

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 280 **LOWELL ST**
 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# **23-399-AC**

License _____ DB/A _____ Reg # **EDY167** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **MUNOZ PAZ, MIRNA E** Owner **MUNOZ PAZ, MIRNA E**
 Address **20 HIGH ST APT 10** Address **20 HIGH ST APT 10**
 City **LYNN** State **MA** Zip **01902-3900** City **LYNN** State **MA** Zip **01902-3900**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **10** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **10** 24 Type of Test: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **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 # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **23** 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **25** 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **33**
 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							

Crash Diagram:

ie: → 1 → 2 → ♂ → 🚲

If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow

Crash Narrative:

MV 1 was travelling northbound on Lowell St when she observed a rock in the middle of the roadway. She described the rock as "boulder sized" and was unable to avoid the rock. She hit the rock head on causing damage to the front end of her vehicle as well as scraping the undercarriage of her vehicle.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Shane A Foley **211** **Wilmington Police Department** **11/26/2023**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash **11/27/2023** Time of Crash **1032** 24HR 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
 Latitude _____ Longitude _____

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

1 **1** **2** **11** **3** **11**

1 **1** **2** **1**

Route# **GLEN RD** Direction _____ Name of Roadway/Street _____
 At _____
 Route# **BRATTLE ST** 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 **NSEW** of _____ • _____ or _____ Mile Marker _____ Exit Number _____
 _____ Feet **NSEW** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Feet **NSEW** of _____ Landmark _____

3 Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **1** **12** Crash Report ID# **23-400-AC**

4 **2** **5** **1** **6** **1** **1** **13**

License # _____ DOB/Age _____ Reg # **253DF4** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2008** Veh Make **HONDA** Veh Config. **1** **21**
 Operator **TAYLOR, CAROL ANN** Owner **TAYLOR, CAROL ANN**
 Address **11 GREATNECK DR** Address **11 GREATNECK DR**
 City **WILMINGTON** State **MA** Zip **01887-2139** City **WILMINGTON** State **MA** Zip **01887-2139**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **8** **27** **1** **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: **2** **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 **5** **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	M	1	1	4	0	0	10	1	

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

8 **1** **9** **2** **1** **14**

License # _____ St _____ DOB/Age _____ Reg # **M99882** Reg Type **CI** Reg State **MA**
 Sex **M** Lic. Class **A** **19** **19** Lic. Restrictions **1** **20** CDL **T** Veh Year **2017** Veh Make **FORD** Veh Config. **8** **21**
 Operator **CRAIG, THOMAS PAUL III** Owner **WILMINGTON TOWN OF**
 Address **121 GLEN RD** Address **121 GLEN RD**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-3542**
 Insurance Company **MLIA** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **3** **27** **27** **27**
 Vehicle Travel Direction: **N** **S** **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **2** **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**

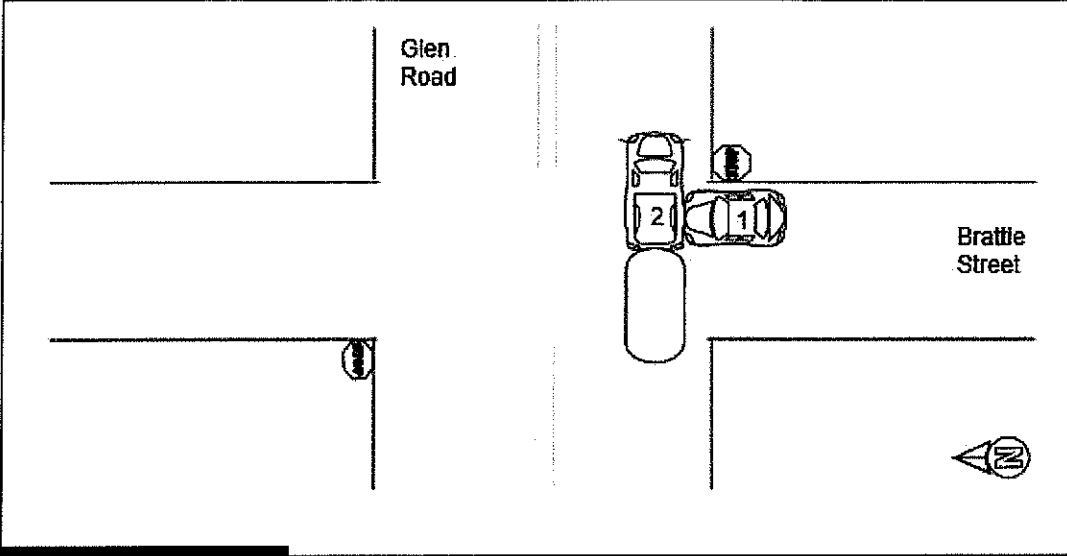
Please fill out for operator/non-motorist and all occupants involved

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	M	1	1	4	0	0	10	1	
ZACHERY FRONTAIN	121 GLEN RD WILMINGTON, MA 01887		M	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 2 was traveling east on Glen Road towards Rt. 62. Vehicle 1 was stopped at the stop sign on Brattle Street. Vehicle 1 began to turn right onto Glen Road and as she did this, vehicle 2 was traveling in front of her on Glen Road. Vehicle 1 struck vehicle 2. Vehicle 1's operator stated that she was looking at a car sitting on Glen Road waiting to turn left, and didnt notice vehicle 2 traveling down the road. All involved parties declined medical attention and both vehicles were able to be 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 # **M99882** (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address **121 GLEN RD** City **WILMINGTON** St **MA** Zip **01887**

