

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
 Landmark

Route# Direction Address # **280 MAIN ST**
 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 _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **23-338-AC**

License # _____ Reg # **3LTT86** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____
 Veh Year **2014** Veh Make **MERCEDES-BENZ** Veh Config. **1** **21**
 Operator **HERSEY, SCOTT W** Owner **HERSEY, SCOTT W**
 Address **314 ASTLE ST** Address **314 ASTLE ST**
 City **TEWKSBURY** State **MA** Zip **01876-2557** City **TEWKSBURY** State **MA** Zip **01876-2557**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **10** **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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Post.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	1	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 # _____ Reg # **262MW5** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____
 Veh Year **2014** Veh Make **FORD** Veh Config. **1** **21**
 Operator **WADE, JAMES MICHAEL** Owner **WADE, JAMES MICHAEL**
 Address **18 PLAIN ST** Address **18 PLAIN ST**
 City **LOWELL** State **MA** Zip **01851-4417** City **LOWELL** State **MA** Zip **01851-4417**
 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **27** **27**
 Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99** **25** **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? **1** **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Post.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	3	0	0	10	1	

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

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

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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **23-339-AC**

License # St DOB/Age Reg # **5PE615** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement
 Operator **TIHALAS, IOANNA** Owner **TIHALAS, IOANNA**
 Address **192 ANDOVER RD** Address **192 ANDOVER RD**
 City **BILLERICA** State **MA** Zip **01821-1953** City **BILLERICA** State **MA** Zip **01821-1953**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: N E W Responding to Emergency? **2**
 Citation # (If Issued)
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
 Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub

g # **5PE615** Reg Type **PC** Reg State **MA**
 Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**
 Owner **TIHALAS, IOANNA**
 Address **192 ANDOVER RD**
 City **BILLERICA** State **MA** Zip **01821-1953**
 Vehicle Action Prior to Crash **2** Damaged Area Code: **6** **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 **97** **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		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	

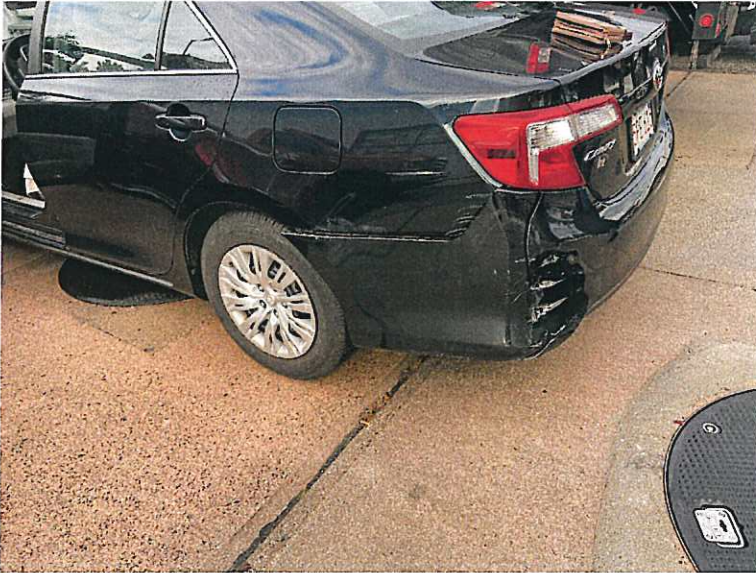
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # St DOB/Age Reg # **X52186** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **A** Lic. Restrictions **1** CDL Endorsement
 Operator **WARBLOW, BRUCE KEITH, JR** Owner **CMT TOWING AND REPAIR LLC**
 Address **771 COOK HILL RD** Address **289 SALEM ST**
 City **DANIELSON** State **CT** Zip **06239** City **WOBURN** State **MA** Zip **01801-2169**
 Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: S E W Responding to Emergency? **2**
 Citation # (If Issued)
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
 Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub

Reg # **X52186** Reg Type **CO** Reg State **MA**
 Veh Year **2023** Veh Make **Other-not listed** Veh Config. **6**
 Owner **CMT TOWING AND REPAIR LLC**
 Address **289 SALEM ST**
 City **WOBURN** State **MA** Zip **01801-2169**
 Vehicle Action Prior to Crash **10** Damaged Area Code: **8** **27** **27** **27**
 Event Sequence **42** **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **18** **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/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	
RAMON MADDERY-CAMERON	1741 WASHINGTON ST BRAintree, MA 02184		M	3	1	4	0	0	10	1	
MARIA BUENDIA	275 MIDDLESEX AVE WILMINGTON, MA 01887-2109		F	5	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-339-AC



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

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

Route# Direction **234** **BALLARDVALE ST**
 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# **23-340-AC**

License # _____ St _____ OB/A _____ Reg # **87HF28** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2019** Veh Make **DODGE** Veh Config. **1**
 Operator **SARGENT, GLENN C** Owner **SARGENT, GLENN C**
 Address **87 WASHINGTON ST APT B3** Address **87 WASHINGTON ST APT B3**
 City **HAVERHILL** State **MA** Zip **01832-5688** City **HAVERHILL** State **MA** Zip **01832-5688**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 2 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	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 _____ OB/A _____ Reg # **5333501** Reg Type **PC** Reg State **NH**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2021** Veh Make **Jeep** Veh Config. **1**
 Operator **MORIN, JASON R** Owner **MORIN, JASON R**
 Address **46 SYLVAN DR** Address **46 SYLVAN DR**
 City **SALEM** State **NH** Zip **03079** City **SALEM** State **NH** Zip **03079**
 Insurance Company _____ Vehicle Action Prior to Crash **1** Damaged Area Code: **7 27 27 27**
 Vehicle Travel Direction: **N S E** **W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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

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

Wilmington Police Department
Images Associated with 23-340-AC



Date of Crash **10/17/2023** Time of Crash **0733** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other

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

1	Route# 129 Direction E Name of Roadway/Street LOWELL ST	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
	At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street WOBURN ST	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
	Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-341-AC**

License # _____	DOB/Age _____	Reg # 345AB9	Reg Type PC	Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions _____ CDL _____	20	Veh Year 2022	Veh Make TOYOTA	Veh Config. 1 21
Operator CLIFFORD, DANIEL THOMAS		Owner CLIFFORD, DANIEL THOMAS		
Address 11 SERVANT WAY		Address 11 SERVANT WAY		
City SOUTHBRIDGE State MA Zip 01550-2162		City SOUTHBRIDGE State MA Zip 01550-2162		
Insurance Company GOVERNMENT EMPLOYEES INSU		Vehicle Action Prior to Crash 1 22	Damaged Area Code: 3 27 27 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2		Event Sequence 1 23 23 23 23	Test Status: _____	
Citation # (If Issued) _____		Most Harmful Event 1 24	Type of Test: _____	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code 1 25 25	BAC Test Result: _____	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Distracted by 0 26	Susp. Alcohol: 31 Susp. Drug: 32	1 13
			Towed from scene? 2 33	

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

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

License _____	St _____	DOB/Age _____	Reg # 154EP2	Reg Type PC	Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions _____ CDL _____		20	Veh Year 2011	Veh Make HONDA	Veh Config. 1 21
Operator BABIN, CATHLEEN ELLEN			Owner CLARK, DANIELLE SUZANNE		
Address 4 MORNINGSIDE DR			Address 4 MORNINGSIDE DR		
City BILLERICA State MA Zip 01821			City BILLERICA State MA Zip 01821-1448		
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22	Damaged Area Code: 1 27 27 27	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2			Event Sequence 1 23 23 23 23	Test Status: _____	
Citation # (If Issued) T3282081			Most Harmful Event 1 24	Type of Test: _____	
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code 13 25 3 25	BAC Test Result: _____	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by 7 26	Susp. Alcohol: 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	XXXX	XX	1	1	4	0	0	10	1	

Date of Crash **10/17/2023** Time of Crash **1907** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 260 Direction _____ Address # MAIN ST Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-342-AC**

License # _____ St. _____ OB/Age **1** Reg # **7EG789** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**
 Operator **TORTOLA, ROSEANN SARAH** Owner **TORTOLA, ROSEANN SARAH**
 Address **4 SHERBURN PL** Address **4 SHERBURN PL**
 City **WILMINGTON** State **MA** Zip **01887-2039** City **WILMINGTON** State **MA** Zip **01887-2039**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **0 27 27 27**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **3 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **3 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

