

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **12/03/2023** Time of Crash **1637** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **3** Number Injured **0** Speed Limit **30** State Police
 Latitude _____ MBTA Police
 Longitude _____ 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 # **220** Name of Roadway/Street **MIDDLESEX AVE**
 _____ 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# **23-411-AC**

License # _____ S _____ DOB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **99** **20** CDL _____ Endorsement _____
 Operator **ENGDAHL, HELEN FLORENCE**
 Last First Middle
 Address **3 CHARLOTTE RD**
 City **WILMINGTON** State **MA** Zip **01887-1548**
 Insurance Company **SAFETY INSURANCE COMPANY**
 Vehicle Travel Direction: **N S X 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 # **742WW3** Reg Type **PC** Reg State **MA**
 Veh Year **2011** Veh Make **HONDA** Veh Config. **1** **21**
 Owner **ENGDAHL, HELEN FLORENCE**
 Last First Middle
 Address **3 CHARLOTTE RD**
 City **WILMINGTON** State **MA** Zip **01887-1548**
 Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **4** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

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

Reg # **3BCH86** Reg Type **PC** Reg State **MA**
 Veh Year **2022** Veh Make **TOYOTA** Veh Config. **1** **21**
 Owner **SOUZA, STANLEY JOHN**
 Last First Middle
 Address **14 FAIRMEADOW RD**
 City **WILMINGTON** State **MA** Zip **01887-1617**
 Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **8** **27** **6** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **5** **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	XXXXXX	X	1	1	4	0	0	10	1	

Date of Crash 12/03/2023 Time of Crash 1637 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 3 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 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# **23-411-AC**

License # _____ St _____ DOB/Age _____ Reg # **1DWC44** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL _____ Veh Year **2014** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **PETRIE, CHRISTIAN JOHN** Owner **PETRIE, CHRISTIAN JOHN**

Address **15 DOROTHY AVE** Address **15 DOROTHY AVE**

City **WILMINGTON** State **MA** Zip **01887-1115** City **WILMINGTON** State **MA** Zip **01887-1115**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **2** 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: **1** 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 25 **25** BAC Test Result: **1** 30

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

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

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

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

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

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

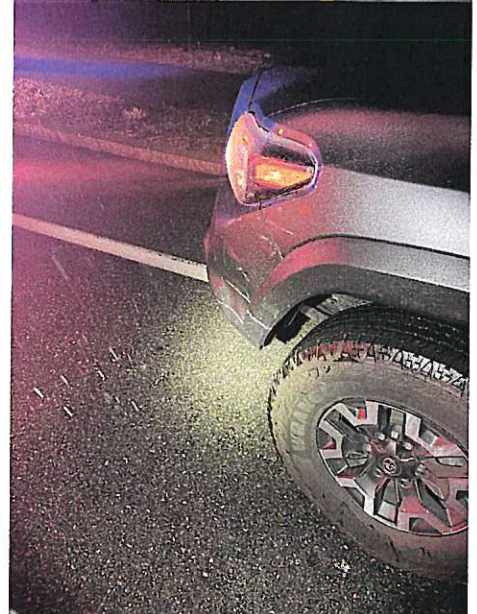
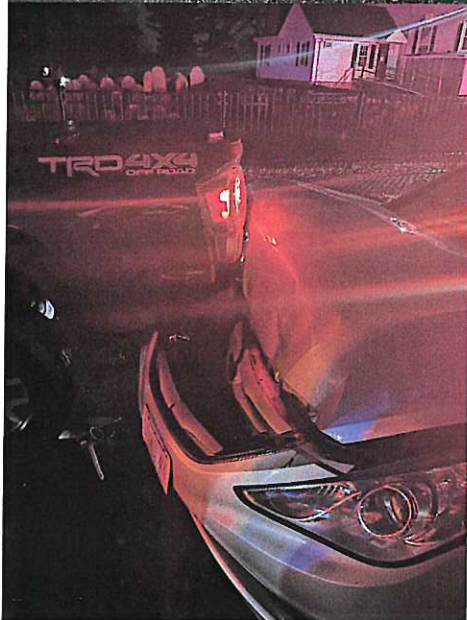
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

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

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

Wilmington Police Department
Images Associated with 23-411-AC



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

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

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

Route# Direction Name of Intersecting Roadway/Street

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

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

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-412-AC**

License # _____ St] DOB/Ag _____ Reg # **6LB494** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2017** Veh Make **AUDI** Veh Config. **1** 21

Operator **PANCHATCHARAM, PRADEP KUMAR** Owner **PANCHATCHARAM, PRADEP KUMAR**

Address **21 FILLMORE DR** Address **21 FILLMORE DR**

City **BILLERICA** State **MA** Zip **01821-2103** City **BILLERICA** State **MA** Zip **01821-2103**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 27 27 27

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

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

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

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

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	14 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 # _____ DOB/A1 _____ Reg # **87ZM20** Reg Type **PC** Reg State **MA**

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

Operator **MALTAIS, ROBERT G JR** Owner **MALTAIS, ROBERT G JR**

Address **17 FAIRVIEW AVE** Address **17 FAIRVIEW AVE**

City **WILMINGTON** State **MA** Zip **01887-2444** City **WILMINGTON** State **MA** Zip **01887-2444**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4** 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: **1** 29

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

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

Towed from scene? **2** 33

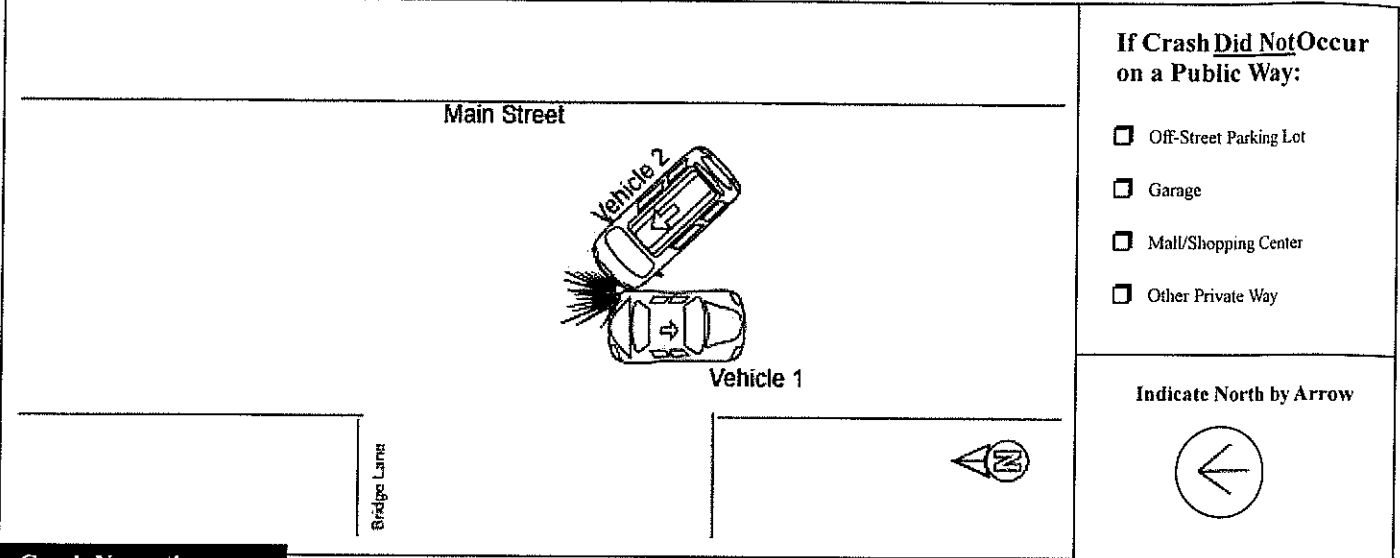
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	14 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	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚡



Crash Narrative:

On Sunday, December 3, 2023, at approximately 6:15PM Vehicle 1 was traveling south on Main street. At this point, Vehicle 2 was traveling north on Main street attempting to turn left onto Bridge Lane. When the vehicle crossed over the double yellow line, it collided with the rear left side of vehicle 1.

Both parties declined medical attention.

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 # _____ (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

12/03/2023

Police Officer Name (Please Print)

Signature

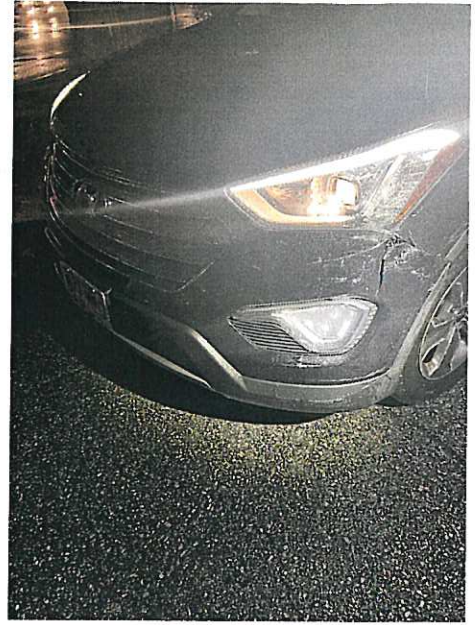
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-412-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 12/03/2023	Time of Crash 1732 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>520</u>	Name of Roadway/Street <u>MAIN ST</u>
At _____							
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# _____	Direction _____	Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Route# _____		Intersecting Roadway/Street _____
				Landmark _____			

Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 23-413-AC
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License _____ S _____	DOB/Age _____	Reg # <u>VTLH27</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>20</u> CDL _____	Veh Year <u>2022</u>	Veh Make <u>MERCEDES-BENZ</u>	Veh Config. <u>1</u> <u>21</u>
Operator <u>HEALY, KRISTIN MILLER</u>		Owner <u>HEALY, KRISTIN MILLER</u>		
Address <u>30 CHICKATABOT RD</u>		Address <u>30 CHICKATABOT RD</u>		
City <u>QUINCY</u> State <u>MA</u> Zip <u>02169-2525</u>		City <u>QUINCY</u> State <u>MA</u> Zip <u>02169-2525</u>		
Insurance Company <u>USAA GENERAL INDEMNITY CO</u>		Vehicle Action Prior to Crash <u>1</u> <u>22</u>	Damaged Area Code: <u>6</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>1</u> <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 _____	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											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	<u>1</u>	<u>3</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahey Clinic
				<u>3</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>21</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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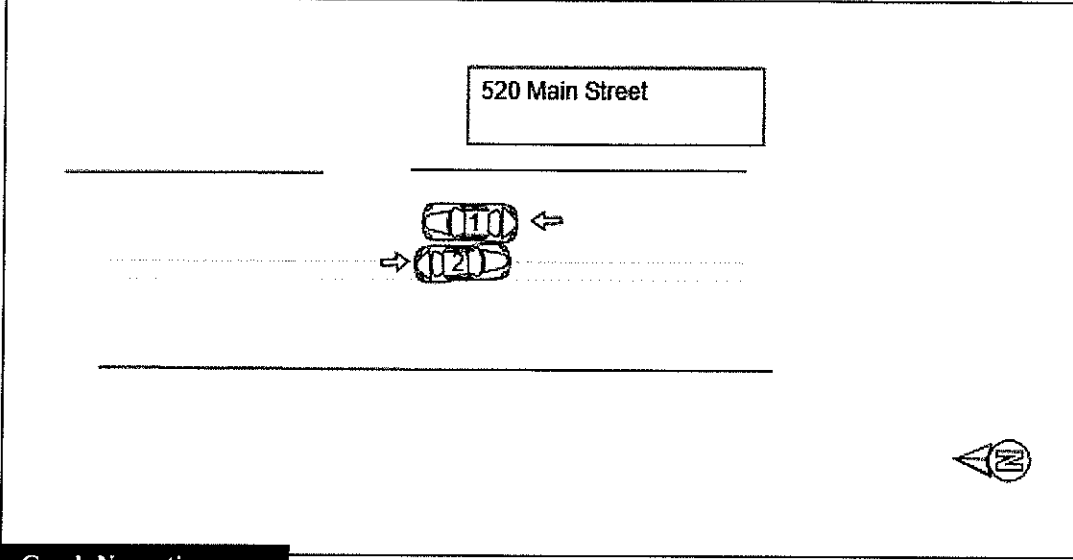
License # _____ St. _____	DOB/Age _____	Reg # <u>V59527</u>	Reg Type <u>CO</u>	Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u>	Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2018</u>	Veh Make <u>GMC</u>	Veh Config. <u>1</u> <u>21</u>
Operator <u>DEISENROTH, JERROLD MARTIN</u>		Owner <u>BUTLERMRI INC</u>		
Address <u>5 LAKE ST APT 4</u>		Address <u>64 CRAWFORD RD APT A</u>		
City <u>NASHUA</u> State <u>NH</u> Zip <u>03060</u>		City <u>RUTLAND</u> State <u>MA</u> Zip <u>01543-1116</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 type="checkbox"/> N <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>3</u> <u>28</u>	
Citation # (If Issued) <u>318575AC</u>		Most Harmful Event <u>1</u> <u>24</u>	Type of Test: <u>2</u> <u>29</u>	
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u>	Viol. 2: Ch/Sec/Sub <u>89</u> <u>4A</u>	Driver Contributing Code <u>9</u> <u>25</u> <u>97</u> <u>25</u>	BAC Test Result: <u>2</u> <u>30</u>	
Viol. 3: Ch/Sec/Sub _____	Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> <u>26</u>	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	
			Towed from scene? <u>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	XXXXXX	XXXX	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>2</u>	Lahey Clinic

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

Crash Diagram:

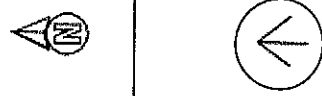
ie: → 1 → 2 → ○ → 🚲



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:

V#1 was traveling northbound on Main Street. V#2 was traveling southbound on Main Street. V#2 crossed the double yellow line sideswiping V#1 on the driver's side rear door. V#1 sustained minor damage to the driver side rear door and V#2 sustained front left and center damage. Operator #1 reported neck pain and was transported to Lahey Hospital. Operator # 2 reported no injuries and was transported to Lahey Hospital due to his altered mental state. See Report 23-534-AR. V#1 was parked and secured at 555 Main Street. V#2 was towed by A&S Towing due to the vehicle being inoperable (See Images).

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

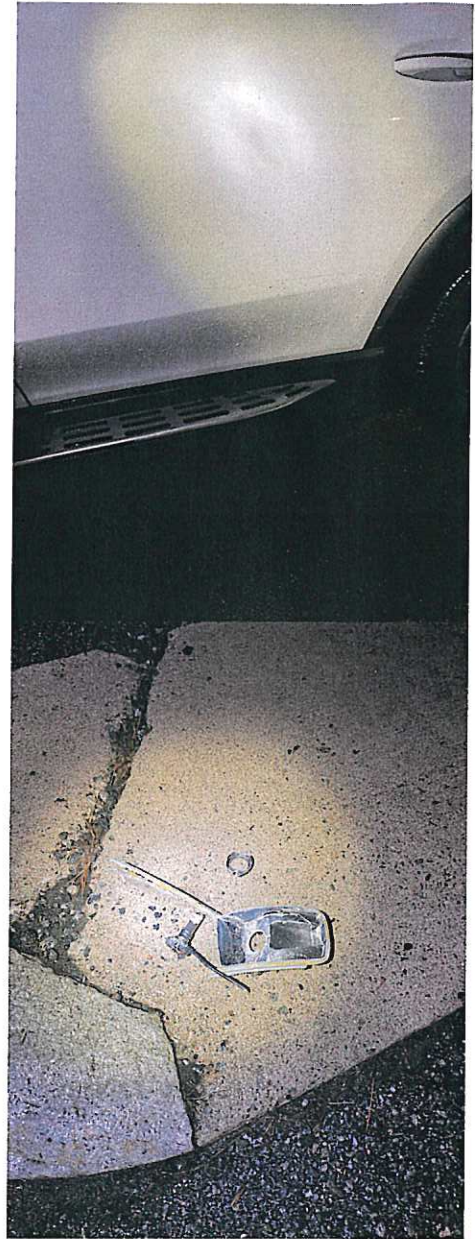
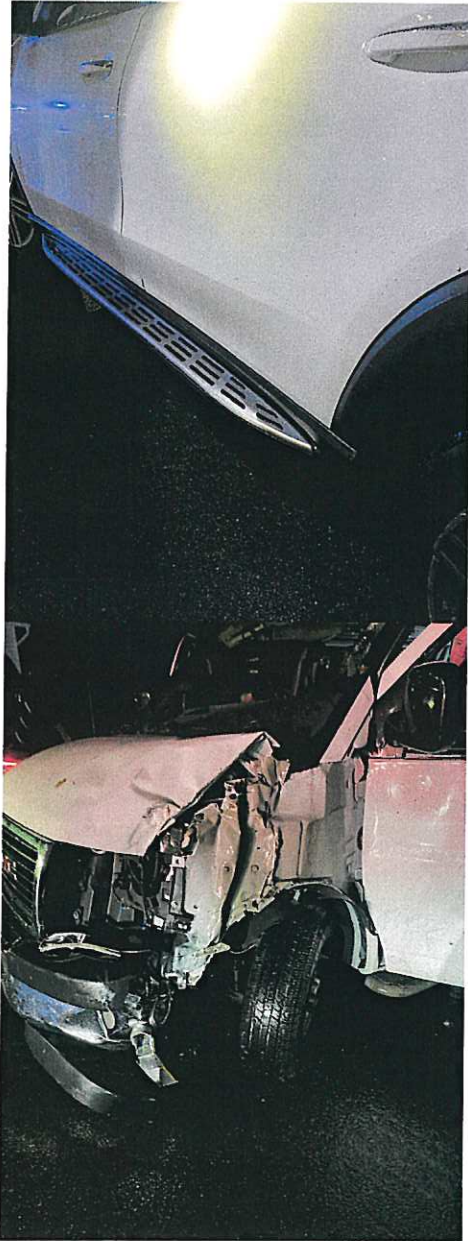
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Jonathan L Morales 224 Wilmington Police Department 12/03/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-413-AC



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

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

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

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-414-AC**

License # _____ St _____ DOB/Ag _____ Reg # **639HB2** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2020** Veh Make **LINCOLN** Veh Config. **1** 21
 Operator **CARROLL, LAURA ELIZABETH** Owner **CARROLL, LAURA ELIZABETH**
 Address **17 REGIS RD** Address **17 REGIS RD**
 City **TEWKSBURY** State **MA** Zip **01876-1423** City **TEWKSBURY** State **MA** Zip **01876-1423**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **4** 27 27 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: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<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 _____ Reg # **4984AW** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2011** Veh Make **HONDA** Veh Config. **1** 21
 Operator **ARUDA, JENNIE A** Owner **ARUDA, ROSEMARY ELLEN**
 Address **387 PLEASANT ST** Address **387 PLEASANT ST**
 City **TEWKSBURY** State **MA** Zip **01876-2746** City **TEWKSBURY** State **MA** Zip **01876-2746**
 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 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: **1** 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 **4** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

