

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/03/2024	Time of Crash 1821 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 checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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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 _____	10 2 11 2	Route# <u>129</u> Direction <u>E</u> Address # <u>448</u> Name of Roadway/Street <u>SHAW SHEEN AVE</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>NEAR NICHOLS STREET</u> Landmark _____
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 24-1-AC
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License # _____ S _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>ISAAC, YOLDINE</u> Address <u>68 POND ST</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1226</u> Insurance Company <u>NORFOLK & DEDHAM MUTUAL F</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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>1VMZ23</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>AUDI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ISAAC, JEANRENAN</u> Address <u>68 POND ST</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1226</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> 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>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	1	M	1	1	4	0	0	9	1	

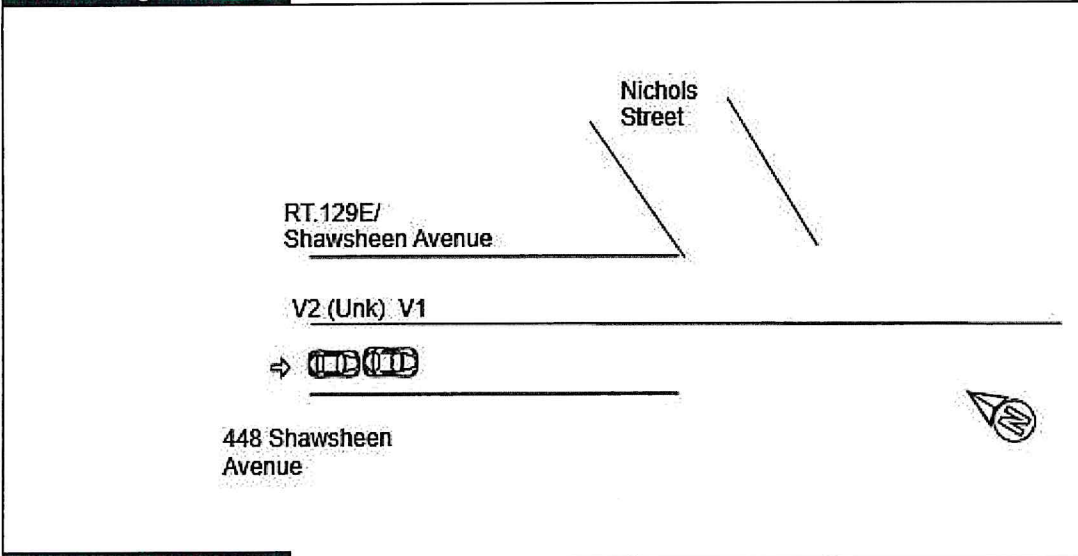
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>unknown</u> Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>unknown</u> Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	1	M	1	1	4	0	0	9	1	

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

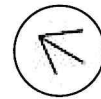
Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 (Isaac) was rear-ended in slow moving traffic by V2 (unidentified). V1 Pulled over as did V2. V1 operator was approached by white male opr (unidentified) in his 20's, wearing a camo hoodie or balaclava head cover. Unidentified operator asked if V1 opr was ok. V1 opr replied no and that she was calling the police. V2 opr asked her not to because he was unlicensed. V2 opr returned to his vehicle and fled the scene. V2 described as smaller dark colored (gray or black) sedan possibly a Nissan with front end damage and a "Z" in the license plate that fled straight on Rt.129 E towards Main Street. Opr. Isaac complained of back pain and was evaluated by Fire/EMS without transport. Small black plastic piece with Nissan stamping found near crash. No Vin number on plastic. No independent witnesses or video. V2 opr did not contact police. Vehicle stopped by police on route to call with front end damage was inspected and confirmed as not being involved.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42
Address _____ City _____ St _____ Zip _____
US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Richard DiPerri **173** **Wilmington Police Department** **01/03/2024**
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 01/04/2024	Time of Crash 1445 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
						Latitude _____		MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
						Longitude _____		Other: <input type="checkbox"/>	