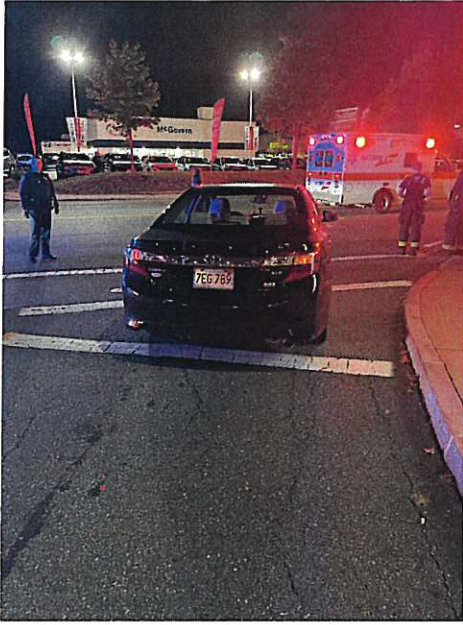
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

License # _____ St. _____ DOB/Age **1** Reg # _____ Reg Type _____ Reg State _____
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator **DRIVER, KATHLEEN ANN** Owner _____
 Address **985 CHANDLER ST** Address _____
 City **TEWKSBURY** State **MA** Zip **01876-3711** 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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99				7	2	Lahey Clinic

Wilmington Police Department
Images Associated with 23-342-AC



Date of Crash: 10/17/2023 | Time of Crash: 2038 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 1 | Number Injured: 2 | Speed Limit: 35 | State Police / Local Police / MBTA Police / Campus Police / Other:

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>193</u> Name of Roadway/Street <u>MAIN ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: right;">Landmark _____</p>
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Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped | Crash Report ID# **23-343-AC**

<p>License # <u>2</u> S _____ JOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>COLLINS, MELISSA A</u></p> <p>Address <u>24 BELMONT RD</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2030</u></p> <p>Insurance Company <u>PLYMOUTH ROCK ASSURANCE 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) <u>235038AC-CN</u></p> <p>Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>BR27RK</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2023</u> Veh Make <u>AUDI</u> Veh Config. <u>1</u></p> <p>Owner <u>COLLINS, MELISSA A</u></p> <p>Address <u>24 BELMONT RD</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2030</u></p> <p>Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>42</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>28</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>17</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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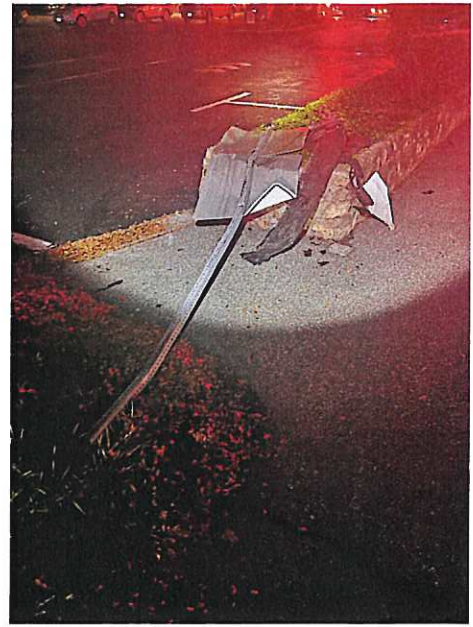
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>7</u>	<u>2</u>	Lahey Clinic
CARLA DONOHUE		24 JEFFERSON RD TEWKSBURY, MA 01876	F	<u>3</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>7</u>	<u>2</u>		Lahey Clinic

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

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

Wilmington Police Department
Images Associated with 23-343-AC



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

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

Route# _____ Direction _____ Name of Roadway/Street _____
 Address # _____
 _____ 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# **23-344-AC**

License #: _____ S DOB/Age _____ Reg # **3GPH30** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2021** Veh Make **FORD** Veh Config. **1**
 Operator **RODGERS, DOROTHY MYRTLE** Owner **RODGERS, DOROTHY MYRTLE**
 Address **2 ACORN KNOLL DR** Address **2 ACORN KNOLL DR**
 City **N READING** State **MA** Zip **01864-1366** City **N READING** State **MA** Zip **01864-1366**
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **4** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **99 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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

