

Date of Crash: 03/18/2019 Time of Crash: 1624 City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 1 Number Injured: 0 Speed Limit: 25 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 1</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>2 1</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10</p> <p>Route# _____ Direction _____ Address # <u>76</u> Name of Roadway/Street <u>CHESTNUT ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>1 11</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **19-103-AC**

<p>3</p> <p>License # <u>S81239278</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>SANTOS, PHILIP</u></p> <p>Address <u>2 ALICE AVE</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4578</u></p> <p>Insurance Company <u>NORFLK DEDHAM MUT</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>3 12</p> <p>Reg # <u>67VL24</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2003</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>SANTOS, LAURA LEE</u></p> <p>Address <u>2 ALICE AVE</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4578</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>35</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>21</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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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	

7 **1** Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

<p>8 1</p> <p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>1 14</p> <p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <u>21</u></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>33</u></p>
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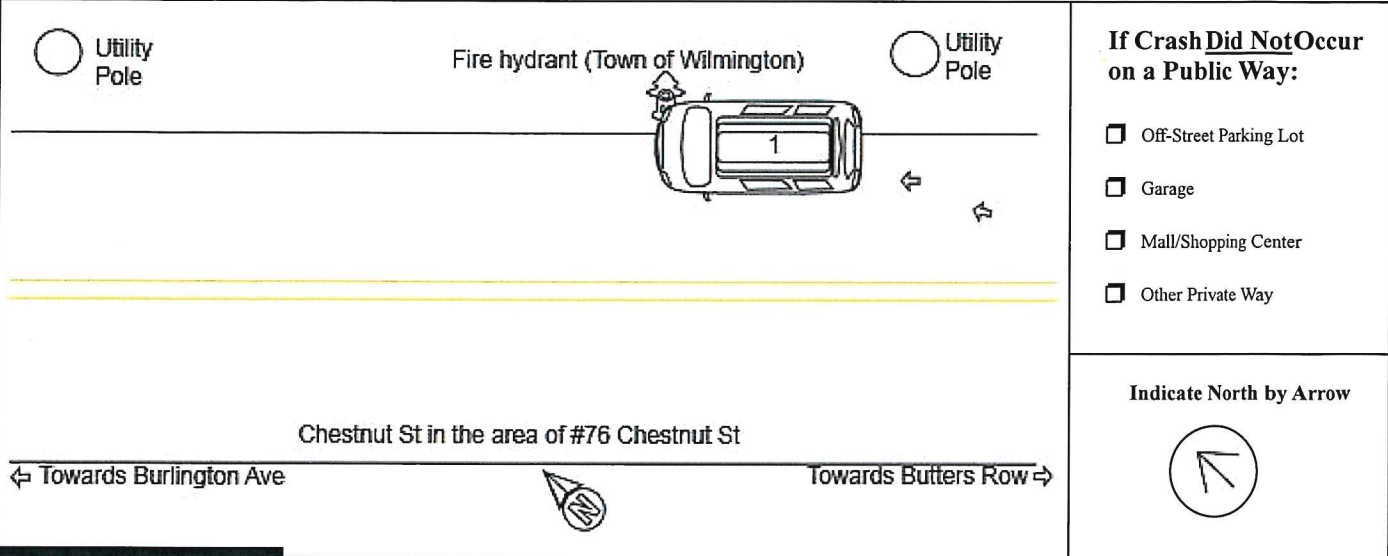
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

On 3/18/19, I responded to a single vehicle crash in the area of 76 Chestnut St. Upon arrival, I spoke to the operator who was already out of the car and walking around. There were no reported injuries. Veh 1 left the road (to the right) and side swiped a fire hydrant which belongs to the Town of Wilmington. Vehicle 1 suffered damage to right front of vehicle to include bumper, front passenger tire and under carriage. Fire hydrant was removed from pipe but there was no water flow. Operator was wearing seatbelt at time of crash. No signs of impairment. Operator reported being up for most of the night last night and worked a full day. He reported falling asleep only to wake when his truck hit the hydrant. Cains Towing was dispatched and removed the vehicle.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887	978-658-3311	3	FIRE HYDRANT

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 Daniel P Furbush

196

Wilmington Police Department

03/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/18/2019 Time of Crash 1740 City/Town **Wilmington**

Motor Vehicle Crash Police Report

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 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 _____

2 10
Route# _____ Direction _____ Address # **222** Name of Roadway/Street **MAIN ST**

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

3 11
_____ 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# **19-104-AC**

License # **SA0150259** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL _____
Operator **PARSONS, TREVOR WILLIAM**
Address **106 GALLOUPES POINT RD**
City **SWAMPSCOTT** State **MA** Zip **01907-2739**
Insurance Company **AIG PROPERTY**
Vehicle Travel Direction: S E W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **5RX418** Reg Type **PC** Reg State **MA**
Veh Year **2017** Veh Make **MERCEDES-BENZ** Veh Config. **1**
Owner **PARSONS, TREVOR WILLIAM**
Address **106 GALLOUPES POINT RD**
City **SWAMPSCOTT** State **MA** Zip **01907-2739**
Vehicle Action Prior to Crash **4** Damaged Area Code: **2** **27** **3** **27** **27**
Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
Most Harmful Event **1** **24** Type of Test: **29**
Driver Contributing Code **18** **25** **25** BAC Test Result: **30**
Driver Distracted by **99** **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	See Above	XXXXXX	XXXX	1	99	3	0	0	10	1	

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

Crash Report ID# **19-104-AC**

8 1
License # **S57268484** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL _____
Operator **LASDIN, RICHARD A**
Address **185 NORTH ST**
City **N READING** State **MA** Zip **01864-1346**
Insurance Company **METROPOLITAN PROP**
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 _____

