

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 12/19/2023  
 Time of Crash: 0849  
 24HR  
 City/Town: **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles: 1  
 Number Injured: 1  
 Speed Limit: 35  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 State Police   
 Local Police   
 MBTA Police   
 Campus Police   
 Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 At \_\_\_\_\_

38 S 279 MAIN ST  
 Route# Direction Address # Name of Roadway/Street

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

Feet [N S E W] of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

2

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

Feet [N S E W] of \_\_\_\_\_ of \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

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

Crash Report ID# **23-435-AC**

3

License \_\_\_\_\_, DOB/Ag \_\_\_\_\_  
 Sex **F**, Lic. Class **D** 19 19, Lic. Restrictions \_\_\_\_\_, CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_

Reg # **4BLH18**, Reg Type **PC**, Reg State **MA**  
 Veh Year **2015**, Veh Make **LINCOLN**, Veh Config. **1** 21

Operator **CHARLTON, NICOLE MARIE**  
 Last First Middle

Owner **CHARLTON, NICOLE MARIE**  
 Last First Middle

Address **27 ANDOVER RD APT 1**

Address **27 ANDOVER RD APT 1**

City **BILLERICA**, State **MA**, Zip **01821-1915**

City **BILLERICA**, State **MA**, Zip **01821-1915**

Insurance Company **GOVERNMENT EMPLOYEES INSU**

Vehicle Action Prior to Crash **1** 22  
 Damaged Area Code: **0** 27 27 27

Vehicle Travel Direction:  S  E  W  
 Responding to Emergency? **2**

Event Sequence **3** 23 23 23 23  
 Test Status: **1** 28

Citation # (If Issued) \_\_\_\_\_

Most Harmful Event **3** 24  
 Type of Test: **2** 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Driver Contributing Code **1** 25 **18** 25  
 BAC Test Result: **3** 30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Driver Distracted by **0** 26  
 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **2** 33

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	1	4	0	0	10	1	

7

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

License # \_\_\_\_\_, St **MA**, DOB/Ag \_\_\_\_\_  
 Sex **M**, Lic. Class **D** 19 19, Lic. Restrictions \_\_\_\_\_, CDL \_\_\_\_\_  
 Endorsement \_\_\_\_\_

Reg # \_\_\_\_\_, Reg Type \_\_\_\_\_, Reg State \_\_\_\_\_  
 Veh Year \_\_\_\_\_, Veh Make \_\_\_\_\_, Veh Config. **21**