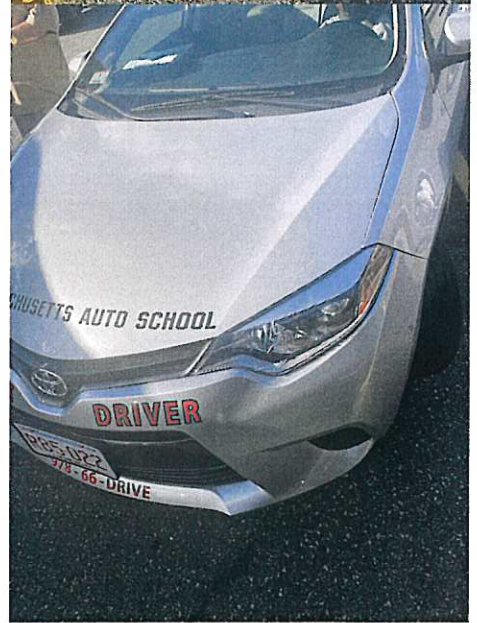
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ S DOB/Age _____ Reg # **R85022** Reg Type **CO** Reg State **MA**
 Sex _____ Lic. Class **D** Lic. Restrictions **99** CDL _____ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1**
 Operator _____ Owner **MASSACHUSETTS AUTO SCHOOL LLC**
 Address _____ Address **2 PARK DR ST APT 3**
 City _____ State _____ Zip _____ City **WESTFORD** State **MA** Zip **01886-3525**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **99 29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	
TERRENCE THROWE	10 GREENMEADOW DR BILLERICA, MA 01862		M	3	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-344-AC



Date of Crash **10/19/2023** Time of Crash **1716** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other

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

Route# _____ Direction _____ Name of Roadway/Street _____	Route# 247 Direction _____ Address # LOWELL ST Name of Roadway/Street _____
At _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
Also at Intersection with _____	_____ Feet N S E W of _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-345-AC**

License # _____ St. _____ DOB/Age _____ Reg # **6SP124** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2017** Veh Make **HONDA** Veh Config. **1**
 Operator **LE, BRIAN NGO** Owner **LE, BRIAN NGO**
 Address **14 RIVERSIDE DR** Address **14 RIVERSIDE DR**
 City **READING** State **MA** Zip **01867-3510** City **READING** State **MA** Zip **01867-3510**
 Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 10 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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

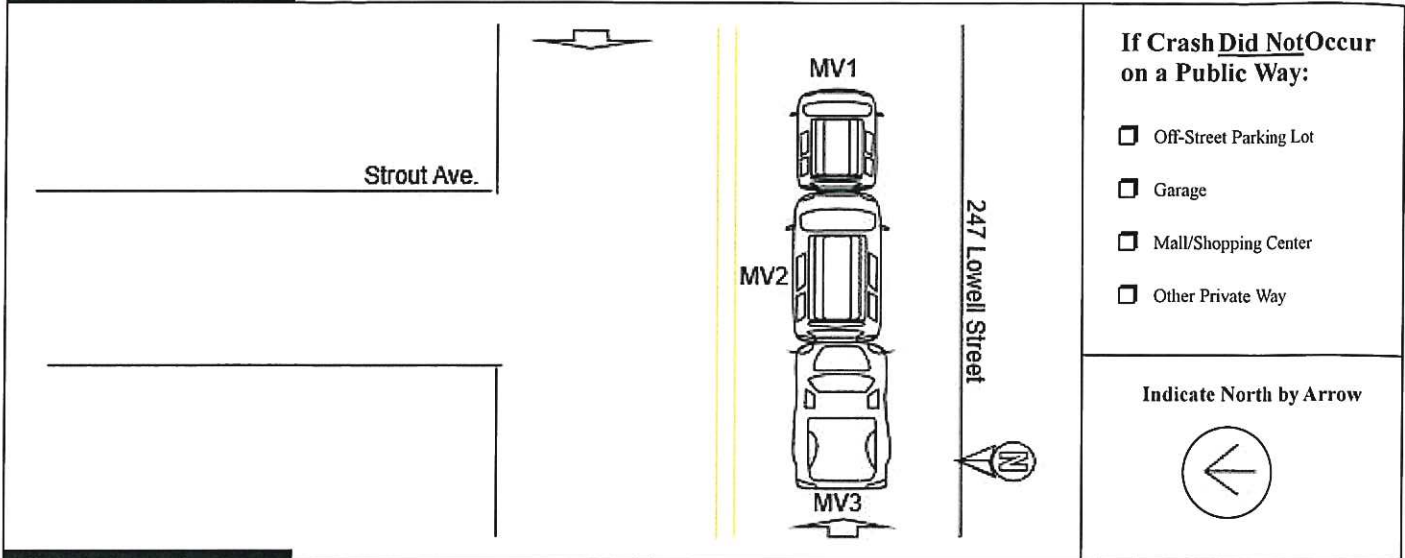
License # _____ St. _____ DOB/Age _____ Reg # **274YC2** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2012** Veh Make **HONDA** Veh Config. **1**
 Operator **MEHTA, NEHAL K** Owner **MEHTA, NEHAL K**
 Address **11 FANEUIL DR** Address **11 FANEUIL DR**
 City **WILMINGTON** State **MA** Zip **01887-2034** City **WILMINGTON** State **MA** Zip **01887-2034**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 5 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



