

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:
 1 1 MAIN ST
 Route# Direction Name of Roadway/Street
 At
 MILTON WAY
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 2 1 Route# Direction Name of Intersecting Roadway/Street
 3 Feet N S E W of Mile Marker Exit Number
 3 Feet N S E W of Route# Intersecting Roadway/Street
 3 Feet N S E W of
 Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# 23-390-AC

License # 9EY127 Reg Type PC Reg State MA
 Sc Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement
 Veh Year 2019 Veh Make HONDA Veh Config. 1 21
 Operator CARALIS, MICHAEL JOHN
 Address 78 BURLINGTON AVE
 City WILMINGTON State MA Zip 01887-3904
 Insurance Company SAFETY INSURANCE COMPANY
 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: 30
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	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 # S71950396 S DOB/Age
 Reg # 5313582 Reg Type PC Reg State NH
 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement
 Veh Year 2021 Veh Make MERCEDES-BENZ Veh Config. 2 21
 Operator ALMEIDA, MARK DANIEL
 Address 16 HEATH ST APT 2
 City SOMERVILLE State MA Zip 02145-2466
 Owner GENTLE GIANT MOVING CO
 Address 199 CONSTITUTION AVE
 City PORTSMOUTH State NH Zip 03801
 Insurance Company VANLINER INSURANCE AGENCY
 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 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: 29
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 4 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 2 33

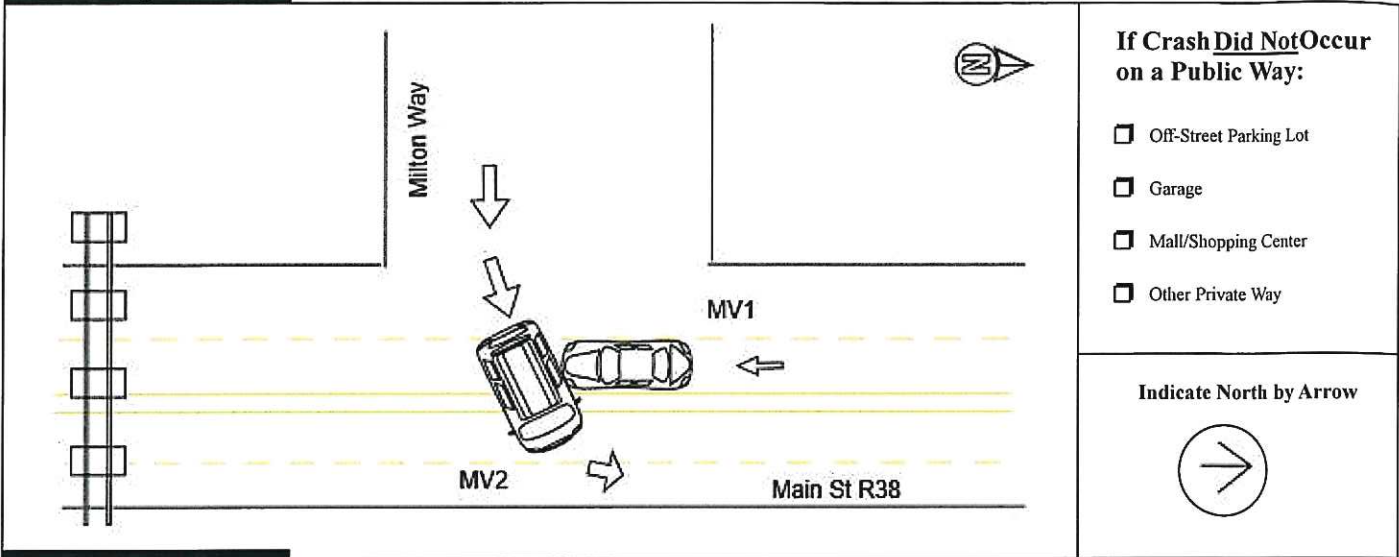
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 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:

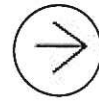
ie: → 1 → 2 → ○ → ○



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:

MV1 was traveling south on Main Street. MV2 was on Milton Way attempting to turn left onto Main Street (R38) to head north. While MV2 was attempting to cross over the two south lanes of travel, it was stuck by MV1. MV1 was traveling south in the left lane (closest to double yellow line). MV1 had damage to the front drivers side and MV2 had damaged on the middle of the drivers side. Both vehicles were operable and both parties refused medical attention.

