

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **04/07/2024** Time of Crash **0610** 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles **1** Number Injured **0** Speed Limit **25** State Police
 Latitude _____ MBTA Police
 Longitude _____ Campus Police
 Other _____

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

1

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

Route# _____ Direction **80** Address # **MAIN ST** 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 _____

10

11

2

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

Crash Report ID# **24-110-AC**

4

License # _____ DOB/Age _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____
 Operator **HADDOCK, MELISSA GAIL**
 Address **95 MAIN ST RM APT 132**
 City **TEWKSBURY** State **MA** Zip **01876-1708**
 Insurance Company **SAFETY INSURANCE COMPANY**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **3VMG94** Reg Type **PC** Reg State **MA**
 Veh Year **2016** Veh Make **HYUNDAI** Veh Config. **1** **21**
 Owner **HADDOCK, MELISSA GAIL**
 Address **95 MAIN ST RM APT 132**
 City **TEWKSBURY** State **MA** Zip **01876-1708**
 Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **1** **27** **8** **27** **2** **27**
 Event Sequence **26** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **26** **24** Type of Test: **0** **29**
 Driver Contributing Code **12** **25** **7** **25** BAC Test Result: **1** **30**
 Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **3** **33**

7

26

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	XXXXXX	XXXX	1	1	4	0	0	10	1	
				3	1	4	0	0	10	1	

7

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

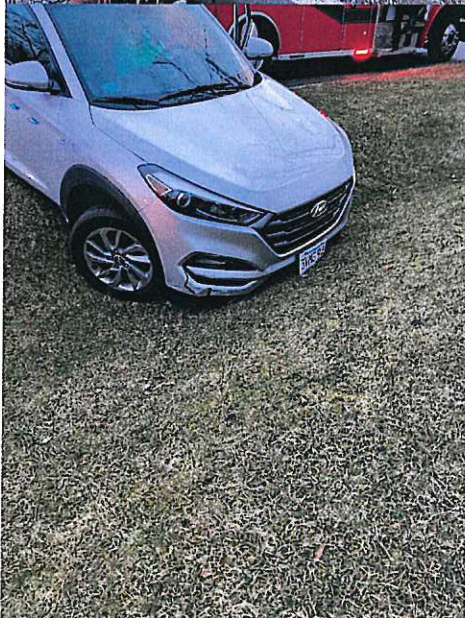
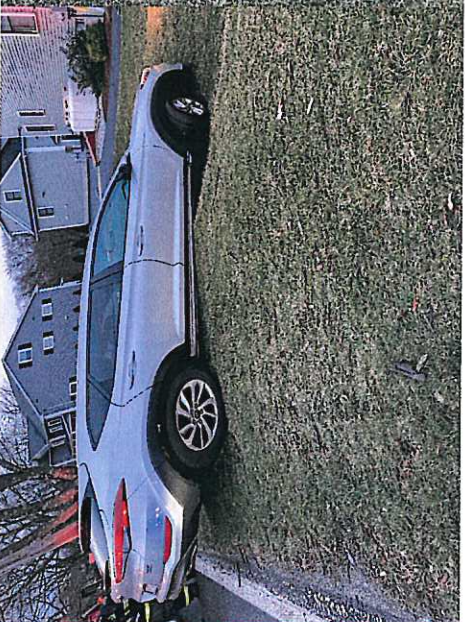
License # _____ St _____ DOB/Age _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____
 Operator _____
 Address _____
 City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
 Citation # (If Issued) _____
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

14

9

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/Occupants	See Above	XXXXXX	XXXX	1							

Wilmington Police Department
Images Associated with 24-110-AC



Date of Crash **04/09/2024** Time of Crash **0802** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other
 24HR

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

1 10
1 11
2 1
1 12

Route# Direction **LOWELL ST** Name of Roadway/Street
 At
 Route# Direction **WOBURN ST** 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 **14** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.
 Crash Report ID# **24-111-AC**