Crash Narrative:

Operator of motor vehicle 1, Brian Le, stated that he was traveling east on Lowell Street, was stopped in heavy traffic, and was rear ended by MV2. Op. of MV2, Nehalk Mehta, stated she was traveling behind MV1, also stopped due to traffic, was rear ended by MV3, and that caused her vehicle to be pushed into MV1. Op. of MV3, Michael Grafton, stated he was traveling behind MV2, observed the vehicle in front of him stopped, but he couldn't stop in time, and crashed into MV2 (See images). I didn't observe any injuries, all involved parties stated no major injuries, and refused medical attention. Paperwork exchanged, they were advised accordingly, and sent on their way.

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 **Julio J Quiles** 197 **Wilmington Police Department** 10/19/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 10/19/2023 Time of Crash 1716 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 0 Speed Limit 40 Latitude Longitude 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 Name of Intersecting Roadway/Street Also at Intersection with

2 Route# Direction Name of Intersecting Roadway/Street

2 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 31 #Occupants Hit/Run Moped Crash Report ID# **23-345-AC**

License # St DOB/Age Reg # **S35144** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D M** Lic. Restrictions **20** CDL Endorsement Veh Year **2008** Veh Make **GMC** Veh Config. **6** 21

Operator **GRAFTON, MICHAEL JAMES** Owner **BLUE RIBBON BARBECUE INC**

Address **8 ELLIOT RD** Address **45 KENNETH ST**

City **LYNNEFIELD** State **MA** Zip **01940-2002** City **NEWTON** State **MA** Zip **02461-1943**

Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27

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

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

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

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **99** 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	1	4	0	0	10	1		

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

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

Sex Lic. Class Lic. Restrictions 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

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								

Wilmington Police Department
Images Associated with 23-345-AC



Date of Crash 10/20/2023	Time of Crash 1607 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 1	Speed Limit 10	State Police <input type="checkbox"/>
						Latitude _____	Local Police <input type="checkbox"/>
						Longitude _____	MBTA Police <input type="checkbox"/>
							Campus Police <input type="checkbox"/>
							Other: <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# 3 Direction _____ Address # CHURCH ST 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 style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-346-AC**

