

Commonwealth of Massachusetts

Date of Crash 03/04/2019 Time of Crash 0641 City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 35
Lat. _____ Lon. _____
State Police Local Police
MBTA 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 # **68 INDUSTRIAL WAY**
Name of Roadway/Street
Feet **NSEW** of _____ or _____
Mile Marker Exit Number
Feet **NSEW** of _____
Route# Intersecting Roadway/Street
Feet **NSEW** of _____
Landmark

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped

19-84-AC

License # **S98949032** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 18 18 Lic. Restrictions **19** CDL _____
Operator **RIVAS, MAXIMO**
Address **22 HOLTON ST APT 2**
City **LAWRENCE** State **MA** Zip **01841-4118**
Insurance Company **ALLSTATE INSURANCE**
Vehicle Travel Direction: **NSE** 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 # **687RR5** Reg Type **PC** Reg State **MA**
Veh Year **2005** Veh Make **TOYOTA** Veh Config. **1** 20
Owner **RIVAS, MAXIMO**
Address **22 HOLTON ST APT 2**
City **LAWRENCE** State **MA** Zip **01841-4118**
Vehicle Action Prior to Crash **1** 21
Event Sequence **1** 22 22 22 22
Most Harmful Event **1** 23
Driver Contributing Code **1** 24 24
Underride/Override **25** Towed **2**
Damaged Area Code: (Circle Up to Three)

0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

| Please fill out for operator and all occupants involved | | | | | | | | | | | | |
|---|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Name (Last First Middle) | Address | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
| Operator | See Above | ----- | --- | --- | 1 | 4 | | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

License # **447564670** St **NY** DOB/Age _____
Sex **M** Lic. Class **D** 18 18 Lic. Restrictions **19** CDL _____
Operator **ASHUROV, KHASAN R**
Address **1900 AVENUE W APT 1A**
City **BROOKLYN** State **NY** Zip **11229**
Insurance Company **NEW SOUTH INS. CO.**
Vehicle Travel Direction: **NSW** 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 # **HTK8387** Reg Type **CO** Reg State **NY**
Veh Year **2012** Veh Make **MERCEDES-BENZ** Veh Config. **97** 20
Owner **MM STAR TRUCKING INC**
Address **2971 OCEAN AVE**
City **BROOKLYN** State **NY** Zip **11235**
Vehicle Action Prior to Crash **4** 21
Event Sequence **1** 22 22 22 22
Most Harmful Event **1** 23
Driver Contributing Code **4** 24 24
Underride/Override **25** Towed **2**
Damaged Area Code: (Circle Up to Three)

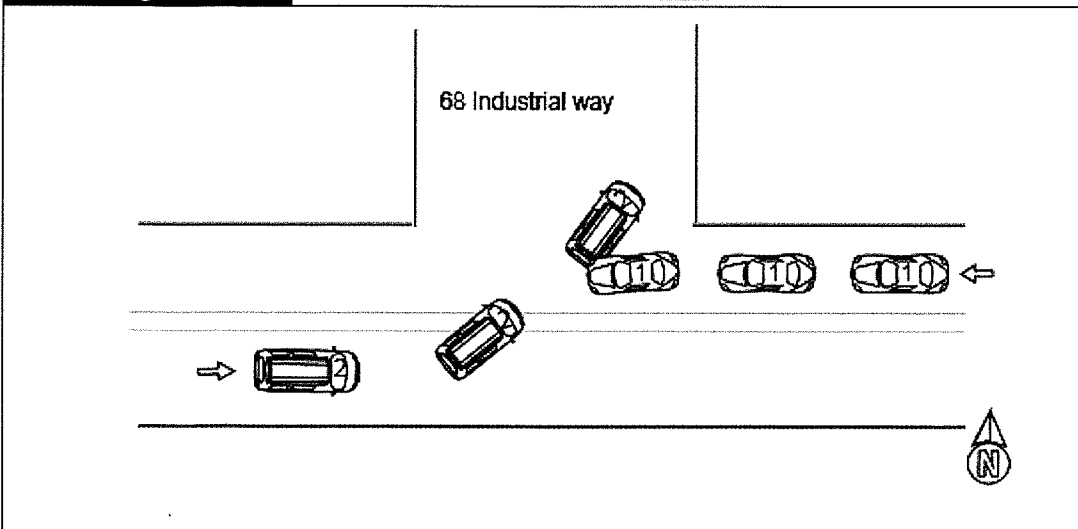
0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

| Please fill out for operator/non-motorist and all occupants involved | | | | | | | | | | | | |
|--|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Name (Last First Middle) | Address | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
| Operator/Non-Motorist | See Above | ----- | --- | --- | 1 | 4 | | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♂ = Pedestrian

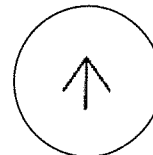
ie: → [1] → [2] → ♂

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



North

Crash Narrative:

Oper.#1 related he was traveling straight on Industrial way, when he noticed a box van m/v#2 coming in the opposite direction, and was begining to make a left turn into the driveway of #68 Industrial way. M/V#1 began to apply his brakes but was unable to stop because of the snow and icy roadway and crashed into the right rear bunper area of m/v#2. Oper.#2 related he was attempting to make a left turn when m/v#1 crashed into the rear of his bumper. (PWJ/142)

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code [35]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name _____ Material 4 digit # _____ Release code [42]

Patrol Officer Paul W Jepson

142

Wilmington Police Department

03/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Commonwealth of Massachusetts

Date of Crash 03/04/2019 Time of Crash 0853 24HR City/Town WILMINGTON Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Other: [] [] [] []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street 206 BALLARDVALE ST Feet NSEW of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped 19-85-AC

License # S65060158 St MA DOB/Age Reg # 7GYM50 Reg Type PC Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL Endorsement Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 20 Operator GENTILE, MOLLY A Owner GENTILE, BARBARA A Address 40 FIORENZA DR Address 40 FIORENZA DR City WILMINGTON State MA Zip 01887-4427 City N WILMINGTON State MA Zip 01887-4427 Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 1 9 5 11 97 99 Driver Contributing Code 19 24 24 Underride/Override 25 Towed 2

Table with 12 columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos., 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Operator: See Above

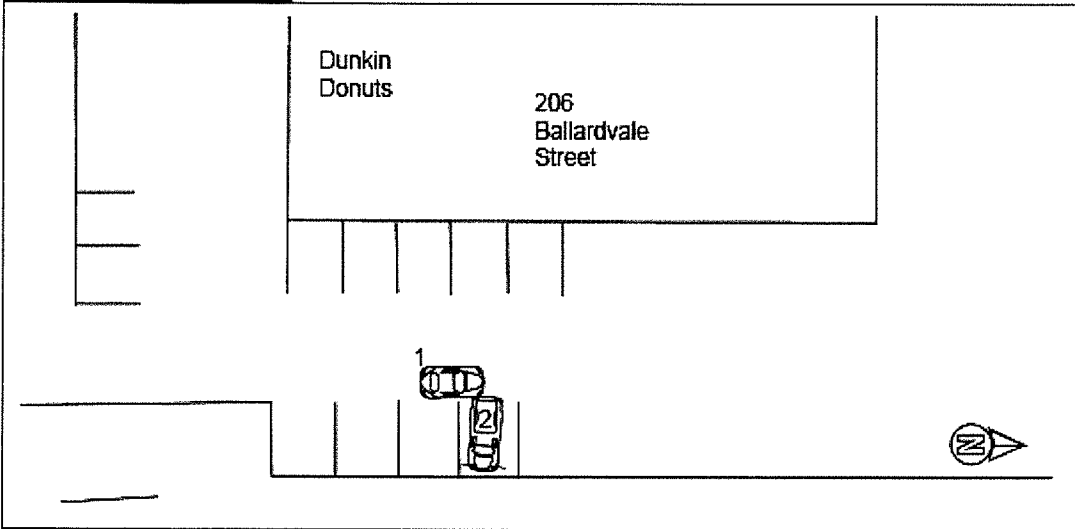
Please Select One of the Following: [X] Vehicle 20 Occupants [] Non-Motorist A Type 14 Action 15 Location 16 Condition 17 [] Hit/Run [] Moped