Operator **FREDERICKSON, PETER ROBERT**  
 Last First Middle

Owner \_\_\_\_\_  
 Last First Middle

Address **259 LOWELL ST**

Address \_\_\_\_\_

City **WILMINGTON**, State **MA**, Zip **01887-3016**

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

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

Vehicle Travel Direction:  N  S  W  
 Responding to Emergency? **1**

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**

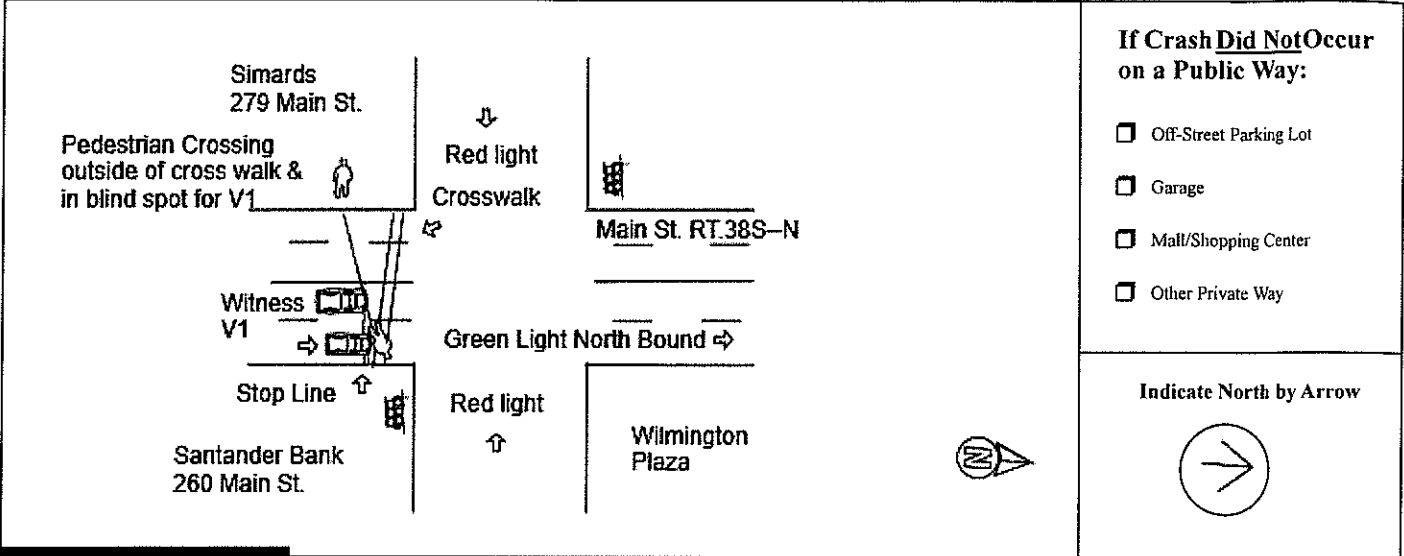
9

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	0				8	2	Winchester Hospital

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

See Supplemental Narrative.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
CAREW DEBORAH J	385 FOREST AVE SWAMPSCOTT MA 01907-2158		2

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Richard DiPerri    173    Wilmington Police Department    12/19/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 23-435-AC

Entered: 12/20/2023 @ 1217      Entry ID: 173  
Modified: 12/20/2023 @ 1230      Modified ID: 173  
Approved: 12/26/2023 @ 0751      Approval ID: 196

V1 (Charlton) and W1 (Carew) were stopped in their respective traffic lanes for red light heading NB on Main Street. According to independent Witness 1 (Carew), Pedestrian (Frederickson) attempted to cross street (outside of working crosswalk) approximately 10 feet from crosswalk. His path was at an angle not favorable to be observed by V1 (approaching from angled back left of view). Witness 1 (Carew) noticed pedestrian in her peripheral view just before he crossed her vehicle as light turned green. V1 opr(Charlton) stated she proceeded with green light did not see pedestrian who suddenly appeared and collison occured knocking pedestrian over. Crosswalk is intentionally painted at angle to allow unobstructed view (when in proper use). Additionally proper use of working crosswalk would allow for persons using the crosswalk to proceed with walk prompt which would halt traffic in all directions with countdown delay before initiating light cycle. The angle pedestrian (Frederickson) used to cross Main Street was outside of crosswalk into blind spot(s) of obstructed views. Pedestrian Fredrickson confirmed he crossed street at angle outside of crosswalk (as reported by W1) before being struck. This combination of decisions on behalf of pedestrian were probable factor(s) in crash. Pedestrian treated on scene by WFD/Action Medics for cut over eye, and transported for evaluation.

Respectfully,

Officer Rich DiPerri-173

Date of Crash **12/19/2023** Time of Crash **1521** 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   
 24HR

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

1	Route# <b>BUTTERSROW</b> Direction _____ Name of Roadway/Street _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____	
	At _____		_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____	
2	Also at Intersection with _____		_____ Feet <b>N S E W</b> of _____	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Landmark _____	