License # _____ St. _____ DOB/Ag _____ Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____ Operator BOUDREAU, BRUCE ERVING Address 1 RHODES ST City WILMINGTON State MA Zip 01887-1879 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 9523 Reg Type PC Reg State MA Veh Year 2014 Veh Make FORD Veh Config. 2 Owner BOUDREAU, BRUCE ERVING Address 1 RHODES ST City WILMINGTON State MA Zip 01887-1879 Vehicle Action Prior to Crash 10 Damaged Area Code: 4 27 27 27 Event Sequence 35 23 23 23 23 Test Status: 1 28 Most Harmful Event 35 24 Type of Test: 29 Driver Contributing Code 9 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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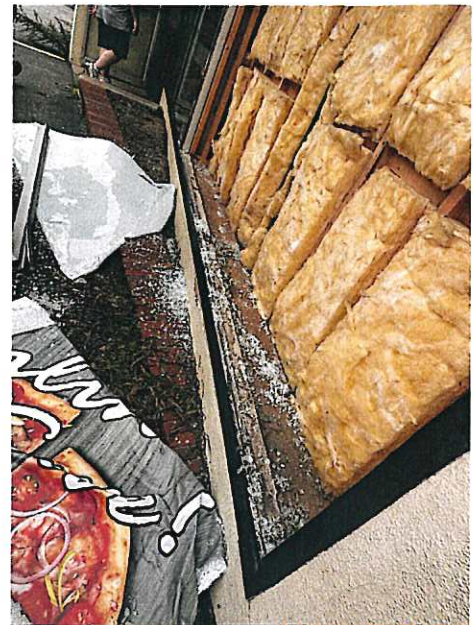
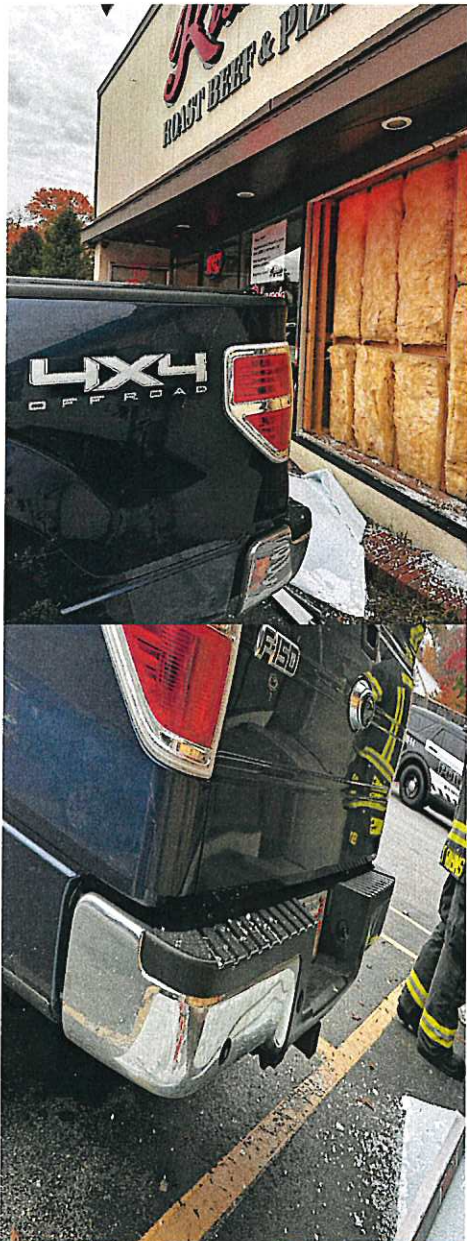
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1	99	4	0	0	8	1	

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 _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 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. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
---	---

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

Wilmington Police Department
Images Associated with 23-346-AC



Date of Crash 10/20/2023 Time of Crash 1927 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 0 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Roadway/Street

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-347-AC**

License # _____ St. _____ DOB/Age _____ Reg # **9DW179** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2021** Veh Make **NISSAN** Veh Config. **1**

Operator **MCLAUGHLIN, JAMES F** Owner **SHIDLOW, LAURA KATHLEEN**

Address **33 ROSEDALE AVE** Address **536 WOBURN ST**

City **EVERETT** State **MA** Zip **02149-5119** City **WILMINGTON** State **MA** Zip **01887-2922**

Insurance Company **INTEGON NATIONAL INSURANC** Vehicle Action Prior to Crash **1** Damaged Area Code: **7 27 8 27 27**

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

Citation # (If Issued) **T3190479** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 23** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **10 25 9 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub **89 4A** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 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
Operator	See Above	XXXXXX	X	1	99	3	0	0	10	2	Lahey Clinic