License # _____ DOB/Ag _____ Reg # **4BPK24** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2023** Veh Make **MAZDA** Veh Config. **1** **21**
3 Operator **RUIZ, NATALIA** Owner **RUIZ, NATALIA**
 Address **707 WOBURN ST** Address **707 WOBURN ST**
 City **WILMINGTON** State **MA** Zip **01887-3422** City **WILMINGTON** State **MA** Zip **01887-3422**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **5** **27** **27** **27**
5 1 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**
6 1 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

Please fill out for operator and all occupants involved

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

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ S: _____ DOB/Ag _____ Reg # **891J** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **C** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2020** Veh Make **Other-not listed** Veh Config. **13** **21**
8 1 Operator **BODIO, MICHAEL J** Owner **MDR CONSTRUCTION CO INC**
 Address **25 WHITTUM WAY** Address **1693 SHAWSHEN ST**
 City **LEBANON** State **ME** Zip **04027** City **TEWKSBURY** State **MA** Zip **01876-1509**
 Insurance Company **THE TRAVELERS INDEMNITY C** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **0** **27** **27** **27**
9 2 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 **5** **25** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** **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/Occupants	See Above	XXXXXX	XXXX	1	0	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-111-AC



Date of Crash 04/09/2024	Time of Crash 1634 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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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 # <u>316</u> Name of Roadway/Street <u>LOWELL ST</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 _____ Landmark _____
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Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-112-AC**

License #. _____ S. DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL Endorsement _____ Operator <u>COSTA, ANTONIO J</u> Address <u>55 MICHIGAN RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4127</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>M72968</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2009</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SQUEAKY CLEAN LLC</u> Address <u>13 MARCIA RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1448</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</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>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
MICHAEL ALICANDRO	46 SYLVANUS WOOD LN WOBURN, MA 01801-3859		M	3	1	4	0	0	10	1		

Please Select One of the Following: Vehicle 21 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

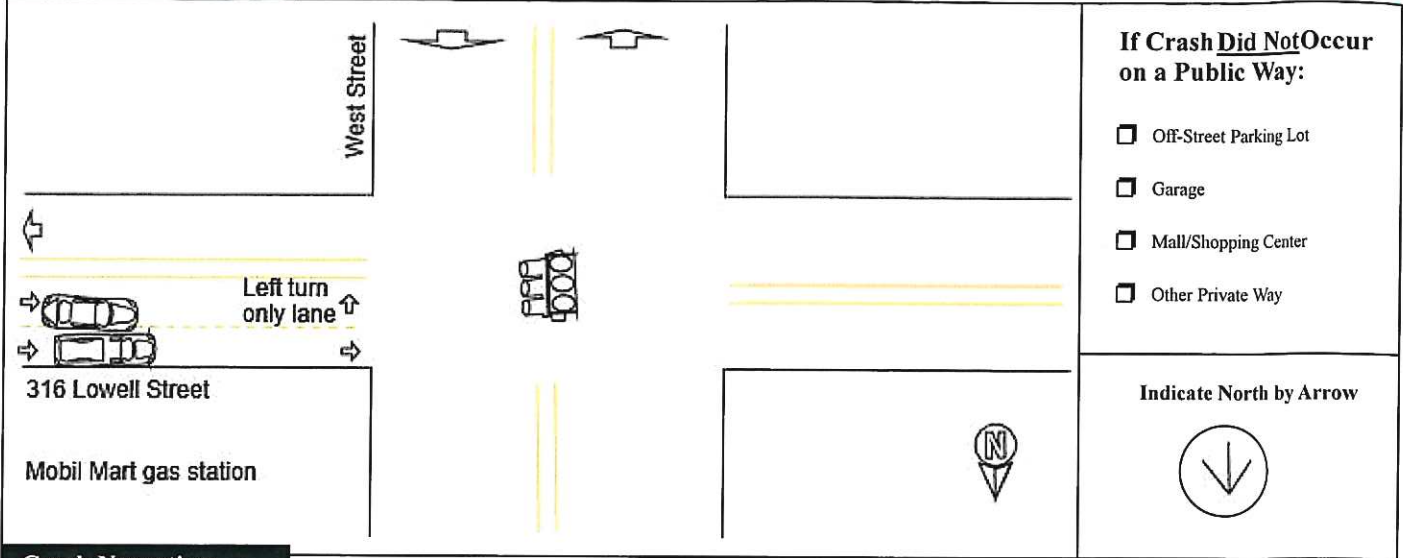
License #. _____ S. DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>WORDELL, MATTHEW JOHN</u> Address <u>38 ARLINGTON ST</u> City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-4940</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>2FWL46</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WORDELL, MATTHEW JOHN</u> Address <u>38 ARLINGTON ST</u> City <u>METHUEN</u> State <u>MA</u> Zip <u>01844-4940</u> Vehicle Action Prior to Crash <u>5</u> <u>22</u> Damaged Area Code: <u>3</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>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator/Occupants		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Operator of motor vehicle number 1, Antonio Costa, stated he was traveling west on Lowell Street. He stated that he was in the right lane attempting to continue straight when MV2, came from the left lane (Left turn only lane), crossed into the right lane, and sideswiped his vehicle. His front seat passenger, Michael Alicandro, corroborated Mr. Costa's statements. Op. of MV2, John Wordell, stated that he was also traveling west on Lowell Street. He stated that he was in the left lane, attempted to cross into the right lane, when MV1 came speeding from behind him, and cut him off into the right lane. All parties stated no injuries and refused medical attention. I took photographs on the damage (See images). Wilmington Firefighter, Joseph Russell, was driving the ambulance traveling east on Lowell Street. He stated that he observed the crash and corroborated Mr. Costa's statement.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
RUSSELL JOSEPH F	1 ADELAIDE ST WILMINGTON MA 01887		1