License # St DOB/Age Reg # 8ZA844 Reg Type PC Reg State MA Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement Veh Year 2018 Veh Make FORD Veh Config. 2 20 Operator Driverless M.V. Owner EAN HOLDINGS LLC Address 14002 EAST 21ST ST ST APT 1500 Address TULSA State OK Zip 74134-0000 Insurance Company SAFECO INSURANCE Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 1 9 5 11 97 99 Driver Contributing Code 24 24 Underride/Override 25 Towed 2

Table with 12 columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos., 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Operator/Non-Motorist: See Above

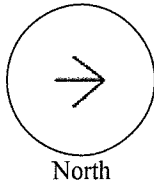
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian
 ie: → 1 → 2 → ♂

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

MV#2 was parked in a parking spot at 206 Ballardvale Street unoccupied. Oper of MV#1 was traveling in the parking lot at 206 Ballardvale Street and struck MV#2 as MV#1 was passing MV#2.

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Patrol Officer Daniel C Cadigan 178 Wilmington Police Department 03/04/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

Date of Crash 03/05/2019 Time of Crash 1010 24HR City/Town Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA 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 Address # Name of Roadway/Street 381 MIDDLESEX AVE ELIA'S COUNTRY STORE

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

19-86-AC

License # S53183875 St MA DOB/Age Sex U Lic. Class 18 18 Lic. Restrictions 19 CDL Operator CHINAPPI, MARTIN D Address 85 TRACEY DR City WHITINSVILLE State MA Zip 01588-1334 Insurance Company PROGRESSIVE DIRECT

Reg # 2XH148 Reg Type PC Reg State MA Veh Year 2008 Veh Make NISSAN Veh Config. 1 20 Owner CHINAPPI, MARTIN D Address 85 TRACEY DR City WHITINSVILLE State MA Zip 01588-1334

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

Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed 2

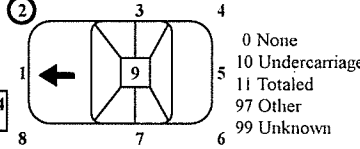


Table with 13 columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos., 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 1, 4, 0, 0, 10, 1, ---

Please Select One of the Following: [X] Vehicle 2 #Occupants [] Non-Motorist A Type 14 Action 15 Location 16 Condition 17 [] Hit/Run [] Moped

License # S59270486 St MA DOB/Age Sex M Lic. Class A 18 18 Lic. Restrictions 19 CDL Operator MOAKLEY, WILLIAM E Address 10 KINGSTON ST City BILLERICA State MA Zip 01821-5008 Insurance Company PROTECTIVE INS CO

Reg # S66850 Reg Type CO Reg State MA Veh Year 2016 Veh Make J W A EXPRESS INC Address 28 ASHLAND ST City MALDEN State MA Zip 02148-7014

Vehicle Travel Direction: [X] [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

Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed 2

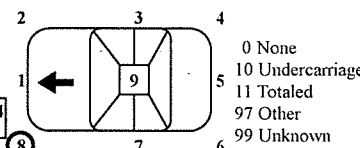
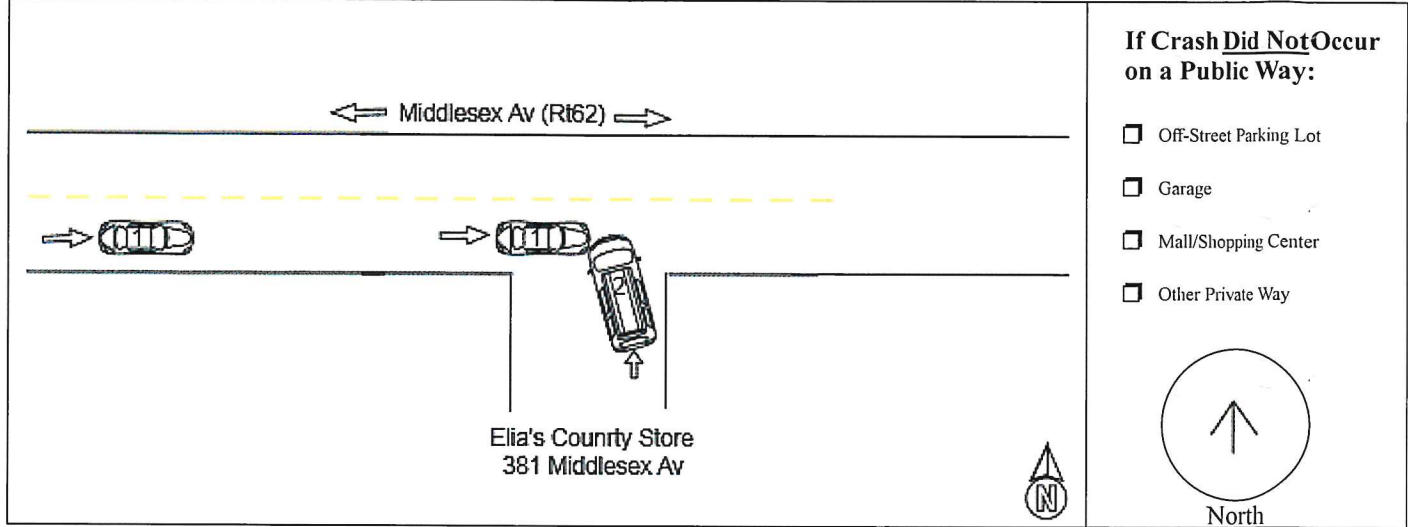


Table with 13 columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos., 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above, ---, ---, ---, 1, 4, 0, 0, 10, 1, ---

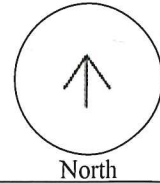
→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian
 ie: → [1] → [2] → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

MV1 traveling straight ahead on Middlesex Av.
 MV2 entering traffic lane on Middlesex Av from Elia's Country Store parking lot.
 MV1 front passenger side struck MV2 front driver side.
 MV2 was facing north entered traffic lane attempting a left turn onto Middlesex Av west.
 Operator of MV2 failed to grant the right of way.