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 23-436-AC**

License _____ S _____ DOB/Ag _____	Reg # <b>392CZ0</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2019</b> Veh Make <b>MITSUBISHI</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>RENZULLI, SANDRA LUCIA</b>	Owner <b>RENZULLI, WILLIAM VINCENT</b>
Address <b>26 BEACON ST APT 13C</b>	Address <b>11 PASHO RD</b>
City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-3812</b>	City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-5605</b>
Insurance Company <b>GEICO GENERAL INSURANCE C</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>8</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>1</b> <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # _____ S _____ DOB/Ag _____	Reg # <b>2WMN62</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>B</b> <b>20</b> CDL _____ Endorsement _____	Veh Year <b>2023</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>ZHANG, QING LUCY</b>	Owner <b>ZHANG, QING LUCY</b>
Address <b>12 MURRAY HILL CIR</b>	Address <b>12 MURRAY HILL CIR</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4201</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-4201</b>
Insurance Company <b>PROGRESSIVE DIRECT INSURA</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>3</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>1</b> <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>19</b> <b>25</b> <b>4</b> <b>25</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Driver Distracted by <b>99</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>DANIEL ZHANG</b>	<b>12 MURRAY HILL CIR WILMINGTON, MA 01887-4201</b>		<b>M</b>	<b>3</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Wilmington Police Department  
Images Associated with 23-436-AC



Date of Crash **12/20/2023** Time of Crash **0626** 24HR 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 _____	Route# <b>131</b> Direction _____ Address # <b>NICHOLS ST</b> Name of Roadway/Street _____	2 10
	At _____	_____ Feet <b>N S E W</b> of _____ or _____ Exit Number _____	
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____	1 11
	Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____	
1	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Landmark _____	

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-437-AC**

3	License # _____ JOB/Age _____ Reg # <b>3KT28</b> Reg Type <b>PC</b> Reg State <b>MA</b>	1 12
	Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Veh Year <b>2019</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21	
4	Operator <b>CORDIMA, ALESSANDRO J</b> Owner <b>CORDIMA, ALESSANDRO J</b>	1 13
	Address <b>12 HIGHLANDVIEW RD</b> Address <b>12 HIGHLANDVIEW RD</b>	
5	City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-1718</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-1718</b>	97 13
	Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>8</b> 27 27 27	
6	Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b> Event Sequence <b>97</b> 23 23 23 23 Test Status: <b>1</b> 28	97 13
	Citation # (If Issued) _____ Most Harmful Event <b>97</b> 24 Type of Test: <b>1</b> 29	
7	Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code <b>1</b> 25 25 BAC Test Result: <b>1</b> 30	97 13
	Viol. 2: Ch/Sec/Sub _____ Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32	
8	Viol. 3: Ch/Sec/Sub _____ Towed from scene? <b>2</b> 33	97 13
	Viol. 4: Ch/Sec/Sub _____	

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

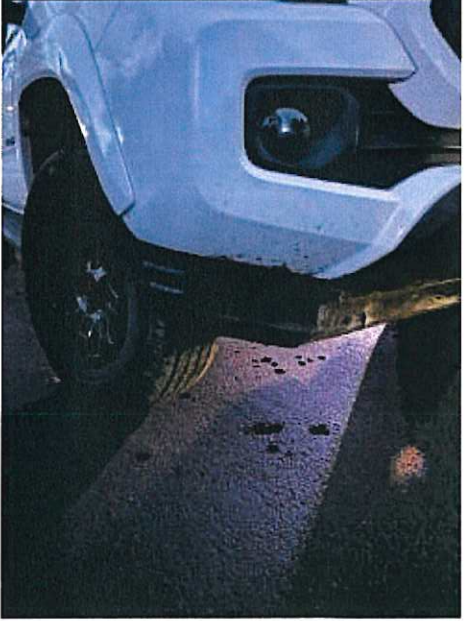
7	1	Please Select One of the Following: <input type="checkbox"/> Vehicle <b>2</b> #Occupants <input type="checkbox"/> Non-Motorist A Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	14
	8	1	
9		2	Sex _____ Lic. Class <b>19</b> 19 Lic. Restrictions <b>20</b> CDL _____ Veh Year _____ Veh Make _____ Veh Config. <b>21</b>
	Operator _____ Owner _____		
10	3	Address _____ Address _____	
		City _____ State _____ Zip _____ City _____ State _____ Zip _____	
11	4	Insurance Company _____ Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> 27 27	
		Vehicle Travel Direction: <input type="checkbox"/> <b>N S E W</b> Responding to Emergency? _____ Event Sequence <b>23</b> 23 23 23 Test Status: <b>28</b>	
12	5	Citation # (If Issued) _____ Most Harmful Event <b>24</b> Type of Test: <b>29</b>	
		Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code <b>25</b> 25 BAC Test Result: <b>30</b>	
13	6	Viol. 2: Ch/Sec/Sub _____ Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>	
		Viol. 3: Ch/Sec/Sub _____ Towed from scene? <b>33</b>	
14	7	Viol. 4: Ch/Sec/Sub _____	

