

RMV Document Number

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

BUTTERSROW
 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
BUTTERS ROW BRIDGE
 Landmark

2

6

2

3

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **23-429-AC**

1

Licens St DOB/Age
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement
 Operator **NSUBUGA, YUSUFU**
 Address **4727 W MALDONASO RD**
 City **LAVEEN** State **AZ** Zip **85339**
 Insurance Company _____
 Vehicle Travel Direction: N E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **LCZX71** Reg Type **PC** Reg State **FL**
 Veh Year **2021** Veh Make **KIA** Veh Config. **1** 21
 Owner **PV HOLDINGS CORP**
 Address **8600 HANGAR BLVD**
 City **ORLANDO** State **FL** Zip **32827-0000**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **27** 27
 Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Most Harmful Event **1** 24 Type of Test: **29**
 Driver Contributing Code **19** 25 **25** BAC Test Result: **30**
 Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

1

4

5

6

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

7

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

8

1

License # _____ St DOB/Age _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement
 Operator **HAHN, KRISTOPHER N**
 Address **24 TOWPATH DR**
 City **WILMINGTON** State **MA** Zip **01887-3918**
 Insurance Company **THE STANDARD FIRE INSURAN**
 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 # **3AVH80** Reg Type **PC** Reg State **MA**
 Veh Year **2018** Veh Make **HONDA** Veh Config. **1** 21
 Owner **HAHN, HEATHER E**
 Address **24 TOWPATH DR**
 City **WILMINGTON** State **MA** Zip **01887**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **27** 27
 Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Most Harmful Event **1** 24 Type of Test: **29**
 Driver Contributing Code **19** 25 **25** BAC Test Result: **30**
 Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

1

9

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	
HEATHER HAHN	24 TOWPATH DR WILMINGTON, MA 01887		F	3	1	4	0	0	10	1	
				4	1	4	0	0	10	1	
				5	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-429-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 12/11/2023 Time of Crash 1617 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

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

Route# Direction Address # BUTTERSROW Mile Marker Exit Number

2 10

9 11

2 1

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped

Crash Report ID# 23-430-AC

3

License Sex F Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 98CB80 Reg Type PC Reg State MA Veh Year 2002 Veh Make BMW Veh Config. 1 21

1 12

4 1

Operator PEREIRA, OTILIA DIAS Address 58 NEWLAND ST City MALDEN State MA Zip 02148-8009

Owner PEREIRA, OTILIA DIAS Address 58 NEWLAND ST City MALDEN State MA Zip 02148-8009

5

Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: [N] [S] [X] [W] Responding to Emergency? 2

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29

1 13

6 1

Please fill out for operator and all occupants involved

Table with columns: 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

7 1

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

Reg # 7LD800 Reg Type PC Reg State MA Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21

8 1

License Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator LATINA, ROBERT STEVEN Address 158 CONCORD RD APT J27 City BILLERICA State MA Zip 01821-4644

Owner LATINA, ROBERT STEVEN Address 158 CONCORD RD APT J27 City BILLERICA State MA Zip 01821-4644

97 14

9 2

Insurance Company USAA CASUALTY INSURANCE C Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency? 2

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 29

Table with columns: 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

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

Route# Direction Name of Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street
 Route# Direction Name of Intersecting Roadway/Street

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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **23-431-AC**

License # St DOB/Ag
 Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
 Operator **HEYMANS, AMY CLAIRE**
 Address **84 HICKORY RD**
 City **HAMPSTEAD** State **NH** Zip **038412226**
 Insurance Company **LIBERTY MUTUAL**
 Vehicle Travel Direction: N 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 # **4418418** Reg Type **PC** Reg State **NH**
 Veh Year **2019** Veh Make **AUDI** Veh Config. 1 21
 Owner **HEYMANS, AMY CLAIRE**
 Address **84 HICKORY RD**
 City **HAMPSTEAD** State **NH** Zip **038412226**
 Vehicle Action Prior to Crash 4 22
 Event Sequence 1 23 23 23 23
 Most Harmful Event 1 24
 Driver Contributing Code 1 25 25
 Driver Distracted by 0 26

Damaged Area Code: 8 27 27 27
 Test Status: 28
 Type of Test: 29
 BAC Test Result: 30
 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

License # St DOB/Ag
 Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement
 Operator **ARSENAULT, ASHLYN MARIE**
 Address **11113 INWOOD DR**
 City **WOBURN** State **MA** Zip **01801-5168**
 Insurance Company **SAFETY INSURANCE COMPANY**
 Vehicle Travel Direction: N E W Responding to Emergency? 2
 Citation # (If Issued)
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # **4BNV85** Reg Type **PC** Reg State **MA**
 Veh Year **2023** Veh Make **HONDA** Veh Config. 1 21
 Owner **ARSENAULT, ASHLYN MARIE**
 Address **11113 INWOOD DR**
 City **WOBURN** State **MA** Zip **01801-5168**
 Vehicle Action Prior to Crash 5 22
 Event Sequence 1 23 23 23 23
 Most Harmful Event 1 24
 Driver Contributing Code 4 25 1 25
 Driver Distracted by 99 26