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 # 5313582 (From Vehicle Section)

Carrier Name Gentle Giant Moving Co Bus Use 42

Address 199 CONSTITUTION AVE City PORTSMOUTH St NH Zip 03801

US DOT #: 373544 State Number _____ Issuing State NH MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 3 44 GVWR/GCWR 1 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 11/21/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

Route# Direction Name of Roadway/Street
 At
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street
 Route# Direction Address # Name of Roadway/Street
 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# **23-391-AC**

License _____ OB/Ag _____ Reg # **3546994** Reg Type **PC** Reg State **NH**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement
 Veh Year **2018** Veh Make **SUBARU** Veh Config. **1** 21
 Operator **ORLEP, ROBERT CHRISTOPHER** Owner **ORLEP, ROBERT CHRISTOPHER**
 Address **97 DUTTON RD** Address **97 DUTTON RD**
 City **PELHAM** State **NH** Zip **03076** City **PELHAM** State **NH** Zip **03076**
 Insurance Company _____ Vehicle Action Prior to Crash **1** 22 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: **1** 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 and all occupants involved

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

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

License _____ OB/Ag _____ Reg # **3VZW93** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
 Veh Year **2023** Veh Make **MAZDA** Veh Config. **1** 21
 Operator **DELTURCO, DANA ADERIAN** Owner **DELTURCO, DANA ADERIAN**
 Address **16 HILL ST APT 1** Address **16 HILL ST APT 1**
 City **SOMERVILLE** State **MA** Zip **02144-1569** City **SOMERVILLE** State **MA** Zip **02144-1569**
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **6** 27 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4** 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 _____

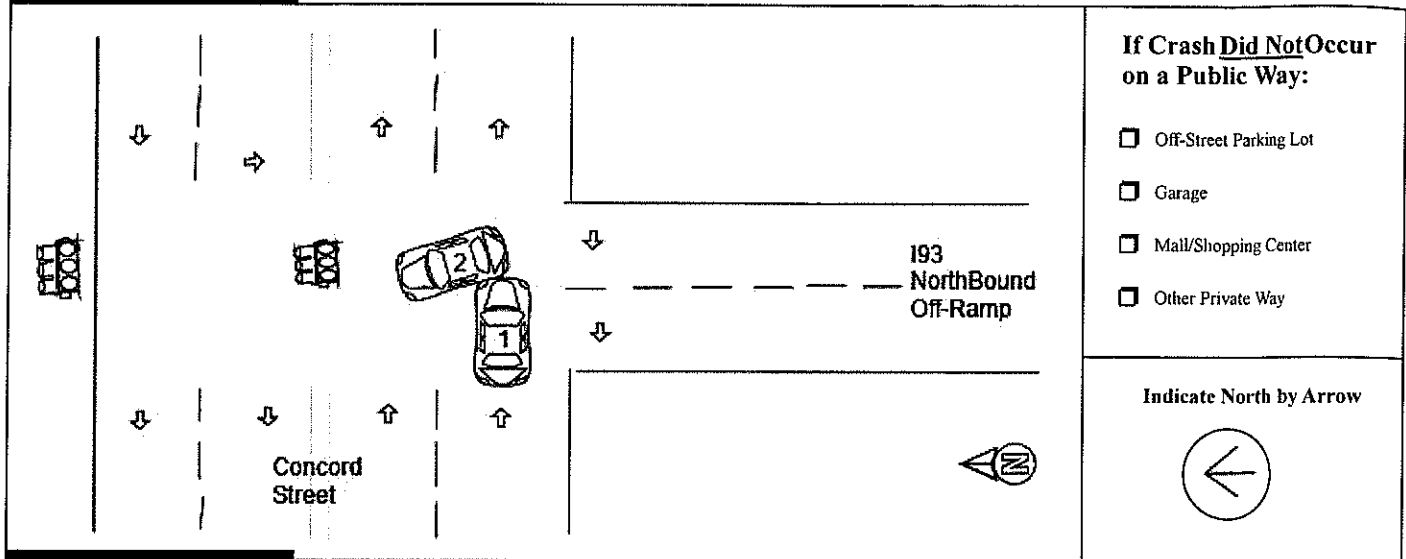
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	2	0	0	8	2	Winchester Hospital