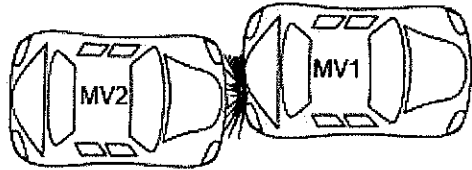
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

Crash Diagram:



211 Lowell St



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 WB on Lowell St with traffic when MV2 struck the rear of MV1. The operator of MV2 stated she was distracted by a phone call she received from the father of her child. There was damage to the right rear side of MV1 and left front damage to MV2. Neither operator 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 Meghan Sousa 214 Wilmington Police Department 12/04/2023
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 12/04/2023 Time of Crash 1754 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 3 Number Injured 2 Speed Limit 40 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 Address # Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Feet N S E W of _____ Mile Marker _____ or _____ 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# **23-415-AC**

License # _____ DOB/Agc _____ Reg # **5238804** Reg Type **PC** Reg State **NH**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2015** Veh Make **SUBARU** Veh Config. **1** 21

Operator **BRINKERHOFF, ANJANA SARKHEL** Owner **BRINKERHOFF, ANJANA SARKHEL**

Address **57 OAKRIDGE DR** Address **57 OAKRIDGE DR**

City **LONDONDERRY** State **NH** Zip **03053** City **LONDONDERRY** State **NH** Zip **03053**

Insurance Company **MET LIFE** 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: **1** 29

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

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

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Agc	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	1	0	0	8	1	

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

Licenses # _____ DOB/Agc _____ Reg # **4ERP57** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2006** Veh Make **HONDA** Veh Config. **1** 21

Operator **GUTO, JARED** Owner **CHERUIYOT, CHARLOTTE JELAGA**

Address **8201 INWOOD DR** Address **8201 INWOOD DR APT 8201**

City **WOBURN** State **MA** Zip **01801-5161** City **WOBURN** State **MA** Zip **01801-5161**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **3** 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 _____ 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/Agc	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	2	0	0	10	1	
CHARLOTTE CHERUIYOT	8201 INWOOD DR WOBURN, MA 01801-5161		F	3	1	2	0	0	8	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **12/04/2023** Time of Crash **1754** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **3** Number Injured **2** Speed Limit **40**
 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 # **211** Name of Roadway/Street **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 **3** #Occupants **1** Hit/Run Moped

Crash Report ID# **23-415-AC**

License # _____ St. _____ DOB/Age _____
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____
 Endorsement _____
 Operator **MENJIVAR, DANIEL VELASQUE SR**
 Last First Middle
 Address **14 CALHOUN AVE APT 1**
 City **EVERETT** State **MA** Zip **02149-5250**
 Insurance Company **SAFETY INSURANCE COMPANY**
 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 # **54RV83** Reg Type **PC** Reg State **MA**
 Veh Year **2005** Veh Make **CADILLAC** Veh Config. **1**
 Owner **ARIAS, LINDSAY**
 Last First Middle
 Address **209 CARL AVE**
 City **BROCKTON** State **MA** Zip **02302-4338**
 Vehicle Action Prior to Crash **2** Damaged Area Code: **7 27 27 27**
 Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Most Harmful Event **1 24** Type of Test: **29**
 Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
 Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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

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

License # _____ St. _____ DOB/Age _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____
 Endorsement _____
 Operator _____
 Last First Middle
 Address _____
 City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

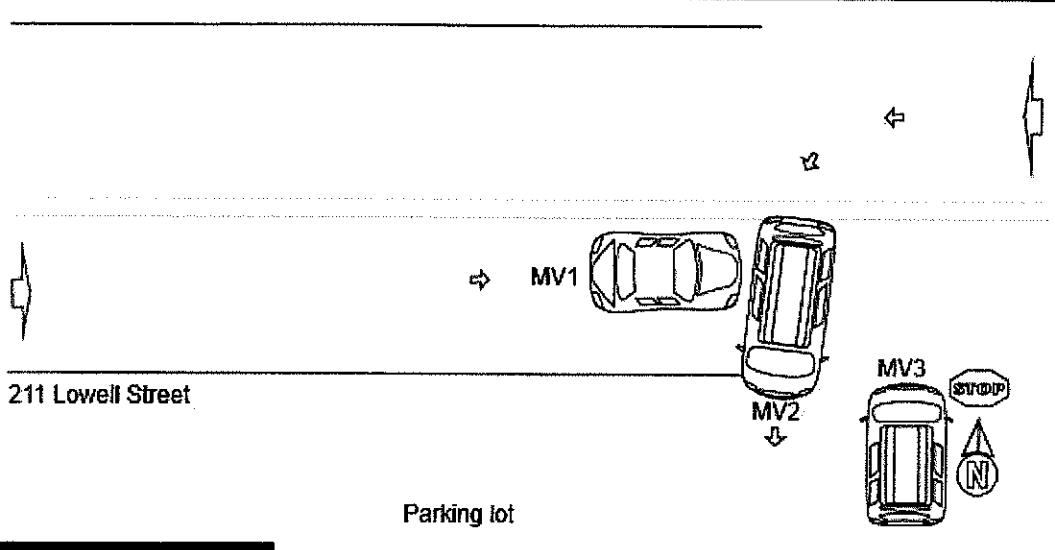
Reg # _____ Reg Type _____ Reg State _____
 Veh Year _____ Veh Make _____ Veh Config. **21**
 Owner _____
 Last First Middle
 Address _____
 City _____ State _____ Zip _____
 Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Event Sequence **23 23 23 23** Test Status: **28**
 Most Harmful Event **24** Type of Test: **29**
 Driver Contributing Code **25 25** BAC Test Result: **30**
 Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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

→ = 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:

Operator of motor vehicle number 1, Anjana Brinkerhoff, stated she was traveling straight ahead going east of Lowell Street when she collided with MV2. Op. of MV2, Jared Guto, stated he was traveling west on Lowell Street and attempted to turn left into a parking lot, when he collided with MV1. The license plate on MV2 was registered to front seat passenger, Mrs. Cheruiyot, on a Chevy. Mr. Guto provided me documentation showing that the vehicle was purchased today. Op. of MV3, Daniel Menjivar, stated he was stopped at the stop sign and waiting to exit the parking lot when MV2 made contact with the driver's side front bumper of his vehicle. Mr. Guto and Mr. Menjivar stated no injuries. Mrs. Brinkerhoff and Mrs. Cheruiyot stated minor injuries. All parties stated refused medical attention. See images for damages. MV1 and MV2 were towed by Cain's (See attachments for inventory reports).

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Julio J Quiles

197

Wilmington Police Department

12/04/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
 Images Associated with 23-415-AC



37706

CERTIFICATE OF TITLE

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

VIN: BU166807 SERIAL: 387168012625 10/05/2018
 2006 HOND ODYSSEY VARI USED

06 08 5 09/17/2016 210,107 BD127119 MA
 ACTUAL MILEAGE

MAHONEY ACQUISITION:
 BARRIOS, ALIDA Y
 282 BROADWAY
 FL 1
 LAWRENCE, MA 01841-3510

CHRYSLER TITLE AND ACQUISITION:
 BARRIOS, ALIDA Y
 282 BROADWAY
 FL 1
 LAWRENCE, MA 01841-3510

PREVIOUS LICENSE PLATE: SECOND LICENSE PLATE:

TITLE TYPE AND BRANDS

TITLE TYPE:
 FINANC
 BRAND
 BRAND
 BRAND

TITLE MESSAGE(S):

REGISTRATION: X

SALES TAX: X



Wilmington Police Department
Images Associated with 23-415-AC



Date of Crash **12/05/2023** Time of Crash **1721** City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other

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

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

Route# Direction Address # Name of Roadway/Street
187 BALLARDVALE 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# **23-417-AC**

License _____ DOB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____
 Operator **LOPEZ PRISCO, MARIBEL**
 Address **27 NEW ST**
 City **HAVERHILL** State **MA** Zip **01830-4928**
 Insurance Company **GEICO GENERAL INSURANCE C**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **1YHA22** Reg Type **PC** Reg State **MA**
 Veh Year **2010** Veh Make **CHEVROLET** Veh Config. **1** **21**
 Owner **OSORIO PIEDRAHITA, YHEISSON E**
 Address **27 NEW ST**
 City **HAVERHILL** State **MA** Zip **01830-4928**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **3** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **1** **25** **25** BAC Test Result: **30**
 Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

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

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

License _____ DOB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____
 Operator **BELL, LAUREN OLIVIA COM**
 Address **480 MAIN ST APT 637**
 City **MALDEN** State **MA** Zip **02148**
 Insurance Company **GOVERNMENT EMPLOYEES INSU**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **3MXV85** Reg Type **PC** Reg State **MA**
 Veh Year **2020** Veh Make **TOYOTA** Veh Config. **1** **21**
 Owner **BELL, LAUREN OLIVIA COM**
 Address **480 MAIN ST APT 637**
 City **MALDEN** State **MA** Zip **02148**
 Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **8** **27** **7** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **19** **25** **4** **25** BAC Test Result: **30**
 Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

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

Wilmington Police Department
Images Associated with 23-417-AC



Police Use Only **Commonwealth of Massachusetts** **RMV Document Number**

Date of Crash: 12/06/2023 Time of Crash: 0704 City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 1 Number Injured: 0 Speed Limit: 30 State Police Local Police MBTA Police Campus Police Other

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

1 Route# Direction Name of Roadway/Street At

2 Route# Direction Name of Intersecting Roadway/Street

4 Route# Direction Name of Intersecting Roadway/Street

236 **WOBURN 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# 23-418-AC**

License St. B/Ag. Reg # **2NJY40** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement

