

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

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

2 20 Route# Direction Address # Name of Roadway/Street
 220 MAIN ST
 Feet N S E W of _____ or _____ Mile Marker Exit Number
 1 11 Feet N S E W of Route# Intersecting Roadway/Street
 Feet N S E W of _____ Landmark

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-329-AC**

4 1 License # _____ St _____ DOB/Age _____ Reg # **1MEF69** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2020** Veh Make **KIA** Veh Config. **1** 21
 Operator **LETCHER, JENNIFER L** Owner **LETCHER, JENNIFER L**
 Address **11 NELSON AVE** Address **11 NELSON AVE**
 City **TEWKSBURY** State **MA** Zip **01876-2635** City **TEWKSBURY** State **MA** Zip **01876-2635**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: 0 27 27 27
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **4** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) **T3190622** Most Harmful Event **4** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub **90 14** 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

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 9 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **2** 15 Action **2** 16 Location **5** 17 Condition **1** 18 Hit/Run Moped

8 1 License # **unknown** St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **99** 19 19 Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address **4 HARVARD AVE** Address _____
 City **WILMINGTON** State **MA** Zip **01887** City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 0 27 27 27
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **4** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **4** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

9 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			1	0				9	2	Winchester Hospital

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street
		At			434	MIDDLESEX AVE
Route#	Direction	Name of Intersecting Roadway/Street	Feet	N S E W	of	Mile Marker
		Also at Intersection with				Exit Number
Route#	Direction	Name of Intersecting Roadway/Street	Feet	N S E W	of	Route#
						Intersecting Roadway/Street
			Feet	N S E W	of	Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-330-AC**

License # _____ S _____ DOB/Ag _____ Reg # **7EH138** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1** 21
 Operator **REIDY, PATRICIA MARY** Owner **REIDY, PATRICIA MARY**
 Address **51 CLEVELAND ST** Address **51 CLEVELAND ST**
 City **MELROSE** State **MA** Zip **02176-3719** City **MELROSE** State **MA** Zip **02176-3719**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **97** 25 BAC Test Result: **1** 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

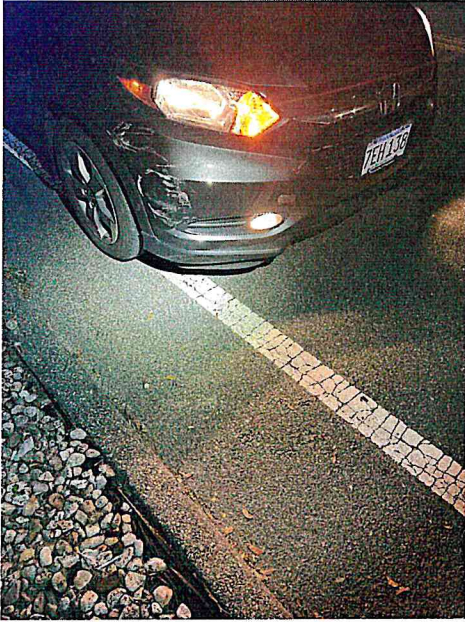
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Sa (City) System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

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

License # _____ S _____ DOB/Ag _____ Reg # **5SW491** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2004** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **COLLEAMENO, NANCY MARIE** Owner **COLLEAMENO, NANCY MARIE**
 Address **64 MILL ST APT 7** Address **64 MILL ST APT 7**
 City **WOBURN** State **MA** Zip **01801-2755** City **WOBURN** State **MA** Zip **01801-2755**
 Insurance Company **MAIN STREET AMERICA PROTE** Vehicle Action Prior to Crash **9** 22 Damaged Area Code: **6** 27 27 27
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 25 **6** 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

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

Wilmington Police Department
Images Associated with 23-330-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 Mile Marker Exit Number
 Feet N S E W of Route# Intersecting Roadway/Street
 Feet N S E W of Landmark

1 10
2 11
4 11
2 1
3

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# 23-331-AC

License # _____ JOB/Agv _____ Reg # 4KY135 Reg Type PC Reg State MA
 S. Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21
 Operator _____ Owner LESPERANCE, MICHAEL ANTHONY
 Address 14 COCHRANE RD
 City WILMINGTON State MA Zip 01887-2840
 Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 5 22 Damaged Area Code: 2 27 27 27
 Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 9 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 2 33