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





Wilmington Police Department  
Images Associated with 23-437-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# **23-438-AC**

Licent: \_\_\_\_\_ DOB/Agc \_\_\_\_\_ Reg # **2509AO** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class  D  19  19 Lic. Restrictions  1  20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **DEANGELIS, DAWN MARIE** Owner **DEANGELIS, DAWN MARIE**

Address **110 JOHN ST** Address **110 JOHN ST**

City **TEWKSBURY** State **MA** Zip **01876-3817** City **TEWKSBURY** State **MA** Zip **01876-3817**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash  2  22 Damaged Area Code:  6  27  27  27

Vehicle Travel Direction:  N  E  W Responding to Emergency?  2 Event Sequence  10  23  23  23  23 Test Status:  1  28

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

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

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

Towed from scene?  2  33

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

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

Licent: \_\_\_\_\_ DOB/A \_\_\_\_\_ Reg # **4NA600** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class  D  19  19 Lic. Restrictions  1  20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_

Operator **ADEYINKA, BENJAMIN O** Owner **ADEYINKA, BENJAMIN O**

Address **110 APACHE WAY** Address **110 APACHE WAY**

City **TEWKSBURY** State **MA** Zip **01876-4618** City **TEWKSBURY** State **MA** Zip **01876-4618**

Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash  2  22 Damaged Area Code:  2  27  5  27  6  27

Vehicle Travel Direction:  N  E  W Responding to Emergency?  2 Event Sequence  10  23  23  23  23 Test Status:  1  28

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event  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  1  26 Susp. Alcohol:  2  31 Susp. Drug:  2  32

Towed from scene?  1  33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	3	0	0	10	1	

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet **NSEW** of Mile Marker Exit Number

Feet **NSEW** of Route# Intersecting Roadway/Street

Feet **NSEW** of Landmark

Please Select One of the Following:  Vehicle 32 #Occupants  Hit/Run  Moped Crash Report ID# **23-438-AC**

Licenses DOB/A1 Reg # **2PKM97** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 D 19** Lic. Restrictions **1 20** CDL Endorsement Veh Year **2008** Veh Make **HYUNDAI** Veh Config. **1 21**

Operator **MELLEN, KELLY T** Owner **MELLEN, KELLY T**

Address **185 HILL STREET EXT** Address **185 HILL STREET EXT**

City **TEWKSBURY** State **MA** Zip **01876-2434** City **TEWKSBURY** State **MA** Zip **01876-2434**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 2 27 8 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 **13 25 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? **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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>X</del>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Winchester Hospital
				<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	Winchester Hospital

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 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: **NSEW** 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>X</del>	<b>1</b>							



**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 \_\_\_\_\_ **LAWRENCE ST** 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# **23-439-AC**

License \_\_\_\_\_ B/Ag \_\_\_\_\_ Reg # **3KSZ27** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **Jeep** Veh Config. **1**