→ = 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 traveling east on Concord Street in the right most eastbound lane (as pictured. Vehicle 2 was exiting the I93NB off ramp. At the time of the crash the traffic signals at this intrsection were on a flash. Traffic on Concord Street had the flashing yellow light, while the traffic exiting the ramp had a flshing red light. Vehicle 2 pulled out of the off ramp to take a left turn and vehicle 1 struck vehicle 2 in the middle of the intersection. The operator of vehicle 2 was transported to Winchester Hospital by the Wilmington Fire Department. Vehicle 2 was towed by Cains Towing. Vehicle 1 operator signed a medical refusal with the Wilmington Fire Department and the vehicle 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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 11/22/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-391-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 66 **CONCORD ST**

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

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 Feet **N S E W** of _____ of _____ Intersecting Roadway/Street

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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-392-AC**

License _____ S' DOB/Age _____ Reg # **5LCB49** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2009** Veh Make **NISSAN** Veh Config. **1 21**
 Operator **FERRO, MARIA EDUARDA ELISBO** Owner **RIBEIRO DOS SANTOS, RAFAEL**
 Address **12306 INWOOD DR APT 306** Address **12306 INWOOD DR APT 306**
 City **WOBURN** State **MA** Zip **01801-5179** City **WOBURN** State **MA** Zip **01801-5179**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 5 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 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 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License _____ St DOB/Ag _____ Reg # **JJ4136** Reg Type **PC** Reg State **NH**
 Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1 21**
 Operator **ROMANO, MARIA C** Owner **ROMANO, MARIA C**
 Address **48 OCEAN BLVD** Address **48 OCEAN BLVD**
 City **SEABROOK** State **NH** Zip **038744922** City **SEABROOK** State **NH** Zip **038744922**
 Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **2 22** Damaged Area Code: **1 27 5 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? **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			1	1	4	0	0	10	1	

Police Use Only		Date of Crash 11/22/2023		Time of Crash 1158 24HR		City/Town Wilmington		Number Vehicles 3		Number Injured 0		Speed Limit <u>40</u>		Latitude _____		Longitude _____		State Police <input type="checkbox"/>		Local Police <input type="checkbox"/>		MBTA Police <input type="checkbox"/>		Campus Police <input type="checkbox"/>		Other <input type="checkbox"/>	
AT INTERSECTION:										NOT AT INTERSECTION:																	
Route# _____ Direction _____ Name of Roadway/Street _____										Route# _____ Direction _____ Address # <u>66</u> Name of Roadway/Street <u>CONCORD ST</u>																	
At _____										_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____																	
Also at Intersection with _____										Route# _____ Intersecting Roadway/Street _____																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____																	

Please Select One of the Following: Vehicle 31 #Occupants Hit/Run Moped

Crash Report ID# **23-392-AC**

License _____ DOB/A _____										Reg # <u>1RKK16</u> Reg Type <u>PC</u> Reg State <u>MA</u>									
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____										Veh Year <u>2006</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>									
Operator <u>CHOUINARD, RANDOLPH CHARLES</u>										Owner <u>CHOUINARD, RANDOLPH CHARLES</u>									
Address <u>53 WATER ST</u>										Address <u>53 WATER ST</u>									
City <u>NORTH ANDOVER</u> State <u>MA</u> Zip <u>01845-2520</u>										City <u>NORTH ANDOVER</u> State <u>MA</u> Zip <u>01845-2520</u>									
Insurance Company <u>THE COMMERCE INSURANCE CO</u>										Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>										Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>									
Citation # (If Issued) _____										Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____										Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____										Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>									
Driver Distracted by <u>0</u> <u>26</u>										Towed from scene? <u>2</u> <u>33</u>									