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 # **W86684** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2022** Veh Make **ISUZU** Veh Config. **6**

Operator **CALDERON, ALEXIS TOMAS** Owner **BAY STATE WORKGROUP LLC**

Address **76 MILL ST APT 1** Address **844 WOBURN ST**

City **WOBURN** State **MA** Zip **01801-2762** City **WILMINGTON** State **MA** Zip **01887-0000**

Insurance Company **ACADIA INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 10 27 1 27**

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 35 23 21 23** Test Status: **1 28**

Citation # (If Issued) **T3190480** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 23** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

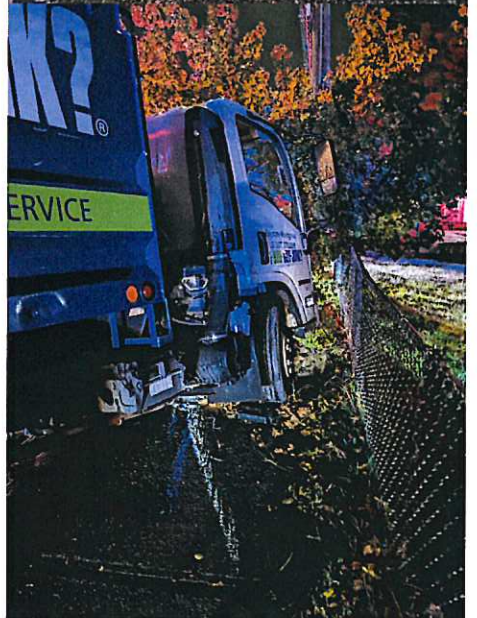
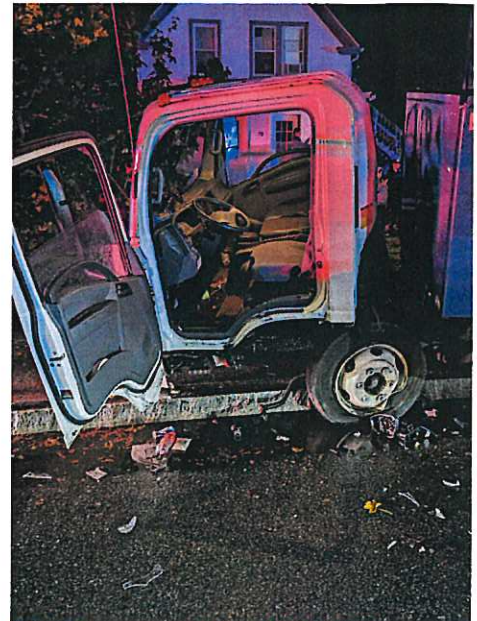
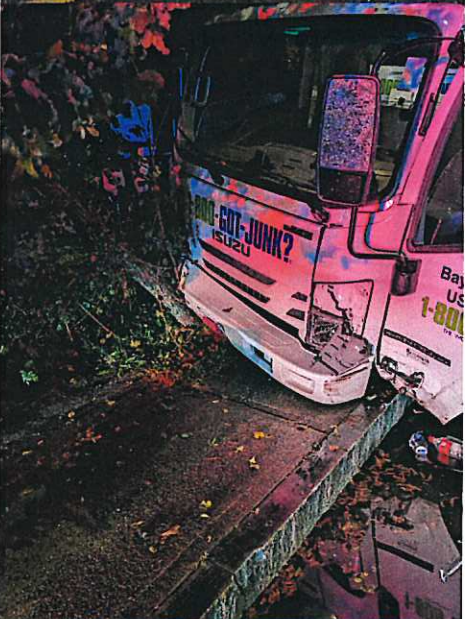
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 33**

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

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

Wilmington Police Department
Images Associated with 23-347-AC



Date of Crash 10/21/2023	Time of Crash 0054 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>BURLINGTON AVE</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>CHESTNUT ST</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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **23-348-AC**