Operator **FOGG, ALLISON** Owner **FOGG, ALLISON**

Address **24 LINDA RD** Address **24 LINDA RD**

City **WILMINGTON** State **MA** Zip **01887-1442** City **WILMINGTON** State **MA** Zip **01887-1442**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 27 6 27 27**

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **97 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Towed from scene? **1 33**

Please fill out for operator 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>KEEGAN GRAY</b>	11 CARTER LN WILMINGTON, MA 01887-2642		<b>M</b>	<b>6</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License \_\_\_\_\_ DOB/A \_\_\_\_\_ Reg # **5SN791** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **HYUNDAI** Veh Config. **1**

Operator **SURETTE, JEFFREY WILLIAM** Owner **SURETTE, JEFFREY WILLIAM**

Address **8 SHADY LANE DR** Address **8 SHADY LANE DR**

City **WILMINGTON** State **MA** Zip **01887-1910** City **WILMINGTON** State **MA** Zip **01887-1910**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **2** Damaged Area Code: **8 27 27 27**

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

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

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

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Towed from scene? **1 33**

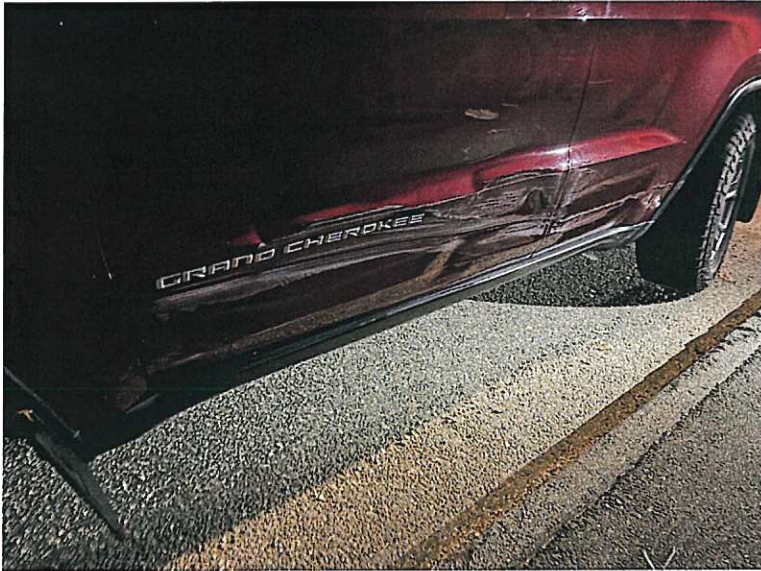
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>ANGELYN CIAMPA</b>	20 DORCHESTER ST WILMINGTON, MA 01887-2207		<b>F</b>	<b>99</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Wilmington Police Department  
Images Associated with 23-439-AC



Date of Crash: 12/21/2023 | Time of Crash: 1610 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 # <b>298</b> Name of Roadway/Street <b>MAIN ST</b>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following:  Vehicle **12** #Occupants  Hit/Run  Moped | Crash Report ID# **23-440-AC**

Licenst _____ B/Ag _____ Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>B</b> <b>20</b> CDL _____ Endorsement _____ Operator <b>MULRONEY, DOREEN ROSE</b> Address <b>101 MILL ST APT 204</b> City <b>DRACUT</b> State <b>MA</b> Zip <b>01826-3271</b> Insurance Company <b>PLYMOUTH ROCK ASSURANCE C.</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>296T40</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2022</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <b>21</b> Owner <b>MULRONEY, DOREEN ROSE</b> Address <b>101 MILL ST APT 204</b> City <b>DRACUT</b> State <b>MA</b> Zip <b>01826-3271</b> Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>
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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
<b>Operator</b> See Above		<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>ROBERT LEFAVE</b>	11 EDGEWOOD RD TEWKSBURY, MA 01876-2162		<b>M</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

