27  27  27  
 Test Status:  1  28  
 Type of Test:  29  
 BAC Test Result:  30  
 Susp. Alcohol:  2  31 Susp. Drug:  2  32  
 Towed from scene?  2  33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class  19  19 Lic. Restrictions  20 CDL Endorsement \_\_\_\_\_  
 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  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  
 Type of Test:  29  
 BAC Test Result:  30  
 Susp. Alcohol:  31 Susp. Drug:  32  
 Most Harmful Event  24  
 Driver Contributing Code  25  25  
 Towed from scene?  33  
 Driver Distracted by  26

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



Wilmington Police Department  
Images Associated with 23-282-AC



Date of Crash **09/07/2023** Time of Crash **2147** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **1** Number Injured **0** Speed Limit **35** State Police   
 24HR **Police Report** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ 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 _____ <b>281 SHAWSHOEN AVE</b>	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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# **23-283-AC**

License # \_\_\_\_\_ Reg # **BN53EI** Reg Type **PC** Reg State **FL**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2010** Veh Make **DODGE** Veh Config. **1**  
 Operator **CERNEI, CATALIN** Owner **CERNEI, CATALIN**  
 Address **16706 81ST AVE E** Address **16706 81ST AVE E**  
 City **PUYALLUP** State **WA** Zip **98375** City **PUYALLUP** State **WA** Zip **98375**  
 Insurance Company **STATE FARM FIRE AND CASU** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **35 23 23 23 23** Test Status: **3 28**  
 Citation # (If Issued) **T3191159** Most Harmful Event **35 24** Type of Test: **2 29**  
 Viol. 1: Ch/Sec/Sub **90 24J** Viol. 2: Ch/Sec/Sub **89 4A** Driver Contributing Code **9 25 25** BAC Test Result: **5 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** 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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

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

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

➔ = Direction    [ 1 ] = Vehicle 1    [ 2 ] = Vehicle 2    ⚣ = Pedestrian    🚲 = Bicycle

ie: ➔ [ 1 ]    ➔ [ 2 ]    ➔ ⚣    ➔ 🚲

**Crash Diagram:**

281 Shawsheen Ave

rock wall

Shawsheen Ave/ Rt. 129

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 WEST BOUND ON SHAWSHEEN AVE/ ROUTE 129. MV1 LEFT THE ROADWAY AND CROSSED THE FOG LINE, AND STRUCK A ROCK WALL IN FRONT OF 281 SHAWSHEEN AVE. MV1 CONTINUED TRAVELING STRAIGHT AHEAD BEFORE BECOMING DISABLED DUE TO A BLOWN TIRE, AND COMING TO A STOP. MV1 SUFFERED HEAVY FRONT END AND RIGHT SIDE DAMAGE. NO AIRBAGS WERE DEPLOYED. WFD RESPONDED AND MEDICAL ATTENTION WAS REFUSED. FORREST TOWING TOWED THE VEHICLE BACK TO THEIR LOT. THE ROCK WALL BELONGING TO 281 SHAWSHEEN AVE SUFFERED SIGNIFICANT DAMAGE. REFER TO AR-372.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
SURPRENANT FRANCES E	281 SHAWSHEEN AVE WILMINGTON MA 01		97	ROCK WALL

**Truck and Bus Information:** Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

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

**Hazmat Information:**

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

Patrol Officer Kayla M Hanson    230    Wilmington Police Department    09/07/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Date of Crash 09/09/2023	Time of Crash 0543 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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 _____
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**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 # <u>277</u> <b>MAIN ST</b> _____ 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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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-284-AC**

License # _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>DIAZ BAUTISTA, JULIO</u> Address <u>9 GRANITE ST APT 16</u> City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-3780</u> Insurance Company <u>STATE FARM MUT AUTO 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) <u>173122AC</u> Viol. 1: Ch/Sec/Sub <u>90</u> <u>9</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>LBB6226</u> Reg Type <u>PC</u> Reg State <u>NY</u> Veh Year <u>2008</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ENCARNACION MUNOZ, F I</u> Address <u>857 46TH ST</u> City <u>BROOKLYN</u> State <u>NY</u> Zip <u>11220</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>1</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>5</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>3</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	<del>XXXX</del>	<del>XX</del>	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 # _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>CHHAN, LEY</u> Address <u>83 THAYER ST</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01851-3240</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</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>1ZLF52</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2022</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CHHAN, LEY</u> Address <u>83 THAYER ST</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01851-3240</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>6</u> <u>27</u> <u>4</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>
---	--

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	<del>XXXX</del>	<del>XX</del>	1	1	4	0	0	10	1	

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

**Crash Diagram:**    ie: → 1 → 2 → ○ → ⚡

277 Main Street, Wilmington, MA

**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 2 operator stated that he was slowing for a red traffic signal at the intersection of Main Street and 277 Main Street when he was rear ended by MV 1. MV 1 operator, through translation, said that when he realized the light was red it was too late and rear ended MV 2. MV 1 (NY Reg LBB6226) had a revoked for insurance status from New York. Operators stated no injuries. Citation issued to MV 1 operator. MV 1 towed by A&S Towing to A&S Towing. Damage to both vehicles appeared very minor- both in driveable condition.