1 12
4 1
5 2
6 1
1 13

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	1	4	0	0	10	1	
			M	3	1	1	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 # _____ DOB/Age _____ Reg # R70001 Reg Type CO Reg State MA
 Sex M Lic. Class D 19 99 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2020 Veh Make FORD Veh Config. 1 21
 Operator DINUNZIO, MICHAEL JOHN SR Owner SUTHERLAND INSTALLATION INC
 Address 585 BROADWAY ST APT 2 Address 1881 MAIN ST APT E 14
 City LOWELL State MA Zip 01854-3306 City TEWKSBURY State MA Zip 01876-4710
 Insurance Company ALLMERICA FINANCIAL BENEF Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 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

7 1
8 1
9 2
1 14

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	1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-331-AC



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 1 Route# Direction Address # Name of Roadway/Street

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

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

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped | Crash Report ID# 23-332-AC

License # _____ DOB/Ag: _____ Reg # 188S Reg Type PC Reg State MA

Sex M Lic. Class D D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement

Operator SIRACUSA, THOMAS WILLIAM | Owner SIRACUSA, MICHELE

Address 5 ELWOOD RD | Address 5 ELWOOD RD

City WILMINGTON State MA Zip 01887-2809 | City WILMINGTON State MA Zip 01887-2809

Insurance Company AMICA MUTUAL INSURANCE CO

Vehicle Travel Direction: N X 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 _____

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27

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

Most Harmful Event 1 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? 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

License # _____ St _____ DOB/Ag: _____ Reg # 1NAD26 Reg Type PC Reg State MA

Sex M Lic. Class D D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement

Operator ROGERS, MICHAEL THOMAS | Owner ROGERS, MICHAEL THOMAS

Address 45 CARLISLE ST | Address 45 CARLISLE ST

City CHELMSFORD State MA Zip 01824-2932 | City CHELMSFORD State MA Zip 01824-2932

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: N X 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 _____

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

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

Most Harmful Event 1 24 Type of Test: 29

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

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

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	

Date of Crash 10/12/2023	Time of Crash 1506 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: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>390</u> Name of Roadway/Street <u>MAIN ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____	2 10
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	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 _____ Intersecting Roadway/Street _____	2 11
3	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Landmark _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-333-AC**

1	License # _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Operator <u>DEGREGORIO, DONNA M</u> Address <u>8 CASTLE DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3187</u> Insurance Company <u>THE STANDARD FIRE INSURAN</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>173GW4</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>Infinity</u> Veh Config. <u>1</u> <u>21</u> Owner <u>DEGREGORIO, ANTHONY F</u> Address <u>8 CASTLE DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3187</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>5</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>99</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>	1 12
5			
6			

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	99	4	0	0	10	1	

7	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		
8	License # _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Operator <u>LY, ANDREW PAUL</u> Address <u>16 NICHOLS ST APT 16</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01851-1814</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>7AN386</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LY, ANDREW PAUL</u> Address <u>16 NICHOLS ST APT 16</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01851-1814</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>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>99</u> <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>	1 14
9			

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

Wilmington Police Department
Images Associated with 23-333-AC



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

1 1 **ROUTE 62 HWY**
 Route# Direction Name of Roadway/Street
 At
I93SBR34 RAMP
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 1 Route# Direction Name of Intersecting Roadway/Street

3 Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **23-334-AC**

4 2 License # _____ St _____ DOB/Age _____ Reg # **4PCD24** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **99** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2011** Veh Make **FORD** Veh Config. **1** **21**
 Operator **ROSARIO, YENNIFER** Owner **ECHAVARRIA, VICTOR MANUEL**
 Address **39 TEWKSBURY ST** Address **39 TEWKSBURY ST**
 City **LAWRENCE** State **MA** Zip **01843** City **LAWRENCE** State **MA** Zip **01843-1118**
 Insurance Company **ZURICH AMERICAN INSURANCE** Vehicle Action Prior to Crash **4** **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 _____ Driver Contributing Code **4** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** **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	1	4	0	0	10	1	
VICTOR ECHAVARRIA	39 TEWKSBURY ST LAWRENCE, MA 01843-1118		M	3	1	4	0	0	10	1	

7 3 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 2 License _____ St _____ DOB/Age _____ Reg # **35NX49** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Veh Year **2024** Veh Make **SUBARU** Veh Config. **1** **21**
 Operator **TUCKER, STEPHEN GERARD** Owner **TUCKER, STEPHEN GERARD**
 Address **35 SHADY LANE DR** Address **35 SHADY LANE DR**
 City **WILMINGTON** State **MA** Zip **01887-1931** City **WILMINGTON** State **MA** Zip **01887-1931**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **27** **27**
 Vehicle Travel Direction: **N S** **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 **99** **25** **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **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	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-334-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 NSEW of Mile Marker Exit Number
 Feet NSEW of Route# Intersecting Roadway/Street
 Feet NSEW of Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-336-AC**