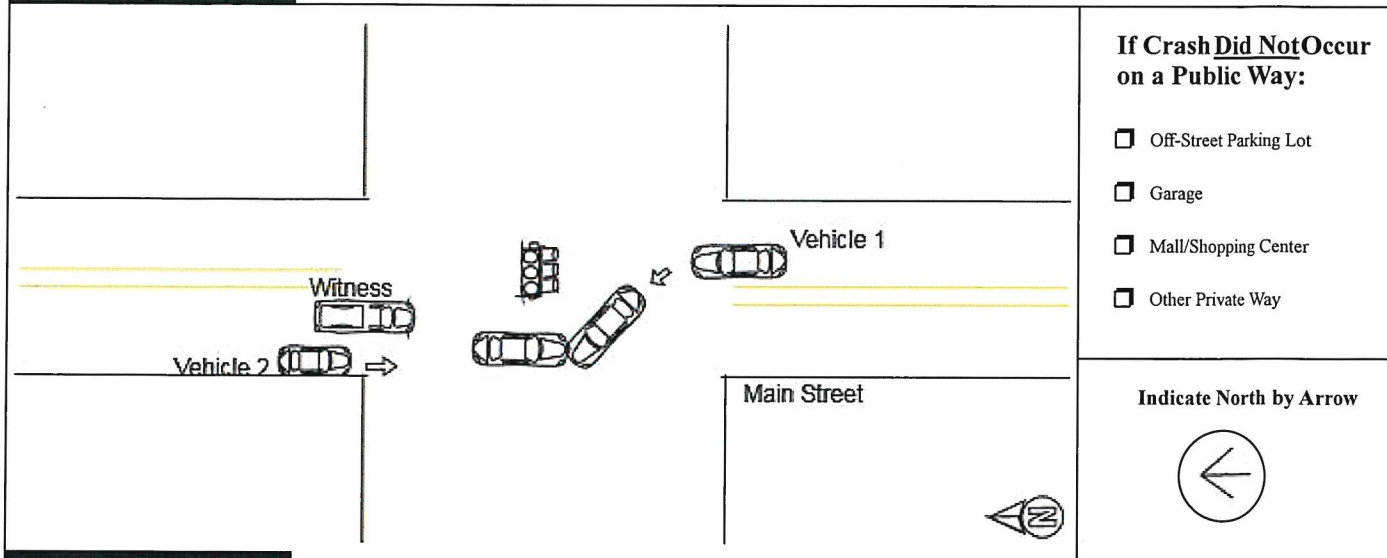
Reg # **3FX189** Reg Type **PC** Reg State **MA**
Veh Year **2015** Veh Make **Jeep** Veh Config. **1**
Owner **LASDIN, RICHARD A**
Address **185 NORTH ST**
City **N READING** State **MA** Zip **01864-1346**
Vehicle Action Prior to Crash **1** Damaged Area Code: **8** **27** **1** **27** **2** **27**
Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
Most Harmful Event **1** **24** Type of Test: **29**
Driver Contributing Code **99** **25** **25** BAC Test Result: **30**
Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **33**

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → O → ⚡



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 operator stated that they were turning left into the Wilmington Crossing Plaza when he didn't notice Vehicle 2 going straight due to the witness vehicle trying to turn left as well.

Vehicle 2 operator stated they were travelling straight in the right lane on Route 38 (Main St) when vehicle 1 turned in front of him. There was a vehicle in the left lane of vehicle 2.

Witness stated that both operators had a green light and vehicle 1 turned in front of vehicle 2 while he was trying to turn left as well.

Both Vehicles were towed from the scene and both denied medical treatment.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DALL KEVIN J	8 JONES AVE WILMINGTON MA 01887-3503	617-645-5032	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 Michael R Cabral

207

Wilmington Police Department

03/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/19/2019 Time of Crash 0730 City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30
Latitude +042.5768 Longitude -071.179

State Police
Local Police
MBTA Police
Campus Police
Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

2
Route# Direction Address # Name of Roadway/Street
Feet **N S E W** of Mile Marker Exit Number
Feet **N S E W** of Route# Intersecting Roadway/Street
Feet **N S E W** of Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
Crash Report ID# **19-105-AC**

4 1 License # **S19694288** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____
Operator **MCKAY, JASON**
Address **3132 EVERGREEN DR**
City **WILMINGTON** State **MA** Zip **01887**
Insurance Company **GOVT EMPLOYEE INS**
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 _____

3 12 Reg # **7AJ886** Reg Type **PC** Reg State **MA**
Veh Year **2016** Veh Make **ACURA** Veh Config. **1 21**
Owner **MCKAY, SARA WHASONG**
Address **3132 EVERGREEN DR**
City **WILMINGTON** State **MA** Zip **01887-1176**
Vehicle Action Prior to Crash **1 22** Damaged Area Code: **2 27 3 27 27**
Event Sequence **40 23 23 23 23** Test Status: **1 28**
Most Harmful Event **22 24** Type of Test: **29**
Driver Contributing Code **13 25 25** BAC Test Result: **30**
Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **1 33**

6 1 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	3	0	0	8	2	Lahey Clinic

7 3 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # _____ 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 _____

1 14 Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. **21**
Owner _____
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
Event Sequence **23 23 23 23** Test Status: **28**
Most Harmful Event **24** Type of Test: **29**
Driver Contributing Code **25 25** BAC Test Result: **30**
Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **33**

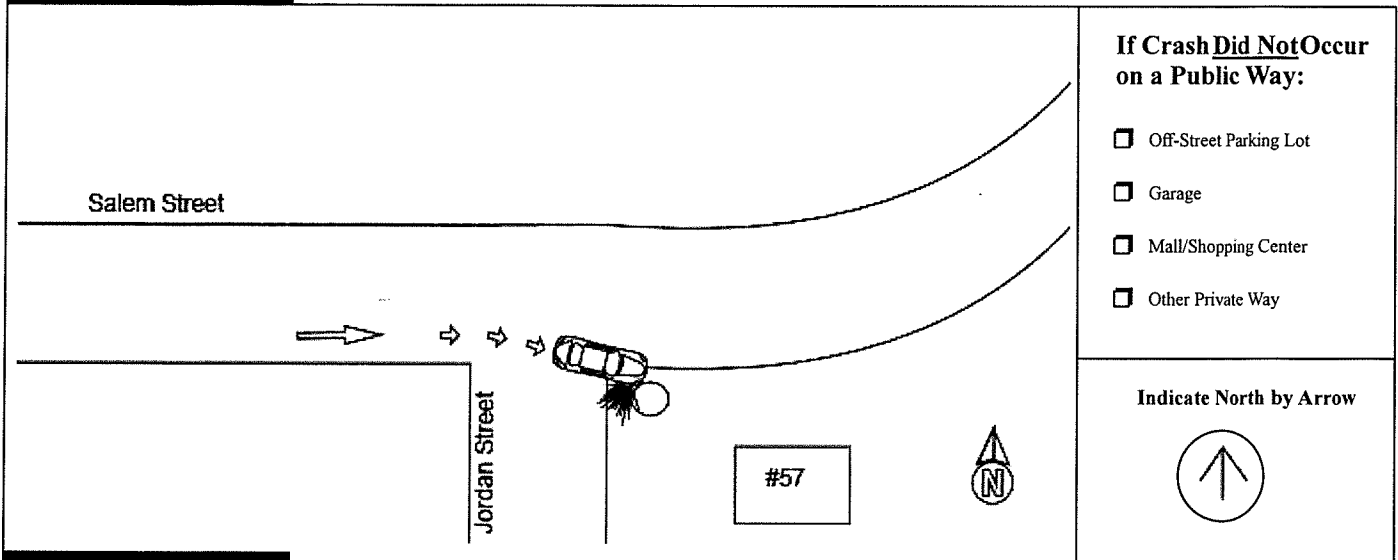
9 2 Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1							