Licenst _____ Age _____ Sex _____ Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____ Operator _____ Address _____ City _____ Insurance Company <b>SAFETY INSURANCE COMPANY</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>4JVM87</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2014</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b> <b>21</b> Owner <b>GABAREE, JOHN EDWARD</b> Address <b>165 MAIN ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2021</b> Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>5</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>
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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
<b>Operator/Non-Motorist</b> See Above		<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Wilmington Police Department  
Images Associated with 23-440-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 **NSEW** of Mile Marker Exit Number

Feet **NSEW** of Route# Intersecting Roadway/Street

Feet **NSEW** of Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **23-441-AC**

Licens: DOB/Age Reg # **158KJ9** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2019** Veh Make **MITSUBISHI** Veh Config. **1**

Operator **WILSON, NICOLE ANN** Owner **WILSON, NICOLE ANN**

Address **4 HATHAWAY RD** Address **4 HATHAWAY RD**

City **WILMINGTON** State **MA** Zip **01887-1411** City **WILMINGTON** State **MA** Zip **01887-1411**

Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 27 27**

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

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

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

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

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

Licens: DOB/Age Reg # **V81007** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2016** Veh Make **NISSAN** Veh Config. **1**

Operator **MARUN URENA, GABRIEL SALVADOR** Owner **ALL CLEAR PLUMBING INC**

Address **77 TENNEY ST** Address **12 WILMINGTON RD**

City **METHUEN** State **MA** Zip **01844-4339** City **BURLINGTON** State **MA** Zip **01803-1729**

Insurance Company **SAFETY NATIONAL INSURANCE** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 27 27**

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

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

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

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

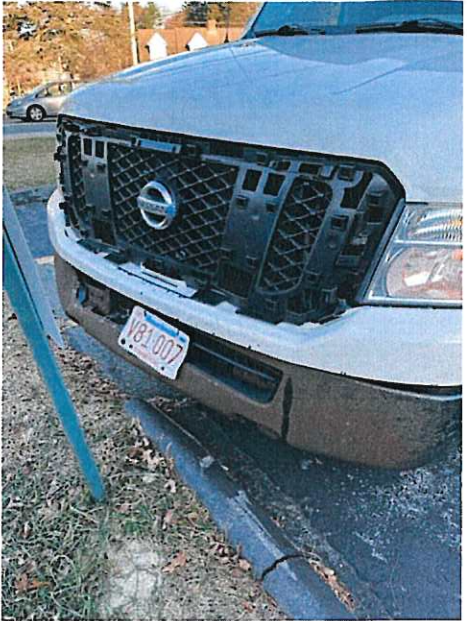
Towed from scene? **2 33**

Please fill out for operator/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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 23-441-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

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction 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 0 #Occupants  Hit/Run  Moped Crash Report ID# **23-442-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **6VN741** Reg Type **PC** Reg State **MA**

Sex \_\_\_\_\_ Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_ Veh Year **2018** Veh Make **NISSAN** Veh Config.  1  21

Operator **Driverless M.V.** Owner **LAGUNILLA, PETER FRANCIS**

Address \_\_\_\_\_ Address **7 REVERE AVE**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-6217**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash  11  22 Damaged Area Code:  6  27  7  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:  1  30

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

Towed from scene?  2  33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<input checked="" type="checkbox"/>							

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config.  21

Operator **unknown** Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash  22 Damaged Area Code:  27  27  27

Vehicle Travel Direction:  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
<b>Operator/Non-Motorist</b>	See Above			<input checked="" type="checkbox"/>							





Date of Crash 12/23/2023	Time of Crash 1111 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 1	Speed Limit <u>40</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

<p><b>MAIN ST</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p><b>CROSS ST</b></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 12 #Occupants  Hit/Run  Moped Crash Report ID# **23-443-AC**