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code [35]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name _____ Material 4 digit # _____ Release code [42]

Patrol Officer Louis Martignetti 153 Wilmington Police Department 03/05/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

| | | | | | | | |
|-----------------------------|-------------------------------|-------------------------|--|----------------------|---------------------|---|---|
| Date of Crash 03/06/2019 | Time of Crash 1401 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>30</u> Lat. _____ Lon. _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____ |
|-----------------------------|-------------------------------|-------------------------|--|----------------------|---------------------|---|---|

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

NA S CLARK ST
Route# Direction Name of Roadway/Street

At

NA E MIDDLESEX AVE
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

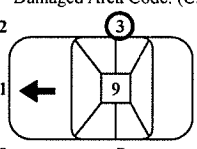
Feet **N S E W** of _____
Route# Intersecting Roadway/Street

Feet **N S E W** of _____
Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped

19-87-AC

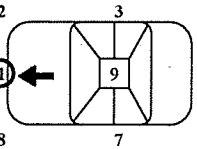
License # **S77321993** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 18 18 Lic. Restrictions **B** 19 CDL _____
Endorsement _____
Operator **BODURTHA, DAVID RICHARD**
Last First Middle
Address **28 COOLIDGE RD**
City **AYER** State **MA** Zip **01432-1914**
Insurance Company **HARTFORD FIRE INS**
Vehicle Travel Direction: N E W Responding to Emergency? 2
Citation # (If Issued) **T1151248**
Viol. 1: Ch/Sec/Sub 89 / 9 Viol. 2: Ch/Sec/Sub _____ / _____
Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

Reg # **P74801** Reg Type **CO** Reg State **MA**
Veh Year **2012** Veh Make **DODGE** Veh Config. **6** 20
Owner **DUNBAR ARMORED INC**
Last First Middle
Address **50 SCHILLING RD**
City **HUNT VALLEY** State **MD** Zip **21031-1105**
Vehicle Action Prior to Crash **1** 21 Damaged Area Code: (Circle Up to Three)
Event Sequence **1** 22 22 22 22 
Most Harmful Event **1** 23 0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown
Driver Contributing Code **3** 24 24
Underride/Override **25** Towed 2

| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
|---|--|---------|-----|--------------------|------------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator | See Above | ----- | --- | --- | 1 | 4 | | 0 | 0 | 10 | 1 | |
| MARIA NACOPOULOS | 4 TEABERRY LN BURLINGTON, MA 01803-1916 | | F | 6 | 1 | 4 | | 0 | 0 | 10 | 1 | |

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # **S64645974** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 18 18 Lic. Restrictions 19 CDL _____
Endorsement _____
Operator **RAND, MICHAEL J**
Last First Middle
Address **1 KINGFISHER RD**
City **TEWKSBURY** State **MA** Zip **01876-2206**
Insurance Company **COMMERCE INSURANCE**
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 # **398LG6** Reg Type **PC** Reg State **MA**
Veh Year **2011** Veh Make **NISSAN** Veh Config. **1** 20
Owner **RAND, MICHAEL J**
Last First Middle
Address **1 KINGFISHER RD**
City **TEWKSBURY** State **MA** Zip **01876-2206**
Vehicle Action Prior to Crash **1** 21 Damaged Area Code: (Circle Up to Three)
Event Sequence **1** 22 22 22 22 
Most Harmful Event **1** 23 0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown
Driver Contributing Code **1** 24 24
Underride/Override **25** Towed 1

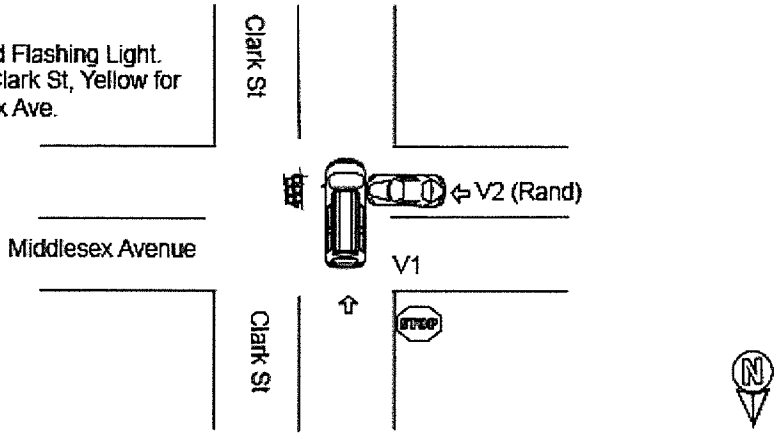
| Please fill out for operator/non-motorist and all occupants involved | | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
|--|-----------|---------|-----|--------------------|------------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator/Non-Motorist | See Above | ----- | --- | --- | 1 | 1 | | 0 | 0 | 9 | 1 | |

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 O X O = Pedestrian

Crash Diagram:

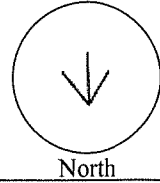
ie: → [1] → [2] → O X O

Overhead Flashing Light.
Red for Clark St, Yellow for
Middlesex Ave.



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

V1 (Dunbar Armored Truck) traveling straight on Clark Street and entered intersection of Middlesex Avenue causing collision with V2 (Rand). V1 had overhead flashing red light and stop sign while approaching intersection. V1 opr. Bodurtha stated he was focused on red light and drove into intersection without stopping and causing collision. V2 Opr. Rand stated truck did not stop for light or stop sign when approaching intersection. No injuries to driver/passenger V1. V2 opr transported by WFD for possible minor injuries. V1 damaged on right side pass door. V2 damaged on front end and was towed by Cain's Towing (978-658-3387).

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code [35] _____

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate [36] _____

Cargo Body Type Code [37] _____ Gross Vehicle Weight [38] _____

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [39] _____

Hazmat Information:

Placard [40] _____ Material 1 digit # [41] _____ Material Name _____ Material 4 digit # _____ Release code [42] _____

Patrol Officer Richard DiPerri 173 Wilmington Police Department 03/06/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

Date of Crash 03/07/2019 Time of Crash 1535 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 35 State Police Local Police MBTA 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 Address # Name of Roadway/Street 188 MAIN ST Feet NSEW of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 12 #Occupants [] Hit/Run [] Moped

19-88-AC

License # S81887274 St MA DOB/Ag Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsement Operator MARTINIELLO, KIMBERLY A Address 17 CRESENT ST City WILMINGTON State MA Zip 01887-0000 Insurance Company LIBERTY MUTUAL INS

Reg # 23BM24 Reg Type PC Reg State MA Veh Year 2009 Veh Make MERCEDES-BENZ Veh Config. 1 20 Owner MARTINIELLO, KIMBERLY A Address 17 CRESENT ST City WILMINGTON State MA Zip 01887-0000 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 Most Harmful Event 22 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed 1

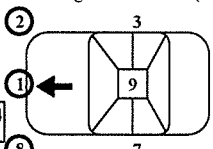


Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos., 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Row 1: JOSEPH MARTINELLO, 17 CRESENT ST WILMINGTON, MA 01887, M, 5, 1, 1, 0, 0, 10, 1.