Operator **DRISCOLL, DANIEL J JR** Owner **DRISCOLL, KELSEY R**

Address **9 KRISTYN LN** Address **9 KRISTYN LN**

City **NORTH READING** State **MA** Zip **01864-2632** City **NORTH READING** State **MA** Zip **01864-2632**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 0 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **6 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **6 24** Type of Test: **1 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: **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	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 # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class _____ Lic. Restrictions **20** CDL Endorsement

Operator _____ Owner _____

Address _____ Address _____

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

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

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

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

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

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

Towed from scene? **33**

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

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

→ = 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 was traveling north on Woburn Street, where the vehicle struck a golden retriever from 248 Woburn Street. The dog then ran back to the residence of 248 Woburn Street and was rushed to the ER by the owner. Paper work was exchanged.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DRISCOLL KELSEY R	9 KRISTYN LN NORTH READING MA 01864-2632		

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 Zachary A Leighton 227 Wilmington Police Department 12/06/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 12/06/2023	Time of Crash 1551 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____
-----------------------------	-------------------------------	-------------------------	----------------------------------------------	----------------------	---------------------	------------------------------------------------------------	------------------------------------------------------------------------------

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 1</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>2 1</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10</p> <p>Route# _____ Direction <u>29</u> <u>KING ST</u></p> <p style="text-align: center;">Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <u>N S E W</u> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>1 11</p> <p>_____ Feet <u>N S E W</u> of _____ <u>GLEN RD</u></p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <u>N S E W</u> of _____</p> <p style="text-align: center;">Landmark _____</p>
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3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-419-AC**

<p>4 1</p> <p>License # _____ St. _____ DOB/Ag _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>ROLLINSON, JACK CARLO</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>84 GORDON ST APT 403</u></p> <p>City <u>BRIGHTON</u> State <u>MA</u> Zip <u>02135-6223</u></p> <p>Insurance Company <u>ACE AMERICAN INSURANCE CO</u></p> <p>Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>W56190</u> Reg Type <u>CO</u> Reg State <u>MA</u></p> <p>Veh Year <u>2021</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>6</u> <u>21</u></p> <p>Owner <u>RYDER TRUCK RENTAL LT</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>11690 NW 105TH ST</u></p> <p>City <u>MEDLEY</u> State <u>FL</u> Zip <u>33178-1103</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>21</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>21</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

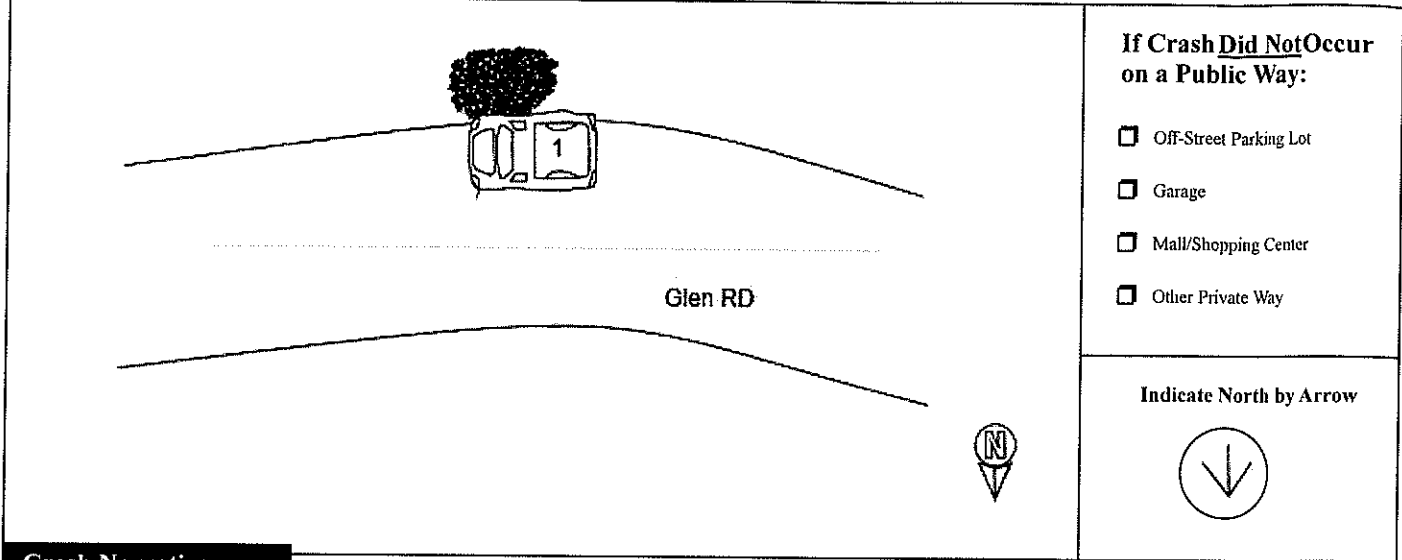
<p>8 1</p> <p>License # _____ St. _____ DOB/Ag _____</p> <p>Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <u>21</u></p> <p>Owner _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>33</u></p>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	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:

V#1 was traveling eastbound on Glen Road towards Middlesex Ave. Operator #1 alleged that an unknown vehicle passed him, due to his slow speed, causing him to strike a tree branch. V#1 sustained passenger side damage to the box of the truck (See Image). Operator #1 could not recall the exact numerical of Glen Rd. The area was checked for tree debris, and the unknown vehicle, with negative findings. Operator #1 reported no injuries. V#1 was in operable condition. It should be noted that V#1 is owned by Ryder Truck Lease, and is leased to Amazon DSP in Everett.

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 Jonathan L Morales

224

Wilmington Police Department

12/06/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 23-419-AC



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

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

Route# Direction Address # Name of Roadway/Street
 296 **SHAWSHEEN AVE**
 Feet N S E W of _____ 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# **23-420-AC**

License _____ DOB/Age _____ Reg # **2WG887** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **I** 20 CDL Endorsement _____ Veh Year **2015** Veh Make **HONDA** Veh Config. **1** 21
 Operator **CHUM, SUNNY** Owner **CHUM, SAM SEN**
 Address **48 S LORING ST** Address **48 S LORING ST FL APT 2**
 City **LOWELL** State **MA** Zip **01851-3716** City **LOWELL** State **MA** Zip **01851-3716**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 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 **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

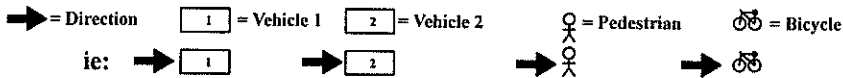
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

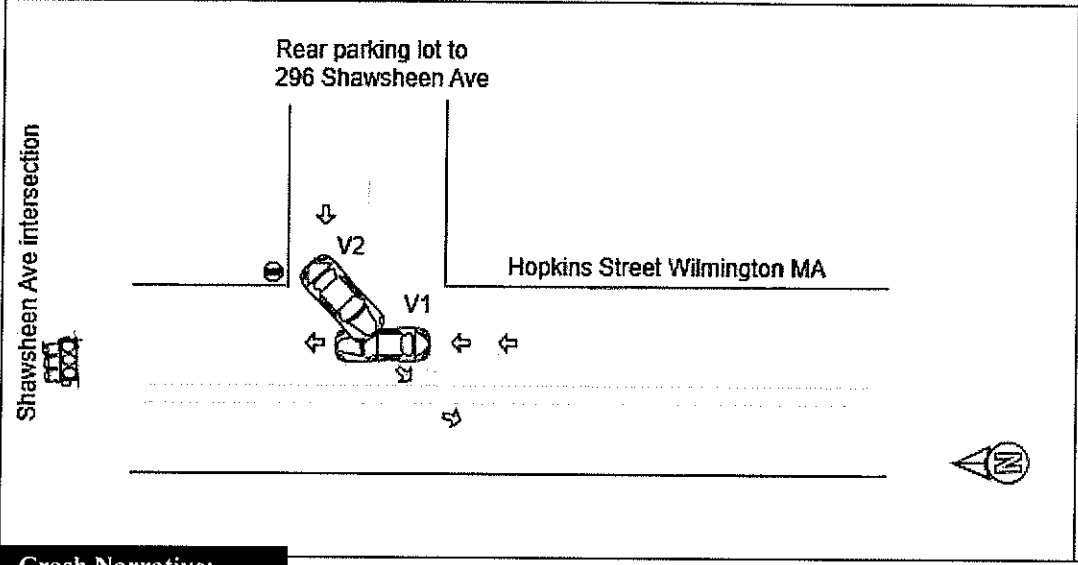
License _____ St _____ DOB/A _____ Reg # **3KLB83** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2019** Veh Make **PORSCHE** Veh Config. **1** 21
 Operator **MORAN, CINDY JOAN** Owner **MORAN, CINDY JOAN**
 Address **7 EDGEWORTH ST** Address **7 EDGEWORTH ST**
 City **BILLERICA** State **MA** Zip **01821-5047** City **BILLERICA** State **MA** Zip **01821-5047**
 Insurance Company **LIBERTY MUTUAL FIRE INSUR** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **18** 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	XXXXXX	XXXX	1	1	4	0	0	10	1	



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:

V1 was traveling straight on Hopkins Street towards the Shawsheen Ave intersection. V2 was exiting the rear parking lot of 296 Shawsheen Ave which exits onto Hopkins Street. V2 took a left turn from the parking lot onto Hopkins Street then the vehicles crashed. Op1 stated he was traveling straight and Op2 pulled out of the parking lot and crashed into him. Op2 stated she was waiting for a break in traffic then a male party waved her out onto Hopkins. She stated she was coming out slowly because she could not completely see vehicles in both directions. Op2 stated she signalled to the male asking if she was clear from both directions and he continued to wave her out into the roadway. Op2 stated when she pulled out of the lot she was struck by V1. Op1 was not the male party waving her out into the roadway. Op2 stated Op1 may have been traveling at a high rate of speed. Both operators declined medical attention. Both vehicles operable.