<p>Licen _____ Reg # <u>5VN529</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>I</u> <u>20</u> CDL _____</p> <p>Operator: _____ Veh Year <u>2014</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Address _____ Owner <u>HEFFERNAN, DANIEL REGAN</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2330</u></p> <p>Insurance Company <u>THE HANOVER INSURANCE COM</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u></p> <p>Vehicle Travel Direction: <input checked="" 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>1</u> <u>28</u></p> <p>Citation # (If Issued) <u>T3282122</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Viol. 1: Ch/Sec/Sub <u>89</u> <u>8</u> Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>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></p> <p style="text-align: right;">Towed from scene? <u>1</u> <u>33</u></p>	<p>1 12</p> <p>1 11</p> <p>1 13</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
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	1	1	3	0	0	10	1
					3	1	3	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

<p>Lic _____ OB/A _____ Reg # <u>742XJB</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>SALLESE, NANCY JEAN</u> Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u></p> <p>Address <u>3 TENNESSEE ST</u> Owner <u>SALLESE, NANCY JEAN</u></p> <p>City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-1364</u> Address <u>3 TENNESSEE ST</u></p> <p>Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>10</u> <u>27</u> <u>3</u> <u>27</u> <u>27</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Citation # (If Issued) _____ Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>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></p> <p style="text-align: right;">Towed from scene? <u>1</u> <u>33</u></p>	<p>1 14</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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	1	1	3	0	0	8	2



NARRATIVE FOR PATROL OFFICER KATHRYN C GOODWIN

Ref: 23-443-AC

Entered: 12/23/2023 @ 1540	Entry ID: 216
Modified: 12/23/2023 @ 1544	Modified ID: 216
Approved: 12/27/2023 @ 1055	Approval ID: 175

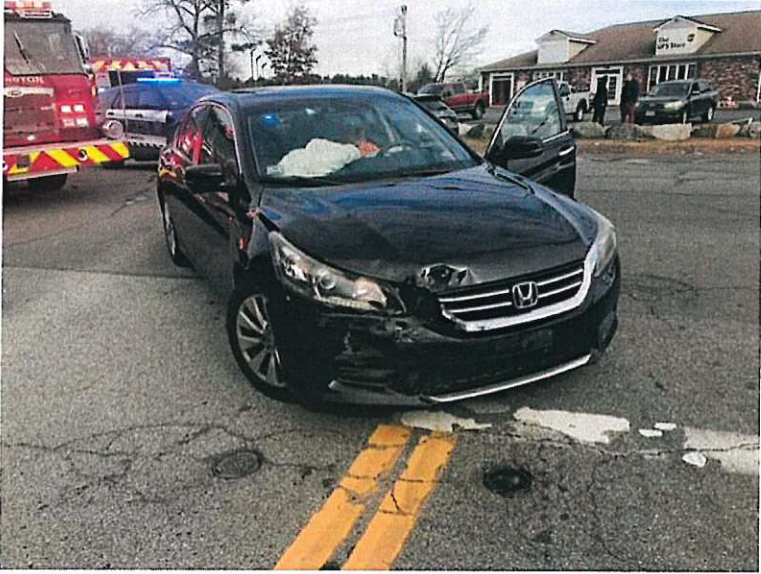
Due to the crash Main Street at Butters Row in Wilmington, there was approximately 10 feet of guardrail damaged in the accident. Damage appeared minor. The guardrail is located parallel to Main Street, Route 38, on the Butters Row side. MA DOT notified to come and inspect.

Respectfully submitted,

Officer Kathryn Goodwin, Badge #216  
Wilmington Police Department



Wilmington Police Department  
Images Associated with 23-443-AC





Wilmington Police Department  
Images Associated with 23-443-AC





Date of Crash 12/23/2023 Time of Crash 1648 24HR City/Town Wilmington Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 0 Speed Limit 25 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

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# 23-444-AC

License, Reg # 3TXR38, Reg Type PC, Reg State MA, Sex M, Lic. Class D, Lic. Restrictions 99, CDL, Operator NICHOLS, BJORN A, Address 1 JACKSON RD BSMT, City BURLINGTON, State MA, Zip 01803-1013