**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 James R Hill    225    Wilmington Police Department    09/09/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date



Wilmington Police Department  
Images Associated with 23-284-AC



**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 \_\_\_\_\_ 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 10 #Occupants  Hit/Run  Moped Crash Report ID# **23-285-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2JLX24** Reg Type **PC** Reg State **MA**

Sex \_\_\_\_\_ Lic. Class  19  19 Lic. Restrictions  20 CDL Endorsement \_\_\_\_\_ Veh Year **2021** Veh Make **GMC** Veh Config.  1  21

Operator **Driverless M.V.** Owner **MURPHY, BRIDGET ANN**

Address \_\_\_\_\_ Address **64 BALLARDVALE ST**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-1103**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash  11  22 Damaged Area Code:  7  27  27  27

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event  2  24 Type of Test:  29

Viol. 1: 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  26 Susp. Alcohol:  2  31 Susp. Drug:  2  32

Towed from scene?  2  33

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

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

License # \_\_\_\_\_ # **3CSH75** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class  19  19 Lic. Restrictions  20 CDL Endorsement \_\_\_\_\_ Veh Year **2018** Veh Make **Jeep** Veh Config.  1  21

Operator **ROSARIO, HECTOR MANUEL** Owner **ROSARIO, HECTOR MANUEL**

Address **60 SENECA ST APT 1** Address **60 SENECA ST APT 1**

City **FITCHBURG** State **MA** Zip **01420-5337** City **FITCHBURG** State **MA** Zip **01420-5337**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash  10  22 Damaged Area Code:  6  27  27  27

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event  2  24 Type of Test:  29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code  19  25  25 BAC Test Result:  30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by  99  26 Susp. Alcohol:  2  31 Susp. Drug:  2  32

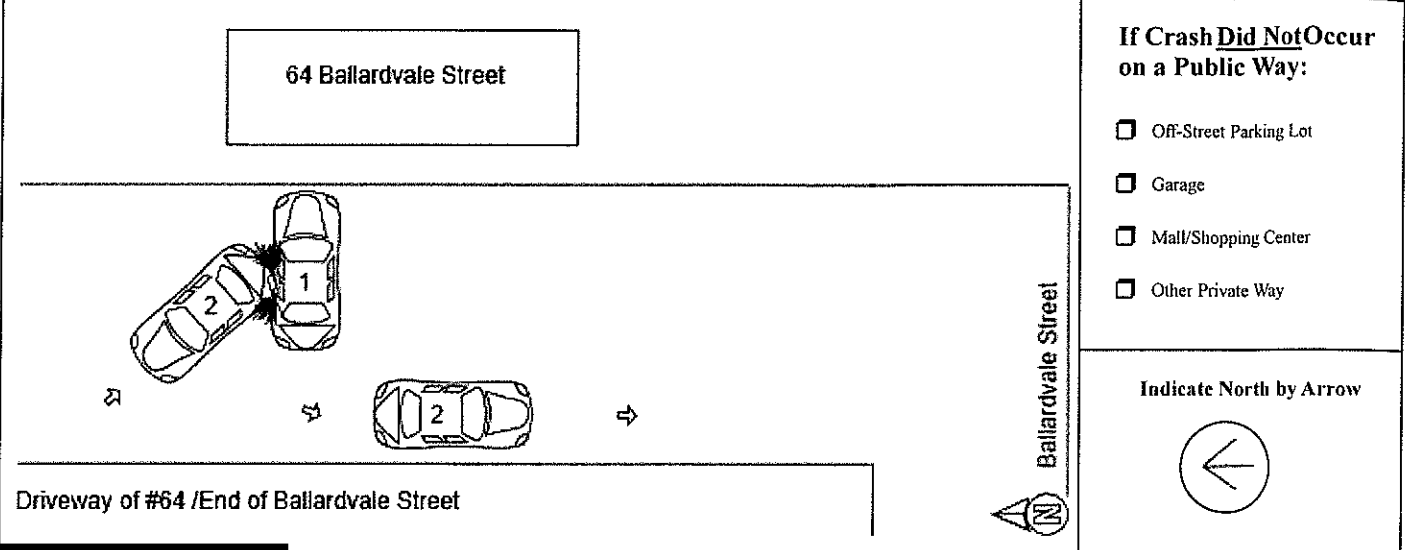
Towed from scene?  2  33

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

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ⚡



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

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

**Crash Narrative:**

MV1 was parked and unoccupied in facing in towards 64 Ballardvale Street. MV2 drove down the end of Ballardvale Street and attempted to turn around in the driveway of #64 Ballardvale Street. MV2 backed up while turning around and backed into the left side of MV1 (parked) causing minor damage to both vehicles (See Images). MV2 then pulled forward, straightened out, and stopped briefly in front of #64 Ballardvale before leaving. MV1 suffered minor damage to the left side and both driver's side doors. MV2 suffered minor damage to the rear driver's side tail-light. The operator of MV2 claimed he was not injured. Neither vehicle was towed. The operator of MV2 admitted to striking MV1 accidentally, but left due to a family emergency. (Reference #23-1143-OF)

**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 A Wilson    209    Wilmington Police Department    09/09/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 23-285-AC