Please Select One of the Following: [] Vehicle 2 #Occupants [] Non-Motorist A Type 14 Action 15 Location 16 Condition 17 [] Hit/Run [] Moped

License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: NSEW 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 # Reg Type Reg State Veh Year Veh Make Veh Config. 20 Owner Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed

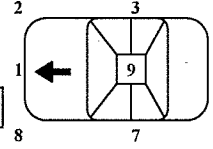
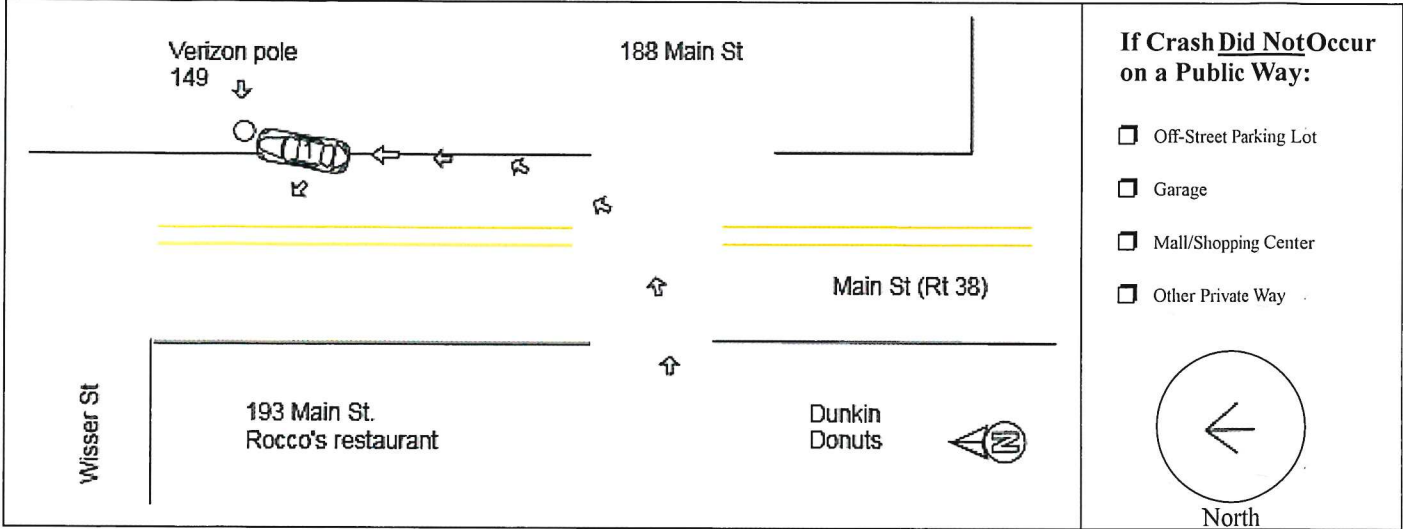


Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos., 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Row 1: Operator/Non-Motorist, See Above.

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

Crash Diagram:



Crash Narrative:

Vehicle 1 exited the dunkin donuts parking lot taking a left onto Main St. Operator was asked what happened and stated she just lost control as she was turning. The vehicle left the roadway and the right side tires traveled along the curb, and the vehicle then struck verizon utility pole #149 cracking it about 2 feet from the ground. Operator and son both refused medical treatment on scene, and vehicle was towed by Cain's.

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---------------------------|-----------------------------|---------|---------|---------------------------------|
| VERIZON | 29 DIANE LN DRACUT MA 01826 | | 4 | VERIZON UTILITY POLE #449 |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Patrol Officer Julie M Pozzi 167 Wilmington Police Department 03/07/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

| | | | | | | | |
|-----------------------------|-------------------------------|-------------------------|--|----------------------|---------------------|---|---|
| Date of Crash 03/07/2019 | Time of Crash 1743 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>20</u> Lat. _____ Lon. _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____ |
|-----------------------------|-------------------------------|-------------------------|--|----------------------|---------------------|---|---|

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1

Route# _____ Direction SOUTH ST Name of Roadway/Street

At

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

2

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

Also at Intersection with

_____ Feet N S E W of _____ or _____

Mile Marker _____ Exit Number _____

3

Route# _____ Direction _____ Name of Intersecting Roadway/Street

_____ Feet N S E W of _____

Route# _____ Intersecting Roadway/Street

_____ Feet N S E W of _____

Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped **19-89-AC**

4

License # S97734695 St MA DOB/Agc _____
Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL _____
Endorsement _____
Operator BRENNAN, JOSEPH W
Last First Middle
Address 17 PERLEY AVE
City PEABODY State MA Zip 01960-4536
Insurance Company ARBELLA MUTUAL INS

Reg # 75XX07 Reg Type PC Reg State MA
Veh Year 2006 Veh Make DODGE Veh Config. 2 20
Owner BRENNAN, JOSEPH W
Last First Middle
Address 17 PERLEY AVE
City PEABODY State MA Zip 01960-4536

5

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 _____ / _____

Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

| | | | | | | | |
|---|----|----|----|---|---|---|---|
| 1 | 22 | 22 | 22 | 22 | 2 | 3 | 4 |
| Event Sequence | | | | | | | |
| Most Harmful Event <u>1</u> <u>23</u> | | | | 0 None 10 Undercarriage 11 Totalled 97 Other 99 Unknown | | | |
| Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> | | | | | | | |
| Underride/Override <u>25</u> | | | | Towed <u>2</u> | | | |

6

| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
|---|------------------------------------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | ----- | --- | --- | 1 | 4 | | 0 | 0 | 8 | 2 | Lahey Clinic |
| COLIN BRENNAN | 17 PERLEY AVE PEABODY, MA 01960 | | M | 3 | 1 | 4 | | 0 | 0 | 10 | 1 | |

7

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

8

License # 01747509 St VT DOB/Agc _____
Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL _____
Endorsement _____
Operator LAMOS, ALLEN E
Last First Middle
Address 305 MAPLE HILL RD
City JOHNSON State VT Zip 05656
Insurance Company GEICO

Reg # 212A698 Reg Type PC Reg State VT
Veh Year 2016 Veh Make CHEVROLET Veh Config. 2 20
Owner LAMOS, ALLEN E
Last First Middle
Address 305 MAPLE HILL RD
City JOHNSON State VT Zip 05656

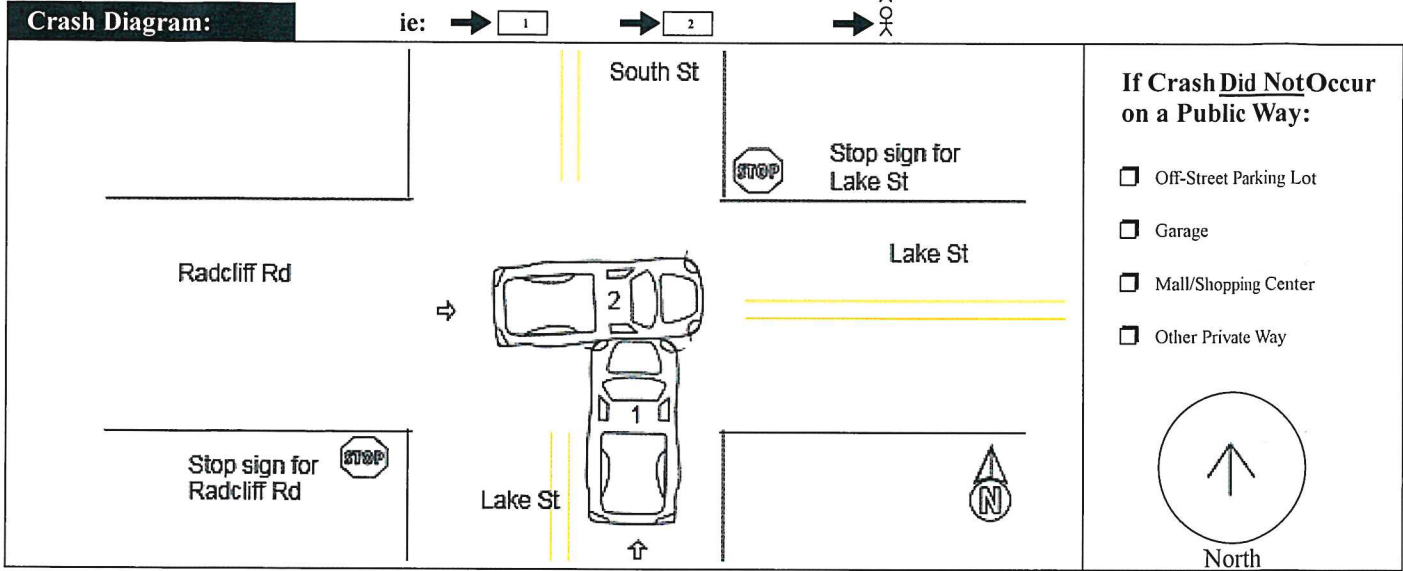
Vehicle Travel Direction: N S W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____
Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