License # _____ DOB/Age _____ Reg # **3107551** Reg Type **PC** Reg State **NH**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2016** Veh Make **BMW** Veh Config. **1**
 Operator **BAUMANN, MADISON F** Owner **BAUMANN, JOHN PATRICK**
 Address **5 PREMIER DR** Address **5 PREMIER DR**
 City **LONDONDERRY** State **NH** Zip **03053** City **LONDONDERRY** State **NH** Zip **030536122**
 Insurance Company **USAA** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** **27** **4** **27** **27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

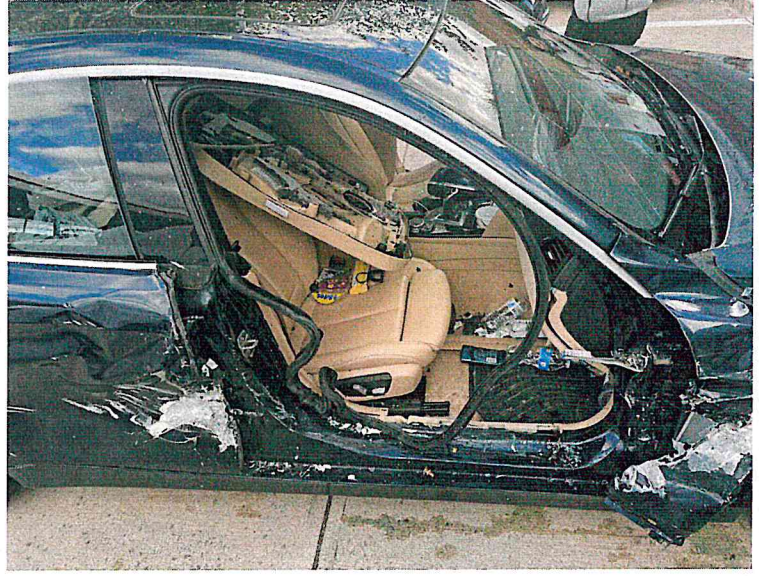
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

License # _____ DOB/Age _____ Reg # **3BMN58** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2019** Veh Make **Jeep** Veh Config. **1**
 Operator **POLLOCK, MACKENZIE AMBER** Owner **POLLOCK, MACKENZIE AMBER**
 Address **44 GARDEN AVE** Address **44 GARDEN AVE**
 City **WILMINGTON** State **MA** Zip **01887-1874** City **WILMINGTON** State **MA** Zip **01887-1874**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **4** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **NSW** 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 **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: **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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-336-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 1 1 27 **BOUTWELL ST**
 Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Intersecting Roadway/Street
 2 1 _____ 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# **23-337-AC**

License # _____ St. _____ DOB/Age _____ Reg # **8TM891** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **JIMENEZ, KAREN** Owner **JIMENEZ, KAREN**
 Address **102 BALSAM PL APT 313** Address **102 BALSAM PL APT 313**
 City **TEWKSBURY** State **MA** Zip **01876-0016** City **TEWKSBURY** State **MA** Zip **01876-0016**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **7** 22 Damaged Area Code: **8** 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **42** 23 1 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) **T2749020** Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **89** **4A** Viol. 2: Ch/Sec/Sub **90** **13B** Driver Contributing Code **20** 25 **8** 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **1** 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
Operator	See Above			1	1	3	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 _____ Reg # **BR98BB** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2020** Veh Make **FORD** Veh Config. **1** 21
 Operator **MANTERE, JOHN ERNEST** Owner **MANTERE, JOHN ERNEST**
 Address **38 LITTLE JOHN DR** Address **38 LITTLE JOHN DR**
 City **BILLERICA** State **MA** Zip **01821-3218** City **BILLERICA** State **MA** Zip **01821-3218**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **7** 27 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 40 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
Operator/Non-Motorist	See Above			1	1	2	0	0	9	2	Lahey Clinic
CECELIA MANTERE	38 LITTLE JOHN DR BILLERICA, MA 01821-3218		F	3	1	2	0	0	9	2	Lahey Clinic

Wilmington Police Department
Images Associated with 23-337-AC