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 Kathryn C Goodwin 216 Wilmington Police Department 12/06/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-420-AC



Date of Crash **12/06/2023** Time of Crash **1832** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **35** 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 # _____ Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ Mile Marker _____ or _____ 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# 23-421-AC**

License # _____ St _____ DOB/Agmt _____ Reg # **926280** Reg Type **AP** Reg State **ME**
 Sex **M** Lic. Class **A** **19** **19** Lic. Restrictions **99** **20** CDL Endorsement _____ Veh Year **1995** Veh Make **Other-not listed** Veh Config. **10** **21**
 Operator **HALLETT, STEWART E** Owner **S & S TRUCKING INC**
 Address **PO BOX 482** Address **PO BOX 329**
 City **MARS HILL** State **ME** Zip **04758** City **MARS HILL** State **ME** Zip **04758**
 Insurance Company **GREAT WEST CASUALTY COMPA** Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **4** **27** **27** **27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **23** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9** **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	XXXXXX	X	1	99	4	0	0	10	1	

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

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

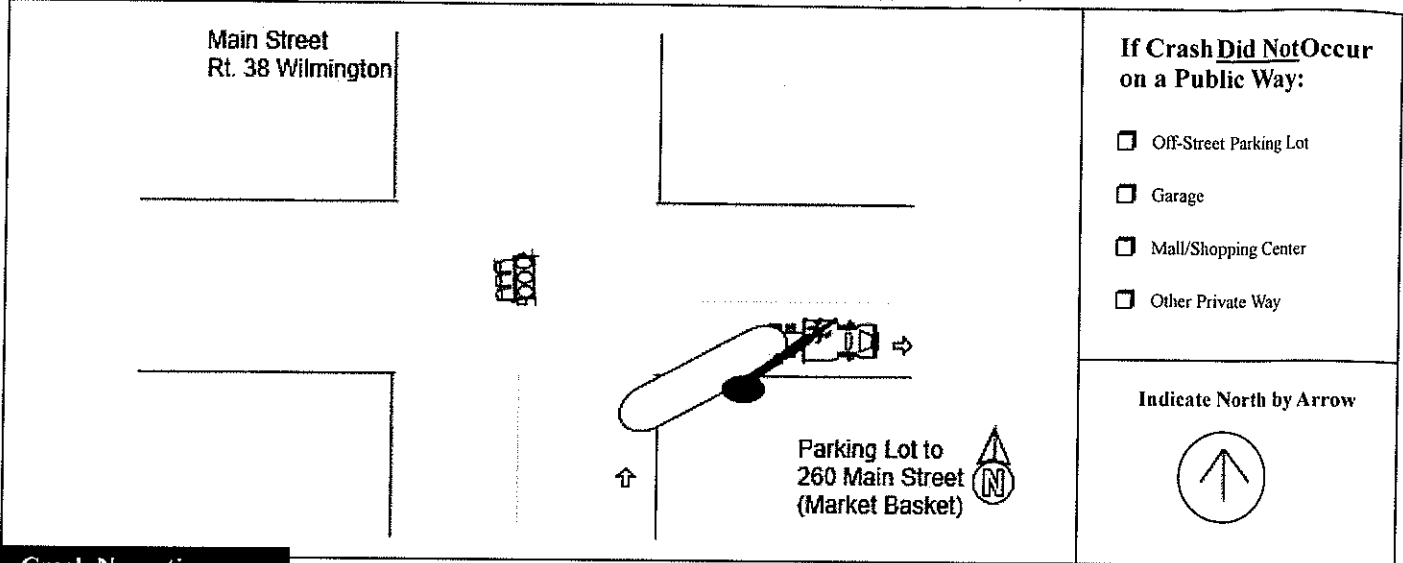
Please fill out for operator/non-motorist and all occupants involved

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

→ = 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:

Operator stated he was driving his tractor trailer (TT) unit northbound on Main Street. He stated he took a right turn into the Market Basket parking lot. Operator struck the base of the light fixture and tore it up from the ground. This light fixture was property of Market Basket. One of the TT unit's rear passenger wheels made contact with the base of the light fixture. There were minor scuff marks to this wheel (see attached images) but no other damage. Market Basket was notified of the property damage. Market Basket stated Lowell Central Electrical would respond to the scene this evening to evaluate.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MARKET BASKET	260 MAIN WILMINGTON MA 0188			LIGHT POLE

Truck and Bus Information:

Registration # 926280 (From Vehicle Section)

Carrier Name S&S Trucking Bus Use 42 0

Address PO BOX 329 City MARS HILL St ME Zip 04758

US DOT #: 284488 State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

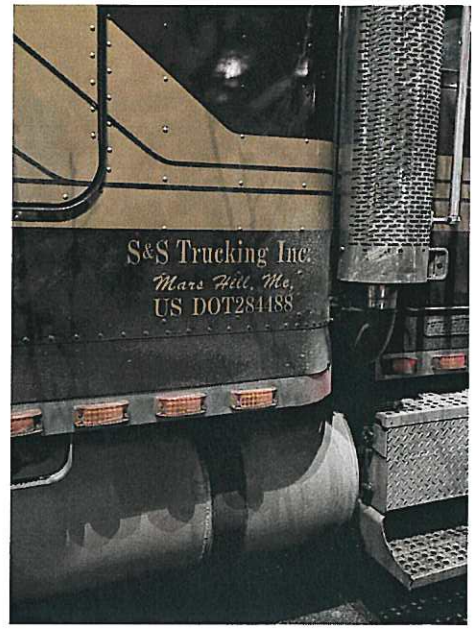
Trailer Reg #: C152159 Reg Type TR Reg State ME Reg Year 2021 Trailer Length 46

Hazmat Information:

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

Patrol Officer Kathryn C Goodwin 216 Wilmington Police Department 12/06/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-421-AC



Police Use Only	Date of Crash 12/06/2023	Time of Crash 1937 24HR	City/Town Wilmington		Number Vehicles 2	Number Injured 0	Speed Limit 35	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 _____ At _____				Route# _____ Direction _____ Address # <u>342</u> Name of Roadway/Street <u>MAIN ST</u>							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							

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

Crash Report ID# **23-422-AC**

License: _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>RODRIGUES, GABRIEL SOUZA</u> Last First Middle Address <u>502 LEWIS O GRAY DR</u> City <u>SAUGUS</u> State <u>MA</u> Zip <u>01906-4405</u> Insurance Company <u>LIBERTY MUTUAL PERSONAL I</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>4TYX74</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>RODRIGUES, GABRIEL SOUZA</u> Last First Middle Address <u>502 LEWIS O GRAY DR</u> City <u>SAUGUS</u> State <u>MA</u> Zip <u>01906-4405</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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

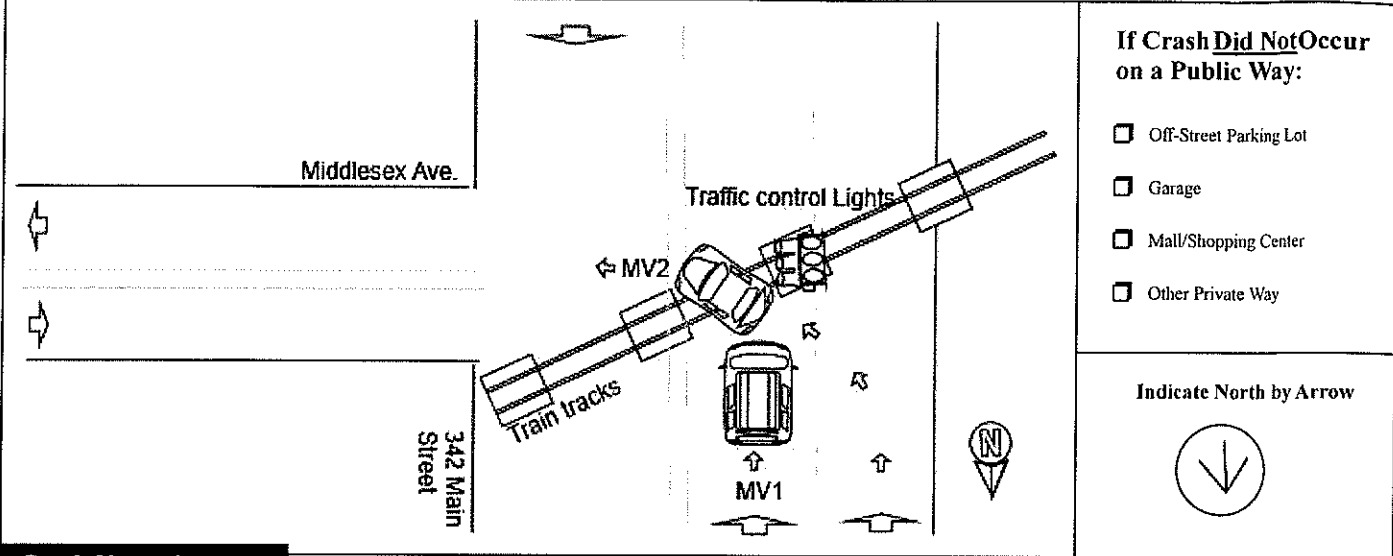
License: _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>HELM, LOGAN WILLARD</u> Last First Middle Address <u>29 WIGHTMAN RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4440</u> Insurance Company <u>UNITED SERVICES AUTOMOBIL</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>4EYG37</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>HELM, CHARLES HENRY</u> Last First Middle Address <u>29 WIGHTMAN RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4440</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>6</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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>	
DANIELLE CELLA	10 MARCUS RD WILMINGTON, MA 01087-1547		M	4	1	4	0	0	10	1	
			F	6	1	4	0	0	10	1	
			F	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ⚓