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

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

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

Date of Crash 11/22/2023	Time of Crash 1940 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>40</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>635</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 _____ 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# **23-393-AC**

License # _____ f _____ DOB/Ag _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>BROWN, KRISTEN MARIE</u> Last First Middle Address <u>2 MARION ST APT 1</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-4626</u> Insurance Company <u>ALLSTATE INSURANCE COMPAN</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>2TH883</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2008</u> Veh Make <u>CHRYSLER</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BROWN, KRISTEN MARIE</u> Last First Middle Address <u>2 MARION ST APT 1</u> City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-4626</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>5</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>5</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>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>1</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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

License # _____ St _____ DOB/Ag _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle 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 _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1						

Date of Crash **11/23/2023** Time of Crash **0935** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other

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

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

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **23-394-AC**

License _____ DOB/Age _____ Reg # **3CVV21** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D 19 19** Lic. Restrictions **I 20** CDL _____ Veh Year **2018** Veh Make **DODGE** Veh Config. **1 21**
 Operator _____ Owner **BOURGEA, STEVEN**
 Address _____ Address **677 TRULL RD**
 City _____ State **MA** Zip **01876-1059**
 Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 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: **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	X	X	1	1	1	0	0	10	1
				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

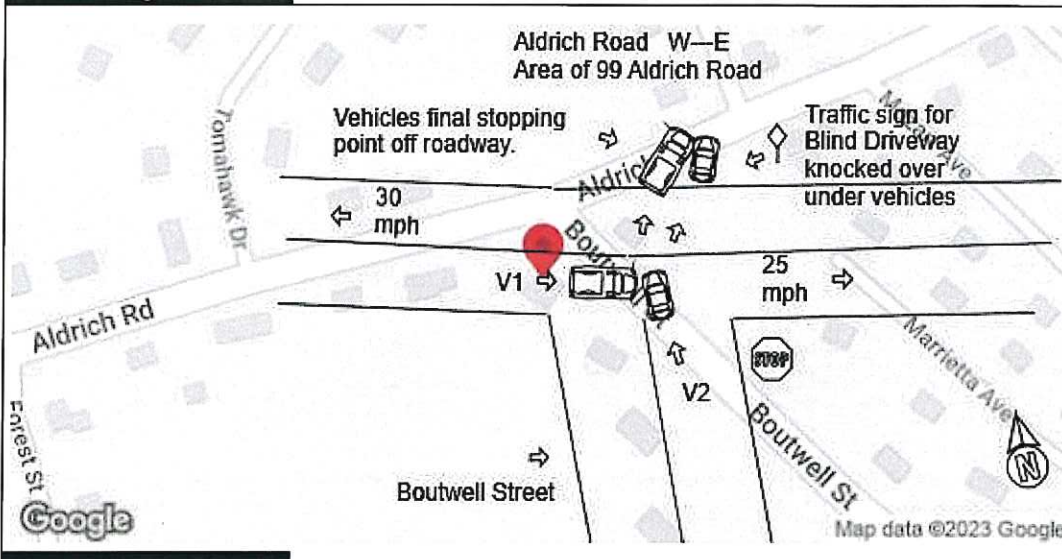
License # _____ S _____ DOB/Age _____ Reg # **3KPK63** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2005** Veh Make **HONDA** Veh Config. **1 21**
 Operator **COUY SILVA, LUCAS RYAN** Owner **OLIVEIRA SILVA, NATAN JUNIO**
 Address **81 VARNEY ST APT 2F** Address **81 VARNEY ST**
 City **LOWELL** State **MA** Zip **01854-3379** City **LOWELL** State **MA** Zip **01851-0000**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **7 27 10 27 8 27**
 Vehicle Travel Direction: **N S E X** 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: **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	X	X	1	1	4	0	0	8	2
											Lahay Clinic