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Julio J Quiles

197

Wilmington Police Department

04/09/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-112-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 04/12/2024
 Time of Crash: 0901
 City/Town: **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 2
 Speed Limit: 30
 Latitude: _____
 Longitude: _____
 State Police
 Local Police
 MBTA Police
 Campus Police
 Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

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

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

Crash Report ID# **24-113-AC**

License: S DOB/Ag: _____
 Sex: F Lic. Class: D 19 19 Lic. Restrictions: B 20 CDL Endorsement: _____
 Operator: **SARGENT, JEAN**
 Last First Middle
 Address: **45 WEST ST**
 City: **WILMINGTON** State: **MA** Zip: **01887-3018**
 Insurance Company: **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: N E W Responding to Emergency? 2
 Citation # (If Issued): _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **3RDY77** Reg Type **PC** Reg State **MA**
 Veh Year **2022** Veh Make **CHEVROLET** Veh Config. **1 21**
 Owner: **SARGENT, JEAN**
 Last First Middle
 Address: **45 WEST ST**
 City: **WILMINGTON** State: **MA** Zip: **01887-3018**
 Vehicle Action Prior to Crash: **4 22**
 Event Sequence: **1 23 23 23 23**
 Most Harmful Event: **1 24**
 Driver Contributing Code: **4 25 25**
 Driver Distracted by: **0 26 26**
 Damaged Area Code: **3 27 27 27**
 Test Status: **1 28**
 Type of Test: **0 29**
 BAC Test Result: **1 30**
 Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	1	2	0	0	10	1	

Please Select One of the Following:
 Vehicle 2 Occupants
 Hit/Run
 Moped
 Vulnerable User Complete the Vulnerable User section.

