

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

1 **6** Route# GLEN RD Direction _____ Name of Roadway/Street _____
 At _____
 Route# FAULKNER AVE Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____

2 **3** Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

3 _____ 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 _____

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **24-35-AC**

1 **12** License # SA2431622 St MA DOB/Age 10/20/2006 Reg # 5204NP Reg Type PC Reg State MA
 Sex F Lic. Class D 19 19 Lic. Restrictions I 20 CDL _____ Veh Year 2018 Veh Make KIA Veh Config. 1 21
 Operator WILLIAMS, ANGELINA DELLA Owner WILLIAMS, STEPHANIE ANNE
 Last First Middle Last First Middle
 Address 139 GLEN RD Address 139 GLEN RD
 City WILMINGTON State MA Zip 01887-3535 City WILMINGTON State MA Zip 01887-3535
 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 3 27 27
 Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol 2 31 Susp. Drug 2 32
 Towed from scene? 1 33

2 **2** 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 |
|--------------------------|------------------|----------|----------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <u>Operator</u> | <u>See Above</u> | <u>X</u> | <u>X</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

7 **3** 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 # 106590457 St SC DOB/Age 11/16/1966 Reg # 2ZKF85 Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2020 Veh Make FORD Veh Config. 1 21
 Operator HOOPER, GREGG WARREN Owner HOOPER, GEORGE WALTER
 Last First Middle Last First Middle
 Address 532 WHIDDY LOOP Address 12 ALLEN PARK DR
 City CONWAY State SC Zip 29526 City WILMINGTON State MA Zip 01887-2939
 Insurance Company AMICA MUTUAL Vehicle Action Prior to Crash 3 22 Damaged Area Code: 6 27 7 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 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? 3 33

9 **2** 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 |
|------------------------------|---|-------------------|----------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|---------------------|
| <u>Operator/Non-Motorist</u> | <u>See Above</u> | <u>X</u> | <u>X</u> | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>2</u> | <u>Lahey Clinic</u> |
| <u>GEORGE HOOPER</u> | <u>12 ALLEN PARK DR WILMINGTON, MA 01887-2939</u> | <u>06/02/1939</u> | <u>M</u> | <u>3</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>8</u> | <u>2</u> | <u>Lahey Clinic</u> |
| | | | | | | | | | | | |

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER JOSHUA I DEBARROS

Ref: 24-35-AC

Entered: 02/27/2024 @ 1320 Entry ID: 234
Modified: 02/27/2024 @ 1333 Modified ID: 234
Approved: 02/28/2024 @ 1155 Approval ID: 159

On 02/27/2024 I spoke to the Operator of MV2, Mr. Greg Hooper. I was unable to speak with Mr. Hooper on scene due to him requiring transport to the hospital. At this time Mr. Hooper informed me of his side of the story of the events that led up to the accident. Mr. Hooper stated that he was traveling down Glen road heading towards Route 38 when MV1 abruptly turned left in front of him onto Faulkner Avenue . Mr. Hooper stated that MV1 did not utilize a turn signal and by the time he could applied the breaks it was too late, and it was more so a head on collison.

| Attachments for 24-35-AC | |
|---|------|
| Description | Type |
| GW HOOPER OPER CRASH RPT Attachment#: 452A6EDEA39E48E29995D201D5625144 | PDF |
| AD WILLIAMS OPER CRASH RPT Attachment#: 88F3C3579DF84C75BBF7072496B7F2D4 | PDF |

Wilmington Police Department

NARRATIVE FOR PATROL OFFICER JOSHUA I DEBARROS

Ref: 24-35-AC

Entered: 01/26/2024 @ 1913 Entry ID: 234
Modified: 01/26/2024 @ 2003 Modified ID: 234
Approved: 01/27/2024 @ 2043 Approval ID: 181

Motor Vehicle one was traveling East on Glen Road and stopped at the intersection of Glen Road and Faulkner Avenue. Motor Vehicle two was traveling West on Glen Road and stopped at the intersection of Glen Road and Faulkner Avenue. Motor Vehicle one stated that they were turning left onto Faulkner Avenue when Motor Vehicle two slowed down to turn right onto Faulkner Avenue as well. Motor Vehicle one stated they believed Motor Vehicle two was allowing them to turn first due to Motor Vehicle two slowing down. Both vehicles then turned onto Faulkner Avenue at the same time causing the collision. The front airbags in Motor Vehicle one deployed. The occupants of Motor Vehicle two were transported by WFD to Lahey Medical Center. Both vehicles were towed by A&S Towing company.