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:



Crash Narrative:

V1 was traveling east on Salem Street. As the vehicle was passing Salem Street the operator did not see the road curving to the left due to solar glare. V1 ran off of the right side of the road striking a utility pole. V1 sustained heavy front and right side damage. The operator was transported to the hospital with non-life threatening injuries. V1 was towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ROY SIMONE M	33 GRASSHOPPER LN TEWKSBURY MA 01876-3809	978-654-2479	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA		4	UTILITY POLE

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 Matthew D Stavro **180** **Wilmington Police Department** **03/19/2019**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash: 03/19/2019 Time of Crash: 0808 24HR City/Town: **Wilmington** Number Vehicles: 2 Number Injured: 0

Speed Limit: 30 State Police Local Police MBTA Police Campus Police Other:

Latitude: +042.5587 Longitude: -071.144

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

1 Route# Direction Name of Roadway/Street

At

1 Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker or Exit Number

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

Feet N S E W of Landmark

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

Crash Report ID# **19-107-AC**

License # 0937558 St DE DOB/Age Reg # PVT1615 Reg Type AP Reg State OH

Sex M Lic. Class A 19 19 Lic. Restrictions B 20 CDL N Veh Year 2013 Veh Make Other-not listed Veh Config. 10 21

Operator MADONNA, FRANCIS SAMUEL Owner M.C. TANK TRANSPORT INC

Address 1300 W NEWPORT PIKE Address 10134 MOSTELLER LN

City WILMINGTON State DE Zip 198043521 City WEST CHESTER State OH Zip 45069

Insurance Company GREAT WEST CASUALTY INS Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 3 27 27

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

Citation # (If Issued) T115160 Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub Driver Contributing Code 3 25 13 25 BAC Test Result: 30

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

Towed from scene? 1 33

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	 	 	1	1	4	0	0	10	1	

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

License # S64919066 St MA DOB/Age Reg # DFRAIA Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Veh Year 2019 Veh Make CADILLAC Veh Config. 2 21

Operator CONDE, MICHELLE M Owner CONDE, DANIEL MANUEL

Address 46 WEST ST Address 46 WEST ST

City WILMINGTON State MA Zip 01887-3040 City WILMINGTON State MA Zip 01887-3040

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

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

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

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

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

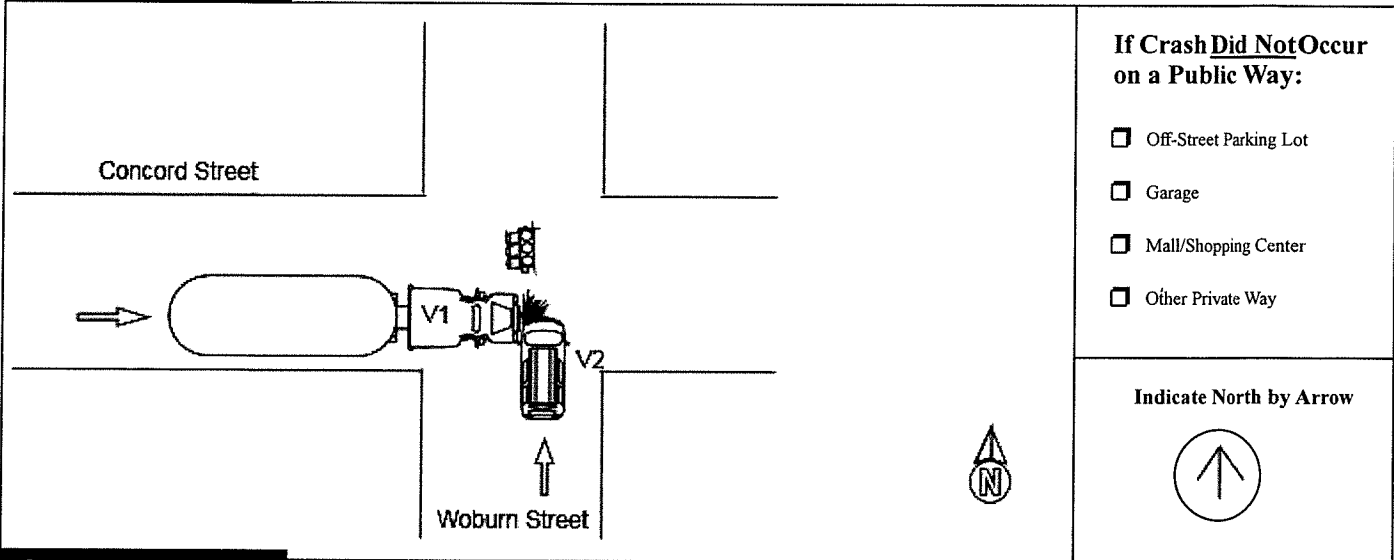
Towed from scene? 1 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	 	 	1	1	3	0	0	8	2	Lahey Clinic
			F	6	1	3	0	0	8	2	Lahey Clinic

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

Crash Diagram:



Crash Narrative:

V1 was traveling east on Concord Street. V2 was traveling north on Woburn Street. Woburn Street traffic had a green light. Concord Street traffic had a red light. V1 drove through the intersection in violation of the red light striking V2. The operator of V1 stated that he was unable to see the traffic signal due to solar glare. There are two traffic signals facing each direction suspended above the intersection. V1 sustained heavy front end damage. V2 sustained heavy left side damage. The operator of V2 and the passenger of V2 were transported with non-life threatening injuries. Both vehicles were towed from the scene. V1 was inspected by Trooper Jeff Sullivan of the Massachusetts State Police CMVE Unit. He found no mechanical issues on the truck that would have caused the crash.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GIANDOMENICO PAUL E	8 BRAEMOOR WOODS RD Apt. #311 SALEM NH 03079	603-818-2863	
REILLY MARYANN	136 ANDOVER ANDOVER MA 01810	978-390-4370	