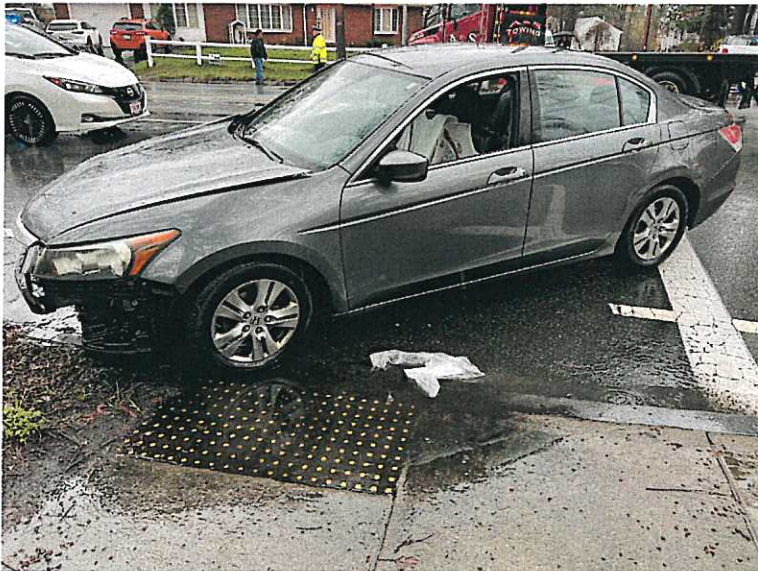
Crash Report ID# **24-113-AC**

License: S DOB/Ag: _____
 Sex: F Lic. Class: D 19 19 Lic. Restrictions: 1 20 CDL Endorsement: _____
 Operator: **PERITO, KATHLEEN HANNAFORD**
 Last First Middle
 Address: **283A MIDDLESEX AVE**
 City: **WILMINGTON** State: **MA** Zip: **01887-2109**
 Insurance Company: **THE COMMERCE INSURANCE CO**
 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 # **155LR7** Reg Type **PC** Reg State **MA**
 Veh Year **2011** Veh Make **HONDA** Veh Config. **1 21**
 Owner: **PERITO, KATHLEEN HANNAFORD**
 Last First Middle
 Address: **283A MIDDLESEX AVE**
 City: **WILMINGTON** State: **MA** Zip: **01887-2109**
 Vehicle Action Prior to Crash: **1 22**
 Event Sequence: **1 23 23 23 23**
 Most Harmful Event: **1 24**
 Driver Contributing Code: **1 25 25**
 Driver Distracted by: **0 26 26**
 Damaged Area Code: **1 27 27 27**
 Test Status: **1 28**
 Type of Test: **0 29**
 BAC Test Result: **1 30**
 Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	XXXXXX	XX	1	1	4	0	0	8	2	Lahey HOSPITAL
JANETTE MICHAELS	283A MIDDLESEX AVE WILMINGTON, MA 01887		F	3	1	4	0	0	8	2	Lahey HOSPITAL

Wilmington Police Department
Images Associated with 24-113-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **04/12/2024** Time of Crash **1232** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police
 Latitude _____ MBTA Police
 Longitude _____ Campus Police
 Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

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

Route# _____ Direction _____ Address # **424** Name of Roadway/Street **MIDDLESEX AVE**

10

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

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

11

2

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

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

12

3

Please Select One of the Following: Vehicle **2** #Occupants _____ Hit/Run Moped

Crash Report ID# **24-114-AC**

4

License _____ DOB/Ag _____
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____
 Endorsement _____

Reg # **9BV287** Reg Type **PC** Reg State **MA**
 Veh Year **2016** Veh Make **FORD** Veh Config. **1**

12

Operator **MOSSER, JACOB III**
 Last First Middle

Owner **MOSSER, JACOB III**
 Last First Middle

Address **173 CENTRAL ST**

Address **173 CENTRAL ST**

City **NORTH READING** State **MA** Zip **01864-1701**

City **NORTH READING** State **MA** Zip **01864-1701**

Insurance Company **ELECTRIC INSURANCE COMPAN**

Vehicle Action Prior to Crash **2** Damaged Area Code: **5 27 27 27**

5

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

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

Citation # (If Issued) _____

Most Harmful Event **1 24** Type of Test: **1 29**

13

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

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

6

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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

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	X	X	1	1	4	0	0	10	1
SUSAN MOSSER	173 CENTRAL ST NORTH READING, MA 01864-1701		F	3	1	4	0	0	10	1	

7

Please Select One of the Following: Vehicle **2** #Occupants _____ Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Reg # **2XDH82** Reg Type **PC** Reg State **MA**

License # _____ St. _____ DOB/Ag _____
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____
 Endorsement _____

Veh Year **2009** Veh Make **HYUNDAI** Veh Config. **1**

14

Operator **LUGO GARCIA, MILDRE YORGELIS**
 Last First Middle

Owner **LUGO GARCIA, MILDRE YORGELIS**
 Last First Middle

Address **36 SMITH ST**

Address **36 SMITH ST**

City **LAWRENCE** State **MA** Zip **01841**

City **LAWRENCE** State **MA** Zip **01841**

Insurance Company **NORFOLK & DEDHAM MUTUAL F**

Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27 8 27**

8

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

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

Citation # (If Issued) _____

Most Harmful Event **1 24** Type of Test: **1 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Driver Contributing Code **19 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Distracted by **99 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