| | | | | | | | |
|--|----|----|----|---|---|---|---|
| 1 | 22 | 22 | 22 | 22 | 2 | 3 | 4 |
| Event Sequence | | | | | | | |
| Most Harmful Event <u>1</u> <u>23</u> | | | | 0 None 10 Undercarriage 11 Totalled 97 Other 99 Unknown | | | |
| Driver Contributing Code <u>19</u> <u>24</u> <u>24</u> | | | | | | | |
| Underride/Override <u>25</u> | | | | Towed <u>2</u> | | | |

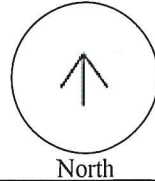
| Please fill out for operator/non-motorist and all occupants involved | | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
|--|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator/Non-Motorist | See Above | ----- | --- | --- | 1 | 3 | | 0 | 0 | 10 | 1 | |

➔ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian
 ie: ➔ [1] ➔ [2] ➔ ○



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

On 03/07/19, I responded to a two vehicle crash at the intersection of Lake St/South St/Radcliff Rd. Vehicle 1 operator reported traveling on South St towards Tewksbury town line when Vehicle 2 pulled out in front of him without stopping at the stop sign and he could not stop in time. Veh 2 operator reported he did not see veh 1 when he pulled out. He reported there was a nearby snow bank that might have obstructed view. He also believed Vehicle 1 was traveling to fast for area. He did state that he did pull out in front of Veh 1. Snow bank present but does not appear high enough to cause obstruction. Veh 1 operator and passenger was wearing seatbelt. Veh 1 operator transported to Lahey Clinic for minor injuries. Veh 2 operator was wearing seatbelt and was not injured. Veh 1 suffered front end damage. Veh 2 suffered passenger side damage. Cains Towing towed both vehicles.

Witnesses:

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

Property Damage:

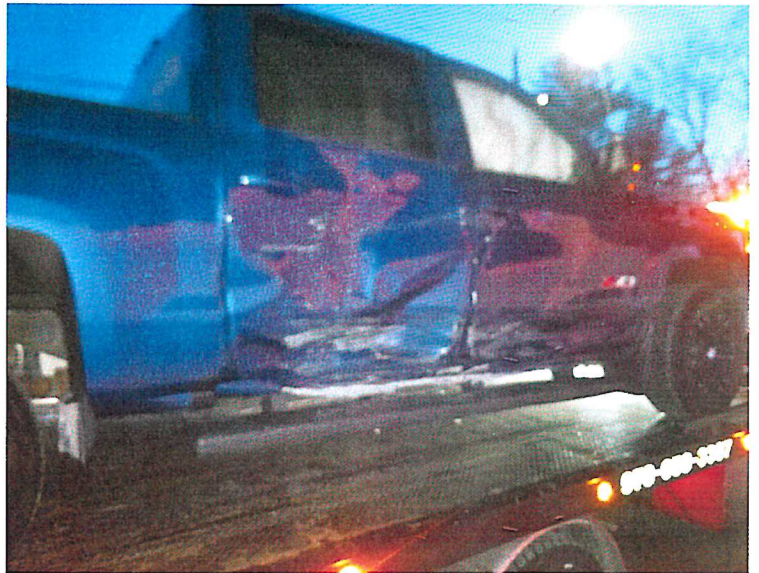
| Owner (Last,First,Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)
 Carrier Name _____ Carrier Issuing Authority Code [35]
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate [36]
 Cargo Body Type Code [37] Gross Vehicle Weight [38]
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [39]
Hazmat Information:
 Placard [40] Material 1 digit # [41] Material Name _____ Material 4 digit # _____ Release code [42]

Patrol Officer Daniel P Furbush **196** **Wilmington Police Department** **03/07/2019**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 19-89-AC



Commonwealth of Massachusetts

Date of Crash 03/08/2019 Time of Crash 0815 City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25
Lat. _____ Lon. _____
State Police Local Police MBTA Police Other: _____

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

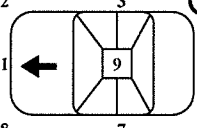
1 Route# Direction Name of Roadway/Street
At
2 Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
1 Route# Direction Name of Intersecting Roadway/Street

2 9
2 10
2 11
62 E 397 MIDDLESEX AVE
Route# Direction Address # Name of Roadway/Street
Feet NSEW of _____ or _____
Mile Marker Exit Number
10 Feet NSEW of NORTH ST
Route# Intersecting Roadway/Street
Landmark

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

19-90-AC

4 1 License # **S61502305** St **MA** DOB/Ag
Sex **M** Lic. Class **D** 18 18 Lic. Restrictions **B** 19 CDL Endorsement
Operator **LANG, ADAM M**
Last First Middle
Address **8232 AVALON DR**
City **WILMINGTON** State **MA** Zip **01887-1170**
Insurance Company **GOVT EMPLOYEE INS**
5 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____
6 1 Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

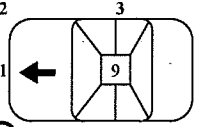
Reg # **2PC378** Reg Type **PC** Reg State **MA**
Veh Year **2010** Veh Make **SUBARU** Veh Config. **1** 20
Owner **LANG, ADAM M**
Last First Middle
Address **8232 AVALON DR**
City **WILMINGTON** State **MA** Zip **01887-1170**
Vehicle Action Prior to Crash **2** 21
Event Sequence **1** 22 22 22 22
Most Harmful Event **1** 23
Driver Contributing Code **1** 24 24
Underride/Override **25** Towed **2**
Damaged Area Code: (Circle Up to Three)

0 None
10 Undercarriage
11 Totalled
97 Other
99 Unknown

1 13

| Please fill out for operator and all occupants involved | | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
|---|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | ----- | --- | --- | 1 | 4 | | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