Damaged Area Code: 8 27 27 27
 Test Status: 1 28
 Type of Test: 29
 BAC Test Result: 30
 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 2 33

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

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

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 23-431-AC

Entered: 12/13/2023 @ 0925 Entry ID: 173
Modified: 12/13/2023 @ 0928 Modified ID: 173
Approved: 12/16/2023 @ 0934 Approval ID: 159

V1 (Heymans) was traveling north on RT.38 and in process of taking left turn into Wilmington Crossing w/ green light. V2 Entered intersection heading south and collision occurred. V2 then drove off and was initially reported as leaving the scene. V1 then parked in Hyundai lot. Witness 1 (Salazar) stated V2 was heading South in left portion of lane and then passed suddenly around the two vehicles ahead of her and into right portion of travel lane. He said V2 was speeding and entered intersection suddenly with no reaction time for V1 already in process of turn. V1 Opr. Heymans reported way was otherwise clear before V2 suddenly appeared speeding into intersection.

V2 Opr. Arsenault called station within hour. She stated she pulled over into speedway but did not see V1 in roadway. She claims she checked shopping plaza without locating V1 and then went to work in Somerville. Per request, Opr. 2 promptly arrived at station. No additional issues on arrival. V2 did not challenge witness details. V1 damaged on left front end when V2 clipped bumper. V2 damaged on left front end/quarter. No injuries observed or reported. V2 advised of expectations and procedures when involved in crash.

Respectfully,

Rich DiPerri-173

AT INTERSECTION: **WOBURN ST** **< 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 Feet N S E W of Mile Marker Exit Number

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

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

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **23-432-AC**

License # _____ DOB/Age _____ Reg # **9ME834** Reg Type **PC** Reg State **MA**

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

Operator **CAULFIELD, LEIGH ANN MESITI** Owner **CAULFIELD, LEIGH ANN MESITI**

Address **22 KENWOOD AVE** Address **22 KENWOOD AVE**

City **WILMINGTON** State **MA** Zip **01887-3012** City **WILMINGTON** State **MA** Zip **01887-3012**

Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **3** Damaged Area Code: **27 27 27**

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

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

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

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

Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat 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	
WESLEY CAULFIELD	22 KENWOOD AVE WILMINGTON, MA 01887	09/29/2023	M	5	4	1	0	0	10	1	

Please Select One of the Following: Vehicle 26 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St. _____ DOB/Age _____ g # **7FG238** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions _____ CDL _____ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1**

Operator **SANTINI, JULIE ELIZABETH** Owner **SANTINI, DEREK H**

Address **28 KENWOOD AVE** Address **28 KENWOOD AVE**

City **WILMINGTON** State **MA** Zip **01887-3012** City **WILMINGTON** State **MA** Zip **01887-3012**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **4** Damaged Area Code: **27 27 27**

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9 25 25** BAC Test Result: **1 30**

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

Towed from scene? **1 33**

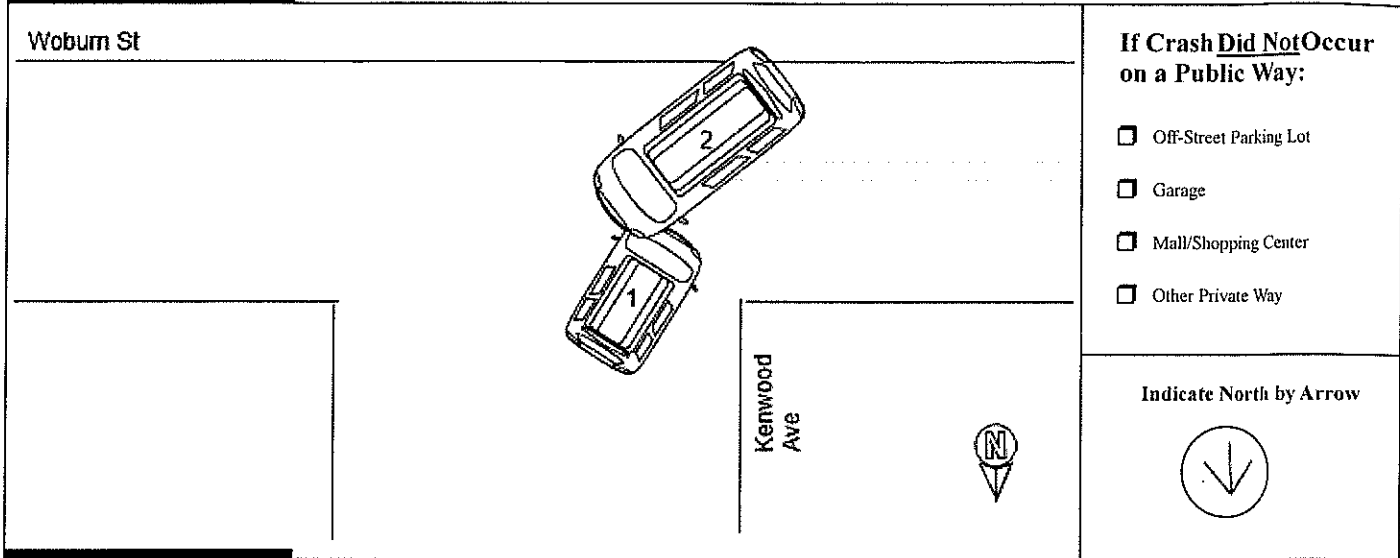
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	
				3	99	4	0	0	10	1	
				6	1	4	0	0	10	1	
				4	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian ☹️ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O → ☹️