→ = 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:

V1 (MA-3CVV21) traveling straight (East) on Aldrich Rd approaching intersection of Boutwell Street. V2 (MA-3KRR63) attempted left turn from Boutwell St. in front of V1 when collision occurred. Both vehicles then ran off the road left as depicted. No injuries observed or reported in V1 (opr/pass). V2 oprator sitting outside of vehicle w/ compress applied from bystander to treat bleeding from left side of face due to cut(s). WFD arrived to evalute all parties. V2. Opr transported. V1 driver told assisting officer (Tavares) he was travling about 35 mph prior to V2 suddenly attempting left turn when crash occurred. Officer Tavares spoke to V2 opr on my behalf & translated Portuguese. V2 oprator stated he stopped for stop sign and then attempted left turn when suv suddenly appeared to him. Good sight lines for the intersection. No idendant witnesses. Probable cause of collision by V2 was failure to yeild to ROW of V1. DPW Traffic sign knocked over from crash.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON DPW	121 GLEN RD WILMINGTON MA 01887		3	TRAFFIC SIGN & POST. "BLIND DRIVE"

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 Richard DiPerri 173 Wilmington Police Department 11/23/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 11/23/2023	Time of Crash 1824 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>	
AT INTERSECTION:						LOCATION						NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____						Route# _____ Direction _____ Address # <u>34</u> ROUTE 62 HWY Name of Roadway/Street _____											
At _____						_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						_____ Feet _____ Mile Marker _____ Exit Number _____											
Also at Intersection with _____						_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						Route# _____ Intersecting Roadway/Street _____											
						Landmark _____											
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 23-395-AC					
License # <u>3</u> S DOB/Age _____			Reg # <u>988EB8</u> Reg Type <u>PC</u> Reg State <u>MA</u>			Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____			Veh Year <u>2008</u> Veh Make <u>PONTIAC</u> Veh Config. <u>1</u> <u>21</u>			Operator <u>DEMATTIA, ROBERT S</u>			Owner <u>DEMATTIA, ROBERT S</u>		
Address <u>110 LOWELL RD APT 207</u>			City <u>NORTH READING</u> State <u>MA</u> Zip <u>01864-1688</u>			Address <u>110 LOWELL RD APT 207</u>			City <u>NORTH READING</u> State <u>MA</u> Zip <u>01864-1688</u>								
Insurance Company <u>THE COMMERCE INSURANCE CO</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>					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Most Harmful Event <u>1</u> <u>24</u>			Type of Test: <u>1</u> <u>29</u>			Citation # (If Issued) _____			BAC Test Result: <u>1</u> <u>30</u>					
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>			Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>			Towed from scene? <u>1</u> <u>33</u>		
Please fill out for operator and all occupants involved																	
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility				
Operator		See Above		_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>1</u>					
Please Select One of the Following:																	
<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants			<input type="checkbox"/> Non-Motorist A			Type <u>15</u>	Action <u>16</u>	Location <u>17</u>	Condition <u>18</u>	<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped				
License # _____ S DOB/Age _____			Reg # <u>4970VB</u> Reg Type <u>PC</u> Reg State <u>MA</u>			Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____			Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>			Operator <u>BIARRIO, SYLVIA N</u>			Owner <u>BIARRIO, SYLVIA N</u>		
Address <u>200 SWANTON ST APT 426</u>			City <u>WINCHESTER</u> State <u>MA</u> Zip <u>01890-4324</u>			Address <u>200 SWANTON ST APT 426</u>			City <u>WINCHESTER</u> State <u>MA</u> Zip <u>01890-4324</u>								
Insurance Company <u>THE COMMERCE INSURANCE CO</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u>			Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Test Status: <u>1</u> <u>28</u>					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Most Harmful Event <u>1</u> <u>24</u>			Type of Test: <u>1</u> <u>29</u>			Citation # (If Issued) <u>T3281884</u>			BAC Test Result: <u>1</u> <u>30</u>					
Viol. 1: Ch/Sec/Sub <u>90</u> <u>14</u> Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>4</u> <u>25</u> <u>25</u>			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>			Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>			Towed from scene? <u>1</u> <u>33</u>		
Please fill out for operator/non-motorist and all occupants involved																	
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility				
Operator/Non-Motorist		See Above		_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>					