Property Damage:

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

Truck and Bus Information:

Registration # **PVT1615** (From Vehicle Section)

Carrier Name **M C TANK TRANSPORT INC** Bus Use 42

Address **10134 MOSTELLER LN** City **WEST CHESTER** St **OH** Zip **45069**

US DOT #: **81405** State Number _____ Issuing State _____ MC/MX/ICC #: **MC-1168**

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: **278326D** Reg Type **TR** Reg State **ME** Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer **Matthew D Stavro** Signature **180** ID/Badge # **Wilmington Police Department** Department **03/19/2019** Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/19/2019 Time of Crash 1421 City/Town **Wilmington**

Motor Vehicle Crash Police Report

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

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

38 N MAIN ST
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 12 #Occupants Hit/Run Moped

Crash Report ID# 19-108-AC

License # S68372252 St MA DOB/Age
Sex F Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement
Operator SURPRENANT, TAYLA ROSE
Address 21 LAKE ST
City WILMINGTON State MA Zip 01887-3727
Insurance Company PREFERRED MUTUAL
Vehicle Travel Direction: N X E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 8NB853 Reg Type PC Reg State MA
Veh Year 2008 Veh Make MAZDA Veh Config. 1 21
Owner SURPRENANT, TAYLA ROSE
Address 21 LAKE ST
City WILMINGTON State MA Zip 01887-3727
Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27
Event Sequence 1 23 23 23 23 Test Status: 1 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 4 25 25 BAC Test Result: 30
Driver Distracted by 0 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	See Above			1	1	4	0	0	10	1	
				3	1	4	0	0	10	1	

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

Crash Report ID# 19-108-AC

License # S35310761 St MA DOB/Age
Sex F Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement
Operator LOPEZ, ARLENE G
Address 171 SWANTON ST APT 21
City WINCHESTER State MA Zip 01890-1956
Insurance Company VERMONT MUTUAL INS
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

Reg # 21917 Reg Type PC Reg State MA
Veh Year 2015 Veh Make SUBARU Veh Config. 1 21
Owner LOPEZ, ARLENE G
Address 171 SWANTON ST APT 21
City WINCHESTER State MA Zip 01890-1956
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
Event Sequence 1 23 23 23 23 Test Status: 1 28
Most Harmful Event 1 24 Type of Test: 29
Driver Contributing Code 97 25 25 BAC Test Result: 30
Driver Distracted by 0 26 Susp. Alcohol: 1 31 Susp. Drug: 2 32
Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	9	2	Winchester Hospital

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

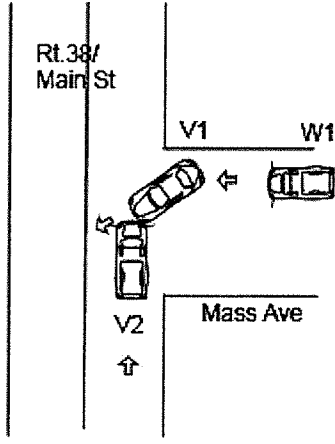
Crash Diagram:

ie: → 1 → 2 → O → ☺

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 (Surprenant) was stopped at the end of Mass ave waiting to turn left on to Main Street/Rt.38S. V2 (Lopez) was traveling straight Rt.38N. V1 opr. stated she saw V2 approaching w/ right turn signal on. She believed V2 was going to turn right on Mass Ave, and V1 opr made left turn on to Main St before V2 slowed or initiated turn. V2 continued straight & collision resulted. V2 opr. stated that she did have right directional on because she was looking for Harnden Street (next street on right after Mass Ave). She saw street sign for Mass Ave while approaching and did not slow down. Independent witness behind V1 confirmed same. V1 operator decision based by V2 turn signal but would need to wait for V2 to commit to turn before maneuvering from stopped position on to Main road. No injuries observed/reported V1. V2 opr transported for possible injury. Vehicles towed by Cain's Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FULLER MATHEW D	5 MOSTIKA RD WOBURN MA 01801-1703		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 Richard DiPerri

173

Wilmington Police Department 03/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only		Commonwealth of Massachusetts				RMV Document Number	
Date of Crash 03/19/2019	Time of Crash 1807 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u> Latitude _____ Longitude _____
						<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>93 OFF RAMP</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>BALLARDVALE ST</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **19-109-AC**

License # S26434827 St MA DOB/A ₁ _____ Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator RAE, MATTHEW V Last First Middle Address 39 RICHARDSON AVE City N ANDOVER State MA Zip 01845-3609 Insurance Company ARBELLA MUTUAL INS Vehicle Travel Direction: <input checked="" type="checkbox"/> S E 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 # 3BX918 Reg Type PC Reg State MA Veh Year 2015 Veh Make CHEVROLET Veh Config. <u>1</u> <u>21</u> Owner RAE, MARK F Last First Middle Address 135 COACHMANS LN City N ANDOVER State MA Zip 01845-0000 Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>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	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