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
BALLARDVALE ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ ROUTE 125 HWY Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	LOCATION 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: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 24-2-AC
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License # _____ St _____ DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator CLARK, LUCILLE M Last First Middle Address 195 SALEM ST APT 1104 City WILMINGTON State MA Zip 01887-4030 Insurance Company THE HANOVER INSURANCE COM 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 # 3KNJ47 Reg Type PC Reg State MA Veh Year 2023 Veh Make GMC Veh Config. 1 21 Owner CLARK, LUCILLE M Last First Middle Address 195 SALEM ST APT 1104 City WILMINGTON State MA Zip 01887-4030 Vehicle Action Prior to Crash 3 22 Damaged Area Code: 3 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 5 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
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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	XXXX	XX	1	1	4	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # _____ S _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator ZANATTA, JOAO PAULO ANDADE Last First Middle Address 4 MCDONALD RD City WILMINGTON State MA Zip 01887-3807 Insurance Company SAFETY INSURANCE COMPANY 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 # W27993 Reg Type CO Reg State MA Veh Year 2020 Veh Make FORD Veh Config. 8 21 Owner VCO LANDSCAPING INC Last First Middle Address 10 PEVWELL DR City SAUGUS State MA Zip 01906-2818 Vehicle Action Prior to Crash 3 22 Damaged Area Code: 0 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 5 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 3 33
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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	XXXX	XX	1	1	4	0	0	10	1	
YURE GOMES	25 MAPLE ST MILFROD, MA 01757		M	3	1	4	0	0	10	1	

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

1 **BALLARDVALE ST**
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
ROUTE 125 HWY
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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

3 Please Select One of the Following: Vehicle 30 #Occupants Hit/Run Moped **Crash Report ID# 24-2-AC**

1 License # _____ St _____ DOB/Age _____ Reg # **TZ25286** Reg Type **TR** Reg State **MA**
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2021** Veh Make **Other-not listed** Veh Config. **21**
Operator **Driverless M.V.** Owner **VCO LANDSCAPING**
Last First Middle Last First Middle
Address _____ Address **UNKNOWN**
City _____ State _____ Zip _____ City **SAUGUS** State **MA** Zip **01906**
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**

6 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	XXXX	XX	1							

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

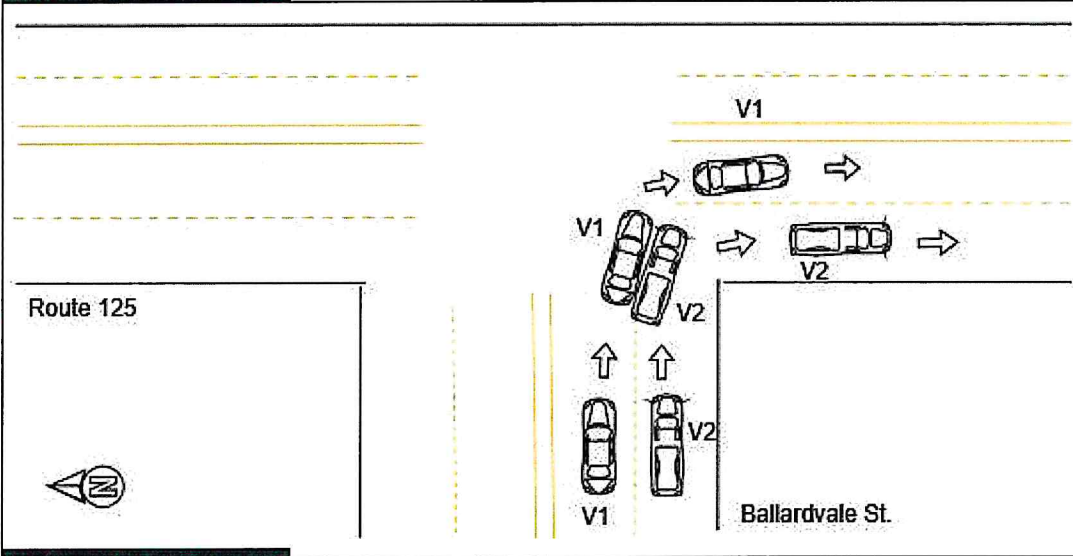
8 License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
Operator _____ Owner _____
Last First Middle Last First Middle
Address _____ Address _____
City _____ 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**

9 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	XXXX	XX	1							

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 & V2 were exiting Ballardvale St. and turning right onto Route 125. The travel lane included two lanes (V1 in the left lane & V2 in the right lane). While both vehicles were turning right, V2 collided with V1 in the roadway. V1 sustained scratches and paint transfer on the right side from V2. There was also a trailer attached to the back on V2. V2 sustained no damaged from this crash. Operator 1 was the lone occupant of that vehicle and V2 had one passenger. All involved parties reported no injuries and denied medical attention. V1 was able to be driven away by the operator. V2 and its trailer were both unregistered and were towed by Cain's Towing to their tow yard in Wilmington, MA.