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: **M9376A** Reg Type **TR** Reg State **MA** 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
Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/27/2023

Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 _____ At _____ **210 BALLARDVALE ST**
 _____ Feet **NSEW** of _____ or _____ Mile Marker Exit Number
 Route# Direction Name of Intersecting Roadway/Street _____ Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 _____ Also at Intersection with _____ Feet **NSEW** of _____
 Route# Direction Name of Intersecting Roadway/Street _____ Landmark

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **23-401-AC**

License # _____ DOB/Age _____ Reg # **3DVP38** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **KIA** Veh Config. **1**
 Operator **PASHO-MELENDZ, JAYLIN ELIZABETH** Owner **PASHO, JADA E**
 Address **17 MEMORIAL CIR APT 17** Address **30 SHATTUCK RD APT 2417**
 City **ANDOVER** State **MA** Zip **01810-2005** City **ANDOVER** State **MA** Zip **01810-2477**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **10** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **97 25 25** BAC Test Result: **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		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	4	0	0	10	1
CARL SQUATRITO	30 CLINTON ST METHUEN, MA 01844	02/19/1999	M	3	1	4	0	0	10	1	

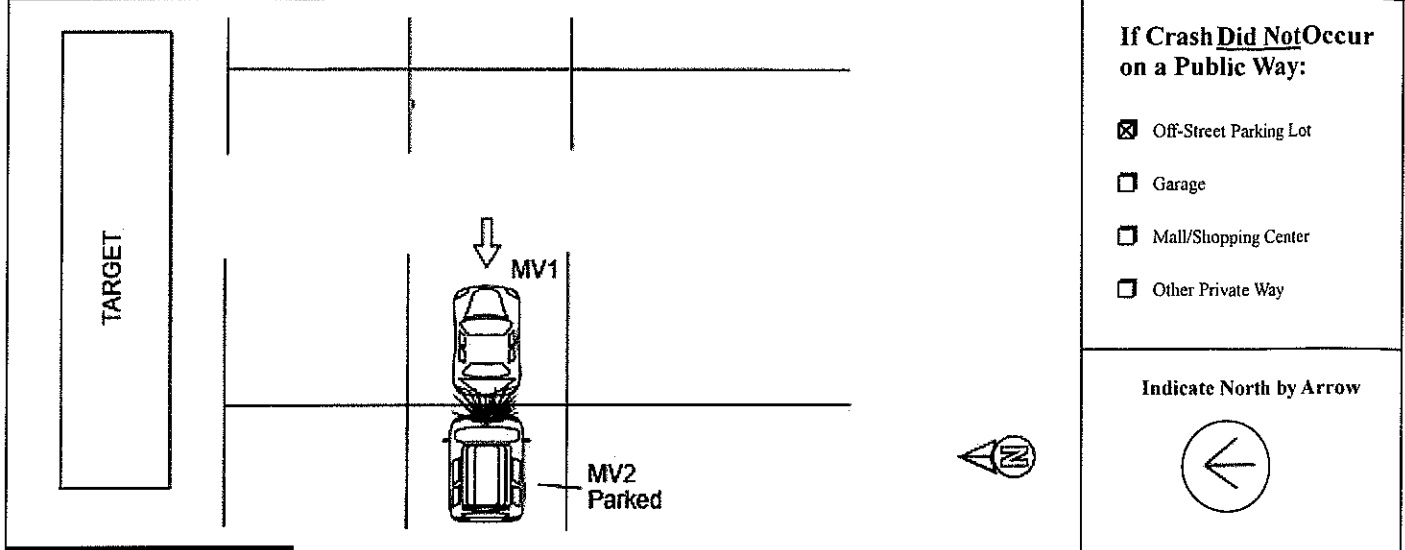
Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **781JZ0** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19** Lic. Restrictions **20** CDL _____ Veh Year **2023** Veh Make **HONDA** Veh Config. **1**
 Operator **Driverless M.V.** Owner **STRAUB, LAUREN GWEN**
 Address _____ Address **6 BAYBERRY LN**
 City _____ State _____ Zip _____ City **ANDOVER** State **MA** Zip **01810-4859**
 Insurance Company **NORFOLK & DEDHAM MUTUAL** Vehicle Action Prior to Crash **11** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **NSEW** Responding to Emergency? _____ Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**
 Viol. 4: Ch/Sec/Sub _____

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

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was backing into a parking spot in the Target parking lot. Operator of MV1 accidentally pressed the accelerator instead of the brake pedal and backed into MV2, which was parked and unoccupied. MV1 had minor rear end damage and MV2 had minor front end damage. Both vehicles operable and no reported injuries.