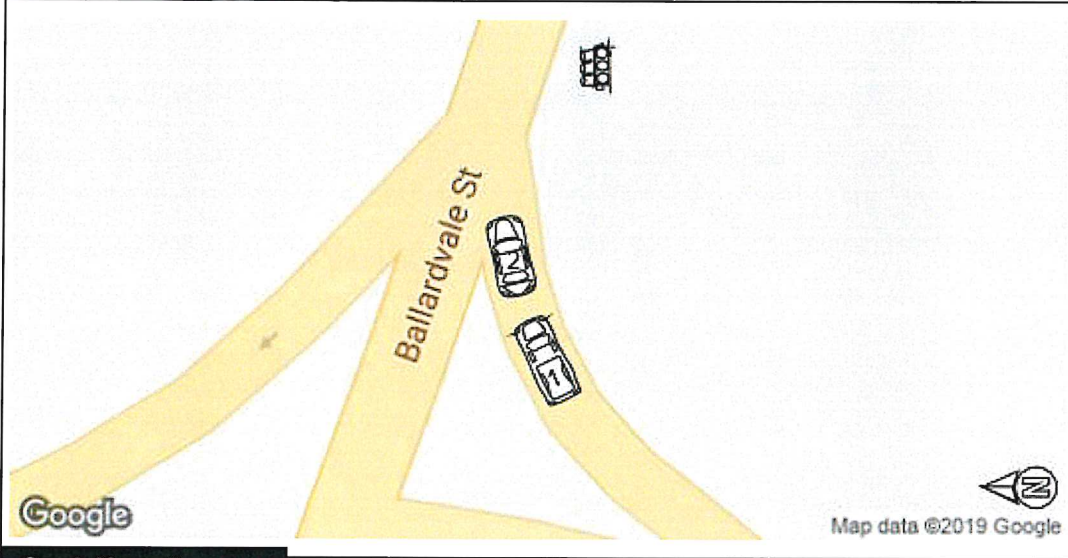
License # S39798341 St MA DOB/Age _____ Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator COWANS, CHRISTOPHER J Last First Middle Address 37 BAKER AVE City BEVERLY State MA Zip 01915-3505 Insurance Company CITIZENS INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S E 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 # 8ZJ676 Reg Type PC Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. <u>1</u> <u>21</u> Owner COWANS, CHRISTOPHER J Last First Middle Address 37 BAKER AVE City BEVERLY State MA Zip 01915-3505 Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

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

Indicate North by Arrow



Crash Narrative:

Vehicle 2 was coming off the ramp to 93 onto Ballardvale when the operator noticed the light was red. The Operator of Vehicle 2 immediately pressed on the breaks and Vehicle 1 drove into Vehicle 2's rear end.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Rafael G Cruz

198

Wilmington Police Department

03/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/20/2019	Time of Crash 0720 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			
Route# _____	Direction _____	Name of Roadway/Street _____		Route# <u>38</u>	Direction <u>N</u>	Address # <u>212</u>	Name of Roadway/Street <u>MAIN ST</u>
At _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____		Mile Marker _____ Exit Number _____			
Also at Intersection with _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____		Route# _____ Intersecting Roadway/Street _____			
				Landmark _____			

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

Crash Report ID# **19-110-AC**

License # <u>000032143343</u> St <u>NC</u> DOB/Age _____	Reg # <u>8WN857</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2019</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>BROWN, KACIE MARIE</u>	Owner <u>BROWN, KACIE MARIE</u>
Address <u>97 DECAROLIS DR</u>	Address <u>97 DECAROLIS DR</u>
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876</u>	City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876</u>
Insurance Company <u>PROGRESSIVE DIRECT</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>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>97</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>6</u>	<u>4</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S77788170</u> St <u>MA</u> DOB/Age _____	Reg # <u>3YX572</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2015</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>FERRERA, ELAINE L</u>	Owner <u>FERRERA, ELAINE L</u>
Address <u>2 PHILLIPS AVE</u>	Address <u>2 PHILLIPS AVE</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2026</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2026</u>
Insurance Company <u>LIBERTY MUTUAL INS</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>97</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>6</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>9</u>	<u>1</u>	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 03/20/2019	Time of Crash 1300 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION:		< LOCATION >	NOT AT INTERSECTION:	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# _____ Direction _____ Address # <u>240</u> Name of Roadway/Street <u>MAIN ST</u>		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____		

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 19-111-AC
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License # <u>S68316161</u> St <u>MA</u> DOB/Age _____	Reg # <u>5GS679</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2016</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>EGAN, COURTNEY M</u> Last First Middle	Owner <u>EGAN, COURTNEY M</u> Last First Middle
Address <u>107 LOWELL RD</u>	Address <u>107 LOWELL RD</u>
City <u>NORTH READING</u> State <u>MA</u> Zip <u>01864-1682</u>	City <u>NORTH READING</u> State <u>MA</u> Zip <u>01864-1682</u>
Insurance Company <u>LM GENERAL</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

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

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <u>193285759</u> St <u>OC</u> DOB/Age _____	Reg # <u>155BK7</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2002</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>PAREGLIO-OYARZUN, SOFIA</u> Last First Middle	Owner <u>MARSHALL, ANGELA MARIE</u> Last First Middle
Address <u>3 HAROLD AVE</u>	Address <u>3 HAROLD AVE</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1620</u>
Insurance Company <u>LIBERTY MUTUAL INS</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>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>9</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

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

Police Use Only		Date of Crash 03/20/2019	Time of Crash 1541 24HR	City/Town Wilmington	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
AT INTERSECTION: < LOCATION >					NOT AT INTERSECTION:					
38 <u>N</u> <u>MAIN ST</u> Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street					
At										
<u>MILTON WAY</u> Route# Direction Name of Intersecting Roadway/Street					_____ Feet <u>N S E W</u> of _____ or _____ Mile Marker Exit Number					
Also at Intersection with					_____ Feet <u>N S E W</u> of _____ Route# Intersecting Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street					Landmark					

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

Crash Report ID# **19-112-AC**

License # <u>S28455865</u> St <u>MA</u> DOB/Age _____	Reg # <u>2ZH196</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year <u>2005</u> Veh Make <u>CADILLAC</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>DECARVALHO, JOSE CARLOS</u>	Owner <u>DECARVALHO, JOSE CARLOS</u>
Address <u>497A SOMERVILLE AVE</u>	Address <u>497A SOMERVILLE AVE</u>
City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02143-0000</u>	City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02143-0000</u>
Insurance Company <u>COMMERCE INSURANCE</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>2</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

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

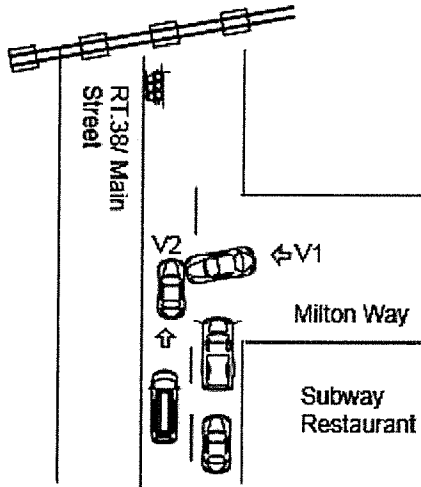
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # <u>S75165071</u> St <u>MA</u> DOB/Age _____	Reg # <u>551VN9</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____	Veh Year <u>2013</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>DUARTE, NOAH J</u>	Owner <u>CONVERSE, CARSON F</u>
Address <u>64 HAWK HILL RD</u>	Address <u>64 HAWK HILL RD</u>
City <u>CHARLEMONT</u> State <u>MA</u> Zip <u>01339-9769</u>	City <u>CHARLEMONT</u> State <u>MA</u> Zip <u>01339-9769</u>
Insurance Company <u>COMMERCE INSURANCE</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <u>X S E W</u> Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>18</u> <u>25</u> <u>4</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