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

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Michael W Powers 231 Wilmington Police Department 01/04/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-2-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

129 E LOWELL ST
Route# Direction Name of Roadway/Street

At

93 S
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

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

Feet N S E W of Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# 24-3-AC

License # _____ DOB/Ag: _____

Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____ Endorsement

Operator PRESUTTI, ADAM F
Last First Middle

Address 56 CALL RD

City WEBSTER State NH Zip 03303

Insurance Company TRAVELERS

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 # 4325563 Reg Type PC Reg State NH

Veh Year 2019 Veh Make FORD Veh Config. 1 21

Owner PRESUTTI, ADAM F
Last First Middle

Address 56 CALL RD

City WEBSTER State NH Zip 03303

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 6 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 4 25 25 BAC Test Result: 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		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

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

License: _____ DOB/Ag: _____

Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____ Endorsement

Operator KHIZANISHVILI, GEORGE
Last First Middle

Address 16 MOUNT HOOD TER APT 1

City LYNN State MA Zip 01902-3975

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: N S 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 # 3EVW57 Reg Type PC Reg State MA

Veh Year 2023 Veh Make TOYOTA Veh Config. 1 21

Owner KHIZANISHVILI, GEORGE
Last First Middle

Address 16 MOUNT HOOD TER APT 1

City LYNN State MA Zip 01902-3975

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

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 99 25 25 BAC Test Result: 30

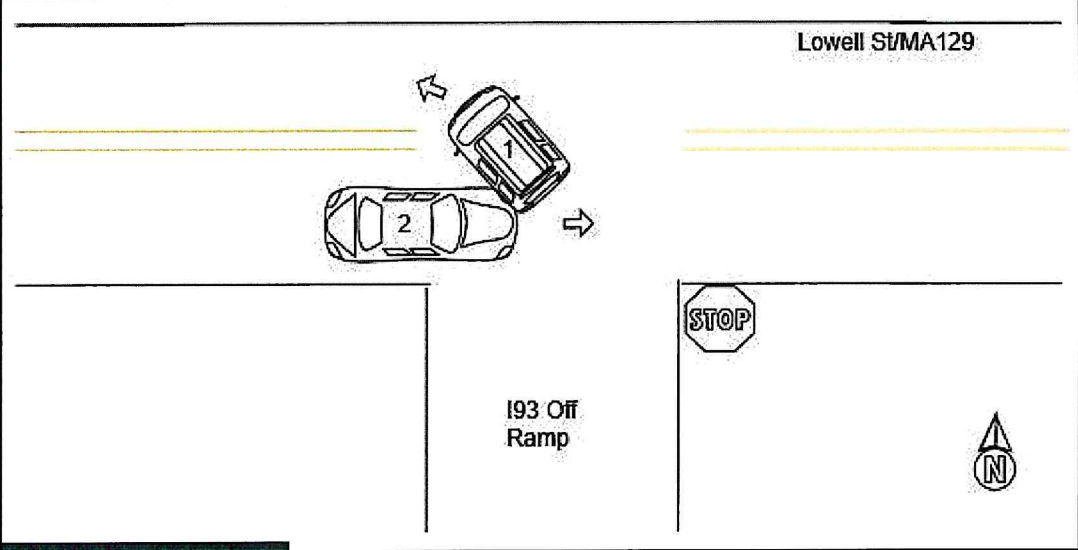
Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

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

ie: → 1 → 2 →  → 

Crash Diagram:



If Crash Did Not Occur on a Public Way:


Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Indicate North by Arrow



Crash Narrative:

1/3/24 appx 1513hrs, dispatched with WFD to Mobile Gas Stn, 316 Lowell St, for 2-car MVC.

MVC occurred at Lowell St/I93 SB Off Ramp. Both MVs moved to Mobile prior to arrival. No injuries reported. Both OPs stated, MV1 turned L onto Lowell St from I93 Off Ramp. MV2 traveling EB on Lowell St towards Reading. MV1 and MV2 made contact. MV1 light damage to rear D-side. MV2 moderate damage to D-side headlight area. Both MVs drivable.

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4 **CONCORD ST**
Route# Direction Name of Roadway/Street

At
Route# Direction **I93SBR33 RAMP**
Name of Intersecting Roadway/Street

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

2 1
Route# Direction Name of Intersecting Roadway/Street

3
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 _____
Route# _____ Intersecting Roadway/Street _____

Landmark _____

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

Crash Report ID# **24-4-AC**

License # _____ S _____ DOB/Ag _____ Reg # **5ESY58** Reg Type **PC** Reg State **MA**

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

Operator **OU, GAOJIE** Owner **OU, GAOJIE**
Last First Middle Last First Middle

Address **224 PARK ST APT B17** Address **224 PARK ST APT B17**
City **STONEHAM** State **MA** Zip **02180** City **STONEHAM** State **MA** Zip **02180**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 27 27

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

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

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 25 BAC Test Result: **30**

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

Towed from scene? **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	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 # _____ S _____ DOB/Ag _____ Reg # **3312877** Reg Type **PC** Reg State **NH**

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

Operator **MAGEE, DOUGLAS EDWARD** Owner **MAGEE, DOUGLAS EDWARD**
Last First Middle Last First Middle