Witnesses:

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

Property Damage:

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

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Daryl J Ceruolo 212 Wilmington Police Department 11/27/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 11/27/2023	Time of Crash 1712 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# <u>LOWELL ST</u> Direction _____ Name of Roadway/Street _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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 _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-402-AC**

License _____ : DOB/Ag <u>19 19</u> Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Operator <u>NICOLI, CHAD JAMES</u> Address <u>180 NEWBURY ST APT 5304</u> City <u>DANVERS</u> State <u>MA</u> Zip <u>01923-5246</u> Insurance Company <u>THE STANDARD FIRE INSURAN</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>5ZG541</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> Owner <u>NICOLI, CHAD JAMES</u> Address <u>180 NEWBURY ST APT 5304</u> City <u>DANVERS</u> State <u>MA</u> Zip <u>01923-5246</u> Vehicle Action Prior to Crash <u>2</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</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			<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 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

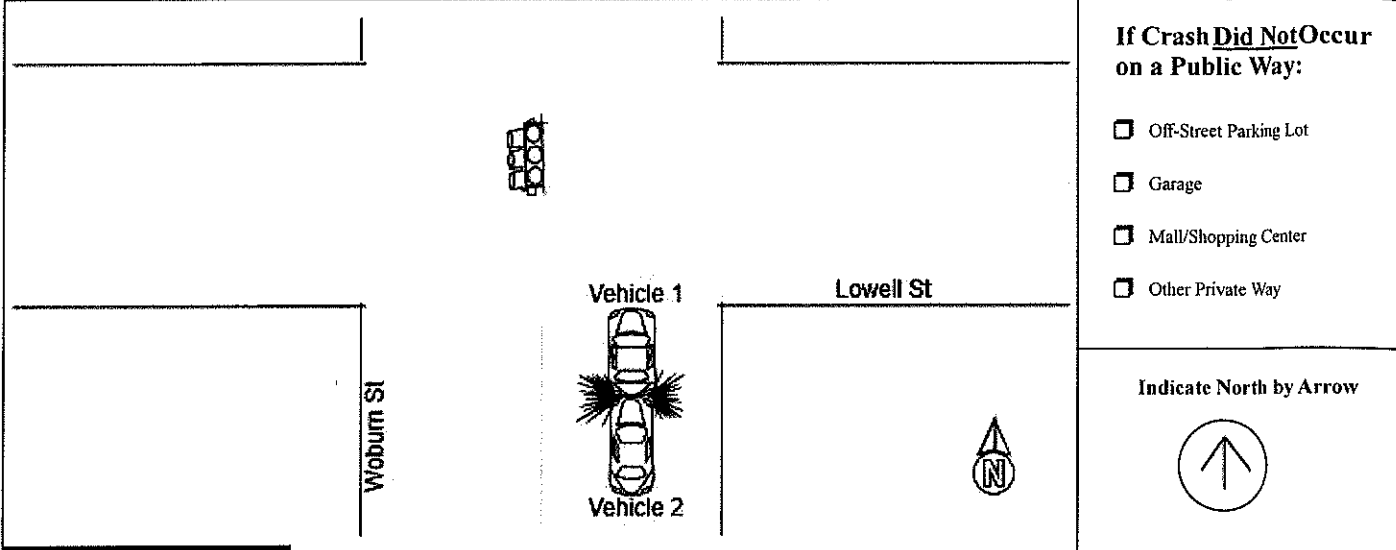
License # <u>NH13922006</u> St <u>NH</u> DOB/Ag <u>01/01/1954</u> Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Operator <u>GOBBI, RONALD R</u> Address <u>47 ADAMS POND RD</u> City <u>DERRY</u> State <u>NH</u> Zip <u>030385014</u> Insurance Company _____ Vehicle Travel Direction: <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>SUPRBEE</u> Reg Type <u>PC</u> Reg State <u>NH</u> Veh Year <u>2007</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> Owner <u>GOBBI, RONALD R</u> Address <u>47 ADAMS POND RD</u> City <u>DERRY</u> State <u>NH</u> Zip <u>030385014</u> Vehicle Action Prior to Crash <u>2</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>5</u> <u>25</u> <u>25</u> Driver Distracted by <u>99</u> <u>26</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			<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 O = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X X → ☺



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Monday, November 27, 2023 at approximately 5:00PM, vehicle 1 was stopped at the traffic light at the intersection of Woburn street and Lowell Street. At this time, vehicle 2 collided with the rear of vehicle 1 causing damage to both vehicles.

Both parties were offered medical attention and declined.

Both vehicles were driveable and were driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Christopher k Miccichi 232 Wilmington Police Department 11/27/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-402-AC



Date of Crash **11/27/2023** Time of Crash **1727** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other

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

Route# _____ Direction _____ Name of Roadway/Street _____	Route# 197 Direction _____ Address # WILDWOOD ST Name of Roadway/Street _____
At _____	_____ Feet N S E W of _____ or _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____
Also at Intersection with _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-403-AC**

Licens _____ St _____ DOB/Age _____	Reg # 317ZM7 Reg Type PC Reg State MA
Sex F Lic. Class D Lic. Restrictions 1 CDL _____	Veh Year 2006 Veh Make ACURA Veh Config. 1
Operator SALDARIAGA, YAMILET MARIE	Owner VAZQUEZ RIVERA, ISRAEL
Address 697 BRIDGE ST APT 1	Address 98 W 6TH ST
City LOWELL State MA Zip 01850-2081	City LOWELL State MA Zip 01850-2040
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 1 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: N S X W Responding to Emergency? 2	Event Sequence 44 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 44 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 22 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			1	1	4	0	0	10	1	