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

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 was attempted left hand turn on Main Street from Milton Way against two lanes of oncoming southbound traffic. V1. Opr stated traffic on outside lane closest to his vehicle stopped to let him out. He attempted to cross inside lane and collision occurred w/ V2. No injuries observed or reported. V2 was traveling straight at the time of crash. V1 damaged on front end. V2 damaged on front end and along passenger side. Both vehicles towed by Forrest Towing. Reduced visibility for V1 and failure to grant right of way probable factors in crash.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Richard DiPerri

173

Wilmington Police Department

03/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/21/2019	Time of Crash 2243 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>		

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# 1 Direction _____ Address # _____ Name of Roadway/Street ROUTE 62 HWY			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____			

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **19-113-AC**

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21
Operator unknown Last First Middle Address _____ City _____ State _____ Zip _____	Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27
Vehicle Travel Direction: N S X W Responding to Emergency? 99	Event Sequence 2 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 2 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 10 25 19 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32
	Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	99	0	0	99	1	

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

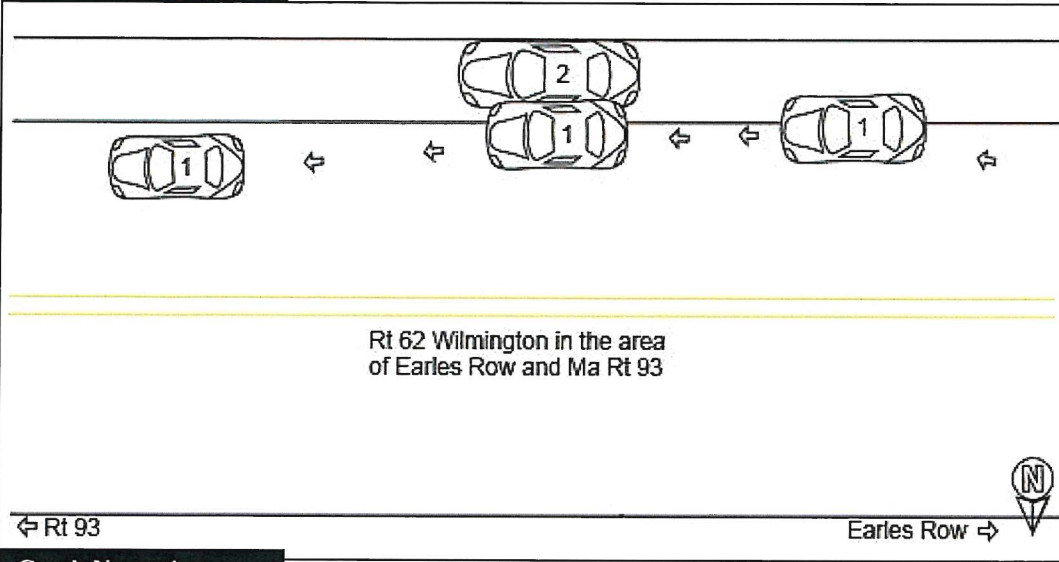
License # S70945242 St MA DOB/Ag _____ Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____	Reg # 6NW189 Reg Type PC Reg State MA Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21
Operator KEEFE, JOHN F JR Last First Middle Address 16 SOUTH OLIVER ST	Owner KEEFE, JOHN F JR Last First Middle Address 16 SOUTH OLIVER ST
City TEWKSBURY State MA Zip 01876-3244	City TEWKSBURY State MA Zip 01876-3244
Insurance Company METROPOLITAN PROP	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: N S X W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	9	4	3	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → O → ☺



Rt 62 Wilmington in the area of Earles Row and Ma Rt 93

← Rt 93

Earles Row →

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On 3/22/19, I responded to a report of a crash on Rt 62 in between Earles Row and Rt 93. Upon arrival, I spoke to the operator of Veh 2. He reported that he got a flat tire down the road and pulled over to change the rear driver's tire. He had hazards on. He stated he saw another vehicle (veh 1) approach him at a face pace. He reported Veh 1 appeared to be coming directly at him. It crossed the fog line and drove at his car. He reported that he managed to jump out of the way as Veh 1 sideswiped his car. His drivers door, which was closed but not latched, was pulled open and was damaged. The door hit the front quarter panel and caused debris from the door to be strewn across the road. Veh 1 took off from the scene. Oper 2 reported he wasn't sure where Veh 1 went. He had no description of Veh 1 (should have passenger side damage). North Reading, Wilmington and State Police checked area but could not locate. Forrest Towing towed vehicle. See 19-279-0 F.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Daniel P Furbush

196

Wilmington Police Department

03/21/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 03/22/2019	Time of Crash 2009 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit 35	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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 # 38 Name of Roadway/Street CONCORD 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# **19-114-AC**

License # S69309231 St MA DOB/Age _____ Sex M Lic. Class A 19 19 Lic. Restrictions B 20 CDL X Endorsement Operator CRAWFORD, KRIS MICHAEL Last First Middle Address 38 VERNON ST City WOBURN State MA Zip 01801-4445 Insurance Company LIBERTY MUTUAL INS 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 # 189CG5 Reg Type PC Reg State MA Veh Year 2012 Veh Make FORD Veh Config. 1 21 Owner CRAWFORD, KRIS MICHAEL Last First Middle Address 38 VERNON ST City WOBURN State MA Zip 01801-4445 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 27 Event Sequence 5 23 23 23 23 Test Status: 28 Most Harmful Event 5 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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Please fill out for operator and all occupants involved											
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	99	4	0	0	10	1	