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 11/24/2023	Time of Crash 1039 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>38</u> Direction <u>N</u> Address # <u>127</u> Name of Roadway/Street <u>MAIN ST</u>			
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____			
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____			
			Landmark _____			

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 23-396-AC
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License # _____	DOB/Age _____	Reg # <u>3BE927</u>	Reg Type <u>PC</u>	Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u>	Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2021</u>	Veh Make <u>HONDA</u>	Veh Config <u>1</u> <u>21</u>
Operator <u>BONUGLI, DENISE</u>		Owner <u>BONUGLI, DENISE</u>		
Address <u>640 SOUTH ST</u>		Address <u>640 SOUTH ST</u>		
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2315</u>		City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2315</u>		
Insurance Company <u>THE STANDARD FIRE INSURAN</u>		Vehicle Action Prior to Crash <u>2</u> <u>22</u>	Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	Test Status: <u>1</u> <u>28</u>	
Citation # (If Issued) _____		Most Harmful Event <u>1</u> <u>24</u>	Type of Test: <u>29</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>	BAC Test Result: <u>30</u>	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		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 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"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants		<input type="checkbox"/> Non-Motorist A	Type <u>15</u>	Action <u>16</u>	Location <u>17</u>	Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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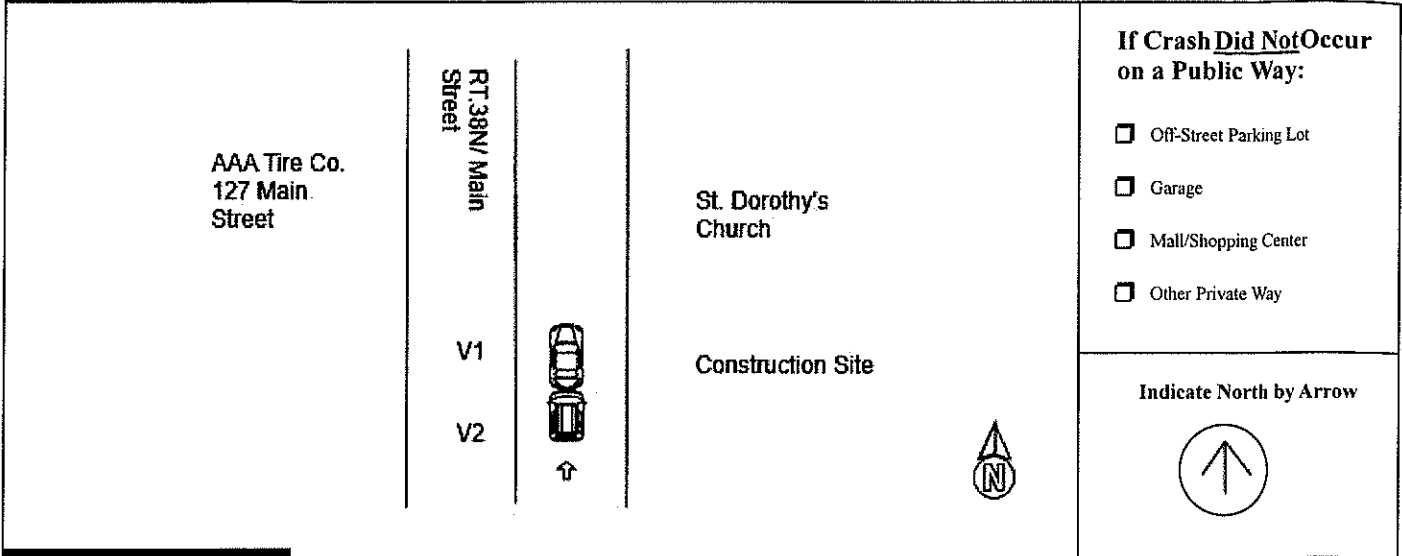
License # _____	St _____	OB/Age _____	Reg # <u>1XJW88</u>	Reg Type <u>PC</u>	Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u>	Lic. Restrictions <u>B</u> <u>20</u> CDL _____		Veh Year <u>1988</u>	Veh Make <u>Jeep</u>	Veh Config <u>1</u> <u>21</u>
Operator <u>STORER, DOROTHY</u>		Owner <u>STORER, DWIGHT HAROLD III</u>			
Address <u>3 VERANDA AVE</u>		Address <u>3 VERANDA AVE</u>			
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2006</u>		City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2006</u>			
Insurance Company <u>SAFETY INSURANCE COMPANY</u>		Vehicle Action Prior to Crash <u>1</u> <u>22</u>	Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>		Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	Test Status: <u>1</u> <u>28</u>		
Citation # (If Issued) _____		Most Harmful Event <u>1</u> <u>24</u>	Type of Test: <u>29</u>		
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____		Driver Contributing Code <u>19</u> <u>25</u> <u>5</u> <u>25</u>	BAC Test Result: <u>30</u>		
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____		Driver Distracted by <u>7</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	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚡



Crash Narrative:

V1 (MA-3BE927) was slowing/stopped in traffic preparing to make signaled left turn into 127 Main Street when it was rear-ended by V2 (MA-XJW88). No injuries observed or reported. V1 damaged on rear end. V2 damaged on left front end. V2 Opr. Storer admitted fault for crash by taking her attention from the roadway by looking at new construction site (cleared land for future town building project) next to church prior to rear-ending V1.

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 Richard DiPerri 173 Wilmington Police Department 11/24/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 11/24/2023 Time of Crash 1704 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 Latitude Longitude State Police Local Police MBTA Police Campus Police Other

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

Route# Direction Name of Roadway/Street At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

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 13 #Occupants Hit/Run Moped Crash Report ID# **23-397-AC**

License: S Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement

Operator: Last First Middle

Address: City **BOLTON** State **MA** Zip **01740-1438**

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

Reg # **4VAF97** Reg Type **PC** Reg State **MA**

Veh Year **2012** Veh Make **FORD** Veh Config. **1** 21

Owner **WARD, JAMES JOSEPH**

Address **20 WHEELER RD**

Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **1** 27 **2** 27 **7** 27

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

Most Harmful Event **1** 24 Type of Test: **1** 29

Driver Contributing Code **4** 25 **25** BAC Test Result: **1** 30

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

Towed from scene? **1** 33

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	
				3	1	4	0	0	10	1	
				5	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 # Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement

Operator: Last First Middle

Address: City **BILLERICA** State **MA** Zip **01821-5033**

Insurance Company **ALLSTATE INSURANCE COMPAN**

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

Reg # **96WH85** Reg Type **PC** Reg State **MA**

Veh Year **2011** Veh Make **CHEVROLET** Veh Config. **1** 21

Owner **SALKAUS, JOHN ANTHONY JR**

Address **137 COOK ST**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 27 **2** 27

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

Most Harmful Event **1** 24 Type of Test: **1** 29

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

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

Towed from scene? **1** 33

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	

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 1 Occupants Hit/Run Moped Crash Report ID# **23-398-AC**

License # _____ St. _____ DOB/Age _____ Reg # **1TM495** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2014** Veh Make **HONDA** Veh Config. **1** 21

Operator **HUTCHINSON, SARAH C W** Owner **HUTCHINSON, SARAH C W**

Address **47 GROTON ST** Address **47 GROTON ST**

City **DUNSTABLE** State **MA** Zip **01827-2204** City **DUNSTABLE** State **MA** Zip **01827-2204**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **1** 27 7 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: **2** 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **3** 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	0	4	0	0	10	1	

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

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

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

Operator **unknown** Owner _____

Address _____ Address _____

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

Insurance Company _____ Vehicle Action Prior to Crash **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	<input checked="" type="checkbox"/>	1							

Wilmington Police Department
Images Associated with 23-398-AC