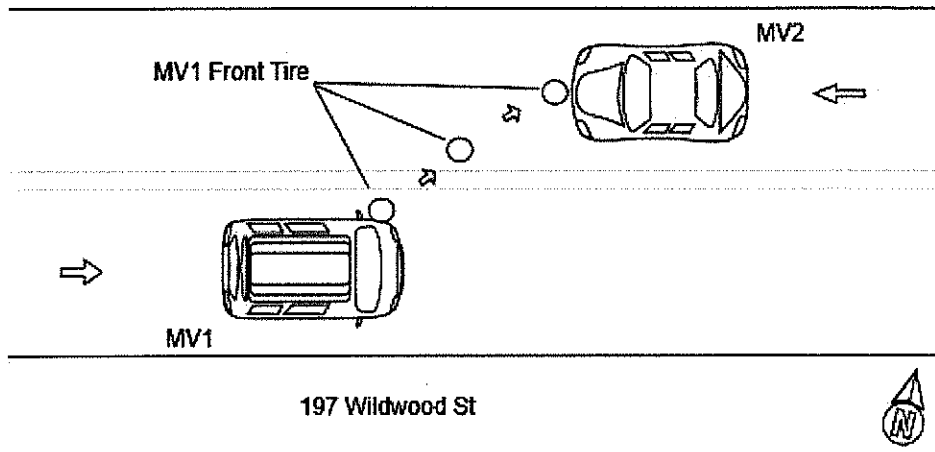
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ DOB/Age _____	Reg # 262DA0 Reg Type PC Reg State MA
Sex F Lic. Class D Lic. Restrictions 1 CDL _____	Veh Year 2015 Veh Make Other-not listed Veh Config. 1
Operator PELLERIN, SHARON JEANNE	Owner PELLERIN, SHARON JEANNE
Address 56 HOUGHTON RD	Address 56 HOUGHTON RD
City WILMINGTON State MA Zip 01887-2242	City WILMINGTON State MA Zip 01887-2242
Insurance Company ARBELLA MUTUAL INSURANCE	Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 27
Vehicle Travel Direction: N S E X Responding to Emergency? 2	Event Sequence 10 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 10 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/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was traveling east on Wildwood St. MV1 had an equipment malfunction/failure which caused the front drivers side wheel to fall off while driving. The wheel fell off the vehicle and went into the opposite lane of travel. MV2 was traveling west and struck the wheel while it was in the middle of the travel lane. MV2 had front end damage but was still operable. MV1 was towed by A&S to the registered owners residence. Upon further inspection of the wheel, it appeared that one of the wheel studs broke off and all of the lug nuts were missing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Daryl J Ceruolo 212 Wilmington Police Department 11/27/2023
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-403-AC



Wilmington Police Department
Images Associated with 23-404-AC



Date of Crash **11/29/2023** Time of Crash **1800** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** 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# 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# **23-405-AC**

License # _____ DOB/Ag _____ Reg # **251SN5** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2007** Veh Make **MITSUBISHI** Veh Config. **1**

Operator **CARRAFIELLO, MICHAEL C** Owner **CARRAFIELLO, MICHAEL C**

Address **380 FOREST ST** Address **380 FOREST ST**

City **WALTHAM** State **MA** Zip **02452-5723** City **WALTHAM** State **MA** Zip **02452-5723**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **5 27 27 27**

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

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

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

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

Towed from scene? **1 33**

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

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

License # _____ DOB/Ag _____ Reg # **3VXV54** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **HONDA** Veh Config. **1**

Operator **BRYSON, HANNAH JAE** Owner **BRYSON, JENNIFER R**

Address **4 BAKER ST** Address **4 BAKER ST**

City **WILMINGTON** State **MA** Zip **01887-2009** City **WILMINGTON** State **MA** Zip **01887-2009**

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

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **20 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **7 26** Susp. Alcohol: **31** Susp. Drug: **32**

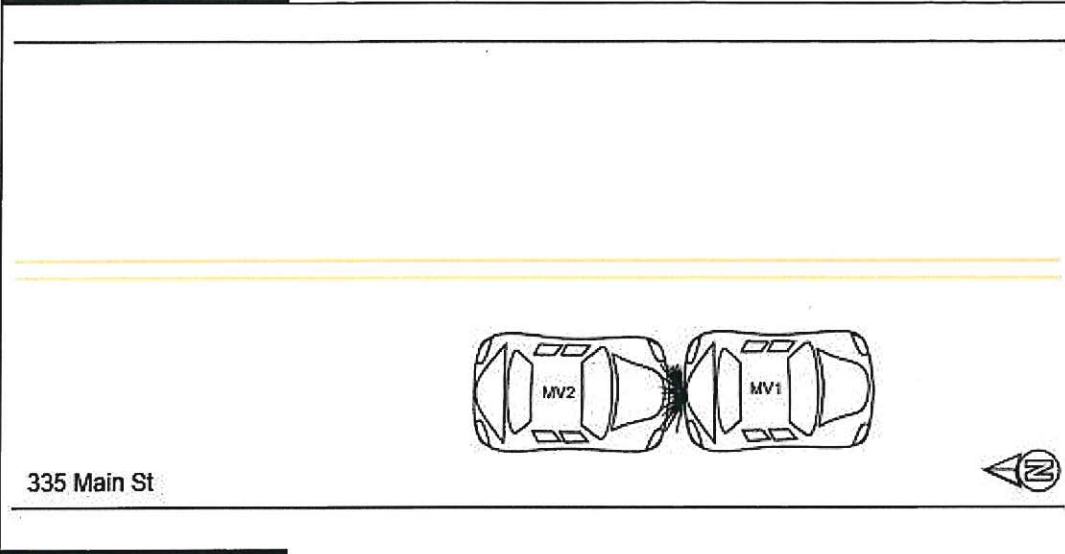
Towed from scene? **1 33**

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	<input checked="" type="checkbox"/>	1	1	1	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 SB on Main st and was slowing with traffic when MV2 struck the rear of MV1. Operator of MV2 stated they were distracted by another vehicle in traffic and was unable to stop in time to avoid hitting MV1. MV2 had front airbag deployment. Both operators reported no injuries. Cains towing was called and towed both vehicles.