Crash Narrative:

Operator of motor vehicle 1, Gabriel Rodrigues stated he was driving in the left lane traveling south on Main St. He stated MV2 was driving in the right lane, abruptly entered the left lane cutting him off, and they collided (See images). Op. of MV2, Logan Helm stated he was also driving in the left lane traveling south on Main St. He stated he was attempting to turn left onto Middlesex Ave but was struck from behind. He stated he never saw MV1, doesn't know what lane MV1 was traveling in, and didn't cut him off. All involved parties stated no injuries and refused medical attention. I checked with Al Prime Gas Station for video surveillance footage, but was advised that only the manager has playback access. I observe their live footage feed, but it didn't appear that their cameras would capture the intersection. Based on the angle of the damage it would be possible that MV2 cut across from the right lane, but unable to confirm. Paperwork exchanged.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Julio J Quiles 197 Wilmington Police Department 12/06/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-422-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # **I93SBR31 RAMP** 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 **12** #Occupants Hit/Run Moped Crash Report ID# **23-423-AC**

License # _____ S DOB/Agc _____ Reg # **7XV172** Reg Type **PC** Reg State **MA**

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

Operator **CUNNINGHAM, AMBER LEE** Owner **CUNNINGHAM, AMBER LEE**

Address **566 CHESTNUT ST APT 3** Address **566 CHESTNUT ST APT 3**

City **LYNN** State **MA** Zip **01904-2719** City **LYNN** State **MA** Zip **01904-2719**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **3 27 1 27 8 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **24 23 23 23 23** Test Status: **28**

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

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **6 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	2	0	0	8	2	Lahey Clinic
CHRISTIAN CORONADO	90 SUMMER ST SALEM, MA 01970-3030		M	3	99	2	0	0	8	1	

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

License # _____ St _____ DOB/Agc _____ 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 _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**

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

Towed from scene? **33**

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

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Crash Report ID# **23-424-AC**

<p>License # _____ Sex F Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator GILL, LISA MARIE</p> <p>Address 7 ENGLEWOOD DR</p> <p>City WILMINGTON State MA Zip 01887-3010</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 3DZF91 Reg Type PC Reg State MA</p> <p>Veh Year 2020 Veh Make HONDA Veh Config. 1</p> <p>Owner GILL, LISA MARIE</p> <p>Address 7 ENGLEWOOD DR</p> <p>City WILMINGTON State MA Zip 01887-3010</p> <p>Vehicle Action Prior to Crash 3</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 99 25 25</p> <p>Driver Distracted by 0</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

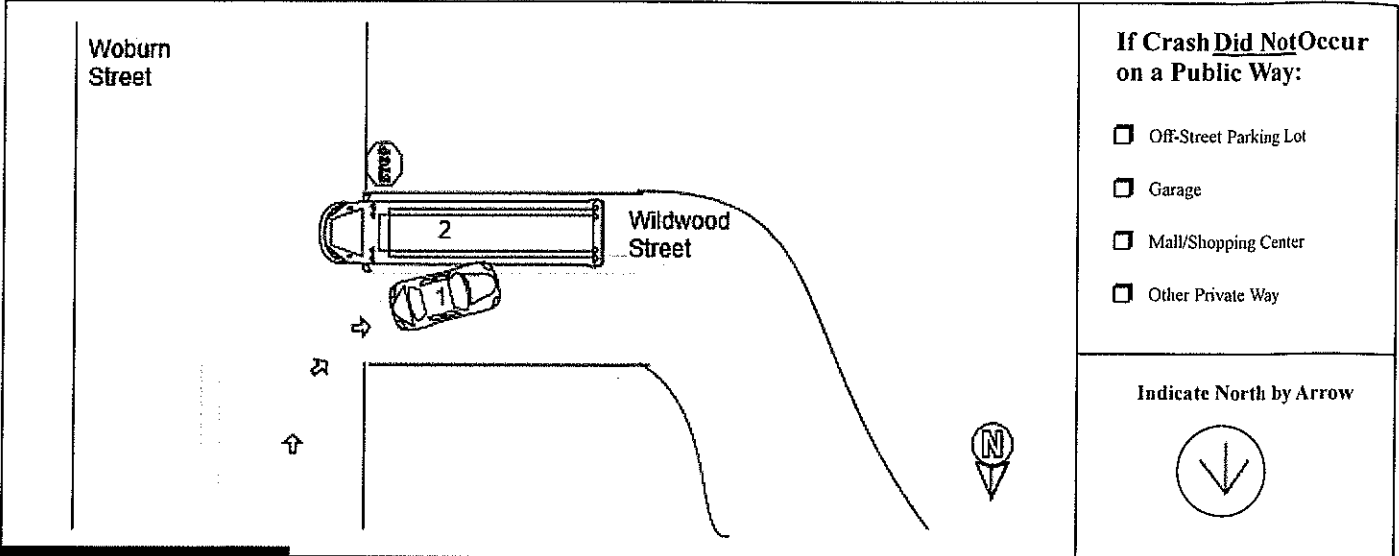
<p>License # _____ Sex M Lic. Class B Lic. Restrictions E CDL S</p> <p>Operator GRIMES, MICHAEL SCOTT</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company OLD REPUBLIC INSURANCE CO</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # SB1A1BD Reg Type SB Reg State MA</p> <p>Veh Year 2024 Veh Make Thomas Veh Config. 4</p> <p>Owner MIDWEST BUS SALES INC</p> <p>Address 23889 W 40TH ST</p> <p>City SHAWNEE State KS Zip 66226-2284</p> <p>Vehicle Action Prior to Crash 2</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 99 25 25</p> <p>Driver Distracted by 0</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ☺



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 was traveling south on Woburn Street, then took a right onto Wildwood Street.

Vehicle 2 was stationary at the stop sign on Wildwood Street, waiting to take a right turn onto Woburn Street. Vehicle 1 sideswiped vehicle 2 in process of making the right turn.

Vehicle 1's operator stated that vehicle 2 was stationary but over the center yellow line, partially in her lane of travel. Non airbags were deployed, and all parties declined medical attention. Vehicle 2 (school bus) wasnt transporting any children/ passengers at the time of the crash. Both vehicles were driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # **SB1A1BD** (From Vehicle Section)

Carrier Name **North Reading Transportation** Bus Use **1** ⁴²

Address **226 LOWELL ST** 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

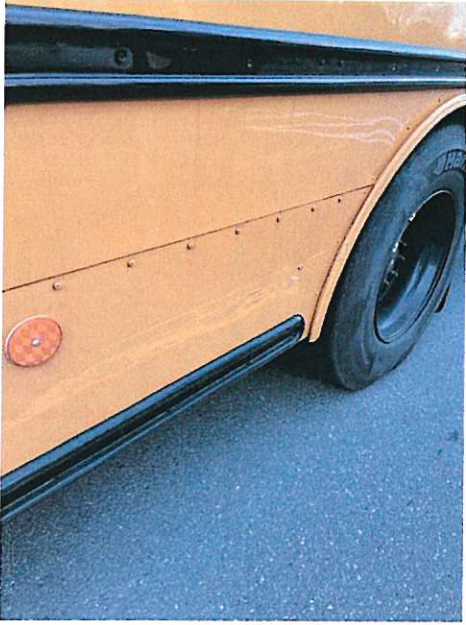
Trailer Reg #: _____ Reg Type **SB** Reg State **MA** Reg Year **2024** Trailer Length ⁴⁶

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** 12/07/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-424-AC



Date of Crash: 12/07/2023 Time of Crash: 0922 24HR City/Town: **Wilmington** Motor Vehicle Crash Police Report Number Vehicles: 2 Number Injured: 1 Speed Limit: 40 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1	Route# <u> </u> Direction <u> </u> Name of Roadway/Street <u>CONCORD ST</u>	Route# <u> </u> Direction <u> </u> Address # <u> </u> Name of Roadway/Street <u> </u>
	At <u> </u>	Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> or <u> </u> Mile Marker <u> </u> Exit Number <u> </u>
	Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u>I93NBR33 RAMP</u>	Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Route# <u> </u> Intersecting Roadway/Street <u> </u>
2 1	Also at Intersection with <u> </u>	Feet <u> </u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u> </u> Landmark <u> </u>
3 1	Route# <u> </u> Direction <u> </u> Name of Intersecting Roadway/Street <u> </u>	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-425-AC**

License # <u> </u> S <u> </u> OB/Age <u> </u> Reg # 3ZVX11 Reg Type PC Reg State MA	Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL <u> </u> Endorsement <u> </u> Veh Year 2015 Veh Make ACURA Veh Config. 1 21
Operator CELOY, MARC H Last First Middle Address 12 HILTON ST APT 2 City FRAMINGHAM State MA Zip 01702-8544	Owner GUICHARD-COUNCIL, TIESHA L Last First Middle Address 200 PRESIDENTIAL WAY APT 2110 City WOBURN State MA Zip 01801-1298
Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 8 27	Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) <u> </u> Most Harmful Event 1 24 BAC Test Result: 1 30	Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u> Driver Distracted by 0 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	3	0	0	8	1	