Address **15 RESERVE PL** Address **15 RESERVE PL**
City **CONCORD** State **NH** Zip **03301** City **CONCORD** State **NH** Zip **03301**

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

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

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

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

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

Towed from scene? **2** 33

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

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	XXXX	XX	1	1	4	0	0	10	1	

AT INTERSECTION: **LOCATION** **NOT AT INTERSECTION:**

1 2 125 **W** **BALLARDVALE ST**
Route# Direction Name of Roadway/Street

At
ROUTE 125 HWY
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

Route# Direction Address # Name of Roadway/Street

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# 24-5-AC**

License: _____ OB/Ag _____ Reg # **V50619** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2019** Veh Make **FORD** Veh Config. **1**

Operator **SEROUNIAN, HARRY MAYNARD V** Owner **CAP ELECTRIC INC**
Last First Middle Last First Middle

Address **641 PROSPECT ST** Address **16R JONSPIN RD**

City **METHUEN** State **MA** Zip **01844-4058** City **WILMINGTON** State **MA** Zip **01887-1093**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 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: **28**

Citation # (If Issued) **T3281933** Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **89 9** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 3 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? **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 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License _____ S JOB/Age _____ Reg # **7641XL** Reg Type **PC** Reg State **ME**

Sex **M** Lic. Class **C** Lic. Restrictions _____ CDL Endorsement _____ Veh Year **2019** Veh Make **NISSAN** Veh Config. **2**

Operator **PEARSALL, RALPH A** Owner **PEARSALL, RALPH A**
Last First Middle Last First Middle

Address **1004 MAIN ST** Address **1004 MAIN ST**

City **GRAND ISLE** State **ME** Zip **04746** City **GRAND ISLE** State **ME** Zip **04746**

Insurance Company _____ Vehicle Action Prior to Crash **4** Damaged Area Code: **4 27 27 27**

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

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

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

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **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	XXXXXX	XXXX	1	1	3	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 01/05/2024	Time of Crash 1146 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>
							Latitude _____	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>
							Longitude _____		

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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1 Route# _____ Direction _____ Name of Roadway/Street MAIN ST At _____ 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street KIRK ST Also at Intersection with _____ 2 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 _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 24-6-AC
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License # _____ S. _____ B/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Endorsement _____ Operator COLON, ANGEL D Last First Middle Address 101 HAWTHORNE WAY APT 127 City LAWRENCE State MA Zip 01843-3859 Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2 Citation # (If Issued) 375837AC-CN Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 3MJE17 Reg Type PC Reg State MA Veh Year 2000 Veh Make GMC Veh Config. 1 21 Owner COLON, ANGEL D Last First Middle Address 101 HAWTHORNE WAY APT 127 City LAWRENCE State MA Zip 01843-3859 Vehicle Action Prior to Crash 1 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 3 25 9 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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:	<input checked="" type="checkbox"/> Vehicle 2 #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type 15 Action 16 Location 17 Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ S. _____ B/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions _____ CDL _____ Endorsement _____ Operator SIMMONS, JONATHAN P Last First Middle Address 23 KIRK ST City WILMINGTON State MA Zip 01887-3208 Insurance Company INTEGON NATIONAL INSURANC Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 # 1DNS21 Reg Type PC Reg State MA Veh Year 2014 Veh Make HYUNDAI Veh Config. 1 21 Owner SIMMONS, MELISSA ANN Last First Middle Address 23 KIRK ST City WILMINGTON State MA Zip 01887-3208 Vehicle Action Prior to Crash 3 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 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
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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	

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 **13** #Occupants Hit/Run Moped
 Crash Report ID# **24-7-AC**

License # _____ St. _____ DOB/Age _____ Reg # **2SHY92** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **DODGE** Veh Config. **1**
 Operator **CRUZ, JAY MANUEL** Owner **CRUZ, JAY MANUEL**
 Address **62 PORTLAND ST APT 408** Address **62 PORTLAND ST APT 408**
 City **HAVERHILL** State **MA** Zip **01830-5042** City **HAVERHILL** State **MA** Zip **01830-5042**
 Insurance Company **LIBERTY MUTUAL FIRE INSUR**
 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 _____
 Vehicle Action Prior to Crash **4** Damaged Area Code: **2** **27** **27** **27**
 Event Sequence **35** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **36** **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		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	
RAFAEL VERGARA	324 LOWELL ST LAWRENCE, MA 01841-4308		M	3	1	4	0	0	10	1	
XAVIER CARDENAS	1285 GREENE AVE BROOKLYN, NY 11237		M	6	1	4	0	0	10	1	

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

License # _____ St. _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ 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 _____
 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		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							