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

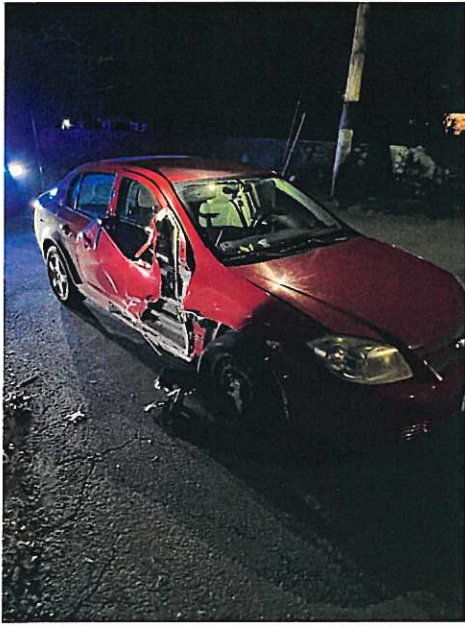
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License #, St, DOB/Age, Reg #, Reg Type, Reg State, Sex, Lic. Class, Lic. Restrictions, CDL, Operator, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Damaged Area Code, Event Sequence, Test Status, Type of Test, BAC Test Result, Susp. Alcohol, Susp. Drug, Towed from scene?

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



Wilmington Police Department  
Images Associated with 23-444-AC



Date of Crash 12/23/2023 Time of Crash 1158 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

1	Route# <b>62</b> Direction <b>W</b> Name of Roadway/Street <b>CHURCH ST</b>	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
	At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____
	Route# _____ Direction _____ Name of Intersecting Roadway/Street <b>CLARK ST</b>	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
2	Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-445-AC**

2	License # _____ 'OB/Agc _____	Reg # <b>4XBK79</b> Reg Type <b>PC</b> Reg State <b>MA</b>
	Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>B</b> 20 CDL _____	Veh Year <b>2010</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21
4	Operator <b>CLARKE, BRIDIE ROSE</b>	Owner <b>CLARKE, JASON M</b>
	Address <b>103 SALISBURY ST</b>	Address <b>103 SALISBURY ST</b>
5	City <b>HOLDEN</b> State <b>MA</b> Zip <b>01520</b>	City <b>HOLDEN</b> State <b>MA</b> Zip <b>01520-1415</b>
	Insurance Company <b>GREEN MOUNTAIN INSURANCE</b>	Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>2</b> 27 <b>0</b> 27
6	Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> 23 <b>23</b> 23 <b>23</b> Test Status: <b>1</b> 28
	Citation # (If Issued) _____	Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b>
6	Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____	BAC Test Result: <b>30</b>
	Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Driver Contributing Code <b>1</b> 25 <b>25</b> Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
6	Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Driver Distracted by <b>0</b> 26 Towed from scene? <b>1</b> 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

8	License # _____ DOB/Ag _____	Reg # <b>7RN866</b> Reg Type <b>PC</b> Reg State <b>MA</b>
	Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>B</b> 20 CDL _____	Veh Year <b>2015</b> Veh Make <b>SUBARU</b> Veh Config. <b>1</b> 21
9	Operator <b>MELO, KAYLA LOGAN</b>	Owner <b>MELO, KAYLA LOGAN</b>
	Address <b>42 MOUNT PLEASANT ST</b>	Address <b>42 MOUNT PLEASANT ST</b>
9	City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-4343</b>	City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-4343</b>
	Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b>	Vehicle Action Prior to Crash <b>4</b> 22 Damaged Area Code: <b>0</b> 27 <b>27</b> 27
9	Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> 23 <b>23</b> 23 <b>23</b> Test Status: <b>1</b> 28
	Citation # (If Issued) _____	Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b>
9	Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____	BAC Test Result: <b>30</b>
	Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Driver Contributing Code <b>18</b> 25 <b>4</b> 25 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
9	Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Driver Distracted by <b>0</b> 26 Towed from scene? <b>1</b> 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