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

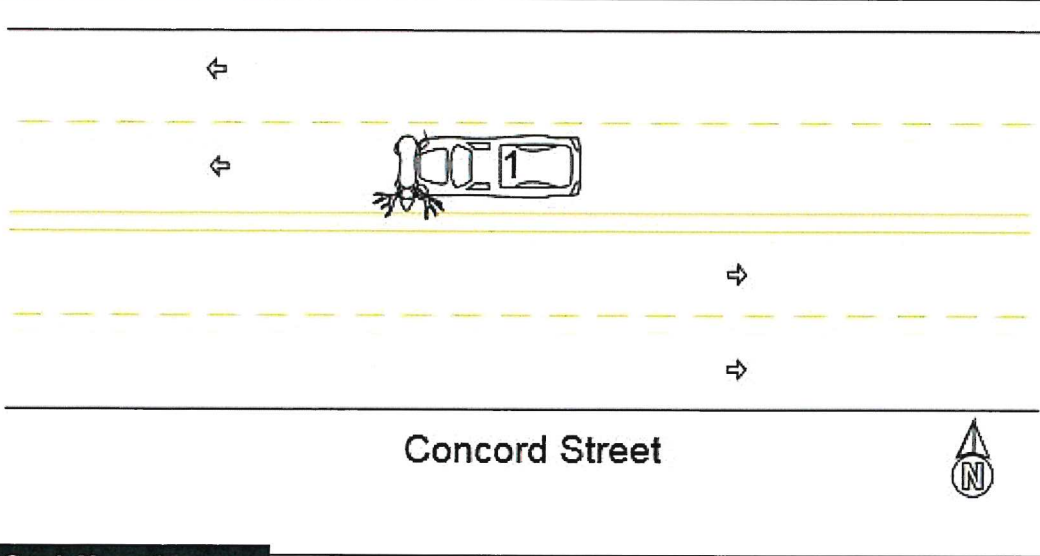
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Endorsement Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
--	--

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

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

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

Indicate North by Arrow



Crash Narrative:

MV1 was traveling westbound on Concord Street towards Woburn Street in the innermost westbound travel lane. As MV1 was traveling straight ahead a deer jumped out in front of his vehicle from the right side of the roadway. MV1 was unable to stop and collided with the deer. MV1 suffered front end damage, but was able to be driven from the scene. The deer was initially knocked to the ground, but later limped to the shoulder on other side of the road. The deer was severely injured and had to be euthanized. The operator of MV1 was uninjured.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael A Wilson

209

Wilmington Police Department

03/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 03/23/2019 Time of Crash 1040 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 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 # Name of Roadway/Street 280 SALEM ST Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark

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

Crash Report ID# 19-115-AC

License # S88313801 St MA DOB/Age Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement Operator DOYLE, ERIC N Address 4 MILES RD City TEWKSBURY State MA Zip 01876-4130 Insurance Company USAA CASUALTY INS 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

Reg # 6619WB Reg Type PC Reg State MA Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21 Owner DOYLE, SHARON M Address 4 MILES RD City TEWKSBURY State MA Zip 01876-4130 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Event Sequence 35 23 23 23 23 Test Status: 1 28 29 30 Most Harmful Event 35 24 Type of Test: BAC Test Result: 30 Driver Contributing Code 11 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 Towed from scene? 1 33

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator row: See Above, 1, 1, 1, 0, 0, 10, 1.

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

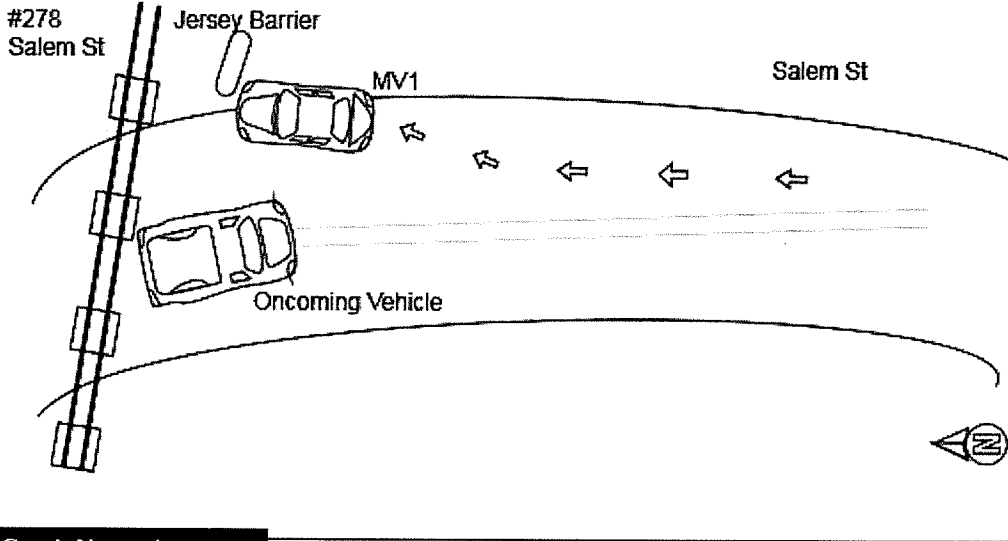
License # St DOB/Age Sex Lic. Class Lic. Restrictions CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 29 30 Most Harmful Event 24 Type of Test: BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility. Operator/Non-Motorist row: See Above, 1.

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was traveling north on Salem Street. According to the operator of MV1, as he approached the area of 278 Salem Street he noticed an oncoming vehicle drifting into his lane coming toward him. Operator of MV1 swerved to the right and off the road to avoid a head on collision. As the front right wheel caught the sand on the shoulder of the road, the operator lost control of the vehicle and clipped a jersey barrier. There was damage to the front passenger side of the vehicle. The operator of the oncoming vehicle did not stop. There was airbag deployment on the drivers side. The operator appeared to be ok and declined any further medical treatment. Vehicle towed by AAA.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use **42**

Address _____ City _____ St _____ Zip _____

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

Interstate **43** Cargo Body Type Code **44** GVWR/GCWR **45**

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

Hazmat Information:

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

Patrol Officer Daryl J Ceruolo

212

Wilmington Police Department

03/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/23/2019	Time of Crash 1524 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>93 N _____</p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of 93 I93NBR38 RAMP</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of 400 LOWELL ST</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **19-116-AC**

<p>License # S88316151 St MA DOB/Ag. _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____</p> <p>Operator WHITE, THOMAS O</p> <p>Address 100 PROSPECT HILL DR</p> <p>City TEWKSBURY State MA Zip 01876-1268</p> <p>Insurance Company IM GENERAL</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 6WA853 Reg Type PC Reg State MA</p> <p>Veh Year 2017 Veh Make Jeep Veh Config. 2 21</p> <p>Owner WHITE, THOMAS O</p> <p>Address 100 PROSPECT HILL DR</p> <p>City TEWKSBURY State MA Zip 01876-1268</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 2 33</p>
---	--