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 Meghan Sousa

214

Wilmington Police Department

11/29/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash: 11/29/2023 Time of Crash: 2033 24HR City/Town: **Wilmington** Number Vehicles: 2 Number Injured: 1 Speed Limit: 45 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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-406-AC**

License: S DOB/Ag: Reg # **4972023** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2022** Veh Make **KIA** Veh Config. **1**

Operator **DIMURO, JEROME A** Owner **DIMURO, JEROME A**

Address **15 SQUIRE DR** Address **15 SQUIRE DR**

City **PELHAM** State **NH** Zip **030763588** City **PELHAM** State **NH** Zip **030763588**

Insurance Company **GEICO** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 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 **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 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	8	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 # S OB/A, Reg # **293YY3** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2018** Veh Make **Jeep** Veh Config. **1**

Operator **CLARK, MICHELE DAWN** Owner **CLARK, MICHELE DAWN**

Address **111 LOWELL RD APT 205** Address **111 LOWELL RD APT 205**

City **NORTH READING** State **MA** Zip **01864-1690** City **NORTH READING** State **MA** Zip **01864-1690**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 7 27 27**

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

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

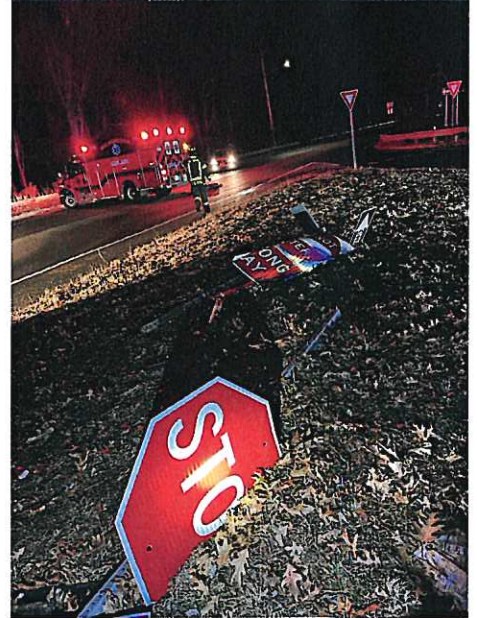
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **1 25 25** BAC Test Result: **30**

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		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	3	0	0	10	1	

Wilmington Police Department
Images Associated with 23-406-AC



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

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

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

Route# Direction Name of Intersecting Roadway/Street

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

Feet **N S E W** of _____ 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# **23-407-AC**

License # _____ S DOB/Age _____ Reg # **429TC7** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **99 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2005** Veh Make **FORD** Veh Config. **1 21**

Operator **VONER, JOSEPH** Owner **VONER, THOMAS A**

Address **32 EVERETT AVE** Address **32 EVERETT AVE**

City **WILMINGTON** State **MA** Zip **01887-1747** City **WILMINGTON** State **MA** Zip **01887-1747**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **1 27 27 27**

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

Citation # (If Issued) **315703AC** 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: **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		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 # **V52420** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **99 20** CDL _____ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1 21**

Operator **BOUCHER, MICHAEL R** Owner **NORTHERN BUSINESS MACHINES INC**

Address **6 MEMORIAL DR** Address **24 TERRY AVE**

City **TEWKSBURY** State **MA** Zip **01876-2136** City **BURLINGTON** State **MA** Zip **01803-2516**

Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 27 27**

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

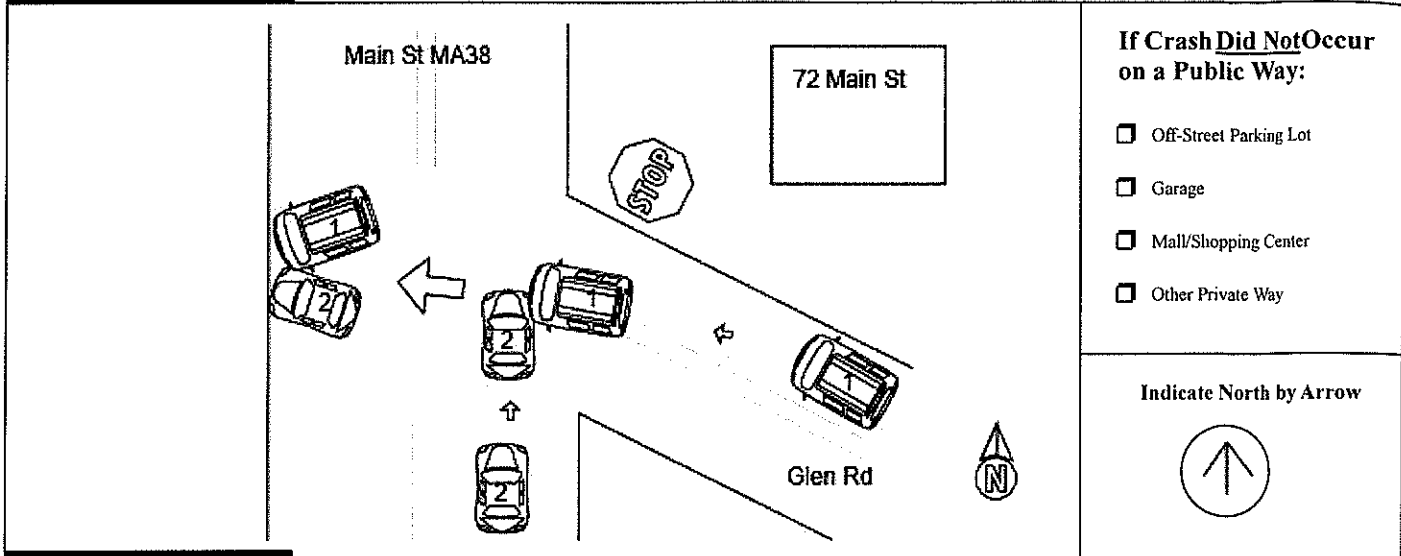
Towed from scene? **1 33**

Please fill out for operator/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	3	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Crash Narrative:

12/01/2023 appx 1717hrs, dispatched to Main @ Glen for 2 car MVC no injuries. OP2 stated traveling NB on Main St, MV1 entered lane of travel and hit MV2. MV2 attempted to brake but not stop in time. MV1 pushed MV2 across Main St, stopped in SB lane perpendicular to roadway. OP1 stated turned left onto Main St and struck MV2. MV1 no airbags, MV2 airbags driver front and pass side. OP2 denied medical multiple times, did not show signs of injury. OP1 cited 90/23 OAS License (23-530-AR). Both MVs towed, Forrest.

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 Joseph A Fitzgerald

215

Wilmington Police Department

12/01/2023

Police Officer Name (Please Print)

Signature

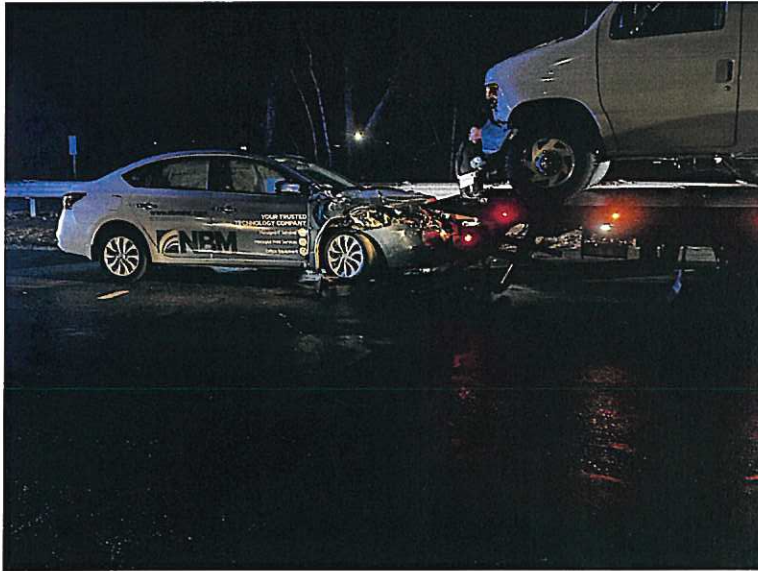
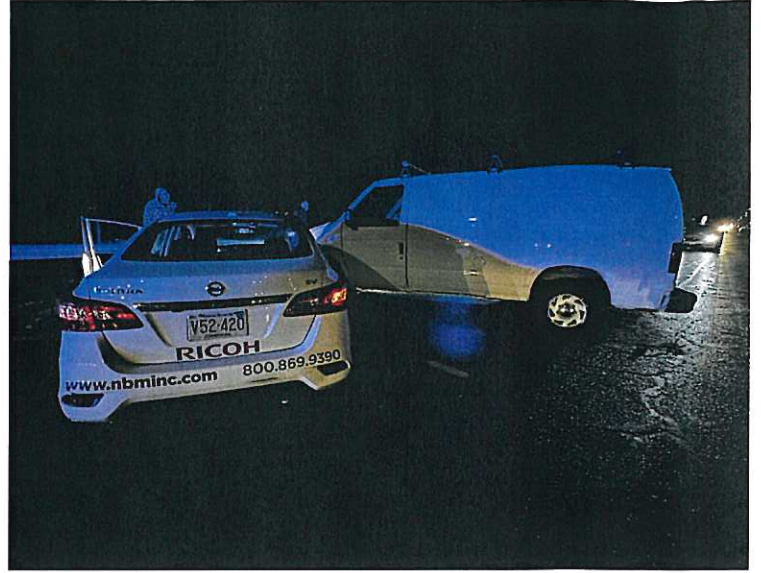
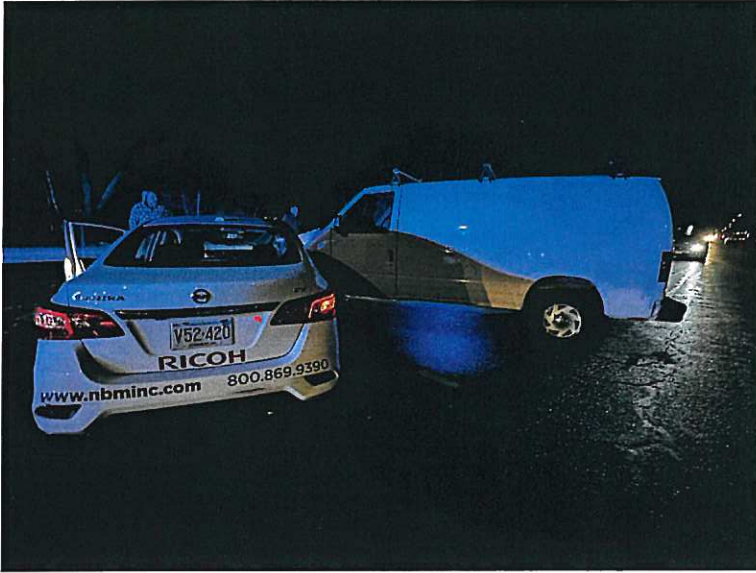
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-407-AC