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

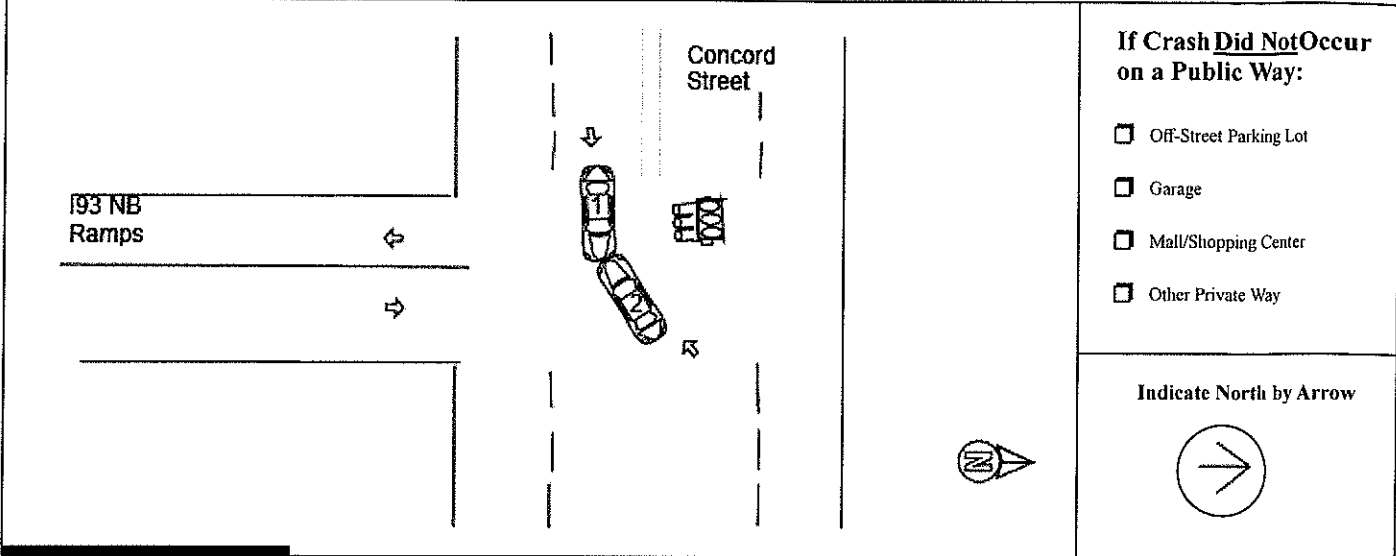
License # <u> </u> S <u> </u> DOB/Age <u> </u> Reg # 3456176 Reg Type PC Reg State NH	Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL <u> </u> Endorsement <u> </u> Veh Year 2017 Veh Make NISSAN Veh Config. 1 21
Operator RIDINGER, RICHARD PERKINS Last First Middle Address 157 MAIN ST City HOPKINTON State NH Zip 032292223	Owner RIDINGER, RICHARD PERKINS Last First Middle Address 157 MAIN ST City HOPKINTON State NH Zip 032292223
Insurance Company GUARDIAN Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 2 27 8 27	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) <u> </u> Most Harmful Event 1 24 BAC Test Result: 1 30	Viol. 1: Ch/Sec/Sub <u> </u> Viol. 2: Ch/Sec/Sub <u> </u> Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub <u> </u> Viol. 4: Ch/Sec/Sub <u> </u> 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	3	0	0	10	1	

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

Crash Diagram:

ie: → [1] → [2] → ○ → ⚡



Crash Narrative:

Vehicle 1 was traveling east on Concord Street and traveling straight through the intersection. Vehicle 2 was traveling west on Concord Street and began taking a left turn to get onto I93 Northbound. Both operators stated the light was yellow when they began to enter the intersection. Vehicles 1 and 2 collided in the middle of the intersection. Both vehicles had airbags deployed. Both operators signed medical refusals with the Wilmington Fire Department. Both vehicles were towed from the scene by Forrest Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SMITH STEVEN C	12 RURAL AVE MEDFORD MA 02155		

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]

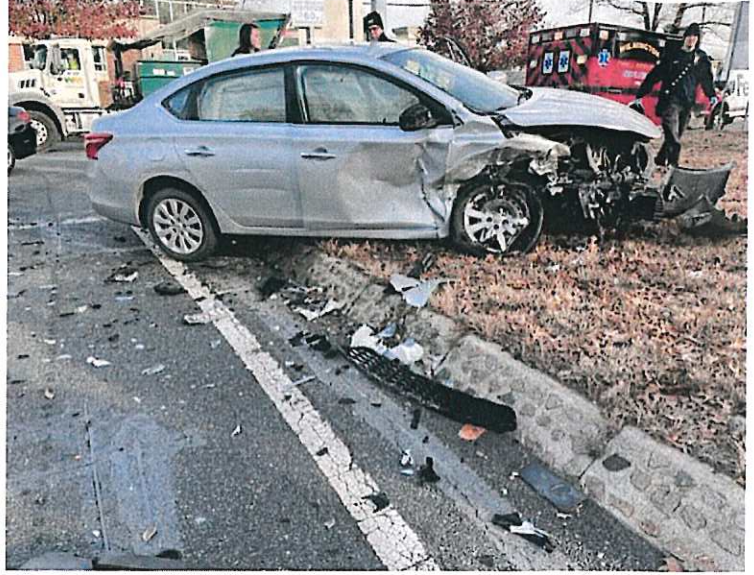
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

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 12/07/2023
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-425-AC



Date of Crash 12/08/2023 Time of Crash 0135 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 2 Speed Limit 30
 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 # **158** Name of Roadway/Street **ANDOVER 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 12 #Occupants Hit/Run Moped
 Crash Report ID# **23-426-AC**

License / _____ St _____ OB/Age _____
 Sex **M** Lic. Class **99** **19** **19** Lic. Restrictions **97** **20** CDL _____
 Endorsement _____
 Operator **BELL, RON JEREMIAH**
 Last First Middle
 Address **22 REVERE RD**
 City **TEWKSBURY** State **MA** Zip **01876-3264**
 Insurance Company **GOVERNMENT EMPLOYEES INSU**
 Vehicle Travel Direction: N E W Responding to Emergency? **2**
 Citation # (If Issued) **327417AC**
 Viol. 1: Ch/Sec/Sub **90** **23** Viol. 2: Ch/Sec/Sub **90** **24**
 Viol. 3: Ch/Sec/Sub **89** **4A** Viol. 4: Ch/Sec/Sub _____

Reg # **4LLN97** Reg Type **PC** Reg State **MA**
 Veh Year **2013** Veh Make **KIA** Veh Config. **1** **21**
 Owner **BELL, MICHELLE**
 Last First Middle
 Address **22 REVERE RD**
 City **N TEWKSBURY** State **MA** Zip **01876-3264**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **1** **27** **2** **27**
 Event Sequence **40** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **21** **24** Type of Test: **29**
 Driver Contributing Code **10** **25** **2** **25** BAC Test Result: **1** **30**
 Driver Distracted by **5** **26** Susp. Alcohol: **99** **31** Susp. Drug: **99** **32**
 Towed from scene? **1** **33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	0	1	0	0	8	1	
TYIERE JONES-SMITH	38 ANNUNCIATION RD ROXBURY, MA 02120-1866		F	3	1	3	0	1	7	2	Lahey Clinic

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

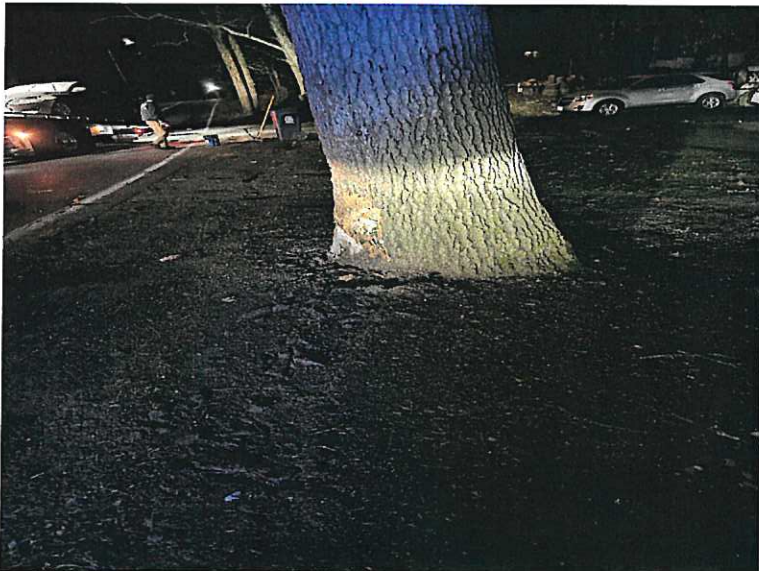
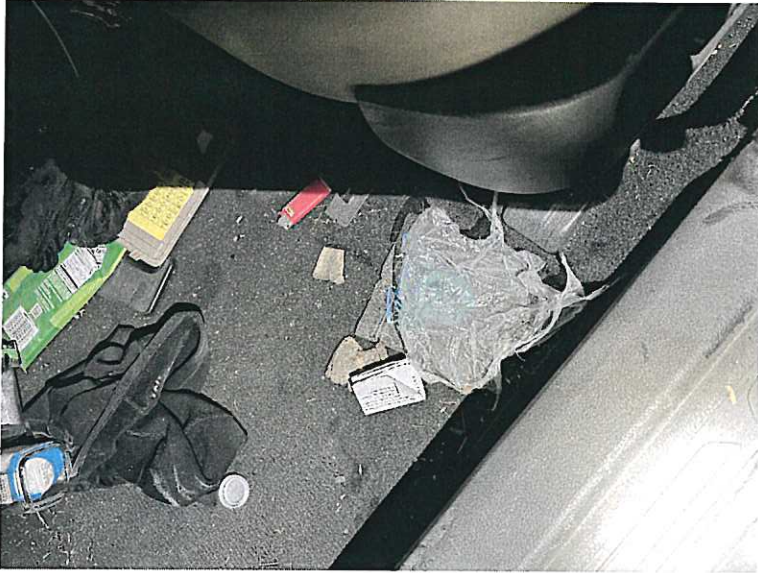
License # _____ St _____ DOB/Age _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____
 Endorsement _____
 Operator _____
 Last First Middle
 Address _____
 City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: N S E W Responding to Emergency? _____
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____
 Veh Year _____ Veh Make _____ Veh Config. **21**
 Owner _____
 Last First Middle
 Address _____
 City _____ State _____ Zip _____
 Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**
 Event Sequence **23** **23** **23** **23** Test Status: **28**
 Most Harmful Event **24** Type of Test: **29**
 Driver Contributing Code **25** **25** BAC Test Result: **30**
 Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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