7 1 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

8 1 License # **S53291598** St **MA** DOB/Ag
Sex **M** Lic. Class **D** 18 18 Lic. Restrictions **1** 19 CDL Endorsement
Operator **HALLIDAY, DILLON K**
Last First Middle
Address **404 ANDOVER ST**
City **WILMINGTON** State **MA** Zip **01887-1005**
Insurance Company **SAFETY INSURANCE**
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 # **6PZ763** Reg Type **PC** Reg State **MA**
Veh Year **2016** Veh Make **FORD** Veh Config. **1** 20
Owner **HALLIDAY, DILLON K**
Last First Middle
Address **404 ANDOVER ST**
City **WILMINGTON** State **MA** Zip **01887-1005**
Vehicle Action Prior to Crash **1** 21
Event Sequence **1** 22 22 22 22
Most Harmful Event **1** 23
Driver Contributing Code **19** 24 24
Underride/Override **25** Towed **2**
Damaged Area Code: (Circle Up to Three)

0 None
10 Undercarriage
11 Totalled
97 Other
99 Unknown

| Please fill out for operator/non-motorist and all occupants involved | | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
|--|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator/Non-Motorist | See Above | ----- | --- | --- | 1 | 4 | | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 03/08/2019 Time of Crash 0817 24HR City/Town **Wilmington**

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

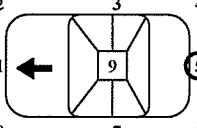
1 Route# Direction Name of Roadway/Street
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
2 1 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # **142 MIDDLESEX AVE**
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

3 Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped

19-91-AC

4 1 License # **S73808662** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** 18 18 Lic. Restrictions **19** CDL Endorsement _____
Operator **AHERN, JESSICA CAROL**
Address **49 ASHWOOD AVE**
City **WILMINGTON** State **MA** Zip **01887-4403**
Insurance Company **LM GENERAL**
5 2 Vehicle Travel Direction: N S E W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____
6 1 Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

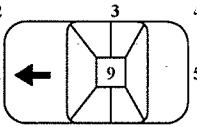
Reg # **7KS940** Reg Type **PC** Reg State **MA**
Veh Year **2008** Veh Make **LEXUS** Veh Config. **1** 20
Owner **AHERN, LAURA F**
Address **49 ASHWOOD AVE**
City **WILMINGTON** State **MA** Zip **01887-4403**
Vehicle Action Prior to Crash **2** 21
Event Sequence **1** 22 22 22 22
Most Harmful Event **1** 23
Driver Contributing Code **1** 24 24
Underride/Override **25** Towed **2**
Damaged Area Code: (Circle Up to Three)

0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

13 Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
|--------------------------|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | ----- | --- | --- | 1 | 4 | | 0 | 0 | 10 | 1 | |
| | | | M | 3 | 1 | 4 | | 0 | 0 | 10 | 1 | |

7 1 Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

8 1 License # **S15732242** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 18 18 Lic. Restrictions **19** CDL Endorsement _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company **PROGRESSIVE DIRECT**
Vehicle Travel Direction: N S E W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____
Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

Reg # **276NVA** Reg Type **PC** Reg State **MA**
Veh Year **2009** Veh Make **GMC** Veh Config. **1** 20
Owner **HARTZELL, WILLIAM F**
Address **14 PILLING RD**
City **WILMINGTON** State **MA** Zip **01887-0000**
Vehicle Action Prior to Crash **1** 21
Event Sequence **1** 22 22 22 22
Most Harmful Event **1** 23
Driver Contributing Code **19** 24 **1** 24
Underride/Override **25** Towed **2**
Damaged Area Code: (Circle Up to Three)

0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

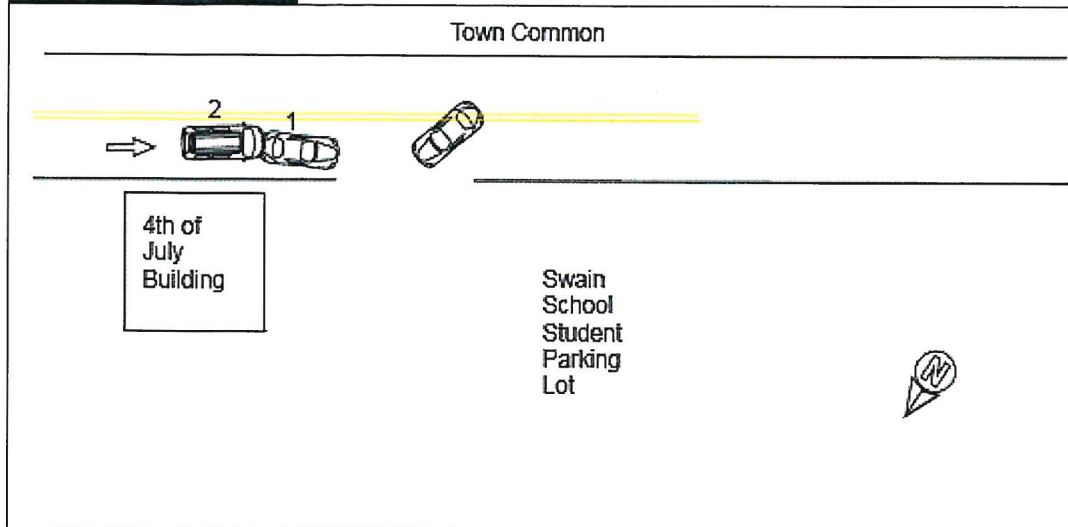
13 Please fill out for operator/non-motorist and all occupants involved

| Name (Last First Middle) | Address | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
|--------------------------|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator/Non-Motorist | See Above | ----- | --- | --- | 1 | 4 | | 0 | 0 | 10 | 1 | |

➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

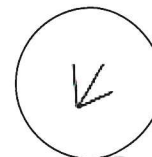
Crash Diagram:

ie: ➔ 1 ➔ 2 ➔ ○



If Crash Did Not Occur on a Public Way:

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



North

Crash Narrative:

Oper. of MV#1 and Oper. of MV#2 where both traveling west on Middlesex Ave. approaching the student parking lot at 142 Middlesex Ave. As MV#1 approached the student parking lot entrance at 142 Middlesex Ave. she stopped to let a MV that was traveling east on Middlesex Ave turn left and enter the student parking lot. As MV#1 stopped MV#2 rear ended her.

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

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 Daniel C Cadigan 178 Wilmington Police Department 03/08/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

Date of Crash 03/08/2019 Time of Crash 1454 City/Town Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

NA N 199 SALEM ST Route# Direction Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number

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

19-92-AC

License # S46397616 St MA DOB/Age. Sex F Lic. Class 18 18 Lic. Restrictions 1 19 CDL Endorsement Operator LANDRY, BARBARA J Address 158 PIKE ST City TEWKSBURY State MA Zip 01876-2546 Insurance Company GEICO GENERAL INS

Reg # 4AE223 Reg Type PC Reg State MA Veh Year 2010 Veh Make FORD Veh Config. 1 20 Owner LANDRY, BARBARA J Address 158 PIKE ST City TEWKSBURY State MA Zip 01876-2546 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed 2

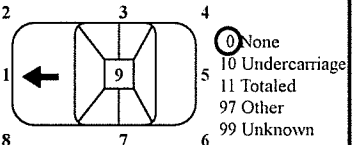


Table with 12 columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos, 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Operator: See Above

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # S96188698 St MA DOB/Age. Sex M Lic. Class 18 18 Lic. Restrictions 1 19 CDL Endorsement Operator WEAVER, SAMUEL SCOTT Address 75 CASTLEWOOD DR City BILLERICA State MA Zip 01821-3233 Insurance Company NORFLK DEDHAM MUT