Wilmington Police Department
Images Associated with 23-407-AC



Date of Crash 12/01/2023 Time of Crash 2245 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 Latitude Longitude State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: **WOBURN ST** **CONCORD ST**

LOCATION

NOT AT INTERSECTION:

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-408-AC**

License # _____ St _____ DOB/Ag _____ Reg # **9NJ687** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2008** Veh Make **MERCURY** Veh Config. **1**

Operator **KELLEY, RYAN CHRISTOPHER** Owner **KELLEY, LINDA C**

Address **9 POE RD** Address **9 POE RD**

City **BILLERICA** State **MA** Zip **01821-2843** City **BILLERICA** State **MA** Zip **01821-2843**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** 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 # **9AB478** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **B** Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **CADILLAC** Veh Config. **1**

Operator **FALZANO, KIMARIE** Owner **BEANTOWN ENTERPRISES INC**

Address **5 KILMARNOCK ST** Address **1 CHURCH ST APT 101**

City **WILMINGTON** State **MA** Zip **01887-3033** City **WILMINGTON** State **MA** Zip **01887-2784**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: **1 30**

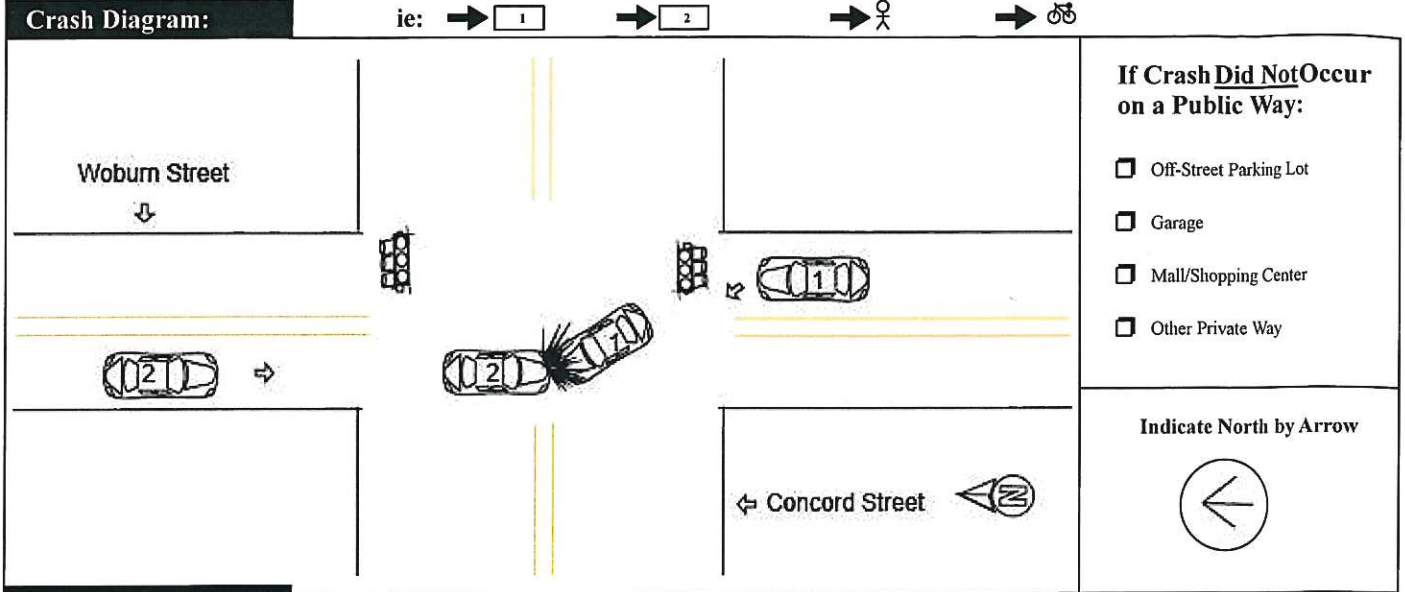
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** 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	

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



Crash Narrative:

Vehicle 1 was traveling north on Woburn Street when it approached the Concord Street intersection. Vehicle 2 was traveling south on Woburn Street and was traveling straight ahead coming from the opposite side of the intersection. When the light turned green vehicle 1 attempted to turn left onto Concord Street while vehicle 2 attempted to drive straight across. Vehicle 1 pulled in front vehicle 2 and both vehicles collided in the middle of the intersection. Vehicle 2 had airbag deployment and there were no reported injuries from either operator. Both vehicles were towed by Forrest Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson 222 Wilmington Police Department 12/01/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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 **353 WOBURN 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 **12** #Occupants Hit/Run Moped Crash Report ID# **23-409-AC**