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

Wilmington Police Department
Images Associated with 23-426-AC



Wilmington Police Department
Images Associated with 23-426-AC



Date of Crash **12/08/2023** Time of Crash **0736** 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
 Latitude _____ Longitude _____

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 603 Name of Roadway/Street MAIN ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p>_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-427-AC**

<p>License # _____ St. _____ DOB/Age _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator WAITE, DOROTHY B</p> <p>Address 65 PARK ST</p> <p>City NORTH READING State MA Zip 01864-2811</p> <p>Insurance Company ARBELLA MUTUAL INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 9SN831 Reg Type PC Reg State MA</p> <p>Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21</p> <p>Owner WAITE, DOROTHY B</p> <p>Address 65 PARK ST</p> <p>City NORTH READING State MA Zip 01864-2811</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 1 29</p> <p>Driver Contributing Code 13 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

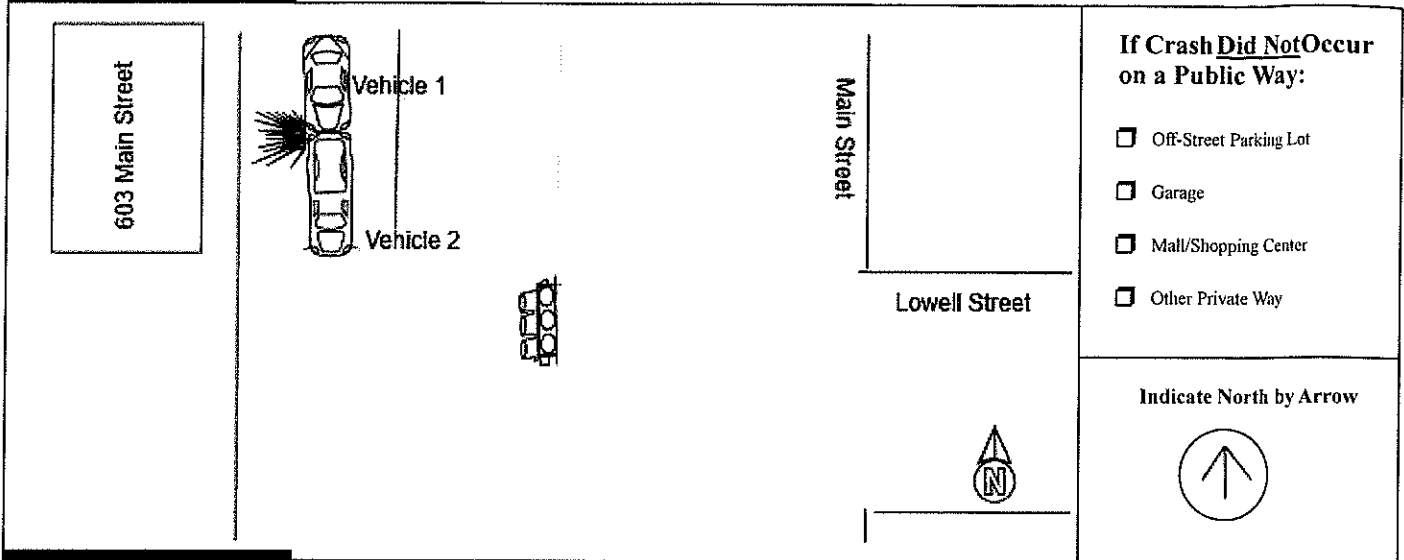
<p>License # _____ S _____ DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator CASEY, PATRICK J</p> <p>Address 38 SMITH ST</p> <p>City CHELMSFORD State MA Zip 01824-1702</p> <p>Insurance Company PLYMOUTH ROCK ASSURANCE C</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 2CVY17 Reg Type PC Reg State MA</p> <p>Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 21</p> <p>Owner CASEY, PATRICK J</p> <p>Address 38 SMITH ST</p> <p>City CHELMSFORD State MA Zip 01824-1702</p> <p>Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 1 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ☺



Crash Narrative:

On Friday, December 8, 2023, at approximately 7:30AM, Vehicle 2 was stopped at the red light at the intersection of Main Street and Lowell Street. Vehicle 1 was slowing in traffic when the sun glare blocked their view of vehicle 2 causing vehicle 1 to collide with vehicle 2.

Both operators denied medical transport.

Both vehicles towed by Forest Towing.

Photos submitted.

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/ACC #: _____

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 12/08/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-427-AC



Date of Crash 12/08/2023 Time of Crash 1542 24HR 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

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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-428-AC**

License JOB/Agri Reg # **243AM5** Reg Type **PC** Reg State **MA**

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

Operator **NIKOLOUZOS, HELEN ROKAS** Owner **NIKOLOUZOS, HELEN ROKAS**

Address **5 VINEGAR HILL DR** Address **5 VINEGAR HILL DR**

City **SAUGUS** State **MA** Zip **01906-1491** City **SAUGUS** State **MA** Zip **01906-1491**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** **27** **27** **27**

Vehicle Travel Direction: **N** **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: **31** Susp. Drug: **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 St DOB/Age Reg # **W46366** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2010** Veh Make **CHEVROLET** Veh Config. **2**

Operator **VELASQUEZ LOPEZ, ULISES ANDRES** Owner **OPUS BUILDERS INC**

Address **138 INGLESIDE AVE** Address **78 CRAFTS ST**

City **WORCESTER** State **MA** Zip **01601** City **NEWTON** State **MA** Zip **02458-1280**

Insurance Company **SELECTIVE INSURANCE COMPA** Vehicle Action Prior to Crash **10** 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: **28**

Citation # (If Issued) **T3282022** Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub Driver Contributing Code **19** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub **90** **13B/A** Viol. 4: Ch/Sec/Sub Driver Distracted by **1** **26** Susp. Alcohol: **31** Susp. Drug: **32**

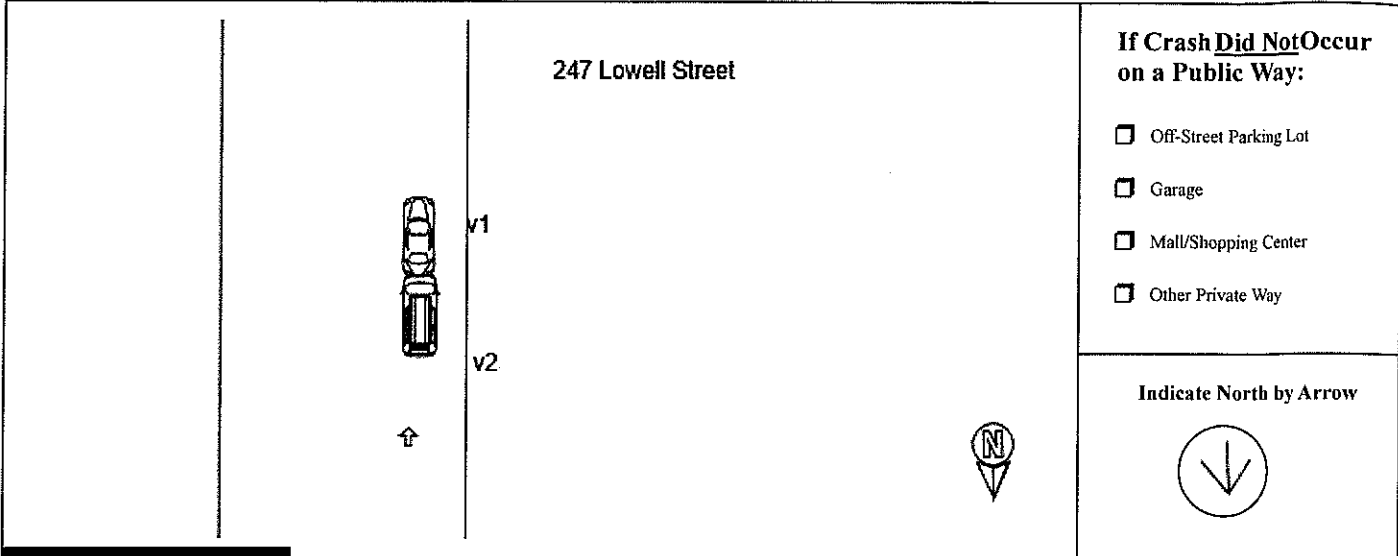
Towed from scene? **1** **33**

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	

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:

both vehicles were traveling south on Lowell Steet

V1 was stopped in traffic, was struck in rear by V2

V2 stated he looked at his phone, then struck V1 that was in front of him in traffic

Driver of v2 cited see 23-546-AR

summons for 90 10, unlicensed operation to v2

V1 had moderate rear end damage

v2 had moderate front end damage, and was towed by a/s

all parties refused medical

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 Brian D Thornton 190 Wilmington Police Department 12/09/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date