Reg # 9JH428 Reg Type PC Reg State MA Veh Year 2015 Veh Make MITSUBISHI Veh Config. 1 20 Owner WEAVER, CHRISTOPHER T Address 75 CASTLEWOOD DR City BILLERICA State MA Zip 01821-3233 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 19 24 5 24 Underride/Override 25 Towed 2

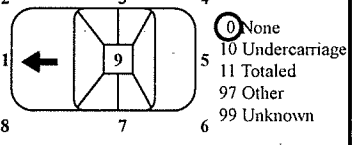
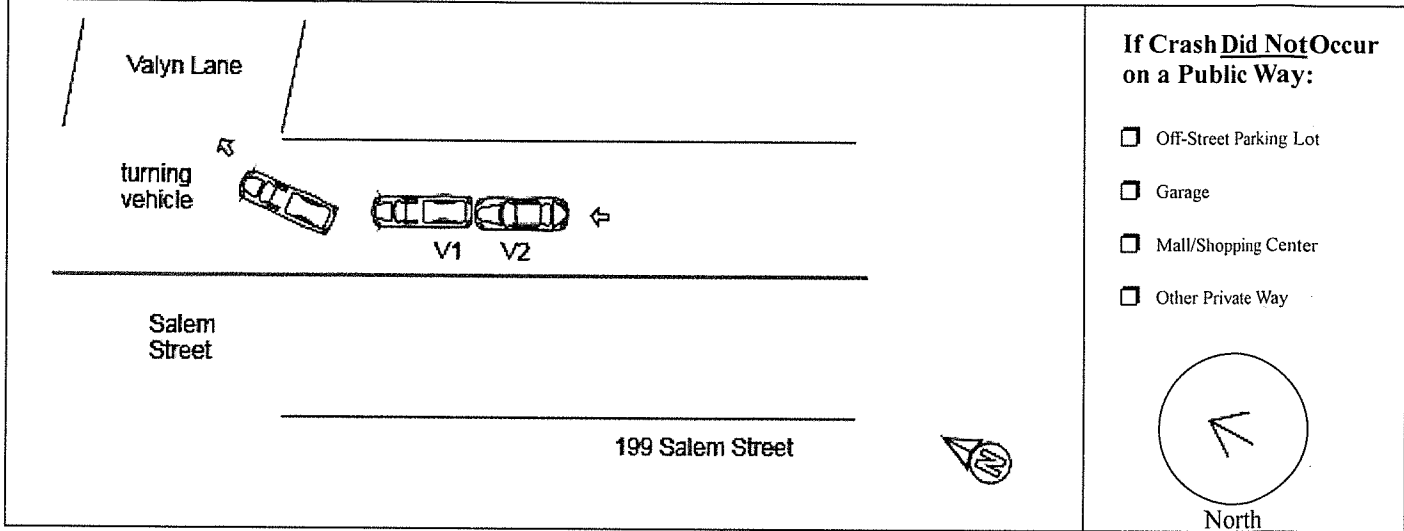


Table with 12 columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos, 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Operator/Non-Motorist: See Above

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian

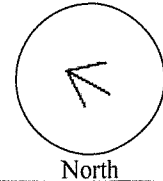
Crash Diagram:

ie: → [1] → [2] → ○



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

V1 (Landry) and V2 (Weaver) were traveling North/West on Salem Street near Valyn Lane. V1 slowed/stopped for vehicle turning on to Valyn Lane when it was rear-ended by V2. No injuries observed or reported. Minor damage to rear bumper of V1. damage to front end and hood of V2. V2. opr stated he had looked down and away from roadway just prior to crash. Inattention and following too closely probable factor in crash.

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code [35]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name _____ Material 4 digit # _____ Release code [42]

Patrol Officer Richard DiPerri

173

Wilmington Police Department

03/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Commonwealth of Massachusetts

Date of Crash 03/09/2019 Time of Crash 1349 City/Town Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

129 W 280 LOWELL ST Route# Direction Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 11 #Occupants [] Hit/Run [] Moped

19-93-AC

License # S70276066 St MA DOB/Age Reg # 5084XV Reg Type PC Reg State MA Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement Operator VONKAHLE, AMY E Address 18 RANDOLPH DR City TEWKSBURY State MA Zip 01876-1962 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: NSE[X] 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 # 5084XV Reg Type PC Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20 Owner VONKAHLE, AMY E Address 18 RANDOLPH DR City TEWKSBURY State MA Zip 01876-1962 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed 2

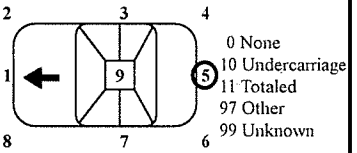


Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos., 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Operator: See Above, DOB/Age: -----, Sex: ---, 26 Seat Pos.: ---, 27 Safety System: 1, 28 Airbag Status: 4, 29 Airbag Switch: 0, 30 Eject Code: 0, 31 Trap Code: 10, 32 Injury Status: 1, 33 Transp. Code: 1, Medical Facility: 1

Please Select One of the Following: [X] Vehicle 21 #Occupants [] Non-Motorist A Type 14 Action 15 Location 16 Condition 17 [] Hit/Run [] Moped

License # S19584832 St MA DOB/Age Reg # 63HY68 Reg Type PC Reg State MA Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement Operator THOUCH, TOM Address 8 BELLEVUE ST City CHELMSFORD State MA Zip 01824-1604 Insurance Company GEICO GENERAL INS Vehicle Travel Direction: NSE[X] 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 # 63HY68 Reg Type PC Reg State MA Veh Year 2006 Veh Make HONDA Veh Config. 1 20 Owner THOUCH, TOM Address 8 BELLEVUE ST City CHELMSFORD State MA Zip 01824-1604 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed 2

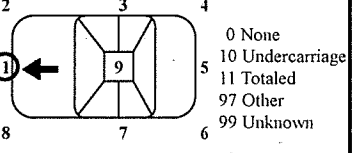
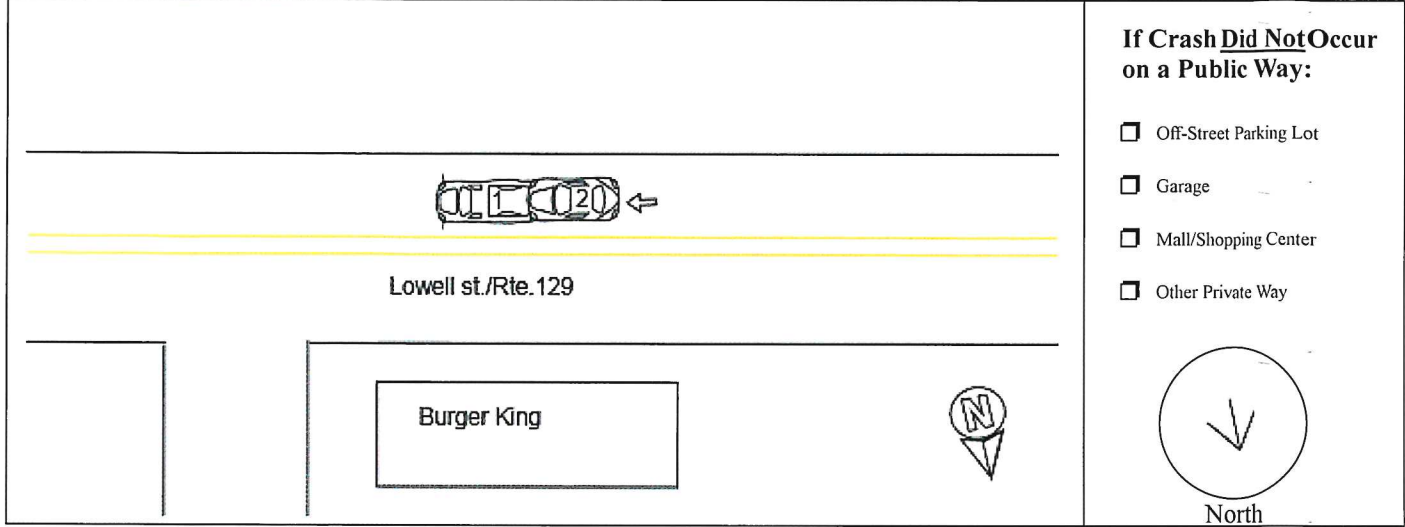


Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 26 Seat Pos., 27 Safety System, 28 Airbag Status, 29 Airbag Switch, 30 Eject Code, 31 Trap Code, 32 Injury Status, 33 Transp. Code, Medical Facility. Operator/Non-Motorist: See Above, DOB/Age: -----, Sex: ---, 26 Seat Pos.: ---, 27 Safety System: 1, 28 Airbag Status: 4, 29 Airbag Switch: 0, 30 Eject Code: 0, 31 Trap Code: 10, 32 Injury Status: 1, 33 Transp. Code: 1, Medical Facility: 1

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

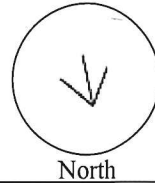
Crash Diagram:

ie: → 1 → 2 → ○



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

Oper.#1 related she was slowing down and coming to a stop, due to the traffic in front of her.As she was doing so m/v#2 came from behind and crashed into the rear end of her m/v#1.

Oper.#2 related he was on his way to Burger King for lunch. While he was doing so he for some reason crashed into the rear end of m/v#1.

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Patrol Officer Paul W Jepson 142 Wilmington Police Department 03/09/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash: 03/09/2019 | Time of Crash: 1852 | City/Town: **Wilmington** | Number Vehicles: 1 | Number Injured: 0 | Speed Limit: 30 | State Police: | Local Police: | MBTA 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 # 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

19-94-AC

License # **S89949927** St **MA** DOB/Age _____ Reg # **5LY186** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2017** Veh Make **NISSAN** Veh Config. **1**
Operator **POWER, KACIE M** Owner **POWER, KACIE M**
Address **1011 MAIN ST APT 18** Address **1011 MAIN ST APT 18**
City **WOBURN** State **MA** Zip **01801-0000** City **WOBURN** State **MA** Zip **01801-0000**
Insurance Company **LIBERTY MUTUAL INS**
Vehicle Travel Direction: N E W Responding to Emergency? **2**
Event Sequence **6** **22** **22** **22** **22** Damaged Area Code: (Circle Up to Three)
Citation # (If Issued) _____ Most Harmful Event **5** **23** **9**
Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____ Driver Contributing Code **1** **24** **24**
Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____ Underride/Override **25** Towed **2**

| Please fill out for operator and all occupants involved | | | | | | | | | | | | |
|---|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Name (Last First Middle) | Address | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
| Operator | See Above | ----- | --- | --- | 1 | 4 | | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

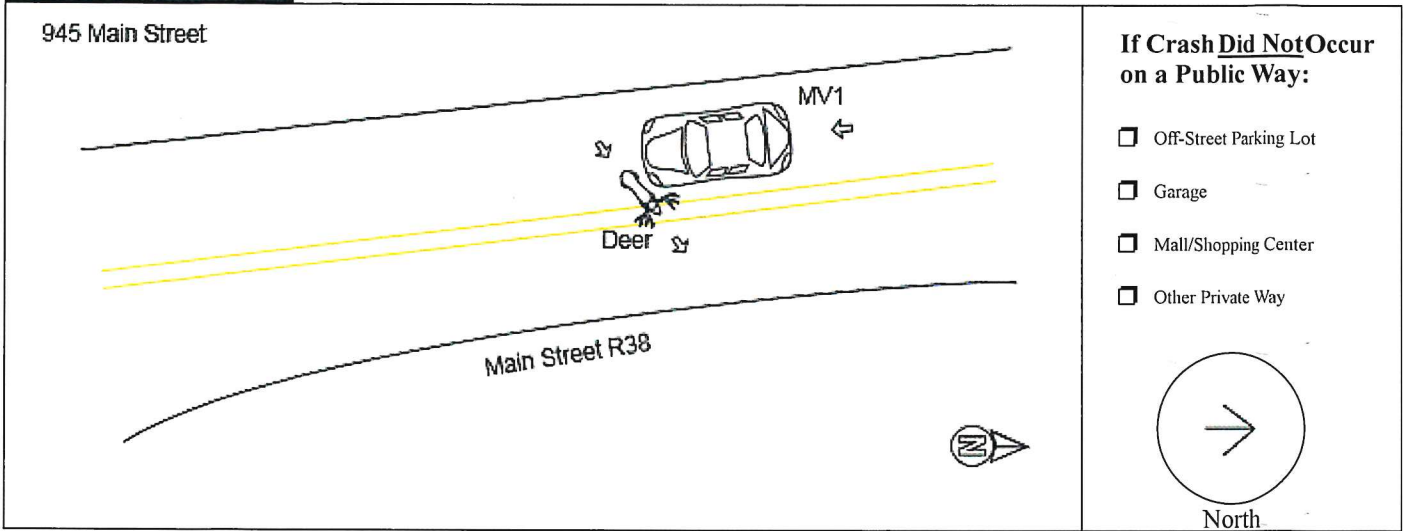
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class **18** **18** Lic. Restrictions **19** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **20**
Operator _____ Owner _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Insurance Company _____ Vehicle Action Prior to Crash **21** Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **22** **22** **22** **22**
Citation # (If Issued) _____ Most Harmful Event **23** **9**
Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____ Driver Contributing Code **24** **24**
Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____ Underride/Override **25** Towed _____

| Please fill out for operator/non-motorist and all occupants involved | | | | | | | | | | | | |
|--|-----------|---------|-----|--------------|------------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Name (Last First Middle) | Address | DOB/Age | Sex | 26 Seat Pos. | 27 Safety System | 28 Airbag Status | 29 Airbag Switch | 30 Eject Code | 31 Trap Code | 32 Injury Status | 33 Transp. Code | Medical Facility |
| Operator/Non-Motorist | See Above | ----- | --- | --- | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

ie: → 1 → 2 → O

Crash Diagram:



Crash Narrative:

MV1 was traveling south on Main Street. As MV1 was approaching the area of 945 Main Street a deer ran straight across the road. MV1 struck the deer causing damage to the front drivers side. No injuries to the operator of MV1. Operator was able to drive the vehicle home. Another Officer and I searched the area for the deer but we were unable to locate it.

Witnesses:

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

Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

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 Daryl J Ceruolo

212

Wilmington Police Department

03/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date