License # _____ DOB/Ag. _____ Reg # **131YN1** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **1** 21
 Operator **PUPA, VIRGINIA LEE** Owner **PUPA, GERALD THOMAS**
 Address **142 EAMES ST** Address **142 EAMES ST**
 City **WILMINGTON** State **MA** Zip **01887-3372** City **WILMINGTON** State **MA** Zip **01887-3372**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 27 27 27
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **8** 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	8	2	Lahey Clinic
GERALD PUPA	142 EAMES ST WILMINGTON, MA 01887-3372		M	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ S DOB/Ag. _____ Reg # **7WK243** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **FORD** Veh Config. **1** 21
 Operator **MANGANO, JAMES WILLIAM** Owner **MANGANO, JAMES WILLIAM**
 Address **6 NELSON WAY** Address **6 NELSON WAY**
 City **WILMINGTON** State **MA** Zip **01887-1486** City **WILMINGTON** State **MA** Zip **01887-1486**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 27 27 27
 Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	
MARIA MANGANO	6 NELSON WAY WILMINGTON, MA 01887-1486		F	3	1	4	0	0	10	1	

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

ie: → 1 → 2 → ♂ → 🚲

Crash Diagram:

353 Woburn Street

Rock wall

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 North on Woburn Street when it crossed into the wrong side of the roadway due to a possible medical issue. Vehicle 2 was traveling south on Woburn street when it saw Vehicle 1 coming right at them and attempted swerve right out of the way to avoid being hit. Both vehicles collided with the side of each other before driving off the roadway getting stuck on a rock wall. Neither vehicle had airbag deployment from the accident and only the operator of vehicle 1 was transported to the hospital. Both vehicles were towed from the scene by A&S Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MCKENZIE LAUREN MICHELLE	38 COLUMBIA PARK HAVERHILL MA 01830		
MCFADYEN JOSEPH M	143 FEDERAL ST WILMINGTON MA 01887-2511		

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 Thomas Lawrenson 222 Wilmington Police Department 12/02/2023

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

Date of Crash **12/02/2023** Time of Crash **1254** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other
 Latitude _____ Longitude _____

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 # **210** Name of Roadway/Street **BALLARDVALE ST**
 _____ 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# 23-410-AC**

License # _____ St. _____ OB/Ag _____ Reg # **233XV8** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **ACURA** Veh Config. **2**
 Operator **YOUNG, KIRA SABRA** Owner **YOUNG, VALOREE BOWERS**
 Address **4 SUNCREST RD** Address **4 SUNCREST RD**
 City **ANDOVER** State **MA** Zip **01810-5719** City **ANDOVER** State **MA** Zip **01810-5719**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **10** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **5 26** Susp. Alcohol: **31** Susp. Drug: **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		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	5	0	0	10	1	

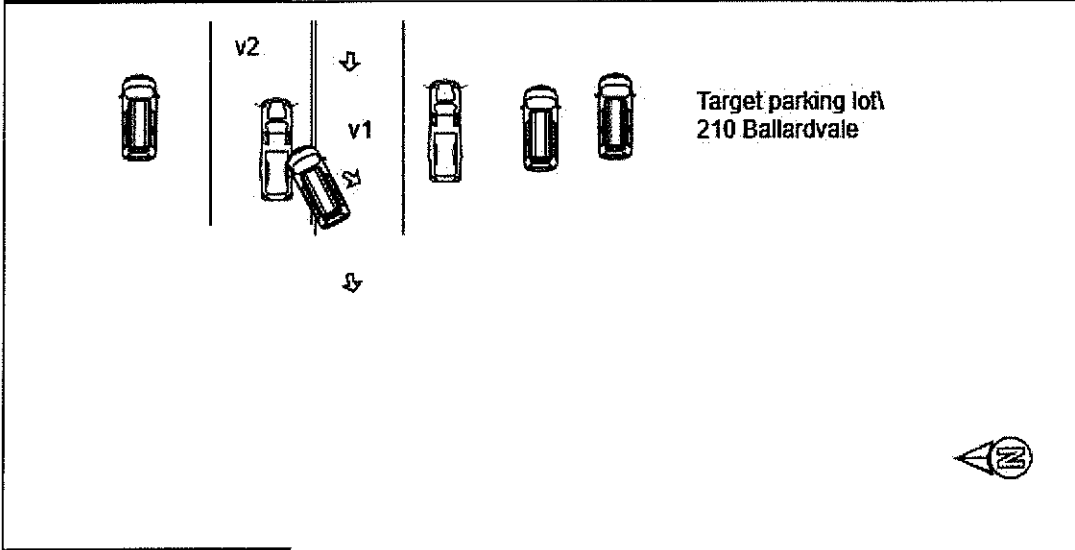
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St. _____ DOB/Age _____ Reg # **8LR227** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2007** Veh Make **HONDA** Veh Config. **21**
 Operator **Driverless M.V.** Owner **POLANCO, LISSETTE A**
 Address _____ Address **945 RIVERSIDE DR APT 12C**
 City _____ State _____ Zip _____ City **METHUEN** State **MA** Zip **01844-6726**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **11** Damaged Area Code: **4 27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**
 Viol. 4: Ch/Sec/Sub _____

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

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

Both cars were parked in the parking lot. V1 attempted to back out of her space, she crossed into the space of v2, striking the right rear. V1 left the scene, and was later identified by a witness

v2 was parked.

v1 was contacted and admitted to accident without issue.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BOILLARD KATHRYN MCSURDY	100 OSGOOD ST NORTH ANDOVER MA 01845		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)
 Carrier Name _____ Bus Use 42
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46
Hazmat Information:
 Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Brian D Thornton **190** **Wilmington Police Department** **12/03/2023**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-410-AC