Crash Narrative:

MV1 WAS ATTEMPTING TO TAKE A RIGHT-HAND TURN FROM KENWOOD AVE. ONTO WOBURN ST. MV2 WAS ATTEMPTING TO TAKE A LEFT-HAND TURN FROM WOBURN ST. ONTO KENWOOD AVE. AS MV1 WAS TAKING THE RIGHT-HAND TURN AND MV2 WAS TAKING THE LEFT-HAND TURN, THEY COLLIDED INTO EACHOTHER. BOTH MV1 AND MV2 SUSTAINED DAMAGE TO BOTH DRIVERSIDE FENDERS. NO INJURIES WERE REPORTED.

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 Tavares 206 Wilmington Police Department 12/12/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

Route# Direction Name of Roadway/Street At Route# Direction 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# **23-433-AC**

License _____ St. _____ DOB/Age _____ Reg # **1507TR** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1** 21

Operator **CHECRALLAH, SHARON APRIL** Owner **CHECRALLAH, SHARON APRIL**

Address **11 COUNTRYSIDE WAY** Address **11 COUNTRYSIDE WAY**

City **ANDOVER** State **MA** Zip **01810-6130** City **ANDOVER** State **MA** Zip **01810-6130**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **1** 27 **2** 27

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **20** 25 **19** 25 BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **7** 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/Age _____ Reg # **2JEL49** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2023** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **COREAS, JAIME A** Owner **COREAS, JAIME A**

Address **86 WILMINGTON RD** Address **86 WILMINGTON RD**

City **BURLINGTON** State **MA** Zip **01803-1431** City **BURLINGTON** State **MA** Zip **01803-1431**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 27 **5** 27 **4** 27

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

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

Date of Crash 12/15/2023	Time of Crash 0944 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 30	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 _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction 57 Name of Roadway/Street SALEM ST Address # _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
--	---

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-434-AC**

License # _____ St _____ OB/Age _____ Sex M Lic. Class B Lic. Restrictions 1 CDL _____ Operator BONANCA, ANTONIO Address 130 DUBLIN ST City SOMERSET State MA Zip 02726-5601 Insurance Company OLD REPUBLIC INSURANCE CO Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # W17862 Reg Type CO Reg State MA Veh Year 2020 Veh Make Mack Truck Veh Config. 8 Owner CASELLA WASTE MANAGEMENT OF MASSACHUSETTS INC Address 24 BUNKER HILL INDUSTRIAL PARK City BOSTON State MA Zip 02129 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 25 25 Driver Distracted by 0 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 1 30 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	

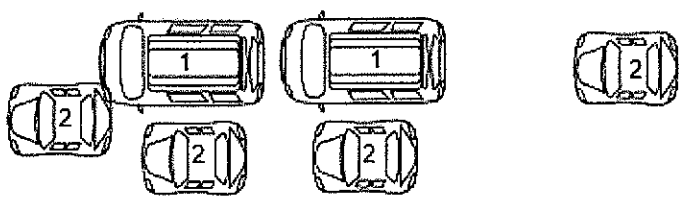
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ OB/Age _____ Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Operator CHACON, ENMA A Address 17 DIRLAM CIR City TEWKSBURY State MA Zip 01876-3359 Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 33RV52 Reg Type PC Reg State MA Veh Year 2021 Veh Make TOYOTA Veh Config. 1 Owner CHACON, ENMA A Address 17 DIRLAM CIR City TEWKSBURY State MA Zip 01876-3359 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 25 25 Driver Distracted by 0 Damaged Area Code: 3 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 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	

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

Crash Diagram:



57 Salem Street



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV 1 is a trash truck picking up trash for the Town of Wilmington. MV 1 was stopping and going throughout the street to pick up the trash barrels. MV 2 was attempting to pass MV 1. During this time, MV 1 was continuing on to the next barrel. MV 1 stated MV 2 was in his blind spot. When MV 1 and MV 2 collided, MV 1 sustained left front damage and MV 2 sustained right side/near damage. A&S Towing towed MV 2. No 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 Kevin J Skinner 200 Wilmington Police Department 12/15/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date