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

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

<p>License # S96638432 St MA DOB/Ag. _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____</p> <p>Operator DINATALE, DION S</p> <p>Address 8 MARCH RD</p> <p>City WILMINGTON State MA Zip 01887-4106</p> <p>Insurance Company SAFETY INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 1JC879 Reg Type PC Reg State MA</p> <p>Veh Year 2013 Veh Make Jeep Veh Config. 2 21</p> <p>Owner DINATALE, DION S</p> <p>Address 8 MARCH RD</p> <p>City WILMINGTON State MA Zip 01887-4106</p> <p>Vehicle Action Prior to Crash 9 22 Damaged Area Code: 7 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 97 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Date of Crash: 03/23/2019 Time of Crash: 1739 City/Town: **Wilmington** Number Vehicles: 1 Number Injured: 0 Speed Limit: 30
 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

2 10 Route# _____ Direction _____ Address # **69** Name of Roadway/Street **BUTTERSROW**
 _____ Feet **N S E W** of _____ Mile Marker _____ Exit Number _____
 1 11 _____ 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# **19-117-AC**

License # **S40194772** St **MA** DOB/Age _____ Reg # **R13892** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **FORD** Veh Config. **1 21**
 Operator **MEJIA, JESUS MARIA** Owner **FINALLY FLOWERS LLC**
 Address **1107 BRIDGE ST** Address **770 STEVENS ST**
 City **LOWELL** State **MA** Zip **01850-1262** City **LOWELL** State **MA** Zip **01851-4907**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **6 22** Damaged Area Code: **2 27 3 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **22 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **22 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **11 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **33**

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

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

Police Use Only		Commonwealth of Massachusetts				RMV Document Number	
Date of Crash 03/23/2019	Time of Crash 1938 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____
						<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other	

AT INTERSECTION:		< LOCATION >	NOT AT INTERSECTION:	
129 E LOWELL ST Route# Direction Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street		
129 W I93SBR38 RAMP Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of _____ or _____ Mile Marker Exit Number		
Also at Intersection with 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: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 19-118-AC
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License # S10958485 St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 20 CDL _____ Operator BORSELLI, STEPHEN B Address 12 PAUL AVE City WOBURN State MA Zip 01801-3734 Insurance Company PLYMOUTH ROCK ASSU Vehicle Travel Direction: N S X 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 # 4SD290 Reg Type PC Reg State MA Veh Year 2009 Veh Make MERCEDES-BENZ Veh Config. 1 21 Owner BORSELLI, STEPHEN B Address 12 PAUL AVE City WOBURN State MA Zip 01801-3734 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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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	X	1	1	4	0	0	10	1	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u>	Action <u>16</u>	Location <u>17</u>	Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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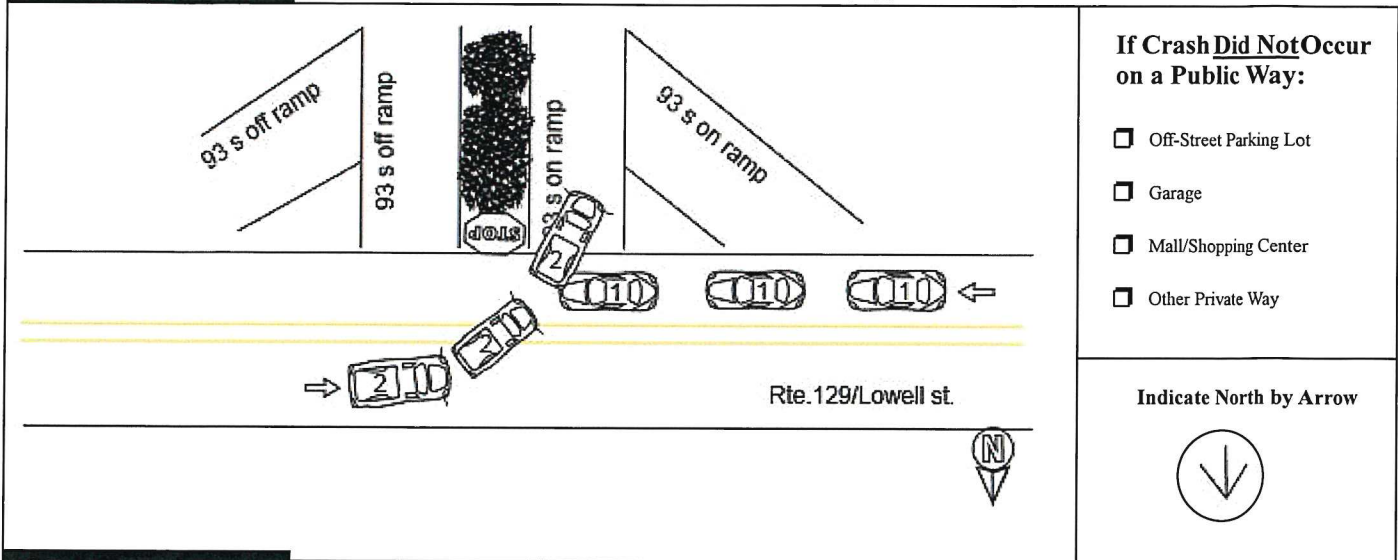
License # S89827355 St MA DOB/Age _____ Sex F Lic. Class D Lic. Restrictions 20 CDL _____ Operator LEBLANC, MICHEL R Address 6 MIDDLESEX AVE City READING State MA Zip 01867-2528 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: N S E X Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 78HD99 Reg Type PC Reg State MA Veh Year 2015 Veh Make SUBARU Veh Config. 1 21 Owner LEBLANC, MICHEL R Address 6 MIDDLESEX AVE City READING State MA Zip 01867-2528 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 4 25 19 25 BAC Test Result: 30 Driver Distracted by 5 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → O → ☺



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Oper.#1 related, while he was traveling east on Rte.129/Lowell st., m/v#2 came across his travel lane, attempting to get on to 93s on ramp, causing him m/v#1 to crash into m/v#2.

Oper.#2 related, while traveling west on Rte.129/Lowell st., as she was attempting to make a left turn onto Rte.93 s on ramp, she sneezed and did not see m/v#1, causing m/v#1 to crash into her m/v#2. (PWJ/142)

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Paul W Jepson

142

Wilmington Police Department

03/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date