License # _____ St. _____ DOB/Age _____ Sex F Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Operator BAVOTA, SOPHIA MARIE Address 34 ADAMS ST City WILMINGTON State MA Zip 01887-2451 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 6YB171 Reg Type PC Reg State MA Veh Year 2006 Veh Make Infinity Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner BAVOTA, DAVID J Address 34 ADAMS ST City WILMINGTON State MA Zip 01887-2451 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 8 <input type="checkbox"/> 27 <input type="checkbox"/> 2 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 1 <input type="checkbox"/> 29 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 18 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Susp. Alcohol <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33
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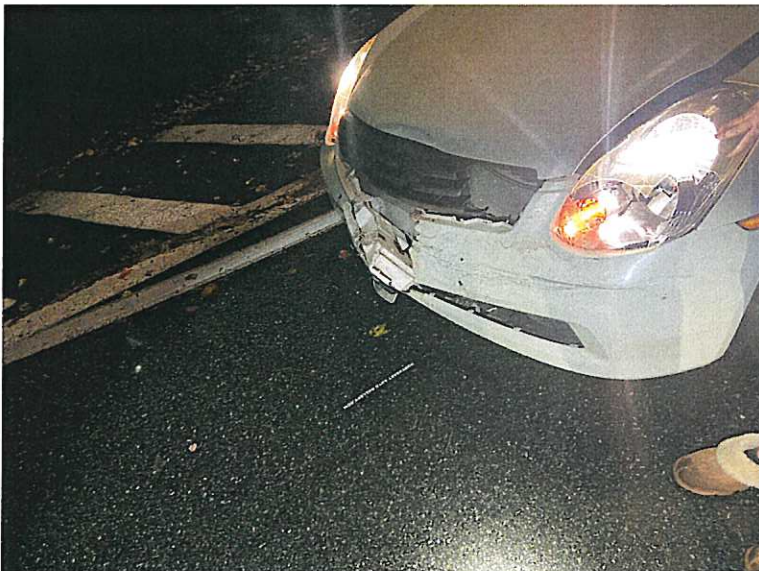
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		X	X	1	1	4	0	0	10	1	
JENNA MILLS	1 SPRING LN NORTH READING, MA 01864-3155		F	3	1	4	0	0	10	1	

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

License # _____ St. _____ DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Operator TERRA, JOAO PEDRO SILVA Address 40 MORSE AVE City WILMINGTON State MA Zip 01887-3358 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 2PEM75 Reg Type PC Reg State MA Veh Year 2015 Veh Make NISSAN Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner SILVA, ELIANNE R Address 30 MORSE AVE City WILMINGTON State MA Zip 01887-3358 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 6 <input type="checkbox"/> 27 <input type="checkbox"/> 5 <input type="checkbox"/> 27 <input type="checkbox"/> 4 <input type="checkbox"/> 27 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 1 <input type="checkbox"/> 29 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 11 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Susp. Alcohol <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		X	X	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-348-AC



Date of Crash **10/21/2023** Time of Crash **2310** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **2** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other

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

1 10
Route# **I93SB HWY** Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
At _____
Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____
1 11
Route# **CONCORD ST** Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
2 2
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Feet N S E W of _____
Landmark _____

3 3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-349-AC**

1 12 License # _____ St _____ DOB/A _____ Reg # **2NB185** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1**
3 3 Operator **WILLIAMS, LARA WILDER** Owner **WILLIAMS, RAY W**
Address **15 CABOT ST APT 1** Address **140 STATE ST**
City **SALEM** State **MA** Zip **01970** City **FRAMINGHAM** State **MA** Zip **01702-2462**
Insurance Company **GARRISON PROPERTY & CASUA** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 27**
1 13 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) **241720AC** Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub **90 23** 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 **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

2 2 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	3	0	0	10	1	

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

2 14 License # _____ St _____ DOB/Age _____ Reg # **VTG121** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions _____ CDL _____ Veh Year **2010** Veh Make **LEXUS** Veh Config. **1**
2 2 Operator **TOTO, ALYSON ELIZABETH** Owner **COLLINS, COREY E**
Address **23 MAJESTIC AVE** Address **60 FAIRCHILD DR**
City **PELHAM** State **NH** Zip **03076** City **READING** State **MA** Zip **01867-1259**
Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**
2 2 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 _____ 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 **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

2 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	X	1	99	3	0	0	9	2	Lahey Clinic
			F	3	99	3	0	0	9	2	Lahey Clinic