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/Occupants		See Above	X	X	1	1	4	0	0	10	1

Date of Crash **04/13/2024** Time of Crash **0618** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # 260 Name of Roadway/Street MAIN ST
	At _____	_____ Feet N S E W of _____ or _____ Exit Number _____
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Mile Marker _____
	Also at Intersection with _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____
		Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Vulnerable User **Crash Report ID# 24-115-AC**

3	License # _____ S _____ DOB/Age _____	Reg # 3YAM59 Reg Type PC Reg State MA
	Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21
4	Operator AZ REYES, HECTOR ALEXANDER	Owner AZ SOCOPI, HECTOR I
	Address 21 EATON ST APT 2	Address 21 EATON ST APT 2
5	City WAKEFIELD State MA Zip 01880-2415	City WAKEFIELD State MA Zip 01880-2415
	Insurance Company GEICO GENERAL INSURANCE C	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
6	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: 1 29
7	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 1 30
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 2 31 Susp. Drug: 2 32
8	Driver Contributing Code 19 25 25	Towed from scene? 1 33
	Driver Distracted by 99 26 26	

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	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

7	License _____ S _____ DOB/Age _____	Reg # NE58SH Reg Type PC Reg State MA
	Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement _____	Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 21
8	Operator GARCIA, SEAN	Owner GARCIA, SEAN
	Address 126 BRIDLE PATH LN	Address 126 BRIDLE PATH LN
9	City METHUEN State MA Zip 01844-1575	City METHUEN State MA Zip 01844-1575
	Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 5 27 27 27
9	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: 1 29
10	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 1 30
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 2 31 Susp. Drug: 2 32
11	Driver Contributing Code 1 25 25	Towed from scene? 2 33
	Driver Distracted by 0 26 26	

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/Occupants		See Above	X	1	0	4	0	0	10	1	

Wilmington Police Department
Images Associated with 24-115-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 04/13/2024
Time of Crash: 1522
City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 2
Number Injured: 0
Speed Limit: 25
Latitude: _____
Longitude: _____
State Police
Local Police
MBTA Police
Campus Police
Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# _____ Direction _____ Address # **211** Name of Roadway/Street **LOWELL ST**
____ Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____
____ Feet N S E W of _____
Route# _____ Intersecting Roadway/Street _____
____ Feet N S E W of _____
Landmark _____

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

Crash Report ID# **24-116-AC**

License # _____ S _____ JOB/Ag: _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
Operator **BROWN, AARON THOMAS**
Address **20 NICKERSON AVE**
City **WILMINGTON** State **MA** Zip **01887-3041**
Insurance Company **PROGRESSIVE DIRECT INSURA**
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 # **MZ1691** Reg Type **MC** Reg State **MA**
Veh Year **2018** Veh Make **HARLEY-DAVIDSON** Veh Config. **3** 21
Owner **BROWN, AARON THOMAS**
Address **20 NICKERSON AVE**
City **WILMINGTON** State **MA** Zip **01887-3041**
Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
Event Sequence **2** 23 23 23 23 Test Status: **1** 28
Most Harmful Event **1** 24 Type of Test: **0** 29
Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **2** 33

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	5	5	0	0	10	1	

Please Select One of the Following: Vehicle **2** 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ S _____ JOB/Ag: _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
Operator **DILBERT BENNETT, CLIFTON BRYAN**
Address **4 PALMER WAY**
City **WILMINGTON** State **MA** Zip **01887-1911**
Insurance Company **GOVERNMENT EMPLOYEES INSU**
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 # **4WZR61** Reg Type **PC** Reg State **MA**
Veh Year **2018** Veh Make **FORD** Veh Config. **1** 21
Owner **DILBERT BENNETT, CLIFTON BRYAN**
Address **4 PALMER WAY**
City **WILMINGTON** State **MA** Zip **01887-1911**
Vehicle Action Prior to Crash **3** 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: **0** 29
Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **1** 33

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

